



55968



Class \_\_\_\_\_ No. \_\_\_\_\_

Presented by

H. A. Hare, M.D.

\* 1.50





Digitized by the Internet Archive  
in 2013

<http://archive.org/details/pathicreco20inte>





THE  
Homœopathic Recorder.

MONTHLY.

VOLUME XX.

---

1905.

---

PUBLISHED BY  
BOERICKE & RAHEL.

SEP -1 1906

MEMORANDUM FOR THE DIRECTOR  
TO  
ADMINISTRATIVE



# INDEX TO VOLUME XX.

- A Bit of Savage, 33.  
A Clinical Case, 463.  
A Red Hot Letter, 220.  
Abbreviations, Mania for, 425.  
Acne, Sores and Cuprum Ars, 411.  
Adonis Vernalis, 183.  
Adirondacks, 544.  
Alcohol in the Tropics, 19.  
American Institute of Homœopathy, 135.  
Amyl Nitrite, 204.  
Antimonium Crudum, 529.  
An Old Time Subscriber, 125.  
Anti-Fat Treatment, 364.  
Antiseptics, No Need of, 490.  
Antitoxin, 90, 370.  
Antitoxin and Homœopathy, 259, 341, 342.  
Antipsorics, 355.  
Appendicitis, 248, 345, 354.  
Appendix, The Functions of, 127.  
Apocynum Cannabinum, 155.  
Are There Prophylactics in Homœopathy? 9.  
Arnica, Rhus Tox. and Bryonia, Comparisons, 468.  
Argentum Chlor., 169.  
Asclepias, 560.
- Bacillinum, 160.  
Biochemistry, 486.  
Blood, the Seat of Disease, 385.  
Bowels, Cramps in, 23.  
Bowels, Inflammation of, 21.  
Bryonia, 43.
- Caladium Seguinum, 411.
- Calcarea Carbonica for Energetic People, 296.  
Calcarea Carbonica in Spermatorrhœa, 369.  
Calendula, 498.  
Cancer, 49, 116, 189, 464.  
Cancer, of the Eye, Cured, 49.  
Carbonacidæmia, 422, 561.  
Cataract Cured, 367.  
Catarrh of the Bladder, 134.  
Cerebro-Spinal Meningitis, 404.  
Chelidonium, 25.  
Children, Sick, 362.  
Chiplets, 28, 87, 223.  
Cholera Asiatic, Cured by Single Medicine, 74.  
Cimicifuga, 439.  
Circulation, Diseases of, 441.  
Clinical Cases, 501.  
Cocculus Indicus, 508.  
Colicky Pain in Abdomen, 148.  
Copper Salts in the Purification of Water, 557.  
Cornus Florida, 570.  
Crank's Letter, 222.  
Cratægus Oxyacantha, 158, 284.  
Cuprum Ars. in Acne, etc., 411.
- Diphtheria, 18, 127.  
Diphtheria and Common Salt, 401.  
Dose, The Minimum, 107.  
Duboisia, 181.
- Echinacea, 33, 141, 156, 157, 219, 326, 351, 431, 554.  
Elephantiasis, 166.

- Epilepsy, Argent. Chlor. in, 169.  
 External Remedies, 500.
- Fluoric Acid, 98.  
 Forgotten Pages, 174.  
 Fraudulent Pharmacy, 325.
- Gelsemium, 88, 209.  
 Germ, That Naughty, 152.  
 God, 125.  
 Gonococcus, as a Cause of Disease, 166.
- Hahnemann, Letter From, 521.  
 Hamamelis, 31, 216, 344.  
 Hamamelis, Externally, 295.  
 Head in Diagnosis, 397.  
 Helonias Dioica, 481.  
 High Attenuations, Action on Living Organisms, 412.  
 High Potency Case, A, 347.  
 Homœopathy and Its Corner-Stone, 424.  
 Homœopathy, What is There Left? 459.  
 Homœopathic Prescribing, Discussion, 492.  
 Homœopathic Text-Books, 497.  
 Hospital at St. Jacques, Clinique, 426.
- Ideal Cure, the Patient and the Remedy, 4.  
 Insomnia, 523.  
 Iron, 102.
- Jaborandi, 181.  
 Jargon and Hypocrisy in Medicine, 570.  
 Justicia Adhatoda, 193, 302.
- Kali Carb. on Hip Joint, 224.  
 Kali Nitricum, 3.
- Kali Phos. and Picric Acid, 393.  
 Kent's Homœopathic Philosophy, 550.  
 Kent's Repertory, 419.
- Law, The Homœopathic, 397.  
 Lycopodium Externally, 348.  
 Lycopodium Notes, 450.
- Machine Medicine, 164.  
 Masturbation as a Cause of Insanity, 43.  
 Materia Medica, A Plea for Better Work, 433.  
 Materia Medica Idea, The, 293.  
 Melilotus, 1.  
 Metallic Ferments—Effect in Pneumonia, 177.  
 Move, It's Your, 549.  
 Myroedema, 375.
- Natrum Sulphuricum, 51, 97, 581.  
 Neuralgia, 357.  
 Nux Vomica, Verifications, 445.
- NEW PUBLICATIONS.
- BOERICKE & ANSHUTZ. Elements, 381.  
 BOGER. Bœnninghausen Repertory, 471.
- CARLETON. Urological Diseases, 138, 186, 381.  
 CLARK. A, B, C Manual, 279.  
 CLARK. Homœopathy Explained, 475.  
 CLARK. Clinical Repertory, 40.
- DAVIS. Eye, Ear, Nose and Throat, 188.

- GATCHELL. Practice, 233.  
 GREATZER. Pediatrics, 138.  
 GRIFFITH. Nursing, 429.
- HENSEL. Urine and Fæces, 186.  
 HERING. Domestic, 234.
- JONES. Similiad, 38.
- KENT. Materia Medica, 36, 232, 281.  
 KING. Electricity, 280.
- LEE. Amelioration—Aggravation, 42.
- NOORDEN. Metabolism, 333.  
 NISSIN. Practical Massage, 524.
- PAIGE. Lungs, 36.
- RANKIN. Chest, 282.  
 ROOSA. Eye, 187.  
 ROTZELL. Man, 333.
- SAVAGE. Ophthalmic, 475.  
 STIMSON. Fractures and Dislocations, 332.
- VON DER GOLTZ. Tissue Remedies, 278.
- WESNER. Vaccination, 42.
- Obituary, Berens, 53.  
 Dudgeon, 29.  
 Mossa, 217.  
 Oehm, 295.  
 Sharets, 507.  
 Wiener, 553.  
 Wesselhæft, 29.
- Olive Oil, 92, 329.
- Phosphorus, 558.  
 Phosphorus Keynotes, 388.  
 "Pink Sweat," 25.  
 Pneumonia, 177.  
 Poppies, The, 54.  
 Porcelain Painter's Son, 245.  
 Potency, 283.  
 Prescribing, The Principles of, 241.  
 Prophylactics, Are There, in Homœopathy, 9.  
 Psorinum, 145.  
 Pulsatilla Externally, 115.
- Quackery, A Victim of, 330.  
 Quarantine Laws, Man Made, 548.
- Relation of Metabolism to Surgical Casualties, 289.  
 Repertory, How to Use a, 415.  
 Rheumatic Endocarditis, 417.  
 Rheumatic Gout, Manipulation, 21.  
 Rheumatism, 35.  
 Rheumatic endocarditis, 535.
- Sectarianism, 491.  
 Serum Terrorism, 370.  
 Silicea, 353.  
 Similiad. A Book Worth Considering, 118, 161.  
 Somewhat Pessimistic, 76.  
 Stannum in Phthisis, 230.  
 Staphisagria, A Study of, 303.  
 Substitution, 349.  
 Succus Cineraria Maritima, 393.  
 Surgery, From the Borderland of, 274.  
 Symptom: "As if Someone Grasped a Handful of the Skin," 24.  
 Syphilis, 374.
- Therapeutic Rhymes, 496.  
 Third Adjunct to the Law of Cure, 14.

- Transactions, N. Y. Soc., 81, 149.  
 Transactions, Ohio, Chips from, 77.  
 Transactions, Penna. Clippings from,  
 84.  
 Traumatic Neurosis, 513.  
 Truth, Correct Expressions and, 70.  
 Tonics and Stimulants, 457.  
 Tuberculosis, 28.  
 Two Curious Cases, 211.  
 Typhoid, Hints in, 382.  
 Uterus, Hæmorrhage from, 520.  
 Vagina, Prolapsus of, Cured by  
 Thuja, 123.  
 What We Need More to Lead Homœo-  
 pathy, 539.  
 Wasting Time and Money Abroad,  
 331.  
 What There is Left of Homœopathy,  
 337.  
 Why Hahnemann's Law of Cure is  
 Effective, 61, 129.  
 Wood Alcohol, 45, 190.

# THE HOMŒOPATHIC RECORDER.

---

VOL. XX.

LANCASTER, PA., JANUARY, 1905

No. 1.

---

## MELILOTUS, ETC.\*

By C. M. Boger, M. D.

We will speak of the sweet clover in this place because of its close similarity to *Glonoïn* in many of its symptoms.

Its active principle is Coumarin's substance of a very pleasant sweetish odor; the whitish efflorescence as well as the odor of Tonka bean is due to its presence. The Woodruff, or *Asperula odorata* of Europe which used in Germany to give the pleasant flavor to the so-called May wine also contains it; it is present in Galium, or Goosegrass and a number of other plants, especially of the Rubiaceæ.

In a general way it may be of interest to note that the clovers and Galium have a number of cures of cancer attested by very high authority to their credit; it has been pointed out that this must be due to their soluble silicates; that, however, is only theory, the fact remains that cures have been made; the essential indications for their use have as yet not been pointed out. Among other plants held in high esteem by cancer specialists for their escharotic properties are those containing Bin-oxalate of Potash (the *Sal Acetosella* or Salt of Sorrel), as a marked constituent; they are principally *Rumex acetosella*, the Oxalis or Wood Sorrel, and the *Oxydendron* or Sorrel tree; that this oxalate may be effectual I can testify, for I saw a large cancer of the thigh slough off because of its domestic application; nor is this to be ascribed to its escharotic action pure and simple, for were this the case any other similarly acting chemical would do as well, but we all know how many such attempts have been made and with what indifferent success they have met. These domestic cures are not to be despised, from such sources have arisen our greatest drugs, and our efforts should be directed to finding their specific symptoms and spheres of action.

---

\*Notes from Lecture delivered at Pulte Medical College.

But to return to *Melilotus*, you may use it for congestive, nervous, neuralgic or other headaches when there is an extremely or fiery red face, and the pain is relieved by profuse nosebleed or the advent of the menses; this modality has had abundant verification from the best sources and should leave a lasting impression on your memory; the pains are generally worse from talking and motion, and like the migranal affections of the similarly acting *Touka*, are temporarily better from the use of vinegar; on the other hand this acid aggravated the headaches of *Belladonna*.

*Melilotus* has cured quite a number of cases of insanity, monomania of the furibund type; the mental symptoms show a clear similarity thereto, and when the fiery red face is added the picture is apt to look quite like *Melilotus* unless strong counterbalancing symptoms point in another direction; such patients are exceedingly irritable, with attacks of destructive frenzy, or a desire to flee from their attendants or home.

A smothered feeling or oppression of the chest, often combined with a cough which is relieved by violent nosebleed, shows its relation to orgasms of blood.

### Amyl Nitrite.

Under *Glonoïn* we spoke of this remedy and its power over the vaso-motor system, especially when it seems unduly affected by emotions. Our good friend, Dr. Nash, mentions the cure of a case of violent blushing, and facetiously remarks that those who don't blush don't need it, which is not as much of a joke as it looks; however, flushing of various sorts is not its only indication, and while it has been given by inhalation very largely in a palliative way for angina pectoris and to mitigate epileptic attacks, I am not aware of any genuine cures of these diseases being affected thereby; while admittedly it will often relieve the vascular spasm, and thus help the patient even in true angina, it is nevertheless powerless to prevent their recurrence; for this purpose you will look to the *Iodide of Arsenic* more than any other drug, although the other *Iodides* may also serve you well.

Like the other Nitrites it affects the distribution of the blood most profoundly, causing irregularities and congestions thereof, but unlike them its symptoms are greatly influenced by emotions, as fright, etc.; they also include certain functional neuralgic manifestations, and when we get a combination of these two elements in a given case, and such are not as rare as might be

supposed, it is perfectly indicated, and will make as good and complete a cure as any other indicated drug.

Over a year ago I prescribed *Amyl nit.* for a large obese woman who had sought in vain for two years for relief from a distressing condition the salient symptoms of which were: A cutting, left-sided, infra-mammary pain following the ribs to the back, with fluttering of the heart and a cough with frothy expectoration; there was much dyspnoea, especially on exertion; she was worse lying on the left side and from pressure, but better from eructations and slow motion; with the attacks the feet and hands became cold and there was profuse urination, the cough caused occipital pain, and she was compelled to get relief from heat by going into the open air. The location and direction of the pain is peculiar to this remedy, the thoracic congestion is one phase of an action common to the Nitrites, the modalities moreover fix the choice upon the *Amyl* compound, besides the fluttering of the heart is very characteristic, so you see "he that runs may read," and it made a good and permanent cure.

Not many remedies have "throbbing of the vertex," but this is one of them, and probably the most important.

Its cranial neuralgias are often accompanied by unilateral coldness or paleness of the face; this you should remember.

### Kali Nitricum.

In this connection we will consider another Nitrite, the *Kali nitricum* or Saltpeter; it is an ingredient of nearly all the nostrums used to palliate asthma, which, however, it is rarely able to cure, because its general action will seldom conform to the constitutional state of such patients.

Like its congeners it causes intense local congestions which tend to affect the cavities of the trunk most prominently, preferably the thoracic; consonant with this there is much objective coldness, so much so that allopaths have called it a "refrigerant diuretic," the diuresis induced being part of a general increase of secretion from all the internal organs; there is much bronchial mucus thrown out, a watery diarrhoea comes on and the kidneys secrete profusely; should the patient be menstruating a profuse flow of an inky blackness ensues. This power to produce cold was formerly used antipathically to reduce fever, but the practice has long since been abandoned, being partially replaced by antipyretics and partly by the distinctly pyrexial remedies *Aconite*,

*Gelsemium*, *Ferrum phosphoricum* and *Veratrum viride*, the latter an improvement distinctly forwarded by Homœopathy.

The diarrhoea has the important modality of aggravation from eating veal; the stool may be simply diarrhœic, but sometimes becomes dysenteric with the presence of membranous shreds. In congestion of the lungs you may need this remedy if you find the patient sitting up with an exceedingly high temperature but a cold skin, the breathing being so embarrassed that although he is thirsty he can take only a sip at a time before he is again compelled to gasp for breath (like *Scilla*), he complains of an overpowering sense of weight on the chest, and may have a desire to be fanned; this may be the premonitory stage of a violent pneumonia and if you come upon the case early enough the whole process will be nipped in the bud. A careful differentiation from *Verat. vir.* will often be necessary here; under the latter drug you will find the face blue or cyanotic, maybe the patient is only semiconscious, but nevertheless he will resist being raised up, just the reverse of *Kali nit.*

The congestion to the chest is sometimes relieved by a hæmorrhage from the lungs, the patient expressing himself as feeling better afterwards; this places it alongside of *Melilotus*, *Bovista* and some other drugs that have relief from bleedings.

---

## THE IDEAL CURE, THE PATIENT AND THE REMEDY.

By G. P. Waring, M. D., Chicago, Ill., Professor Materia Medica Hahnemann Medical College.

The philosophy of Homœopathy, applied to the topic selected for this paper, is a very important factor in the ideal cure.

To "cure the sick" is the mission of every respectable and conscientious doctor. An ideal cure is based upon the philosophy promulgated by Hahnemann.

Sections 1 and 2, the very beginning of the *Organon*, lay down clearly and fully this proposition: "The physician's high and only mission is to restore the sick to health," and the "cure should be rapid, gentle, permanent, in the shortest, most reliable and harmless way."

*Cure* implies sickness. *Sickness* implies health. *Health* is the



normal and orderly state of the vital force—the vital phenomena as modernly stated by the so-called scientific school of practice.

Restating this fundamental proposition in the reverse of natural order, we understand *health* to be normal activity of the vital force resulting in normal functioning of the physical and material organism. *Sickness* has its beginning, and continuous cause in the disorder of this same vital force, the extent of the sickness being in proportion to the disorder.

*Cure* is the restoration of order, hence a return to the health state. If the return to health is permanent the cure is ideal. If not permanent it is recovery only, and the patient is still sick and will present a history of relapses.

Nearly all of the results in the traditional practice of medicine, and too often in our own work, the patient recovers to be sick again. Nature, without interference and unaided, can do as well and often better.

To restore permanently implies the elimination and annihilation of the entire disorder and disorder-producing causes. Then, and not until then, can there be an *ideal cure*.

It is not the purpose of this paper to deal with ordinary everyday recoveries. The American Institute and kindred societies, supporting the *American Medical* in an endless chain of recoveries and relapses, have discussed this subject to the limit.

What the patient needs, and what the race needs, is the permanent cure—the *ideal cure*.

This paper then deals with the *ideal cure*, and I trust the Chairman will rule out any discussions on the paper not consistent with this purpose. We can well afford to leave that with the "fixers and mixers," who are willing to accept and evidently satisfied with palliation and recovery.

Two essential factors enter into the ideal cure—the patient and the remedy.

The patient most truly has an important part in the cure, much more so than most of us realize. In a way we know and understand the relation between the patient and the cure, but neglect to instruct and impress the patient as to his part.

Based upon this fault a natural error results in expecting too much from the remedy. What the remedy can do is limited and of short duration. What the patient can do in getting well and maintaining health is limited only by death itself.

What the patient can and should do might fill a volume as

large as the Unabridged Dictionary. What the remedy can and must do may be stated in a paragraph.

The patient's part requires that the habits and environment of everyday life shall be consistent with, support and never interfere or antagonize Nature's effort, through the vital force, to restore and maintain health.

From the philosophy of Hahnemann what is understood by the remedy?

Sickness has just been defined as the vital force in disorder, cure being a restoration to order, consequently a remedy must be the agent employed capable of changing this disorder into an orderly state. Not the disorder of the material organism, but the disorder of the vital force.

The vital force when restored to normal activity begins instantly the vital process of normal functioning, upon which depends the restoration of the material organism.

The thought and teaching of philosophy is this: The restoration of the vital force is an instantaneous change or a series of such changes—the direct action of the remedy.

The restoration of the material organism is a continuous process of hours, days, months or years, the direct action of the vital force.

The remedy has much or all to do with the former, but nothing whatever to do with the latter. The active force of the remedy is immaterial in character, must be so to act upon or impress the immaterial vital force. Action in this plane of being is by instantaneous impulse, not by continuous contact, as is the material plane. The notion that the remedy, when administered, remains somewhere in the human economy to act for a stated time is an error based upon materialism, and has no part in homœopathic truth. With this common error rests the folly of too much dosing and too little waiting on the restored vital force to do its part. This error of expecting the remedy to more than restore the vital force by a single impulse leads many a good doctor to think and say that "the remedy failed."

The indicated remedy never fails in curable cases, but the doctor fails continually when confused by this common error. He gives repeated doses of the single medicine, or changes the remedy too soon, saying nothing about alternation or the compound tablets which are not entitled to the back-door entrance to homœopathic practice.

Therefore, the remedy useful in curing the sick is solely and only such an agent as will by instantaneous impulse restore the vital force to normal activity. Any agent capable of producing such an impulse becomes a remedy.

The homœopathic physician adheres to the law of drug selection and secures his remedy. If, however, the hypnotist, the Christian Scientist, the Divine Healer, or the Christ himself, cures the sick, the means used must be an agent capable of restoring the vital force—an instantaneous impulse, the immaterial character of which no one questions.

It is folly to deny, especially in many cases of mental and nervous complaints, that there are curative agents outside of the field of drugs. The rapid growth of the no-medicine cults, which are treating the sick, is a natural result of such folly. The highest ideal of the physician being to cure the sick, every known remedy should be at his command, then there would be no room for the no-medicine cults thriving all about us.

The patient's part in the cure, the second factor, as previously outlined, begins immediately following the administration of the remedy and continues until all symptoms of the sickness are permanently removed—this being the only evidence of a cure.

The impulse of the remedy has been given necessary to restore the vital force. The remedy can do nothing more so long as the vital force is in order. If disorder, for any reason, occurs, a repetition of the same remedy or a new one is indicated.

The vital force once restored the processes of normal functioning are established, and if the patient's habits and environment do not interfere and antagonize a cure must result in all curable cases.

But that little word "if," "if the patient's habits and environment do not interfere or antagonize," speaks of a world of sorrow and disappointment. Almost endless sorrow to the patient and paralyzing disappointment to the doctor.

To live a life in conflict with Nature's effort to maintain health is a slow but certain suicide. The demands of society, fashion, business, the false habit of eating, sleeping and breathing, the damnable curse of the drugging habit, including intoxicating liquors and tobacco, the false and wicked sexual habit of both the married and the single are a few of the many flagrant and constantly increasing barriers of the ideal cure.

At first, if acquired during the patient's lifetime, these obstruc-

tions to the cure may be only exciting causes of disorder, and if eliminated order may be restored without a remedy. Later, however, a chronic state develops, becoming in itself a predisposing cause. This is a constitutional state—a culmination of all the wrong doing and wrong living of the race in violation of certain fixed laws upon which health depends.

This Hahnemann called psora, and whether as a race defect or acquired during the patient's lifetime, it becomes a serious obstruction to successful treatment—an obstruction which must be corrected and eliminated before an ideal cure can be expected.

The removal of these obstructions, when only exciting causes, is wholly the patient's part of the cure. The doctor who aims to bring about an ideal cure should not, and likely would not, prescribe until the patient's life is adjusted, as far as possible, to the requirements of health. Placebo and a corrected daily life is the first and best prescription in such cases. If symptoms disappear permanently no treatment is needed. In case a medicine had been given to agree with the symptoms and the exciting causes removed at the same time, with the same result as above, the doctor will be fooled, not knowing the cause of the cure. That, however, is not all of such foolishness. If he reports the case he makes fools of us, who read of a typical cure. We, of course, do not know of the exciting causes, as they are seldom reported. Because of the doctor's neglect and the patient's folly in not removing these exciting causes the no-medicine treatments are fast increasing in number and power. Christian Science, Dowieism, etc., secure their results largely, if not entirely, by eliminating from the patient's daily life indiscriminate crude drugging and other habits inimical to health.

The removal of the predisposing or chronic causes is quite another thing. When psora is once established no superficial means can do more than palliate. Hahnemann, after twelve years of persistent study, experiment and observation, gave the first solution of this difficult problem. A remedy as deep acting as can be an inherited constitutional miasm must be administered. This is the doctor's part of the cure, and his success will be in proportion as his practice is consistent with the philosophy of Hahnemann's antipsoric treatment.

The carefully selected remedy will do its part in curable cases. The reaction will be established which will eliminate psora and its offspring, syphilis and sycosis, *providing the patient's part in the cure is faithfully performed.*

Summary.

- 1st. *Health* is the normal activity of the vital force—a state of order.
- 2d. *Sickness* is the abnormal activity or distunement of the vital force—a state of disorder.
- 3d. *Cure* is the restoration of order—a return to the health state.
- 4th. Cure includes recovery, but recovery may fall far short of a cure.
- 5th. The ideal cure implies the elimination and annihilation of the entire disorder and disorder-producing causes.
- 6th. The *remedy* must be an agent employed capable, solely and only, of changing the disordered vital force into an orderly state.
- 7th. The *vital force* is restored by an instantaneous impulse or series of impulses.
- 8th. The *material organism* is restored by a continuous process, solely the function of the restored vital force.
- 9th. What the remedy can and must do is limited and of short duration.
- 10th. What the patient can and should do, in the process of cure, is of vast importance and continues during the life of the patient. Therefore the patient's part must be of first consideration.

---

ARE THERE PROPHYLACTICS IN HOMŒ-  
OPATHY?\*

Presumably There Are.

Hahnemann recommends *Belladonna* as a prophylactic against scarlet fever, and *Sulphur* against the itch. Hering, following in this path, recommends also *Sulphur* against malarial fever. From various sources we learn the prophylactic powers of *Camphor*, *Cuprum* and *Veratrum*, in Asiatic cholera; *Bryonia*, in measles; *Acetic acid* and *Apis*, in diphtheria.

During an epidemic of small-pox, *Saracenia* was given to 2,000 persons and everyone escaped.

---

\*Read before the Brooklyn Hahnemannian Union, Saturday evening, May 28, 1904.

*Drosera* has prevented whooping cough. We could enlarge this list, but think it sufficient to prove "that the belief in prophylactic agents against several, especially contagious diseases, is adopted by the highest authorities in Homœopathy with Hahnemann at their head. In our text-books we are told that certain diseases, pneumonia, typhoid fever, etc., run a certain course, in a definite period of time, has so many stages. Yet, by proper treatment, the disease can be aborted at any of its stages. This surely is another admission of the prophylactic treatment. If the entire disease was not prevented, part of it can be, and this is prophylaxis all the same.

Reason confirms the possibility of preventing diseases by the administration of medicines. Just as a chemical or a gas, that will destroy a flower when in bloom, will destroy that same flower when still concealed in its bud . . . even so a medicine capable of killing, making disappear, in other words, *curing* a certain set of symptoms, or certain conditions which we call disease, will surely kill, that is, cure their symptoms when they exist in the system, but have not appeared outside.

We are confronted, however, by two facts which seem to destroy all confidence in prophylaxy:

1st. Our experience. I have given *Belladonna* to members of a family, of which one had scarlet fever, with different results. Sometimes I failed, sometimes I succeeded in warding off the dreaded disease. Yet I am not sure where I did succeed that it was a real prophylactic. It was a question if those who escaped would not have done so without my interference; while if they caught scarlatina, despite my prophylactic, I was certain of my failure. I am confident that this is the experience of most of us.

2d. If we look for the recommended prophylactics for certain diseases, we find mentioned *not* a single remedy, but several; each one having its advocates; each one's power being confirmed in a large number of cases. We call your attention, for instance, to a preventive for small-pox: *Variolinum*, *Vaccininum*, *Saracenia* and *Malandrinum*, all are highly recommended, each one of them has done wonders.

Now, just as for a certain set of symptoms there is but one remedy, if well selected, that will be curative, so for that same set of symptoms there can be but one prophylactic. Consequently, if there be *four*, equally good, then one must look upon that fact as very suspicious and our belief in prophylactics must greatly diminish.

If we look somewhat closer we will detect the cause for this deviation and get a better idea of preventive medicine. We are used to classify diseases by names, but this is not sufficient. They must again be divided in different types and species. Just as animals are divided in classes, orders, families, etc., each division requiring different food and different treatment for their existence, sustenance, etc., — so the different types or subdivisions of a certain disease call for a different curative and consequently different prophylactic remedy. We have no names for these various types, but they exist nevertheless. So we may divide scarlatina into a *Belladonna* scarlatina or *Rhus*—an *Ailanthus* scarlatina, etc. We may have a *Lachesis*, a *Lycopodium*, *Mercurius*, *Lac caninum*, *Phytolacca*, or *Apis* diphtheria and so on. Hence there is not *one* prophylactic for scarlatina, diphtheria, small-pox, etc., but several, as many as there are types or sub-divisions of these diseases, though called by one single name. When one in our experience succeeded in our endeavors to prevent a certain disease, we *may* have by chance selected the true and only prophylactic for that type. I say we *may* have done so, for even that is not sure. We never know if there was really any necessity for a preventive.

Exposure to a contagion is not invariably followed by falling a victim to the disease, the majority will escape. If we failed in our prophylactic endeavors, it was a sure sign that we selected the wrong agent.

The two objections having been met and refuted, the principle of prophylaxy is hereby fully sustained.

There *is* an agent, but *only one* for every type or sub-division of any contagious disease (perhaps also for every known disease). This seems to be theoretically true.

Will this knowledge be of any avail in our practice? This is a question very difficult to answer.

If we put a seed of a well-known plant in fertile soil we can tell in advance the expected results of its growth. We can describe the roots, stems, leaves, buds, flowers, fruit, etc., of the plant in minute details. Can we similarly describe the type and course of a disease should it develop, when we know the type of the contagion to which that person was exposed? Unfortunately, we *cannot*. It is by no means certain that one type will produce the same again. Scarlatina contracted from a very mild type may develop a malignant one, and vice versa. Why

this is so, and how to account for it, we will not now discuss. We all admit such is the case. Hence, the source of the contracted disease is no guide for the selection of the true prophylactic. If a truthful and trustworthy prophetic spirit would reveal to us what that type would be, it were easy sailing.

Unfortunately, these spirits do not exist. In case of an epidemic, where we notice that the majority of the sufferers have the same type and the disease yields in almost every case to the same remedial agent, we may conclude, or at least hope with a little more certainty, that this agent will be the true prophylactic.

Should we administer such an agent, even if there be no epidemic? I think we should. 1st. To allay fear, which often brings on the disease. True, *Sac lac* and some uncompromising suggestions of assurance on our part would answer as well. Yet, 2d. As there is a chance that we may hit on the true prophylactic we should take that chance; the more so because no harm is done in case we do not succeed. Let us not forget that our last chances of success are enhanced by the fact that a number of persons will escape despite their exposure to the contagion.

Another practical point resulting from these considerations demands our attention. It is this: Have we a sure prophylactic against small-pox that can take the place of vaccination? This is a more difficult problem to solve. Here it is not the physician, who proposes or simply gives a prophylactic to his patient, but it is the patient (*herself*) himself who asks for sure protection, and even *desires* or *demand*s a certificate to that effect. In theory, of course, as we have seen, there are prophylactics. But as there is more than one, and we have no means to detect the right one, we can never be sure of success. Hence we cannot promise success. You may say, perhaps, even vaccination is not always a sure prophylactic. Granted. But then we have done what the law requires and the patient desires us to do.

Undoubtedly we have a right to refuse performing vaccination as usually done. We can also propose a medicine to be taken internally as a probable protection, *provided* the patient will assume the risk and responsibility should our proceeding prove to be a failure. The giving of a certificate is, of course, out of the question.

In the case of small-pox we are more handicapped than in other contagious diseases. Even in an epidemic of variola we could not obtain any more information. For we are not allowed to treat the disease nor carefully observe its course during that epidemic



to find the leading remedy, and consequently its probable prophylactic

If we look to the pioneers of Homœopathy to find some authority to substitute internal medication for vaccination we meet again with failure. Hahnemann, though recommending *Belladonna* as a prophylactic agent against scarlatina, fails to advise a similar course in small-pox, but advocates vaccination as being true Homœopathy. Hering, who was well acquainted with the effects of *Variolinum* and *Saracenia*, who knew very well how successfully they were used in some epidemics of variola, *fails* to recommend them in place of vaccination, but advises the latter as the lesser of two evils.

So that if vaccination is asked for there is nothing left for us but to refuse it or perform it in the usual manner.

The question at the head of this paper: "Are There Prophylactics in Homœopathy?" must thus, after due consideration, be answered in this manner:

In theory certainly there are; in practice their use is very limited.

J. LOPES CARDOZO, M. D.

*Brooklyn, N. Y.*

### Appendix.

A few remarks in regard to an article by Dr. Willard Ide Pierce, treating the same subject, which appeared in the *Hom. Monthly* (June, 1904), one month after my paper was read.

Dr. P. believes in the prophylactic property of *Belladonna* 30 for scarlatina *in every case*. (He has administered this medicine in over one hundred consecutive cases *without a single failure*.) *Apis* 30 for diphtheria; *Cocculus* 30 for carsickness; *Apomorphia* (and perhaps *Petroleum*) for seasickness are recommended with the same confidence (with *Petrol.* he had some failures).

I concur with Dr. P. in his belief in the existence of prophylactics and their efficacy if it happens to be the right one, as explained in my paper.

But I do not share his unbounded confidence in the good results of *one* medicine for each disease, administered as a prophylactic (for the reasons stated above).

If he was successful in one hundred consecutive cases with one and the same remedy these cases must have been (by mere chance)

of the same type. In any case his success was phenomenal. Others have success and failure alike.

As to *Apomorphia* for seasickness and *Cocculus* for car or seasickness, they have often been given with success. But are these the only ones? By no means. *Arnica* has a similar reputation. Dr. J. T. Kent (*Journal of Hom.*, Sept., 1897) has astonishing results by giving one powder of *Tabacum* 70m. He declares *Petrol.* and *Cocculus* SOMETIMES help seasickness, but *Tabacum* is far superior.

Drs. E. B. Nash and H. C. Allen mention *Cocc.* and *Tab.* as very efficacious.

Having now four or five prophylactics for seasickness, who can say this one or that one is the only prophylactic? Must we not expect and have failures when we confine ourselves to one remedy in every case? Can we then have that unbounded confidence in the success of one remedy, as Dr. P. seems to have? Must we not come to the conclusion: "There are prophylactics in theory, but in practice their use is very limited."

J. L. C.

---

## THE THIRD ADJUNCT LAW, TO THE LAW OF CURE.\*

By John F. Edgar, M. D., El Paso, Texas.

Divesting ourselves of prejudice and superstition, we could and should learn as many of the true laws of creation as possible.

The astronomer, the geologist, the botanist, the true electrician (not just the lineman who can string a wire or make splices). All these come nearer nature. Come nearer being true human beings than the one who lives and follows in the ruts he or she was born in.

If a Baptist or Methodist, etc., don't know why or how, or the differentiations, only that his or her parents were so. Also a Democrat or Republican, not that he or she knows the physical differences further than "one party is in power, and the other wants to get in."

Homœopathy is *the* law of cure, and one of the absolute laws of creation; of itself it has nothing to do with the small doses, "little

---

\*Read at Texas State Homœopathic Association, October, 1904.

pills," any dose, but with the selection of the proper remedy according to *the law*. As I have always said, I honor the physician that understands this and lives it, whether he uses tincture in water or 3x or 6x dilutions, or the one whose knowledge is further matured so that he or she can succeed with the minimum dose.

The first adjunct law is the law of *Dynamization*; that shows there is no end to the divisibility of matter; and that there *is* a potent power more curative brought out in this fineness than is in the crude preparations.

Herein the small dose satire can be correctly used; that is, if the person using it does not care to give away his or her ignorance of natural laws. That small doses relate to the law of Dynamization and not direct to the law of cure.

The second adjunct law is *the law of dose*; and it is 'the inverse ratio of its Homoeopathicity.'

I am indebted to P. P. Wells for this definition.

Also to William Owen, whose practice was with rather crude remedies, but he uttered from his innate knowledge: "That when you have selected *the* remedy it does not matter how fine the dose may be."

Let me add a little explanation: The finer and closer you have selected the similimum the finer the preparation of the remedy that should be exhibited and corresponding to the fineness of your gray matter. And the less fine you have made the selection, the less fine should be the preparation, attesting the degree of or lack of fineness of your knowledge and perception. Again, what you have lacking in perception and knowledge you needs must make up with the coarser application.

The third adjunct law is *Magnetism*; Hahnemann, in the latter part of the *Organon*, touched a little upon that subject and included Mesmerism, which, although a fact, does not cover all the law, and has not been regarded with the best of reputation.

Hypnotism is this power through suggested sleep, and somnambulism, controlled by the stronger will of the operator, when used as a palliative, or an aid to *the* curative remedy.

Magnetism proper is through all creation and *is a power*.

Is a part of the *all force*. It is evidenced in gravitation, cohesion, affinity, etc.

All creation, force and matter; the matter resulting from the original force, and that force we speak of as the Creator. It is

the life and force of everything, from the lowest inorganic to the highest organic.

When I state to you that there is no end to the divisibility of matter (in the first adjunct law mentioned) it is a grand thought for you, all of you, to always keep in memory.

It is not a theory or fad, but a *truth*. Always has been, always will be. Many of the so-called scientists became very egotistic because they have discovered more than one alkaloid in a certain element, or plant life, force.

That has always been and always will be. Organism and inorganic elements are not of just one independent thing. They are all *multiple* and they are all dependent upon, or attached, more or less, to every other thing created. I could explain this on out much further, but never to an exhaustiveness, and will return to the magnetism, and especially what we may nosologize as *animal magnetism*, and is *the third adjunct law* to the law of cure. I restate that it is part of the life force. Also, that nothing created is of itself alone; selfishly alone.

All inorganic elements, or salts, have their affinities and their necessities. *There are male and female in all things.*

No man or no woman is complete within her or himself. The God-given attributes within require their affinity. This condition is more universal than just the marriage relation to make the complete man of both male and female element. It must be correctly mated.

The life force of the two parts must flow together for the common good; in their thoughts, in their presence together at the table, in the room, in the same house.

It is a necessity for pure life. This is not only with the marriage relation, but with the social and family relations, and the medical, surgical and all other relations of life. If we (you) succeed at these meetings we must have affinity for and to each other for the general good.

As organisms, through some baleful influence, which I have attributed to superstition, we have not and many are not now living the true natural life. Male men make smoke-houses of their mouths; use products of decomposition (as vinegar or alcohol), wash away or ignore the gifts of their consorts. And the female man has been wearing her clothing wrongly for centuries, when she could have kept in fashion, and yet followed natural law, if she would only learn how.

Has done many things even worse than her male consort, and thus both have gotten their life force, and the magnetic part of it, out of true normal flowing and usefulness. Those they are mostly in contact with are not restful and soothing. They are irritating, "rubbing the hair the wrong way." Are you with me? Any of you?

Mothers who did not want their child at conception, and during gestation, undertake afterwards "to make the best of it," with undue, uncalled for slavery and attentions. *Too much attention!* Not teaching the child to be self-reliant and wait on his or herself; to be prepared for the separation later, and the duties to, and duties from, the next relation of marriage, love and a new family started.

These are one set who have abnormal magnetism, and as it goes from bad to worse, you as physicians (I mean true physicians, not the ones up to modern times with fad appliances, theories, and show of implements and apparatus to get the money out of suffering humanity) *you come across* cases that are below par—very much so.

The extra surplus life has been exhausted and the actual necessary life drawn upon almost to bankruptcy. You are truly educated; you approach nearly to the ideal of knowledge of, and knowledge of how to apply the law of cure. You try hard to select the similitum; you may use some wrong expressions, may be print them, *i. e.*, "the best homœopathic remedies were administered." That is not true, even if you had run the gamut from the crude strength to the smallest fine dose, from *Aconite* to *Zincum*. For the true homœopathic remedy will always cure in some strength.

This is not *belief*, but knowledge and courage from that knowledge.

Something in the similitum you have not recognized.

I claim that frequently that lack is in the abnormal state of the magnetic current in that patient. I have seen it below par. Have also seen it in excess. If the physician is not a user of stimulants of any sort, tobacco being worse than liquor, and *Cocaine* still worse, she or he may be able to help up, or reduce, in this patient so that the selected remedy of some strength *will take hold and cure*. But the main point I want you to comprehend is the recognition of *this condition* as part of the totality of the symptoms. Section 18 of Hahnemann's *Organon*.

To recognize it as a cause, that must be removed, so that the patient has a chance to get well. *The* remedy have an opportunity to act.

Or that in removing the person (generally the mother) who is absorbing the life force, by her excessive magnetic force, and replace with a nurse or companion whose magnetism is soothing and helpful. I have seen wives take all the living strength away from their husbands, not by their marital relations, but by their presence in the same house, even if separate bed.

And husbands take all the vitality from the wife.

But the most observation I have had has been with mothers who did not want the child at conception and during gestation, and who afterwards gave too much devotion, attention and close companionship.

Ladies and gentlemen: This has gone beyond theorizing with and in my observation. I have demonstrated it beyond theory. Have helped by its knowledge, and able to see its help, or its lack of help, in others and understand its whys and wherefores, and I want you to recognize this *truth*.

Hahnemann in the latter part of the *Organon* gave just a glimpse of this force and attached it to the then fad of Mesmerism, but he had done so much for the world's good already, more than any other discoverer of the Creator's pure laws had ever done before, and so far has done since, that we shall not blame him for not completing this thought.

I ask all of you, members of this Society, to help, think this over, try it and report. I ask this in earnestness, for you to study over this thought carefully for a year and let us know what your thoughts are, your observations, your conclusion.

---

## HOW I CURE DIPHTHERIA.

By Charles Curtis, M. D.

It was some years ago, during an epidemic of diphtheria, and before the days of the much-used antitoxine, that all the physicians in the city were putting forth their best efforts to cure the many patients falling to their care. Nearly all of the children in the city, and many of the adults, were sick with this disease. In conversation with the doctors I learned that only a small number were using the same medicines. The death list was large, and we did not seem to be doing much toward curing our patients.

Twenty-five years ago, as we look back at it now, but little seemed to be known about treating diphtheria. I supplied myself with all that was written on the subject which was of any value, and studied it thoroughly. I consulted my materia medica often and supplied myself with all the remedies of known value, but still the results were not entirely satisfactory. I then added alcohol to my list of remedies, and in this I soon found that I had a sheet-anchor. It was an heroic measure, but something more had to be done. A lady of about twenty years of age was extremely sick. I was giving her an ounce of whiskey every hour along with *Cyanide* fourth in alternation, with *Baptisia* tincture every hour, but this did not stay the on-march of the disease. She was now given an ounce of alcohol mixed with an ounce of water every hour for twelve hours. A change for the better was then noticeable, and we went back to the whiskey. The improvement continued and my patient made a good recovery. From that time forward I have never omitted to use whiskey and alcohol in the treatment of diphtheria, no matter what the age of the patient. I have found that *Mercurius cyanide* the fourth to the sixth in alternation with *Baptisia* tincture, twenty drops in half a glass of water, were the remedies most called for and from which I get the best results. Although antitoxine is lauded to the skies by many, and I think in some cases has done good, yet the after-effects in many cases have been very unpleasant. I believe that alcohol is a valuable antitoxine in diphtheria, and that no bad results follow its use and, therefore, I adhere to it and have never yet used the so-called antitoxine of the present day.

In the strides which are being made to cure disease, it is well to investigate, and then when we find a remedy which sometimes kills, although it may be very easily applied, we should handle it, if at all, with great caution. I would rather use something which will not kill or cripple for life.

*Los Angeles, Cal.*

---

## ALCOHOL IN THE TROPICS.

Major Charles E. Woodruff, Surgeon in U. S. Army, contributes a remarkable paper to the *Medical Record*, Dec. 17, 1904. In brief he says that the medical authorities who have taught for years that meat eating and the drinking of alcoholic beverages

are a curse to the white race in the tropics, are, to put it mildly, in error; that the "old soaks" stood the climate far better than the total abstainers. A careful study of the statistics proves beyond question, according to Dr. Woodruff, that a total abstainer in the Philippines has slight chance of health. Among other things he writes:

"Now let us get down to the practical application of all this. It is reported that the president of Harvard University, in addressing some candidates for positions as teachers in the Philippines, told them that any one who drank alcohol need not apply, as only total abstainers would be accepted. What dreadful and deadly advice! I have been repeatedly called in professionally to see these teachers, and a more horrible condition of health I have never encountered in any people as a class. They were anæmic, neurasthenic, and enfeebled. A high percentage have broken down completely, though I haven't the exact data. I only know personally that every woman among them whom I saw was in a wretched state. President Eliot would have had fewer deaths and fewer people in broken health to account for if he had told them that no one would be accepted unless she promised to take a little wine with her meals. His fanaticism has had deadly results. It is dreadful to send women to the tropics to work anyhow. Ripley, the anthropologist, says it is next to murder; but to send them over without the wherewithal to combat the dreadful exhaustions is a felony. Almost all the women come home in a dreadful condition, even though they had the greatest care."

"The great obstacle to restoring beer and wine to the canteens in the Philippines is the false attitude of the medical profession, who, without any facts, are asserting that the soldiers in the tropics should not have any alcohol, even though it might be tolerated in the canteens in the United States. This paper is written in great part to prove that it is really needed, and urgently needed, in the tropics, and the sooner it is supplied as a hygienic necessity the better it will be."

He also asserts that the W. C. T. U. are indirectly responsible for a terrible loss of life among our soldiers by the abolishment of the army "canteen."



A CASE IN PRACTICE.

By Eli G. Jones, M. D.

One morning I was called to see a child about a year old. The messenger told me that four physicians had seen the case and given the child up as past help. I found it lying in its little cradle in a kind of stupor, eyes partly open, but what attracted my attention was its *mouth wide open*, like a young robin when you go near the nest. I placed my hand over its bowels and found them hot and tympanitic. I diagnosed the case as inflammation of the bowels. It seemed to me that its little mouth open all the time was nature calling for something to cool the inward fever. I picked out one of the most intelligent women standing around the cradle and told her to get some ice and pound it up fine. Then sit down by the cradle and feed it to the child in small doses every few moments till the baby's little mouth closed up. Then leave it off. Applied light poultice of flaxseed tea, wet with saleratus water, warm over the bowels. Internally gave Tr. *Belladonna* and *Aconite*, ten drops of each, in a glass of water, teaspoonful once in an hour, with ten drops Tr. *Chamomilla* in another glass, teaspoonful every hour, in alternation with the other mixture.

At night I visited the little patient and found it very much better, less fever, less tympanitis, eyes open and noticed things. The treatment was continued and the child recovered.

This case caused considerable comment, for the doctors said no one could save it.

*New Brunswick, N. J.*

---

A CASE OF RHEUMATIC GOUT OF THREE YEARS'  
STANDING CURED CHIEFLY BY  
MANIPULATION.

By W. S. Moat, M. D.

Mr. W. J. B., fifty years of age, medium height, two hundred and fifteen avoirdupois, came to my office April 14th, 1902, and reported as follows: "Four hundred miles is a long distance for a man in my condition to come for treatment. Nevertheless, here I am, although I can scarcely walk, or even stand. My legs, be-

low the knees, and feet are swollen, red and very painful, the left worse than the right. I can stand but a few moments at a time. Must sit or lie down and prop my feet up higher than my body, in order to get any relief. I suffer from pain in back and the most obstinate constipation. I also become so melancholy at times could with ease commit suicide, and no doubt would have done so had it not been for the sake of my small children. Have been under the care of several good physicians during the last three years. They all say I have rheumatic gout, which no doubt is a fact, but none of them have been able to do me any good worth mentioning. But your letter explaining the probable cause of my affliction and proposed line of treatment has given me more hope than I had any reason to anticipate. I think the above symptoms would reasonably warrant a diagnosis as that of rheumatic gout."

The first thing I did was to carefully examine his urine. Found nothing wrong worthy of special notice, so concluded that constipation was the chief cause of his diseased condition. Then placed him in a horizontal position on operating chair with knees drawn up, so as to take the tension off the abdominal walls. While in this position, with hips elevated, explored the rectum with finger and found it prolapsed and contracted, with no faecal matter within reach. But the intestines appeared full from one end to the other. With a bulb syringe forced into the rectum and lower bowel all the warm water he could hold. Then manipulated the bowels by pulling upward from low down in both groins and beneath the pubic bone until he could hold the water no longer. This was repeated from time to time until the pelvis had lost much of its tension. Heretofore, cathartic medicine had little or no effect. But now they began to show required results. Daily manipulations with left hand on abdomen and finger of right in rectum, warm water injections and an occasional dose of some mild cathartic cured this man in less than one month. At least he called and so reported at my office on the 5th of September, 1904, which was almost eighteen months after having received his last treatment. In cases similar to this I have often found the mesentery crowded down under Poupart's ligament on both sides, more frequently on the right, producing hernia and strangulation of the blood vessels and nerves contained within it. Chronic inflammation of the rectum, sciatic rheumatism, partial paralysis of the legs, difficult micturition and uterine

prolapsus are some of the afflictions produced by the displacement of pelvic tissues and they can be cured by proper manipulation when all other remedies at my command fail.

### Cramps in the Bowels.

J. L. H., of Cape May City, New Jersey, called at my office on June 5th, 1900, and made the following statement: "Have been sick almost a year. I suffer at frequent intervals from the most severe cramps in bowels. The pains extend down into both groins and surrounding parts. Bowels very much constipated. Have taken large doses of castor oil, salts, compound cathartic pills, and injections of warm water. They give only temporary relief, and in a day or two am just as badly off as before. For months past have not been able to work. In fact, I am a physical wreck. Have consulted and been treated by several good physicians, but they do not appear to be able to reach my case. Had about concluded to go to a hospital and submit to an operation, but have been persuaded by friends to consult you first."

This man had lifted some heavy furnace grate-bars from the hold of a steamship while standing in an uncomfortable position some time before he became afflicted, and might by so doing have strained himself. From this fact, in connection with the symptoms, I suspected bowel displacement, with a pocket or pockets filled with fæcal matter, and so it proved to be. Placed him on an operative chair and when the abdomen was laid bare found a globe like body, three inches in diameter, that protruded an inch above the surface, and located in left side on line of descending colon and just above sigmoid flexure. By internal and external manipulation I was able to reduce it more than half. Ordered him to inject into the rectum and lower bowel all the warm water he could conveniently hold, on going to bed, lie flat down on his back and manipulate the bowels with both hands and retain the water as long as possible. Gave him *Nux vomica* and *Rhus tox.* tincture on pellets, to be taken every two hours, and requested him to report in four or five days. Second call at office reported much improved. He got six treatments in June, two in July, one in August, one in September, one in November and one in December (twelve in all). He resumed his daily vocation after the first month's treatment. Have seen and heard from him at short intervals during the last three years and he reports perfect health all this time. No. 10 pellets saturated with the tincture of *Nux*

*vomica*, *Rhus. tox.*, *Podophyllin*, *Arsenic* and *Arnica* were the medicines given, from time to time, according to symptoms. Emptying the pockets (distended portion of the bowel) of accumulated and hardened fæcal matter by manipulation, as above stated, was in my opinion the only sure remedy to enable him to escape the surgeon's knife.

1610 N. 15th St., Philadelphia.

---

### THE SYMPTOMS, "AS IF SOME ONE GRASPED A HANDFUL OF SKIN."

Editor of the HOMŒOPATHIC RECORDER.

In the November number of your journal Dr. J. A. Whitney wants to know what drug has the symptom "as if someone grasped a handful of the skin." In my experiments with *Theridion* 30 I often experienced a similar symptom, only with me it was not a "handful," but covered a much smaller area. The superficial character, the location chiefly around the heart and left side generally, but also elsewhere, further agree with *Theridion*.

Yours,

WILLIAM BOERICKE, M. D.

San Francisco.

---

### WHAT DRUG HAS THIS SYMPTOM?

Editor of HOMŒOPATHIC RECORDER.

I have no pretensions to infallibility, and of all the difficulties in hunting for the remedy I do not wonder at Dr. Whitney having recourse to all the readers of your excellent and well-studied journal.

He asks for enlightenment for a strange and most unusual affection of the skin—Vide, "The HOMŒOPATHIC RECORDER," of November 15, page 498.

Dr. Whitney's query may have been replied to by dozens of ready writers, but may I offer any mite of assistance, what I frequently require myself.

In the monumental and everlasting work of the late immortal Timothy Field Allen, "The Encyclopædia of Pure Material Medica," Vol. X, p. 245, under *Aconitine* he will find the following symptom: "The skin seems raised up and contracted *by the muscles beneath*, its color is not affected." The words in italics are my own, as they are theoretical, opinion, *not fact!*

It may be too late when this has crossed "the mill pond," but

I send a graft of *Aconitia* 1m. (F. C.), which I prefer to call it, as I think that all alkaloid nomenclature should terminate in "a" or "ia," such as *Morphia*, *Codeia*, *Conia*, *Quina*, *Aconitia*, etc. Our medical querists and toxicologists are adopting this nomenclature, and may follow suit without loss of prestige. I should like to see our nosodes (made from animal poisons in disease) ending in ine instead of um—a doggerel Latin at best, what we call in Scotland when I was at the high school of Edinburgh, "Dog Latin." Syphiline is much more euphonious than syphilinum, etc., etc. Yours fraternally,

THOS. SKINNER.

4A Montagu Mansions, Portman Square,  
London, England, Nov. 30, 1904.

---

### "PINK SWEAT."

Editor of HOMŒOPATHIC RECORDER.

Apropos, the article in August HOMŒOPATHIC RECORDER regarding perspiration staining "pink." You will find in Kent, page 1235:

Staining the linen bloody: Calc-c., clem., crot-h., cur., LACH., lyc., NUX-M.

Staining red: Arn., carb-c., dulc., LACH., NUX-M., nux-v., thuja.

You will find under *Lac. can.*, staining bright orange color in axilla; no odor.

Under *Curare* the perspiration is bloody and cold, and especially at night.

In a rather hurried examination this is all I can find. Some other peculiar or prominent symptoms should lead the doctor to the remedy.

Truly yours,

W. A. YINGLING.

Emporia, Kansas.

---

### CHELIDONIUM.\*

Dr. Kernler.

Translated by P. W. Shedd, M. D.

*Chelidonium majus* (Greek, chelidon, the swallow) is so named because the plant develops its foliage with the coming of the

---

\*Hom. Monatsblätter, No. 11, Dr. Haehl, Ed.

swallows and withers when they fly southward. It grows chiefly on calcareous soils, walls, rubbish heaps, etc., and hence more commonly near dwellings. The most important constituent of the plant appear to be the non-toxic alkaloid, chelidinin, with acids forming salts such as chelidinin sulphate, which in dosage of 0.1-0.15 grams, twice daily, cured a carcinoma of the stomach. The patient had the typical cachexia, marked emaciation, violent pains in the stomach region, irrepressible vomiting of coffee-ground sediment. Nutritional processes were already so impeded that rectal feeding became necessary; the liver was noticeably swollen, and a well-defined nodule was apparent in the left lobe. The R produced speedy amelioration; pains and vomiting vanished in twelve days; the hepatic swelling alone did not completely disappear.

*Chelidonium* is used homœopathically chiefly in the following conditions:

*In mental diseases*, especially with depression, gloom, despair, *i. e.*, in melancholia and hypochondriasis, particularly with hepatic complications. Sense illusions are also dissipated by it. A girl was speedily cured by *Chel.*, who suffered from peculiar auditory illusions. *viz.*, she declared that her head was full of musicians, who, by their continual playing, gave her no rest night or day. The *Chel.* pathogenesis also shows disturbances of smell, *e. g.*, the environment is redolent with the odor of fæces—a symptom confirmed in a reproving by Dr. Nebel. That such states are met with is shown by Dr. Kirn, who treated a patient complaining that his whole body smelled fæcal. *Sul.* and *Psor.* were prescribed with no result; the individual later committed suicide. It is not improbable that *Chel.* might have led to cure.

*In neuralgias* it is much praised. Dr. Buchmann (Alvensleben), who, with seventeen others, made a valuable and instructive proving of the drug for nine months. emphasizes its analgesic powers. He cites numerous cases of facial, occipital and cervical neuralgias. Dr. Gohrum made a brilliant cure of neuralgia in the neighborhood of the ear with a high potency of *Chelidonium*.

*Ophthalmic disease* frequently calls for it, especially in catarrhal conjunctivitis, in cataract, in glaucoma. In such conditions the fresh juice of the plant, used internally and externally, was a well-known remedy before Hahnemann's time.

*Liver troubles* more frequently demand *Chel.* than do other diseased conditions. In gall-stone the tincture has often rendered

good service when *Morphine* has failed. In homœopathic literature a case is reported where after a brief use of *Chel.* over 300 calculi were passed. But in higher potencies, even the 30th, it has proved analgesic in many instances. As it possesses not alone analgesic, but decalcifying properties, it may be commended as a prophylactic. In the most varied manifestations of hepatic disease, but especially in the cirrhotic or alcoholic liver, it often produces rapid amelioration and cure. (Cf. *Card. mar.*, *Phos.*, *Lach.*, *China*, *Nux vom.*, *Sul.*, *Lyc.*, *Lept.*)

*In gastro-intestinal disease* it is indicated with yellow tongue, bitter taste, crampy and gnawing pains, yellow or whitish diarrhœa, or constipation with clay-colored stools.

*In pulmonary complaints*, especially in the pneumonias of children, it is a reliable remedy, recommended by Teste in every inflammation of the lower right lobe, *Chel.* 12th, at first every half-hour, later every 1-2 hours, frequently aborting such conditions. In phthisis with hepatic complications it is also of service.

*Heart disease*, especially with inflammation of the valves, muscle, and pericardium, also comes within its sphere. The author cured a cardiac case with arthritis with *Chel.* 1, after *Acon.*, *Bry.*, *Spig.* and *Kali carb.* had been used ineffectually. The fever dropped, the appetite returned, the cardiac trouble gradually vanished.

*In febrile diseases*, as influenza, measles, diphtheria, *Chel.* is to be considered, especially if it be an epidemic remedy. Even in grave typhoid it has cured, given its characteristic indications.

*In skin lesions* it has been used by allopaths with results. The cure of an epithelioma in the nasal region with dressings of *Chelidonium* extract is mentioned. Dr. Puhlmann used a 5-10% *Chelidonium unguent* in psoriasis, lupus, epithelioma, first thoroughly cleansing the area with soft soap. In scrotal eruptions the internal use of *Chel.* is recommended.

KEYNOTES of the remedy are: Right subscapular pain; motion of the alæ nasi with every breath (*Lyc.* not synchronous); one foot cold, the other warm (*Lyc.*); inclination to sweat (*Merc.*); tendency to eruptions and liver troubles. According to Burnett *Chel.* is specific in right lobe hepatic disease; *Card. mar.*, left lobe.

## TUBERCULOSIS.

By G. W. Bowen, M. D.

That consumption is rapidly increasing is not to be questioned; not that alone, but what is almost its equal, cancers, are also becoming far more frequent. Our own State had 300 deaths from consumption last August, and that is a month in which consumptives are not wont to bid adieu to earth.

Two years ago the State Board of Health for New Jersey reported over one thousand cases of cancer in the State. In that State vaccination is a legal necessity.

Three months ago, in Germany, where beer and vaccination are deemed the essentials of happiness and health, thirty villages and cities were freely visited by small-pox.

Forty and fifty years ago the itch (or scabies) was a common affair, and no one ever had phthisis pulmonalis, or consumption, if they had the itch that is now obsolete.

Now, no one is permitted to let a herpetic humor to appear, or even eczema or erysipeles have its normal location for even a day, for it is *forced back* into the system and made contributory to pulmonary troubles. But the principal cause for the increase of consumption and cancer for the last ten years is due entirely to vaccination, which certainly is the greatest curse of the age. By the introduction of ulcerous matter generated in an animal, the surface of the body is prevented from expelling or consuming deleterious matter, but is compelled to find an outlet in some way, and it generally must appear in the form of consumption or cancer.

*Fort Wayne, Ind., Dec. 12, 1904.*

---

 CHIPLETS.

“Bear in mind, gentlemen, that a large percentage in every occupation in life should have chosen some other vocation.”—*W. W. Speakman, M. D.*

“When I think of the great army of little men that is yearly commissioned to go forth into the world with a case of sharp knives in one hand and a magazine of drugs in the other, I have a sigh for the human race.”—*J. G. Holland, M. D.*



“Beware of fleas, too, erudite brothers, for Dr. Van Waveren, of Holland, believes that syphilis is carried by fleas. What a boon for innocent church deacons and presiding elders.”—*T. C. Minor, M. D.*

“We must not let our devotion to the effect of the remedy and to the cause of true therapeutic science allow us to expect effects in cases which belong to the domain of surgery.”—*E. B. Nash, M. D.*

“And all things common are cheap. What the physician needs is not good common sense but uncommon good sense.”—*Dr. Ch. Gatchell.*

“It fell to my lot to treat some two hundred cases of typhoid fever among soldiers who returned from the Spanish war, and I was much impressed by the comparatively slight effect which a perfectly irrational diet had upon them.”—*W. Gilman Thompson, M. D.*

“The term ‘rheumatism’ is used to cover a multitude of diagnostic sins. As a dumping ground for imperfect diagnosis ‘rheumatism’ vies with ‘catarrh.’” — *George E. Malsbary, M. D.*

“If the public insists on being gulled by quacks there seems to be nothing to do but let it.”—*Medical Age.*

In other words, we get nearly all our energy from alcohol manufactured in the body in tiny, non-poisonous doses. \* \* \* Indeed, alcohol may be and probably is the basis of all fat making. \* \* \* I must confess to being somewhat disconcerted and disheartened at first by the totals; the excessive drinkers were far healthier than the abstainers, only one-half as many were sent home sick, and only one-sixth as many died. I had hoped to prove the opposite.”—*Chas. E. Woodruff, Surgeon of U. S. Army.*

---

## OBITUARY.

Dr. R. E. Dudgeon.

The late Dr. R. E. Dudgeon, a genial physician and gentleman, if ever one existed, sent the following “obituary” of himself to the *Homœopathic Monthly Review*:

“ ‘ MY DEAR BROWN:—I have written so many obituary notices of departed colleagues lately, that I think, as my hand is in, I might write one of myself and send it to you, not for immediate publication in the *M. H. R.*, but which you may keep in a pigeon-hole till it is needed. It is not usual for a fellow to write his own obituary, still history is not without a conspicuous instance of this feat being performed; in the case of Moses, to wit, who tells us how he died and was buried in the land of Moab, over against Bethpeor; that is to say, if Moses wrote the Book of Deuteronomy, which it would be irreligious to doubt. Fortified by this illustrious example I subjoin my obituary notice for the delectation of posterity.

“ ‘ R. E. D., being a delicate child, his parents, fearing he might die of consumption, if not properly attended to medically, persuaded him to become a doctor, so that he might learn how to preserve his precious life. And this proved his salvation, for in studying medicine, as taught in the schools, he soon became convinced of the uselessness, or rather hurtfulness, of medicine as taught, and so he steadily abstained from taking any of it, and was, thereby, enabled to live long and to escape his hereditary tendency to consumption. The leading characteristic of his life is that he was always on the minority side in all important questions, and that deliberately and intentionally, for he thought that truth, which he loved, was at first always in a minority, and that as soon as it became a majority, it ceased to be interesting. He has now gone over to the majority, but it was not of his own free will, but only because he could not help it. On becoming a doctor he naturally joined the minority, and attached himself to the homœopathic school. He practiced this system for many years, but never made a fortune. He wrote many books, which were not much read. His favorite pastime was controversial writing, and for this his position as one of the minority gave him many opportunities. Though much engaged in medical polemics he never made an enemy, or, if he did, they all died before him, so that at his death he was unable to exercise the Christian virtue of forgiving his enemies, but he could practice the higher virtue of loving them, as they contributed so greatly to his enjoyment of life. He was cremated at Golder’s Hill on the of , so we may say literally and figuratively: Peace be with his ashes!

“ ‘ Yours ever,

“ ‘ R. E. D.’ ”

**In Memory of Dr. Conrad Wesselhoeft.**

At the regular meeting of the Homœopathic Medical Society of Western Massachusetts, the following resolutions were unanimously adopted:

WHEREAS, In the providence of God we have been called to part with that indefatigable student of medical science. Dr. Conrad Wesselhoeft, and whereas by his death Homœopathy has lost one of its foremost defenders, therefore, be it resolved that this Society give expression to the loss it has sustained in common with every other organization of our school. Dr. Wesselhoeft was a teacher and helper of us all. He made the *Organon* of Hahnemann an open book, and though he had passed the allotted age of man, he was still young—young in his sympathies—young in his ability to investigate and accept new truths—and young in that broad and generous charity which made him seem like an elder brother to us all. He was too large a man to be bound down by any sectarian lines, and though a lover of Homœopathy, he never hesitated to expose what seemed to him its defects. The *truth* was what he was after and with a truly scientific spirit he carried out his investigations to the end. His labors are the common heritage of us all, we loved him for what he was—a profound scholar—an eminent teacher and a generous counselor and friend.

*Resolved*, That a copy of these resolutions be sent to his bereaved family and to the medical journals of which he was a frequent contributor. also, that they be copied upon the minutes of this Society.

JOHN P. RAND,  
ELMER H. COPELAND,  
For the Society.

*Springfield, Mass., Dec. 21, 1904.*

---

**THE THERAPEUTIC USES OF HAMAMELIS VIRGINICA.**

By H. R. Coston, M. D.

*Hamamelis Virginica* is tonic, astringent, hæmostatic, anti-septic, and a vascular sedative, having a special action on the muscular coat of the vessels. It causes coagulation of tissue albumen, thus constricting the superficial vessels.

Applied locally it is very useful in sprains, bruises, local congestions, fissure in ano, ulcers, varicose veins and the intractable ulcers which so often accompany them. It has been recommended for use in phlegmasia alba dolens, eczema, and rhus poisoning. *Urticaria* is rendered more bearable by its local use.

It is exceedingly useful in capillary hæmorrhage. In cases of intermenstrual oozing where the endometrium is lax and congested, if fluid extract of *Hamamelis* be swabbed over the entire inner surface the oozing will cease, and if repeated every few days it will become healthy. Many cases which were formerly subjected to curettement may be rendered perfectly well if this is faithfully followed up.

Sore and bleeding gums, relaxed uvula, and oral ulcers will heal if the following is used every two or three hours:

℞ Ext. *Hamamelis* destillatæ.

. Aqua rosæ, āā, . . . . . f ʒvj.

M. Signa: Use as a mouth wash.

It possesses marked sedative properties, and patients will often cease to complain of pain in a sprained joint or congested area after a compress of *Hamamelis* has been applied. The distilled extract makes a very nice application for burns and herpetic eruptions.

Hyperidrosis is relieved by sponging with *Hamamelis*. A thorough rubbing with it will do much to relieve the soreness following an attack of rheumatism or the stiffness resulting from violent muscular action.

In a weak solution it will give nice results in hypertrophic nasal catarrh if sprayed on or applied with a mop.

Given internally it is a tonic to all mucous membranes. It is valuable in hæmoptysis, hæmatemesis, menorrhagia, metrorrhagia, and especially valuable in hæmaturia. I have used it in half-drachm doses in a case of hæmaturia of several months' standing in a woman fifty-four years old, and who was passing so much blood that it would settle in a thick coagulum in the bottom of the vessel, with a complete clearing up of the urine in a very few days after beginning to use it. That was two years ago, and the woman remains well. I had pleaded for an excision of the kidney, because it was easy, by means of the cystoscope, to locate the blood as coming from one kidney alone.

I have used it in urethral bleeding in the male with most excellent results. Brunton notes a case in which it always caused

seminal emission. He also says it lessens the pain in some forms of dysmenorrhœa.

Briefly, *Hamamelis* is valuable in all forms of capillary and venous hæmorrhage. It possesses special action on the muscular coats of the vessels, and hence is valuable in all forms of vascular diseases accompanied with distention of their calibre, as in varicocele, varicose veins, varicose ulcers. It should be used both locally and internally.

It is an excellent application when one desires a sedative, astringent, and antiseptic dressing.—*Therapeutic Gazette*.

*Birmingham, Ala.*

---

### A BIT SAVAGE.

“Some years ago I chanced to be in a small town in Ohio, and was invited to take a ride with a certain physician who was very proud of his diploma from the Jefferson Medical College. He called to see an old lady who complained of the swelling about her feet and limbs. He diagnosed the case as dropsy, then slid himself into a hall room, and produced his receipt book, and going over the thumb index, selected a receipt for dropsy, from Dr. Wood. This he copied and ordered them to go to the drug store. This chanced to be a formula that under certain conditions would have been applicable as a renal stimulant. The case chanced to be a nephritis, and the medicine was like putting coal-oil on a fire to quench it, presto! and the undertaker did the rest. This physician depended upon others to do his thinking, his “why do I give this” was because Dr. Wood said “this receipt is good for dropsy.” His degree of ignorance of rational therapeutics was only exceeded by his regularity and gall. We also come across many ‘specialists’ whose speciality consists of the art of pulling dollars out of the pockets of some poor victim—for value received? No, I guess not.”—*E. R. Waterhouse, M. D., in Eclectic Medical Journal*.

---

### ECHINACEA.

I use *Echinacea* in all septic conditions with only good results. I consider it an indispensable remedy in the treatment of stomach and intestinal troubles during the summer months in both chil-

dren and adults. In treating summer complaint among children I combine *Aconite* and *Ipecac.* with it (the *Aconite* in minimum doses), and always feel positive of getting results. The *Echinacea* seems to eliminate the poison from the system, and sustain the vitality, giving nature a chance to overcome and throw off the morbid condition.

In burns *Echinacea* works like a charm. I apply it locally as well as give it internally. If very severe and deep tissues are implicated, I use it locally, full strength, and also give it freely internally. It not only relieves the pain and suffering like magic, but seems to have a decided influence on the nervous system and reduces shock. I first apply the remedy diluted, or full strength, as the case demands, then saturate cloths with same and lay over parts loosely. Within a few minutes the patient will quiet down and drop off into a quiet refreshing sleep. By continuing the application locally and administering the remedy internally nature seems to attain greater efficiency in throwing off the morbid waste, thereby reducing sepsis of the system to the minimum, enabling the process of repair to progress without hindrance. In treating burns, great or small, never forget *Echinacea*. You will not be disappointed and your patient will be grateful.

I have used *Echinacea* in small-pox (discreet) with fine results. Administer internally, and when the pustules develop apply, locally, a 50 per cent. solution. By using the wash it allays the itching, overcome, the foul condition of the skin and keeps down secondary fever.

In diphtheria I use it full strength locally on the membrane, and administer it in full dosage internally. If its use is commenced within a reasonable time after commencement of the disease you can rest assured that you will get definite results.—*Dr. E. E. Colglazier in Medical Arena.*

---

## SOME CASES OF RHEUMATISM.

By Dr. Mossa, Stuttgart.

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

### Gnaphalium.

A servant girl, twenty-nine years of age, had suffered much ever since her ninth year from rheumatism. This pain roved about in all the joints, sometimes in the fingers which are red and

swollen, then again in the shoulders or the loins. She cannot sleep at night. The joints are stiff and sore and hard to move. The mother-tincture of *Gnaphalium*, ten drops a week, continued for two months, brought remarkable relief. In the course of two months she was freed from all pains, except a slight aching in the back (Cartier). *Gnaphalium* is generally most useful in non-inflammatory rheumatism, and still more in nervous rheumatism and in gouty myalgia.

#### Kalmia Latifolia.

A school boy, ten years of age, had an attack of rheumatic fever, lasting thirteen days. Acute pains in the shoulder-joints and in the upper arm, jumping from one side to the other; penetrating lancinations in the cardiac region, worse at night; thirst for large quantities of water; great restlessness. Pains darting through the intercostal muscles in the left side, worse while breathing; the tongue, red in the middle, with a red triangular spot on the tip; the joints neither reddened nor swollen. Temperature higher, respiration 48-60; the cardiac pains worst while lying down. The boy had had a similar attack the year before, which had been less painful, indeed, but which under allopathic treatment had lasted six weeks and a half, and had left behind a deficiency of the valves. On giving him *Kalmia latifolia*, the pain disappeared in two days.

#### Medorrhin.

This remedy is according to J. H. Allen most effective in rheumatism after gonorrhœa, especially when the small joints are affected. The gonorrhœa in such cases has often been quickly repressed. Whenever in rheumatism the joints, especially those of the fingers and toes, or the knee joint, are swollen, we should think of *Medorrhin*; for there is usually a specific infection present. This remedy has cured gouty exudations, extending to the whole of the body. The patients in such cases have hardly any use of the joints affected (similarly as *Rhus* in muscular rheumatism). It is worse in cold weather, better when it is warm. Winter is always the worst season with such patients, especially when it is cold and moist. They complain of heaviness of the limbs while walking, as if the limbs would refuse their service.

In *Arthritis deformans*, this crux for patients and physicians, Dr. Bonino has found the best results from a weekly alternation of *Causticum* and *Thuja*. In pronounced gout *Urtica urens* has been most serviceable.

## BOOK NOTICES.

---

**Lectures on Homœopathic Materia.** By James Tyler Kent, A. M., M. D., Professor of Materia Medica in Hahnemann Medical College and Hospital, Chicago. Author of "Repertory of the Homœopathic Materia Medica," and "Lectures on Homœopathic Philosophy." 965 page large 8vo. Cloth, \$7.00. Half-Morocco, \$8.00. Book expressage extra. Philadelphia: Boericke & Tafel. 1905.

These intensely interesting lectures or papers on something over 200 of the leading drugs, are written in the conversational style. Aside from physical examination "the speech of layman presents all sickness to the physician's mind, hence the materia medica must be reduced from technicalities to simple speech." That is the object of this book, and if anyone will read it he will be delighted to see how splendidly Dr. Kent has succeeded. "The materia medica can be learned by careful study and by using it. It can be understood, but not memorized. All who would memorize the materia medica must ignominiously fail." It should be constantly at hand and constantly used.

These essays on the various drugs are pictures of them, their peculiarities, nature, their spirits, and very interesting and instructive reading they are. The man who will carefully read one of these each day will soon acquire a broad and comprehensive view of his drugs.

In short, it in some way reminds one of Hughes' *Pharmacodynamics*, only it goes far deeper into the true nature and scope of each drug. It will not take the place of the formal materia medicas, but by its aid these books will be highly illumined.

---

**Diseases of the Lungs, Bronchi and Pleura.** By H. Worthington Paige, M. D., Lecturer on Theory and Practice of Medicine in the New York Homœopathic Medical College. 165 pages. Cloth, \$1.00. Postage, 8 cents. Philadelphia: Boericke & Tafel. 1904.

Dr. Paige's compend, of something less than two hundred pages, deals with the essential diseases of the Trachea, Bronchi, Lungs, Pleura, and a few of the more commonly met with diseases of the Mediastinum. The doctor has also included in the diseases of the lungs, Lobar Pneumonia and Tuberculosis.



The etiology, pathology, physical signs, symptoms, and differential diagnosis of the various diseases are clearly and concisely presented in each section. The language used in the descriptions is terse and well chosen, and while each disease has required but a few words to describe, none of the essential features of the condition have been omitted in the description.

The principal value of the work, however, is in the sections devoted to the treatment in which the personal experience of the author has been embodied in a most valuable way. All the old, outworn, and theoretical methods of handling the different diseases have been omitted from the discussion, and only such things advised as are today found useful. This applies both to the purely medicinal treatment, as well as to the adjuvant and hygienic management of the various conditions where the directions are minute and eminently practical. Especially is this brought out in the treatment of chronic Pulmonary Tuberculosis, where the author asserts that a patient with a temperature of 100 or over, should be at rest in bed. This is a specific direction which will scarcely be found in any of the more pretentious works dealing with the subject, and one so often neglected by the practitioner that it cannot be too much emphasized.

The author's directions in respect to climatic treatment are especially to be commended. It so often happens that patients in the third stage of Pulmonary Tuberculosis are sent to various climatic resorts only to have their lives shortened and to suffer untold misery.

Dr. Paige clearly outlines the character of the cases which should be sent from home, and those which should be treated at home, and if every practitioner in the United States could read this one section, much suffering might be avoided. In fact, the book is so replete with excellent suggestions in all departments that to mention them would be to rewrite the book.

If there were anything to criticise in this little work, where there is so much excellence, I would say that possibly not enough stress is laid upon the effect of the toxæmia of Lobar Pneumonia, upon the heart, or the importance of early surgical interference in empyema. This latter condition is now recognized as surgical, purely and simply, and the earlier the diagnosis is made, and the more prompt the operative proceedings instituted, so much more chance the patient has for recovery.

The book is well printed, of convenient size, and has a thoroughly efficient index, which is not the least of its many virtues. It should be in the hands of every student and practitioner in the country.

WM. H. VANDEN BURG.

**The Mnemonic Similiad.** By Stacy Jones, M. D., Author of "The Medical Genius" and "The Bee-Line Therapy and Repertory." 347 pages. Cloth, \$1.00. Postage, 8 cents. Philadelphia: Boericke & Tafel. 1904.

Here is what the author, sometimes termed St. Jones, has to say of his latest and he says (we hope not) his last work:

"In constructing the *Mnemonic Similia* I have endeavored to introduce a scheme for aiding the memory in grasping and retaining in mind, *groups* of remedies having a general indication in *common*."

"To what extent I have succeeded must be determined by a *fair* trial made by those who may feel disposed to test it."

"The principle of association is a faculty *native* to the human mind; exercised in acquiring and retaining the various things stored up in the memory."

"We may not at all times be aware of this, or observe it, but nevertheless it is a spontaneous process, in perpetual operation in our mental organism."

"Therefore, there can be nothing more acceptable and agreeable to the rational mind than a well-constructed system of mnemonics; not because of its essential *reasonableness*, but because of its ready and adequate *suitableness* for the *use* to which it is applied."

"It must be evident to any one who considers the matter that there has been in the mind of the author a considerable degree of revolving of schemes before the most suitable should be forthcoming."

"I tried and abandoned one plan after another, and was about ready to give up in despair until at last I hit upon the scheme set forth in this brochure."

"The first thing that occurred to my mind was the *indication* of *letters*, but this did not cover all the ground."

"The *personation* of *remedies*, and introduction of personal acts and quantities, though evidently most requisite, was the last sug-

gestion to my mind. When this came clearly into view, then the rest, in complete arrangement, came rank and file into becoming order and lo! here you have it."

"The introduction of versification is in keeping with the rest as a mnemonic scheme."

"Who has not been assisted in remembering the number of days in the months of the year by the familiar ruse:"

Thirty days hath September,  
April, June and November,  
All the rest have thirty-one,  
Saving February alone,  
To which we twenty-eight assign  
'Till leap year gives it twenty-nine.

"On this same principle, it seemed to me, that a ditty might be of use in memorizing the leading indications of our remedies. So then this is my apology for encroaching upon the domain of poesy with my *Similiad*. I beg the pardon of all the muses of pathetic and sentimental song for introducing upon the rhythmic stage. My plain domestic muse, whose cognomen is USE. She is, indeed, plain and simple, but withal, a most sincere and honest dame."

So writes the author of this work, which he, in a private letter, says, may some day be classed among "literary curiosities." Years ago Dr. A. L. Monroe (1882) published a little book of rhymes, entitled *Method of Memorizing the Materia Medica*, for which, we are informed, there are still calls. Well, Dr. Jones' work is much more elaborate, original and "catchy." Each remedy has a name: for instance, *China* is "The Chinaman" and "The Chinaman has night sweat and great prostration."

However, to thoroughly appreciate this ORIGINAL work you must have it at hand and dip into it at idle moments and you will be surprised how soon its quaint conceits will fasten the distinguishing traits of each remedy to your mind. The author seems to have grasped the very soul of each remedy and painted it graphically in his rhymes and peculiar "mnemonic sentences" at the conclusion of each rhyme.

"The Abbot" (*Abrotanum*) "has *Marasmus*."

"Ascha" (*Acetic acid*) "has *Consumption*."

"Esra" (*Æsculus*) "has *Piles*."

"Calvin" (*Calcarea carb.*) "has cold, damp feet," and so on.

But, get a copy of this book and you will never regret it.

**A Clinical Repertory to the New Dictionary of Materia Medica,** Together with Repertories of Causation, Temperaments, Clinical Relationships and Natural Relationships. By John Henry Clarke, M. D. 347 pages. 8vo. Half-Morocco. London: The Homœopathic Publishing Company. 1904.

Dr. Clarke's Repertory to his fine three-volume *Materia Medica* (which deserves a place in every well-appointed medical library) is divided into five parts:

Part I, "A Clinical Repertory," begins on page 34 and ends on page 133. It begins with "Abdomen" and ends with "Zygoma," taking in every part of the body and every disease by name.

Part II, "Repertory of Causation," runs from page 137 to 152, and takes in every known *cause* of ills, from "Abdominal Operations" to "Yawning."

Part III, "Repertory of Temperaments," runs from page 155 to 198, and begins with "Abdomen, Coldness of," "Accomplishes little though busy all the time," on down through "Stoop, Inclination in young persons to," "Storm, Nervous persons who dread a," to "Zealous persons."

Part IV, "Clinical Relationships," runs from page 201 to 321. This is tabulated matter, running across two pages for each remedy and under ten headings for every remedy—at top of the pages. The first column is headed "Remedy," the next column is headed "Complementary Remedies," then "Remedy Follows Well," "Remedy Followed Well," "Compatible Remedies," "Incompatible Remedies," "Remedy Antidotes," "Remedy Antidoted By," "Duration of Action," and, lastly, the name of the remedy again repeated in last column the same as in the first. The last section is headed "Natural Relationship," and is not a repertory, but a grouping of remedies, as, for instance, under "Berberidaceæ" we find, in the order of natural relationship, the following remedies: *Berberis aquifolium*, *Berberis vulgaris*, *Caulophyllum* and *Podophyllum*. The arrangement of this Repertory is original and we think it will be a decided help to any homœopathic physician in his practice.

---

"Diseases of the Lungs, Bronchi and Pleura." It is well to know your authors, so here is a condensed sketch of the author of the book whose title reads as above.

Dr. H. Worthington Paige, lecturer in the New York Homœopathic Medical College and Hospital, Department of Theory and Practice of Medicine, upon diseases of the lungs, bronchi and pleura, was born in Owego, Tioga county, N. Y., on March 13, 1864. He is a grandson of the late Dr. Joel S. Paige, a prominent practitioner of the old school in Rensselaer and Tioga counties during the first half of the nineteenth century. Dr. Paige received his early education in Owego, and deciding to become a physician, took the course of study at the New York Homœopathic Medical College and Hospital, graduating with honorable mention in 1884. Since his graduation he has been in active practice in the metropolis. Dr. Paige was at one time Surgeon and later conducted the clinic for diseases of the heart and lungs in the old Western Dispensary, at 38th street and Seventh avenue. He later served for several years as assistant surgeon in the Throat Department of the New York Ophthalmic Hospital. He has always been actively identified with the affairs of the homœopathic school and of his Alma Mater, being six times elected Necrologist and serving three years as Director of the latter's Alumni Association. On May 8, 1903, he presided as Toastmaster at the Alumni Banquet, the most brilliant and successful affair ever held by the Association. Dr. Paige was Secretary of the County Medical Society of New York from 1892 to 1900, and its Vice President in 1901, and is now necrologist of the New York State Homœopathic Society. He has been a contributor to the proceedings of various medical societies and the columns of medical journals, being for some years on the editorial staff of the *North American Journal of Homœopathy*.

The Doctor is a member of the New York State and County Homœopathic Medical Societies, of the Academy of Pathological Science and on the staffs of the Laura Franklin Hospital for Children, the Hahnemann and Flower Hospitals, being President of the Staff in the first mentioned institution.

---

**The Physician's Visiting List** (Lindsay and Blackiston's) for 1905.

This is the fifty-fourth year of the publication of this Visiting List, which is pretty conclusive evidence of its great popularity. The price is \$1.00, *net*.

**Practical Dietetics**, with Reference to Diet in Disease. By Alida Francis Pattee, Graduate Boston Normal School of Household Arts, etc. Second edition, revised and enlarged. 312 pages. Cloth. Published by the Author, 52 West 39th Street, New York City.

A most excellent little cook book designed especially for those preparing food for invalids, but there is no reason why it should not be used for everyday food. Special diets are given for the various prevalent diseases like pneumonia, typhoid, etc., etc.

---

“Effects of Vaccination” is the title of a 25 page pamphlet by Dr. M. A. Wesner. If any one will carefully read this powerful and lucid statement of facts, he will, if a pro-vaccinationist, have his faith in the practice very rudely shaken. Any physician can obtain a free copy by sending his name and address to Dr. M. A. Wesner, Johnstown, Pa.

---

#### **Characteristic Conditions of Aggravation and Amelioration.**

After Bœnninghausen. Edited by E. Jennings Lee, M. D. 62 pages. Paper.

This classic was published as a supplement to the *Homœopathic Physician* in 1884, and has been out of print for many years. The present edition was published by Dr. Geo. A. Taber, 105 West Grace street, Richmond, Va. Dr. Taber makes no mention of price in his card. The original edition sold at 50 cents, paper, according to Bradford's *Bibliography*—which it is very accurate authority.

---

**The Homœopathic Physician's Visiting List and Pocket Repertory.** By Robert Faulkner, M. D. Full Morocco, gilt edges, \$2.00, *net*. Postage, 6 cents. Without Repertory, \$1.50, *net*. Postage, 4 cents. Pocket Repertory alone, cloth, 50 cents, *net*. Postage, 4 cents.

It has been truthfully said of this Visiting List that it was prepared by a homœopathic physician for homœopathic physicians, and nothing else in the market will meet their visiting list needs as well as this one.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

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

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

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

---

---

## EDITORIAL BREVITIES.

MODERN MEDICAL SCIENCE.—The daily press of December 7 had a Paris cable announcing that Dr. Albert Robin had read a “sensational” paper before the Academie de Medicine, reporting his “discovery” that “certain metals, such as gold and silver, subdivided and employed in infinitesimal doses exercise considerable effect on the vital phenomena.” Think of that, will you! After about one hundred years modern medical “science” has caught sight of what old Dr. Samuel Hahnemann gave to the world when the 19th century was in its “teens.” Another amazing thing to contemplate is the brassy cheek of these modern “scientists.” “’Tis a great world, Hinnessy,” as Mr. Dooley would say.

BRYONIA.—Dr. Finley Ellengwood opens a paper on “*Bryonia*,” in *Medical Summary* for December, as follows:

“*Bryonia* has been long in use among the homœopathists, but they have viewed it and its influence from a dynamic standpoint, and have given it in the potencies and triturations and their observations are not of great value to us, who use it for its physiological influence.”

“Us” then falls to and gives all the key-notes, even including “worse from motion,” that are to be found in all homœopathic materia medica—and aside from them, he gives nothing more.

MASTURBATION AS A CAUSE OF INSANITY.—“Masturbation can no longer be accepted as a common, and hardly as an infrequent, cause of insanity in a young man. To be sure, sexual vice, if persisted in, will tend to render its victim neurotic, but

not in any sense insane. The fact that among the insane a large majority are sexually vicious and degraded is too well established to be called into question; but the vicious habit, the degradation expressed by the habit, is the result of the mental disease, the effect of the mental unbalancing; not to any appreciable extent the essential cause of it. This may safely be accepted as a rule applicable to the overwhelming majority of cases; in fact, it is difficult to imagine an exception to the rule. In nearly every case the exceptions are manufactured by the fakir who looks upon every young fool who has masturbated, or who has become sexually unhinged, as his legitimate prey, whose distress of mind is to him but the means of forcing from him money that had better be spent for some other purpose. The blunder of the medical man, who, in a mildly neurotic condition arising from self-abuse, sees alarming evidence of serious mental trouble, of blasted hopes, of lost virility and of checkered life, is only equalled by the temerity of a practitioner who will allow himself to be interviewed and express any opinion which may be twisted into the appearance of the belief that so heinous a crime may possibly be excused or explained by sexual hypochondriasis or neurasthenia of a lad of average intelligence."—*Dr. H. R. Arndt, Pacific Coast Journal of Homœopathy.*

OH, YES, THEY'LL MIX—NIT!—"Bismarck's medical attendant was, according to an exchange, an irregular practitioner, Schwenger by name, and Bismarck's influence not only secured him an official chair in the Berlin medical faculty, but enables him to this day to have every wish gratified. He was appointed a few years ago to the directorship of a large and important hospital, but this institution was omitted from the list of those where the medical graduates were to receive their final practical training as 'praktikants.' Schwenger protested against this slight, and the authorities have now added his hospital to the list. Our German exchanges regard this Schwenger matter as a national disgrace. At the recent International Congress of Dermatology a formal protest was made against his teachings that *Mercury* is useless and harmful in syphilis. He treats that disease with hydrotherapy alone."—*Medical Age.*

Schwenger, be it known, is a homœopath, and the only doctor who could do any good to the great Bismarck. But, of course, it is "irregular" to cure in that manner.



THE NUMBER OF MEDICAL STUDENTS DECREASING. — The *Medical Forum* says: "It is a significant fact that while the number of students in the recognized medical schools has fallen off greatly, that of the osteopathic colleges seems on the increase. At the school at Kirksville there are now between seven and eight hundred against three to four hundred a few years ago. Why is this so? Is Osteopathy becoming the leading school of therapeutics? No, most assuredly not. But it gives a chance to get through cheaply. Two years only are required for the completion of a course. There are no State Board examinations. Less time for preparation and less money for tuition are drawing cards that have been used effectively."

Four years of hard study, then a stiff fee to an examining board, with the chance of being turned down, is not an alluring prospect—perhaps.

CLINICAL — The use of wood alcohol by druggists in the preparation of many remedies for external application, as spirits of camphor, extract of witch hazel, etc., is certainly dangerous enough, but when it is shown by analysis that deodorized wood alcohol is frequently used in the preparation of tinctures intended for internal administration, such action is criminal."—*For* *Wayne Medical Journal*.

STRANGE GODS.—"To those, however, who are disposed to criticise our materia medica, I wish, while admitting its defects, to go upon record as saying and believing that if there had not been a drug proven, nor a single addition made to this same old list of remedies of seventy years ago or more; if we had nothing but the polychrests and with no better knowledge of drugs than did the founders of our school, we would still by means of possession of these old, time-tried and partially proven drugs, be enabled to take a position second to none as a school fitted for the cure of disease."

"I tell you, fellow doctors, I care not where *you* stand, the Homœopathy of Hahnemann stands today, stood yesterday, and will stand tomorrow as the foundation BED ROCK supporting the true temple of healing, and no matter how we squirm, no matter how we labor to manufacture strange Gods, no matter how we hunt for other easier paths and seek short cuts across fields we should go around, no matter what cunning tricks of surgery and

necromancy of chemistry, and most wondrous theorizing we indulge in at times—notwithstanding all this, I say, if we have practiced enough Homœopathy to get a realizing sense of what it really means, we will yet find ourselves harking back to the old bed rock HOMŒOPATHY, that rock of ages immortalized by Samuel Hahnemann, whose every cleft is a polychrest, whose every polychrest is a life saver, and every life saved a glorious advertisement to the honor of our school of medicine.”—*J. Arthur Bullard, M. D., in Cleveland Med. and Surg. Reporter.*

“THE ECLECTIC MEDICAL GLEANER.”—When the January number of the erstwhile some-what slouchily dressed, slap-dash, “sassy,” but always readable “*Gleaner*” reached us we did not know it at first in its dignified, review sort of type, stately cover, and broad margined, large octavo pages. The only criticism we have to offer is that the edges are not trimmed, for to be compelled to cut eighty pages is something of a task. Of course, the untrimmed periodical is more æsthetic, but—perhaps this scribe is lazy, for he likes ’em cut, and would rather the binder do it than himself.

---

### NEWS ITEMS.

Dr. E. S. Munson has removed his office to 695 Madison Ave. (near 62d street), New York City.

The Chicago *Tribune* of December 5 contains an article intimating that the Hahnemann Medical College and the Chicago Homœopathic Medical College will unite as one institution—amalgamate.

There is a good opening for a homœopathic physician at Wenonah, N. J.

Dr. Bailie Brown has removed from 104 Hancock Ave. to 88 Bowers street, Jersey City Heights.

The *Homœopathic Eye, Ear and Throat Journal* has changed hands, Drs. Norton and Garrison having sold it to Drs. John L. Moffat and A. Worrall Palmer. The RECORDER wishes the new owners success and prosperity.

Dr. Wilcox sends out the following postal to all interested in the Homœopathic Medical Society of New York:

“ There will be a pleasant departure this year in the place of holding our annual meeting. Instead of climbing Capitol Hill or two long flights of stairs, you simply step into the luxurious ball-room of the Ten Eyck Hotel (which will be our headquarters), where we will hold our sessions. Engage your rooms early, as there will be a crowd.”

“ We are to give a banquet in honor of our esteemed and distinguished brother, Dr. William H. Watson; which will be equal to any banquet ever held at our State Capitol. Dates, February 14th and 15th, 1905, Albany, N. Y.”

Yours very truly,

DEWITT G. WILCOX,  
Secretary.

Dr. S. R. Ellison, of New York City, recently presented Boericke & Tafel with a “ powder ” of *Carbo veg.*, or rather the paper, prescribed by Hahnemann himself in 1840. It is on exhibition in one of the show cases of that firm at 1011 Arch street, Philadelphia. It is a time-stained paper, bearing the suscription on the top:

*Pharmacie Homœopathique Speciale.*

and on the bottom:

*Catellan, rue du Helder, 15. a Paris.*

In the middle:

*Prise de Poudre suivant la formule.*

It is worth seeing by those who take an interest in relics.

Dr. John L. Moffat, 1136 Dean St., Brooklyn, N. Y., announces a change in his office hours which hereafter will be before 12 M. and from 5 to 7 P. M. Sunday by appointment. Especial attention to the eye and the ear.

Dr. Dillingham, of New York City, is taking a “ year off ” for rest and travel. He will not be in his office, 8 West 49th St., before October, 1905.

Dr. J. Perry Seward, 200 W. 70th St., is waiting upon Dr. Dillingham’s patients.

Owing to his growing surgical practice, Dr. G. M. Roberts has resigned from the secretaryship of the New York Homœopathic Medical College and Hospital, and will hereafter devote his attention to his patients.

## PERSONAL.

Sometimes they say pneumonia is due to bugs and sometimes to cold street cars.

When reproached for not sending for the doctor until her husband was unconscious, she replied, as long as he retained his senses he would not permit it.

A Chicago waiter is reported to have been "accidentally shot in the pantry."

A gun "goes off," a man "goes off," an alarm clock "goes off," the snow "goes off," and many other things, yet, alas and alack the day, they're all different, and of such stuff is the English tongue made of!

The Boy said he preferred whaling on the sea to whaling at home. Then he grinned.

**FOR SALE** A Practicing Physician in Healdsburg, California, wishes to dispose of practice and office furniture, as from age and ill health he wishes to retire. A place of 3,000 and no other homœopath; a fine location. Address, Doctor C. C., Box 443, Healdsburg, California.

"Champagne, waiter!" "Dry, sir?" "That's none of your business!!"

Dr. R. M. Harbin, *Jour. A. M. A.*, writes enthusiastically of the benefits of fasting in typhoid.

No, Mary, it is not an evidence of goodness of heart when a prize fighter puts his opponent "to sleep," though it pleases him to do so.

Dr. Chatterjee is to translate Nash's *Leaders in Homœopathic Therapeutics* into Bengali.

"Patience on a monument" and "a monument on patients" are two different propositions.

Dr. Bukk G. Carleton's strong and striking face heads Kraft's editorial for December. Keep an eye out for his new book about due.

*Puck* inclines to the belief that the sons of "self-made" men are often simply tailor-made.

Binks is sure that if centipedes had to buy shoes they would go broke, but Binks is an ———.

Dr. J. T. Kent in his new work, *Materia Medica*, says that catarrh suppressed by external applications often descends, and the next manifestation is tuberculosis.

When Nature throws out stuff from the body, don't try to stop up the sewer.

It takes nerve for an undertaker to advertise in a medical journal, but some do it.

Surgeons generally take a look in.

The organist loves a pipe dream.

The best society people call in the doctor in order to get better.

# THE HOMŒOPATHIC RECORDER.

---

VOL. XX.

LANCASTER, PA., FEBRUARY, 1905.

NO. 2

---

## A CASE OF CANCER IN THE CORNER OF THE EYE CURED.

By Eli G. Jones, M. D.

On February 2d, 1904, a lady came to my office; she walked with a cane and was heavily veiled. As she sat down in the chair it seemed to me that she would hardly have strength enough to rise again. She lived just outside of the city and was over fifty years of age. Upon raising her veil to let me examine her face, "it was a sight to see." An epithelial cancer starting from the corner of the eye, extending over the nose, involving the upper and lower eyelids, then extending down the face about two inches below the lower eyelid. The eye itself had begun to be affected by the cancerous humor and it would, in a short time, destroy the eye-sight. She had been *operated on four times* by the surgeons in this city; they also tried X-ray, then gave the case up as *incurable*. In addition to the cancer she had suffered with a lameness caused by fracture of the hip and injury to the back in a trolley accident five years ago. This condition of things made it necessary for her to go with a cane—and part of the time with a crutch. I told her that her case was *curable*, that I could not only cure her cancer but improve her general health and help her lameness. The location of the cancer in the corner of the eye made it absolutely necessary that the local application should be of such a nature as not to cause *any pain* or *inflammation*. All the so-called "Cancer Plasters" could not be used in this case for the reason just given. She had confidence in my judgment, for she knew I had cured a sister of hers eighteen years ago of cancer of the breast without causing her any pain or making any sore—and the cancer had never troubled her since that time. I began the treatment of this lady by applying

“*Cerate Phytolacca folium*” (made by Boericke & Tafel, the juice of the fresh leaves mixed with vaseline) on soft linen cloth to cover all the diseased surface of the face. This application to be made night and morning. Every time she changed the salve to bathe the surface round the eye with *warm* water and *Extract Witchhazel*, equal parts; take a little time about it and continue the bathing for several minutes at a time. Internally, I gave her *Calcareea Phos.* 3x, five tablets, three times a day, and *Silicea* 12x, five tablets, three times a day, the *Calcareea phos.* to be taken before meals and *Silicea* after meals. In a week’s time there was some improvement in the case; she never suffered *any pain* from the treatment and the *Phytolacca folium* cerate did not inflame the eye. She slept good every night *without* any hypnotic or nervine, her appetite improved and she began to feel some stronger. The above plan of treatment was continued without any change for three months. At the end of that time she could walk *without a cane or crutch*, the cancer had entirely *disappeared* from her face, the color of the skin was natural and healthy, like the rest of the face. At the present date, November 30th, I am satisfied that she is cured of the cancer. It is considered almost a miracle by the many people who saw her as she was before beginning my treatment. The great secret of success in the treatment of cancer is in being able to adapt your treatment to each particular form of cancer you happen to meet. In my thirty-five years’ practice I have treated all the different forms of this disease, both external and internal, and I have never found any two cases just alike. That is the reason why so many doctors fail who try to cure all forms of cancer with a “plaster;” it is a *pure, unadulterated form of quackery*. In 1869 I started to test cancer with the idea that it was merely the *local* manifestations of a blood disease. In all the years since then and in treating cases of cancer from twenty-five States of the Union I have never seen any reason to change my opinion. The fact that a large percentage of the cases that come under my treatment have been operated on by the knife or caustic without any treatment for the blood proves to me that a *purely local* treatment for cancer will never cure it.

I have never seen a case of *genuine cancer* in any form *permanently cured* by a surgical operation. The profession will *never* cure cancer while they continue to treat it as a *local* disease. Acting on this theory, they applied the X-ray to kill the cancer, but I have yet to see a single case of cancer cured with it. Since

January, 1904, I have over forty cases of cancer where the X-ray had been tried and proved a *failure*. The treatment of cancer is a *specialty*, the same as the "Eye and Ear." No physician should attempt such work unless he has a taste for it and made a special study of it, and will make the treatment of cancer the *business* of his life. Not one doctor, I presume, in one hundred cares to work over "old sores," and the smell of a cancer when it gets "ripe" is not pleasing to most men.

*New Brunswick, N. J.*

### NATRUM SULPHURICUM.\*

By C. M. Boger, M. D.

This is the Glauber Salt of our forefathers and in their day was used as a saline laxative much in the same way that Epsom Salt is today; even miraculous powers were ascribed to it by the ignorant; its violent action, however, led to the gradual substitution of the *Magnesium sulphate*. Its popular use exhibits its more obvious action; this Homœopathy has amplified and defined by means of its provings until it is today one tried and true antispasmodic exhibiting a long and deep action.

The liquid stools it causes were formerly believed to be due to an osmotic transudation of liquid form from the blood into the intestinal canal; they are now known to be due to a stimulation of the intestinal glands causing an increased secretion of watery mucus, with the evolution of much gas, even enough to be painful; it is passed in quantities with the stool so that a morning diarrhœa, after rising, with a stool which is forcibly expelled with much spluttering, is looked upon as its characteristic. Such diarrhœas frequently accompany tuberculosis of the mesentery and have often been cured with *Nat. sul.* in a single dose of the highest potency.

Other remedies for morning diarrhœa are: *Sulphur*, when the patient is hurried out of bed with barely time to reach the closet, and passes a large, mushy stool.

*Rumex* is just like *Sulphur*, but in addition it has a dry cough, excited by tickling in the throat pit, or inhaling cold air through the open mouth.

*Kali bichromicum* has the same urgency, may even soil his

---

\*Notes from lecture delivered at the Pulte Medical College, Cincinnati, O.

clothes, but the stool is watery and comes with a gush and is followed by much tenesmus.

*Aloe* involuntarily passes masses of jelly-like mucus, or in the morning he finds a large lump of fæces as his companion in bed; before the stool there is much rumbling and gurgling in the abdomen, he retains the fluid fæces with difficulty and often suffers with prolapsing piles.

*Podophyllum* also has a gushing morning stool hurrying the patient out like *Sulphur*, but it continues the whole day and the stools have a carrion-like odor, are generally light-colored and may have a meal-like sediment.

*Gambogia* has a gushing, yellow stool, preceded by gurgling and rumbling, and followed by a sense of great relief as if an irritating substance had been removed; the stool also irritates and makes the anus sore.

*Bryonia* causes and cures diarrhœa coming on as the patient begins to move about in the morning; it is worse from vegetables and stewed fruits or overheating; in general, the patient is worse from all kinds of motion.

*Dioscorea* will cure if gripy, colicky pains which fly to other parts accompany it. Just a moment's digression here; some day you will meet a case in which cramps in the fingers or other distant parts will accompany more central affections like dysmenorrhœa, diarrhœa, etc., then you will often differentiate between *Cuprum*, *Arsenicum*, *Secale cornutum*, *Dioscorea*, *Jatropha* and *Veratrum album*.

Von Grauvogel showed that *Natrum sulph.* patients are severely affected by dampness and that the sensitiveness thereto is often a result of sycosis; thus originated the theory of the hydrogenoid constitution, for which he proposed *Thuja* and *Natrum sulphuricum* as remedies; I would impress upon you that no one or two remedies can by the very nature of things be a specific for any given disease, they can only be such when the symptoms agree and not otherwise.

“Oppression of breathing, then diarrhœa,” “Symptoms in other parts cause oppression of breathing,” and “Short respiration with a sharp stitch in the left chest when standing,” are symptoms that should attract your attention, and when combined with aggravation from dampness they have led to the cure of many cases of humid asthma.

This salt has a fine record to its credit in brain and mental affections caused by injuries to the head. Traumatic meningitis



with piercing pains extending from the neck to the occiput so severe they extort screams. Sudden jerks throwing the head to one side. Brain feels loose. Headache better by a cold foot bath. Scalp sensitive to combing the hair. Irritable, dreams of fighting. Loss of memory. Buzzing in the head. All these point to violent irritation, and, when the other symptoms agree, are cured by it. Cutting pain in the heels due to traumatic irritation of the cord has been cured by it.

It has a considerable record in diseases of the liver; the organ is usually sensitive and the patient worse from lying on the left side, like *Ptelea trifoliata* and *Carduus marianus*. As is not uncommon in troubles of this organ, we also find the system trying to rid itself of the products of deficient oxidation by the elimination of brick-red, acid, urinary deposits, one phase of the so-called lithæmia, which is the only way of saying metaphorically that too much soot has accumulated in the flues and that the bodily fires are choked either from deficient oxidation or too much fuel in proportion to the oxygen consumed. *Natrum sulphuricum* will do much for these cases if indicated, but your good judgment will add plenty of fresh air and out of door exercise to the prescription; this will hasten the cure.

The photophobia of this remedy is remarkable for its intensity and the fact that it is worse by lamp-light; the eyes are so intensely inflamed that they feel as though they gave out heat.

It is a prime remedy for the tendency to runrounds, as they are popularly termed, and when the patient subject to them also has sore looking eyes your remedy is evident and will cure. Pains are piercing, compressive or boring in almost any part; the patient is always better on a dry day and when out of doors. Many symptoms are worse during the menses, notably the headaches, etc.; nose-bleed is apt to occur then and the patient is apt to be chilly; on the contrary, the *Natrum mur.* patient feels hot during the menses.

All the *Natrum*s have vesicular eruptions at one place or another; in the *Sulphate* and *Muriate* they occur about the lips; a beady streak of slime along the edge of the tongue is also a reliable indication for the latter. The *Hyposulphite* has been used as a topical application in vesicular erysipelas for some time by the allopaths, evidently homœopathically.

There is a cough curable by this remedy; it is so violent that it hurts the head and sides and the patient is compelled to hold them for relief; here it compares with *Drosera* and *Eupatorium perfoliatum*.

THE POPPIES—NATURAL ORDER PAPA-  
VERACEÆ.\*

Lawrence M. Stanton, M. D., New York.

In an article with title "One Way to Study Materia Medica," written for the International Hahnemannian Association last summer, I gave an outline of study of the Materia Medica according to a classification in chemical groups and in the natural orders of the animal and vegetable kingdoms. Therein I also tried to show the several advantages of this method of study and how neglected a one it is among the many by which we are to enter the vast domain of drug pathogenesis.

I take up the subject again in the study of that small group of drugs, the poppies or papaveraceæ. I say small group, for although the genus numbers more than 160 species there are only a few that concern us. The most important members are:

Papaver Somniferum, Opium Poppy.

Papaver Rhoëas, Red Poppy.

Argemone Mexicana, Prickly Poppy.

Eschscholtzia Californica, California Poppy.

Bocconia Arborea, Tree Celandine.

Corydalis Formosa, Turkey Corn.

Fumaria Officinalis, Fumatory.

Chelidonium Majus, The Greater or Common Celandine.

Sanguinaria Canadensis, Blood Root.

We may dismiss, even, most of these in few words, turning our attention entirely to *Opium*, *Sanguinaria* and *Chelidonium*.

Argemone and Eschscholtzia, the Mexican and California poppy, as well as other varieties, are mildly soporific and are used in place of *Opium* in the countries where they grow. Argemone has emetic and purgative properties, besides narcotic, and has been used in diseases of the eye, for chancres, warts and cutaneous eruptions; also for colic with constipation, like *Opium*. As a local remedy it is largely used in Upper India for a troublesome eruption about the waist called Dhad.† The word Arge-

---

\*Read before the Homœopathic Medical Society of the County of New York, December 8, 1904.

†NOTE.—Also known as Dhobic Itch, Bombay Itch, Washerman's Itch. It is Ringworm of the body, modified possibly by Oriental filth. The trichophyton has been found in some cases.

mone is from the Greek and signifies a white spot or ulcer on the cornea, indicating its medicinal use.

*Corydalis Formosa* is said to be diuretic and alternative, and has been used in syphilitic nodes, ulcers and gummata; syphilitic and non-syphilitic ulcers of the mouth and fauces; night pains, falling of the hair. Also in scrofula, skin diseases, enlargement of the liver and spleen from malaria, and in gastric catarrh.

*Fumaria officinalis* was highly esteemed in ancient times and is still considerably used in Europe, being considered valuable in visceral obstructions, especially of the liver, and in scorbutic affections and skin diseases. The juice, when dropped in the eye, produces the sensation of smoke, fumus, hence the name; Fumatory. The alkaloid, fumarine, is supposed to be identical with corydaline of *Corydalis*.

The alkaloid, Sanguinarine, of *Sanguinaria* is identical with Chelerythrin of *Chelidonium majus*, and is also found in *Eschscholtzia* Cal. and in *Bocconia Arborea*. Another constituent of *Sanguinaria* is analogous to porphyroxin of *Opium*. Rhoeadine, one of the alkaloids of *Opium*, is also found in *Papaver Rhoëas*, the Red Poppy.

I mention in passing that the Lesser Celandine, flowering golden in the early English spring, and celebrated by Wordsworth in his poem "To The Small Celandine," does not at all belong to this family. It is the *Ranunculus Ficaria* and a member of the *Ranunculaceæ*. But here it is of interest to note that Clarke, in his Dictionary of Medicine, says the *Ranunculaceæ*, as a family, are not far removed from the *Papaveraceæ*. Gerarde, quoted by Clarke, says of the Lesser Celandine: "It groweth in meadows, by commonwaies, by ditches and trenches, and it is common everywhere in moist and dankish places. It cometh forth about the Calends of March, and flowereth a little after: it beginneth to fade away in April, it is quite gone in May, afterwards it is hard to be found, yea, scarcely the root."

What I have to say of *Opium*, *Sanguinaria* and *Chelidonium* will be largely comparative and in no sense a close study of these important drugs. If I dwell more upon *Sanguinaria* it may be because it is the least well understood of the three and very certainly on account of lack of space in one article to do justice to the other two.

In a language other than our own it is said of *Chelidonium* that it is purgative, diuretic, diaphoretic and expectorant; that it acts

upon the liver and spleen, and is used externally in eczema, ring-worm, warts and corns; that it has gained some reputation in scrofula and phthisis. Of *Sanguinaria* it is said that it is an emetic, a purge, a diaphoretic, an expectorant, an emmenagogue; that it is sedative in diseases of the heart, like *Digitalis*, and that externally it is used in cancerous growth. Of *Opium* many more things are said, but they are not of greater value and it would be idle to repeat them.

Fortunately such nomenclature is fast falling from us and with a sense of relief and expectancy we turn to our store-house of provings. In a general way the sphere of *Chelidonium* covers the liver, the alimentary canal, the kidneys, the lungs, the eyes, the skin, the muscles and joints. That of *Sanguinaria* the mucous membranes, the vaso-motor system, the brain, the ears and nose, the liver, the skin, and in a lesser degree the muscles. Both *Chelidonium* and *Sanguinaria* produce neuralgias, and *Sanguinaria* has a narcotic action upon the nervous system, but in neither do we find the overwhelming action upon the cerebrum as under *Opium*.

*Sanguinaria* antidotes the dynamic effects of *Opium*, and in some mental symptoms see how parallel the two run. I quote from *Sang.*:

“Disgusting ideas. Sensations as if paralyzed and unable to move while lying on her back, with full consciousness of her surroundings. With open eyes, one dream chases another. It seems to her as if the events that transpired in her dreams were not of hours’ but of weeks’ and months’ duration.” In *Opium* time passes too quickly. “It seems to her as if all around her talked very rapidly, and that she is in a railroad car and begs others to hold her. Delirium with hot skin, mental torpor and sleepiness.” *Sanguinaria* also has hypersensitiveness to sounds and odors as in *Opium*.

Under *Opium*, *Chelidonium* and *Sanguinaria* sluggishness and sleepiness are very marked. Most so in *Opium* and *Chelidonium*; in *Sanguinaria* this sluggishness is worse in damp weather.

Both *Opium* and *Chelidonium* have great sleepiness without being able to sleep; both are aggravated during and after sleep.

*Chelidonium*, *Sanguinaria* and *Opium* have been used successfully in cancer, *Chelidonium* and *Sanguinaria* having the yellowness of the skin and other signs of the cancerous cachexia. *Opium* seems to have a truly specific action, as well as an

analgesic one, in this disease, some cases of cancer having been cured by its use.

In polypi and new growths *Sanguinaria* and *Chelidonium* have won not a little reputation.

Old, indolent ulcers, especially if phagedenic, suggest *Chelidonium*. The ulcers of *Sanguinaria* are as indolent and have sharp-cut edges like *Kali bichromicum*. A cure of ulcer of the leg by *Opium* is recorded, its choice having been suggested by painlessness and absence of all sensations, conditions so generally characteristic of this drug. This shows how superlatively indolent are the ulcers calling for *Opium*.

In jaundice *Chelidonium* has yellow eyes and skin, dark yellow urine and light-colored stools, but so has *Sanguinaria*, and we must look to other symptoms to diagnose between these two. *Sanguinaria*, too, may have the bright yellow stools so characteristic of *Chelidonium*. *Opium*, *Sanguinaria* and *Chelidonium* have stool in round, black balls.

*Sanguinaria*, as well as *Opium*, must be among the remedies thought of in old inebriates. The burning of *Sanguinaria* in these cases classes it with remedies like *Arsenicum* and *Nux vomica*, while if *Opium* is called for we are pretty sure to find trembling. The dusky redness or lividness of the face in these old alcoholics is as marked under *Sanguinaria* as under *Opium*. In typhoid pneumonia with this dark redness of the face *Sanguinaria* must also be compared with *Opium*. The circumscribed redness of one or both cheeks of *Sanguinaria* places it with *Chelidonium* among the remedies having redness of one side of the face only. Kent's Repertory omits *Sanguinaria* under this heading.

*Chelidonium* and *Sanguinaria* have a liver cough, and *Sanguinaria* has a gastric cough as well. Both have cough with pain behind the sternum and both have stitching pains through the right side of the chest to the back. *Iodine* should be studied in cough arising from the liver, especially if the right lung is involved.

*Sanguinaria* and *Chelidonium* are right-sided remedies.

*Chelidonium* has aversion to cheese; *Sanguinaria*, to butter.

Leaving now the blood relationship of these three drugs as members of the poppy family, I turn to a brief consideration of *Sanguinaria* on its own account. There is a good deal in the pathogenesis of *Sanguinaria* requiring stronger emphasis, and

this will perhaps better appear if we take up the drug at the bedside, rather than from a more strictly scientific study.

Under *Sanguinaria* we notice a marked fluctuation of symptoms and to such an extent that I think it should be classed among the metastatic remedies. We find metastasis of gout or rheumatism to the heart caused by external applications; stomach complaints vanishing and diarrhœa coming on; cough or coryza is followed by diarrhœa; burning and pressing in the breast end in diarrhœa; on touching the painful part the pain vanishes to appear in some other part.

Somewhat related to metastasis is alternation, and *Sanguinaria* has many alternating complaints. Constipation alternating with diarrhœa; pressure in the breast, with pain in the thigh; fluent, with dry coryza; dryness of the mucous membranes alternating with burning of the same; shivering alternating with heat.

Again, does not the usefulness of *Sanguinaria* at the menstrual climacteric suggest its metastatic nature, for is not the menopause a great metastatic period?

Periodicity is strongly marked in *Sanguinaria*. In this connection it is interesting to remember that *Sanguinaria* is an antidote to *Rhus radicans*, and that periodicity is one of the distinguishing things between *Rhus radicans* and *Rhus tox.* May not, then, *Sanguinaria* be the antidote in those troublesome cases of *Rhus* poisoning, which, without fresh exposure, are recurrent each year at the same season? The symptoms calling for *Sanguinaria* in *Rhus* poisoning are blisters filled with yellow fluid, itching intensely after midnight, and relieved only after rubbing with something rough until the blisters break. This clearly defines *Sanguinaria* in these cases.

*Sanguinaria* is a right-sided remedy: right side of head; right ear; right eye; right nostril; right side of throat; cutting pain in abdomen from right to left iliac fossa, thence to rectum; right side of chest; right deltoid and arm; panaritium, first right, then left fingers.

Offensiveness is another condition indicative of *Sanguinaria*: offensive expectoration; fœtid breath; putrid, sore throat; chronic nasal catarrh, with offensive discharge; ozæna; offensive flatus; offensive urine; fœtid, corrosive leucorrhœa; fœtid, cheesy secretions from glans penis. *Sanguinaria* has gained some reputation in syphilis, and surely there is enough offensiveness about the drug to at least suggest its homœopathicity here. The mucous membranes seem to bear the brunt of the syphilitic virus.

Burning, too, runs through *Sanguinaria*, and all discharges are very acrid.

There are some interesting things about the *Sanguinaria* cough. The tickling inducing it is in the suprasternal fossa or from the epigastrium; emissions of gas upward or downward, before or after cough, with relief of the cough; spasmodic hiccough before or after coughing; hepatic and gastric cough; cough coming on or aggravated at 2 or 3 o'clock in the afternoon; sputa and breath are offensive; sputa may be stringy as under *Kali bichrom.* and some other drugs.

Confusion of mind is another of its conditions relieved by eructations.

It is one of our remedies for gas in the uterus or physometra.

The nausea of this drug is peculiar. It is not relieved by vomiting and the patient wants to eat to quiet it.

The intense burning of the throat is better on inspiring cold air. Here again it resembles *Kali bichromicum*; *Cistus Canadensis* and a few other drugs have burning aggravated on inhaling the least cold air. I have cured a case of catarrh with *Cistus* where burning in the nose on inhaling cold air was a prominent symptom.\*

Much remains to be said of *Sanguinaria*, but why say what you will find clear-cut in the books.

In closing I add that *Sanguinaria*, in its nervous erethism, in its headaches, in the dryness of mucous membranes and in many other ways, is to be compared with *Belladonna*. Also that *Sanguinaria* and *Kali bichromicum* are alike in neuralgias with pain in small spots, in alternating and shifting conditions, in throat symptoms relieved by inspiring cold air, in ulcers with sharp cut edges. *Kali bichromicum* has the sensation of a hair in the throat or on the tongue and *Sanguinaria* of hairs in the eyes.

The relationship of *Sanguinaria* to *Sulphur* in phthisis, and the analogy between these two drugs in general, are to well understood to require comment.

Returning briefly to the poppies, can any general conclusions be drawn in regard to their medicinal properties as a family? It is perhaps more difficult to generalize from this group than it would be from many others, knowing so little of a definite nature about many of its members. Much of our knowledge, too, as you have seen, is quite empirical, there being few provings in our own

\*NOTE.—The cough of *Chel.* and *Lyc.* comes on at or after 4 P. M.

literature. History, however, abundantly shows that drugs, successfully used through the years by various schools, endorsed by native use and reputation, operate mostly according to the homœopathic law of cure, so that we may, at least tentatively, utilize much of this empiricism. That most of the poppies are deep acting remedies is evident from their wide repute in syphilis, scrofula, cancer, various skin eruptions and chronic states generally. Almost all of them have a decidedly somnifacient action, *Opium* itself heading the list. In some this action seems due to a direct effect, through the vital force, upon the brain, while in other members their strong affinity for the liver will, perhaps in part, account for this condition of stupidity and sleepiness so characteristic of the family. Indolency runs plainly through the poppy family, typified in *Opium*, discernible in other members. This does not mean that these remedies are not called for in acute affections, for they often are, but even here if you look below the surface you will often see indolence and chronicity at the bottom. This may not be discernible at first glance in the super-excited states of the nervous system or of the nerves of special sense, in the delirium, the vivid imaginings, the high-running fever or in other symptoms and conditions calling for these remedies. But with these poppies it is very much the same as it is in the false plethora of *Ferrum*. Beyond the apparent plethora of *Ferrum* we discover profound anæmia and beyond the pseudo-sthenia of the poppies asthenia looms in sight. The storms in the nerve centres are seen to be the forerunners of a bankrupt nervous system and everywhere erethism runs over into adynamia. Witness, for example, the overwrought literary man who cannot work, who cannot sleep, whose imagination is riotous, who sees grotesque or other figure or scraps of his literary work covering the wall of his room,—that man will suffer an utter collapse if something is not done. Give *Opium* and you have saved the day for your patient and yourself. In the indolence of old age; in states of insensibility and painlessness, where pain is looked for; in lack of reaction in acute and chronic conditions; in the corpulent and in general in all sluggish conditions, *Opium* or perhaps one of the other poppies will often be called for. We have seen how decidedly the liver and adjacent functions are affected by most of the poppies, and even in remedies like *Corydalis* and *Fumatory* there is a foreshadowing of what provings might reveal in this direction. The involvement of the skin is quite decided, and



there have been cures of cancers, ulcers, polypi, warts, corns and many eruptions under these remedies. It is unfortunate there is so much vagueness as to the kinds of eruption they cause or cure, for Homœopathy lacks definiteness in the skin manifestations of many of its drugs. We sometimes lose cases into other hands on account of insufficient knowledge here. The eye, too, is affected in one way or another by many of these poppies, the climax of action being reached under *Chelidonium*.

---

## WHY HAHNEMANN'S LAW OF CURE IS EFFECTIVE.

By Chas. H. Duncan, '05, New York  
Homœopathic Medical College.

The fundamental law of medicine, as laid down by Hahnemann, was discovered by closely observing results. The causes that lead to these results are obscure. It is these causes with which we are now to deal. We need not so much new results in Homœopathy as an arrangement in sequence of results already recorded and tested, and logical deductions and applications made from them. In the past many valuable results of the homœopathic law have been revealed, isolated in themselves, but in the aggregate form but a single part of one contiguous whole. It is only within recent years that our attention has been directed to the importance of the action of the ultimate division of matter, *i. e.*, the laws that govern the ions. Their composition, their acting forces are far beyond the standards of our crude method of measurements. It is only by carefully recording results of these actions and reasoning backward that we can hope to solve the problem of their obscure workings. "Everything in the universe is composed of matter. Associated with it is energy or force. Matter, on the one hand, cannot exist without force, and force, on the other hand, cannot exist without being identified with matter. Force and matter are co-existent and inseparable. By matter we mean all substance that occupies space; by force we mean that power which produces or increases those changes which occur in material substance." All matter is composed of about eighty elements, either single or combined in some complex way. The various tissues of our body are composed of some of these elements in different combinations and proportions.

Our body is composed of a great number of groups of cells whose form and function are radically dissimilar. The difference in the chemical properties of the various groups of cells is only known in an indefinite way. We say in a most general way our body is composed of cells, and cells are made up of protoplasm, and protoplasm is made up of C.H.O.N., with some sulphur and inorganic salts. Vague and indefinite. What are the inorganic salts of the single cell? How much of these ingredients is there? How are these substances combined and in what proportion? Yet all homœopathic physicians know we do get action from the medium potencies when there is no known way of telling that there is any drug principle or chemical combination present, either by the microscope or chemistry. So, at best, in dealing with microscopic anatomy, chemistry helps us but little in telling the difference in the composition of two single cells. We say the various cells of our body are nourished by selective affinity. Selective affinity? Is this not a cloak that veils the limitation of our knowledge of the subject? Selective affinity? What a wide sea of uncertainty lies behind the words selective affinity. And yet we know by anabolism these cells have the power of selecting the particular principle that goes to make up their composition from our food, and of appropriating it in renewing and forming their individual structures, and that this power of appropriating their chemical principle is directly under control of the trophic centers.

Let us then divide the cells of our body into two great classes—Somatic or body cells, and, as distinguished from these, the controlling cells, whether they be found in the brain, cord or neurons. The function of the controlling cells is twofold: First, that of appropriating its particular principle or chemical combination from our food for its own nutrition, and, second, of sending out impulses that control the proper function of the body cells. The equilibrium of normal activity of our body cells would be directly affected by a disturbance of the controlling cells, or else they would not be controlling cells, and we would get symptoms in that group of body cells or organ depending on the intensity or magnitude of the disturbing force to the brain cells. In the various scleroses of the anterior pillar of the cord the trophic cells are affected and the parts they control atrophy. Any extra duty the body cells are called on to perform or shock they may sustain calls for renewed impulses to be sent out from the controlling cells to overcome the new disturbance,

to maintain the normal equilibrium. This is at the expense of *substance* in the controlling cell ["Force and matter are co-existent and inseparable."] And it becomes depleted of its principle or chemical combination, and before it can normally functionate or send out proper impulses it must be built up again by the process of anabolism, but it must have the necessary ingredients for so doing. This necessary ingredient or principle of the cell, if supplied in proper form to be readily assimilated by the brain cell, by the process of anabolism is taken up *by* the brain cell, which, being restored to its normal condition, sends out the proper impulses to the body cell and normal equilibrium is maintained, *i. e.*, normal impulses sent out, and health is restored.

There are a great number of cells or groups of cells that control an organ whose functions are radically different. We will take for example the liver. The liver is composed of arteries, veins, lymphatics, portal system of vessels, the bile system of vessels, hepatic cells, connective tissue, venous and arterial capillaries. There are a vast number of afferent and efferent nerve fibers running from all the cells of the various structures to and from controlling cells. Some controlling cells send out impulses as dilators to the vessels, some inhibitors; some send out impulses governing anabolic and catabolic action, as the trophic centers. Some controlling cells send out impulses to cause the bile to be manufactured, some inhibit it. Some, the trophic centres, govern the metabolic action of the hepatic cells. Then there are those brain cells that send out impulses that control the action of the capillaries and connective tissues.

Thus we see there are a great number of brain cells or groups of brain cells that control an organ that by being disturbed would give rise to peculiar symptoms in the tissues of the organ they control. Each tissue of the liver would give its own peculiar symptom to that organ when the particular brain cell governing it was disturbed, varying in intensity and character with the disturbance of the brain cell (I merely say brain *cell* to make it clear; obviously there are many cells in the same group doing practically the same work.) Thus we see we could have various symptoms in the tissue of an organ, depending on which group of brain cells governing that tissue was disturbed.

The particles of the essentials peculiar to our food necessary for metabolism or proper balancing are from the vegetable, animal and mineral kingdoms.

The particles of the essentials peculiar to our medicines necessary for metabolism and proper balancing are from the vegetable, animal and mineral kingdoms. Physiology tells us "It is necessary for perfect health (or proper balancing) that our food should be varied," or that the several chemical principles must be taken in various forms as they exist in the different plants or foods in order that metabolism or proper balancing be maintained. The principles of our medicines *are* the principles of our food. In the physiological proving of the medicine on a healthy individual we get symptoms in an organ. How could we get symptoms in that organ if the brain cells governing that organ were not disturbed? Keep in mind the fact that the body cells can do nothing in themselves towards restoring harmony in the system, it is only through the action or influence of the controlling cells that they can normally functionate. Mark this well.

Let us suppose we have eaten much more Christmas turkey for dinner than we should, and in the light of the above see what action takes place in the tissues. Normal impulses for digestion are first sent out; but they are not enough, for the dinner was abnormal. More impulses are sent out from the controlling cells of the digestive cells *to* the digestive cells to keep them at work to overcome the extra tax they are called on to perform in digesting the extra food. These additional impulses or energy are sent out at the expense of *brain cell substance*. Finally the brain cells become depleted or exhausted of their normal principle, they can no longer send out proper impulses to maintain normal equilibrium or perform their normal function, *i. e.*, to govern the digestion of food. Digestion of food stops. We feel distress or symptoms in the stomach. If the indicated principle of the potentized drug, say, *Puls.* 1000 C., be administered, and absolutely nothing else introduced in the system, the cure is certain, easy and quick. Normal impulses are sent out henceforth; the digestion is completed; the brain cells have found the very principles they need for anabolism. The symptoms we get by eating too much fat correspond *exactly* to the symptoms we get by the provings of *Pulsatilla*, but the symptoms we get by eating too much fat were *caused* by a disturbing or *depletion* of the fat digesting governing cells. The symptoms we get in the provings of *Pulsatilla* come from disturbing the fat digesting governing cells. *Pulsatilla* is  $<$  by fats, for we get symptoms corresponding, and the symptoms of both are identical. Now, when the fat digesting governing cells were depleted

of its principle, something must have been taken up by the governing cells to renew its principle. Let us suppose the *Pulsatilla* principle was taken up by anabolism. Then the *Pulsatilla* principle is the principle of the fat digesting governing cells. These cells have a special affinity for the *Pulsatilla* principle, and, if too much *Pulsatilla* be given, it causes an irritation in the fat digesting governing cells and consequently symptoms in the digesting cells themselves, for their governing cells are irritated by too much of their normal principle. This is a physiological proving. A homœopathic indication is when there is a deficiency of the *Pulsatilla* principle, and, by giving it in the minimum dose sufficiently subdivided to be readily incorporated by the almost infinitesimal brain cell, it performs a cure. Only enough to renew the depletion is necessary. But one dose is sufficient. In the provings stop the dose and the symptoms cease. The impulses to the fat digesting cells become normal again, for the irritation to their governing cells ceases.

Nor are these fat digesting governing cells the only governing cells that require the *Pulsatilla* principle.

*Pulsatilla* is a wide acting remedy.

Its principle is in the inhibitory governing cells of the veins, for *Pulsatilla* has venous stasis. It is also in many governing cells of the uterus, etc. When symptoms indicate the fat digesting governing cells are being called on for extra impulses, or energy, and are becoming depleted of the *Pulsatilla* principle, a compensation is carried on in the tissues, other controlling cells that contain the *Pulsatilla* principle, as venous inhibitory governing cells and many cells that govern the uterus, etc., will give up part of their *Pulsatilla* principle to the depleted fat digesting cells to cause a cure in the tissues. When they give up much, we get symptoms in the organ they control, or a—p—e—r—f—e—c—t *P-u-l-s-a-t-i-l-l-a* p-i-c-t-u-r-e. "Never prescribe on a single symptom. But on the totality of symptoms." When the total stock of the *Pulsatilla* principle in the anatomy is sufficient, the patients recover their normal equilibrium without the use of drugs. This they do many times. "Nature tends to restore the tissues." If X Y Z represents the chemical formula of the *Pulsatilla* principle, we do not know whether we get the whole of the X Y Z or only the X or Y, or part of the Z is taken up. Some parts of it must be taken up, for healthy proper impulses are sent out after *Pulsatilla* is taken and we know the brain cell was depleted. A high

potency or one that is sufficiently subdivided is readily taken up by the almost infinitesimal controlling cells without having to be first diluted or divided by the secretions of the body, for in their depleted irritated state caused by the absence of their normal constituents, the *Pulsatilla* principle, we find the controlling cells are, for want of a better expression, thirsting, or are famished for the *Pulsatilla* principle, and they will take too much if the dose is repeated and we will get an aggravation or disturbance of the brain cells, and hence an *aggravation* of the symptoms. The same thing often occurs if we repeat the higher lower potencies too often. Again it is frequently impossible for the body secretions to sufficiently subdivide the lower potencies to have them taken up at all by the controlling cells as is the case with *Nat. mur.* A high potency is sufficiently subdivided to be more easily incorporated, hence it is easier to take up more drug, and by repeating the dose we get an aggravation. "After the aggravation the symptoms are all ameliorated." Is it not clear now how this is brought about? An aggravation, then, is a proving of the drug on the irritated, inflamed, if you please, or depleted brain cell. Now, if too much proteid had been eaten instead of fat, the brain cells that govern the proteid digesting stomach cells would be the ones depleted in trying to overcome the difficulty, and we would get a vastly different chain of symptoms in the organs they control, for the work that they perform is different and their ingredient or principle of their governing cells are different, they need another drug principle for normal balancing. The same may be said of *Carbo hydrate* or any other food.

If the stomach has been abused repeatedly, and greatly, the impulses will become feebler and feebler, the symptoms then would become proportionally more and more pronounced and we have diseases in the stomach. If the stomach is still more abused the impulses for overcoming the abuses become weaker or further apart, and we say we have chronic disease of the stomach. Even in incurable cases when the indicated potentized drug is given the symptoms are relieved, for the right impulses are sent out, but the relief is short. Sympathetically other brain cells in close proximity are affected, and they will set up symptoms in the organs *they* control and we now require another drug to relieve their symptoms. In a short time the original depleted cells will require the original drug, for their impulses are of no avail and they are depleted again. This is in accordance with our observations of the action of homœopathic remedies.

Disease, then, is a disturbance of controlling cells caused by an alteration or depletion of their normal principle in their efforts necessary for their normal function in trying to overcome disturbances in the tissues. Now the cure consists in restoring that particular principle or requisite material to the brain cell that controls the diseased tissue or organ in the indicated potentized remedy. For if we give the indicated potentized remedy we perform a cure.

How are we to know when any brain cell is deficient in the necessary element of principle for their normal balanced condition? By manifestation of symptoms in the organs they control. For no disease can exist where the brain cells have a proper supply of their essential elements. By fixing these principles firmly in mind we have the explanation of Hahnemann's law of cure, and an explanation of all the Fundamental Principles of Homœopathy. We will take up the Fundamental Principles of Homœopathy as given by Hahnemann singly and apply these facts to them.

(1) "Disease is manifested by symptoms"—Hahnemann. When any undue strain or tax is put upon an organ or tissue the brain cells controlling it send out proper impulses to correct it. They will correct it unless the strain is too great for the proper impulses to overcome. These impulses become feebler and feebler; because this is so the symptoms in the organs or tissue become more and more pronounced. Finally no impulses are sent out; the brain cells are exhausted and we say we have disease in the tissues. The brain cell needs to be built up; it has become deficient in the complex material necessary for its normal healthy impulses and we get symptoms in the organs they control, therefore disease *is* manifested by symptoms.

(2) "Knowledge of drug action must be obtained by experimenting on the healthy human body."—Hahnemann.

We give a large dose of a remedy to a healthy individual to discover its physiological action or the symptoms it produces in the body. In doing this we put into the system a large amount of the element necessary for certain brain cells. It is the element for which these brain cells have a special affinity and they take up much more, indeed, than is needed. We keep adding to this amount until they become disturbed. Hence we find symptoms occurring in organs they control, for when we stop administering the drug, and the system has had time to eliminate

the excess of material or drug, the symptoms disappear. Now when the organ becomes diseased it is on account of the lack of this necessary element in the brain cell. The brain cell is disturbed or depleted and symptoms occur in the organs they control and by supplying this element or drug to the brain cell we perform a cure in the tissues.

(3) "The curative relation between these two sets of phenomena (the physiological action and the homœopathic action) is by virtue of 'The Law of Similars.'"—Hahnemann. How easily this is explained in the light of the above.

(4) "The selected remedy should be administered singly, uncombined with any other, hence the doctrine of single remedies."—Hahnemann.

Each tissue in the body has a special function; it is controlled by certain groups of *brain cells which require a certain principle or drug* to perform their normal functions. In the provings of our drugs we know very largely which sets of controlling cells have a special affinity for the drug in question. We know so little of the composition or laws that govern these minute subdivision of matter, that by giving two drugs we might defeat the very purpose for which we strive. They might combine in such a way that an entirely new principal may result

(5) "It should be given in the smallest dose that will cure, hence the minimum dose."—Hahnemann.

Anything in excess of the amount necessary to restore the brain cell to its normal condition will tend to irritate it, as in the physiological effect, and we get an aggravation, for the cell now is more susceptible to the action of the drug than when its constituents are properly balanced, and any excess more than is needed will have to be eliminated from the system at the expense of energy, or to impulses that must be sent out by the emunctory governing cells that are instrumental in freeing the system of the foreign principle. At this time it is probable that all the energy and vitality available is needed.

(6) "Repetition of the dose should cease when marked improvement sets in, especially in chronic affections."—Hahnemann.

This is but ceasing to administer the drug when the brain cell has sufficient of the necessary element, for, by prolonged irritation of these cells, as in chronic affections, there must necessarily be more or less organic disturbances in and around the affected brain cells, as secondary growths, infiltrations of connective tissues, en-



gorgement of vessels, etc., etc., and it takes time for these to be absorbed and any over-stimulation will cause the irritation to be maintained in the surrounding parts and the cell may become depleted again by the irritation before the tissues are restored to their normal condition.

(7) "Drugs must be administered in accordance with the totality of symptoms."—Hahnemann.

The brain cells that are affected by a drug are in exceedingly close contact with other brain cells that affect other organs. Post-mortem examinations of the brain in many instances show a microscopic engorgement of the blood vessels in the brain. The disturbance in the cells governing the diseased tissues must be communicated to adjacent brain cells, hence we have symptoms in the organs *they* control. But, by giving a drug for the totality of symptoms, we give the drug that is indicated by the diseased brain cells, for these are the cells that are most affected and that give the greatest number of prominent symptoms. We pay no attention to the remaining symptoms, for they come from brain cells that are affected sympathetically by this disturbance.

(8) "As a general rule the symptoms that take precedent in the selection of a remedy are the mental symptoms."—Hahnemann.

The mental state is the one we would expect to be most affected by disturbance in the brain cells, etc.

The voluntary muscles send fibres to the hemispheres or higher centres. The involuntary muscles send fibres to control cells centred in the cerebellum, but along the afferent and efferent nerve fibres stream out in the cord to the other columns and in return receive acquisitions of fibres from other columns coming from other centres, or centres of volition. During normal equilibrium the parts are all balanced, but when the normal equilibrium is upset by the impulses in one set of fibres becoming weaker we would have systemic disturbances, as some of these fibres are contiguous and part of the columns that go to the centres of volition, or mentality. So we can readily see how the mental state will be prominently affected and we say, from the light of experience, the mentality is peculiarly affected when any group of brain cells is depleted.

(9) "The body symptoms which take precedence in the selection of a remedy are those that appear last."—Hahnemann.

In the early stage of the development of the disease, when hyperæmia or inflammation first sets in, we find the cells adjacent

are suffering by close proximity to the disturbed cells, and they, too, will throw out impulses to the tissues they control, and the symptoms from the affected brain cell is obscured until the acute stage is past. The last symptom are the symptoms that appear after the disease has progressed for a time. These last symptoms will vary in importance indirect proportion to the time the disease has progressed. When the acute inflammation is subsiding to some extent the sympathetic disturbance is not so pronounced. At this time we can more clearly observe the symptoms in the tissues that are affected by the disturbed brain cell itself.

If this article will set the brain cells of the reader working, properly balancing the facts herein stated, the author believes the reasoning will be made clear "Why Hahnemann's law of cure is effective." For as far as the author is able to discover every accepted result and fundamental principle of Homœopathy is hereby made clear.

---

## CORRECT EXPRESSIONS AND TRUTHS.\*

By John F. Edgar, M. D.

In twenty-eight years of careful observation it does seem to me that it is not human, not Christian, to close one's ears, or any receiving part of one's gray matter, to the sounds of low or high potency as it vibrates at a medical meeting. If we are true physicians (and there should be no other kind), our duty is "to heal the sick in the easiest and the best way." No matter who first wrote or uttered that expression, *is it not true?*—and reverberating with it Charles Read's "Put yourself in his or her place before you act," or "You should not want to do to others what you would not want done to yourself under similar conditions,"—and with knowledge, and that this age ought not to allow you to make excuses for want of knowledge. This *is* twentieth century and the dark ages have passed, and you should help them to pass *and stay passed*

Knowledge is necessary now, and "beliefs" left to the superstitious.

And with these points before us, our duty as true women and men is to have *knowledge* and not "beliefs."

Homœopathy is one of the laws of Creation.

---

\*Read before the Texas State Hom. Association, Oct. 26, 1904.

Homœopathy is *the law of cure*—our gray matter being a portion of the Creator, which gives us life and intelligence, should *know these things*, not “believe,” not half know.

Small doses, little pills, no potency form is a direct part of Homœopathy. You should know, that is another law, the adjunct law of Dynamization. The selection of the remedy according to the Law of Cure is the first actual duty of the physician, and by the term physician I mean one who truly is one, not one whose sole and main object is the fees and large income to be squeezed out of suffering humanity.

The selection of the remedy! I repeat, that I honor the woman or man who thus selects it according to the law, whether he uses a tincture in water or a 3x, as well as one whose knowledge enables her or him to give the fine or finest dose. Have you this knowledge, that potency is another law, that of Dynamization, and an adjunct to the main law? Its intelligent use comes not from “belief,” but from knowledge.

I knew a young man of fine physique, but wore his hat on the edge of his low forehead, and who walked like Dundreary, and who listened and “believed” the eloquent teachings of John T. Temple, at St. Louis, “That less than two-hundredths was Mugwumpery?” He did *not* have knowledge.—he had “belief.” He never understood the law,—he simply had *his* “belief.”

He could not, did not, select the remedy according to the law of cure, hence his two-hundredths, as per *his* “belief,” never acted, when he had opened an office and had a patient.

His “belief” made him a failure, for he did not have knowledge, so he went over to the dominating school of practice as a “Toad,” to illustrate his failure as a “believer,” free of college fees, being placed upon the rostrum with the lecturer, like a monstrosity, to illustrate what they called “Failure of Homœopathy,” when it really illustrated a “failure of knowledge.” and *having nothing but* “belief.”

That man has since practiced Materialism to a vengeance, and for the material harm he has done to the bladder trouble alone he could not atone for it with a thousand years of fire; like the woman in John Hayes’ poem. Do you comprehend me? Have each one of you a knowledge of the law of cure, not a “belief?” I don’t like the sound of this term, “belief.” It indicates a weakness, somehow,—somewhere. Putting aside the prejudice of the past centuries, the dark ages, and in each and every part

of your education, do you strive to know and understand clearly each one of the Creator's laws? As in one of my papers last year I showed you what is Christianity, differing from religion, and that is to know the beautiful laws of creation as the first commandment, then you can't help but love your neighbor as yourself, as the second.

Have you the knowledge that Homœopathy is the absolute law of cure? Potency has nothing directly to do with it. If you have not, then go and study it till *you do know*. If not, take down your sign and publish that you are something else, and grope about seeking specifics, bug ideas, serums and organo-therapys, any fashionable fad of the decade.

Drop the pure satisfaction of knowledge of an absolute law of cure; the courage and satisfaction from that knowledge, that if the patient gives anywhere near the correct symptoms of the trouble, you can, from *knowledge*, absolute and unvarying, relieve that suffering, that trouble, and not be groping for some experimental mode, some fad, *and all of it drug-forcings*; that you cannot be certain of, except that *the after effects will always be harmful*. Let me suggest to you a plain, keen, always clear differentiation between regular (homœopathic) practice and irregular (allopathic and other) practice. The remedy administered according to law, materially or dynamically, or by suggestion even, is to *aid nature to restore itself*, leaving no after drug effects; while the irregular practice is to drug force, an action upon the already sick organism, making a double enemy for the organism to fight, and *the after results are always material*.

Whether the drug exhaustion, the drug manias, or the anæmia, etc., following. Or the supposed necessity for asepsis theory.

Now, in knowledge have you? Do you know? That nature is aseptic within itself? that *the remedy*, whether high or low potency, produces the perfect asepsis in the organism? Health itself is aseptic, and the stinks of *Acid carbolic*, *Listerine*, etc., and the color and stains of *Kali permanganate*, etc., the nerve injuries of *Borax*, *Camphor* and *Kali chlor.*, are not needed.

I repeat, do you want to do to others, for a fee, what you would not want done to yourself under similar circumstances? With knowledge, not theories and "beliefs." The death rate of the present is just as great under theory practice, and theory hygiene, and theory antisepsis, as ever it was. Statistics are made to fit the fads.

Aggregation of large bodies of organisms, without cleanliness, makes diseases, and plagues, and deaths. *For that is law,*

Study the statistics of the dominating school without prejudice, and see that forcing drug practice, and cutting out or off, what they could not cure, did not know how to cure, and won't try to know the law of cure; and with their theory Drug Hygiene, Pus-Virus-Vaccination, Sick-Horse-Serum-Injections, etc., etc., and it is *not favorable*; not progressive, and is exceedingly expensive to State and individuals.

I would suggest to you that in the opinion of some (many) that the Creator was a fool to produce tonsils, thyroid glands, appendices, ovaries etc., so that the modern (?) surgeons have to cut them out *for a fee*.

The thief suggests that he takes from the rich, who have too much, so as to equalize the per capita circulation. The dominating school claim that their object is to benefit the human race (?) and these organs, or things, are not necessary to health and are a menace. In other words, the Creator was a fool. That is, when the victim has a bank account, they will cut them out for him or her. Now, not in sarcasm, but in honest suggestion, as they are nearly all (present company excepted) "*believers*," why not select one of their number, well up in technique and with the gift of gab, *and operate on him* and send him over (you believers know where), and let him explain to the Creator that these organs are unnecessary and it is so inconvenient to have to cut them out *when the patient has no bank account*. So that the Creator can stop making them any more, and the improved race will be tonsilless, thyroidless, appendixless, ovaryless, wombless, etc.

Don't you see how nice that would be?

A mechanic having knowledge of all his trade, and the natural law controlling the same, and its concomitant movements, can look at another *experimenting* with his tools, and making failures, and excusing the same, and wonder why this man or this woman does not know all the nature, all the laws, and then *always succeed*.

Why do you, why do they, wilfully continue to grope in the dark?

A physician who knows the law of cure, wonders when he reads reports of treatment, of diagnosis, of surgery in any and all kinds of journals, he wonders why the old fad ideas and expressions are still used.

Ladies and Gentlemen: Some of our colleges are improving,

some are not; some of those we attended did not know and therefore could not teach the true laws of creation, for our and the whole world's benefit.

But it is no reason why *we* should not commence *now* and learn the truth! I had to do it. The four colleges I attended, taken as a whole, did not teach any true law of the Creator, let alone that of Homœopathy.

The point in all of it is the correct start.

Have we students? Do we give them the correct start? The correct knowledge of the laws of creation? *Do we know them ourselves?*

Are we honestly in a position to go to the aid of suffering humanity with knowledge and the courage that comes from such pure knowledge?

To know that we can *always* succeed; to know that we will never *drug* harm? To know that we will always benefit the sick person, so that they will not be sick again as soon or as liable to infection as before.

Will never have a weak heart, any weak organs, that resulted from theory drugging. Then, ladies and gentlemen, that will come to you from knowledge of the law of cure and not "*belief*" in it.

And low and high potency has nothing to do with that, for this is an additional law of equal necessity and knowledge.

I repeat again that I honor the low potency prescriber all the time, providing he has the knowledge of the law of cure and selects his remedies solely by the law of cure and does not say "*belief*," or work by "*belief*."

*El Paso, Texas.*

---

## ASIATIC CHOLERA CURED BY SINGLE MEDICINE.

By R. C. Mitter.

Of sixty-seven cases of Asiatic cholera treated by me in Sahebgunge (Bengal), the following require special mention:

CASE I.—Hindu, male, aged thirty years, was attacked with cholera on the 15th of August, 1904. When I saw him in the evening I could perceive no pulse, except at an interval of seven minutes. He was evacuating profuse rice-water stools with sago

sediment; unquenchable thirst for large quantity. Sudden jumping out of bed. I prescribed *Jatropha* 12x, in drop doses every two hours.

16th August, 1904. No restlessness; thirst at an interval of fifteen to twenty minutes; no vomiting; stool, yellow; pulse, natural, though not healthy. *Jatropha* 12x, one dose.

17th August, 1904. Cured. His father wanted some medicines and I gave him three powders, *Sugar of Milk*. Diet, barley water (Robinson's).

CASE II.—16th August, 1904. Mahomedan lad, eight years. Collapse; vomited thirty times, but no purging. Vomited substance: First, only food, then bile, and lastly the water he drank. *Tabacum* 30 C., four powders every hour. No call for the night.

17th August, 1904. Perfect recovery.

CASE III.—16th August, night. A boy of five years, collapse. Had about sixteen motions and the same number of vomiting. He was yet restless and very thirsty. Prescribed Dr. Salzar's preparation of *Camphor* trituration, one grain made into four powders, every half hour.

17th August, morning. Pulse returned, but the boy was screaming and crying loudly. I examined and found this was due to excruciating pain in the abdomen. He was quieted in five minutes by *Aconite* 1x.

CASE IV.—17th August, forenoon. A Mahomedan woman evacuated about fifty times. Pulseless; present color of stools, rice-water; no thirst; coma; can hardly be aroused. *Ricinus* 6x, every hour. No call for the night.

18th August, morning. Pulse returned, but still in coma. Repeated the same medicine every three hours. I saw her again in the evening; much better; she can now articulate and with difficulty described her malady.

19th August. Cured. Diet, Robinson's Barley as usual.

CASE V.—18th August. A cartman, aged thirty-five years, was expiring when I saw him at 10 o'clock in the morning. Deathly appearance; no pulse; labored breathing. Purging and vomiting stopped. Eyes sunk in the sockets. Cannot articulate a single word. I expected every breath would be his last. I at once gave him *Cobra* 200 C., five globules, which he could with difficulty deglutinate. I would have used hypodermic syringe, but I preferred the internal application in the usual way if it

could be done. The patient seemed to be improving. I followed a second dose in another twenty minutes, although this was rashly given without waiting an hour or so to see the effect of the higher dilutions; the patient was almost cured as his respiration was nearly normal. I waited there for nearly three hours to see how he fared, when I saw him in perfect composure in about four hours after the administration of the second dose I was cheerful and returned home peacefully. I saw him again a 3 P. M., he seemed to be all right. I left a few powders of *Sugar of Milk*.

19th August. He is doing well.

CASE VI.—19th August, 1904. A Mahomedan woman, aged sixteen years, was found in collapse state, lockjaw, stools of rice-water, cramps in lower abdomen and vomiting of bile were present. Retention of urine. I injected hypodermically *Agaricus phalloides* 30 C. and returned home. I was called again in another three hours and saw her in the same state. Injected a second dose and came back. No call for nearly four hours. I was summoned again and saw the lockjaw was gone, vomiting stopped, purging was still going on. I prescribed the same medicine which she could swallow easily. I saw her again in the evening. She was in perfect humor and had no complaints whatever except the purging. I gave her no more medicine and left with her relatives a few powders of *Sugar of Milk*. I saw her again the next morning, the 20th idem, and found her to be cured. Diet, barley water.

N. B.—It is preposterous and non-homœopathic use to administer a certain remedy in weakness after cholera. Indian homœopaths have always used *China* indiscriminately in each case without knowing that the remedy that has worked out the reaction has also its curative power in weakness brought on by the malady.

*Sahebgunge, India, Nov. 26, 1904.*

---

### SOMEWHAT PESSIMISTIC.

Editor of the HOMŒOPATHIC RECORDER.

It is not often you hear from me and if you did it would not materially increase your happiness. The RECORDER comes regularly and is read oftener than twice. I am still holding on to pure and simple Hahnemannian Homœopathy. No antitoxin, no



serums, no vaccination! The indicated homœopathic remedy is good enough for me. When I see the new medicine some so-called homœopaths included I remember the Greek said: "Whoever the gods would destroy they first make mad."

Mark Twain says: "Most of us are more or less insane and that accounts for many things." Darwin wants us to accept the apes for our ancestor. The Chicago scientists say that in seven hundred years we will be plumb crazy. Vondergolz wants us to accept biochemistry, not to remember that the proof of the pudding is in the eating thereof. I say, away with all the inane name invention and classification that confuses the younger and some old ones. The world will get along all the same. Solomon says, to be happy in our labors, as that is our part in life and nothing else. Dr. Shedd says: Hoch achtungvollgropft (he must have learned his German in the United States).

All these wise sayings aim at the truth, and some that come after us will do likewise; it is a long time yet till seven hundred years run off.

Common sense and common honesty, said Washington. Love thy neighbor, said the greatest among men.

What I have seen of treatment since I am in Ardmore is absolutely horrible in most cases.

Will send you soon a report of a case of lupus vorax cured with homœopathic remedies, and another of epithelioma on face and chest (no Finsen light, no radium x-ray or any charlatanism). I present the patient (cause, condition, complication) with the medicated remedy, high or low, as the case demands.

DR. H. PETERMAN.

*Ardmore, I. T.*

---

#### CHIPS FROM THE PROCEEDINGS OF THE FORTIETH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

A CHAMOMILLA CASE.—"I can remember with a great deal of satisfaction a long while ago, Dr. Beckwith, that I was called to see a case of colic in an elderly gentleman (not Dr. Beckwith), and that it was a *Chamomilla* case. He related much the same history that we heard reported by the essayist. He had been

given *Morphine* and all those usual things, and as I was the only physician in that vicinity I got the case. As I said, I found it to be a *Chamomilla* case, and, inasmuch as all other remedies like *Morphine* and other anodynes had been prescribed without result, there was nothing for me to do but to look up the homœopathic similitum and give it. I knew it could do no harm, and that was all the other things had done for him anyway. It was an old army officer, and he said Homœopathy was all bosh, and he didn't believe a homœopathic physician could do any more for him than the others. But I gave him the *Chamomilla*, and what is more it cured the case. It gave him so much relief without anything else after about half an hour that he wanted to know what it was I had given him, and he wanted to get a gallon of it."—*Dr. T. M. Stewart.*

EYE-STRAIN THAT GLASSES WOULD'N'T CURE.—"I want to say that I have had a number of cases sent to me by other physicians that needed *Platina*, one of these not very many months ago. It was a case of eye-strain. It had lasted for a long while. I tried in every way to relieve the headache, but I couldn't do it; glasses wouldn't do it, and I finally did what any homœopathic physician would have done, inquired into the case, and found that by prescribing for the sexual and menstrual symptoms and giving *Platina* I cured the headache."—*Dr. T. M. Stewart.*

AURUM IN SUICIDAL TENDENCIES.—"I am reminded that about fifteen or twenty years ago of having had a case in a certain family. I was attending the wife and other members of the family for some other disease, and while so engaged in that family the domestic in the family, a young German girl, wanted to talk to me. She was the very picture of robustness, blooming cheeks and energetic, and every indication of health. As I was about to leave the house one time, she said to me, 'I am not sick, but I want to see you because I have a peculiar thing ailing me now; what that is, I don't know, except that I want to commit suicide.' I looked at her and saw that she was in dead earnest. 'Now, why do you want to commit suicide?' She answered, 'I have no reason on earth.' 'How do you think of ending your life?' 'I think most of jumping out of the window.' I said, 'Well, just wait a minute and let me give you a dose of medicine.' I opened my case and gave her a dose of *Aurum*. I interrogated her a few days afterwards concerning that feeling and she told me that that

feeling had entirely gone from her. She is now married and mother of a family. I have seen and talked with her since, and she has never had anything like that feeling since that one dose of *Aurum*."—*Dr. Wm. Baldwin*.

GALL-STONES.—“In addition to my homœopathic treatment of gall-stones I use lots of olive oil—have used gallons of it—and have had fine results by ordinary remedies in different cases.”—*Dr. Connell*.

HEPAR SULPHUR.—“Last winter one of the most distressing secondary symptoms of grip was the tendency to the formation of abscesses. The joints and the alveolar processes were often attacked, so were the accessory sinuses of the nose, and in these cases of acute sinus disease, both of frontal and sphenoidal sinuses, I know *Hepar* has brought relief, and so far apparent cures.”—*Dr. Ella G. Hunt*.

THE TONSILS.—“I never remove the tonsils. The indicated remedy in the 30th or 200th is sure to bring satisfactory results. In chronic cases *Baryta carb.* is most often called for, doses six hours apart. In acute cases *Bell.*, *Merc. cor.*, and especially *Phytolacca* 200th, cures my cases and brings me friends and money. In the past ten years I have found *Phytolacca* called for in 75 per cent. of my cases, and but two cases have had recurrent attacks in that time. No class of cases brings more satisfaction in treatment.”—*Dr. Wm. Baldwin*.

SCARLET FEVER.—“Scarlet fever is one of the diseases with which I have had much to do in my work. I have seen a great many cases, and thus far have been especially fortunate. I attribute my success to my exaggerated care to keep the patients from taking cold. I do not permit them to sit up or leave the bed until the desquamation is complete. I permit my patients to use a bacon rind to allay the itching consequent upon the peeling off process.”—*Dr. Hoyt*.

A SURGICAL CASE.—“In these days when the glorious results of surgery are continually sung and when therapeutic nihilism is the order of the day, particularly in the dominant school, one case which came under my observation seems to me worth recording. For a year prior to June last Mr. O. had noticed an enlargement between the seventh and eighth ribs on the right side, but

as it did not trouble him much until in June, no attention was paid to it. During my absence at the American Institute he detected fluctuation and consulted Dr. D., who had him poultice it until it opened, discharging considerable pus. Not liking Dr. D., he consulted Dr. S., who, by the way, is an ex-house physician to the Columbus Protestant Hospital, and whose student days were spent in the office of one of the most prominent surgeons of Columbus in the regular ranks. Dr. S. treated the case from June until November 12 by means of probing, draining, moist and dry antiseptic dressings, etc., but gave no constitutional treatment "

"At the end of this time patient was was no better, and Dr. S. admitted he could do no more unless he would go to the hospital and have the side opened, sinus curetted and rib resected. Then he came to me. I found I could introduce readily a probe four inches into the fistulous tract and feel the roughened surface of the eighth rib very plainly. The mouth of the sinus was pouting, red and angry and a continual discharge of thin, watery pus exuded. I said, 'I can cure you, but it will take three months.' 'All right,' said he; 'only do not cut.'"

"I gave him *Silicea* 3x trit., a powder four times a day. No local treatment of any kind except a pad of absorbent cotton to catch the discharge and keep from soiling the clothes as usual. *Silicea* was continued all the time, and an occasional dose of *Phosphorus* was given."

"Just two days under the three months the discharge had entirely ceased, the wound was closed up solid, and nothing remained to show there had ever been any trouble except the cicatrix. At my request he showed the results to Dr. S., whose only comment was, 'Be careful it don't break out somewhere else.' Of this I am not afraid, as the case was cured by internal treatment alone and not suppressed. Could surgery have offered anything better, safer or surer?"—*Dr. J. H. Cook.*

APPENDICITIS.—"The surgeon is usually called to operate and nothing more, for as to the need of an operation that matter has been settled before he is called into the case. I, myself, have had this experience, having operated where I felt it was not really required, but the family physician said: 'I called you to operate and if you don't do so I shall get some one who will operate, for we have decided that is a necessity.' Well, I didn't let them call some one else. Fortunately, the patient recovered."

“Again, I have operated where the attendant thought it unnecessary, and I knew it must be done. But I don't cut into these cases as frequently as I formerly did, depending upon more conservative attention. Dr. Terry's olive oil treatment is my favorite measure. He says that out of fifty cases, under his personal supervision, forty-four were successfully treated without operation.”

---

CLIPPINGS FROM THE TRANSACTIONS OF THE  
HOMŒOPATHIC MEDICAL SOCIETY  
OF THE STATE OF NEW  
YORK, 1905.

CHOLELITHIASIS.—D. E. Spoor: “I treated a case with olive oil some four years ago. I gave nothing else but olive oil. I gave it in tablespoonful doses four times a day—a woman that had had gall-stones for at least seven or eight years; and since that time she has never had an attack and is now a well, strong, healthy woman. She was very much emaciated at the time, but gained rapidly in flesh with the treatment, and has apparently recovered, as far as we can tell. It is now nearly four years since she was first treated. I gave no other medicine at all but the olive oil in this case.

DIABETES, PHTHISIS. — “The association of diabetes and tuberculosis, especially phthisis, has long been observed, and that tuberculosis is one of the most frequent of the complications of diabetes is the opinion of most authorities. The few cases reported of diabetes following phthisis is due in part to the neglect of urinalyses and to the somewhat modified course of phthisis when complicated by diabetes.”—*Dr. Howard Percy Dady, Liberty, N. Y.*

VACCINUM.—“Admitted that vaccination in the usual manner is a protection against small-pox, is there any reason for disbelieving its power when administered internally? Admitting that the vaccine virus will act protectively in the crude state, is there any good reason for us to disbelieve in its action after it has been triturated, especially at this time when the world is full of the action of minute subdivision of materials?

“If this method of vaccination is protective, it also should com-

mend itself on account of its apparent lack of the dangers of sequellæ, which sometimes attend the other mode. I regret that I cannot speak personally regarding the treatment of small-pox, but I hope for the testimony of others in the discussion to follow. Regarding the immunizing effect of *Vaccinum*, the late Prof. Martin Deschere told me of his experience in an epidemic of small-pox in Hoboken, N. J., during the early years of his practice, in which he gave *Vaccinum* to all who were exposed, and said that while in a large number of instances he found several children in a family where one had already come down with the disease, all unvaccinated, he never had a second case in any family where he gave *Vaccinum* early. He also depended upon it for his own protection.

“My personal faith in the administration of the triturated vaccine virus is because of my faith in the potentized remedy, and it has been my custom to administer it to my patients once or twice during a season.

“If this method of administration can be proved to be protective, the antagonism that exists toward vaccination in many localities will cease, and it seems to be our duty to fully investigate and proclaim it as a power or a failure as a duty that we owe to ourselves as conservators of the public health.”—*Dr. J. B. Garrison.*

PARESIS.—“The victim of paresis begins to appropriate various articles within easy reach, thinking everything belongs to him, tells unnecessary and most palpable falsehoods, fails to appreciate the value of money, and commits various indiscretions without method or satisfaction. His judgment fails, his honesty departs, he is altogether different from his true self. This depressed, abstracted and irritable stage may last a few weeks or months, or perhaps from two to three years, before the first outbreak of maniacal excitement. A lively and agreeable man may for a long time conceal an undercurrent of anxiety from even his most intimate friends. But at last, through the effects of disease, he is unable to hide his real feelings.”—*Dr. A. J. Givins.*

APOPLEXY.—“Do not underestimate the danger of allowing the patient to get up too soon, to be seen by friends, to talk business, or in any way be annoyed. When it comes to the administration of medicine, *Arnica* is probably employed as freely as any drug with which I am familiar. *Belladonna* comes next, but I have

found that *Opium* given in appreciable doses is worthy of the utmost confidence. Another remedy in which I have had great confidence is *Echinacea*, and this is especially indicated where there is a tendency to degenerative changes, the best results having come from twenty drops of the tincture in half a glass of water, given every half-hour or with less frequency as the symptoms in the case may determine"—*Dr. C. Spencer Kinney*.

FAGOPYRUM.—“Now the important question comes, what are the characteristic symptoms for prescribing this remedy? It seems to me that the selection may be done largely by the method of comparison and exclusion of other well-known drugs, as it has a condition and set of symptoms peculiar to itself. It does not have a tendency to vesicate nor have the dark, red color so characteristic of *Rhus tox*, nor the scaly eruption of *Arsenicum*, nor the gummy, scabby exudation of *Graphites*. Neither is it like *Petroleum* with its tendency to fissures and profuse watery exudation, with great aggravation from any greasy application, as ointments. It also has not the greasy, offensive condition of the skin so characteristic of *Psorinum*, nor the characteristic symptoms of *Sulphur*. It fills a place in skin therapeutics, differing from all these, peculiar to itself.

“Irresistible tendency to scratch (though so doing aggravates greatly) is one of the most marked symptoms; with great nervousness and restlessness; insomnia and tendency to neurasthenia.

“I have known several cases that were so aggravated by this terrible disease that it was with difficulty they could restrain themselves from committing suicide. They fell into a condition of profound melancholia, with a strong suicidal tendency. This is a remedy that I should like to have physicians try in practice. It is one that is, I think, very seldom used, but the effects when used as indicated, are marvelous.

“The eruption, as the paper indicates, differs from that of the other well-known remedies, being largely an erythema, very slightly papular, dry but not scaly; never vesicates, and with a most intense itching and burning sensation, terribly aggravated by any friction.”—*Dr. E. E. Snyder*.

STAPHISAGRIA.—“The clinical records of Hartman, Ruckert and others of seventy years ago show that they used it with success, and from that time down to the present it has been given successfully for nodosities of the eyelids. During the past five

years I have cured six cases of chalazion with the internal application of *Staphisagria*.

“1. Miss L., æt. 35. Hard lump in left upper eyelid with but slight discomfort. *Staph* 12x cured in two months.

“2. Wm. A. Hard lump in right upper eyelid, size of a pea, no discomfort except ‘it presses.’ Three months, medicine three times daily.

“3. Miss L., 36. Chalazion returned to right upper eyelid not nearly as large. *Staph.* 12x. three times daily, cured in two weeks.

“4. Miss D. Lump size of half a split pea in upper right eyelid, pressure the only discomfort, worse on winking, medicine three times daily. Cured in nine weeks.

“5. Mrs. M. Similæ to last case; cured in six weeks.

“6. Baby of 3. Hard lump as big as a pea in upper right eyelid, causing discomfort, as it was frequently rubbed. It became a light purplish red. Cured in four months.

“7. Miss L. Return of chalazion after four years, in left under eyelid; prescribed as before.”—*Dr. Paul Allen.*

---

#### CLIPPINGS FROM THE TRANSACTIONS OF THE FORTIETH SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

THERAPEUTICS OF GYNÆCOLOGY.—“I have had some very good results from using *Staph.* 6x internally and *Staph. cerate* locally in cases of procidentia. I often dilate the cervix for the benefit it may have upon the local circulation, then apply the cerate upon wool tampons. When there has been laceration with formation of cicatricial tissue I have used the *Graphites cerate* locally until the firmness disappeared, then changed to the *Staph.*, which seemed to contract and strengthen the tissues so that the uterus resumed an improved position satisfying the patient. The same treatment has wrought wonders where the glandular endometritis was attended by a greenish, gluey leucorrhœa and excessive flow at the monthly period. *Ustilago maid.* 3x is equally important. *Kali mur.* 6x or 30x has been very efficient in similar cases where the discharge resembled pus. Where the inflammation has been succeeded by induration and depression in the pelvis, *Aur. mur. nat.* 3x will astonish those not familiar with its use. *Ferr. iod.* 3x



in acute endometritis with falling. *Sepia* 30x has served me better where there was a descent or retroversion with relaxed tissues. *Phyto.* 3x, 6x, both internally and locally, where the position of the uterus was not greatly changed, but the induration and enlargement was marked—*Arcticum lappa* 2x, and *Lilium tig.* 3x, in acute cases are valuable agents. *Fucus vesic.* will cure goiter of young women, but must be continued, six, nine, or twelve months before the cure is complete. Likewise endocervicitis or endometritis accompanied by those prostrating headaches can be cured by use of *Acon.* 2x, *Bell.* 3x, *Bry.* 3x-30, but the case must be under continued observation with the well selected remedy and good care.”—*Dr. Millie J. Chapman.*

MEDICINE AND SURGERY.—“There is no conflict between medicine and surgery. It is simply the disturbance consequent on rearrangement of facts and conclusions. The truth of the one is not arrayed against the truth of the other; it is only that you and I may not see alike, and as we try to agree we champion the one or the other side with such energy as our beliefs may seem to warrant. Medicine loses none of its title to distinction when in view of its inability to conquer any certain pathologic or mechanical disturbance in the tissue, it hands the problem over to the surgeon. There can be no conflict between a demonstrated inability on the part of the one branch of the healing art to cope with disease and another which has made appendectomy timely and properly performed, an operation which practically no mortality, and which, best of all gives greatest promise of curing the patient.”—*Dr. G. M. Christine.*

LINEN, COTTON VS. WOOL.—“Take a patient who is always complaining of an extremely dry skin, whose skin is never moist, and I allow him to wear wool; but rheumatic, gouty and neuralgic conditions I have in a number of instances in my practice during thirty years been able to overcome entirely simply by the substitution of cotton or linen underwear for winter use instead of the wool usually recommended.”—*Dr. Aug. Korndorfer.*

“I have experimented a good while to prevent myself from getting cold in winter. About two years ago I was covering my body with woolen underwear, and had a closed carriage, and still would get cold. It took a good deal of moral courage to take those heavy shirts off and put on linen, but I could see the princi-

ple in it. One night I dressed in a linen undershirt, walked about a mile, delivered a very hard case and came home in a glow of good health. If I had my woollens on I would have come home in a blanket of sweat and been in bed two or three days afterward reducing high temperature. My distinction is the same as Dr. Korndoerfer's. It is the perspiration that gives you the cold. A person who is rather nervous, like myself, coming in to see a patient and getting flustered, would be all in a sweat. He would come out, and even if he had a closed carriage, the air would strike him before he could get into it. Such a person needs linen or cotton underwear, but the dry person who has no perspiration needs the woolen variety to keep his skin and capillaries warm." —*Dr. Chandler Weaver.*

"THE SYMPTOM CHASER."—"Also, to be a successful homœopath, one must be more or less of a 'symptom chaser,' and the greater the success the greater the chaser; nor must we be satisfied with the mere chasing, but we must run them down and catch them."

"Knife grinders, skin puncturers, drug pushers and blood-letters may all have their place in the economy of Nature, but the more I see of the dead-in-earnest 'symptom chaser' the greater confidence I have regarding the future stability of our homœopathic institutions."

"You who are still young and ambitious to succeed are indeed to be envied; inasmuch as you still are filled with youth and vigor, which affords opportunity to make good. While to us of the bald and gray our 'symptom chasing' days are nearly over, only a little while longer at best, and then it will devolve on those who come after to uphold Homœopathy as a distinctively superior school of medicine."

"And now, as a parting shot, let me ask of every doctor present that you one and all will get away from the fallacious notion that in order to succeed you must have strong medicine."—*Dr. J. A. Bullard.*

THE BROAD SCOPE OF THE LAW OF SIMILARS.—The law of similars, therefore, is the law of success in every department. "Go sell all thou hast and give to the poor" is the road to infinite riches. "No man hath deserted houses or lands," for Him who is the truth, but "shall receive manifold more in this present time." "With what measure ye mete it shall be measured to you

again." and what produces disease will certainly cure the similar one; or, what is so often given as alcohol or Opium to cure weakness or pain, or other symptoms, is the most certain agency of their production, all of which is true only because the reaction is the opposite in direction, but similar in kind to the action.—*Dr. Robert Walters.*

THE ENCYCLOPÆDIA.—“Very few possess the *Materia Medica Pura*. It has been said it is altogether too large. I have more than once taken Allen’s *Encyclopædia* and have been enabled to find my remedy in that voluminous work when I was foiled in my efforts by every other means, the *Guiding Symptoms* not excepted.”—*Dr. G. W. Dietz.*

---

### CHIPLETS.

“We believe that the time is not far distant when the International Association will disband and become an important part of the American Institute of Homœopathy, if not its most important part.”—*W. A. Dewey, M. D.*

“From this cursory review of serum therapy we see that the results have been good, bad and indifferent.”—*Hahnemannian Monthly.*

“Some difficulties have arisen in the effort to keep straight some of the former irregulars”—homœopaths in allopathic societies.—*Jour. of A. M. A.*

“An investigation undertaken at the beginning of the present year by two prominent physicians, Dr. Frank Buller, of Montreal, and Dr. Casey Wood, of Chicago, has shown that about 175 cases of blindness and over 100 deaths during the past seven or eight years, can be directly imputed to wood alcohol in the various forms in which it is manufactured.”—*John Uri Lloyd.*

“To practical people it must be perfectly plain that tuberculosis can never be suppressed by law regulating spitting, or by any quarantine regulations.”—*Modern Medicine.*

“The recent experiments of Atwater have proved beyond doubt that alcohol has potential value as a fuel food.”—*Denver Medical Times.*

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

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

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

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

---

## EDITORIAL BREVITIES.

ALLOPATHIC DRUGGISTS VS. HOMŒOPATHIC MEDICINES.—We were informed, by one of the class, that the lecturer in a certain College of Pharmacy recently touched on the subject of “homœopathic drugs.” In effect, he told them how to prepare these, and added that those among them who were extremely conscientious would follow the directions, but added that it made no difference after they passed the 6th potency whether they gave powdered milk sugar or mere alcohol. There are quite a number of allopathic druggists who prepare “our own make of homœopathic medicines” and, strange to say, there are homœopathic physicians who will buy their very doubtful stuff—strange to say, because these men have always been hostile to Homœopathy and it was their fore-bears that hounded Hahnemann out of Germany. John Uri Lloyd truly said that much of the success of Homœopathy was and is due to loyal and honest homœopathic pharmacy, and that the physicians, if left to old school pharmacy, would either have to be their own pharmacists or go out of business as homœopathic prescribers. It is not wise to turn down the homœopathic pharmacist for the allopathic druggist.

A GELSEMIUM PROVING.—The *Chemist and Druggist*, London, Nov. 12th, contains an account of a trial. Briefly, a girl bought “a powder” from the defendant. It was not what he supposed, but was powdered *Gelsemium*. She made an infusion of it and drank it all. She was at once taken ill and died very shortly after. The striking symptom elicited was her cry: “Mother, mother, I’m going blind!”

“ACCIDENTS.”—The *Homœopathic World*, Jan., 1905, quotes from the *Daily Telegraph*, London, three cases of “accidents”

resulting from "heroic" doses of allopathic "medicine." The coroner's jury generally returned the verdict of "death from misadventure"—for the doctor meant well but had been badly taught.

USE FRESH PLANT TINCTURES.—"One sometimes wonders why it is that certain plants so highly extolled fifty, seventy, or one hundred years ago, have now passed out of use. If one stops to think about it, the solution is easy. At that time our population was largely rural, the doctor had to gather his own roots and herbs, he studied them and learned how to make preparations from fresh material which possessed great value, and from which he got definite results. For instance, in the old days, when the doctor used *Asclepias tuberosa* in pleurisy, pneumonia, colds, etc., the results he got were really wonderful. Why? Because the plant was gathered at the right time, and in the fresh state contained all the virtues. It is perfectly natural that the old dried plant sold in commerce nowadays should not produce the same good effects."—*Brief*.

Fluid extracts and "tinctures" made from fluid extracts are "cheap"—but that is about all.

MALARIA.—Dr Homer Wakefield concludes a nine page leader in the *Medical Record* of Jan. 21st rather bitingly, as follows:

"Finally, the term Malaria, which is derived from *mala aria* (malicious air), certainly indicates definitely the original use of the term, and, moreover, that the fundamental conception of the real nature of the disease was more correct than that most current today. As I have pointed out above, that the symptologic syndrome of the disease is essentially one of subcatabolism, and is largely due to some form of vitiated air, the newly discovered factors, the *plasmodium* and the mosquito, should be relegated to the subordinate position of contributory factors, instead of adopting the absurd and confusing custom of revising our conceptions of a disease *per se*, whenever a new factor is proved or accepted as bearing an etiologic relation, which, owing to ignorance of underlying etiologic actions, we have been unable to reconcile to our preconceptions of the resulting syndrome. Instead, let us profit by the dictum of Liebig: 'Every phenomenon of nature is dependent on more than one cause.' "

PRACTICE HOMŒOPATHY.—"I think we should use judiciously

tracts and pamphlets bearing on the subject; but we should be careful our practice does not belie the precept presented. I am not sure, too, but what we ought to use the public press to enlighten the people, not as individuals, which would savor of personal advertising, but as local or State societies. This is an age of specialism. We should be specialists in therapeutics. It is to our advantage as individual practitioners as well as to the advantage of Homœopathy, that we should be. One old school physician said to me in conversation, 'I wonder if the use of drugs will ever be reduced to a science?' We know and should teach our people that Homœopathy is the Science of Therapeutics. If, as private practitioners, we should strive to always practice as we profess, much more should we do so in our public institutions when placed under our care. Otherwise, we have no right to demand their control."—*Dr. C. N. Payne in North American Journal of Homœopathy.*

PROGRESS OF VACCINATION.—Labbé speaks of the progressive practice of vaccination in France and its colonies, of the manner of obtaining vaccine, the choice of subjects, and, though the transmission of tuberculosis in this way is very rare, he points out the necessity of guarding against the danger.—*N. Y. Medical Journal, Jan. 28.*

BEWARE OF "CHEAP" HOMŒOPATHIC PHARMACY.—"No matter how thoroughly our drugs are proven, or how carefully we select the remedy, if the preparation of them is carelessly undertaken, all our effort will be in vain, and both we ourselves, as well as our patients, will be disappointed and lose faith in Homœopathy. We must have pure drugs."—*Dr. C. H. Payne, President of Connecticut Homœopathic Medical Society, in North American Journal of Homœopathy, Jan., 1905.*

NITROGLYCERIN.—"Elvy calls attention to the value of nitro-glycerin in surgery. Not only in incipient senile gangrene, but in all cases of impaired circulation in which contracted arterial walls are present, it should be of great value."—*N. Y. Med. Jour., Jan. 28.*

ANTITOXIN IN DIPHTHERIA.—"Despite the tremendous claims of its enthusiasts that *Antitoxin* was a specific for diphtheria, there exists as much honest difference of opinion as to its value in the ranks of the old school as in our own.

"*Antitoxin* is used by the majority of the best homœopathic physicians. Some use it in conjunction with the homœopathic remedies, claiming that as the result of their experience the best results are in this way obtained—others use it as an antidote to the diphtheria poison, which is no more anti-homœopathic than is the administration of *Iron* for *Arsenic* poisoning or of *Morphine* or *Digitalis* for the toxic effects of *Aconite*. On the other hand, some of our most successful homœopathic physicians have had the greatest success by carefully studying the individual case and by relying strictly and solely on the indicated homœopathic remedy.

"An eminent old school authority, Dr. Elmer Lee, recently came out in strong condemnation of the *Antitoxin* treatment for diphtheria.

"He calls attention to recent utterances on the subject in the *Journal de Medecine de Paris*, and compares them with opinions on this subject expressed by himself in an article read in 1896 at the annual meeting of the American Medical Association. He says in part:

"The claims that are seductively held out that cases treated early by *Antitoxin* would recover have utterly failed. The claim subsequently, that cases treated by *Antitoxin* recover more quickly than those not so treated has utterly failed to be true. The claim that the death rate would be lessened has proved to be a disappointment. The claim that *Antitoxin* was harmless has been proved to the contrary by many fatal terminations. It is not the purpose to impute insincerity or lack of intelligent industry on the part of the profession concerned in experimenting with *Antitoxin*, but the promises of better results through its use have unfortunately failed to be substantiated. The human system, when laboring under morbid influences, needs rather those elements which can add strength and vigor to the vital resistance.

"The records of cases treated in the Willard Parker Hospital, of New York City, prove that *Antitoxin* is dangerous, and even fatal. The statistics of that hospital establish that the further use of *Antitoxin* is unjustifiable. Dr. Joseph E. Winters, of New York, has sought diligently to establish the value of *Antitoxin*, but the clinical experiences have forced him, unwillingly, to condemn its use. Professor Lennox Brown, of London, patiently and earnestly sought for clinical reasons to further the interests of *Antitoxin*. His conclusions are emphatic and pronounced against

it. Dr. Welch, of Philadelphia, also deprecates the use of *Anti-toxin*, basing the conclusions upon an extensive experience in the Municipal Hospital of that city.'''—*W. A. Love, M. D., in North American Journal of Homœopathy, Jan., 1905.*

CANCER OF THE STOMACH.—Fitz (*Boston Med. and Sur. Jour.*) takes a rather pessimistic view of the surgical treatment of cancer of the stomach. He analyzes the records of thirty-seven patients on whom operation was performed. Twenty-eight of these patients died within two months after operation, and only one was in good condition one year after operation. The author concludes: "It would appear from this experience that merely exploratory operations in advanced malignant disease involving the stomach have a considerable mortality, afford no relief, and are followed by an early death." Give all these cases plenty of pure OLIVE OIL!

"UNFAIR."—There is a queer journal published in New York that comes to our table under the title of *Medico-Pharmaceutical Journal*, and its editor must be "a rare old bird." The January issue has the following item:

#### Homœopaths Are Up-To-Date.

They do not scruple to use remedies that confessedly act in allopathic ways, and they admit the virtues of such a radical antipathic ally as surgery.—*Homœopathic Recorder, October, 1904.*

Any reader of the RECORDER, by turning to page 449 of that issue of this journal, will see that the words attributed to the RECORDER are quoted by that journal from the *Medical Press* of London. The *Medico-Pharmaceutical* is either very careless or most rottenly malignant.

#### NEWS ITEMS.

Drs. Salesbury & Campbell have removed their offices to Rooms 526-529 Bradbury Building, corner Third and Broadway, Los Angeles, Cal.

Owing to ill health in family, Dr. Petrie Hoyle has left California and returned to London, England.

The following named homœopathic physicians have been ap-



pointed upon the staff of the Denver City and County Hospital for the year 1905, as per announcement of Dr. W. H. Sharpley, Health Commissioner:

General Medicine—J. W. Mastin, Edwin J. Clark, Ralph D. P. Brown.

Surgery—S. S. Smythe, J. Wylie Anderson.

Gyæcology—Charles Nelson Hart.

Obstetrics—O. S. Vinland.

Eye—C. E. H. Armbruster.

Samuel Worcester, M. D., of Portland, Maine, has given up private practice and joined the medical staff of Dr. Givens' Sanitarium, at Stamford, Conn. Dr. Worcester was at one time Professor of Mental and Nervous Diseases at the Boston University School of Medicine and is one of our leading authorities in this speciality. In 1881 Boericke & Tafel published his "Insanity and Mental Diseases," the first work on the subject by a homœopathic physician, and still in use as a text-book in our colleges. Dr. Worcester is a senior member of the A. I. H., ex-president of the Vermont Society, ex-vice president of the Maine Society, and an honorary member of several other State organizations. A man of scientific attainments and of marked literary ability, it is to be expected that his work at Dr. Givens' Sanitarium will not only be for the benefit of the patient in the institution and still further enhance its reputation, but prove of lasting value to the medical profession.

Dr. A. Eugene Austin, of New York City, is temporarily residing in Chicago for the purpose of taking a post-graduate course in the homœopathic *Materia Medica*.

Dr. Chas. W. Morse, of Salem, Mass., has opened "The Morse House," at 94 Bridge, corner Pearl street, where a limited number of patients requiring special surgical treatment can be received—a surgical home, without the annoying formalities of the public hospital

Dr. Thomas W Embly has removed from Fishkill to 22 West 84th street, New York City.

Dr. Richard Bewley, Hahnemann, '86, Philadelphia, recently departed this life.

The Annual Meeting of the Rhode Island Homœopathic Medical Society was held on Friday, January 13, 1905, at the Narra-

gansett Hotel, Providence, R. I. The annual dinner was served at 6:30 P. M., with the menu which I enclose.

After the dinner the society adjourned to the parlors of the hotel, where the annual meeting was held. It was thought best to proceed with the scientific session first. The first paper was delivered by J. Herbert Moore, M. D., of Brookline, Mass. The subject was "Homœopathy's Opportunity." Dr. Moore dealt with the facts in a most practical manner, and sought to show that in the failure to attain curative effects by other methods Homœopathy, with her system of cure, had a grand chance to prove her superiority.

Dr. Bukk G. Carleton, President of the New York State Society, then followed with a paper on "The Treatment of Acute Gonorrhœa." The doctor presented his subject well, calling attention to the latest and most approved methods.

The third paper was that of Dr. Waldo W. Stone, of Providence. Dr. Stone chose for a subject "A Few Thoughts on Chronic Interstitial Nephritis." The paper was well and carefully written and reviewed the subject most thoroughly. He made marked mention of Edebold's operation, commending it to the consideration of the society. The paper was one of much merit.

Following the scientific session the business session was held. The principal item of interest was the passing of an amendment to the constitution making the election of officers in future a matter of more careful consideration by means of a secret ballot.

The following officers were elected for the ensuing year:

President, Dr. Cornelius J. Hasbrouk of Bristol; Vice-President, Dr. George F. Allison, of East Providence; Secretary, Dr. Robert S. Phillips, of Providence; Treasurer, Dr. Jeannie O. Arnold, of Providence; Censors, Dr. Chas. H. Finck, of Providence; Dr. John H. Bennett, of Pawtucket; Dr. Gardner L. Miller, of Providence.

Messrs. Lahiri & Co., the well-known Homœopathic Chemists, of Calcutta, India, entertained all the homœopathic physicians and chemists of their city in an evening party on the 1st of January. Their premises at 101 College Street, was brilliantly illuminated and the hall upstairs was tastefully decorated with flowers, wreaths of flowers and portraits of several departed homœopaths, Hahnemann, M. L. Sirker, R. E. Dudgeon, R. Hughes, B. B. Maitra, J. C. Lahiri and others. All the portraits were artistically gar-

landed. The guests were entertained with a sumptuous dinner, for which the company spared neither money nor trouble to make of the best and the choicest variety. They were also entertained with music, both vocal and instrumental, which was highly appreciated. They were presented with two fine portraits and an address of welcome. They dispersed late at night well pleased with the entertainment. Such social unions among the homœopaths of India will greatly tend to improve fellow-feeling and cordiality among them which should be fostered by all possible means. Messrs. Lahiri & Co. deserve every praise of the organization for such unions.

The third annual Practitioners' Course of the New York Homœopathic Medical College and Hospital will begin immediately upon the close of the undergraduate lectures and will continue for three weeks, from Monday, May 1st, to Saturday, May 20th, 1905. The lectures and clinics will be given in the buildings of the College and the affiliated hospitals and are open to all physicians and medical students. It is designed to give the busy practitioner an opportunity to acquaint himself with the newest facts and methods in medicine and surgery, and every opportunity is improved to develop the possibilities of the Homœopathic *Materia Medica*.

Gainesville, Texas, wants a homœopathic physician, Max Hirsel, of that city, will answer replies.

Just at the last moment, when this issue of RECORDER was made up, Dr. Bukk G. Carleton's new book, *Urological and Venereal Diseases*, comes to hand. A noble looking volume and the author's reputation is a guarantee of its contents.

## PERSONAL.

---

That most marvelous aggregation of Professors gathered at the Chicago University have "discovered" that "life is created simply by chemicals." Very simple.

The "food for the gods," gallery, is peanuts.

With the thermometer at zero it is always falling weather.

No, Mary, bichloride antiseptics will not preserve a secret.

The spirits of the vasty deep and those of the bar are different.

Even an excellent teetotaler may have his hands, his arms and even his head full.

Can such things be? The U. S. is importing enormous quantities of peanuts.

The use of wood alcohol in pharmaceuticals ought to be made a penal offence.

Where there is a tendency to ingrowing toe-nails *Magnetis polus Australis* 30 will constitutionally cure.

In nasal polypus try *Teucrium marum verum*. 3x.

Sour stomach, with bilious headache, *Iris versicolor*.

In a recent "bargain-counter" five women fainted and one pulled a razor on another.

"Bargain insanity" in women—and men—would be a good title for a medical paper.

A noted surgeon, 500 appendicitis cases in one year, got that disease, but positively refused to be operated on, so they say.

And now the "scientist" tell us that cancer is "contagious." Is there any disease in health board lexicon that is not?

**FOR SALE.**—Columbia Static Machine. Cost \$225.00, practically new; has only been used half a dozen times, will be sold for \$100.00. Address, J. H. Jackson, M. D., Danville, Ill.

Many a "question" comes up only to be thrown down with a dull thud.

The man who leaves no debts behind is quickly forgotten.

No, no!—you cannot raise birds by planting bird seed.

Columbus made an egg stand and since then his countrymen have made numerous peanut stands.

Dr. J. F. Tapley, of Marysville, Cal., writes that Kent's new work "makes the study of *Materia Medica* a pleasure indeed."

When a girl's feet in dancing doesn't "touch the floor" her partner usually has sore toes next day.

# THE HOMŒOPATHIC RECORDER.

---

VOL. XX

LANCASTER, PA., MARCH, 1905.

No. 3.

---

## NATRUM SULPHURICUM.\*

By C. M. Boger, M. D.

Von Grauvogl showed that *Natrum sulphuricum* patients are severely affected by dampness and that the sensitiveness thereto is often a result of sycosis; thus originated the theory of hydrogenoid constitution, for which he proposed *Thuja* and *Natrum sulphuricum* as remedies; I would impress upon you that no one or two remedies can by the very nature of things be a specific for any given disease, they can only be such when the symptoms agree and not otherwise.

“Oppression of breathing, then diarrhœa.” “Symptoms in other parts cause oppression of breathing” (like *Arsenicum*) and “short respiration with a sharp stitch in the left chest when standing, are symptoms that should attract your attention, and, when combined with aggravation from dampness, they have led to the cure of many cases of humid asthma.

This salt has a fine record to its credit in brain and mental affections caused by injuries to the head. Traumatic meningitis with piercing pains from the neck to the occiput so severe they extort screams. Sudden jerks throwing the head to one side. Brain feels loose. Headache better by a cold foot bath. Scalp sensitive to combing the hair. Irritable, dreams of fighting. Loss of memory. Buzzing in the head. All these point to violent irritation, and, when the other symptoms agree, are cured by it. Cutting pain in the heels due to traumatic irritation of the cord has been cured by it.

It has a considerable record in diseases of the liver; the organ is usually sensitive and the patient feels worse from lying on the left side, like *Ptelea trifoliata* and *Carduus marianus*. As it is not uncommon in troubles of this organ, we also find the system trying to rid itself of the products of deficient oxidation by the

---

\*Notes from lectures delivered at Pulte Medical College, Cincinnati, O.

elimination of brick-red, acid, urinary deposits, one phase of the so-called lithæmia, which is only another way of saying that too much soot has accumulated in the flues and that the bodily fires are choked either from deficient oxidation or too much fuel in proportion to the oxygen consumed. *Natrum sulphuricum* will do much for these cases if indicated, but your good judgment will add plenty of fresh air and out-of-door exercise to the prescription; this will hasten the cure.

The photophobia of this remedy is remarkable for its intensity and the fact that it is worse by lamplight; the eyes are so intensely inflamed that they feel as though they gave out heat.

It is a prime remedy for the tendency to runrounds, as they are popularly termed, and when the patient subject to them also has sore looking eyes your remedy is evident and will cure.

Pains are piercing, compressive or boring in almost any part; the patient is always better on a dry day and when out of doors. Many symptoms are worse during the menses, notably, the headaches, etc.; nose-bleed is apt to occur then and the patient is apt to be chilly. On the contrary, the *Natrum muriaticum* patient feels hot during the menses.

All the *Natrum*s have vesicular eruptions at one place or another; in the *Sulphate* and *Muriate* they occur about the lips; a beady streak of slime along the edge of the tongue is also a very reliable indication for the latter; the *Hyposulphite* has been used as a topical application in vesicular erysipelas for some time by the allopaths, evidently homœopathically.

There is a cough curable by this remedy; it is so violent that it hurts the head and sides and the patient is compelled to hold them for relief, here it compares with *Drosera* and *Eupatorium perfoliatum*.

### Fluoric Acid.

This is one of the four halogens, the others being *Iodum*, *Bromium* and *Chlorum*; it is a most destructive agent, possessing erosive properties of the highest order. As you probably know, it was formerly much used in glass etching; the sand blast has, however, now largely displaced it.

Erosion is the key to its general action; the leucorrhœa excoriates and the sweat smarts and chafes the skin so that bed sores readily form; in your surgical practice you will find it a most useful aid in controlling these very troublesome affairs.

Sometimes in addition the patient will be afflicted with an itching sweat; then you will have trouble, indeed, if you don't know how to relieve him; but *Fluoric acid* will always remain your standby for such cases. There is a persistent general itching of the skin, worse from warmth and better in a cool place; it becomes rough, excoriates, and finally desquamates in spots, showing how poorly it is nourished. This poor nutrition extends to the hair, causing it to tangle just as it does under the action of *Borax*.

It enlarges the capillaries and dilates the veins, causing thrombi and varicoses. You will not be able to treat many cases of varicosis without its powerful aid; in chronic phlebitis it is generally preceded by *Hamamelis*, which relieves all that painful soreness, gives the patient great comfort and paves the way for a few doses of the acid, which, if given in a high potency and at long intervals will very often shrink the calibre of the affected bloodvessels.

For the same reason it is one of the remedies you will think of in the prodromal stages of certain types of apoplexy with sudden determination of blood to the head in which a stunning sensation is felt and the patient is unable to locate himself; he can't tell where he is, reminding you forcibly of the *Glonoïn* condition. Other symptoms apt to be present in such cases when the acid is indicated are: "Unilateral dryness of the palate." "Prickling on the tongue." "Flow of saliva precedes the headache or the stool." "Pain like electric shocks, etc." You will hunt up each individual case in the repertory and then in the *Materia Medica* before arriving at a final choice, always bearing in mind that the *Fluoric acid* patient feels too hot, even sometimes he seems to feel a burning vapor come from the pores, and like the *Asarum* patient he enjoys and gets great relief from cold bathing. After hæmorrhage has taken place and a clot of firm consistence has formed in some portion of the brain you will think of *Calcareæ fluorica* as the most nearly related remedy.

In this connection *Calcareæ fluorica* will claim our attention; it will always be one of your main reliances in processes which tend toward dense induration, very hard tumors, exostoses, etc.; in a word, "Extreme hardness" may be said to be its characteristic. It will save many a case from the knife and final death if you will give it where a chain of hard tuberculous glands is present or a single axillary or trochlear gland is involved; it need not trouble you that a tubercular family history is present, the patient

will recover nevertheless. Clinically, it has been held to be more useful in persons of dark hair and blue eyes, and the evidence does seem to point that way. Periostitis comes under the head of affections curable by it; when such things follow an acute sickness it is evidence of the presence of a deeply rooted miasm of which the acute illness was only one expression and the succeeding process is another; when the sequel is periostitis *Calcarea fluorica* stands in the front rank in efficacy. In these hard indurations it merits comparison with *Carbo animalis*, *Iodum* and *Kali iodatum*; when chains of glands are enlarged like knotted cords you will also think of *Dulcamara*, *Iodum* and *Rhus toxicodendron*.

Reverting to *Fluoric acid* we may mention the fact that during the course of some diseases the tongue occasionally becomes deeply fissured or hacked as though cut with a meat ax; this usually points to the remedy under consideration, or *Nitric acid*.

It is one of the prime remedies in palmar abscess, panaritium and true felon when there is throbbing pain, swelling and later the formation of blisters which discharge a dark, acrid, offensive fluid accompanied with burning and contusive pains in the bones of the fingers; sometimes there is a feeling of pricking like a splinter or as of something working out from beneath the nail. It points on the dorsum and deforms the nail; worse from touch and better from cold bathing. It must be compared with *Tarentula Cubensis*, *Silicea* and *Hepar sulphuris* in these cases; the former particularly merits comparison in palmar abscess, the last two are differentiated by their sensitiveness to cold.

The face looks old and wrinkled, like that of *Baryta carbonica*, *Iodum*, *Abrotanum* and *Sarsaparilla*, the two former, however, only need be compared, *Baryta carbonica* in apoplexies and *Iodum* in glandular diseases with intolerance of heat.

In the text we read of "Puffy folds under the eyes," suggesting some affection of the kidneys or an interference with the circulation, and when we remember that in its primary action it increases the secretions it is not surprising that it has sometimes proved useful in ascites and other dropsical states.

Under stomach we note "Stale, disgusting eructations," like *Crotalus horridus*; in the tendency to produce disorganization the two remedies have several points of contact; the snake venom is just as destructive as the acid, but its manifestations are those of toxæmia; these will enable you to differentiate them readily.



The febrile manifestations show a few marked peculiarities; during the heat there is nausea from the slightest motion, inclination to uncover and a desire to wash with cold water; the sweat is clammy and glutinous, sour and unpleasant smelling, most on the upper part of the body and generally causes itching and excoriates the parts.

It has cured soft goitre with a sense of soreness about the heart; this brings it into relation with *Baryta carbonica* and *Natrum muriaticum*, but particularly the former; *Baryta* mostly desires retirement and shuns activity, while *Fluoric acid* feels the necessity for motion. "It seems as if he could walk forever," is the way the text expresses it; in fact, this impulse has been held to indicate the remedy in a great variety of diseases; *Naja* has a very similar symptom.

"Desire for piquant foods" frequently occurs in those who abuse alcohol and has pointed to its use in gastro-intestinal disorders of drunkards, here resembling *Sulphuric acid* and *Hepar*.

A feeling as if the posterior nares and eyes were wide open, is peculiar and worthy of remembrance.

Diarrhoea, worse from warm drinks again shows the aggravation from heat; *Phosphorus* has the same symptom.

It is useful in caries, and in dental fistulæ with a fetid, salty discharge; also in lachrymal fistula; here again it competes with *Natrum muriaticum*.

A short sleep gives relief, like *Mephitis*, *Nux vomica* and a few other remedies.

To sum up, the *Fluoric acid* patient is too hot, has excoriating discharges, wants to move about and is afflicted with deep-seated diseases.

*Sulphuric acid* is the nearest analogue, almost as destructive in its action; it has greater sourness, the vomit seeming to set the teeth on edge; the patient is even apt to smell sour; it, moreover, causes gnawing pains, and many hæmorrhages and ecchymoses.

*Fluoric acid* is complementary to *Silica*, completing its action when the latter is not sufficient.

## IRON.

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

“Man is tormented by a desire to know the first cause of what he sees, and when the impossibility of discovering it is demonstrated to him, he takes refuge in a supposition.”—*Broussais*.

This tormenting desire to know, to reach the Ultima Thule, the first cause, is the untamed, untrained strength of mankind, its adolescent vigor, and, *per se*, is as valueless, practically, as any other misdirected dynamid.

Inductive reasoning, the marshalling of particulate facts which tend, illuminatively, toward the discovery of a practical law; Newton, the falling apple, the law of gravitation; Hahnemann, experimentation on the healthy body with *Quinine*, the law of similars—these make for progress in physics and therapy; this procedure is the dominant factor in all modern true science.

The action of *Iron* in the human economy has been fully explained in six different theories by allopathism; in anæmia (not pernicious) and chlorosis it is administered not infrequently with benefit, but “how *Iron* accomplishes this feat is, as usual, in the matter of the action of a medicine, entirely unknown,” says one author, which is a damnatory admission since a seventh or eighth theory might be easily propounded, printer’s good ink used profusely, and the allopathic medical mind once and again be befuddled.

The homœopath, after the fashion of Newton and Hahnemann, is content with facts, although ratiocination is not to be denied either to Newton or Hahnemann. Having established the fact-filled pathogenesis of *Iron*; having discovered by acute observation and inductive reasoning the law of similars, he is ready to meet a *Ferrum* case and cure *cito, tute et jucunde*, whether it be chlorosis (Cf. *Absinthium*, *Alumina*, *Argentum*, *Aurum arsenicosum*, *Bryonia*, *Chlorum*, *Cuprum*, etc., etc., etc.) or rheumatism of the left upper arm and deltoid (Cf. *Nux moschata*), or any other derangement of health presenting *Ferrum* indications.

Homœopathic treatment of disease is a process of absolute inductive reasoning, as opposed to the deductive process—*Iron* cures anæmia, this is a case of anæmia, ergo, *Iron* will cure this case of anæmia—practiced by the allopathic infant in drug therapy.

Note the infantile mechanism of the allopathic mind: Bright things are diverting toys; a red-hot coal is bright; ergo—unfortunately, the allopath has the discretion to use his patient as cat's-paw, and the allopathic monkey goes unsinged.

To return to inductive science. We have a case of menses delayed from climatic change for three months. There are present florid complexion, which easily flushes and pales. physical and mental irritability, periodic headache, pulsating, hammering, constipation. R. *Ferrum* 30, gtt. v, in half glass of water, teaspoonful night and morning. Three doses establish the normal flow at the scheduled time with disappearance of concomitant troubles. The ponderable quantity of *Iron* ingested was null. What did it? Possibly a theory. It is well to have the medicine case fully equipped with indicated theories of this description; they ameliorate the health of the community.

*Iron* is used in the following forms:

<i>Ferrum metallicum,</i>	<i>Ferrum pernitricum,</i>
<i>Ferrum aceticum,</i>	<i>Ferrum phosphoricum,</i>
<i>Ferrum arsenicosum,</i>	<i>Ferrum phosphoricum hydricum.</i>
<i>Ferrum bromatum,</i>	<i>Ferrum picricum,</i>
<i>Ferrum carbonicum,</i>	<i>Ferrum pyrophosphoricum,</i>
<i>Ferrum iodatum,</i>	<i>Ferrum sulphuricum,</i>
<i>Ferrum magneticum,</i>	<i>Ferrum tartaricum,</i>
<i>Ferrum muriaticum.</i>	

The red line of irritability of fibre (or alternate laxity), physical and mental, or both, runs through the group.

Some of the compounds, *Ferrum aceticum, arsenicosum, carbonicum, pernitricum, pyrophosphoricum, picricum, tartaricum,* have not been proved, but used on component indications.

*Ferrum metallicum* is predominantly left-sided; *Ferrum muriaticum, phosphoricum, phosphoricum hydricum,* right-sided; the others more or less balanced.

A characteristic feature of the pure metal is the alkalinity of urine. (Room for a theory here!)

In *Ferrum metallicum,* also, we have the "cramp" element; bladder cramp, stomach cramp, bowel cramp, vascular cramp, throat ceomp, lung cramp (asthma), limb cramp (fingers, calves, soles, toes); *Ferrum magneticum,* eye cramp (temporary amaurosis) *Ferrum muriaticum,* abdominal cramp, cramp in calves, especially at night; *Ferrum sulphuricum,* limb cramps,

especially feet, calves, arms are flexed at elbows and fingers flexed on forearm, yielding to forcible extension, but flexing again.

In combinations where the metal element is less predominant, or where the remedy has not been proved and hence a full pathogenesis not developed, we find the cramp element disappearing as in *Ferrum aceticum*, *arsenicum*, *bromatum*, *carbonicum*, *iodatum*, *phosphoricum*, and *picricum*.

It is noteworthy that all pure metals are more or less "crampy," *Caprum*, *Ferrum*, *Iridium*, *Mercurius*, *Plumbum*, *Platinum*, *Stannum*, *Zincum* leading in this indication. The vegetable world, too, draws from the earth and compounds organically these self-same elements. Accurate chemical analyses of plant remedies might make clearer some of their actions.

Retrospectively the patients of *Ferrum* or its compounds might be keynotely sketched as follows :

*Ferrum metallicum.*

Excitable; sanguine temperament; flushing blushing weakness.

The heart suddenly bleeds into the blood-vessels, and as suddenly draws a reflux, leaving pallor of surface.

Hæmorrhage, menstrual, nasal or elsewhere, with fiery red face. Sanguineous excitement.

Hammering, pulsating, congestive headache, with distinct anæmia.

Midnight aggravation.

Symptoms better after rising, by walking slowly about.

Intolerance of eggs.

*Ferrum arsenicosum.* (Unproved.)

Enlarged liver, enlarged spleen, both with continued high fever, without thirst. (Cf. the *iodatum*.)

Constipation predominant.

*Ferrum bromatum.* (Partially proved.)

Spermatorrhœa with anæmia, debility, depression (?).

Uterine prolapse, with sticky, excoriating leucorrhœa.

Dead, numb feeling of the scalp.

*Ferrum iodatum.*

Enlarged spleen, enlarged liver, both without fever.

"Sweet-smelling" urine; light in color (?).

Abdominal fulness even after but little food.

Scirrhus near right nipple, small and painless at first, then with lancinating pains to axilla, sensitive to touch. (Clinical; cured.)

Dreams that he has grown large, gigantic; everything about is small, insignificant (in the dream).

“Scrofula,” glandular enlargements, tumors.

*Ferrum magneticum.*

Spasmodic amaurosis.

Painful sensibility of teeth when chewing.

Tinglings, prickings (Cf. Faradic current), itchings, contractions.

*Ferrum muriaticum.*

Right shoulder rheumatism; generally a right-side remedy.

Pain in the spleen.

In hæmorrhage the blood is thick, black, viscid fluid.

Headache and neuralgia of right face and head.

*Ferrum pernitricum.* (Not proved.)

Cough, with florid complexion.

Scrofulous children with enlarged glands and obstinate ophthalmia. (Cf. *Ferrum* and *Nitric acid.*)

*Ferrum phosphoricum.*

First stage of inflammations, with less bounding pulse than *Aconite*, and without *Aconite* mentality.

Painless irritability of fibre.

Aversion to meat and milk.

Right shoulder rheumatism.

Agg. 4-6 A. M.; agg. at night.

With the cough, spurting of urine.

Rheumatism goes from joint to joint, high fever, agg. by motion.

*Ferrum phosphoricum hydricum.*

Right-sided; dull right headache; right eyelids smart; right ear feels as if penetrated by a stick on going to bed.

*Ferrum picricum.* (Not proved.)

Dark, bilious, “liver” patients.

Multiple warts on the hands.

Chronic deafness; with old pedunculated warts.  
Deafness from diffuse auricular vasculitis (not neural deafness).  
Prostate enlargement.

*Ferrum pyrophosphoricum.* (Not proved.)

Cerebral congestion and congestive headache following great loss of blood.

If *Ferrum phosphoricum* fails to remove tarsal cysts, Cooper says give *Ferrum pyrophosphoricum*. (Clarke.)

*Ferrum sulphuricum.*

Atony; congestions.

Eczema with sluggish liver.

Frequent headache between menses, which are copious and colicky.

*Ferrum tartaricum.* (Unproved.)

A 15 gr. dose produced sensation of great weight on upper head, with gloomy fear of apoplexy. (Berridge.)

*Ferrum aceticum* has been commended for chronic painless diarrhoea of malarious origin; *Ferrum carbonicum* for crampy pains in lower limbs.

The investigations of Baron Reichenbach (1854) on the action of metals on individuals of a hypersensitive nervous development (and hence open to influences not perceived by the normal or average sensory apparatus) are of permanent scientific value.

In his electro-positive (od-positive) series, as determined by his hypersensitive human instruments (Reichenbach himself was normal in nervous development, but verified this particular investigation through thirty-eight several hypersensitives at various times and places) he places *Bismuth*<sup>1</sup>, *Cadmium*<sup>12</sup>, *Chromium*<sup>3</sup>, *Cobalt*<sup>5</sup>, *Copper*<sup>24</sup>, *Gold*<sup>22</sup>, *Iridium*<sup>10</sup>, *Iron*<sup>21</sup>, *Lead*<sup>16</sup>, *Mercury*<sup>25</sup>, *Nickel*<sup>6</sup>, *Osmium*<sup>7</sup>, *Palladium*<sup>11</sup>, *Platinum*<sup>12</sup>, *Potassium*<sup>9</sup>, *Rhodium*<sup>5</sup>, *Silver*<sup>18</sup>, *Tin*<sup>10</sup>, *Titanium*<sup>4</sup>, *Zinc*<sup>8</sup>.

In the electro-negative (od-negative) group, including some non-metals, *Antimony*<sup>7</sup>, *Arsenic*<sup>7</sup>, *Bromine*<sup>2</sup>, *Carbon*<sup>6</sup>, *Iodine*<sup>5</sup>, *Phosphorus*<sup>6</sup>, *Selenium*<sup>12</sup>, *Sulphur*<sup>20</sup>, *Tellurium*<sup>16</sup>.

(The indices represent a relative intensity of action on his hypersensitive instruments.)

In the electro-positive (od-positive) metal group we find

curiously summarized our cramp and convulsion remedies arranged, we might say, almost according to their homœopathic value in these conditions, viz.:

<i>Mercurius</i> <sup>25</sup> ,	<i>Plumbum</i> <sup>16</sup> ,
<i>Cuprum</i> <sup>24</sup> ,	<i>Platinum</i> <sup>12</sup> ,
<i>Ferrum</i> <sup>21</sup> ,	<i>Cadmium</i> <sup>12</sup> ,
<i>Argentum</i> <sup>18</sup> ,	<i>Palladium</i> <sup>11</sup> .

Thus we see the verification of drug pathogenesis by an entirely extra-medical investigator, for Reichenbach was a chemist and physicist, a contemporary and friend of Berzelius, making no pretention to medical knowledge.

The limits of magazine space preclude an exhaustive treatment of the *Ferrum* group. Perhaps the foregoing may be of some interest to some readers and students.

---

#### THE MINIMUM DOSE.

Daniel E. S. Coleman, Ph. B., M. D., New York.

The difficulty of the subject along with the vast number of opinions concerning the potency question make me timid in launching out upon this most important and, to some, irritating subject.

In all cases the minimum dose that will cure is to be employed, otherwise an aggravation of the existing diseased condition may be caused, or other symptoms of the administered drug be produced before reaction takes place. An amount of medicine just sufficient to bring about this reaction, we believe, will cause the best results, for the primary action, which must be produced before reaction can take place, is of shorter duration, but the following cure or amelioration will be more permanent. No set attenuation can be established, but the smallest curative dose should be utilized, whether that be the tincture or the thousandth dilution, and nothing is to be more condemned, to my mind, than the frequent contention of the potency question among the members of our school. Some of the exclusive law potentists brand all those who use dilutions above the twelfth as "fanatics," and accuse them of imagining all their cures; and, on the other hand, some of the exclusive high potentists refer to their low-dilution professional brothers as "mongrels," and remark that they have

not enough brains to prescribe homœopathically. It is true that some high potentists may imagine that they have worked wonderful cures when they have not, and that some exclusive low potentists never give the indicated remedy except by accident, but it seems to me to be very poor logic to put the entire profession under the epithets of "fanatics" and "mongrels."

It is not the belief in high dilutions that makes a physician faulty about his observations, nor the belief in low that makes a poor homœopath. These men would be the same no matter what their creeds.

There are many of the so-called liberal homœopaths with as highly developed power of imagining extraordinary results as that of any high dilutionist, and many close, careful prescribers who usually resort to the lower potencies and who are always true to the homœopathic law. It is not faith in a certain class of potencies that makes the true homœopath, but his belief carried into practice in the similar and single remedy.

I believe that we should not be hide-bound to any potency and that the greatest latitude should be indulged in. Although I firmly think that in the majority of cases a reasonably high dilution acts better, I never hesitate to lower or raise the potency as I see fit.

Some of the objections against the use of high potencies are the following:

1. That no medicine can be detected by chemical analysis, the spectrum, or by the microscope in a potency above the twelfth.

2. That the *Saccharum lactis* and *Alcohol* used as media have a medicinal effect and modify or destroy the action of highly attenuated drugs.

3. That the mortars and pestals used for triturating cannot be perfectly cleaned, and always contain more foreign medicinal matter than exists in the high triturations.

4. That the water from the pipes used for the preparation of very high potencies contains more extraneous medicinal substances than the remedy being attenuated.

Because chemistry, the microscope or spectrum analysis cannot detect the presence of medicine in a potency above the twelfth, are we to cast aside all our high dilutions and cry, "All hail to Science?"

Facts are proven in two ways: By the impressions they make



upon our senses, if we do not have delusions and hallucinations, and through the intellect. I think that those familiar with the microscope will agree that it can play many tricks even upon the most expert. One of our departed great homœopathic surgeons related a case in which some acetic fluid was sent to one of the leading microscopists for examination. There returned a report of a urinary analysis. He related other cases; and all those who know the microscope could add many more. I do not wish to underestimate the value of microscopical examinations, but often it is hard to tell just what we are looking at. I think that the facts proven to us through our intellect can be just as conclusive, if not more so, than those proven through the senses.

Many of the best provings were made with the thirtieth potency, and many evidences of cures with it and higher dilutions stand out, regardless of the non-acceptance of those who only think of a certain point and stop, as proof that there is medicine in dilutions above the twelfth. Aggravations have been caused by the thirtieth and higher potencies. Again, many of the presumed origins of our most virulent diseases have not been discovered and it is only recently that the small-pox germ came into view. Did anyone doubt its existence? Some years ago all the microbes were hidden from our sight because of the lack of power of the then existing optical instruments. According to these gentlemen, then, they did not exist until they were seen. The proof that there is medicine in dilutions above the twelfth lies in the fact that we get actions from them in both healthy and diseased bodies.

Not many will deny that *Natrum mur.* will act in a potency above the twelfth. If it act medicine must be present.

At what potency, then, does the drug cease to exist? No mortal can tell; but it is present long after the exclusive low dilutionist would have us believe it were no more, simply because he could not see it.

The second objection: That the *Alcohol* and *Saccharum lactis* destroy, more or less, the action of highly attenuated drugs, cannot be accepted as a fact. They are simply the media and remain the same unit throughout; they are not potentized.

That more medicine remains on the pestles and in the mortars than is contained in high triturations I deny.

First, they are washed thoroughly with boiling water; this, of course, is not sufficient to remove all the medicine formerly pre-

pared therewith. This is not all that happens, however. *Alcohol* is then put in the mortars and on the pestles and lighted. Everyone knows that heat causes chemical action, and the then existing substance is destroyed as such. Nearly all passes off into the air, and if any remain behind, it becomes a new inert substance.

Separate mortars and pestles are used for low and high potencies. Often the mortars are pumice-stoned. The fact remains: that these triturations act, however, and that is all we care about.

That the water used for the preparation of very high dilutions contains more foreign medicinal material than the substance being potentized is next contended by the pessimists. If these gentlemen cannot understand the difference between a potentized remedy and a crude substance, their ability to heal the sick is very materially hampered. There is not the least doubt about the fact that inert substances become valuable remedies when potentized. Remember that sea-water contains more gold than *Aurum* thirtieth and an egg more *Sulphur* than a high potency of that substance; that we get more common salt in our food than there is in *Nat. mur.* in a reasonably high dilution, and that there is more *Silicea* dissolved from the vial than exists in the higher attenuations.

The recent discoveries pertaining to radium seem to give some explanation as to why an inert substance becomes medicinal when potentized. Sir William Ramsey has discovered that the gaseous emanation given off from radium changes of its own accord into helium. If this be true, the transmutation of elements is feasible and it is possible for salt, sand, etc., when potentized, to change into new substances differing widely from the old. It also admits of a scientific explanation if we adhere to older, recognized chemical laws. Chemically, the diamond, graphite and lamp black are identical, but the relation between the atoms in the molecule differs in each substance. It is not unreasonable to believe that the same condition exists between common salt and any *Natrum mur.*, etc. If you think a diamond and graphite the same because chemically alike, present your wife or sweetheart with a piece of graphite out of your pencil for a diamond, and see what happens.

It does not make the slightest difference whether we accept or reject this, the vibratory, the ion theory, or other attempted explanations, the fact stands forth proven by many and repeated observations that inert substances can be made active by potentization. An apple falls to the ground. Why does it fall? Gravi-

tation causes it to fall. What is gravitation? The attraction between masses of matter. What is that attraction? No one knows. We know that the apple falls; we are sure of that. We know that potentized drugs act.

Scarcely anyone can be satisfied enough to put aside all the facts presented by the provings and by clinical experience with inert substances which are developed into wonderful remedies by potentization, but there are some who do not doubt. There is a tendency for these men, if they find a believer in the potentized remedy mistaken in his observations in a single instance, to class him as well as his followers or associates as dreamers. Such logic would have killed Aristotle. We simply ask these men if they have ever been mistaken, if they have ever made faulty observations, or if they have ever imagined that they have worked great good when they have not? Until they can do so, their comments are unwarranted. Every man is human, every man makes faulty observations, every man has imagination, but the sum total of evidence offered by many competent learned men as to the results of their observations, admitting that there are times when these observations are incorrect, is ample proof to the unprejudiced that potentized drugs can and do act.

Admitting then that the minimum dose that will cure should be given, whether it be high or low, how are we going to tell which is the minimum dose, and if we give the thirtieth or two-hundredth, how do we know that the thousandth will not cure? If any mortal can answer this question, he had better pass right on to the next world, he is too wise for this. All that we can hope to do is to give him what we consider, from our experience, to be about the minimum dose. This can only be approximately known. We have to begin somewhere; a good rule is to start with the thirtieth potency, thus leaving room above and below to work as we consider necessary.

Sometimes it may be well to give at once a higher or a lower potency, depending on the clearness of the indications, susceptibility of the patient to drug action in general, or to an individual drug, on the particular diseased condition we have to treat, and on the drug administered. These are questions that each physician must decide for himself, and his success scientifically depends upon how well we can answer them.

Begin with the thirtieth is the general, not absolute, rule that I accept at present.

Some give the credit of curing to everything but the action of the drug: nature, diet, hygiene and suggestion. Although we should admit all these have their influences and that mistakes regarding cures have occurred, nevertheless, we can prove by elimination that the cure of many cases must be due to the remedy and to the remedy alone.

The part which diet and hygiene play can easily be settled by not altering the habits or diet of the patient; not that hygiene and diet are of no benefit, but in many cases they are not necessary.

There now remain suggestion and coincidence: that is nature curing when we think that the drug is doing the work. Admitting that suggestion is a strong therapeutic agent, I cannot comprehend how anyone can possibly attribute all our cures to its influence. Often we give the wrong drug and get no results.

Now, if suggestion were doing the work we would get our result in spite of the faulty prescription. We study out our case again more carefully and give some other remedy which cures. In the second case the patient has lost some of the faith he or she had at first and the therapeutic efficiency of suggestion is correspondingly lessened. Again, can suggestion be used in the case of a newly-born infant or unconscious person? I think not, for I believe it to be auto. A well known homœopath had a friend who always said that homœopathy was suggestion and nothing more. He came to the doctor complaining that if something were not done his horse would die. He had tried "all known therapeutic means" (all but the right one, he should have said), and all had failed. He asked the doctor if his "little pills" could do any good, that he was willing to have his horse cured even by homœopathy. The doctor cured the horse. In reply to the gentleman's question as to what drug he gave, "When that horse saw me coming through the door his faith was so strong that he got well right away."

There now remains only the question of coincidence: that is, nature righting herself at the same time as we give the remedy. It is mightily strange how often nature just gets ready to fix things the right way, after years of idleness coincidentally with the administration of the indicated drug.

It is infinitely harder to believe that such coincidences can occur repeatedly than to attribute the cure to the medicine. We admit that such instances do occur, but it is inconceivable that this is always the case. There never seems to be any doubt of the

action of a strong compound tablet and nature is not given much credit. We believe that she cannot claim much for she is never given an opportunity to bring about a cure which is retarded by faulty methods. Speaking of compound tablets: an insistent agent selling this alleged easy, lazy method came to my office. After telling him I was a Hahnemann homœopath he remarked that life was too short to convince me of my faulty ways. He seemed to be looking for an opening, so I showed him the door.

Mistaken diagnosis is also a cry when a cure is claimed. The following history, as an illustration, is worth relating: An eminent New York surgeon called one of the recognized greatest authorities on diagnosis in consultation upon a case of pernicious anæmia. They both after careful physical and microscopical examination decided it to be a true case of this dreaded disease. Two other "old school" physicians had made the same diagnosis. After considerable treatment, in which they had exhausted all their therapeutic agencies, he was told that there was absolutely no hope for him—that he must die. Of course, he could not attend to business, in truth he could hardly move from the weakness, yet he did not lose hope. He next consulted one of the greatest of homœopathic prescribers. The man was cured and resumed his business in a few months. All the medicine he received was three dose of *Kali carb.* c. m. After each dose a blood examination was made showing continued improvement, finally it became normal.

To what is this result to be attributed—faulty diagnosis or coincidence? Who is ready to question the diagnosis of such men, or if they are to be doubted, who can be relied on?

If, on the other hand, nature just gets ready to cure such cases coincidently with the giving of the homœopathically indicated drug, there is sufficient reason for the administration of a remedy. We agree that nature just gets ready, but she is made to get ready by the action of the medicine. It is like a disorderly person being forcibly ejected from a place when he is on the sidewalk, he "was about to leave anyhow." No one wishes to deny that there are times when coincidences happen, but to apply this old threadbare argument to every case of cure is absurd.

It has been remarked that there is no such thing as genius in medicine, and that work is the factor that counts. We admit that work does count, but that one man has more native talent in specific lines cannot be denied. No amount of industry can make

every man a prescriber of the first rank, yet any man can improve himself in any line; all can become better prescribers with such books as Hahnemann's, T. F. Allen's, Hering's, Farrington's, Nash's, H. C. Allen's, and other well-known classics on *Materia Medica*. All singers do not reach the galaxy of operatic stars, all pianists cannot become world-famous, though all can learn to a greater or less degree to sing and play, so all can learn to prescribe. With this in view I work on, hoping that I may some day reflect, as a hand-mirror does the sun, perhaps, some of the light given to the world by the immortal Hahnemann.

Closing, permit me to repeat that the smallest dose that will cure, whether high or low, is to be employed and that I do not wish to pose as a high, medium or low dilutionist, notwithstanding that I may have a preference usually, but not always, for the reasonably high potencies.

It is claimed by some that there is a tendency among the younger men towards the so-called "common sense" methods in homœopathy; that they are physicians and stand ready to use any method to cure their patients.

My experience and observations so far (I humbly concede that I am young) convince me that there is no system so effective as true Hahnemannian Homœopathy. Being brought up in the "old school" and knowing its methods comparisons are inevitable.

Despite any opposition, many young men are loyally allegiant to their colors. We cannot but deduce that if there exists a tendency for a number of recent graduates to join the ranks of the so-called "liberalists" it is due to faulty teaching. Some said that it would be impossible to practice pure Homœopathy, that one would be obliged to resort to compound tablets, astringents, cathartics, etc., in order to make a living.

I believe that the public is capable of understanding Homœopathy in its true form, and it is my experience, so far, gained in a thickly populated section of New York with rich and poor in close proximity that the laity are beginning to demand Homœopathy in its strictest sense.

We should consider that all men have brains and understanding and always explain the true homœopathic principles to any patient who is interested or in doubt. I recall one patient whose first question was: "To what school do you belong?" "I am a homœopath," I answered. "Great Lord," he said, "there are four or five different kinds of homœopaths. What I want is one

that is sure of his own system.' He continued that he was tired of paying for cathartics, compounds, etc., when he called or thought that he called a homœopathist and that if I were not what I professed to be he would bid me good day. The gentleman was well educated, a banker and a broker. This experience has been repeated. It is not only among the higher educated that is found this tendency to demand the true treatment they pay for, but among the poorer classes also. There is among all classes a growing habit to treat with greater respect and confidence the physicians who are true to the banner under which they walk.

More time cannot now be spent in discussing this subject, but if any are under the impression that Hahnemannian Homœopathy is dying and that all the younger generation are eclectic, let these look into the matter more intimately.

---

### PULSATILLA, EXTERNALLY.

The *Pulsatilla nigricans* was introduced into medicine by the celebrated Baron Stœrck, and proven by Hahnemann. It helps the function of parturition, regulates irregular menstrual flow and promotes the secretion of milk. These led me to apply the mother tincture of the plant externally in lotion as compress on an abscess on the biceps of the right arm of a female in February, 1901. The abscess was ripened and finally burst to discharge the contained pus through an aperture which the best surgeon's knife would have failed to open. Since that time it is being used on all forms of external growths by me and by my followers with an equal success.

Mrs. M. E. Mosshin came to me on Aug. 16th, 1904, for the treatment of a sixteen years' tumor on the back, between the scapula and the spine. The tumor measured two inches in diameter and one and one-half inches in height.

Prescription—*Puls.* ℥ m. xv with an ounce of water to be applied as compress over the tumor day and night. Gradually the skin became thinner and a few painful bright red eruptions appeared on the tumor. These burst and joined to form a deep and wide aperture through which the matter discharged.

The same lotion was continued and the wound was healed up after levelling the tumor. Within a course of a month's treatment everything was cleared up. To facilitate the action of *Puls.*

$\theta$ , I do now and then administer a few doses of *Hepar sulph.* internally.

In fine, I cannot but declare that the *Pulsatsilla*  $\theta$ , when applied externally, acts better than a surgeon's scalpel.

So to add to 1,153 symptoms of *Puls.*, a hundred of which are Hahnemann's own, the remainder being supplied by five provers and a few authors, I do entreat my brother practitioners to try this new property of it and if they think it proper to communicate their observations to me or to you for publication.

In my next I will be glad to communicate to you the new property of *Lycopodium* found out by me.

A. C. MUKERJEE, H. P.

4 govind Sircar's lane, Bowbazer.

---

## CANCER.

Editor of HOMŒOPATHIC RECORDER.

I respectfully submit to you two cases of cancer recently cured by me:

Mrs. L. N. M., æt. 50, married thirty years, childless. Her father had suffered with cancer of face, a brother had died with cancer on breast. She is a blonde, masculine built and very intelligent. She has suffered with irregular menstruation always, the only food she took for years was mush and milk. Constipation for fifteen years, yielding to nothing but enemata. Her face was a red brown; from eyes to clavicles with dozens of elevated bluish spots, size of a bean and larger, most of them with a suppurating center, dozens of these had to be opened every morning. Five years ago she was under treatment of a physician, who applied an arsenious paste and it kept away for a few years; both *alæ nasi* retracted one-fourth of an inch, the other ailments still remaining. I found her tongue heavily coated, a yellowish brown, severe nasal and bronchial catarrh, had uninterrupted cough for the last three winters, with heavy expectoration of a yellow-green color. Kidneys sore, brickdust sediment, scanty urine. Began with *Chelid.* 3x; after a month, general improvement. Taking the case again, decided on *Hydr.* 3x; marked improvement generally. Third month, *Hep. sul.*, 5x, *Carb. a.* 12x; in one month the ulceration had almost disappeared, appetite better, eats different foods, less constipated. Fourth month,



suffered with general ulceration on roots of remaining teeth, *Mer. cor.* 30x; had all teeth extracted, new plates fitted, is free of all trouble in that way. Sixth month, painful scanty menstruation, severe pain over left eye and under left scapula, *Sepia* 6. Seventh month, *Ars. alb.* 12x in two weeks, *Aur. mur. natr.* 3x trit. Eighth month, complained of hair falling out, general indications for *Phos.*, gave 3x, in two weeks 30. Ninth month, *Conium* 6x for remaining indurations on face, severe headache, gastralgia and general indications, *Conium* 30 two weeks later. Tenth month, *Can.* 30x. At present all and every complaint is overcome. She eats hearty, no catarrh. The face is free of all signs of former trouble (she uses massage for cicatrices), no constipation, no menstruation, no gastralgia, works for N. W. Life Ins. Co. as agent for the last three years and is as strong and happy as any young person could be. No external applications were used, except *Calendula* one to four parts distilled water, when face was much inflamed.

CASE 2. Mrs. B., of Ardmore, æt. 45, blonde, elegantly built. Two years ago came to me for excessive leucorrhœa. Examination revealed ulcerated os and vagina, labiæ bloodless, fitful menstruation (husband acknowledged having syphilis three years previous to marriage of this, his second wife). *Merc. cor.*, *Hep. sulph.* and *Sil.* cured her troubles in three months.

She had an ulcer on left side of nose; said that she had an ointment given her by a physician two years ago that kept it clean. Four months ago she came again. The ulcer increased in size, discharged profusely. Under left eyelid were several red elevated pimples, very painful and itching. Family history: father had died with cancer of throat, mother with cancer of womb, two sisters with cancer of womb. She was told by other physicians this was epithelioma. Her face was covered with dozens of yellow blotches the size of a dime, which made me think of *Phos.*, other symptoms corresponding. Gave *Phos.* 3x, in two weeks *Phos.* 30. All pimples under eyelid had disappeared, discharge ceased. Took the case again, gave *Ars. alb.* 12x during second month. Third month, *Can.* 12x; fourth month *Con.*, and at the end of it, *Sil.* 30. She is free of everything now, says she feels better than for years and works all the time. In this way I have cured up to fifty cases in thirty-two years, of all kinds. Only two deaths: an elderly lady of seventy years, with cancer of left mammae, died with pneumonia. The other had both breasts

amputated (against my will), and died three weeks after in indescribable agony which all the *Morphine* and *Chloroform* given would not ease. I called it murder outright.

From my experience and success, I must denounce all and every effort to benefit or cure cancers with external treatment "a criminal farce!" Well directed homœopathic treatment is the only way to cure. Have given this class of diseases closer study and care than most general practitioners. Guernsey's article in his *Obstetrics* is the soundest I have found yet, true to the dot. I am never without cancer patients and I cure. No coffee, whiskey, tobacco, pepper, spices, no other medicine can be used where I treat, or I quit. People say: Your treatment is slow but sure. I tell them I treat the patient not the name, and when the patient is well there is no cancer. They say, yes that is so! Homœopathy pure and simple! Use this as you think best.

Truly yours,

DR. H. PETERMAN.

*Ardmore, I. T., January 16, 1905.*

---

## A BOOK WORTH CONSIDERING.

*My Dear Classmate:* Although it is some time since I have given myself a chat with you, yet I must now do so for I want to tell you about a new book\* that has recently come into my hands. It is an oddity, out of the general manner of books medical, but to my fancy it is a good book and one that will prove of value. Its usefulness is based upon the fact that its author has succeeded in condensing the keynotes of each of the principal remedies of our *Materia Medica* into certain rather unique rhymes. And this, in order that each remedy may become more easily remembered. You know how the rhymes of childhood stick to us. "The mouse ran up the clock, dickory, dickory dock," and "the cow jumped over the moon, and the little dog laughed to see such a sport," and the rest of them. One never forgets them, and I fancy there is a reason for that in the fact that they appeal to the grotesque and the unusual, and so are more readily impressed upon the mind even of the very young child.

There are certain combinations of words that once heard become fixed in the memory, and not only that, but like the melody of

---

\**The Mnemonic Similiad.* By Stacy Jones, M. D. Phila. B. & T.

some old tune are constantly recalling themselves to our inner consciousness. Do you not remember Mark Twain's "Punch, conductor, punch with care?"

After that effusion was published its easy jingle ran for days in the minds of many men. One could not forget it. Therein lies the secret of all the memory systems. To recall and fix facts by uncommon juxtapositions of ideas and words. It's the old notion of tying a string around the finger as a finger post of remembrance. We look at the string the next day and that thought leads inevitably to the thoughts that were in mind when the string was tied upon the finger.

Everyone who has ever set about the task of learning the multi-many symptoms of the homœopathic *Materia Medica* can vouch for the difficulty in properly classifying them and in separating the one from the other.

In this little book of which I wish to tell you it seems to me that its author has happily succeeded in presenting the symptoms of certain of our remedies in such fashion that we cannot fail to remember them. Opening the book the other day at random I read—"Pulsatilla, tearful maiden, with distress of spirit laden," and above I read, "Pulsatilla, The Lady." On my way about, the lines ran in my mind—"Pulsatilla, tearful maiden, with distress of spirit laden." The Lady, Pulsatilla, tearful maiden, "The Lady, has shifting pains." And somehow I could see that meek and mild mannered cry-baby of a woman with her blue and pleading eyes dimmed with unshed tears, as the refrain—"Pulsatilla, tearful maiden, with distress of spirit laden," kept recurring in my thoughts.

And I opened the book again and read, "*Hypericum*, the prize deserves, For injuries that hurt the nerves," and further on, "John, has tetanus. John Angus, the physician and pastor of St. Magnus, was with Laura Cooper when sick from a jar of the brain."

"This John, who is subject to ailments from Concussion, Is with the old Greek, Silas, beyond Glono."

And following:

"Tetanus—Lockjaw—*Hyper.*, *Pass. θ*, *Ig.*, *Mag. φ.*, *Laur.*, *Cup.*, *Cic.*, *Aco.*, *Rhus*, *Bell.*, *Nux v.*"

Ailments from Concussion, fall, etc., *Hyper.*, *Cic.*, *Bell.*, *Arn.*, *Glo.* (Especially from a fall on the back, *Hyper.*)

*A Book Worth Considering.*

A crush, a pinch, a prick, a bite,  
 Or FALL may so the nerves excite;  
 A FALL UPON THE BACK may be—  
 Because of spinal injury—  
 Pervading tissues of the brain—  
 A cause of asthma, cough or pain,  
 Or stay of power to walk or stand.

“*Hypericum* the prize deserves,  
 For injuries that hurt the nerves.”  
 The pains that follow in the wake  
 Of amputation, or betake  
 Themselves to scars of wounds long healed,  
 To this potential drug will yield.

Let us analyze this: “John is the physician and pastor of St. Magnus.” Who is St. Magnus? Let us look further in this unique little volume, Magnus, Magnate, is *Magnesia phos.*

*Magnesia phos.*, thou first in rank  
 To play the local spasm prank;  
 To act chorea and play off  
 Spasmodic choking, colic, cough;  
 To bind with tetanus and clamp  
 The body with spasmodic cramp.

“This magnate who is subject to neuralgia.”

So John, St. John's wort, *Hypericum*, is therefore the Pastor and physician for the oversensitive nerves and hyperæsthesia of the *Magnesia phos.* patient. The remedies are analogues.

“John was with Laura Cooper when sick from a jar of the brain.”

Who is Laura Cooper? Looking in the translation Key I find that Laura is the catch name for *Laurocerasus* and that Cooper is a synonym for *Cuprum met.* Now, what relation has John, the physician and pastor, to Magnus, the Magnate, and to Laura Cooper?

Turning to *Laurocerasus* I read:

*Laurocerasus*—thine the stress  
 On ills with loss of consciousness,  
 And loss of power in the heart  
 With fluttering action on its part.

Lockjaw thou hast chorea, too,  
 By twitching muscles brought to view,  
 Paralysis and palsy stroke  
 With foaming spasms in the yoke.

And under *Cuprum*, Laura's Cooper, I read:

*Cuprum* signs his name in cramp—  
Cramp and spasm in his stamp—  
Screaming spasms, rigid, blue,  
Lockjaw and chorea, too;  
Glottis spasm, spasms of  
Scarlatina, whooping cough.

Thus from this seeming jargon about John Angus, the physician and pastor of St. Magnus, was with Laura Cooper when sick with a jar of the brain, we are able to read much. And being interpreted let us read: *Hypericum* will be of great value to patients, especially neurotics, who are subject to neuralgias resultant from a run down system and may be used following *Magnesia phos.* in such cases. Most valuable adjuncts and analogues to these two remedies are *Laurocerasus* and *Cuprum met.*, especially if the nervous trouble, the chorea or the tetanus be due to a concussion or a jar which often results from any spinal injury.

And that day in my rounds there was running through my mind the words: John, the doctor of St. Magnus, was with Laura Cooper when sick from a fall. And so almost involuntarily I found myself analyzing the different conditions in which *Hypericum*, *Magnesia phos.*, *Laurocerasus* and *Cuprum* might be of value.

"John, the doctor, was with Laura Cooper when sick with a fall."

It is the text for a medical sermon.

This book is a book of over three hundred pages, small enough to be carried in an inside pocket and contains the principal remedies in our *Materia Medica*; the name of the remedy being given, and following that its fanciful aliases; then there is a verse in which the characteristic symptoms are very vividly described. Then a sentence in which in odd language the brother remedies are grouped. Then follows a few of the symptoms, the most characteristic of the remedy, with the remedies that are useful in such a condition. It has a descriptive introduction, a table of the names of the remedies, giving also the mnemonic name for each one, a list of the mnemonic persons and dual indications, and a list of mnemonic sentences that are also to be found under the different remedies.

One cannot open the book without seeing some sentence that will set him to thinking. My classmate, get you this book, and

if in a few days you do not thank me for calling it to your attention I'll buy the very best and biggest sugar candy cane for Christmas that is to be found in the kingdom of Herr Santa Claus.

Buy the book, old chum, it only costs a dollar, and it is full of good things, and since I have been glancing into its pages its odd rhymes have fixed several remedies upon my mind and aided me in a few difficult prescriptions. I have never seen a more complete and condensed picture than the rhyme of *Bryonia*. The name is *Bryon*.

*Bryonia*—Voices this refrain, '
   
All motion aggravates my pain,
   
And when in ease I would abide
   
I lie upon the painful side;
   
A stitch and sense of tightness show
   
Where'er my indications go;
   
But don't forget I do my best
   
In ailments of the joints and chest, etc.

Is it not a fine picture?

The mnemonic parable is: Bryon—Colch, the fighting spy, is Cudgeling Job Ledum, the old black cook, with a club."

Interpreted it reads: *Bryonia*, *Colchicum*—(Colch)—fighting (the fighter is *Phytolacca*) spy (spy is *Spigelia*) is Cudgeling Job Ledum, the old black (*Sepia*) Cook (*Cocculus*) with a club (Club Moss, i. e., *Lycopodium*). There in disguise we find the valuable rheumatic remedies, *Bryonia*, *Colchicum*, *Phytolacca*, *Sepia*, *Cocculus*, *Lycopodium*, *Ledum*, arranged, fancifully, if you please, mayhap blindly at first glance. But, dear old boy, just take the time to hunt the meaning of a sentence each day, with the reading of the remedies referred to in this mnemonic sentence and you will be greatly surprised to find how these odd names will stick to you and how very plain their meaning will appear. And this book is full of meaning and there is more real characteristic *Materia Medica* in this small volume than in many a much more pretentious and outwardly more scientific book. Go buy it, there is lots of meat in that nut.

T. L. BRADFORD, M. D.

*Philadelphia, Feb. 18, 1905.*

## PROLAPSUS OF VAGINA CURED BY THUJA.

By Dr. W. H. Wheeler.

About five months ago I was consulted in regard to a case of prolapsus of the vagina in a woman seventy-seven years old and told that one of the best homœopathic and Hahnemannian physicians in the country had advised a surgical operation, saying that she knew of no internal remedy which would be likely to help the case. The prolapsus had already existed for at least a year and was steadily getting more and more troublesome, together with increasing weakness and marked irritability in one who naturally was one of the kindest of women. But having an intense antipathy to needless surgery, and counting surgery always needless until careful study of all possible clues has proved beyond a doubt that no other remedy is possible, I asked the privilege of going over the case to see if somewhere in our *Materia Medica* a vaginal tonic could not be found which would touch the case.

As so often happens in such cases, I soon discovered that in the case as it now stood there were no clues; but a very careful study of the lady's past life and family history brought out the fact that she had often been helped for a while by *Pulsatilla* and *Silica*, though neither of these seemed to have any real control over the prolapsus. But *Thuja* is complementary to both of these; in fact, is probably *the true chronic of Pulsatilla three times out of four*, so I devoted myself to a study of some of the more rare and unusual symptoms of *Thuja*, and sending my patient *by mail* a list of seventy-nine of these I soon got conclusive proof that all through her past life a thuja vein had run, for she had had quite a number of its rarest and most distinctive symptoms. So I advised a trial dose of *Thuja* 1000 to see if medicine could do anything for the case. This was Oct. 15, 1904. As is so often the case with *Thuja* when it does its finest curative work, the initial aggravation after taking this one dose was very severe, actually putting the dear lady to bed. But then came the relief. She began to feel stronger, and the prolapsus gradually became less and less and soon wholly ceased. Her irritability also became a thing of the past, and for four whole months she felt better than she had for years, in spite of slowly advancing old age and a very trying winter climate. At the end of these four months some of the symptoms and a renewed tendency to prolapsus showed itself,

and I have just advised a second dose of *Thuja*; but that in a woman seventy-seven *Thuja* should have given such marked relief for four solid months certainly shows that it has a marked affinity for prolapsus vaginæ in so-called *Pulsatilla* women, which is well worth keeping in mind.

To show how marked and many-sided the improvement has been I will quote a part of the lady's last letter: she writes, "Till the last few days I have not had to lie down as often as I used to, have had but little backache, have been largely free from coughs which used to trouble me a good deal and have had only one attack of grippe this winter, and that much milder than usual; my knees and ankles do not feel cold as they used to do before [one of her most persistent symptoms formerly]. I do not get tired when working, as I used to do, and am able to do a good many hours' work each day." To all of which her daughter adds, "that she has also been her old, sweet self once more, without the strange irritability and temper fits which were formerly beginning to trouble her so much, and make it so hard to keep a servant girl." Evidently *Thuja* has helped, and is going to help still more; but this is enough to set many an interested reader to observing for himself. Think of it as one of the commonest chronics of *Puls.*, ALWAYS EXPECT A RATHER SEVERE AGGRAVATION EVERY TIME YOU USE IT, and tell your patient to expect it, and except in very urgent cases like this do not begin higher than the 30th for chronic troubles, and I am sure you will soon learn to love it almost as much as I do, for it has saved some of my dearest friends and is saving others from sufferings almost as old as Noah's ark; for though it works very slow it works wondrous deep. Of course, the 30th is slower than the 1000th would be, but the curative aggravation is also less. In fact, one young doctor who needed it, turning up her nose at 30ths, took the c.m. and was almost frantic, so sharp was her aggravation. But if you wish to get really fine results be patient and don't repeat until an unmistakably serious relapse of *at least five days' duration* calls for it, for some of its later curative action is even more cheering than the relief and uplift which it gives when first taken, two to four months seeming to be the time that a single dose of the thirtieth can run WITH STEADY IMPROVEMENT and only a lot of minor annoyances to show that the work is not mere palliation but cure, melancholia slowly changing to mere neurasthenia, insanity slowly changing to mere restlessness, despair to mere intermittent blues, etc.



And now just one more hint that may save some one much worry. It has wonderful power over dropsical swelling of the feet of several weeks' duration in some mild *Pulsatilla* women, when the dropsy is probably due to mere weakness rather than heart disease in its graver forms, though over true heart disease it seems to have great power in some cases. But dropsy due to weakness it sometimes cures like magic. I do not find this symptom reported in our repertories; but Allen's Cyclopædia (Symptom 2714) tells us that in the case of one prover it persisted for ten days.

412 Bowen avenue, Chicago.

---

### AN OLD-TIME SUBSCRIBER.

*My Dear* RECORDER:—On the opening of the new year of 1905 I had intended to write you and say that as I am practically retired from the general practice of medicine, and, therefore, will have no further use for your literature. Indisposition and duties and cares have caused delay in that notice.

I am very glad to bear testimony to your faithfulness to the interests of Homœopathy, and in parting with you, beg leave to say that you have been of much service to me in all these years of your monthly visits to me, since your first issue, at fifty cents a year, and, moreover, my record of parting is of much regret; but, at the age of eighty-four, you will realize my physical condition and want of interest in literature of any kind. In parting I will say in language of Rip Van Winkle, "May you live long and prosper." I have the pleasure and the honor to be

Very truly yours,

---

---

Editor of HOMŒOPATHIC RECORDER.

No real sane person can "believe" that the Creator is evidenced, according to the superstition of a "God" (pronounced *Gawd*, by the University graduates, as well as the uneducated exhorter) in the semblance of a man, not even a female, sitting upon a gold throne (also of earth gold), with Christ upon his right hand, etc.

To the sane, the Creator is the force of life of *all Creation*; not

just of this earth planet and of a figurative heaven, reigning in a city named after a earth city.

This uncalled for superstition has its counterpart in the "belief" of the persons who think, and speak, and write "DISEASE," as if it was an evil spirit, in spiritual form, that encompassed humanity, or organisms of any grade, and had to be "fought," "killed," made "antiseptic" with drugs or chemicals, according to the *superstition* within them.

A purer conception of life, of the creation, will make better human beings, nearer to true Christians, healthier in morals, mind and body.

And when that portion of the *Creator*, which is the life of the organism, and *is flowing* normally, physiologically, we have then what we call and experience, and *know*, as HEALTH, HAPPINESS, and ENJOYMENT, reverencing the creation with every minute of life.

And when that organism does not follow the *pure laws of creation*, but follows the man-made, the society-made laws, also, those of prudery and the "thirteenth commandment," then comes *deranged innervation*, deranged life-force, and sickness, pain, suffering of mind and body, invalidism, death (*i. e.*, the life-force leaving the material body).

Instead of speaking, writing, or printing the word "disease," we should make it truer to correctness and *knowledge* in this way. *Deranged, or disordered innervation.* But, for a few generations we can help out those who dislike to come out of ruts altogether, by writing and printing, and thinking it this way *diseased conditions.*

I have corrected all my books, journals and writings to this more correct term.

Doctor, will YOU do likewise? remembering this is the twentieth century, and we *should* come out of the superstitious ages and customs and *stay out.*

JOHN F. EDGAR.

*El Paso, Texas.*

---

## DIPHTHERIA.

Editor of HOMŒOPATHIC RECORDER.

"How I Cure Diphtheria," on page 18, January number, impells me to say a word. Let any doctor who has a bad case of

diphtheria sit by the bedside an hour, and see for himself the effects of *Carbolic acid* 3 to 6x. I have not needed *Antitoxine*. The thing that kills the germ in the serum will do it in the patient, without the blood of the horse. I use any other remedy needed, if there are complications, and so far I have not had other cases in a home when one dose a day was given each inmate before the disease began in them. I use mostly the 6x and have not lost a case since I began its use some years ago. Not many heart failures will follow the use of the 6x, while the  $\frac{1}{8}$  of 1 per cent. in the serum sometimes causes trouble. Neither does lockjaw nor blood-poisoning follow the use of the 6x by the mouth. *Merc. jod. rub.* 2x is my next standby, and it does not refuse to work with the acid. Try it, and if it don't do I would be glad to learn of it.

Very truly yours,

D. F. SHIPLEY, M. D.

*Westminster, Md., Feb. 24, 1905.*

---

## THE FUNCTION OF THE APPENDIX.

Sir William MacEwen, M. D., Glasgow, Fellow of the Royal Society, and Professor of Surgery in the University of Glasgow, has recently come forward with a drastic denunciation of the fad of appendectomy, which has been rapidly increasing within the past ten years. Professor MacEwen has exceptional opportunity for the observation of the function of the cæcum and appendix, and he finds ample ground for the conclusion that the cæcum is, like the stomach, an important digestive organ. He finds that the cæcum and appendix are lined with glands so thickly set together that they cover almost the entire surface. These glands secrete a digestive fluid which is of the highest value when combined with other juices brought into the intestinal tract. The mucous secretion of the appendix also exercises a controlling influence upon the development of microbes in the colon.

Professor MacEwen observed that the contents of the small intestines do not pass into the colon in a mechanical way, but that the intestinal contents appear to be doled out of the small intestines into the cæcum by a reflex process similar to that by which the stomach contents pass into the duodenum, as shown by Pawlow.

He also says that the cæcum is prepared for the digestion of foodstuffs through the small intestine by the pouring out of a large quantity of mucus from the appendix. The reason for this was made apparent by the observation that the ileocæcal valve is so constructed as to direct the intestinal contents which pass through it upon the mouth of the appendix. The mucus poured out of the appendix evidently serves the purpose of lubricating the alimentary bolus while at the same time restraining the development of bacteria which might do much mischief by the formation of ptomaines and toxins which, when absorbed into the blood, may work vast mischief throughout the body.

MacEwen, in common with other observers, has noticed that in nearly every case of appendicitis the patient's history shows the pre-existence of indigestion.

It appears, then, that in a state of health the appendix is a highly useful organ, and that it comes to be diseased only as a result of pre-existing diseases of the intestines, which gradually develop in the cæcum and extend into the appendix.

Professor MacEwen has observed that persons from whom the appendix has been removed are subject to frequent attacks of prolonged and often incorrigible diarrhœa. He is fully persuaded that the appendix performs a necessary function in the human body. Whenever a man is able to live without his appendix, it is only because he is able to tolerate that condition, just as one may live after having had removed a portion of the lung, one kidney, or a part that is recognized as being essential to the healthy man.—*Modern Medicine.*

---

## WHY HAHNEMANN'S LAW OF CURE IS EFFECTIVE.

By Chas. H. Duncan, '05, New York  
Homœopathic Medical College.

### Part II.

The February issue of the HOMŒOPATHIC RECORDER contained an article by the author, entitled "Why Hahnemann's Law of Cure is Effective." The article clearly set forth the facts, and the substance of this paper. This present paper is written to further substantiate the truths therein stated, together

with deductions made therefrom. That we may keep clearly in mind these fundamental principals we will quote from the February HOMŒOPATHIC RECORDER, but, for the fullest understanding of the subject, both articles should be read together in their entirety.

“*Disease* is a depletion of brain cell substance caused by a greater number of impulses sent to the body cells than under normal conditions by the brain cells to overcome the disturbance in the body cells they control to establish proper balancing or normal metabolism in these body cells. This depletion of brain cell substance causes symptoms to be manifested in the body cells they control.”

A *Physiological Proving* of a drug is the putting into the system of an excess of the principle or material necessary for the brain cell to normally functionate, on account of the positive chemotaxis or selective affinity existing between the brain cell and the drug principle, the brain cell is disturbed by the drug, hence, by being disturbed it gives rise to symptoms in the body cells it controls.

A *Symptom* of disease is a manifestation of the body cells that the brain cell controlling them are depleted of their principal necessary for sending out normal impulses to establish normal balancing in the tissue or body cells.

A *Cure* is effected by putting into the depleted brain cell the indicated potentized drug that it needs to send out normal impulses or proper balancing.

The brain is largely composed of grey and white matter. The grey matter is the brain cells, and we find it principally on the cortex. The brain cells are in the numerous ganglia, arranged around the periphery of the ventricular cavities. The grey matter of the cord is on the inside. The brain is an exceedingly vascular organ; in fact, it is completely surrounded by a vascular membrane, that dips down into the numerous sulci, and follows closely the various ramifications. It completely envelops the lobes and convolutions; goes into the ventricles as the choroid plexus and follows down the inside of the cord. This is just where the brain cells are located, and we find them in close contiguity with this vascular membrane or brain capillaries. Let us remember the *arteries of the brain are terminal* and when the elements necessary for metabolism of the brain cells is put into the blood it must necessarily be brought to the brain cells, since they have a selective affinity for this material, it is taken up by the brain cells. When the brain cell is depleted by disease we see how the necessary principle, when once in the blood, will be most readily taken up by the process of anabolism to establish normal equilibrium *i. e.*, send out normal impulses, and hence a cure of the symptoms in the body cells. The brain requires one-sixth of the blood of the body.

In the spinal cord we have bundles, columns, or tracts of nerve fibres connecting the controlling cells with the terminal tissue. On their way up and down the cord, they give off many collaterals to other tracts or columns and in return receive many anastomosing fibres from other tracts. With some tracts they freely communicate, with others there are few connecting collateral fibres.

An impulse sent through any one tract would affect *other* tracts, and consequently *their* terminal tissues in proportion to the number of collaterals connecting them, and also in proportion to the strength of the original impulse. The action of no two drugs is identical. Each acts primarily on certain groups of controlling cells which are a special affinity for certain drug principal for we have primary symptoms manifested in the body cells to which they are directly connected and secondary symptoms in those body cells to which they are indirectly connected. In the proving of a drug the disturbance of the brain cell by the drug is caused either by taking up too much of the drug for which it has a positive chemotaxis, and thus causing a disturbance in the brain cell, and the consequent symptom in the body cell; or the brain cells being normally balanced, *i. e.*, having enough of its principle necessary for proper balancing, develops a negative chemotaxis and repels this principle. In either event the brain cell *is disturbed*, we know, for *primary* symptoms *are* manifested in the body cells they directly control.

In disease, when an abnormal impulse is sent down, every nerve fibre branching off from this tract would partake of the abnormal impulse, and carry it away to other tracts, and we would get *secondary* symptoms in the tissues they control, varying in intensity and degree with the number of anastomosing fibres they receive from the tract coming from the original disturbed controlling cells.

Let us suppose a certain vaginal leucorrhœa is a secondary symptom of a drug M. This secondary symptom will vary in importance as the number of fibres received *by* the tract that goes to the vaginal mucous membrane, *from* the main tract of fibres, that are carrying the impulse that give primary symptoms of the drug M.

So we see some secondary symptoms are almost as important as primary symptoms. *i. e.*, when the impulse is carried away by many fibres from the primary nerve trunks to their terminal tissues; and some secondary symptoms are of little or no import-

ance. Between these two there are many shades of secondary symptoms. Only the primary symptoms are our best guide to the depleted brain cell, but clinically many well-defined secondary symptoms are of importance, for they appear just as regularly as primary symptoms, and herein lies the skill in finely discriminating between these two sets of symptoms in making the homœopathic prescription. Many drugs have a cough; with some it is a primary symptom and we can prescribe on this alone, with the majority of drugs the cough is a secondary symptom and we cannot prescribe on it alone, for it simulates the secondary symptoms of cough in many other drugs; here we must look back for the primary symptoms as is manifested in the totality of symptoms of the drug. (See Totality, Feb. issue.)

We see then that there are a vast number or variety of secondary symptoms that can occur in an organ or tissue, depending on which tract of the cord is affected, and how closely by anastomosing fibres the organ or tissue in question is connected to it. The mucous membrane of the vagina is affected by *Pulsatilla*, *Kali bi.*, *Nux mos.*, *Cubeba*, etc. The mucous secretions are altered by each of these drugs in large doses. The mucous membrane of the vagina is composed of three layers of epithelial cells, lymphatics, arteries and veins with their various coats and connective tissue. When the governing cells that affect anyone of these separate tissues are affected we get primary symptoms in that special tissue of the vagina. The secondary symptoms would appear in these various tissues when the primary fibres to them carry impulses that are not normal from other tracts to each of these tissues. So we see how the vaginal mucous membrane is peculiarly affected differently by many drugs.

The nine fibers that control the function of the epithelid are closely associated with fibers controlling other tissues of the vagina, they travel along way together, by the collater also connecting them, we find the other tissue of the vagina partaking of the impulses sent to the epithelia, whether they be normal or not. When the impulses come from an unbalancing of the epithelia—control-cells, the other tissues give use to secondary symptoms.

Hahnemann says: "Drugs produce artificial diseases simulating natural diseases," as *Belladonna*, scarlet fever; *Mercury*, syphilis; *Quinine*, malaria. Again quoting: "Nearly every disease and nearly every symptom of disease can be simulated by drug action." We are affecting the same brain cells by the drug

that are depleted by the disease. Then what is *Materia Medica*? *Materia Medica is the study of neuron nutrition.* What is Therapeutics? "Therapeutics is the application to disease (symptoms) of the knowledge of drug (symptoms) thus derived." We study the symptoms of disease to determine which brain cells are depleted; we study symptoms in the physiological proving of a drug to determine which brain cells are disturbed by the drug when these symptoms are analogous with those manifested by the depleted brain cells we replenish the depleted brain cells by a minimum dose and cause a cure in the tissues.

It might be asked, which brain cells are disturbed by a certain disease and its curative drug? The brain cell that gives corresponding symptoms in the tissues are the ones that are disturbed. We care not where they are located as long as we get the simillimum and cure the patient. We care not whether the impulses that traverse the nerve fibres are vibratory, undulating, sinoidal or electric; they represent energy or force; and force and matter are co-existent and inseparable. The energy of the nerve impulse is at the expense of brain cell substance.

\* \* \* \* \*

That articles of daily food contain medicinal substances must be acknowledged when we remember that the onion or *Alium cepa* affects every individual similarly. But the onion is a food. Hahnemann tells us *this is drug sickness, and we recover from this quick.* So then we can get drug sickness from eating foods. Some food more than others.

The idiosyncracies of some people make them more susceptible to certain drugs; the idiosyncracies of some people make them more susceptible to certain foods, as Phagopyron (oatmeal). They get a physiological proving of the drug by eating these foods, they could not get a symptom if the brain cells were not affected.

The whole of our clinical experience in homœopathic prescribing after the indicated drug is selected is based on suiting the potency of the drug to the idiosyncracies or susceptibilities of the patient. How many people get the physiological proving of *Apis* by simply eating honey, or develop marked symptoms by eating a small amount of shell fish. A great many other instances similar to this might be cited; but this is sufficient. Foods do contain drugs, as drugs are the nutrient principles of the neurons; food contains the nutrient principles of the neurons, or else how would they be nourished.



The action of no two drugs is identical. That each affects certain groups of controlling cells we know. Then the composition of controlling cells is different, and we find in plants or food the principles they need for normal equilibrium or metabolism; the principle they need for best carrying on their normal function; the principle they need for the fullest development of their possibilities. What is the fullest development of the possibilities of the brain cell? It is in the psychic phenomena or mentality. The brain needs the principle of plants for its highest intellectual development. The principle of plants is found in our foods. Therefore, the brain needs a great variety of food for the development of the great variety of its brain cells.

An all-wise Providence gave to man in the plants of the field the elements necessary for food, the elements necessary for the fullest development of his body and brain. Physiologists have long told us that a variety of food is necessary for the fullest development of the mind and body.

What of the body cells? They must be nourished also. The body cells have a selective affinity or positive chemotaxis for the ingredients necessary for their composition or metabolism. As we have pointed out, the controlling cells have a positive chemotaxis for the plant principles. Then the plant has a dual composition also, principle and pulp. The difference being, the plant not being so highly organized has its principle or controlling centre, incorporated in the somatic cells themselves, if I may so call them. This is also true of the lower forms of animal life, as the amœba, protozoa, etc., when food is brought near the amœba it senses it and throws out pseudopodia and envelops it, when a pebble is brought near it the amœba senses that it is not food and will not develop it. While the higher forms of animal life have their principle and controlling apparatus outside of the body cell, in a specialized system of controlling cells, or, as we call it, in the nervous system. The controlling centre of the lower forms of life lie in the somatic cells themselves. The controlling centres of the higher forms of animal life lie outside of the somatic cells. The higher in the scale of animal life we go the more specialized cells do we find, each group differing in form, function and composition from that of any other group.

The many different kinds or groups of body cells are not more numerous than their controlling cells. So in taking our food we replenish certain groups of the body cells and certain groups of brain cells.

The controlling cells must be built up before the body cells, for the body cells cannot normally take up nourishment without the influence of the controlling or trophic centres and we find the controlling centre abundantly and richly supplied with blood for so doing.

During a state of health the chemical laboratory of our body is busy elaborating from our food the various chemical combinations necessary for the various cells of our body. "Sleep is nature's sweet restorer." This elaboration and building up is here at a maximum when the tissues are relaxed and the blood is not drawn away, and we awake refreshed. In disease when normal equilibrium is upset the elaboration and building up process is interfered with and the body can no longer manufacture the ingredients necessary for the depleted brain cells, this principle must be exhibited in a form already prepared by the plants or drugs, sufficiently sub-divided to be readily incorporated by the almost infinite depleted brain cells. When this is supplied the cure is certain, easy and quick, but one dose is sufficient. If we do not take sufficient variety of food from which the various principles of our body are elaborated the same food for a considerable length of time, the body and brain both suffer, and many forms of insanity come in the train as a sequence. Then variety of food is necessary for both body and brain. How great a variety is necessary is determined by the variety of cells themselves.

History bears out the assertion, that variety of food and highest intellectual development go hand in hand the world over in all ages.

---

## CATARRH OF THE BLADDER.

By Eli G. Jones, M. D.

Several years ago I was called to the southern part of this State to see a middle aged man suffering with catarrh of the bladder. The physician whom I met in consultation had used many remedies to try and relieve the distress of the patient. He finally had to use the catheter to draw off the water every few hours, and the pain at such times was so great that the neighbors could hear him scream with the pain. The discharge from the bladder was mixed with blood and mucus, with a *burning* pain extending down from the bladder to the end of the penis. I told

him I thought I could help him, and in consultation with his physician gave him my idea of the treatment of the case. To relieve the most pressing symptoms I prescribed *Solidago virga-aurea* 1x, third dilution, five drops once in two hours; in twenty-four hours he could pass water without the catheter. For the constant discharge from the bladder I gave him Tr. *Chimaphila umb. θ*, ten drops once in three hours. In cases of this kind it is well to remember that the greater the amount of *catarrhal* discharge the more certain the indications for the *Chimaphila*. As his nervous system was pretty well unstrung with the pain, I gave him *Kali phos.* 3x-15 grains in a goblet of water, teaspoonful once an hour, till his nerves were calmer. This plan of treatment was strictly followed out until the patient was discharged cured.

I have used the *Solidago* (golden rod) in cases where it is *indicated* and it is one of our *best* remedies.

*New Brunswick, N. J.*

---

## AMERICAN INSTITUTE OF HOMŒOPATHY.

DES MOINES, IA., Feb., 1905.

*To the Members and Friends of the American Institute of Homœopathy—Greetings:*

At a recent meeting of the Executive Committee, held in Chicago, the date for the annual meeting of the Institute was fixed for June 26 to July 1, 1906. The Committee of Local Arrangements reported sufficiently to assure the Executive Committee that everything necessary to the comfort and convenience of the members and their friends, who attend, has already been outlined and will be completed.

The headquarters will be at the Auditorum Hotel. The management of this hotel, which also controls others in the same neighborhood, have made very liberal reductions from their usual rates. As is well known the Auditorum Hotel is situated on the lake front, assuring fresh cool breezes and freedom from noise.

The meetings of the Institute will be held in Music Hall, adjoining the Auditorum. The affiliated societies have been provided rooms on the "Assembly" floor of the Music Hall building and in the banqueting rooms of the Auditorum. Thus are provided four large, well lighted, and well ventilated rooms and several smaller ones, under the same roof and conveniently connected by elevators and halls.

The sub-committee on entertainment has planned so as to interfere as little as possible with the work of the Institute. Besides the opening reception and ball on Monday evening there will be a banquet on Friday evening.

At this banquet the Illinois Homœopathic Medical Association and the Hahnemann Medical College, of Chicago, each celebrating their 50th anniversary, will act as host to the members of the Institute and their friends, and all will celebrate the 150th anniversary of the birth of Samuel Hahnemann.

The presidents of the affiliated societies and the chairmen of the bureaux, with two exceptions, were present with the Executive Committee. They all reported excellent programs well under way. The keynote sounded by these officers clearly indicated that the coming meeting is to be one for effecting a more vital and aggressive organization.

The officers earnestly ask for the inspiration of your presence at this meeting.

CHARLES GATCHELL,  
*Secretary.*

GEORGE ROYAL,  
*President.*

---

### WAKE UP! FALL INTO LINE!

This year is the one hundred and fiftieth anniversary of the birth of Hahnemann. It should be celebrated by all who believe in *similia*. This may probably be done in various ways, but how better than by formally enrolling ourselves and enlisting our neighbors as working members in the working organizations that represent Homœopathy.

In the United States and Canada there are more than 13,000 homœopathic physicians. Only 4,500 are members of the various State societies, and of the American Institute of Homœopathy, the largest and most representative body of homœopathic physicians in the world, only 2,000 are members. Our homœopathic colleges, from which reports could be obtained, have graduated in the last ten years 3,939 students. To this list a considerable number graduating from colleges not reporting and from allopathic schools, who practice Homœopathy, should be added. A fair estimate would be 4,500, equal to the entire membership of our State societies and more than twice the number of the members of the Institute. Probably not more than a third of these are members of our State societies, and less than one-fourth are members of the Institute.

As a tribute to the memory of Hahnemann, we propose that the Institute membership shall be *doubled* at its next meeting in June. A heavy proposition? Not at all! There are 2,500 State society members, every one of whom should at once join the Institute. There are 8,500 who should be brought into the State societies. Cutting out the undesirable, there should be no difficulty in at once doubling the membership of the State societies. All that many want is a polite invitation to become applicants for membership. According to a new rule of the Institute, only members of their State societies, if there are such, are eligible for membership in the Institute. Being a member of the State society relieves applicants from paying membership dues to the Institute. This fact, in a way, restricts us to present members of the State societies for recruits for the Institute, but an earnest effort ought to largely increase the membership of the State societies at the spring meeting. It is proposed that these new members of the State societies apply at the same time for membership in the Institute and that these State societies suspend, by unanimous consent, any entering rules governing membership, or have another and special meeting called that anyone could not be elected at the regular meeting may be made members before the Institute meets in June. If neither of these things can be done, file applications for membership in the State societies and at the same time in the Institute, membership in the latter being held subject to election to State society membership. Thus we may, this year at least, present names enough to double the Institute membership.

How can all this be done? By everybody doing his duty. Let every member of the Institute pledge himself to secure one new member, and the work is done. After one is secured, get another, and another for some who for one reason or another may fail to each bring his man.

A few years ago a New England physician voluntarily and without other authority from the Institute than that vested in his membership undertook to secure new members. The next June he presented the names of more than thirty applicants for membership. Who, then, can not send in the names of one, of two, of five, of ten?

The Institute's Special Committee on New Members are: H. E. Spalding, M. D., Boston; J. W. Ward, M. D., San Francisco; Chas. E. Kolke, M. D., Chicago; J. H. Ball, M. D., Bay City, Mich; W. E. Reiley, M. D., Fulton, Mo.

In working for the Institute, work at the same time for the State societies. Let everyone who is worthy come to the front and be mustered in.

H. E. SPALDING, M. D.,  
*Chairman Committee on New Members.*  
 519 Beacon St., Boston.

---

## BOOK NOTICES.

---

**A Treatise on Urological and Venereal Diseases.** By Bukk G. Carleton, M. D., Professor of Genito-Urinary Surgery in the New York Homœopathic Medical College and Hospital, etc. One hundred and seventy-one illustrations. 795 pages. Cloth, \$5.00. Half-morocco, \$6.00. Philadelphia: Boericke & Tafel. 1905.

Dr. Carleton's book will easily take front rank, and be the accepted text-book on urological and venereal diseases among homœopathic physicians. The author, as is well known, has written several other books on this general line, but in this one he deals with the subject exhaustively from both the medical and surgical point of view. If you are interested in urological or venereal diseases you cannot well afford to ignore this superb work from the pen of one of the leading homœopathic specialists in those diseases.

---

**Practical Pediatrics.** A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By Dr. E. Graetzer, Editor of the "Centralblatt Fur Kinderheilkunde" and the "Excerpta Medica." Authorized translation, with numerous Additions and Notes, by Herman B. Sheffield, M. D., Instructor in Diseases of Children, and Attending Pediatrist (O. P. D.) New York Post-Graduate Medical School and Hospital; Visiting Pediatrist to the Metropolitan Hospital and Dispensary, etc. Pages XII-544. Crown Octavo. Flexible Cloth, Round Corners. Price, \$3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Part 1 of this book is divided into nineteen chapters, covering all the ills of infancy. Part 2 takes in Materia Medica and Therapeutics. This book represents the latest and best from our "regular" brethren on the treatment of infants and children. The book is well printed, good paper and well bound.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL.

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

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

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

---

---

## EDITORIAL BREVITIES.

“WHY THE QUACK?”—About the worst display of gall we have seen lately is to be found in an article appearing recently in an “alkaloidal” journal. The writer gives a long list of “our invaders,” and among them are “Homœopaths,” classed with “Dowieites,” “Eddyites,” etc., etc. The display of gall in this comes in in the fact that the only thing of worth in the “alkaloidal” fad is cribbed from Homœopathy. An esteemed subscriber writes on this paper: “If the strictly Homœopathic remedies were taken out of the ‘alkaloidal’ outfit there would be left a few old-school remedies masquerading in homœopathic dress, yet the editor has the consummate gall to classify homœopaths as ‘quacks.’”

And yet it seems from very good authority that this “alkaloidal outfit” is largely dependent on homœopathic physicians’ patronage for their living—for the “outfit” is practically a chemical company.

Why any homœopathic physician should want to buy these unproved “alkaloidal” drugs in place of the tried and proved drugs of square homœopathic pharmacy is “one of those things no fellow can find out.” But many of them do so even as many of them will buy from allopathic druggists in preference to homœopathic pharmacists.

THE CLOVEN HOOF.—Our esteemed contemporary, *The Journal of Medicine and Science* (Portland, Me.), in a rather good editorial on what we might appropriately term “regular quacks,” makes this slap: “As this distinguished physician-professor gives lithia the credit for his cures, his persistent claim to be considered a ‘a regular’ must be set aside, the only doubt in his case arising

being whether he is really a secret follower of Hahnemann or of Mrs. Eddy."

Inasmuch as the only therapeutics of any real value in the "regular," *i. e.*, allopathic school today have been "lifted" (without credit) from the followers of Hahnemann this seems to us like a *mean* and rather low down fling. (See Ringer *et. al*)

AND SUCH IS LIFE!—From an allopathic exchange we clip the following:

"Much of the contradictory testimony in regard to the therapeutic action of this valuable plant (*Cereus grandiflora*) is generally due to the carelessness of the collector. It is only too often the case that some other member of the large family of cactaceæ has been used. The bonplandi [he means Bonplandi] and even several opuntias (either carelessly or maliciously, as the case may be) are employed as *Cereus grandiflora* and these do not possess this cardiac action. Therapeutically, it is a gentle cardiac stimulant of peculiar action. It does not affect the stomach and centres as *Digitalis* does. It increases blood pressure by strengthening the heart beat through its direct action upon the nerves, and, therefore, is especially indicated in aortic regurgitation, where, as is well-known, *Digitalis* cannot be used, and also in all functional derangements of the heart connected with anæmia, neurasthenia, dyspepsia, tobacco poisoning, sexual exhaustion, in low fevers, and in pseudo angina."

Everything known in connection with the use of *Cactus* in heart diseases comes from the "Science of Therapeutics," *i. e.*, Homœopathy—but they will not acknowledge it. Worse luck for them.

SHOP-SILLY BUTCHERING.—"Recent news from Berlin states that the Imperial Commission appointed by the government to investigate bovine and human tuberculosis, reports that investigation shows that bovine and human bacilli are absolutely distinct, biologically, and that one never changes nor develops into the other."—*American Medicine*.

TRUE.—"Medical men can assist the medical journal very materially by reporting their interesting cases more frequently than they do and they will find that the doing so is of both direct and indirect advantage to themselves in various ways."—*St. Paul Medical Journal*.



TABASCO.—“ Why can the ignorant public longer doubt? The dust raised by a lady's trailing skirt may put tuberculosis in circulation. Yet no medical man, if taken into court and forced to place his personal testimony as to the contagion of consumptives on strictly judicial lines, would be able to prove his mere theory. Yet, the dear, deluded public never hesitates to adopt the statement made by a set of self-sufficient ignoramuses as a settled, veritable fact, when medicine has but little science to boast of, and is really as yet but an empirical art. We are told, too, that the leaves of books hide the microbes of congestion of the brain. Perhaps they do, since a stupid writer is most apt to put his readers to sleep.—*Dr. T. C. Minor in Eclectic Medical Journal, Jan.*”

ECHINACEA IN BURNS.—“ In burns *Echinacea* works like a charm. I apply it locally as well as give it internally. If very severe and deep tissues are implicated, I use it locally full strength, and also give it freely internally. It not only relieves the pain and suffering like magic, but seems to have a decided influence on the nervous system and reduces shock. I first apply the remedy diluted, or full strength, as the case demands, then saturate cloths with same and lay over parts loosely. Within a few minutes the patient will quiet down and drop off into a quiet refreshing sleep. By continuing the application locally and administering the remedy internally nature seems to attain greater efficiency in throwing off the morbid waste, thereby reducing sepsis of the system to the minimum, enabling the process of repair to progress without hindrance. In treating burns, great or small, never forget *Echinacea*. You will not be disappointed and your patient will be grateful.”—*Dr. E. E. Colglazier, Rush Center, Kan., Med. Arena.*”

EXAMINING BOARDS.—“ For the benefit of those who did not read the editorial to which the above is a rejoinder, I will state the case briefly: Dr. Schmoll, a man of unquestioned ability and integrity was *invited* by the San Francisco Medical Society to read a paper before it and conduct a clinic. He was not a licensed practitioner in California, and was therefore arrested and convicted, but the case was reopened and he was discharged.”—*Fort Wayne Medical Journal.*”

## NEWS ITEMS.

A "Cooper Club," named after the late Dr. R. T. Cooper, of London, England, has been formed. The *Homœopathic World* thus states its aims:

"In fact, in taking his name, the club guarantees that exclusiveness and negativeness will form no part of its makeup. The only right line to take, as Burnett said, is to 'try to cure everything.' Those 'homœopaths' who are always trying to please allopaths by telling them what homœopathy *can't* do will find no congenial atmosphere in the Cooper Club."

Success and long life to ye! *And always remember what Burnett said.*

The *British Medical Journal* has a rather interesting and suggestive editorial on the subject of "Mental Fossilization in Men of Science." The burden of it is that "official medicine" always seeks to crucify any beneficial discovery. Good for the B. M. J.

Commenting on a proposition to erect a statue to Father Kneipp in Vienna the same B. M. J. says: "It only remains for the enlightened administrators of the Imperial-Royal City to vote funds for statues to Hahnemann, Mesmer, Mother Eddy and 'Profit' Dowie." There is the true allopathic rattle and hiss.

It seems that Dr. Mende, homœopath of Zurich, who was appointed to the chair in Homœopathy in the University of Leyden, was not allowed to fill it owing to the prolonged howl of "official medicine." He is now President of the Homœopathic Sanitarium, at Davos, Switzerland. Bear this in mind if you have patients going to Europe.

Dr. Frank Kraft, editor of *The American Physician*, will conduct his next private club for visiting Europe, end of June, 1905, sailing from New York direct for Naples; the tour will then include the principal cities and historical places in Italy, Switzerland, Germany, Holland, Belgium, France, England, Ireland, Scotland, and return from Glasgow, in mid-September. Price per person is \$510, which covers all transportation and hotel expenses from New York back to New York. A fine opportunity for ladies, or minor children traveling without escort, or for tired out professional men, or school teachers, or students, or recent graduates, or for convalescents, or those along in life making

their first and perhaps only visit to Europe. No travel at night or on Sunday. Very little walking. References exchanged. Address, Dr. Frank Kraft, Manager, 57 Bell Avenue, Cleveland, Ohio.

Dr. Widmer E. Doremus has removed his office to 610 Kearny Avenue, Arlington, N. J.

Dr. W. A. Glasgow, of Missoula, Mont., has been appointed, by Gov., J. K. Toole of that State, as the Homœopathic Member of the State Board of Medical Examiners, his appointment being for a term of seven years. Dr. Glasgow will be pleased to correspond with any homœopathic physician who contemplates locating in Montana.

The RECORDER is indebted to genial Frank A. Ruf, president of the Antikamnia Chemical Co., for a very neat souvenir of the great St. Louis Exposition.

A first-class *homœopathic* physician is wanted to take up a practice in Calcutta, India. For particulars, address, P. O. Box 1582, New York City, or 101 College St., Calcutta, India.

*Essentials of Diseases of the Eye.* By A. B. NORTON, M. D., New York City, New York, U. S. A. Small 8vo., pp. 349. BOERICKE & TAFEL, Philadelphia, 1904.

In this little manual, the aim of the author has been to simplify the study of eye diseases, that the student and general practitioner may gain in a brief period of time, a practical knowledge of, at least, the more common affections of the eye. Careful study of the work shows that Norton has accomplished his task exceedingly well. As a result of nearly 25 years' experience in which the the author has seen many an eye lost that should have been saved by correct treatment at the beginning, he makes the following statement: "That observation has demonstrated that the general practitioner as well as the student look upon the eye as an exclusive specialty to be avoided rather than investigated;" how true this assertion! The result of this attitude, he correctly believes, has been detrimental to the best interests of the physician, and too frequently calamitous to the patient. With him, we hope that his book will contribute to a greater general interest and a better common understanding of diseases of the eye.—C. A. O., in *The Ophthalmoscope*, London.

## PERSONAL.

The latest thing down the scientific pike is the "sneeze germ." But what's the matter with snuff?

Well, Mary, you could not legally prove a marriage certificate to be a "bond issue."

You can hear a pin drop in a bowling alley unless the chump makes a fluke.

No, a "trunk strap" is *not* a "trunk line."

Most cases of "writers' cramp" could be cured by an abundant prescription of *Aurum met.*, crude.

A woman of the right sort 'tis said would rather take a ready made man's name than make a name for herself.

**FOR SALE**—An established office practice, located in one of Pennsylvania's best business cities. Commodious offices, well equipped and well located. Average cash business about \$7500 a year. Address P. O. Box 136, Lancaster, Pa.

Dr. Kent's *Lectures on Homœopathic Materia Medica* is THE book success of the year.

The man who "feathers his nest" generally does it with the feathers of others.

Among the "race problems," says Binks, that of the winning horse is the most abstruse.

They say that undertakers have no use for dead beats.

"Ha! ha!" said the Jiu Jitsu man to the "your money or your life" man, as he deftly broke his spinal column.

When it comes to "Parsifal" the matinee girl says, "You must wake and call me early. Call me early, mother, dear."

A young man told pop he was "worth" \$10,000 a year. When the old man found he was getting only \$600.00 he was wrothy.

Many a "self-made" man must suffer from remorse.

"Phenalgin" and the "*Critic and Guide*" ought make it pistols and coffee at five o'clock in the morning.

The "It's-too-bad-I-was-not-called-in-earlier-in-this-case" doctor is the one not popular with his brethren; so intimates the *Pacific Medical Journal*.

The world is growing better! Sure, 1900 years ago it was let those without sin cast the first stone and no one did. Now the righteous fling stones most vigorously.

When Depew asked a Congressman if his wife was "entertaining this winter," the Congressman sadly replied, "not very."

# THE HOMOEOPATHIC RECORDER.

---

---

VOL. XX.

LANCASTER, PA., APRIL, 1905.

No. 4.

---

---

## PSORINUM.\*

By C. M. Boger, M. D., Parkersburg, W. Va.

The *Psorinum* patient is pale, exhausted and thin; his body as well as all his secretions and excretions have an unusually filthy smell, he seems never to have washed himself; but although averse to bathing, it is not as in the *Sulphur* case, because he is averse to water, but rather for the reason that he is averse to cold of every description; so much so that the phrase, "He wears a fur cap in summer time," has been coined; the same has been said of the *Silicea* patient, however. In addition to this he is very depressed, imagines death to be near and is full of all kinds of fears; this depression borders on melancholy and brings it into close relation with *Aurum*, *Kali iodatum* and *Pulsatilla*, the three most despondent drugs in the *Materia Medica*; it is not a little remarkable that two of the four should be the principal remedies in tertiary syphilis, while *Psorinum* typifies a deeply rooted dyscrasia also. The patient has a great sense of weakness, is easily tired out, riding exhausts him and the sun seems to press him into the ground; this exhaustion is often due to a lack of reaction after a severe illness, for which it is the greatest of remedies, if indicated by symptoms like these: "Profuse sweat on slight exertion," "The body seems too heavy to manage, this tires him out and causes sweating," etc., etc.

The most confirmed symptom in its pathogenesis is "A dark brown, very foul smelling stool which shoots out of the anus," its chief characteristic being the extreme foulness; such stools may be present in cholera infantum, the attack being preceded by nightly nervousness and awaking from sleep in affright, just like

---

\*Notes from Lecture Delivered at Pulte Medical College, Cincinnati, O.

*Stramonium*, the stools of which, moreover, are also dark and very offensive; but it also has a pronounced paleness around the mouth, a symptom which is lacking under *Psorinum*. *Asclepias* has a very similar stool accompanied by a general tendency to sweat easily and profusely, but it feels like a stream of fire while being passed. Next in importance come the ear symptoms; its reputation in very fœtid otorrhœas is exceedingly high, the discharge is thin, acrid, and smells like rotten meat; let me warn you not to repeat the dose too often if you desire to do the best work and avoid complications; one dose of a very high potency will usually be quite sufficient to make a good and lasting cure. The skin symptoms are important, the surface looks oily and may have an herpetic eruption which itches intolerably from the heat of the bed, just like *Sulphur*; it may attack the scalp and from thence spread over the cheeks, a variety of scald head, or its favorite seat is apt to be in the flexures of the joints like true itch, of which this is the potentized nosode. It is useful in suppressed itch, in fact, all nosodes seem to be most successful in types of disease similar to the ones from which they have been derived or in helping to clear up and bring about reaction in imperfectly cured cases of the same disease; thus *Tuberculin* does its best work in incipient consumption, pneumonia and other respiratory affections which do not react properly. They are also used as prophylactics, inducing a more certain immunity than can otherwise be obtained; this is especially true of *Variolinum*, the small-pox nosode which I have tested to my entire satisfaction, even allowing unvaccinated persons under its influence to nurse and sleep with the small-pox victim, the children of the family doing the same; out of more than a dozen of such exposures I have not had a single infection.

The skin eruptions are very apt to be worse or reappear as winter comes on, and may disappear entirely during the summer.

*Psorinum* has the important symptom, "Headache with eructation;" you will not see it often in practice, but when you do you will give a great deal for the remedy that will cure; *Argentum nitricum*, *Calcarea carbonicum*, *Carbo vegetabilis* and *Nux vomica* are other remedies with the same symptom; you will choose according to the predominance and value of the concomitant evidence; under *Psorinum* the head pain is often accompanied or preceded by hunger.

Respiratory affections with inability to sit up is a very uncom-

mon condition; such patients, as you know, if in much distress, almost invariably desire the upright posture, but sometimes the reverse holds good; when you want a remedy to cover this peculiar symptom, it will most likely be found under one of the following: *Psorinum*, *Calcarea phosphorica*, *Hellebore*, *Kali iodatum* or *Laurocerasus*.

Many times *Psorinum* patients are unable to bear the pressure of the arms against the chest; so that in walking they are held away therefrom. I saw such a patient walk down the street yesterday; he held his arms for all the world like a chicken does its wings on a hot day; to confirm my suspicions I obtained a good look at his face and sure enough it had a greasy, muddy appearance, a typical psoric state. After you have been in practice a while you will think out these things for yourself; the patient's gait, his every action will speak to you more eloquently than any mere words of description possibly can. But to return after this digression, the symptom mentioned is of immense importance and will help you in many an obstinate case if you will only see it. *Psorinum* has cured the worst type of intermittent fever, congestion of the liver, asthma and other pectoral diseases, and a great variety of complaints when this out of the way symptom was present, so you see you cannot safely associate names of diseases and their remedies in an arbitrary manner, for each prescription must be based on a definite relation between the disease manifestations present and the action of the chosen remedy.

The patient is much affected by stormy weather and the cough and other symptoms are worse from uncovering even a hand, both of which strongly remind you of *Rhus toxicodendron*; the last condition is also an important one under *Hepar* and *Nux vomica*.

Aggravation from having the hair cut occurs under *Psorinum*, *Belladonna*, *Glonoïn* and *Sepia*.

Soft stool passed with difficulty, *Psorinum*, *Alumina* and *China*.

In greasy skin compare *Natrum muriaticum* and *Thuja*.

In lack of reaction it may be compared with *Kali iodatum* and *Sulphur*, especially the latter. Feels unusually well before an attack is an important symptom. It is similar to *Kali bichromicum* in headache preceded by blindness and other symptoms. Hay fever has been cured by it.

A CASE OF COLICKY PAIN WITH A FŒTUS-LIKE  
MOVEMENT IN ABDOMEN TREATED WITH  
A SINGLE HOMŒOPATHIC MEDICINE.

By A. W. K. Choudhury, M. D.

Patient, a poor Mahomedan female adult, named Mâkhau, came under my homœopathic treatment May 27, 1904. She being mother of two children, both surviving. She came to me with the following history and symptoms:

The colicky pain commences from the left ovarian region and spreads rightward to below the umbilicus, and then extends upwards. It is not constant, but when it ails her it increases in the morning and continues till noon, then the pain subsides and fever sets in. This fever is characterized by a chill of about an hour, then a severe heat followed by sweat, no thirst in any stage. The pain under pressure on the left ovarian region is constant, increasing especially at each menstrual nixus; during menses she has pains all over body and is feverish; flow copious, may be with blackish clots, and it continues six days; menses irregular, some days too early or some days too late. She had been ill nine months.

She notices a foetus-like movement in the abdomen from left to right and then sometimes upwards.

Bowels open daily, once; stool hard, not sufficient; never diarrhœa; no thread-worms; acidity afternoon, evening or morning; heartburn; acid eructation; taste in mouth insipid; appetite dull; urine sometimes colored; sleep, good; heaviness of head; toothache.

Dark complexion and black hair.

Never leucorrhœa; vertigo when closing the eyes; headache; photophobia and lachrymation since nine months ago; no warts anywhere; spleen little enlarged; pain under percussion on right hypochondrium and epigastrium, and below navel a little to the left; nails all right; vaccinated in infancy; itching all over body since about a month; itching increasing while sweating.

1-6-'04.—*Thuja* 30, two doses given; to be taken daily, one dose.

Diet: Rice, vegetable curry, milk.

Bathing allowed.



7-6-'04.—Felt much better for three days; menses five days; menses on this occasion at full month; pain in abdomen much less; no fœtus-like movement in abdomen any more; complaints little increased since yesterday; no toothache; pain all over body; bowels open; appetite as above; heartburn.

Repeated one dose.

8-6-'04.—Pain in abdomen no more felt; no more fœtus-like movement in abdomen; pain all over body somewhat less; heartburn always, frequent eructation; daily, one or two better stools; stools soft with bad smell; appetite not good after evening; taste in mouth insipid; burning of eyes; heat of soles of feet; paleness of hands and of vertex; pain under pressure on abdomen a little below the navel and a little to the left, where a hardened structure of about the size of a hen's egg is felt under the fingers; slight enlargement of spleen; no pain under pressure on right hypochondrium and epigastrium. *Placebo*.

She continued under treatment and observation till the 14th inst., getting only *Placebo*. She gradually improved and fully recovered.

*Remarks*.—Three doses only cured her complaint. A bodily complaint of nine months' duration disappearing with the administration of three doses of the medicine would not fail to excite envy and admiration in the bosom of our elder brothers, the allopaths, if they kindly condescend to study the case.

*Thuja* was tried in this case, and why? Dr. H. C. Allen, in his *Therapeutics of Fevers*, mentions *Thuja*, *Crocus*, *Sulphur* and *Nux* as having the movements of living child in abdomen. Our patient was vaccinated; and treating chronic cases previously vaccinated we may get a good help using *Thuja*. Her left ovarian pain increasing at every menstrual nisis is another symptom in the patient to indicate *Thuja*. So *Thuja* was selected and given her.

*Satkhira P. O., Calcutta, India.*

---

## HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The fifty-third annual meeting was held in the ball-room of the Hotel Ten Eyck, Albany, on Tuesday and Wednesday, February 14th and 15th, 1905. The President, Dr. Bukk G. Carleton, pre-

sided and in calling the meeting to order on Tuesday morning introduced the Rev. Lorenzo D. Case, who opened the proceedings with prayer. The sessions were well attended by physicians from all parts of the State, not to mention visitors and contributors to the proceedings from other sections of the country.

The report of the Treasurer, Dr. Chas. T. Haines, showed a comfortable balance in the treasury.

The Necrologist, Dr. H. Worthington Paige, presented an obituary sketch of the late Dr. William L. Fiske, of Brooklyn, one of the State Medical Examiners and an esteemed member of the Society.

The following physicians were elected to membership: Drs. Wm. Perrin, G. Hoffman Peters, F. N. Whitehorne, J. Wilford Allen, Jos. H. Beattie, Otis M. Wiley, F. W. Cornwell, Edw. G. H. Beck, Thos. A. Wasson, Hills Cole and Guy B. Stearns.

The following papers were reported under the various Bureaus. They were unusually practical and interesting in character and elicited good discussion:

“Infant Feeding,” by O. D. Kingsley, M. D.

“The Physicians’ Unpaid Debt to Youth,” by George Parker Holden, M. D.

“A Talk on Materia Medica,” by Geo. S. Royal, M. D., of Des Moines, Ia.

“The Rosacea,” by E. Wilton Brown, M. D.

“Comparisons of Chamomilla, Colocynth and Dioscorea as Abdominal Remedies,” by E. E. Snyder, M. D.

“Bryonia,” by Walter Sands Mills, M. D.

“Why Are the Secondary Attacks of Appendicitis More Liable to Be Dangerous Than the Primary?” by W. L. Hartman, M. D.

“Irreducible Hernia; of the Aged; of the Obese,” by A. R. Grant, M. D.

“When to Operate for Hernia,” by B. W. Sherwood, M. D.

“Ulcer of the Stomach and Duodenum,” by George T. Morely, M. D.

“The After Effects of Abdominal Operations,” by DeWitt G. Wilcox, M. D.

“The Relation of the Kidney’s Gynæcology,” by Homer I. Ostrom, M. D.

“Some Notes on the Use of High Frequency Currents in Navel Disease,” by J. B. Garrison, M. D.

"Laryngeal Tuberculosis," by F. D. Lewis, M. D.

"The Significance of Oral and Facial Deformity," by G. B. Rice, M. D., of Boston, Mass.

"The Polyneuritic Psychosis," by Roy E. Mitchell, M. D.

"The Rest Treatment," by A. J. Givens, M. D.

"Vicarious Medication for the Insane," by J. T. Greenleaf, M. D.

"A Plant that Causes More Ruminant Animals to Lose Their Hair, and the Gagus Plant," by W. U. Reynolds, M. D.

Election of officers resulted as follows: President, DeWitt G. Wilcox; First Vice President, Wm. Tod Helmuth; Second Vice President, B. W. Sherwood; Third Vice President, Geo. R. Critchlow; Secretary, H. Worthington Paige; Treasurer, Chas. T. Haines; Necrologist, John Hutchinson; Counsel, F. E. Wadams, Esq.; Censors, H. D. Shenck, G. W. Roberts, T. D. Buchanan, A. B. Van Loon, Geo. E. Gorham, Louis Faust, S. W. Hurd, B. J. Maycock, F. D. Lewis.

The banquet of the Society was held in the Ten Eyck on Tuesday evening and was largely attended. This occasion was seized upon by the Society as a suitable time to present their esteemed fellow-member, Dr. Wm. Henry Watson, of Utica, with a beautiful loving cup. The speech of presentation was made by Dr. M. O. Terry, Ex-Surgeon General of the State. Dr. E. H. Porter presided as Toastmaster, and speeches were made by the following distinguished guests: Dr. B. G. Carleton, President of the State Society; Dr. Geo. Royal, President of the American Institute; Joseph A. Lawson, Esq., Dr. Wm. Henry Watson, Andrew S. Draper, LL. D., Commissioner of Education; T. Guilford Smith, LL. D., Regent of the State University; Pliny T. Sexton, LL. D., Regent of the State University.

H. WORTHINGTON PAIGE,  
*Secretary.*

*256 West 57th St., New York City.*

---

#### QUARTERLY MEETING OF HOMŒOPATHIC MEDICAL SOCIETY.

Quarterly meeting Homœopathic Medical Society, held at the Homœo. Hospital, Alexander, street, Rochester, N. Y., March 14th, 1905.

The following papers were taken up: First, Dr. Frank T. Bascom, on "Current Topics;" under this took up treatment for pneumonia; the too frequent use of *Strychnia* was condemned.

Next paper was a report of three cases treated with X-ray and they showed very gratifying results. Of the three cases, one was lupus and one chronic tubercular peritonitis.

Following that was a paper by Dr. David B. Jewett, on "Diagnosis of Incipient Tuberculosis and History of Healed Lesion," which was a very interesting and profitable paper.

Following are the officers for the ensuing year: President, Thomas Parsons; Vice President, William W. Winans; Secretary and Treasurer, William Perrin; Executive Board, Frank T. Bascom, L. J. Sanders, Wm. E. Dake; Censors, W. B. Carman, W. S. Rambo, H. W. Hoyt.

---

## THAT NAUGHTY GERM.

Editor of HOMŒOPATHIC RECORDER.

Of late our ears are never permitted to rest from the omnipresent sound of this helpless and innocent individual. At every street corner, and almost in our morning cup of coffee, we are constantly reminded that we are in deadly peril from its ravages, until the query arises as to whether life is worth the trouble it would take, if anybody were so silly as to attempt to escape by following the vague, various and altogether troublesome advice of the ordinary medical man of the twentieth century, as to ways and means of escaping the pangs of these altogether useful and harmless bugs. Even the ever progressive chemist, in his astounding directions to us poor, ignorant doctors as to just how we should practice medicine, and I have always thought that this required a large amount of nerve on his part, sings to us the same old song. Their stories are usually introduced by a statement to the effect that all disease is caused by germs, and all we have to do is to have our patients swallow several bottles of Dr. Killen's Lung Balsam, which is sure death to the germ, and is guaranteed not to injure the patient. They are so very solicitous of the doctor's success, just so long as he is fool enough to prescribe their nostrums, which brings them the patient's dollars, leaving the doctor to hold the bag, which remains empty.

But the latest comes from the ever ready pen of that very able and ethical germophobist, Dr. Arnold C. Klebs, of this city, which appeared in "The Daily News" of March 4, 1905, entitled "Spitting and Tuberculosis," in which he says that "Many experiments have been made, which prove conclusively that inhaled tubercle bacilli do cause tuberculosis; of course, not in all cases, because *the inhaling individual has to have it in him.*" Italics mine.

Would Dr. Klebs be so rash, in this year of grace, 1905, after making the statement quoted above, as to teach that the bacillus is the cause, *per se*, of tuberculosis? No one who is familiar with the subject claims this to be true; but that bacilli form ptomaines, and these cause the disease. But if this be true, why do these ptomaines prove so much less malignant than others? We all know that if the healthiest person eats meat or vegetables containing ptomaines he is sure to suffer the consequences. But in the case of tubercle bacilli there are no deleterious results produced on one who is in good physical condition.

Dr. Klebs tells us that "He must have it in him" before they can be productive of harm; and then, as if he saw that this proved too much, he adds that he "has to be predisposed in order to give a favorable soil for the growth of the germ." By what rule of logic does the doctor use this as an argument to prove that the germ is the cause of tuberculosis? But he does not stop with these statements, but gives an illustration of his conception of the cause. He says: "The chances for getting rich, renowned, respected are there for everyone, but not everyone 'has it in him' to 'catch' such positions." Now, I wish a careful perusal of these statements that I have quoted. Clearly, they teach that he believes the cause of some being successful is that they "Have it in them."

Then, in all candor, does he not prove that the condition of the system is the cause of tuberculosis, rather than the germ? Taking his own statements and applying to them the simplest rules of logic, he proves the germ to be a result of a cause that he says "The inhaling individual has 'to have it in him.'"

He, like many others, ignores the most important factor in the production of tuberculosis or any other disease, viz., *vital force*; because, like others, he has been trained to think only of the material, that which he can see, handle, weigh, measure, forgetting that these physical qualities belong to but an infinitely small fraction of this universe.

I think that Dr. Klebs will agree with the statement that the children of tubercular parents are more liable to contract the disease than those whose ancestors are healthy. If so, will he be so kind as to tell us why? I think he will also agree with me that life insurance companies in general do not consider such persons good risks. Will he tell us why? Did they inherit anything that makes them so? If so, what was it? No one now believes that the germs are transmitted from parent to child. Then what is transmitted that makes them more liable to contract the disease than others? And is this something not the cause? If not, what is?

During the two score or more years that the germ has occupied such a large place in the minds of the medical profession, not a single one of them has ever written or said a single thing that could prove to anyone capable of seeing both sides of a proposition that the germ is the ultimate cause of disease. They all arrive at the same point that Dr. Klebs does, viz., that *he must first "have it in him"* before the germ can do any harm.

For ages the medical profession has been looking through a microscope, and searching through the tissues and organs of the human body in a vain attempt to see the unseeable, and thereby discover the cause of disease. And when they have found certain pathological conditions or changes, they at once have told an astounded world that these are the cause of the disease in question. But it never seemed to have occurred to them that there must be a cause for these changes that was operating on the individual before the changes were wrought.

Pathology, or, more properly, morbid anatomy, is never a cause, but always a result of disease, the cause having been acting previously. The germ can only live in tissues that are so diseased that they have lost their power of resistance. And in all that class of so-called chronic diseases, the type of which is tuberculosis, this is the result, simply, of lowered vital forces. This is what the child receives from its ancestors in those cases in which heredity plays a part. Who can discover the weight, size or color of this vital force? Force or power has never been discovered. We only know it by its effects.

If the germ is the cause of tuberculosis, why do all physicians direct their treatment of the disease entirely to building up the vital force by engaging every known means to increase nutrition? Why have they abandoned the once popular idea of saturating the

patient with phenic acid and kreosote for the purpose of killing the germs? The reason is obvious. They soon discovered that the treatment killed the patient, without doing serious harm to the germs or sensibly affecting the course of the disease.

It is a well-known fact that the healthy human blood will kill any disease germ at once, when it is so unfortunate as to get into it. The white blood corpuscles are the only germ killer that Nature ever uses. This explains the present efforts by the medical profession to build up the nutrition, thereby increasing the vital powers and the number and quality of the white corpuscles, and in this manner increasing the power of resistance against disease, or assisting nature in throwing it off.

E. R. MCINTYER, M. D.

70 State St., Chicago, Ill.

---

## APOCYNUM CANNABINUM.

Prof. Jerome M. Keys, M. D.

This is one of our indigenous drugs that seems to have been almost forgotten by the majority of physicians in the rush for something new; it has not received the careful study and proving that it deserves.

During the past winter I have prescribed it in several cases of albuminuria presenting the following symptoms: Pulse, rapid but lacked strength; temperature, in the morning below, and, in the evening, very little above normal; appetite poor, and dirty white coat on tongue; stomach and abdomen full and doughy to touch; accumulation of gases in stomach and bowels with eructations; occasional night sweats and œdema of extremities.

It was prescribed in 1st dilution and never more than in one drop doses; generally twenty to thirty drops to water, four ounces, a teaspoonful every two hours. If there is nausea alternate with *Ipecac* 1st dilution, five to ten drops, water four ounces, a teaspoonful every two hours. It is better to give these two remedies in alternation in both cases, as *Apocynum* alone will produce nausea in a great many cases, and cannot be continued long on that account. In using the remedy in this way it is pleasant and prompt in its action. The appetite and digestion improves, the oedematous condition subsides, and the amount of albumen daily

decreases till in a short time it entirely disappears and the patient rapidly regains the usual health and vigor. Now, I do not claim that *Apocynum* is a specific for Bright's disease, but if, in any case, you have these symptoms, or the majority of them, no difference what the name is, give *Apocynum* and your patient will get well if there is vitality enough in him to recuperate. What I wish to call your attention to in particular is the effect of this remedy in obesity and corpulence, and rheumatism, presenting the symptoms heretofore named. In these troublesome cases, the result has been surprising. Corpulent patients have decreased in size around the waist six inches in one month, and decreased in weight nearly twenty pounds in the same time; with a corresponding increase in health and strength. The only noticeable effect to most patients was an increase in the amount of urine passed and a more regular action of the bowels, with an increased tendency to physical exercise. In some of the cases that were relieved by this remedy there were frequent eructations from the stomach, and some very unpleasant cerebral fulness, and loss of consciousness, for a few seconds at a time.

As an anti-fat it deserves an important place in therapeutics. When obesity is becoming a burden to the patient, and there is a plethoric condition, with gastric and cerebral disturbance, *Apocynum* will give prompt and certain relief, and reduce the excessive fat materially, and is free from any unpleasant after effect.

Do not become skeptical in regard to this treatment on account of the dilution of the remedy, and the small dose prescribed, but test it without prejudice at the first opportunity that presents and satisfy yourself.—*Medical Outlook.*

---

## ECHINACEA IN FURUNCLES.

Thomas L. Shearer, M. D., Baltimore, Md.

There are probably few things that, in proportion to their size, can be the cause of such discomfort to the patient as the little inflammatory processes known as furuncles, which are frequently encountered in the external auditory canal. Whether the furuncles have been produced by an infection from the edge of the fingernail or from the use of such articles as hair-pins, toothpicks, etc., introduced into the canal in order to relieve itching or other irritation, the tendency is always towards suppuration, and the dis-



charge of the septic contents. After employing various remedies, such as *Mercurius*, *Pulsatilla*, *Silicea*, I have lately been in the habit of prescribing the tincture of *Echinacea angustifolia*, twenty drops in a spoonful of water every two or three hours, according to the severity of the symptoms. The drug acts very promptly, and after reducing the surrounding zone of inflammation, diminishing its induration and its extent, it seems to bring the suppurative process to a focus, with the thorough removal of the broken down tissue. When one meets the same condition in the nostril, usually in the locality of a hair follicle from which a hair has been pulled and into whose cavity some aseptic material has been introduced, the degree of the associated inflammatory swelling may be enormous, extending into the upper lip and also the cheek in addition to the nasal septum and the tip of the nose. In these cases I always prescribe the *Echinacea* tincture as soon as the symptoms are decided—the earlier the better. Of course, one would naturally incise the furuncular process as soon as the presence of pus was definitely made out; to do so before the stage of suppuration is an error to be particularly avoided. The *Echinacea* should be continued until the last piece of diseased tissue has been discharged from the crater-like aperture of the furuncle and healing has commenced. When one passes in review the different remedies that may be of service in septic conditions affecting the human body, there are none which can approach *Echinacea* in reliability of action and good results. As this medicine was the means of saving my own life some years ago, when suffering a most virulent carbuncle upon the back of the neck and head, I can present personal testimony concerning its value. The action of the plant is particularly called to the attention of the members of this Society because of the annoying nature of the furuncles which are found in the auditory canal and in the nostril. In both places, owing to the character of tissue involved, there is very little space for the inflamed area, and consequently the general tension and resulting pain are pronounced.—*Hom. Eye, Ear and Throat Journal.*

---

#### ECHINACEA IN CARBUNCLE.

“There is one thing I want to impress upon the mind of the reader, and that is that *Echinacea* is a specific for carbuncle. Some time since Dr. Harkness, of Belleville, Ark., had a car-

buncl on the back of his neck, and he had reached a point that they thought he could not live. They had been treating him the ordinary way the best they could, but he grew worse. Finally Dr. Heck, of Danville, Ark., was called, and he prescribed *Echinacea* alone. Gave it internally and applied it locally. He began to improve at once, and made a rapid recovery."

"Last summer I was called to see an old lady who had a carbuncle on her back, almost as large as a saucer. She was very weak. There were several sinuses almost an inch deep. I gave her *Echinacea* internally and kept absorbent cotton wet with *Echinacea* bound to the place. It stopped it right there; the sinuses filled, and it slicked over as slick as an onion."—*Dr. J. F. Daniel in February Medical Brief.*

---

### CRATÆGUS OXYACANTHA.

Now I don't propose to simply give you the indications for the drug, as the books do, excellent though they be, but rather what I have myself learned of it by actual experience. For the past three years I have been studying and testing *Cratægus*, and have arrived at the conclusion that it is the medicine par excellence in nearly all heart affections. I do not mean at all that it will take the place of the many other grand remedies that have served and do serve good purposes. I do mean that it is the sheet anchor in the treatment of cardiac lesions of whatever kind. Not that it acts upon the muscular structure as *Strophanthus*, or sedates as *Aconite* or *Veratrum*, or stimulates as *Glonoïn* and *Strychnine*, or depresses as the various coal tar products, or "whips up" as *Digitalis*. I cannot better compare its action to anything I can think of at this moment than the effect of a good meal on a cold, tired, hungry, out of sorts man. Perhaps some might think whiskey, or alcohol in some other form, would put a man in good humor and give him happy feelings quicker, but ten to one it would only increase his irritation and would surely weaken him after the ordinary stimulus had subsided.

The food warms him by producing heat in the necessary work of all the organs of digestion; satisfies hunger by first giving the stomach something satisfying and congenial to it, and later furnishing all tissues with the necessary new material for the recon-

struction of their cells by their metabolic action in anabolism and catabolism, a little secret they keep to themselves. It rests him by thus giving renewed strength and vigor, and, like any other animal, he is likely to go to sleep and that puts him in "good sorts" again.

So it is with *Cratægus Oxyacantha*. It seems to simply act upon the cells through the nervous system to enable them to go on properly with the work of metabolism; so that whether it is a worn out valve, as in regurgitation, or a stenosis through vegetative growths, or otherwise, or a failing compensation through either of these, it regulates as aforesaid the work of metabolism, creating a proper equilibrium both as to anabolism and catabolism, which is correct physiological function, and that is the end we have in view in the administration of all remedies.

I would not have you believe that it will rejuvenate a heart where compensation has failed and dilatation has taken place. I have had four such cases, all of which died in spite of *Cratægus* and everything else. But in every other condition I have implicit confidence that it will bring about a satisfactory condition.

I have two interesting cases at present that seemed to resist all treatment, but they are both under the use of *Cratægus* surprising themselves as to results, and one of them is surprising me.

Now don't misapprehend what I am endeavoring to insist on, viz., that we have in *Cratægus* by far the best all-round heart tonic, that it is indicated whether pulse is slow or feeble, or quick and feeble. Indeed, if there is any pathological condition in the heart structure or in the pericardium, whatever the symptoms, *Cratægus* is the remedy most prominently indicated. However, if we have well defined indications for any other remedy at the same time, give it; results will be better in conjunction with *Cratægus* than without it.

It has been said that the rheumatic heart is particularly the indication for the drug, but as three-fourths of all organic heart affections are produced by rheumatism, it only shows it to be the remedy in a pathological condition of the heart, as *Cratægus* seems to have no effect for good on rheumatism anywhere else, at least I have never seen or heard of it.—*A. P. Baird, M. D., in Los Angeles Journal.*

## BACILLINUM.

Some five years ago I had under my care a boy about fifteen years of age, who was taken with pleurisy on the left side. The pulse was about 120 and temperature about 104. He was doing as well as could be expected under the remedies used, as the pulse had come down to about 90 and temperature 100, when he had a relapse from some cause, probably from a draught. His temperature then went up to 103 and he commenced to show symptoms in a different form, such as night sweats, diarrhœa, cough, rapid emaciation and loss of appetite. In the next two or three weeks his temperature fell to 102 and it stayed there until I was beginning to think that a change must be made soon or I would not have any patient to treat. I think I was more discouraged than the family, and they had nothing to encourage them. Finally the mother of the boy came down to my office and told me that he was coughing until he was completely exhausted. I hardly knew what to tell her or what to say after using all the remedies I had and none of them doing any good. I gave her eight pellets of *Bacillinum* and told her to try them, and I would see the boy again, but also said to her that if that did not help him, I did not know anything more to do. When I saw him I was greatly surprised; he had never had a hard coughing spell after using the pellets. The fever, night sweats and diarrhœa had left him; his appetite had returned and he now seems to be as healthy as any boy in Newark. This same family lost a child previous to this, and would have lost a second, one younger than the boy, but the physician who attended it just stopped of his own accord, and I was called and gave it *Bacillinum*. I did not think much about it then, until about six months afterward I had the case which I have just described.

Another case I wish to mention is that of a child 18 months old who had been treated by two different physicians, one of them attending it three times a day, the other twice; finally the parents were advised to try me, as I was of a different school of medicine. I did think when I saw this child that it was a good test case for *Bacillinum*, as it had some of the most striking symptoms of that drug. As near as I can remember its temperature was about 101, some cough, diarrhœa, night sweats and no appetite and the most emaciated child I ever saw but one. It was too sick and weak to

even look at one and did not seem to notice anything. It had those indolent, angry-looking pimples on its face and to make matters worse, had developed about eight teeth all at once and had a very sore mouth and greatly swollen gums. I gave this child *Bacillinum* and in less than a week when its father came home from work it reached out its little thin arms for him to take it—something it had not done for a month. I did not need to tell them the child was better—they knew it. One peculiarity I have found in *Bacillinum* is that when you have used it in a family once, if there are any of the rest of the family affected in a similar way, it seems to be the only remedy to make a cure.

Now I could give you several more such cases, but I just want to show what there is in *Bacillinum* by giving a few cases from actual treatment. The most gratifying thing to me is to know that I have cured my patients with this wonderful remedy, when no other remedy that I could find was of any account. I have used it in a great many cases of cough and if it had not relieved them at once, I would have had cases similar to those I have described.—*S. D. McClure, M. D., Newark, Ohio, in Cleveland Medical and Surgical Reporter.*

---

### THE MNEMONIC SIMILIAD.

This little book, from the pen of Dr. Stacy Jones and the press of Boerick & Tafel, while it presents no new medical matter, does possess the distinguishing merit of presenting an old and hoary series of facts in a new and taking dress. Dr. Jones, who has been "guilty" of other little novel ways of breaking into the monotony of materia medica writings, gives us the leading remedies of Homœopathy, each with a little now-I-lay-me-down-to-sleep doggerel, carrying the chief symptoms of the remedy; then follows it up with a mystic series of words and letters designed to compress a lot of materia medica information within a very small compass. His poetry, while at times startlingly original, is well couched, and carries the main symptoms in a catchy rhyme, most like to stick somewhere along the lining membrane of the calvarium. His other hieroglyphics and their meanings we have attempted to follow, but not always successfully.

It reminded us very much of the Loissette and other artificial systems of improving memory, in that, if the same care and pains

were given to the memorizing of the word or thought as is inculcated and advised in the construction of a verbal scaffolding, there would be no need for the scaffolding. If, in other words, the same care and fixed attention were bestowed upon the acquisition of the key-notes of our materia medica, as is recommended to be given to the acquisition of these hieroglyphical characters and occult meanings, there would be no need for a Similiad. But since this required fixity of attention is NOT given to the study of materia medica, and the modern way of teaching materia medica, in most of our colleges, is a mere effort to corral and possess a half-hundred unrelated symptoms of each remedy, this Stacy Jones song system will fill a long-felt want.

In what we have said thus far, or may yet say, we do not wish to be understood as ridiculing the Similiad. Far from it. We welcome it and most heartily recommend the book to our readers. We note, imprimis, that Jones gives each of the remedies a fanciful name in order to combine them in phrases for memorizing, by reason whereof he produces some ludicrous combinations which ought to "stick." For instance, the other name for *Bismuth* is Bishop, so he constructs this moral epigram: "The Bishop Chi Car is in a snarl with the Nun." Again, "This Bishop being lonesome, is on a stray walk with Lily and Con.;" Chi and Car being themselves words for remedies; and so are snarl and stray walk Lily and Con. Many other original and startling phrases are to be found. He gives *Kali phos.* the side name of Kipling, and has "Kipling" do a whole lot of odd and unusual things.

This suggests to us the feasibility of adopting for our remedies the immortal fashion of the electricians when they call their apparatus and tools and technical parts and doings after the men who were instrumental in giving power and name to electricity; thus we hear of so many Watts, so much Voltage, and Amperes, and Coulombes. Why not call our remedies after our principal men, workers, practitioners, writers and students? Call *Belladonna* after Biggar, *Dulcamara* after Dewey, *Pulsatilla* after Pratt, *Gelsemium* after Gatchell, *Hellebore* after Horner, *Nux vomica* after Norton, *Podophyllum* after Porter, *Sulphur* after Shears, *Kalmia* after Kent, *Wahoo* after Wood, *Anacardium* after Allen, and so on to the end of our roster of names and list of remedies. Note what nice phrases might then be made, as follows:

Bigger, who has apple cheeks and a bald pate, went pouting with Porter. Or

Gatchell, who has pretty eyes and ears, fought two ensanguined rounds with Shears.

Or how would the following do:

The Abbott, Pemberton-Dudley, is a coward in the dark; he owns up to it.

Achsa B. Norton, the Creole Baptist maid, and her brother Jo Garrison, the drover, sang for Royal and his Arabs.

Alonzo Delamater seeks a row with the Sour Negro, Young Hyson Roberts, the Carver.

Silvester Richey Horner and his brother, Clendennin, the rich old sports, are on the road to Mandelay.

Arny Cowperthwaite, the baptist, roasted poke root for old squaw Sabin.

Allen Clay, the black bishop, of Hering, is buying aloes from the Caucasian lady in the Café.

This barber, Anshutz, who is subject to a pot-belly, is to go to China with Calvin Bartlett for a mess of eels.

This Ham Bigger, who is subject to loss of voice, is up in Dewey's car on the coast sporting with the Ammonite bums.

This Captain Pratt, who is always chilly, void of vital heat, and minus the last inch, is the fussy jawing chap at Man's end.

This dam Gibson, who is subject to a tender coccyx, is at Pete Walton's with Ruth Carba and sister.

Antinuuous Copeland is the ideal Golden Calf of Rhodes.

Stephen Knight, with the drooping eye-lids, the gay old plumber, is called to Gatchell from a vessel on the coast of Russia.

This Moffatt, who is subject to warts and has tangled matted hair, is at Shenk's, with a load of sabina roots from the coast, of Long Island.

This McLachlan, who is subject to sciatica, is with his child Zip, in a black buggy at Apo Hinsdale's, with Col. Gregg Custis, of bushy hair and tender feet.

The Saint, Hoffman Porter, who is as blue as a Cim-hyson plum, is with the old nun, Jessie Taren, in the vale of Zu-zu Moss.

The pastor, Gaius Jones, the Grecian giant saint, and his son, are in a jam with the Spanish twins, fattening on ale from cypress.

And many, many others, some most relevant and others vilely slanderous.—*Frank Kraft in American Physician.*

## MACHINE MEDICINE.

In a recent editorial the *Medical Brief* spoke of the drift toward State medicine, and showed the dangers of the same. The State has no more right to interfere in medicine than in religion, yet if we do not look out we shall have State medicine, nevertheless. A bill has been introduced into Congress recently to incorporate the American Medical Association, giving it the power to make laws, rules and regulations.

Section two gives as a reason for corporate existence the intention to promote science. Section three asks for all the usual powers and rights of a business corporation.

Now, stop and think what this means. Most of us are familiar with the history of the great commercial corporations—the trusts. Their use of the great machinery under their control to oppress and wipe out individual business, the heavy tax laid upon consumers through the possession of monopolistic power, does not make the thought of a great medical trust particularly alluring, does it?

Suppose the Methodists, Baptists, or other sect, should incorporate to promote religion. That would mean Methodism or the doctrine of the Baptists, would it not? And what would be likely to happen when the doctor or the people disagreed with the "promoters" as to what constituted science?

The power which the Church once exercised would be as nothing beside that which such an organization would wield over the medical profession and the people. Every act of the doctor would be subject to the approval of the trust. He would be a minor subordinate working under orders, allowed no discretion, likely to be called up and disciplined for expressing a dissenting opinion or adopting an independent course of action.

It is best to have a clear understanding of what the situation will be before we become so tied up that we are helpless. Do you not think we have about enough medical law now? If, for family or other reasons, you want to move from one State to another, you, who have been practicing medicine successfully for years, have to submit to an examination, and pay a fee before you can earn a dollar just like the tyro fresh from college.

We are not opposed to the American Medical Association, *per se*, nor to any body of men who voluntarily associate themselves



for purely scientific or social purposes, but all history and all knowledge of human nature show the danger of placing great power in the hands of any set of men. Men are men, not angels, and the possession of great power dehumanizes. There are not a hundred men in the world, however great and good, that it would be right or safe for the doctor to place his liberty and welfare in their hands.

The history of machinism, whether in politics, religion or medicine, is and always will be one of tyranny and mediocrity. Inefficiency and abuse of power are inseparable from a system which develops bosses at the top and puppets at the bottom.

Do we want a few Czars controlling a powerful machine in which we are only the pegs? Is it not astounding that any set of men should have the temerity to ask to be made the masters of the medical profession?

Do not entertain any illusions on this point. The history of organization in medicine will be the history of organization elsewhere. The stoppage of progress, the encouraging of authority, the emasculation of the doctor, the inevitable dissatisfaction and unhappiness in the cramping of development, to say nothing of the practical restrictions and handicaps placed on the physician, are results certain to follow as they have always followed the rule of the machine.

Do you like to be dictated to? Do you enjoy acting or thinking according to someone else's ideas instead of your own? Do you want to be told what you must prescribe, what you should read, how you should think on various questions? Medical organization is much like a Punch and Judy show, and if you do not like being a puppet you are better off outside of one.

Did you ever stop to think how the working of this autocratic spirit in medicine has shorn the doctor of his rights? We are accumulating vast stores of mental rubbish, and elaborating a drawn-out system of imparting the same. Then we tie each other up with legal red-tape, and try to make an organization to do the thinking for the profession.

Thinking and study is the only way to get an education, and it requires the atmosphere of liberty. The facts which serve as a basis for thought a man will get somehow. Doctors will go on investigating and drawing conclusions until the end of time because Nature is stronger than machines, but if they will use a little common-sense and foresight they will save themselves and the

people a great deal of harmful experience by setting themselves determinedly against the evils of machine medicine.—*Medical Brief.*

---

### THE GONOCOCCUS AS A CAUSE OF DISEASE.

Before Neisser's discovery in 1879 an attack of gonorrhœa seemed a trivial matter, and the cessation of the discharge was hailed, both by patient and physician, as the termination of the disease. Now we have learned to know better, and are gradually realizing that the gonococcus is one of the most destructive and baneful organisms which infects the human economy. Unless persistently combated from the start, it is liable to extend to the deep urethra, the prostate and seminal vesicles in the male, and to the uterus, tubes and ovaries in the female, giving rise to disorders which only too frequently persist for a lifetime. There is no doubt that renal disease is often due to gonococcal infection, and the frequency of gonorrhœal affections of the joints is only now being properly understood. It is scarcely necessary to mention how many eyes have been sacrificed to gonorrhœa.

Unfortunately, our medical literature in recent years shows that gonorrhœa is not by any means uncommon in the very young. It is startling to read the statistics of dispensary physicians in what has been called the "red-light" district of New York, and it is to be hoped that the spirit of prudishness, which has been one of the greatest obstacles to efficient prophylaxis in this country, will soon yield to a more liberal spirit, leading to the adoption of some practical means of greatly diminishing the spread of the disease.—*International Journal of Surgery.*

---

### "MODERN MEDICINE" VS HOMŒOPATHY IN ELEPHANTIASIS.

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

In one of the last numbers of the *Muenchner Medizin. Wochenschrift* (Vol. LI, No. 18, dated May 3, 1904) an allopathic physician publishes a case of thickening of the lower leg, as from ele-

phantiasis with a diffuse formation of "knots and warts." Now, since I have quite a similar case in my polyclinic, I will make this the subject of my article, hoping that a comparison of the respective methods and results may be of interest to the readers.

The case treated in my polyclinic was that of an otherwise healthy widow, fifty-seven years of age, whose lower left leg, when it came under my treatment, presented the following conditions: The left leg from the tips of the toes to within a handbreadth of the knee was considerably thicker than the other leg, and the contour of the leg was hardly to be recognized. Where the leg joined the dorsum of the foot, and all around the ankle, the leg was almost entirely obliterated as to its outline and there were only traces of the toes left. The whole leg, from its clumsy appearance, did full justice to the name of *elephantiasis*, and was not dissimilar to an elephant's extremity, whence also the name, as is well known, is derived. As I shall treat of this case at greater length at some future time, I will only briefly state here, that the disease is due to an enormously exuberant growth of the connective tissue of the cutis while the superficial epidermis has but a slight part in this morbid process. Congestions in the lymphatic circulation also contribute to aggravate this process. The cuticle in this morbid growth forms coarse knots and protuberances of connective tissue which stood up side by side as large as filberts in the present case—as large as walnuts in some other cases; their surfaces being separated by deep furrows, horny and covered with solid crusts. It might be compared to a badly paved cobble-stone pavement. These furrows continually discharged in this case a yellowish fluid, which, on being examined microscopically and chemically, proved to be lymph. Owing to this constant humidity, the skin of the lower leg was much irritated, sore and inflamed. Every hour fresh linen rags had to be wound around it to take up the lymph. To this was added a constant burning and lancinating pain, which did not cease even when the limb was at rest. The woman was totally unable to attend to her domestic duties, and was utterly tired of life. The ailment had already lasted several years, following on a series of attacks of erysipelas on this limb.

I was not the first physician whom the woman had consulted. All imaginable ointment and powders had been tried on it before, but without the slightest success. There was no intermission either in the pains or the humidity. Nor could renewed

attacks of erysipelas on the knees be prevented, which were regularly followed by an increase in the thickness of the crusts.

First of all, to allow the lymph free egress, I directed her to discontinue the ointments and powders, and to bathe her limb twice a week in an infusion of *Chamomilla*, to diminish the irritation, while internally I gave *Iodium* 3 D. dilution, ten drops every two hours. The effect was unmistakable; the secretion diminishing in a few days, though the pains remained undiminished, as also the tuber-like indurations. In consideration of the symptoms I then tried *Graphites* 3d. trituration, every two hours. The result was surprising. To be able to follow better the action of the remedies, I had ordered the bathing in the infusion of *Chamomile* to be now discontinued. After using this remedy for two weeks, the pains had entirely disappeared, as also the secretion of lymph. The consequence was that the skin of the whole leg became dry, and the inflammation diminished. The knots and knolls which had appeared last were resolved in the course of three months' treatment with this remedy; but the coarse, horny knots which had formed years before have been only slightly resolved or not at all, though the case has now been treated for four years. There is, after so many years, very little hope of being able to resolve them. If the patient had immediately on being taken ill received the proper treatment, the result might have been even more favorable. I have also tried the interposition of other remedies, such as *Calcium fluoride*, *Silicea*, *Sulphur*, but without success. My faithful patient would return the medicine, complaining of pains. These always immediately yielded to a few doses of *Graphites*.

I believe, that I, as well as my patient, may be content with the result already obtained, without demanding impossibilities. As a result of the homœopathic treatment, the woman has been freed from her pains, and I believe permanently so, if she continues the use of *Graphites*. She does not need now to be continually renewing her bandages, but can again attend to her domestic duties; she can wear leather shoes again for hours, and had not to submit to any surgical operation, which always endangers life through infection of the wound or narcosis. To this is to be added the simplicity of the medical prescription, its slight cost, and its freedom from danger to digestion. Even if the woman had to take *Graphites* all her lifetime, there would be no possible danger to her organism to be apprehended from it. And

it is even quite possible that after continuing the treatment for some time longer, she may be able to do without any medicine. According to my belief, this method of treating her is ideal.

If we contrast with it the course of the case treated in the above-mentioned journal, we find the original condition to have been quite similar to our case so far as the description and illustration permit us to judge. But how was that treated? With the consent of the woman, the leg, including half the thigh, was amputated "since any other treatment offered no prospect of success." "Strange to say," our colleague continues, "the stump of the amputated leg swelled up enormously, as also the right labia, and this swelling only receded after two weeks." "We may well suppose that this was not a mere congestion, but rather a vicarious swelling."

This was assuredly the case, but there was nothing "strange" about it at all. For where else could the lymph go, which surely continued to be produced in part, at least by the morbid glands, after its egress was cut off. It is to be apprehended that it will not be long before the other limb also, which already shows a swelling, will be seized by the same morbid process, when it also will have to be amputated; and if this process is continued, nothing but the tresses of her hair will eventually be left to survive such a triumph of medical art.

If our colleague would only condescend to give our medicines a trial, even if he should not succeed in doing more than in putting an end to the pains and the secretion of lymph, we believe that his patient (forty-two years old) would have been better pleased than with one wooden leg and the prospect of a second one of the same kind.

---

## ARGENTUM CHLORATUM IN EPILEPSY.

By Dr. Mossa, Stuttgart.

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

Since it is indubitably difficult to cure epilepsy, especially where the disease has existed for some time and is deeply in-rooted, we must not leave out of consideration a remedy which has enjoyed a high reputation for centuries, namely, *Silver* and its combinations.

In the homœopathic school, *Silver* has been pushed into the back-ground by *Copper*. Both of them are excellent brain-remedies, but each one of them has its own definite characteristic sphere of action.

Farrington gives a very characteristic symptom for *Argentum nitricum* in epilepsy: The dilation of the pupils for days or hours before an attack. After the attack the patient is very restless and his hands tremble. It is said to be particularly indicated in epilepsy caused by fright, or when the attacks occur, especially about the time of menstruation.

J. H. Clarke, in his *Prescriber*, especially notes that the remedy is indicated in recent cases when the ailment is associated with digestive disorder and excessive belching of flatulence. When the belching is premonitory of a fit, *Argent. nit* taken every half hour will prevent it.

The following, in addition, may be viewed as leading symptoms: Intense vertigo with uncoördinated movements, melancholy and timid disposition, averse to being alone; bustle and hurry without, however, accomplishing anything properly.

Kissel, one of the leading representatives of Rademacher's school of medicine, remarks in his "Memorabilia from Medical Practice:" "*Silver* is curative in a particular kind of cerebral epilepsy, especially where there is vertigo in the intervals between fits, or preceding the same, or where there are nocturnal fits without any previous awakening. At times an anæmic condition is combined with the cerebral affection, and this must be considered in the therapy, if we desire to effect a complete cure."

The same author there reports a number of successful cures, and as the reports are well individualized, and the medication simple and clear, they may serve to give us a good image of the efficacy of *Silver* in the treatment of epileptics. We, therefore, give his cases *in extenso*.

#### I. NOCTURNAL EPILEPSY WITH DISORDER OF THE MIND, CURED WITH *Argentum chloratum*.

A man, forty-six years of age, had been for two days in a state of mental disturbance. He could not recognize anyone and kept uttering loudly and violently some unconnected words. He was lying in his bed, and when anybody approached, he would beat about him with his arms. His face was expressive of anxiety; his pulse was small and thin, the head was hot. The neck was drawn up with a tonic spasm. The anamnesis only developed the

fact that the patient had for the last seven years been suffering with nocturnal epilepsy, having, every three weeks, several fits, lasting five minutes at a time; but two nights before he had eleven fits in succession, and on awakening this mental disorder appeared. I prescribed at once cold douches and between these cold water compresses on the head.

On the following day, January 24, the patient was quiet and rational, having slept for two hours. The stool was normal. The urine deep yellow, clear, with a slightly acid reaction; the pulse was full and strong, the tongue slightly coated. I was told that the patient had frequently suffered from *vertigo* between the fits. He was given four times a day *Argentum chloratum*, 0.06.

February 13. The fits have stopped, only this morning there was vertigo and heat in the head. The urine is clear and normally acid.

February 21. In the night from the nineteenth to the twentieth there were three fits, each one weak and lasting only one minute; they thus did not appear before the thirtieth day after the former fits.

February 22. Two attacks of one minute each. The *Silver* was discontinued for two weeks.

May 24. He has not had any more fits, nor has there been any more vertigo. From now on the *Silver* was taken only eight days before the time when the fits used to come on.

August 13. The fits and the vertigo remained away. The patient took the remedy for a year at the periods mentioned. He has remained in perfect health.

II EPILEPSIA NOCTURNA. A man twenty-seven years of age, extremely robust and vigorous, and with a full red face, came to me on October 1.

He had had epilepsy for nine years. The fits always come on early in the morning; during the last sleep; they lasted a quarter of an hour, and *after waking up he would feel a severe headache in the forehead, and vertigo*. The fits occurred every four to eight weeks. After wearing a rope made of hair around his neck for three years (he is still wearing it), the fits appeared more rarely, but later on they came back as before; as also the headache and vertigo between the attacks; but now there is more vertigo than headache. This vertigo is sometimes so severe that he would fall over if he did not hold on to something; but it only lasts a few moments. Besides this, the patient frequently feels *a cold current*

*pass through the chest to the throat, or a sensation as if he was unable to speak* should he attempt it. There were also occasional *twitches in the eyelids* and in the lower limbs. Everything else is normal. The rope of hair was laid aside.

To meet this pronounced case of cerebral epilepsy, Dr. Kissel gave 15 grs. of *Argentum chlorat.* in 240 pills, one to be taken four times a day. After using these, he had no more fits and the attacks of vertigo were much less frequent. The remedy was repeated and it was impressed on the patient, who lived at a distance, that he must not repeat it without first calling on the physician. After half a year I heard from him that neither epilepsy nor vertigo had again appeared, but that the face and hands of the patient were of a bluish-gray color. The patient had continued taking the medicine for half a year. Two years later I heard that he still retained his strange coloring, but he was free from epilepsy.

III. EPILEPSIA NOCTURNA. An unmarried man, thirty years of age, had suffered in his sixteenth year from epilepsy, but had been freed from it and remained well for three years. Then it appeared again and, indeed, in the beginning every two months, but later on, punctually once a month, during full moon. Every time he has only one fit, but a very severe one, lasting for several hours. It comes on while he is asleep, but is preceded before going to sleep by *a drawing from the pericardium upward*. A few days before it he feels peevish, and after it he feels tired. He never had an attack by day. All the other functions are normal. In the free intervals he sometimes feels vertigo.

*Argentum chlorat.* 15 grs. in 240 pills as above.

In half a year the patient, who lived at a distance, reported that he only had one fit after using up the pills, but that was the last. Also, this patient had taken the remedy continuously for half a year, but without its resulting in any bluish-gray discoloration of his skin. A year and a half later he reported that he had not had any relapse.

#### My Own Observations.

Though the severe and inveterate case of epilepsy which I have been observing, and in which *Silver* played an important part, has not been quite completed, still it seems to me noteworthy. The case is that of a former station-agent on the railroad, forty-six years of age, who now is chiefly engaged in carrying tele-



grams by night, but who has also to attend to this work by day, after sleeping several hours.

When I began his treatment on May 31, 1903, I found him of extremely wretched appearance, pale and emaciated. His ailment was already ten years old and dates from an overpowering shock and fright, which seized him when he was engineer of a train and saw a man immediately before his train, who, as the brakes refused to act, was seized, crushed and killed by the locomotive. Since that catastrophe, he has been suffering from epileptic fits. The fits appear very irregularly, frequently by day, but also not unfrequently by night. By day these fits are preceded by vertigo, and he falls over, loses consciousness and has twitches in his upper and lower extremities; he also usually bites his tongue. Such a fit usually lasts about five minutes. After it he falls asleep, waking up from it with a headache—mostly beating pain in the left temple. When the fit comes on by night in bed, it is accompanied with a copious perspiration. By day it may be called up by mental excitement and then the patient feels heat in the face and a twitching of the heart.

It may well be imagined that his memory has suffered from it. His appetite and stool are good; but his nutrition is defective, since his income is composed of an invalid pension, secured only after great exertions, and his small income as assistant carrier of telegrams, and this must suffice for the support of a pretty large family. His teeth also are in a very bad condition; the *Kreosote* prescribed him by a "nerve doctor" here may have contributed to effect this. The *mixus sexualis* is extinct. The eyes which act well when things are near swim in tears. Under such circumstances a favorable prognosis was hardly to be thought of, but "hoping against hope" must often be the physician's motto.

So I prescribed *Argentum nitr.* and, owing to external circumstances, I gave it in a solution of 0.2 to 100 of *Aqua destillata*. The dose was ascending and descending, *i. e.*, he commenced with three drops, twice a day for three days, increasing on the fourth day by one drop, until he had reached a daily dose of twice ten drops, after which he again commenced to descend until he again reached the dose of three drops twice a day and so on.

June 20. Several weak fits had occurred. He has now and then felt stitches in the left side of the chest (an effect of the remedy?). The anæmia of the skin and of the mucous membranes still continued very striking. Continued.

November 29. The fits appear at longer intervals, and are also weaker; he has only had one severe fit, which came from mental emotion. Continue.

January 22, 1904. Last week he had a severe fit, causing him to fall down in the street, producing a considerable lesion on the left eye and on the nose. Continue.

This remedy is occasionally intermitted.

June 12. No fit for two months! His general appearance is better; his cerebral activity is freer and easier.

---

## FORGOTTEN PAGES.

By Dr. H. Goullon, Weimer.

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

A letter of my deceased father, the Privy Medical Counselor, Dr. Goullon, whom many of my older colleagues will probably remember, is in my hands, from the pages of which I would like to make some extracts, as they seem to me to be of general use.

It was in the year 1864 when I myself settled in the town of Remda, and received at the hands of this, my teacher in Homœopathy, many practical and always welcome hints. Thus he wrote to me on the 6th of November of that year: The remedy which I sent you was *Sepia*; it was a pity that your toothache was already past. If you will read it over carefully you will find that some symptoms of your pains and their location, and, indeed, the most essential symptoms, correspond with it. The similarity of remedies is only a seeming one, and then there are generally attendant symptoms which guide us in the selection. The study of the *Materia Medica* is no sinecure and that is the reason why many turn away from it, like that good man who did not like to climb mountains. But it always pays in the end, because by means of it we are often enabled to help in a marvelously quick manner and often in cases where others were unable to help. Another time he wrote: "How did you come to use such remedies as *Lycopod.* and *Sepia*, etc., with your wife? You must learn to clearly distinguish between acute and antipsoric remedies and be sure to always select according to the utmost similarity of symptoms. You will do best by confining yourself to few reme-

dies, but to make these fully your own by reading, by parallelizing them amongst themselves and with the disease, as also with their etiological relations. Thus you will find *Pulsatilla* most useful with those who eat fat, *Bryonia* in vexation, *Ignatia* in fright, *Cina* with worms. The many other remedies I leave mostly unused; but they have generally, besides many unavailable and doubtful symptoms, some that are peculiar, and which are of use occasionally; thus we have, *e. g.*, *Terebinthina* in dysuria and ischuria with catarrh of the bladder, *Ratanhia* in hæmorrhages and salivation with the pregnant. These remedies, which may be called one-sided, ought generally to be given in material, though small, doses in comparison with the allopathic doses. Among these remedies we may also count *Ruta* with hysterical patients."

THIS remains a very instructive illustration, coming from the most competent side in contravention to the most erroneous views which are also held in official quarters at present, as if such material doses excluded the homœopathicity of the practice.

Last, not least, these pages include a further instruction, which dates from the year 1862, and was sent after me to Russia, where I spent the first year of my homœopathic practice, and therefore was quite a tyro in such matters. These communications, therefore, have a peculiar value in homœopathic practice.

I pass right on to your questions, so writes Goullon, Sr., to Goullon, Jr.:

I. *Alumina*, of which I myself have hardly as yet made any use, has relation chiefly to the spinal marrow and to the intestinal canal; thus to symptoms of consumption of the spinal marrow and to its paralysis; so also has it dry stools in small balls. Its greatest similarity is with *Plumbum*. The 12th and the 30th dilutions are the best to use.

II. *Petroleum* has its sphere of action mostly in the ear; it is, therefore, useful in deafness, as well such as affects the Eustachian tube as also those qualified by external issues from the ear, especially with children who are scrofulous. It is also said to have cured chronic diarrhœa. Doses, the 12th to the 30th dilutions.

III. *Aurum foliatum* (now the oxide of Gold is preferred in practice), in *ozæna*, in scabs on the nose (but little), ulcers on the tongue; as also in melancholy and in palpitation of the heart when this is of nervous nature. Use the third trituration.

IV. *Colchicum* : In choleric (though I by far prefer *Ipecac.* and *Veratrum* as more sure); then in articular rheumatism, in podagra (the genuine inflammatory kind) and in nephritis. Dose: 12th dilution.

V. *Clematis* : Used almost exclusively in orchitis and inflammation of the testicles. I prefer to it in such cases the kindred *Pulsatilla*, though *Sulphur* has generally to do most of the work.

VI. *Stramonium* : Used (almost exclusively) in one-sided painless twitches of the muscles, perhaps also in hydrophobia. It may well be used with *Belladonna*, but it requires convulsions (contraction) without pain. 12th dilution.

VII. *Helleborus* 12 will seldom be used. It is said to be specific in all acute and subacute dropsies, but *Bryonia* is more effective in such cases.

VIII. *Digitalis* is very ambiguous, as it has too many reflex actions, so that we hardly know what is the first and what the secondary action, and so what symptoms are to be applied homœopathically and what enanthiopathically. I have given it up.

IX. *Argentum nitric.* has its sphere in chronic ailments of the stomach of many years' standing. Dose: 12th and 30th dilutions.

X. *Conium* has been recommended as a specific in hypochondria of unmarried men, and in glandular knots of the breast. Dose: 3d dilution.

XI. *Ammonium carb.* used almost exclusively in œdema of the lungs. Dose: 3d to 12th dilution.

You are quite right in saying that many remedies seem to suit everywhere. That is one of the shady sides of our practice; but with time and experience this is also mastered, and we discover what parts of the provings were medical and what were individual. Where high potencies, like your 30th of *Acidum nitric.* refuse to act, I at once pass to the opposite extreme, *i. e.*, I pass at once to the 2d or 3d, skipping the intervening degrees; but also the reverse obtains; the reason is not far to seek.

I see that you were unsuccessful in croup, but I repeat to you, from conviction, that it is, nevertheless, the most brilliant point in Homœopathy. But the point obtains also here, that at times low potencies have to be given, and this quite often. Generally we have to make use of all the croup remedies, though we have to retain *Aconite* as the alternate; and, in conclusion, notice that at times a so-called antipsoric (antiscrofulosum), and especially *Sulphur*, *Calcarea*, and especially *Lycopodium* (30th) has to

give the decision (4 to 6 doses and every two hours), after which the turning point will be quickly reached. It is usually the sub-acute cases, which are not the least dangerous, and where the last named remedies are found useful. In very acute cases *Aconite* and *Spongia* are the best, with *Hepar sulph.*, the 8th tritur., every hour.

In epilepsy of the ordinary kind *Calcarea carb.*, 12 to 30, according to the frequency of the attacks, taken every morning for eight days, on an empty stomach, is the best remedy; only the diet must be very strictly observed, for a whole year no fruits, no sweets, no acids, no onions, no intoxicants, no coffee, no tea, else there will be no cure. *Silicea* is of more use in nocturnal epilepsy. I have had much success with such patients; only lately with a girl of twelve years, who for several years had an attack every four weeks at night in her sleep. *Silicea*, one dose every eight days, brought a perfect cure.

---

## METALLIC FERMENTS, THEIR INFLUENCE ON THE TRANSMUTATION OF SUBSTANCES AND THEIR EFFECT IN PNEUMONIA.

By Prof. Dr. M. Alb. Robin.

(From a report by Dr. P. Jousset in *L'art Medical*, No. 12, 1904.)

In the session of December 6, Albert Robin communicated to the *Academie de Medicine* a very interesting work, concerning which we shall report to our readers, following the account given by Dr. Jousset in his *L'art Medical*. The facts communicated by Robin are according to his own statement so extraordinary that they will meet with unbelief. Now what are these facts? By means of the electric arc, and through peculiar chemical methods, Robin has succeeded in producing colloidal solutions of metals and has from these produced dilutions which may justly be styled infinitesimal. They contain in a cubic centimeter 0.000009 to 0.00002 grammes of the various metals, such as *palladium*, *platinum*, *gold*, *silver*, etc., but these are solutions of the millionth or hundred thousandth part (corresponding to the homœopathic fifth and sixth dilutions). These solutions in doses of five to ten cubical centimeters injected subcutaneously still caused quite considerable reactions:

1. They caused an increase of the excretion of uric acid by thirty per cent.
2. They increase the coefficient of the use of *Nitrogen*.
3. They increase the quantity of uric acid excreted to triple the quantity usually excreted.
4. They cause an actual liberation from the Indoxyl contained in the urine.
5. They cause a diminution in the total quantity of oxygen used without any corresponding diminution in the formation of carbonic acid, thence an increase in the quotient of respiration.
6. A temporary increase in the pressure of the blood.
7. A change in the elements of the blood, the chief change being an increase in the leucocytes which after some fluctuations return to their normal state.

Robin observed that the action of the metals when diminished in this manner is very similar to the action of the diastase produced from yeast. Therefore he agrees with the proposal of Predig, that metals thus extremely diminished should be called "Metallic Ferments." Robin adds: Metals dissolved in water and given in almost infinitesimal doses are, therefore, capable of very great action. We would underscore the expression "dissolved in water" and the reason of this we shall show in our final conclusions.

Passing over to considerations of a clinical nature, Robin remarks, that in pneumonias which are cured the chemical phenomena of the spontaneous crisis show such a similarity with the phenomena caused by metallic ferments that it would seem to be indicated that these metallic ferments should be used in pneumonia to support and further the natural crisis. And in his enthusiasm for the Hippocratic therapy, which to him is the only true one, trusting the *fors medicatrix*, Robin would simply support nature in her healing.

The cases thus treated are not as yet numerous; in fourteen cases, thirteen cures were effected; the only one lost had passed through the fever on the sixth day, and died suddenly during convalescence. It may easily be believed, that such a communication not only caused great astonishment in the Academy itself, but also in the whole medical world and even outside of this. Let us now draw some conclusions which naturally follow from these labors of Robin:

1. The metals become soluble in water by means of electric

action and then when given in almost infinitesimal doses they are capable of very strong action (P. 51, No. 40). In this citation already adduced above, we have the expression "dissolved in water." This fact alone would prove an extraordinary event in Physics and in therapy. For the physicians who have accepted the reform of Hahnemann it has a great significance and importance with respect to a scientific basis. 2. We Homœopaths teach that a metal successively divided through trituration continued for a long time up to the fourth trituration, in which only one hundred millionth part is present, *i. e.*, that a metal thus infinitely divided, has become soluble in water, and in our Pharmacies the succeeding solutions are not any more made by means of triturations, but by solutions in water or in alcohol, *i. e.*, when a trituration of *iron*, *platinum* or any other metal is taken, the constituent metal is considered as entirely soluble and the fifth solution is produced by dissolving five centigrammes of the fourth trituration in five grammes of liquid.

Although clinical experience extending now over more than one hundred years and the experiments made by Jousset with *Aspergillus* with solutions prepared in the manner cited, have produced the most indubitable conviction, that the metals experience such a mutation in their molecules through successive trituration, when they are infinitesimally divided, that they are even like liquids, nevertheless only now the masterly demonstration by Robin has given us the experimental basis for a fact the rationale of which before this left yet much to be desired.

2. The action of infinitesimal doses up to the millionth dilution has been demonstrated on healthy persons, not through disputable and dubious phenomena, but through results which can be clearly observed, such as the increase of urea and of uric acid.

3. The third conclusion is that Robin, far from allowing himself to be drawn into the Galenic tendency of our times, which sees in therapy only effects, which act in opposition to an unknown cause, resolutely returns to the great Hippocratic school. Jousset calls this school great, not only because it comprehends that the organism knows how to heal itself, but also because it has the great merit of placing the law of similitude and of reciprocal action into their proper place. We wish to emphasize yet another declaration of Robin which has given us particular satisfaction, *viz.*, that he rejects the fancies of certain theorists, that the successive solutions first develop a peculiar remedial power

lying in a medicine, or that this force is set free through extreme solution (P. 519)."

I will in conclusion adduce the conclusions of Robin verbatim:

I. Metals extremely subdivided are capable of noticeable physiological effects, out of proportion to the quantity of metal used.

II. These metals, efficient in doses which hitherto have been deemed inactive and useless, have a deeply penetrating effect on the chemical vital processes, the abnormalities of which correspond to numerous diseases, and are probably destined to occupy a prominent place in the armory of functional therapy." Some persons who are in no way competent to judge in this matter have spoken of Homœopathy, and that was to have been expected. But some persons have asserted that Robin has warded off the insinuation that he has been carrying on Homœopathy; this is not exact. Robin has not, indeed, pronounced the word Homœopathy, this Master has too elevated a scientific spirit to use an expression which after all is a battle cry. But if Robin has not used the word Homœopathy, he has, nevertheless, brought new knowledge to therapy and has thereby added an important stone to this edifice which grows with every day of positive and experimental therapy.

In conclusion Jousset reminds us that Robin some years ago caused him to demonstrate the experiments of Raulins on *Aspergillus niger* with salts of *Argentum*. Three years ago he commenced his experiments in this direction, and finally he discovered a process which permitted him to demonstrate the obstructive effects of *Aspergillus* when in the infinitesimal dose indicated by prefixing sixty noughts. (*Société de biologie*, 1903, P. 942.)

Jousset therefore succeeded in demonstrating the efficacy of medicines in considerably smaller doses than those used by Robin; only his experiments extended to a lower organism, and the only effect produced consisted in a diminution of the weight of the mycelium of the mould producing fungi, which were subjected to the action of the salts of *Argentum*. The experiments of Robin are of greater demonstrative power for therapy, because they were made on healthy persons and have given noticeable effects; but both of them agree in this that they demonstrate the efficiency of the metals in doses hitherto unknown.



## DUBOISIA AND JABORANDI IN HOMŒOPATHY.

By Dr. Francois Cartier.

Three powerful medicines have lately been added to the repertory for the eyes, namely: The *Calabar-bean*, or its active principle; *Eserine*; *Jaborandi*, which contains *Philocarpine*; and, finally, *Duboisia*, or, rather, the *Sulphate of Duboisin*. Here we will consider the latter two.

*Philocarpine* and *Duboisin* are two antagonists; *Duboisin*, a rival of *Atropin*, dilates the pupils, while *Philocarpine* contracts them, even to complete closure. Now, according to the law of contraries, ophthalmiatrics uses *Duboisin* in iritides, and *Philocarpine* to guard the deeper lying organs of the eye from a prolapsus towards the iris, the law of similars uses these remedies in exactly the opposite conditions, and it is of interest to note the use of these remedies when given in homœopathic doses.

As in algebra, we have here in these remedies a positive and a negative quantity, the one as vigorous as the other, which puts it in our power to give to the action of a remedy a double weight. According to its congestive character, *Duboisin* leads to the paralysis of the accommodation, causing an enlargement of the pupils. But this state of congestive paralysis extends to the whole of the eye-ball and is not limited to the iris. If we examine the eyes of a man or of an animal who has received strong doses of *Duboisin*, we shall find the eyes congested from the lids even to the retina. The lids are slightly œdematous and in the morning they are stuck together.

Especially characteristic will be what we find in the interior of the eyes. The vessels of the pupil are enlarged and tortuous so that they can be easily traced; the pupil is red with infinite outlines. The veins of the retina are enlarged and tortuous. The arteries of the retina, however, are constricted, and the background of the eye is very hyperæmic. The eyes feel dry and hot, they seem weary, as if after an excess of work. Pains in the lids, just below the eye-lashes. Violent pain in the upper part of the eye-lid.

The vision itself also shows a great change. The accommodation is entirely paralyzed. It is impossible to read at any distance; owing to the pain, we do not even see the food we eat. The paralysis of the accommodation takes place before the en-

largement of the pupils and even continues after this has returned to its normal state.

Homœopathy, true to its principles, uses *Duboisia* in congestive states of the eye and its surroundings. In the Ophthalmic Hospital, in New York, *Duboisia* is the remedy regularly used in inflammations of the conjunctiva of the eye.

The symptoms indicating these remedies are very analogous to those of *Aconite*, *i. e.*, shining redness of the conjunctiva with heat and dryness of the eye. The difference between the two consists in this, that the hyperæmia pointing to *Duboisia* is a chronic ailment, as it is found in hypermetropia and is not relieved by the use of glasses.

Clinically, *Duboisia* has frequently been of use in chronic hyperæmia or conjunctivitis palpebralis, which, to a certain degree, also affects the edges of the lids.

Charles Deady says concerning the ulcers of the cornea: "*Duboisin* is useful in the slowly dragging forms of ulcers at a greater or lesser depth, without much photophobia or lachrymation; in cases of superficial ulcerations or such as show much photophobia we have not so far seen much good resulting from its use."

In diseases in the fundus of the eye, especially of the nervous opticus and of the retina, *Duboisia* is also of importance. Thus Deady noticed in hyperæmia of the retina, accompanied with great weakness of the accommodation, great good from its use. So it has also cured neuritis of the opticus and of the retinitis.

It is also suitable in real weakness of the accommodation (Cf. *Ruta*, *Conium* and *Argentum nitricum*). Norton uses the expression, "real weakness," for he thinks that many cases of so-called asthenopia depend on an irritable weakness of the accommodation, which is more suited for *Jaborandi* or another remedy acting in that manner.

The author has seen the 3 C. or Dec. dilution of *Duboisia* used in the New York Ophthalmic Hospital in cases of conjunctivitis and has used this dilution himself in a number of cases with good effect.

*Jaborandi* has the following characteristics:

Constricted pupil, tension of the apparatus of accommodation, limitation of the field of vision, constant change in the power of vision. *Jaborandi* ought, therefore, to be, according to the homœopathic principle, one of the leading remedies in spasms of

accommodation. Norton gives an account of cures of this kind which were made with *Jaborandi* in a few days. The following clinical symptoms have been quickly relieved in various defects of refraction by means of this remedy: Spots before the eyes, especially when looking in the distance; the eyes tired and irritable, especially when moving them; headache when moving them. Vision obscured, winking of the eye-lids, pains in the orbits. In short, *Jaborandi* is very valuable in spasms and irritability of the muscul. ciliaric. It is also useful in nausea and vertigo as a reflex irritation from the eyes.

In its action on the accommodation it is analogous to the *Calabar-bean* and *Agaricus*. Norton, however, declares that *Jaborandi* has done more for him in spasms of the ciliary muscle than both the others.

The author says, in conclusion, that he has drawn his article chiefly from the excellent work of Allen and Norton on "Ophthalmic Therapeutics."—*Revue Homœopathique Française*.

---

## ADONIS VERNALIS.

By Dr. Kernler, in Weingarten.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
Jan. 5, 1905.

From an excellent and exhaustive article on this subject we excerpt the following conclusion:

According to its symptoms *Adonis* is especially indicated in diseases of the heart with or after rheumatism; the rheumatic troubles being, according to Dr. Gisevius, the leading indication to the choice of the remedy. But it surely is also of use in other diseases of the heart, especially after infectious diseases. When the fibres of the muscles of the heart show coagulation of the albumen showing itself in a turbidity produced by albuminoids and fatty grains and little drops, the advance stage of fatty degeneration of the muscle of the heart. The remedy then seems to spur on again the paralyzed muscular cells and to contribute to the absorption of the turbidity. This may appear from the following case:

- CASE I.—Mrs F., in H., had just passed through a severe infectious disease with a continuous fever of 103 to 104.5° Fahrenheit. All at once after eight days the fever sank to 101.5°, at the same time the pulse, which up to this time had been vigorous and good, became intermittent, the heart-beat also after every third or fourth beat intermitted for a while; this was accompanied by palpitations at the slightest excitement with anguish and oppression. After *Adonis* 1, two drops given twice in twelve hours, the pulse and the activity of the heart again became quite normal and also remained so during the rest of the disease and convalescence, without requiring another dose of the remedy.

Also, in myocarditis with a callous degeneration of the heart (infarcts of the heart) it seems to be indicated by its symptoms, anomaly of the activity of the heart, the pulse is frequently irregular with respect to the rhythm and the intensity of the slight beats; its frequency is frequently increased, not rarely it becomes double; increases of the dulness of the sound of the heart. The sounds of the heart are clearly audible, at times pretty loud and like clapping; attacks of dizziness and constriction.

CASE II.—Mrs. W., a little over sixty years old, says that she has had disease of the heart for twenty years; last year she passed through catarrh of the tips of the lungs, which was almost completely cured by staying in the woods of Bregenz. There is a tendency to feverish diseases (influenza) and convulsive inflammation of the arteries of lighter degree. She came to my office on August 22, complaining of constriction and dyspnoea with headache. Pulse, 108, regular. Next morning I was called to her, as she had been unable to sleep all night. The patient sat straight up in bed, and was excited; the mucous membranes, as far as it could be seen, were bluish; the face was bloated, pale; the pulse was very much accelerated, could not be counted, quite irregular; the action of the heart also was stormy, the sounds of the heart were clear *Adonis* 1, ten drops an hour; in ten minutes after taking the first ten drops the pulse and the action of the heart were quite regular and under the continued use of the remedy they have remained so up to this time, although she has since had to pass through a slight feverish disease.

While this case shows to us the magical, quick and thorough action of *Adonis* on the heart, the first case shows how small a quantity of the remedy suffices to bring back an excited and irregular action of the heart to the normal. In general, it seems

to me that the doses, especially, of course, with allopaths, are too large, thereby frequently causing an injury to the diseased muscle of the heart. That even small doses of *Adonis* are sufficient to allay severe disturbances of the heart may be seen by the following case:

CASE III.—A. H., sixty years old, a day laborer, haggard and slim; he is a drinker, drinking chiefly and, indeed, daily, much whiskey (more than a quarter of a pint besides the usual quantity given to domestics). The face is bluish-red; dyspnœa. The pulse is accelerated, irregular; the action of the heart intermittent; the legs swollen with œdema. In spite of various remedies given, the condition of the patient became worse, so that the hydropic swellings reached the region of the navel. The sexual organs, especially, were so much swollen that urination gave much trouble. After he was taken to the hospital, he received *Adonis* 1, ten drops every two hours; the result being that the quantity of urine was at once increased (he had to urinate so frequently, also at night, that he wished to stop taking the remedy on that account), so that after eight days all the swelling had disappeared and in four days more he could leave the hospital, cured. Since then, although he had again to do hard work and also resumed the drinking of whiskey in its full measure, the activity of his heart has been quite good, as I had occasion to find out only a few days ago.

According to my experience the remedy is often indicated epidemically; so I lately had many cases of attacks of vertigo, palpitation of the heart and anxiety, mostly with accelerated pulse (up to 120), but without fever, in which *Adonis* 1 generally gave quick relief.

We may compare with *Adonis* in this respect:

1. *Strophanthus*. This also acts quickly (we frequently see an improvement of the dyspnœa within a quarter of an hour). Nevertheless, it has often left me in the lurch of late. Penzoldt reports the same: "I am decidedly of the opinion that it leaves us in the lurch much more frequently of late years than formerly." Other colleagues also have told me the same.

2. *Cratægus*. After severe infectious diseases; others again have seen little effect from this remedy.

3. *Kalmia*. Rheumatic affections of the heart.

4. *Digitalis*. Violent, but not very rapid palpitation, pulse small, irregular, slow.

5. *Kali carb.* Attacks of palpitation which take the breath away; the action of the heart is irregular, stormy or weak; but mostly attended with stitches in the heart or through the shoulder blades.

6. *Spigelia.* Palpitation at the slightest movement, pulse irregular; anguish and constriction; headache

7. *Natrum muriaticum.* Anxious, oppressed respiration; dyspnoea, when walking quickly; anxious palpitation with headache in the morning when moving about or exerting oneself.

---

## BOOK NOTICES.

---

**The Urine and Fæces.** A Practical Manual on the Urine and Fæces in Diagnosis. By Otto Hensel, Ph. G., M. D., Bacteriologist to the German Hospital, New York, and Richard Weil, A. M., M. D., Pathologist to the German Hospital, New York, in collaboration with Smith Ely Jelliffe, M. D., Ph. D., Instructor in Pharmacology and Therapeutics, Columbia University; Visiting Neurologist, City Hospital, New York. In one octave volume of 334 pages, illustrated with 116 engravings and 10 colored plates. Cloth, \$2.75, *net.* Lea Brothers & Co., Publishers, New York and Philadelphia, 1905.

Although there are a number of large and exhaustive treatises on clinical and laboratory methods of diagnosis, it is believed that this is the first compact, convenient and practical hand-book on the subject. It has been the aim of the authors to supply a trustworthy guide arranged for ready use, and complete enough for the actual daily needs of the working practitioner.

With the rapid growth of the use of precise methods in diagnosis the value of a manual of this kind becomes more and more evident. The authors, from their large hospital experience, are peculiarly fitted to furnish exactly the information that is most valuable, and it is hoped that this volume will prove an indispensable assistance to every progressive physician.

---

**A Treatise on Urological and Venereal Diseases.** By BUCK G. CARLETON, M. D. Professor of Urinary Surgery in the

New York Homœopathic College and Hospital, Consulting Genito-urinary Surgeon to the Hahnemann Hospital, and Visiting Genito-urinary Surgeon to the Metropolitan and Flower Hospitals, New York City. 171 illustrations. 795 pages. 8vo. Cloth, \$5.00; Half-morocco, \$6.00. Philadelphia. Boericke & Tafel. 1905.

At last we have a work on the subject worthy of the name, not a mass of compilation, but mostly a resumé of the author's observation and experience in an extensive private and hospital practice.

It should come as a boon to the student and the practitioner will find in it all that is to be said on urological and venereal diseases.

The description of the technique for the different operations is fully and admirably supplemented by numerous illustrations.

Noticeably clear and thorough are the Chapters on Diseases of the Urethra, Prostate and Bladder, while that on Syphilis is a little gem of condensation.

Dr. Carleton has not by any means neglected the Homœopathic Therapeutics, which are unusually fine.

Messrs. B. & T. are to be congratulated on the publication of such an excellent book from the pen of so well known an authority as Dr. Carleton and we prophesy its ready recognition by the school as the text-book on the subject.

DR. JARDIN.

*New York.*

---

**Hand-Book of the Anatomy and Diseases of the Eye and Ear.** For Students and Practitioners. By D. B. St. John Roosa, M. D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School; formerly President of the New York Academy of Medicine, etc., and A. Edward Davis, A. M., M. D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School; Fellow of the New York Academy of Medicine. 300 Pages, Square, 12mo. Price, Extra Cloth, \$1.00, *net.* F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

A small, but well written and clear, book on the anatomy and diseases of eye and ear by men who are masters of the subjects treated. (Therapeutics, of course, are capable of improvement.)

---

**Eye, Ear, Nose and Throat Nursing.** By A. Edward Davis, A. M., M. D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital, and Beaman Douglass, M. D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. With 32 Illustrations. Pages XVI-318. Size,  $5\frac{1}{2} \times 7\frac{7}{8}$  inches. Extra Cloth. Price, \$1.25, *net*. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This little book contains a fund of useful information for nurses and even for physicians. The title gives its scope.

---

**Treatment of Cancer by Its Own Toxines.** A reprint from *Medical Review of Reviews*, and another reprint from the same journal, under same title and the same author, *i. e.*, Dr. J. P. McCourt, 233 W. 23d St., New York City, to hand. The title of these interesting papers show their scope; a new treatment of this disease which Dr. McCourt claims to be eminently successful. Copies can be obtained by addressing as above.

---

**International Homœopathic Medical Directory, 1905.** New Series. Eleventh Year of Publication. London. Homœopathic Publishing Company, 12 Warwick Lane. Paternoster Row, E. C., London, England.

This invaluable Directory has so far overcome the erstwhile opposition that it is now under the direction of a committee of twenty Fellows and Members of the British Homœopathic Society. For anyone visiting any foreign country it is invaluable.



# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL.

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

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

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

---

---

## EDITORIAL BREVITIES.

“UNITED.”—One of our esteemed contemporaries says that it “always has been in favor of a united medical profession. But it believes—in fact, feels certain—that this can only be accomplished through mutual concessions.” As the one side claims to be the “science of therapeutics” and the other side to be “scientific medicine” what is there to concede? One man believes, for instance, that antitoxin is of no use, but is distinctly harmful—the other that it is the only medical treatment for diphtheria. What could either concede?

As it is best to have two parties in politics, is it not best to have two parties in medicine? Witness the condition of the profession before Hahnemann rebelled against iron “authority” and Homœopathy came into existence. Better not unite, but *grow*.

ANOTHER “DISCOVERY.”—Charles D. T. Phillips, M. D., LL. D. (Aberd.); LL. D. (Edin.); F. R. S., Ed.; F. R. C. S., Ed.; M. R. C. P. (Lond.), etc., etc., has written a paper on the great value of “*Thuja* As a Remedy for Warts.” We fail to find a single mention of Hahnemann’s name in it, yet all of value in the paper can be traced to his writings. In the *Bibliotheca Therapeutica*, or *Bibliography of Therapeutics*, etc., published by “The New Sydenham Society,” of London, there can be found no mention of *Thuja*, yet that book is supposed to contain every drug ever used! Where did Dr. Phillips, etc., etc., get his information?

“ANOTHER CANCER SERUM.”—“Schmidt, Doyen, Adamkiewicz and others whose names we have forgotten have elaborated antitoxic cancer sera, and they have failed to cure. This, of

course, is no argument against the possibility of the Buffalo-serum being efficacious, but in a matter of such momentous importance to mankind it behooves one to proceed with extreme caution and not to ignore the lessons of the past and the present even while dreaming of a glorious future. Many mountains have been in labor at various times, but, alas, many little white mice have been born."—*Medical Record*.

WOOD ALCOHOL.—“We agree most emphatically with the *Bulletin of Pharmacy* and again protest against the use of such a substance in pharmacy until after recognized authority gives pharmacists the *right to use it*. No *pharmacopœia* of any country, no *dispensatory* of any land, no *materia medica extant*, sanctions wood alcohol in any place whatever, be it as a solvent, a menstruum, or a final constituent. Until such privilege is given, or until physicians prescribe it, we contend that this poisonous liquid has no place in the pharmacy of medicines.”—*Lloyd*.

---

### NEWS ITEMS.

Edgar Clement, M. D., has removed to 124 W. Main St., Haddonfield, N. J.

Dr. E. Guernsey Rankin's magnificent work on *Diseases of the Chest* is nearly finished.

Henry L. Houghton, M. D., formerly of Winchester, Mass., has removed to 56 Bay State Road, Boston.

Dr. John Atkins Payne has removed from Haverstraw, N. Y., to 329 Chestnut St., Richmond Hill, L. I., N. Y.

The Indiana Legislature has passed an amendment to the medical law, giving the osteopaths one representative on the Medical Examining Board.

John T. Wait, homœopathic pharmacist, at Arnprior, Ontario, Canada, writes us that there is an excellent and lucrative practice awaiting a “straight homœopathic physician” there.

We have received a prospectus of the Calcutta Homœopathic College now in its fourth year. It is in a flourishing condition. A three years' course is required. The college is located at 150 Cornwallis St., Calcutta, India.

Do not forget the New York Homœopathic College's Practitioners' Course beginning May 1st. If you can spare the time it will be well worth taking in.

(See last cover of this Recorder.)

Dr. Thomas Parsons of Rochester, New York, has built a new house next door to his present location and will move soon, having to vacate by April 1st. Has his suite for his office in the basement, and in building has had opportunity to arrange to suit himself. The Doctor makes a specialty of the Eye and Ear and special mention can be made of his Dark Room, particularly suited for his specialty.

"It is no small compliment that is paid to Dr. E. B. Nash, of Cortland, in being invited to give a series of lectures during the coming spring before the British Homœopathic Association in London. Dr. Nash has been an instructor in Materia Medica in the Flower Hospital College in New York for some time, and as the Cortland correspondent of *The Post-Standard* informed our readers yesterday he is the author of several medical books which have achieved a reputation beyond the borders of this country. Cortland people, whether homœopathic, allopathic, eclectic or averse to Materia Medica in any form, have good reason to be proud of Dr. Nash's preferment."—*Post-Standard of Syracuse, N. Y.*

Dr. Joseph MacDonald writes: "I have severed my connection as manager and managing editor of the *International Journal of Surgery*, with which I have been associated for the past fourteen years."

"This move was made for the purpose of enabling me to publish an independent, *practical Surgical Journal* under absolute *professional* control and along such lines as will best serve the interests of the general practitioner."

"I have purchased all rights in the *American Journal of Surgery and Gynæcology*, and with the April number this journal, thoroughly modernized and largely increased in circulation, will be issued from New York as the *American Journal of Surgery*."

## PERSONAL.

No, Mary, the "crow's nest" in a ship contains no birds, the "rat-lines" have nothing to do with rats and the "dog watch" does not watch dogs.

"Symposium" means a "drinking party," "boozing," hence—oh, well. A girl "angel" is not necessarily flighty.

The man who "works" others may be a contractor, or—something else. They say a "bore" is one who talks when you want to.

No, child, the S. P. C. A. does *not* object to docking battle ships.

When he asked the settler "how the land lies out this way," the latter replied that it was the land agent who "lies."

Day makes no noise when it breaks.

Many a loose character gets tight.

They say Osler had dined, How about women, O, most sapient Doctor?

"The manners of the vulgar are freedom without ease; but the manners of the cultured are ease without freedom" is the ambiguous statement of Lord Chesterfield.

**FOR SALE.** \$3,000 Homœopathic practice in modern city of 5,000. Eight room house, four lots, fine front. Cheap for \$2,000. Address Dr. A. B. Sweet, Ponca City, Okla.

*Mnemonic Similiad.* Kraft, of the bum finger, is in Cleveland, hewing college professors, and regardless of where the chips drop.

London *Punch* says that the reason the Viennese are so skillful at diagnosis is that they always confirm it with a post mortem.

When told that whiskey kills more men than do bullets the tramp replied that he would rather be full of the former than the latter.

Schmiadeberg says *Aconite* is N. G. Ringer says it is the greatest of medicines, Science?

He told his chum that "we got a 'baby-grand' yesterday" and chum replied, "Huh! we got twins."

They say that street music is played out.

Because of the fact that a man's book becomes a drug on the market is no evidence that he is a chemist, O child!

A sailor must "know the ropes."

If time is money the tramp is rich.

Some blind men can see a joke.

Now then "Play Ball."

# THE HOMŒOPATHIC RECORDER.

---

VOL. XX.

LANCASTER, PA., MAY, 1905.

No. 5.

---

## PROVINGS, THERAPEUTIC PROPERTIES AND CLINICAL VERIFICATIONS OF JUSTICIA ADHATODA.

By Sarat Chandra Ghose, M. D., Bhowanipore, Calcutta,  
India.

Corresponding Member of the British Homœopathic Medical Society, French  
Homœ. Medical Society and Hahnemann Institute of Brazil; Editor of the  
"Indian Homœopathic Reporter."

*Name.*—In Sanskrit it is called Vaidyamata, Singhee, Vasika,  
Aturoosha, etc.; in Hindi and Bengali, Bakus or Basuk; in Tamil,  
Adharorah.

### Description of the Plant.

This is a small tree or large shrub found in India. It flowers in the cold season. Its leaves are broad-lanceolar. The spikes are found to be short, long-peduncled and the corolla ringent, upper lip vaulted, and emarginate. The trunk is straight, and the bark is somewhat smooth and ash-colored. The branches are sub-erect, with bark resembling that of the trunk, but smoother. The leaves are opposite, short-petioled, broad-lanceolar, long, taper-pointed, smooth on both sides, about five or six inches long, and one and a half broad. The spikes from the exterior axills, solitary, long-peduncled, the whole end of the branchlet forming a leafy panicle, flower-bearing point short, and enveloped with large bracts. The flowers are opposite, large with small ferruginous dots; the lower part of both lips is streaked with purple. The bracts are three-fold, opposite, one flowered. Exterior one of the three, large, ovate, obscurely five-nerved. Interior pair, much smaller, end sub-lanceolate; all are permanent. Calyx five-parted to the base; divisions nearly equal. Corolla ringent. Tube

short; throat ample; upper lip vaulted, emarginate; lower lip broad and deeply three-parted; both streaked with purple. Filaments long, resting under the vault of the upper lip. Anthers twin.

PARTS EMPLOYED.—Fresh leaves.

LEADING USES.—The Ayurvedic Physicians of India prize it very much. They are so very sure of its efficacy that they call it *Baidyamata*, i. e., *mother of physicians*.

They confidently proclaim that no death can occur from cough of any kind if *Vasaka* can play its role and find time to display its healing virtues.

It is cooling, destroyer of hoarseness and a sure and strong arrester of blood. It is highly efficacious in cold, coryza, cough, bronchitis, pneumonia, phthisis, spitting of blood, fever, jaundice, vomiting, thirst, loss of appetite, and constipation.

#### Proving No. I.

NAME OF THE PROVER.—Bama Charan Roy, aged 32.

On May 10, 1903, at 8 A. M., I gave him three (3) drops of the tincture of *Justicia adhatoda*. He took *Justicia* in three-drop doses five times that day. No symptom of poisoning was marked that day.

May 11. He commenced to take *Justicia* in three-drop doses from 8 A. M. of this day also.

He had an attack of a mild catarrh at 4 P. M. this day; there was tickling sensation at the root of the nose.

No more doses of *Justicia* were given this day.

May 12. At 8 A. M. A dose of three drops of the tincture was given.

At 10 A. M. Another dose was given.

The catarrh became very fluent and profuse this time; there was also sneezing present.

At 4 P. M. Another dose was given.

No new symptom was marked.

At 10 P. M. Another dose was administered.

No more doses were given this night.

May 13. At 8 A. M. A dose of three drops was given.

At 10 A. M. Another dose was taken.

At 11 A. M. There was a perceptible aggravation of the symptoms.

At 1 P. M. The following violent symptoms were marked by me personally:

*Mind.* He grew anxious and discouraged; he felt a decided aversion to conversation and was inclined to be angry.

*Head.* The head appeared to be full and heavy with pressure towards the forehead; he experienced heat of the head; there was pulsation in both sides of the forehead.

*Eyes.* There was watering from the eyes; burning pain in the eyes existed; eyes seemed to be confused, and swimming in tears.

*Ears.* All noise was unbearable to the ears.

*Nose.* There was fluent and profuse coryza from the nose, with constant sneezing; there was swelling of the nose, with painful sensibility to touch and obstruction of the nose; the fluent coryza was accompanied by, shooting and aching in the forehead; the nostrils were ulcerated; there was loss of smell and of taste; there were sometimes dryness of the nose and when this dryness was experienced obstruction of the nose was the result.

*Face.* The face was red and burning, and was hot. There were gnawing pains in the face, mitigated by external pressure.

*Teeth.* There were shooting pains in the teeth which extended to the cheek.

*Mouth.* There was dryness of the mouth with thirst; the mouth, throat and tongue were all dry; the tongue was enveloped with a white coating.

*Throat.* There was a sensation of dryness in the throat; there was pain, as of excoriation in the throat, during empty deglutition; there was tenacious mucus in the throat, which could not be detached without repeated coughing.

*Appetite.* There was total loss of appetite; the taste was insipid and putrid; there were repugnance and disgust for food.

*Nausea and Vomiting.* There was nausea; vomiting took place while coughing; there was vomiting of mucus; there were exhaustion and paleness of face after vomiting.

*Abdomen.* Pains were felt in the hepatic region, mostly shooting and gnawing pains; there was abundant production of flatus, with gurgling; there was sometimes escape of flatus.

*Stool.* There were loose evacuations, mixed with mucus and slight colic, ameliorated after stool.

*Respiratory Organs.* There was hoarseness, cough and rattling in the chest; there was painful tenderness of the larynx when touched; there were frequent fits of coughing, associated with suffocative obstruction of respiration; sometimes vomiting took place while coughing; the cough was accompanied by sneez-

ing, stitches in the chest and red face; there were some paroxysms of cough, with expectoration of bloody, slimy matter, or of tough, yellowish mucus; there was a marked aggravation of these coughing fits at night.

*Generalities.* There was a marked over-sensitiveness to external impressions.

*Fever.* The pulse became quick and hard; the temperature of the body was found to be 102.2; he felt chilly every now and then.

### Proving No. II.

PROVER.—Durga Pado Mookherjee, a Homœopathic Practitioner.

AGE.—He was 27 years of age.

On the 12th of June, 1903, he took three drops of the tincture of *Justicia* at 10 A. M. Another dose was taken by him at 1 P. M. The third dose was administered to him at 4 P. M., and the fourth dose at 8 P. M. He did not feel any discomfort that day.

June 13, 10 A. M. He took three drops of the tincture.

At 1 P. M. He took another dose.

At 4 P. M. He took three drops.

At 8 P. M. He took another dose.

At 10 P. M. He experienced a tickling sensation in the nostrils; there was also burning sensation in the nostrils.

At 10:30 P. M. Premonitory indications of coryza were marked.

At 11 P. M. The catarrh grew very profuse and fluent; there was also sneezing present; there was watering from the eyes.

At 5 A. M. Another dose was taken.

June 14, at 7 A. M. The head seemed to be heavy; there were burning pains in the eyes; there was fluent coryza which streamed down the cheek, accompanied by violent, almost constant sneezing; there was total loss of smell and appetite; there was dryness of the mouth, with thirst; there was white coating on the tongue; there were hoarseness and cough, with rattling in the chest; frequent paroxysms of cough came on, with sneezing and obstruction of the nose; there was cough, with expectoration of tough, yellowish mucus which could be expelled after repeated hawking; the pulse became quick and full; he felt chilly and feverish, but there was no rising of the temperature. I had a mind to give two or three doses more; but he was very unwilling to take any more. I believe that the rest of the symptoms marked in the first prov-



ing would have surely appeared if he could have taken a few more doses of *Justicia*.

These two provings will, however, suffice to demonstrate that *Justicia* will turn out a grand homœopathic remedy in coryza, cough, bronchitis, etc.

### Clinical Verifications.

#### CASE NO. I. WHOOPING COUGH.

A grandson of Dr. Nundo Lal Ghose, of Tallygunze, aged two years, was suffering from whooping cough. Whooping cough was, at that time, raging epidemically in that locality. Two deaths occurred in the family a few days before. I was called in to see the patient on Sept. 10th, 1903. The boy had been under the treatment of a homœopathic practitioner of the locality.

I marked the following symptoms when the boy was placed under my treatment :

The boy coughed immediately after eating and drinking, and vomited what he had eaten; convulsions appeared during the course of cough, spasms of flexors predominated; the paroxysms of cough went on without any interruption for a long time and which lingered till the breath was nearly exhausted; the body became stiff and rigid; there was rattling of mucus in the chest; the cough became sometimes dry and sometimes moist; any change of air produced the fits of coughing; the fits were marked to appear every thirty or forty minutes; there was no appetite; tough, ropy mucus came on with the vomiting; there was obstinate constipation and the bowels did not move for the last five days.

I heard that the physician in attendance had given him *Cuprum*, *Corallium rubr.*, *Drosera*, *Bryonia*; but nothing had been found efficacious.

I prescribed my new remedy, *Justicia adhatoda*, 1x every hour.

September 11. I went to see him at 10 A. M. I heard that the boy was somewhat better than before. He passed almost a quiet night. There was only one fit of coughing last night, which lasted for only ten minutes; but there was no convulsion; I also heard that there was a motion in the morning at 8 A. M., which consisted of hard, dry balls mixed with ropy mucus. I gave the patient one ounce of barley-water in my presence, but he did not throw it off.

I prescribed *Justicia adhatoda* 3x to be given every two hours. September 12. I saw the boy at about 11 A. M. The bowels were moved regularly; there was no rattling of mucus in the chest; there was no coughing-fit last night; the patient had appetite now; the boy appeared to be cheerful.

I prescribed *Justicia* 3x every four hours. The boy took this medicine for four days more and regained his former vigor and strength within a week.

#### CASE NO. II. WHOOPING COUGH.

The youngest son of Babu Annada Prasad Kundu, of Bhowani-pore, aged three years, had been suffering from a severe attack of whooping cough for the last twelve days.

He was placed under my treatment on August 10th, 1903, when I marked the following symptoms:

The whooping-cough returned periodically in spasms which lasted for a long time and produced extreme exhaustion; the boy held each hypochondrium during cough; there was yellow expectoration which the boy had to swallow; the cough induced the vomiting of food and the boy threw off everything as soon as it was taken; the patient was very restless and totally sleepless; there were sometimes paroxysms of severe spasmodic cough which continued with uninterrupted crowing inspirations till the boy grew purple and blue in face and was quite exhausted; the patient was worse in the latter part of night; the bowels had not moved in the last two days.

I at first prescribed *Drosera* 6x, and afterwards *Corallium rub.* 30; but none of them could do any good. I then gave him *Justicia adhatoda*  $\theta$ , one drop every three hours.

August 11. I saw the patient at about 9 A. M., when I was astonished at hearing that a violent aggravation had taken place as soon as the third dose of my remedy was administered. I thought that this aggravation was due to the strength of the dose and so I gave him *Justicia* in 1x potency and ordered that one dose of it should be given after each fit of coughing.

August 12. I went to see the boy at 8 A. M. I was very glad to hear that the boy was somewhat better than before; the bowels moved this morning; the boy slept for nearly five hours last night; there was only one fit of coughing during last night; the boy vomited up to 11 P. M. last night, but since then no vomiting took place although the patient had barley-water for four times.

This news made me very happy and I prescribed *Justicia* 3x to be given every four hours.

Suffice it to say that *Justicia* alone cured the patient perfectly within a short period of five days.

CASE NO. III. BRONCHITIS.

Babu Hari Das Roy, aged 28, had a severe attack of cold which eventually turned into bronchitis. I saw the patient on the seventh day of the attack. I saw him on January 10th, 1904. The following symptoms were prominently marked:

*Mind.* The patient was extremely irritable; everything put him out of humor.

*Head.* There was faintness on rising.

*Mouth.* The mouth, tongue and throat were very dry, with violent thirst; there was a heavy, yellowish coating on the tongue; the taste was bitter.

*Abdomen.* The liver region was sore, worse on pressure and coughing.

*Stool.* There was obstinate constipation; the patient had been suffering from habitual constipation for the last five years; the stools were dry, hard and seemed too large.

*Respiratory System.* There was difficult, quick respiration; the cough was dry, from the sternal region all over the chest, as if it would burst, with scanty, yellowish expectoration; tough mucus in trachea, loosened only with repeated hawking.

*Fever.* The temperature of the body was found to be 104.6 at 9 A. M.

All the above symptoms pointed out *Bryonia* as the true remedy; but still I prescribed *Justicia* 3x every four hours.

January 11. The morning temperature indicated 101.4; there was easy expectoration of yellowish mucus; the mucus grew moist; the patient had one stool in the morning which was not so dry and hard; there was less thirst and the tongue was moist.

The same medicine was continued.

January 12. The temperature was found to be normal; there was no rising of the temperature last evening; the patient had a natural, soft stool in the morning; there was no thirst; the cough was almost absent and there was no pain over the chest; the patient did not experience faintness on rising up; there was great appetite for food.

The same medicine was given every six hours.

January 14. The patient did not complain of anything this morning. The habitual constipation, from which the patient suffered so much, was cured as well by the administration of this drug.

This was, no doubt, a glorious cure wrought by *Justicia*.

CASE NO. IV. BRONCHO-PNEUMONIA.

The second son, aged four years, of Babu Gispatti Choudhuri, of Bhowanipore, was seized with an attack of broncho-pneumonia on November 28th, 1903. The mucous râles were heard distinctly over the chest, with great difficulty in breathing; there was considerable rattling of mucus and the chest was full of mucus, but the boy was not at all able to bring it up; there was rapid, short, difficult breathing and the patient seemed as if he would die of suffocation; the eyes were congested, staring, dull; the face was pale and somewhat bloated; the tongue was dry and brown; there was excessive thirst; there was great drowsiness prevailing; the temperature of the body was found to be 104.8.

I heard that *Antimonium tart.* in both 6th and 30th potency was given before; but, unfortunately, it did not bring any good at all. I prescribed *Justicia* 3x every two hours, according to the emergency of the case.

November 29. The oppression of breathing was almost gone; bronchial tubes were almost clear; the cough was still present, but not so troublesome as before; the tongue was moist; the temperature was 101.6 at 9:30 A. M.

I prescribed *Justicia* 3x every four hours.

November 30. The coughing fits were less frequent; the bronchial tubes were now perfectly clear and there was no rattling of mucus; the patient had two motions last night with which mucus was passed; the temperature was 100° in the morning.

The same medicine was continued.

December 1. The temperature was found to be normal this morning; the bowels were now moving regularly; the boy slept soundly last night and was better than before.

The same medicine was given.

December 2. I found the boy to be very jolly this morning. He wanted to eat boiled rice. No other complaints could be marked. I gave him milk and loaf to-day.

The same medicine was given every six hours.

The boy was cured perfectly within five days more.

CASE NO. V. PHTHISIS.

Babu Rajani Kaut Roy, of Hat Kholā, Calcutta, called me to see his son, aged thirty-one years, who was suffering from the first stage of phthisis. The patient had an attack of bronchitis six months before, and since that time he had been suffering from chronic bronchitis. He did not take any care to take proper medicines for this cough; but when the attending physician diagnosed the disease as nothing but phthisis, Rajani Babu grew very anxious.

I saw the patient on November 12th, 1904. The following symptoms were marked:

*Mind.* Lowness of spirit; he was over-sensitive to external impressions.

*Head.* Burning sensation on the forehead.

*Face.* The face was very pale; there were blue rings around eyes.

*Mouth.* The tongue was very dry, and there was excessive thirst for cold water.

*Abdomen.* There was obstinate constipation.

*Respiratory System.* There was constrictive pain in the lungs; there was also tightness across the chest; the whole body was seen to tremble while coughing; there were frequent fits of coughing with hæmoptysis, after which severe dyspnœa and short breathing appeared; the expectoration was dry, rusty, blood-coloured; the patient grew worse while lying on the left side.

*Fever.* The patient felt chilly every evening; there were also night-sweats.

I prescribed *Justicia adhatoda* 3x to be given every four hours.

November 14th. I heard a good report of the patient this morning; the bowels moved last night; the cough was still present, but the expectoration was moist and easy, and there was no spitting of blood, since yesterday.

November 16th. A decided improvement was wrought by *Justicia*. There was no fever last evening; the cough did not trouble the patient, only now and then; there was no spitting of blood; there was no difficulty in breathing. The patient was experiencing greater relief than before.

The same medicine was continued.

November 20th. The paleness of the face was nearly gone; there was great appetite for food; there were only three or four

negligible attacks of cough during twenty-four hours ; there was no fever ; no night-sweats appeared ; the bowels were moving freely and regularly.

The patient was fully cured of this dreadful disease with *Justicia* alone for a month more.

The success of this typical case will forcibly and conducively illustrate the usefulness and curative virtues of this drug. It is my firm conviction that it will be recognized as a valuable homœopathic drug in the near future. This drug is producing magical results in the hand of our Indian Ayurvedic practitioner, and I don't know why it will not do the same service as a homœopathic remedy.

CASE NO. VI. CORYZA.

The son of Babu Bhupati Choudhuri, of Bhowanipore, was suffering from a severe attack of cold.

There was copious fluent coryza, accompanied by violent coughing ; the eyes were somewhat swollen and watered all the time ; he was feverish.

I prescribed *Justicia* ix every three hours, and he was fully cured within two days.

CASE NO. VII. CORYZA.

My son had an attack of cold. He had fluent coryza, with constant sneezing ; there was hoarseness with swollen nose ; there was stoppage of nose at night ; there was also thirst ; no appetite existed ; there were occasional coughing fits, but no expectoration ensued. I prescribed *Justicia* ix every three hours. After the administration of the third dose he fell asleep.

He came around within three days. From the second day there was no hoarseness.

CASE NO. VIII. CATARRH.

The son of Babu Hari Das Roy, deputy magistrate, aged three years, was suffering from a severe attack of catarrh of the head and nose. There were excruciating discharges from the nose which made the nostrils raw and sore. There was a creeping sensation of chilliness ; there was fluent coryza with abundant tears and cough ; there was frequent sneezing ; painful heaviness of the forehead, and great thirst existed ; the bowels of the boy had not moved for the last four days.

I prescribed *Justicia* 1x every three hours. I saw a decided improvement of his condition when I went to see the boy the next morning; there was no sneezing; heaviness of the forehead disappeared; there was less discharge from the nose; the boy passes one healthy stool in the morning. The medicine was given every six hours. All the sufferings of the boy vanished within two days more.

## CASE NO. IX. WHOOPING COUGH.

The grandson of Baku Umapado Roy, of Kalighat, who was three years of age, had an attack of whooping cough and had been suffering from this obstinate malady for more than one month. The boy was, from the beginning of the attack, placed under the treatment of several eminent homœopathic practitioners of Calcutta, and they did their utmost to arrest the further progress of the disease, but in spite of their endeavors the disease was seen to increase by leaps and bounds and to catch hold of the boy with firm grasp. The homœopaths treated the boy for eleven days and then the boy was treated by some allopaths, who were equally unsuccessful in curing, or rather mitigating the sufferings of the boy. On the nineteenth day of their treatment the condition of the boy grew very serious and created serious misgivings as to the result of the case.

On the 2d of November, 1904, the boy had some coughing fits which appeared to last longer than before. At 10 A. M. of that day the boy had a fit which lingered for more than twenty minutes, after which the little patient became stiff, and there was not the least sign of animation. The relatives of the boy thought him to be dying and began to cry; but the attending physician sent a messenger in hot haste to me. I went there at 11:40 A. M. and examined the boy minutely. There was still no animation. However, I gathered the following information from the physician in charge: The boy had an obstinate constipation and the bowels did not move until mechanical measures were taken; the fits of cough were very violent and appeared almost hourly; extreme prostration came on after the fits; there was generally vomiting while coughing; there was rattling of mucus in the chest and fine râles were audible; there was no fever; the boy was very restless and always crying; there was no appetite and he was very unwilling to take even the mother's milk; cough was seen to be worse after crying.

These particulars led me to prescribe three small globules medicated with *Justicia* 1x. I watched the effect of this remedy and waited for ten minutes. I gave the second dose after ten minutes and yet another dose was administered after ten minutes. As soon as the third dose was given, the boy, to my intense joy and utter amazement of the spectators, displayed unmistakable signs of vitality with sharp cries; but there was no cough. This was, no doubt, a hopeful indication of its action.

I left three powders of *Justicia* 1x and instructed the attending physician to give one powder every three hours.

I went to see the boy again at 11 P. M. that night. The grandfather of the boy thanked me very much for the medicine which had, no doubt, done yeoman's service in the mitigation of the disease so long resisting almost every kind of medicine. I heard a good report of the boy. The bowels moved at 10 P. M. naturally for the first time and the stool consisted of hard, dry balls, mixed with tough and purulent mucus. The boy was given two ounces of milk and took it eagerly, but there was no vomiting at all.

*Justicia* 3x was given every five hours.

November 4. There was more improvement this day. The bowels had been moving naturally and there were only five fits of coughing during twenty-four hours. The boy had been drinking milk with an amount of eagerness which could not be found a month before. The same medicine was continued.

November 6. The cough had totally disappeared and the boy appeared to be jolly.

The same medicine was given every six hours. The boy regained his former vigor and strength within a fortnight.

#### CASE NO. X. WHOOPING COUGH.

My grandchild, aged seven months, had an attack of whooping cough, and was suffering from the same for about one month, and notwithstanding my application of *Ip.*, *Drosera*, *Coral. r.*, *Coccus cact.*, *Scilla*, *Trifolium*, the gamut closing with *Ammon. brom.*, I could do nothing to diminish either the intensity or the frequency of the paroxysms, and the little, otherwise healthy, child was going from bad to worse. On the 7th of May, Saturday, I consulted Dr. S. C. Ghose, and on informing him of what I had done for my dear little grandson and the result I had met with, he very kindly handed a one-dram phial of his new preparation of *Justicia ad-*



*hatoda* and asked me to administer the same in water in half-drop doses, every three hours, adding that he had used the remedy successfully in many cases of infantile bronchitis and cough, especially when, as in the case of my grandson, there was constipation of the bowels in the bargain. I came home with the remedy with some doubt in my mind as to the success of the remedy, but like a drowning man, catching at a straw, I without any delay stopped all other medicines and prepared and marked a two-ounce phial of the remedy in water, the dose being half a drop in one dram of water.

May 8th, 1904. There was appreciable diminution in the frequency though not yet in the intensity of the paroxysms.

As I found there was some mucus in the larger bronchii and fine râles were audible throughout the chest, I thought it inadvisable to give the remedy in cold water. I immediately had brought to me some boiled water and gave my grandson a dose in the same while it was yet hot. Another similar dose at noon and yet another at bedtime, and, to my great joy and astonishment, there were no attacks of the severe cough during the whole of the 9th instant. Since that day the bowels have been moving regularly and there was a negligible attack or two of coughing, not more, in every twenty-four hours.

#### CASE XI. COUGH.

May 15th, 1904. Mrs. Ghose, the wife of Babu Monmotha Nath Ghose, of Bokoolbagan, Bhowanipore, Calcutta, was suffering from a very severe attack of cough—the paroxysm giving her neither rest nor respite, whether by day or by night. The fits were suffocative and most exhausting. On the strength of what I had found *Justicia adhatoda* had done in the case of my grandchild, I prescribed that remedy in the mother tincture in two drop doses in hot water—as hot as she could drink.

May 16th. It was reported to me that the fits had much lessened both in frequency and intensity. The same remedy to be continued.

May 20th. The cough had totally disappeared and had left in its place an appetite for food the like of which the young lady had not experienced since she had those distressing coughing fits.

#### CASE NO. XII. BRONCHITIS.

September 13th, 1904. I was called on to attend the infant child of Mr. S. C. Sen, aged a year and a half, who was suffering

from a bad attack of bronchitis. Examination brought out the fact that the larger bronchial tubes were loaded with a tough, viscid, slightly yellowish mucus, which the child could not with its best efforts dislodge. The cough was hard and racking and the child suffered extremely from embarrassed breathing. Small, moist râles could be heard all over the chest. The temperature was 103.5 when I saw the child for the first time at 5 P. M. The tongue was coated thickly white and everything pointed to *Ant. tart.* as the similé and this remedy I prescribed in the 30th centesimal potency every 6 hours.

September 16. The oppression of breathing had almost disappeared and the temperature was normal from the morning of the 14th. The mucus in the tubes had become much reduced but was still tough and stringy. The cough was still very troublesome and frequent. The coating on the tongue was entirely gone. There had been only two stools in the last three days. After much consideration, I next prescribed *Justicia adhatoda* in the strong tincture, a drop every two hours in a quarter of an ounce of tepid water.

Sept. 17. The coughing fits had much abated both in intensity and frequency and every now and then the child vomited large quantities of a whitish gelatinous mucus. The bowels were now moving much more freely, I was told, than ever during the last two or three months. The child had slept a natural sleep last night and was better in all other respects.

*Justicia adhatoda*  $\theta$  every four hours; dose as before.

Sept. 20. The breathing was now quite free and easy, the râles had disappeared and the child now took its milk with quite an appetite, and, what was more welcome, retained same, which he had not done since he was first attacked with the cough. Cough there was none now.

#### CASE NO. XIII. A LIVER CASE.

December 1st, 1904. The son of Baboo P. C. Ghosal, the second brother of my landlord, aged only six months, was taken ill about a fortnight ago. The liver was congested and the child cried when pressed upon ever so lightly on the hepatic region. The temperature varied from normal to 103° at night. With this was associated a slight tickling cough that prevented the child sleeping at night. The little patient was at first placed under the care of an L. U. S. of Bhowanipore, who treated the boy for

about two weeks, but, in spite of all his endeavors, the child became worse every day and the cough gradually developed a "whoop." It was in the morning of the above date that I was asked to treat the babe and I at once prescribed *Chelidon*. 6x every three hours, the above symptoms as well as the color of the stools and urine all pointing to the remedy.

December 4. The child was better in all respects excepting the cough, the urine and stool both having almost resumed their natural color and consistency. The pain in the liver was not at all apparent now. It was now only the cough that had assumed graver proportions, both as regarded intensity and frequency. The oppression of breathing was painful to witness. The respiration was sawing and the cough dry, barking, croupy, but the child now and then vomited a tough white mucus, which appeared to relieve the boy somewhat. I at once prescribed *Spongia* 6 every hour, promising to call the next morning.

December 5. The oppression of breathing had almost gone and the loud sibilant râles audible yesterday were not apparent. The condition of the child had, on the whole, much improved, but the bowels had become a little constipated and the cough was as frequent and severe as ever. *Spongia* 30 every six hours.

December 7. The improvement was stationary since I last saw the child and the bowels had moved only once yesterday and not at all to-day up to 4 P. M., when I saw him.

I now thought of what Dr. S. C. Ghose's new remedy—*Justicia adhatoda*—had done in my hands in the case of my own grandson in May last and directed a drop of the mother tincture to be taken in a quarter ounce of tepid water every two hours.

December 8. The effect of four doses of the above remedy was beyond my most sanguine expectations and my patient had improved all round. The bowels had moved thrice within the last twenty-four hours, thus eliminating from the bowels a large quantity of purulent mucus that had accumulated there. The cough had much abated in frequency and the intensity was far less painful than previously.

December 13. The improvement had been steady and rapid since the 8th. The babe was now sleeping quite soundly without any disturbance whatever from his cough. The bowels were moving regularly three times every twenty-four hours and the mucus was coming away quite freely. The breathing was easy. There had been only three paroxysms of cough during the last

twenty-four hours, as far as the mother could remember, and that even very slight.

December 16. No cough at all. The appetite of the child had much improved and the color had returned to his cheeks.

December 20. Pronounced cured, both of the cough and the liver trouble.

The cases Nos. X, XI, XII and XIII were reported by N. N. Sircar, a homœopathic practitioner of Bhowanipore.

The above cases will convincingly prove that *Justicia adhatoda* is truly homœopathic in its *modus operandi*. It should play an important part in the disorders of the respiratory system. In coryza it will be found highly curative where sneezing will trouble the patient. In whooping cough I have the greatest confidence in it as long as, or whenever, catarrhal symptoms are marked. The cough of *Justicia* is incessant and severe. The chest seems pregnant with phlegm, and there is audible rattling of mucus, but very little is expectorated or it is loosened only with repeated hawking. The expectoration consists of tough, yellowish mucus.

The cough of *Justicia* is sometimes dry, spasmodic, constricted. There is a violent degree of dyspnœa associated with the cough. So much so that there is great fear of threatened suffocation. In whooping cough the child loses breath, turns pale, stiff, and blue, and there is rigidity of the body. There is usually vomiting with the cough and no food or drink is retained by the stomach. It has also great loss of appetite and there is also obstinate constipation in the bargain.

*Justicia* has some influence upon the hepatic system. In functional derangements of the liver it is certainly an excellent remedy.

In the first stage of phthisis it will surely be found to be a valuable remedy. In this complaint there is usually spitting of blood. The mucous membranes are dry, especially those of the mouth and throat. The mouth, throat and tongue are dry and there is thirst present.

The characteristic mental symptom of *Justicia* is irritability. The patient is easily angered. The patient is not in good humor and is very averse to holding any conversation.

The above lines will suffice for the present. I have a great desire to make two or three more provings of *Justicia* and if I be successful I shall publish them later on.

It is not possible for a single man to collect all possible data in the proving of a drug. I hope some other colleagues of mine will take up the subject and devote their attention to it.

I can assure them that *Justicia* will pass the criterion of usefulness with flying colors and will fall nothing short of their expectations. I earnestly request them to try its efficacy and to publish the failures to the world.

---

## GELSEMIUM.

By C. M. Boger, M. D.

Apathy, heaviness and relaxation characterize this drug; there is loss of muscular power, causing sensations of weight and weakness, particularly in the eyelids and lower limbs, as well as in the sphincters, so that on any unusual excitement there may be involuntary evacuations of stool, urine or semen; this state may go on to functional paralysis, one form of which is like post-diphtheritic paralysis, for which it is so successfully used. The *Gelsemium* patient looks as though he were under the influence of a mild narcotic intoxicant.

Another phase of this semi-paretic state is the tremulous movement of the patient; his chin quivers and when he reaches out to grasp an object his hand trembles, the so-called intention tremor, so characteristic of certain nervous diseases, but because a *Gelsemium* patient does this you must not conclude that the symptom always calls for this remedy, for a number of others have it, notably, *Anacardium*, *Rhus toxicodendron* and *Secale cornutum*.

It is one of the medicines you will need in those who abuse tobacco in any form or work therein; many of the symptoms are quite similar to nicotine poisoning; in these cases the vertigo, impotence, seminal losses, etc., will be fully controlled. Another very similar state occurs in persons who are poisoned by working in benzine and gasoline, which give rise to a very peculiar intoxication very similar to *Gelsemium* in its effects.

When the weather first turns warm in the spring time and induces weariness, relaxation, weakness, spring colds, etc., it is the first remedy to be thought of; its pathogenesis corresponds closely with states induced by the first oncoming of warm weather.

*Gelsemium* is our standby in the type of colds so common in this country, with physical relaxation and a bunged-up feeling; there is a great deal of sneezing, much dizziness, mental dulness and cloudiness, with a disposition to lie down and keep quiet.

It is very useful in neuralgias and headaches with pains which ascend from the nape and settle over the eyes; often double vision or extreme vertigo, as if drunk, accompanies these attacks; they often pass off with a profuse flow of urine and are ameliorated by lying in a half-reclining position.

In grippe it remains one of the foremost remedies; the eyeballs are usually sore and pain when moved; there is general muscular soreness combined with a feeling of extreme lassitude and vertigo.

Farrington speaks of its probable usefulness in cerebro-spinal meningitis; since his utterance hundreds of cases have been shorn of every dangerous symptom, practically aborted and cured; in some epidemics it is the only medicine needed; even many allo-paths have had this experience.

It is one of the great trio of thirstless remedies, the others being *Ipecac* and *Pulsatilla*; it is rare to find thirst present when it is indicated.

In all kinds of fevers, bilious, remittent, intermittent, typhoid, and particularly in cerebro-spinal types, it is of the greatest efficacy in our climate; as a usual thing in all these cases the patient is thirstless.

The *Gelsemium* patient wants to be held in order that he may not shake so; this is quite like *Sepia*, which also has the weakness in the knees and heavy eyelids.

It is indicated in some cases of labor when the pains go backward or upward, or both, and the labor makes no progress; the parts may be soft and flabby or the os may be rigid and unyielding; in the latter case you will choose between it and *Belladonna*, the latter having more dryness and heat of the vagina and a general excited state with an active, bounding circulation, while under *Gelsemium* the pulse acts in harmony with the general state, and is, therefore, soft and flowing, allowing the blood to stagnate in the various organs, thus giving rise to passive congestions; the heart muscle also weakens, giving the patient a sensation as though it would stop if she did not move about and keep it stirred up.

The chills usually go up the back and the extremities become cold while the trunk remains hot; the face may even show a dusky, congested state; marked periodicity is present.

Sudden darting pains, making one start and leaving a soreness behind, remind you of neuritis, in some forms of which it is very useful, here touching hands with *Rhus toxicodendron*.

Like *Borax* it has fear of falling, presumably from a sense of muscular inefficiency, although there must be a mental element in the case, for I once cured a young babe of this distress; its mother had required *Gelsemium* for a general line of symptoms during her pregnancy.

Once in a while you will see a case of chorea of the eyeball, generally all of us think of *Agaricus* first, but *Gelsemium* has the lateral oscillation as well, and the other symptoms agreeing you will not forget its possible usefulness.

The remedies most similar to *Gelsemium* are *Agaricus*, *Conium*, *Hellebore*, *Physostigma* and *Tabacum*, all of which act as motor depressants in one way or another; under *Hellebore* particularly do the muscles refuse to obey the will unless the mind is strongly concentrated on them; the mind is also clouded; its action is also more profound, only ending in effusion into the nerve centers and death.

To recapitulate we then have:

1. Relaxation, as shown by heavy eyelids, double vision, weakness in the knees, involuntary stools, languor and vertigo.
2. Thirstlessness, even during fevers.
3. Aggravation when the weather turns warm; in the spring time; from emotions, fright, etc.

---

## TWO CURIOUS CASES.

By E. D. Fanning, M. D.

In the latter part of November, 1887, I was called to visit a Mrs ——. When I entered her room she was sitting on the side of the bed. I said good morning to her, but got no reply except a mild stare. I asked her general questions, but got no answers; then her husband entered the room, and in answer to my question as to why she did not talk he said: "She has not spoken to any of us this morning, and we do not know what ails her, nor has she eaten any breakfast." "How was she yesterday and last night?" "All right." Inquired about her bowels and urine. The former was regular, but had not passed urine since some time the day before. I examined heart, lungs, liver and

kidneys, and found them all normal; but her menses which should have appeared several days previous were still delayed.

So I concluded here was the cause of the whole phenomenon, and I prescribed *Stramonium* for the urine, and *Aconite* for the other condition, because she was pale and had an anxious, nervous look. I prescribed both remedies in the third dilution, in water, dose every half hour alternately.

The next day when I called she was occupying the same position. When I entered I said good morning, Mrs — ; but still no reply. On inquiry, learned her urine had passed freely; aside from that she was apparently the same. While I was in the room her father who had been sent for arrived and entered; the instant she saw him, she exclaimed in a stentorian voice, "There's my father!" and flushed, but the flush disappeared suddenly. Those were the only words spoken by her, although he asked her several questions. When I got ready to depart, the father informed me that he would take her home with him, saying that he knew what ailed her and he could cure her; that it was all due to her sickness stopping, and he had cured her mother once of the same trouble. Well, I said you are going to strike a snag this time, because she will not talk or eat or take the medicine, for I learned she had only gotten two doses of what I had left the previous day. Asked him what he would cure her with, and he replied, "Pennyroyal." I told him he was going to make a great mistake, as the trouble was deeper than he could see. Well, he took her home with him, and I neither saw nor heard of the case again until January 23d, when her husband came to my office to engage me to attend to her again, and gave me in few words the results of the father's treatment. He succeeded in getting one small dose of the drug into her with no results. Finally a physician (old school) was called, but as she would not talk he could find out nothing except what was told him by the husband and father. The doctor prescribed opium in pills, simply to keep her quiet, which was very unnecessary, as she was altogether too much so in every respect.

During all the time she had been away, or from November 28th until January 23d, nothing had passed her lips in form of nourishment except a drink of water and one soft boiled egg. Her appearance, as I saw her this time, testified to the truth of his assertion, for she appeared to be about as near to skin and bone as she could get; her eyes were bloodshot; cheeks scarlet, but cir-



cumscribed ; skin of face a dry, dirty, dead color and scaling off ; pupils slightly contracted ; pulse quite full and hard. I asked her several questions, but got no replies. Her sister stated that bowels were moving, and urine was passing regularly, but her menses had never appeared. *Belladonna* and *Stramonium* 3d dilution, in water, a teaspoonful every hour ; but regularity in giving her medicine was out of the question, for the only way a dose could be given to her was to add a teaspoonful to a tumbler of water out of her sight, then go in and ask her if she would like a drink. When I called the following day I was informed that she had gotten just one dose from each glass. At this call I left the medicine in a couple of vials I had with me, and had them put three or four drops in everything they offered her to eat or drink, but as she would eat nothing except a piece of an orange oncè every few days it caused very slow progress. After the fourth day the pupils began to dilate considerably, but otherwise I saw no change, so I changed the *Stramonium* to *Gelsemium* 3d dilution. This was continued with the *Belladonna* all through February with no apparent change.

The time for her periods had come and gone, she was taking no nourishment, was growing more and more emaciated, the skin of her face was literally drying up and falling off in dry scales. On two occasions she had raved during the night a little, and scratched her husband's face quite severely. Her bowels and urine were passed in the bed unless she was gotten up and looked after ; on this account they dressed and seated her in an easy rocker every morning. The only time she spoke up to this time was when her sister said to her she was going to go home and leave her ; then she began to cry and simply said, " Don't leave me," but that was all.

One day, about the third week in February, she jumped out of bed and ran out near the barn where her husband happened to be talking to his landlord ; he caught her and carried her back into the house and afterwards kept a closer watch over her. Along the first of March I thought another remedy might do her more good than what I was giving, so I gave *Arsenicum* 200th with the *Belladonna*. She was getting so few doses of either that it was impossible to see any results. After a few days I felt I had made a mistake ; so changed back again to *Gelsemium* and continued as before. A few days after this while I was sitting beside her bed—the morning was bright and warm and her little

girls, the older coming three years old, were playing on the porch, the door was open and she made quite a noise with a little express wagon which must have annoyed or caused her head to pain for she said, "They'd better stop!" I asked her if the noise hurt her head; she made no reply, the noise continued and pretty soon she again said, and more determinedly, "They'd better stop!" I called Mr. — and he caused them to be quiet, and no more was said, but it caused me to feel more secure in my prescription.

March passed away and still no objective signs of improvement were apparent. If she were sitting up, as she most always was, and I raised her arm to count the pulse, after leaving her the arm would remain elevated while her eyes would follow me around the room and finally fall of its own weight from apparent exhaustion. For some reason or other I felt sure she would get well and told her husband so at the beginning, but a number of persons thought differently and assured me that I should have her put in an asylum. I always told them that if she were put away she would die; besides, her husband did not wish it, and would keep her from doing any person harm. About the middle of April I was greeted, when I called, with the news that she had become unwell, but it was merely a slight show; still it was worth a great deal to us all for immediately afterwards she began to take a little proffered nourishment.

About two weeks later she was lying in bed and her children were playing beside the bed on the floor and causing considerable noise; she got out of bed and grabbed the baby, eight months old, by the hair of the head, swung it around and threw it under the bed just as the sister arrived to learn what was causing the baby to scream so loud. The older girl had already crawled out of danger. Mrs. — got back in bed, but offered no explanation as to the cause. With the increase of nourishment there was given an increased number of doses of medicine and the middle of May showed her quite improved; her sickness appeared and lasted three days; with it came an increase in the desire for food; the redness left the eyes and face; she began to ask for what she desired, etc. Improvement came rapidly. The same remedies were continued every two hours alternately; until she changed again in June. I did not see her after the May change until she came to my office, accompanied by her sister, on the twenty-fourth day of June perfectly cured, and to my question as to how she was feel-

ing, said she never felt better in her life. While there she described to my wife the kind and color of a fancy shawl she wore when down with me on one of my visits to see her. The above visit was made when she was at her worst stage, the last of February. She also spoke of other things that occurred and said she did not know why she didn't talk. The remedies mentioned were the only medicines she received.

I had never seen this patient until called to treat her. And she had never seen or spoken to me until after she was cured. I visited her every second day, twice a week and later once a week in May. After that the medicine was sent for once or twice a week.

Note the difference here between the two schools. The allopath would give *Opium* and let her die easy. The homœopath seeks the cause, removes it and the patient lives.

## II.

Mrs. S., a large lady weighing two hundred and sixty pounds, was taken, one Sunday morning, with hysterical spasms of laughing and crying alternately; these continued and as the day wore on she became worse. About 4 P. M. I was sent for, but was out on my afternoon calls. The call came again, but I was still out. The messenger came the third time, and as I had not returned he stopped for Doctor W—— on his way home. I arrived shortly after this last call, and as soon as I learned of the urgent call I immediately started for the house. When I arrived I found Doctor W—— already there and very busy making a mustard plaster. I asked him what seemed to be the trouble. He said he didn't know; she, meaning Mrs. S., was laughing and couldn't stop. "I was going to put this over her stomach, and when it gets burning good and hard it will direct her mind and stop her d—— laughing; but now you have come, and as it's your patient, I will go home and let you have charge." I urged him to go ahead and apply his poultice, at the same time adding that I had never attended the person before, but he withdrew, got his dollar, and left.

Mustard poultices don't figure in my line, so I concluded to try and find out the cause. So, between the ha, ha, ha's and the sobs I learned she had not passed urine since the Saturday previous and only once then. Without more ado I gave her a dose of *Stramonium* 3d, and repeated it again in less than five minutes, and gave her the third dose again in five minutes.

Almost immediately after taking the third dose she stopped laughing and said she would like to urinate; this she did, and passed between a half pint and a pint; shortly after she used the vessel again with better success. The laughing and crying all stopped after this second voiding of urine, so I gave her the remedy in water, a teaspoonful every half hour. Saw her again the next morning, when I found she had passed nearly a gallon and a half of water and was all right again.

This is another good illustration of the workings of the two schools and proves the necessity of seeking the cause.

*Philadelphia, Pa.*

---

### HAMAMELIS.

By A. A. Ramsayer.

Gilchrist (*Surgical Emergencies*), under the title of Conclusions, says of *Hamamelis* that it is indicated when the effusion is entirely hæmorrhagic and remains fluid. The part is fluctuating, red in color, and there is no disposition to coagulating (in contradistinction to *Arnica*, which is called for when the hæmorrhagic swelling is firm and coagulation rapid; it removes the clots of blood).

This characteristical effusion which remains *fluid* belongs foremost to injuries of the eye. Norton gives his valuable experience on this subject: *Hamamelis* hastens the absorption of intra-ocular hæmorrhages. As an illustration, he cites the case of a colored boy who had received an injury on the left eye two days before he saw him. The cornea was abraded, there was some blood in the anterior chamber, and the vitreous was so dark from hæmorrhage into it that the fundus could not be illuminated. There was only perception of light. *Hamamelis Virg.* 3 was given internally and the tincture, 10 drops to the ounce, used externally. After two days, his vision was twenty-fiftieths, and only slight haziness of the media remained.

A few years ago a friend of mine, about fifty years old, in striking a nail with his hammer, caused the nail to fly into his left eye, inflicting a deep cut in the cornea, through which the iris protruded. An eye specialist was called at once, and, of course, wanted the eye removed, fearing the sympathetic inflammation of the other eye, but the operation was refused, the eye

bandaged, and the patient left in the hands of his family and friends. Having read the above remarks of Dr. Norton, I proposed to my friend to give him some *Hamamelis*, which, considering the severity of the case, could not make it any worse even if it did not help, to which he readily consented. *Hamamelis*, in tincture form, I think, was taken internally in cold water, and later on when the bandage was taken off the eye was perfectly healed, thanks to the kind Providence of God, and has remained healed without haziness or cicatrix. I am inclined to think that *Hamamelis* did some good, although other agencies were at work, not the least of which was the abstemious and morally clean life of the patient.

A year or two ago one of my boys flung, by means of a flipper, a pebble, the size of a small pea, into the eye of his little brother. Being on the spot, I hastened to examine the eye; the pebble had hit the eye on the lid, leaving a black mark as if a piece of shot had hit it; the child could not see anything with that eye; the blood was trickling in a small stream into the anterior chamber and had already collected at the bottom. Hurriedly looking over my notes for the preceding case, to make sure of the right remedy, and being confirmed in my choice I put a few drops of *Hamamelis* tincture in a glass of water and gave him a few swallows to drink. The hæmorrhage stopped at once, but the sight remained defective until the next day, when all traces of injury had disappeared.

In conclusion I would say: Do not be too ready to enucleate an eye because eye specialists, who know practically nothing of internal medication, find it necessary to do so; but learn to use the treasure of remedies within our reach, according to their indications.

*Salt Lake City, Ut.*

---

## OBITUARY.

Dr. Samuel Mossa.

The last number of the *Allgemeine Homœopathische Zeitung* brings us the news of the death on March 8, 1905, of another doughty pioneer of Homœopathy in Europe, Dr. Mossa, who was honored and beloved by all who knew him, and who made himself useful not only by his extensive practice, but also as the

editor of the *Allgemeine Hom. Zeitung*, which he has edited for the last ten years in a most able manner.

Dr. Mossa was born in Friedland, near Beskow, on October 29, 1833. He graduated from the University of Berlin in the year 1858, and passed his examination as physician in 1859. He became acquainted with Homœopathy through Dr. Gross (later of Barmen).

After completing his one year's military service he settled in Bromberg. His medical practice was interrupted by the campaigns of the years 1864, 1866 and 1870, from which he returned decorated with the Iron Cross. In the year 1883, compelled by the sickness of his daughter, he removed to southern Germany, and after a brief sojourn in Strassburg, he came thence to Stuttgart. While practicing here, he, on the death of Dr. Villers, became the editor of the *Allgemeine Homœopathische Zeitung*, the oldest and most scientific of the German homœopathic journals. Dr. Mossa was a most staunch and conservative homœopathist and an able critic, and whatever did not progress according to the fundamental laws as laid down by Hahnemann found in him a strict, though conscientious judge. This was due not merely to the conservatism of age, but also to his experience, showing that compromises with the old school generally degenerate into a merely nominal Homœopathy; while the endeavor on the part of others to give a phantastic development to our pathological and therapeutic views had only proved hurtful. He therefore kept the safe, golden mean, endeavoring to advance homœopathic science on the basis of modern scientific views. This tendency is most fully shown in his own articles, and on this account his casuistic publications are always convincing and instructive. Few among German homœopaths are as well read as Dr. Mossa. As he was a great linguist, the literature of all countries in which Homœopathy makes its voice to be heard was at his disposal and he made a most wide and beneficial use of this power. With more than forty years' practice of Homœopathy, he stood as a Nestor among his colleagues and his judgment was respected by all. There are few matters of materia medica and of therapeutics which he has not elucidated in his lengthy literary career. His loss will be severely felt and lamented, not only by the readers of the journal of which for so long a time he had been the editor, and by his many patients, but especially also by his colleagues of the Central Union of Homœopathic Physicians of which he was one of the oldest and most beloved members.—*From Allg. Hom. Zeit.*

**ECHINACEA ANGUSTIFOLIA.**

There are few remedies that have so wide a range as *Echinacea*. Yet there is one red line running through them all—sepsis. Wherever there is pus or blood poisoning, *Echinacea* internally, five drops of the  $\theta$ , two or three times a day, will almost invariably prove to be beneficial. Also a solution of the remedy, or cerate, applied to abscesses, etc., is useful.

Looking through medical literature it will be found that *Echinacea* has been successfully used in puerperal sepsis and septicæmia, sepsis, bad effects of vaccination, all septic conditions, bites of animals and insects, syphilis, typhoid, ulcers, boils, carbuncles, running sores, gangrene, blood poisoning, burns, debraved blood and possibly cancer.

It is a remedy well worth careful study.

---

**EXTRACTS FROM AN APPRECIATIVE LETTER  
APROPOS OF KENT'S MATERIA MEDICA.**

I think I received about the nicest piece of morocco I ever saw in the copy of your *Materia Medica* that B. & T. sent me, and profound, indeed, was my joy to be able to paste inside an aphorism of the author that in a few lines summarized all there is in the practice of pure Homœopathy. It is the most fascinatingly interesting book, of any nature or kind whatsoever, that I possess; I never take it up that I am not transported back again to the amphitheatre at Dunham.

Schwartz (now in Houston) writes me:

“Have you seen Kent's *Materia Medica*? It is great. He is a wonder. I just love to sit down and read his lectures. I remember how he used to say in lecture what enjoyment he would get reading *Materia Medica* when tired. At the time I could not imagine one would ever get that way, but now it is refreshing to me to read his work. It is like reading a story. I can picture the ‘Grand Old Man’ lecturing to us, occasionally wiping his forehead with his silk handkerchief; Gibbons with his three yards of legs on exhibit, and Stoner with his interest equally divided between his notes and Dr. Kent. I tell you Hunt we did not realize at college we had a Master lecturing to us. Hering was my grandmother's physician in Philadelphia. On my mother's side of the

family Dr. Detweiler was the family physician; so you see I have had Homœopathy imbued into me in embryo. I regret that I was such a fool while at college not to take advantage of opportunities. When our dear old Prof. Kent is dead and gone will be a poor time to shout his praises. We should in some way show him our appreciation of the grand work he has accomplished and is doing every day. Can you, have you ever realized what an amount of thought he expended on the proper way of presenting the *Materia Medica* lectures so that we weaklings could comprehend, and the amount of hard, hard study and work he has done compiling his *Repertory*? I hope the good Lord will spare him many years yet to come. Not to gratify my own thirst for his works alone, but to advance the school in the lead of medicine, where it belongs. I wish to God, Hunt, that I had your gift of oratory that I could shout it to the world that we have something that CURES people when they are sick."

I quote Schwartz's letter so fully to show you that there are more of your old pupils than I that think that you are doing great work.

Am doing much better here than I did anywhere in Texas, but the past winter was most severe. What is the matter with J. M. Littlejohn? Cannot get him to answer my letters.

With esteem and respect affectionately,

V. V. HUNT.

*Cordell, Okla., April 5, 1905.*

---

## A RED HOT LETTER.

EL PASO, Texas, Sabado, primero dia de Abril, 1905.

Editor of HOMŒOPATHIC RECORDER.

In March *Medical Advance*, page 141, Dr. W. D. Gorton asks: "Are Our Cures, Cures?" I answer emphatically, YES.

Having a law of cure, knowledge of that law and courage from that knowledge, we can never be pessimistic. It is that "belief" business that spoils it.

I wish now to call attention of all careful thinkers and readers to a novel called *Sons and Fathers*, a prize story of mystery, written by the postmaster of Macon, Georgia, about his own section and State, and published by Rand, McNally & Co. Read it



carefully. Better read it out loud to an appreciative, small, audience, as I have fifteen times.

This man "wrote better than he knew," for he gives points upon heredity; the X-ray (before it was brought out by the so-called scientists); the relation of flowers to the notes of music; and many other points that will make a good physician a better one; an ordinary one helped; and men and women generally better, in more ways than one. It only costs \$1.00, postage paid, and this is not an advertisement.

N. B.—The true history of medicine commences only with the writings of Samuel Hahnemann! All else is chaos, and horrible treatment, conceived and executed out of superstition; and those who have treated the sick and afflicted, who did not have *knowledge* of the laws of Homœopathy and Dynamization, have afflicted the race of human organisms with *suppressed conditions*, instead of curing it then and there.

Those afflicted with "beliefs" have done this, and so when an organism with deranged life force comes to a physician having *knowledge* of the law of cure, he or she prescribes, guided by *the laws*, and Section 18 of Organon, and CURES that exhibition of deranged innervation.

Days, weeks, months, years afterward, another ill effect of former suppression, in his or her own life, or that of near or remote ancestry, exhibits itself. The true physician (there is only one kind, *i. e.*, a pure Hahnemannian homœopath, and who knows how to spell homœopath with a diphthong) prescribes for that, according to *laws*, and CURES that exhibition; and each succeeding exhibition from the sins of the parents, he or she does likewise. And when these *laws* are always followed, from *knowledge*, not "belief," then each succeeding generation will become more and more healthful, truer to their creator and themselves, and *knowledge*, and happiness, and health, take the place of "beliefs," sin and sickness.

I reiterate over former writings, that I would rather be a true Hahnemannian homœopathic physician, with a limited income of purely earned dollars, than an irregular (allopathic and fadists) physician, or those specialists with an array of instruments, static machines, spray nebulizers, etc., and with the wealth of a Rockefeller.

I have been through these specialist colleges, and practice with "N. S.;" "Tannin and Glycerine;" "fitting of lens;"

“cutting open the outer canthi;” and all kinds of ophthalmic operations, and theories, and fads.

And “compound tincture of Iodine to os uterus; immodest and sinful exposure of female parts;” “enemas (enemies) of hot water;” “tampons;” “turning out the clots;” “hypodermics of Ergot, Morphine;” “kneading the uterus” (when the real need was *knowledge* of the law of cure in the attending M. D.); “post-partum abdominal bandages,” etc., etc., ad horridum.

And, of course, I was a “believer” when I absorbed such teachings—such practice; but am thankful to say that I had read Hahnemann’s *Organon* before attending such colleges and the absorption of such sinful practice did not go skin deep.

With *knowledge* came a clearer brain, a purer conscience, and having a law of cure, *knowledge* of that law, and courage from that knowledge, I have the satisfaction of aiding sick organisms towards CURES, not palliations, or suppressions, and every relief of sick organism from deranged life force, by and according to the laws of cure, dynamization, and of dose, is a CURE absolute and pure. And each succeeding exhibition to the surface of the devilish suppressions in his or her life, and that of their ancestry, must be, and can be, met by the same laws of *cure*, until he or she become more and more pure like unto the creator, reverencing the creation with happiness every minute of life.

JOHN F. EDGAR.

---

## THE CRANK'S LETTER.

Editor of the HOMŒOPATHIC RECORDER.

I am a “crank,” but that is not my fault, it is the fault of nature. When I read an article in a medical journal, or buy a medical work (barring repertories), it makes me “hopping mad” to see the lazy author give his readers:

*Rhus t.*, for *Rhus tox.*

*Bell.*, for *Belladonna.*

*Bry.*, for *Bryonia.*

*Ars.*, for *Arsenicum.*

*Nux v.*, for *Nux vomica.*

*Merc.*, for what?

*Calc. c.*, for *Calcarea carb.*

*Lyc.*, for *Lycopodium.*

*Glou.*, for *Glonoinum*.

*Gel.*, for *Gelsemium*.

*Dul.*, for *Dulcamara*.

*Cal. p.*, for *Calcarea phos.*

*Nat. m.*, for *Natrum mur.*

And so on. If you must abbreviate, let it be on those remedies like the last named above: *Natrum mur.*; that will pass, but in an article, or, especially, in a book, *Natrum muriaticum* is far preferable to the abbreviation.

Another point: When you write a paper for publication, or the manuscript of a book, do not, for heaven's sake, write, let us say: "bry. was indicated," but "*Bryonia* was indicated." Let your remedies stand out from your text, in *italics*, and begin them with capitals.

Lastly, don't be afraid, or don't be too lazy, to write to your favorite journal, or journals, anything of interest you run across—verifications, etc., etc.

Sincerely yours, fellow sinners,

AN OLD CRANK.

## CHIPS.

"It is not because we are intoxicated or exhausted that we sleep, but we sleep in order to avoid these conditions."—*Dr. Claparede, La Presse Medicale.*

"Character is the crown and glory of life. It is human nature in its best form."—*Exchange.*

"Character raises, strengthens and dignifies a country—spreads her power and makes her respected and submitted to, bends the heart of millions and bows down the pride of nations to her."—*Ditto.*

"Owing to the wonderful growth in surgical technic, and to the use of antiseptics, the operation is probably not more than a tenth as dangerous as it would have been fifty years ago, and yet I never see an article, entitled "One Thousand Appendectomies Without a Death," that I do not at once know that some of the descendants of that dear old saint, Ananias, still live and do business with the sons of men."—*Walter M. Dake, M. D.*

“ Learn to wear a sober phiz,  
 Be stupid, if you can;  
 It's such a very serious thing  
 To be a funny man.”—*John G. Saxe.*

“ The man who merely contends for personal liberty in the matter of his body, who prefers not to be vaccinated, is a ‘fool’ or a ‘hair brained fanatic,’ while the man who would forcibly compel all to vaccinate and keep on vaccinating is regarded as a very sane person—by his own cult. Poor human nature!”—*Anon.*

“ In my opinion, hypertrophy of the prostate is not a senile disease. It begins in early manhood.”—*Dr. L. Bolton Bangs, Med. Record, April 8.*

## THE ACTION OF KALI CARBONICUM IN AFFECTIONS OF THE HIP-JOINT.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*  
 Feb. 16, 1905.

Although the pathogenetic image of *Kali carbonicum* offers many characteristic features, owing to which the remedy has found therapeutic use, we, nevertheless, but rarely find communications relating to it in homœopathic literature. One of these rather rare cases is found in volume 97 of this journal, on the internal treatment of coxarthrocace with *Kali carbonicum*, by the Belgian homœopathic physician, Dr. Van den Bergh. I knew, indeed, that Goulton, the father, in his “*Darstellung der Homœopathie*,” a work, small in compass, but rich in practical experience and in therapeutical indications, mentioned among the remedies for the internal treatment of “malignant inflammation of the hip,” besides *Sulphur*, also *Kali carbonicum*, also *Causticum* and *Silicea* as the most effective remedies. But in Dr. Van den Berghe's work it is *Kali carbonicum* alone which yielded to him excellent results in these so severe cases.

To meet the doubt as to whether these patients were laboring under coxalgia rather than pronounced coxitis, we will briefly present these cases:

I. A man, twenty years of age, lymphatic, has been confined to his bed six weeks. He complains of violent drawing pains in

the right knee and leg; the limb affected was elongated by three fingers' breadth and the fold about the right nates was obliterated. The movement of the joint of the hip and thigh was painful, while there was no pain from pressure. The pulse was feverish; anorexia; the tongue was coated white; there was nocturnal aggravation of pains; but little sleep. Leeches, purgatives and liniments rubbed in had no effect. The Old School doctor had suggested a bran compress and had given a prognosis causing apprehension.

Prescription: *Kali carbonic.* 30, ten pills, dissolved in one hundred and fifty grammes of distilled water, one tablespoonful to be taken every three hours. There was a rapid improvement; in less than three weeks the case was cured and there was no necessity of repeating the dose.

II. A girl, twelve years of age, of good but very sanguine and nervous constitution, was suffering in consequence of violent emotions from long continued palpitation of the heart, and occasionally from congestion of the lungs, with a dry, troublesome cough and dyspnoea. She had also some attacks of megrim. At the same time she was suffering from coxarthrocace, and had been treated for half a year by an excellent surgeon. The right lower limb was two fingers' breadth longer than the left; the fold at the nates had been pressed downward and was less pronounced. There were drawing, tearing pains in the leg and the knee, especially after walking.

*Belladonna* 6, two drops in a watery solution, taken for two days removed the palpitation and cough, but had no effect on the hip. *Kali carb.* 30, ten pellets dissolved in twelve tablespoonfuls of water, given for two days (four weeks after the *Belladonna*), rapidly produced an improvement; the cure was effected in four weeks.

III. A boy, fourteen years old, of sanguine and lymphatic temperament, weakened by loss of semen, had felt for some time pains and heaviness in the left thigh. The pains were worse from walking, especially from forced marches. This affection, supposed to be rheumatic, was treated with embrocations. Dr. Van den Berghe found that the left leg was longer by a thumb-length than the right, and the head of the femur only filled out very imperfectly the acetabulum, so that a spontaneous luxation was threatening.

Prescription: Absolute rest! *Kali carbonic.* as above. A cure was effected in two weeks.

IV. A three-year-old child had refused to walk for the last eight or ten days: There is a considerable elongation of the lower limb on the right side; the corresponding fold at the nates is almost entirely obliterated; not painful to the touch; general state good. An allopathic colleague has given an unfavorable prognosis—*Kali carbonicum* 30, six pellets in a solution of 180 grammes of water, led to a cure in eight days.

V. A boy, twelve years of age, lymphatic and poorly nourished, had been limping for two months and complained of lancinating pains in the left thigh and knee; worse from walking. In comparing the two limbs, there was a difference, the left leg being a full finger's breadth longer than the right.

Prescription: Rest in bed and *Kali carb.* 30, ten pellets in two days, produced an improvement; after three weeks the remedy had to be repeated; the leg had again become elongated and the pains had become more violent than in the beginning. The patient now received *Kali carb.* 24 as above. In spite of the defective nutrition, after eight weeks' treatment a cure was effected.

VI. A child, twenty months of age, lymphatic, fair-haired and very tender, had first bronchitis, then conjunctivitis and has now been suffering for four months from pains in the lower right limb. When examined, this appeared to be a finger's breadth longer than the left one, and the corresponding fold at the nates was almost obliterated. The little, enfeebled girl could not sustain herself in an upright position; when carried on the arms the spinal column showed a curvature which caused an apprehension of the *Malum Pottii*. The appetite was moderate.

May 14. She received *Kali carb.* 30, six pellets in two days. Under the influence of this remedy, the general condition as well as her back and hip improved. On June 4 she was worse again. The pains were more violent, the leg had again its former abnormal length and every change of position caused pitiable outcries. Now *Kali carb.* 200 was given. This was followed by a rapid improvement, which was only interrupted by severe teething and constipation for which *Chamomilla* was used.

VII. A boy from Seeland, eleven years old, was suffering from coxarthrocace, which the physicians there had in vain attempted to cure. In the polyclinic of Byloke (near Gand) the chief physician declared that the amputation of the limb was the only means of saving him; then the parents turned to a homœopathic physician.

Condition: The boy is lymphatic, pale and slim; the left lower limb is longer by two fingers' breadth than the other; the fold at the nates is obliterated; the knee is slightly bent, as if ankylosed; it can neither be bent nor straightened; severe pains in the thigh and in the knee. The ailment has now continued for three months. Also in this case *Kali carb.* 30, ten pellets to be taken in ten days, was prescribed. The improvement proceeded slowly. The dose was not repeated. Complete cure by the end of January.

A noteworthy incident was the appearance of a violently itching cutaneous eruption on the neck and throat after the *Kali* had been acting for fifteen days; this lasted for ten days. According to the declaration of the parents, the patient had never before had such an eruption.

VIII. A little girl, three years and a half old, had been suffering for eight months from a disease of the right hip-joint. The leg on this side is elongated two fingers' breadth, the fold of the nates is almost obliterated. The child, which had been walking very well before being taken sick, has not been able to walk a step for eight months. There are pains in the thigh and in the knee. *Kali carb.* 30, ten pellets in solution. Under the influence of this remedy there was a rapid improvement; and a cure was effected in less than six weeks. It was not found necessary to repeat the dose.

We have here presented to us a number of, in part, very severe cases of hip-disease, which, as they present in the image of their disease an unmistakable similarity, were all of them cured by one and the same remedy, *Kali carb.* We cannot doubt that the diagnosis of arthrocase was correct, although several important diagnostic aids were either not used or not mentioned. The course of these cases was generally chronic, subacute. The application of the remedies customary about the year 1878 in the old school had been without results. The remedy used by Dr. Van den Bergh, on the other hand, given in the thirtieth, and once in the 200 potency, in a few doses, in part, in only one dose, was always followed by an improvement and finally by a cure. It is, in consequence, of great interest for us to see in how far the symptoms of the patient agree with the image of action as presented by the remedy.

In Hahnemann's provings of *Kali carb.* (in Vol. IV. of the *Chronic Diseases*) we find the following symptoms having reference to the hip, the thigh and the knee:

Pain in the nates and thighs, as if suppuration would form there. Pinching tearing in the hip-joint.

Pains in the upper part of the left hip-bone, while walking and when touched, as if from a thrust; tearing pain in the left hip, from time to time; fornicating tearing in both hips or in their envelopments.

Tearing in the hips and knees, also while sitting; tearing in the upper part of the thigh.

Pressure in the lower limbs, as if in the bones, now here now there.

Heaviness, lack of strength in the legs; they give way.

Sensation in the legs, as of going to sleep.

Drawing pain in the left thigh down to the knee.

In the whole of the thigh a paralyzed drawing, often aggravated even to tearing, worse while standing and in the warmth of the bed, only in the evening and at night. When ascending, a drawing pain in the thigh, as if it was about to break. The thigh is flabby, as if it had been strained by too much walking, for many days, mostly in the afternoon.

Knee symptoms:

Stiffness in the knees, pain as from a sprain in the knee, on rising from a seat. Drawing pain, while walking, from the knee into the thigh, more paralytic in the right knee when walking (but also while sitting). In walking fast, the knees were painful and as if gone to sleep; he could not easily bend them; but the paralyzed feeling appears also while sitting. Scarifying pain in the knees, while walking and while sitting. Frequent tearing in the knees; in the evening, tearing in the knee-joint, with a sensation of warmth in it. While walking, especially while stretching the legs, a dull pain in the side of the knee. Nocturnal tearing in the legs.

Now, when we compare these symptoms with those we find, especially in scrofulous children, at the commencement of the ominous ailment of the hip-joint, in the first and up to the second stage, we cannot deny the similarity existing. We find here the weariness, prostration after a slight exertion, and a certain clumsiness of the limbs, which causes the children to seek rest more than is usual. We do not, however, find anything mentioned in *Kali carb.* of a change in the position of the foot and of the walk or of the limping which gradually appears; the reason being that the experiments on healthy persons were not extended that far; still we



find the deep-seated pains in the hip-joint itself, which in the beginning are only transient with the patient, and which were only produced by long continued motion, but which eventually become constant.

Of particular importance, as well known, is the pain in the knees with those suffering from coxarthrocace, especially at night. This, indeed, is with many so violent in the commencement that the pain in the hip is quite overshadowed by it; it appears especially on the sides of the knee, being much aggravated by muscular motion, and is often more violent in the beginning than the pain in the hip.

Much has been written as to the physiological significance of this pain in the knee; so much, however, is well established, that it is not an idiopathic phenomenon of the knee-joint, as this remains altogether unchanged, but is rather of a consensual kind resting on reflexes. Most plausible seems the explanation of Stromeyer. He adduces as a parallel the pain felt in the glans penis during gall-stone ailments. The presence of the stone in the bladder is shown in the spinal marrow through the nerves of sensation. By a reflex there is then produced a contraction of the bladder around the stone. With this contraction or rather this excitation of the motory nerves, there is then caused an equally vivid excitation of the nerves of sensation in the glans. In a similar manner the painful sensation is extended from the hip-joint when affected to the spinal marrow; it is then reflected to the motory nerves, especially to the psoas and iliacus, and with their excitation there is combined an equally strong excitation of the nerves of sensation, which is then felt as a pain in the knee.

But what tissues of the body are mainly affected by *Kali carb.*? John Clarke, in his "Dictionary of Practical Materia Medica," gives us the following information: The salts of Potash have a more specific relation to the solid tissues of the body than to the fluid parts; less to the corpuscles of the blood than to the plasma.

The fibrous tissues are particularly affected, thus the ligaments of the joints, of the uterus and the back. This does not, however, agree entirely with Schuessler's exposition, at least with respect to *Kali phosphoricum*. This salt is, according to him, contained in the cells of the brain, the nerves, the muscles and of the blood, as well as in the plasma of the blood and in the other intercellular fluids.

Now if we summarize these pathogenetic effects on the tissues,

as exerted by *Kali carb.* with the subjective symptoms of the remedy, especially those of the parts about the hip-joint, we find its use in the first and second stages of coxarthrocace well founded. Those cases will especially come into the sphere of this remedy where the morbid process chiefly affects the ligaments, sinews, muscles and probably also the cartilage of the limb, as we actually find it to be the case where rheumatism, contusions, metastasies and scrofulous and tuberculous constitutions are the basis of the ailment, and where the bones have only later been drawn into the morbid process. With all this there may have arisen an elongation of the limb and a consequent erroneous position of the same, as well as of the pelvis itself.

Fever appears in this ailment only to a moderate degree, and when suppuration has already set in we should rather think of *Mercurius* and *Silicea*.

Hahnemann numbers *Kali carb.* among the antipsorics, Dr. Van den Bergh ascribes to most of the cases to which he observed a lymphatic sanguine temperament—*Kali carb.* is, in fact, also an important constitutional remedy.

---

## STANNUM IN THE LATER STAGES OF PHTHISIS.

By the late Dr. Mossa, Stuttgart.

Translated from the *Allg. Hom. Zeit.*, March 30, 1905, for the HOMŒOPATHIC RECORDER.

Dr. Theophilus Ord, physician in the Hahnemann Sanitarium at Bournemouth, where he has an abundant opportunity of finding consumptives under treatment, has found that with these in the later stages of the disease *Stannum jodat.* is of all remedies the most effective. He makes the following declaration concerning the efficacy of remedies in these later stages of tuberculosis: When in spite of a good climate, with treatment in the open air, perfect hygienic surroundings and suitable nutrition, the disease nevertheless progresses, can medicines then ever stay the disease? When the tissue of the lungs continues being destroyed, and under the most favorable surroundings cavities continue to be formed and enlarged, new centers of softening appear and collapse, can our remedies in such a case ever bring lasting improvement? The author answers: In the case where the lungs are affected alone and solely, and there is no symptom of tuberculosis of the bowels,

we have no need to despair of the results of medication. He himself has without doubt checked the disease by the use of Homœopathic remedies and has seen it cured in a number of cases. But as a rule, not those remedies are effective in such cases which acted best in the earlier stages of the disease, although these also may be indicated by their special symptoms; at least he could rarely effect any lasting results through the use of *Arsenicum*, *Phosphoricum*, *Calcarea*, etc., although these may often ease the cough and pains, or assuage the gastric catarrh.

He therefore looked for those remedies which in their pathogenesis show such a state as we find in the last stages of phthisis. Thus he came to *Iodium* and *Aurum*. He actually found that *Iodium*, given in doses of five drops of the 1 D. in milk, has a decided effect in advanced cases, though he can not claim to have cured any case with this remedy. The same is true of *Aurum*, which seems to have a yet more definite influence on the tissue of the lungs than *Iodium*. Finally he came to *Stannum*, which in cases of bronchitis and of the so-called catarrhal consumption has frequently proved its virtue. In Hahnemann's *Materia Medica Pura* there are a number of symptoms which correspond to those in the last stages of consumption. *Stannum*, indeed, gives us a more perfect image of the last stage of phthisis than any other remedy in our pharmacopœia. We find in it a profuse mucopuriform expectoration, increasing weakness and emaciation, with fever in the evening, and severe perspiration at night. The most suitable form of this remedy seemed to him to be a combination of *Stannum* and *Iodium*; *Stannum Iodatum*. In cases where there was no tuberculous enteritis, and where the temperature in the open air did not exceed 102°, the author obtained results which he could soon prove through the stethoscope. Although such an improvement is frequently only transient, he has, nevertheless, also observed in many cases, which seemed to be hopeless, a more or less pronounced recovery. In such cases, he uses the remedy in the 2 D trituration, three times a day, one to three grains after the meal. If this trituration irritates the stomach, he gives the third trituration. When he cannot see any effect after a week's use of this remedy, he prescribes *Iodium* 1 D., five drops, three times a day in milk, which as in the case of *Sulphur* in chronic cases may serve to increase the reaction of the organism to this chief remedy. According to his observations, patients who have been treated for some time with *Iodium* are rarely

seized with the tubercular enteritis, which seals the fate of so many victims; the use of this remedy is even able to prevent the appearance of the ominous tuberculous diarrhœa (see the Journal of the British Homœop. Society, January, 1905).

Every Homœopathic physician will be glad to hear some more leading symptoms for the use of *Stannum iodat.*, especially as we have no particular provings of this remedy. In this respect the Dictionary of Practical Materia Medica, by Dr. J. H. Clarke, gives the following data:

O. S. Haines (in *Clinique*, VII. 11) considers the remedy to be especially indicated when the patient has a light complexion and long eye-lashes and the disease takes a rapid course. Dr. Youngman (*Hahnemann. Monthly*, Jan., 1895) considers it to be one of the deeply penetrating remedies, and especially useful in chronic diseases of the chest with changes in the plastic tissues. The patients have a constant inclination to cough, which is excited, now here, now there, by a tickling, dry irritation in the throat, frequently seeming to be located on the very tip of the tongue. This cough begins with a weak sound, attended with dyspnœa, but it soon increases in strength and sound, and causes a light, copious, light-yellow expectoration which at first gives some relief, but is soon followed by a sensation of dryness, weakness in the larynx and the chest, as well as an increased constriction. An old smoker who had such a cough thought it came from the throat and ascribed it to smoking. Youngman found in him spots of condensation in the right lung. After the cough there was a sensation of weakness in the lung.

*Stannum iodat.* 3 D. trituration gave great relief, and on removing to a higher location and giving up smoking he enjoyed perfect health.

---

## BOOK NOTICES.

---

**Lectures on Homœopathic Materia Medica.** By James Tyler Kent, A. M., M. D., Professor of Materia Medica in Hahnemann Medical College and Hospital, Chicago. 965 pages. Large 8vo. Cloth, \$7.00; half-morocco, \$8.00. Postage, 40 cents.

When a man has written and talked so much as has Professor Kent on materia medica, a book that contains within its covers the best that he has written and the best of his lectures will be welcomed. This is the case with the book under consideration.

Scarcely any homœopathic physician in the United States but has heard or read the lectures of this very gifted man, and we think it will be to all a work which will command attention and study. Prof. Kent's lectures are given in a conversational way, he taking the old remedies and discussing them thoroughly and carefully, without by any means giving such an exhaustive treatise of each remedy as to tire the reader. He takes up his study in the usual order, dealing with symptomatology almost entirely, though with some remedies he discusses the toxic action as he takes up the consideration of the remedy. Symptoms that are peculiarly characteristic he puts within quotation marks rather than italics, which latter he reserves for use with his remedies taken up in comparison. If we had no materia medica and wanted one which would give us a good understanding of remedies as they act on the system in health, we would certainly take Kent's. We are rather disappointed that he has not considered potency, though as a matter of fact in taking up the study of materia medica per se potency has nothing to do with the case. We bespeak for this book a large sale, knowing that it will give eminent satisfaction to the buyers. It is splendidly gotten up, the type being large and clear, well spaced and paragraphed in a manner to relieve the monotony of reading.—*Cleveland Medical and Surgical Reporter*.

---

**Pocket-book of Medical Practice**, Including Diseases of the Kidneys, Skin, Nerves, Eye, Ear, Nose and Throat and Obstetrics, Gynæcology Surgery by special authors. By Ch. Gatchell, M. D. Sixth edition. 384 pages. Flexible binding, round corners, gilt edges. \$2.00. Philadelphia. Boericke & Tafel. 1905.

"Gatchell's Practice" is so well and favorably known that comment on it is almost superfluous. It certainly is a case of much in little space, covering all the specialties in addition to general practice, yet the book can be carried in your breast-pocket without inconvenience. In addition to Dr. Gatchell's work no less than eleven specialists contributed to the book. The index is very complete, yet like the body compact. The author seems to be too busy to longer attend to the publishing business, for this edition bears the imprint of Boericke & Tafel, and also the copyright notice is in their name.

**HERING'S DOMESTIC PHYSICIAN.\***

Perhaps there is no book among the number published for use in the family by the homœopathic school that has been of more value in popularizing Homœopathy than the Homœopathic Domestic Physician by Dr. Constantin Hering. When the little coterie of enthusiasts organized themselves at Allentown and established the "Academy of the Homœopathic Healing Art" Dr. Hering saw that it was a necessity that some guide should be provided for the families who were beginning to use the wonderful little pills, and therefore he compiled a small book, called "The Homœopathist, or Domestic Physician. By C. Hering, M. D., Professor in the College of Homœopathic Medicine at Allentown, Pa. Sold by J. G. Wesselhœft, Allentown, Pa., at Academical Book Store. 1835." It was a small 18mo. of 177 pages, and the title page bore the legend "First Part." In the introduction Dr. Hering states that "This book is designed as a guide to families and individuals, enabling them in most cases of sickness to effect a cure by means of noxious domestic remedies, or in obstinate or dangerous disorders, by the use of homœopathic medicines, which rarely fail in affording the desired relief. It is offered to the candid consideration of the public at large; to those whom experience has convinced of the inestimable advantages of the New or Hahnemannian system of Medicine, as likewise to those who have had no opportunity of testing its claims." A case of medicine was prepared to accompany the book with a number given to each remedy. And the directions in the body of the book referred to numbers, and not to the remedies by name.

In 1838 Part II. of this book was issued. In the history of the growth of Homœopathy in the different States reference may constantly be found to the little Domestic Physician of Dr. Hering. That book and the Allentown edition of Jahr's Manual were often the only guides not only of the layman, but also of the practitioner who had the courage to seek after the truth in the early days.

In the same year, 1835, Fr. Fromann, at Jena, Germany, published a German edition of Hering's book. Since then there have been nineteen editions published in Germany, ten or twelve in the United States, and editions have also been issued in French, Spanish, Italian, Hungarian, Danish, Swedish and Russian.

---

\* Hering's Homœopathischer Hausarzt. Neunzehnte Auflage vollständig umgearbeitet von Richard Haehl. Stuttgart. F. Fromann. 1905.

And now, seventy years after the first edition was issued, the demand for this valuable family guide to homœopathic medication has resulted in a new edition in which the subject has been greatly enlarged, rearranged, and the whole book has been entirely rewritten. The German publishers could hardly have found a man more fitted to this task than Dr. Richard Haehl, the brilliant young editor of the *Homöopathische Monatsblätter*, of Stuttgart. Dr. Haehl, who is a graduate of Old Hahnemann, of Philadelphia, has since his return to Germany made for himself a name both as a successful practitioner and as a zealous lecturer upon Homœopathy. The book is well arranged and makes a handsome octave volume of 416 pages. To the German speaking families of the United States this latest Domestic Physician may be recommended most unreservedly, and one has but to glance into its pages to become satisfied of its great value to the homœopathic believers of Germany. It should and doubtless will command a large sale. Dr. Haehl is to be congratulated for the carefulness and faithfulness with which he has presented in this new form the practical wisdom of Dr. Constantin Hering.

T. L. BRADFORD, M. D.

Several journals have asserted that to memorize Dr. Stacy Jones' *Mnemonic Similiad* would be a greater task than to memorize the *Materia Medica*. We do not think that any one is expected by the author to sit down and memorize the quaint conceits of this book and its rhymes. It is not a book for study hours but for odd moments. For instance you read the verse about *Abrotanum*—"The Abbott." Following this is the line, "The Abbott has marasmus."

Now without any effort at memorizing, but by that queer streak in the human mind the fact that *Abrotanum*, "The Abbott" "has marasmus," will stick to your memory like a burr and with no effort. Then follows the two "mnemonic sentences," quaint conceits which may be worked out if one cares to or omitted. These sentences are followed by their respective keys which are eminently practical and have been said to be worth the price of the book. Here is the key to the *Abrotanum* "sentences":

"Marasmus—Atrophy: *Abrot.*, *Sanicula*, *Iod.*, *Sars.*, *Calc. c.*, *Ars.*, *Nit. a.*, *Alu. Nat. m.*, *Sil.*, *Phos.*"

“Inhumanity—cruelty: *Abrot.*, *Ars.*, *Lach.*, *Mer.*, *Nux v.*, *Hyos.*”

Here are grouped in the plainest possible manner the leading remedies for marasmus, and thus throughout the book are grouped the leading remedies for all diseases, and any of them may be easily located by the lists at end of book. It is a book that makes *Materia Medica* interesting and without memorizing makes it stick to your memory.

---

The latest comer in the Homœopathic journalistic world is *Le Propagateur L'Homœopathia*, under the editorial care of Dr. Jules Gallavardin, 6 rue Auguste Comte, Lyon, France. It is a 16 page octavo, and, as its name indicates, is a missionary journal. We wish it all success.

---

The *Homœopathic World* celebrates the Hahnemann Ter-Jubilee by coming out in a new cover and printing many pages of letters from Hahnemann written in his later years while living in Paris, also letters to him from Bönninghausen, Stapf, von Brunnon, Hering and others. The issue is a credit to Dr. J. H. Clarke, the editor.

---

In an address, “On the Use of Repertories,” before the Boston Society of Homœopaths, and printed in *Medical Advance* for March, Dr. James B. Bell among others spoke of “Bönninghausen’s precious *Therapeutic Pocket-Book and Repertory*.” He also related a severe case that resisted all seemingly indicated remedies until traced, the right one by the aid of Bönninghausen’s *Therapeutic Pocket-Book*, a remedy not thought of before and relief and cure quickly followed. For those who know how to use the book there is no better general repertory. And, by the way, Dr. Bell is the author of a fine Repertory to be found in that homœopathic classic popularly known as “Bell’s *Diarrhœa*” or, in its formal title: *The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera Morbus, Cholera Infantum*, and all other Loose Evacuations of the Bowels. Fourth edition. 316 pages.

Plenty of repertories—all of them are useful—with a knowledge of how to use them, are of immense help to a physician who believes in Homœopathy.



# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL.

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

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

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

---

## EDITORIAL BREVITIES.

AGAIN "WHY THE QUACK."—The editor of the *Alkaloidal Clinic*, after stating that he did not mean to include the homœopaths in his list of "quacks" because "the inclusion of Homœopathy was unintentional, it having appeared in a list which was transcribed into the paper bodily," "but as it has appeared, we will ask the question, Is Homœopathy quackery?" After this question the *Alkaloidal Clinic* maunders on—to nothing. In other words, if a man claims "there is no other basis for treatment, that all must be included in *similia* — we must classify him among the quacks." If the *Alkaloidal Clinic* man had ever read Hahnemann's writings he would not have pilloried himself as he has done. Hahnemann, nor any homœopathic physician, excludes any rational means for the relief of the sick, *but* after all means have been exhausted for removing "the removable cause of disease" and it settles down to question of drug medication *then similia* is the only rational guide for the selection of the curative drug; the homœopath is guided by a law of nature—the others by empiricism. The other side is constantly harping on "sectarianism." Why do they not then brand the specialists in electricity, X-rays, and dozens of other specialists, as "sectarians?" The term can be applied to them quite as justly as to the men who practice *similia*. Homœopaths are specialists in therapeutics, but that does not exclude any other rational adjuvant measures and they are *not* excluded by homœopathic physicians, high or low potency. The "regular" will experiment with everything, from massive doses of baneful drugs to radium, "serums" and what not, but he has a monomania when it comes to Homœopathy and the word acts on him like a red rag on a wild bull. He is irrational in this and *it is his loss*.

DELIRIUM AND HALLUCINATIONS OF DIGITALIS.—“H. O. Hall calls attention to the fact that *Digitalis*, even in moderate doses, frequently causes hallucinations and delirium, these symptoms, as a rule, being mistakenly attributed to the disease. He urges physicians who are in the habit of prescribing *Digitalis* to give closer attention to the symptoms following its administration and that they make known the results of their observations with a view of definitely ascertaining if his opinion is well founded. Hall suggests that in all cases of heart affections, in which delirium is present, it would be well, before pronouncing it a symptom of the disease, first to ascertain by elimination whether the delirium of hallucinations, and even very nervous symptoms, were not directly due to medication—in other words, to the toxic effect of *Digitalis* or other powerful heart stimulants.”—*Medical Record*.

Mighty sound sense.

THE RECORDER.—We regret to state that our supply of the January number of the HOMŒOPATHIC RECORDER is exhausted, and all new subscribers must, during the remainder of this year, be dated from month following receipt of subscription.

---

### NEWS ITEMS.

Dr. E. H. M. Sell has removed from New York to Summit, N. J.

Dr. Zopfie has changed his address to 309 Collins Ave., Pittsburg, Pa.

The Government Commission charged with the elaboration of a draught for a Homœopathic Annex to the Pharmacopœia of the Netherlands, has published its first communication, which shows that 143 homœopathic remedies are to be admitted. There is a description of the preparation of the mother-tincture, as also of the triturations. This first *official* communication is signed by the President of the Government-Commission: Dr. S. Van Roijen in Utrecht, and the Secretary P. Van der Wielen, Teacher of Pharmaceutics in the University of Amsterdam.

A homœopathic physician is wanted at Haddon Heights, a pleasant and prosperous town, five miles from Camden, N. J., on

the Atlantic City Branch of the Philadelphia & Reading Railroad. If you want particulars, address Elias Wildman, M. D., Haddon Heights, N. J.

Dr. S. J. Smith has removed from Pickrell, Neb. to University Place, Neb.

Dr. John L. Copen, 607 Arch Sreet, Philadelphia, died on April 23, in his 83d year. At the age of 45 he decided to study medicine and took his degree at "Old Hahnemann," Philadelphia. Phrenology however was his hobby and he devoted the years of his life after graduation chiefly to that science—if it be a science, and who knows?

Dr. J. Wilford Allen has removed to 117 West 12th Street, New York City. Especial attention devoted to chronic diseases.

Dr. John F. Edgar has removed from 205 El Paso Street to suite 12 Morebous Block, El Paso, Texas.

Mr. C. E. Stevens writes that there is a good opening for a homœopathic physician at Coudersport, Pa.

Dr. F. H. Lutz, author of *The Therapeutics of Facial and Sciatic Neuralgia*, has removed to 403 Jefferson Avenue, between Tompkins and Throop Avenues, Brooklyn, N. Y.

The Southern Homœopathic Medical College, Baltimore, held its Fourteenth Annual Commencement on May 4th. There were nine graduates.

The thirty-third Annual Commencement of the Pulte Medical College, Cincinnati, was held on May 2d in the Scottish Rite Cathedral.

The Commencement Exercises of the Homœopathic Medical College of Missouri, were held at the West End Hotel, April 19, 1905, in connection with the banquet of the Alumni Association, tendered to the graduating class of this year. Dr. John L. McCaughan presided as toastmaster and toasts were responded to.

# PERSONAL.

It is reported that some flats are so small that it is necessary to use condensed milk in them.

Opals may be unlucky, but there are few girls who would refuse one. If you do not believe this, try it!

The hobos have been maligned! They *do* love to work—the public.

Yes, Mary, when a man repairs his scales he is certainly mending his weighs.

A man may have a perfect memory yet forget to pay his bills.

We have "pure food" bills, so why not have pure literature bills?

*Why* will not homœopathic writers spell out the name of the remedies in full? *Belladonna* certainly looks better than *Bell*.

One eminent authority is rather inclined to think that warts may be contagious. Put 'em on the list!

A German has produced a "fatigue antitoxine." Good! we can now abolish sleep.

*No*, Coco butter is not made from the milk of a cocoanut.

When asked how he'd have his hair cut, he replied, with a sigh, "with scissors, please."

A miser, they say, is never a good mathematician, for he will not divide.

*Mnemonic Similiad*. Bradford, who is a rampant Bibliophile, is in a second-hand book store nosing for rare editions.

He said he would not die for her because his love was undying.

Binks says, "Never tell a lady that you can read her face between the lines."

Whether the "worm will turn" when you tread on him depends, maybe, on the size of your feet.

A correspondent of the *Critique* writes of Dr. Kent in materia medica as "the greatest master on these lines that the profession has produced." Incidentally his last book is a big success, they say.

All men are brave in the absence of danger.

Every man has his castle, even though it be built in the air.

Even the most persistent "bargain" hunter balks at "cheap talk."

Very, very true, the boy on the bowling alley, even in Maine or Kansas, is always "seten 'em up."

Many a man, wanting to look young, dyes in the attempt.

The man who says talk is cheap never employed a lawyer.

**FOR SALE.** Practice in an up-to-date New Hampshire town of 1,400 people. Good schools, electric lights, the best people; collections over \$2,000. \$200 buys practice, carriage, sleigh, etc. Special reason for the low price. Address, H. R., P. O. Box 921, Philadelphia, Pa.

# THE HOMŒOPATHIC RECORDER.

---

VOL. XX.

LANCASTER, PA., JUNE, 1905

No. 6.

---

## THE PRINCIPLES OF PRESCRIBING.

By Dr. W. A. Yingling, Emporia, Kan.

Homœopathic prescribing is scientific prescribing and is based on the Science of Symptomatology, which includes or is based upon the Law of Similars. Unless one comprehends the Science of Symptomatology homœopathic prescribing is very difficult and unsatisfactory, and even with the broadest comprehension of true Symptomatology it is often no easy task, as none of the sciences are in their art. The farther we get from the teaching of the Organon of the healing art as taught by Hahnemann the more uncertain and the more unsatisfactory becomes the art of healing the sick. Homœopathic Symptomatology is not a mere array of the signs of sickness as expressed by the patient. Nor is it the aggregate of the subjective and objective expressions of disease. The mere symptom coverer is not a true homœopathician. Yet today the tendency with homœopathic physicians is to cover symptoms, as nosological prescribing is with our allopathic fraters. There is more to a sick condition than the mere name, as there is more to a homœopathic symptom than the simple sensation. The homœopath must be a broad-minded man as well as philosophical. He is to consider the "totality of symptoms." This "totality of symptoms" is misconceived by a certain part of the profession. It has not to do with the aggregate of symptoms so much as with the completeness or entirety of symptoms. Totality means whole, entire, full, complete, not divided, and its synonyms are "whole, entire, complete." Wholeness implies freedom from deficiency, not defective or imperfect, integral. The "totality of symptoms" means, then, the completed symptom, the symptom in its entirety, with all its integral parts.

At times many symptoms of a patient should not be considered in a given prescription because they are lacking in completeness

and are misleading, or lead to guessing. This is what Hahnemann refers to in the last clause of Section 153, of the *Organon*, when he says the undefined symptoms demand but little attention in prescribing. Every symptom to be complete or total must have four integral parts: (1) the Locality; (2) the Sensation; (3) the Concomitant; (4) the Modality, or the conditions of aggravation or amelioration. The Science of Symptomatology is the consideration of complete symptoms with their relations to conditions and circumstances, to causes, family history, the history of the patient, environment, and every feature that can affect the sick condition of the patient. The "Taking of the Case" is the most difficult part of the prescriber's work, but when that is thoroughly done the selection of the remedy is less difficult and its certainty of action is more pronounced.

But even after the remedy has been given, the greatest judgment must be exercised to allow its uninterrupted action, for the interrupted action of a curative remedy will give very much trouble and sometimes will spoil the case. The only rule governing the repetition of a remedy is that given by Hahnemann, that is, to let it alone after a good response has been noticeable so long as it acts. But right here it is often most difficult to know with certainty whether the new symptom picture is the result of the curative action of the right remedy or the disorganizing action of the wrong remedy. Experience and patient waiting must largely be the guide. Many physicians fail in this part of their labors and give up in despair instead of facing the ordeal by determined efforts to overcome the deficiency and to master the Philosophy of Homœopathics.

The greater the mastery of the Science of Symptomatology and the Philosophy of Homœopathics the easier becomes the art of prescribing successfully. It does not require a great amount of knowledge to palliate sickness, especially by the censurable routine of our old school friends, but good judgment, comprehension of the Law of Cure, and hard work are necessary to the *cure* of disease, particularly that of the chronic form.

If we should stop here the task of prescribing would remain too difficult except for the master mind. We have an invaluable aid to prescribing in the Peculiarities of a given case that make the task much easier in the majority of instances when we have properly studied the *Materia Medica* in the true "totality of symptoms," or the completeness of symptoms, as well as their re-

lation to diseased conditions. We must know what to expect in a given sick condition before we can know what is peculiar to that condition. There is no greater help in this field of study than the comparison and differentiation of the pathogenesis of the remedies with the diagnostic signs of disease. You must know your remedies by their peculiarities as you know your friends by their idiosyncracies, and the familiarity must be so marked that the mention of the peculiarity by the recitation of complaints by the patients at once calls up the remedy. This is accomplished by the mental law of association. There is no need to endeavor to commit to memory the *Materia Medica*, it would be as foolish and impracticable as to endeavor to commit the dictionary in all its parts, but by forming the mental picture of the peculiarities of remedies vividly on the mind, they become, by the law of association, the keynotes around which the other symptom notes assemble to make the harmony of the case.

The peculiarity is not merely the odd symptom. It may be a very common one, but peculiar by its relations and modalities. In Paragraph 152, of the *Organon*, Hahnemann says: "In this search for a homœopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, *the more striking, singular, uncommon, and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view; for it is *more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure."

We see from this paragraph that a true keynote symptom or symptomatic peculiarity has four characteristics. It must be

(1). *Striking*; that is surprising, forcible, impressive, very noticeable, a prominent feature.

(2). *Singular*; that is, out of the ordinary course, unusual, exceptional.

(3). *Uncommon*; that is, not common, infrequent in such a case, rare, hence remarkable.

(4). *Peculiar*; that is, belonging solely or especially to an individual; of private, personal, or characteristic possession; not possessed in common; not usually present in the diseased condition; belonging to the patient as distinct from other patients with the same sickness; the individuality of the patient or case.

There is much confusion regarding the keynote. Some physicians conceive it to be a mere oddity or a prominent action of the remedy. It is this, but much more. The keynote is a peculiarity as well as an uncommon symptom, but the setting, the association, makes it the guide in the selection of the homœopathic remedy. Remember, I say, makes it the *guide* in the selection of the homœopathic remedy, and not the sole basis of the selection. What is a peculiarity or keynote in one case may be a very common or unworthy symptom in another case. The keynote peculiarity does not merely refer to the pathogenetic symptom of the remedy, but must correspond equally to the totality of the symptom list in the patient. It must not only be present in the symptom picture of the case, but it must be strikingly, forcibly present and show its peculiarity by its setting and relative association in the symptom complex. This peculiarity may be such from its location, from its sensation, from its concomitants, from the modalities, or from its association alone.

The keynote is not the only note in a given piece of music. The keynote would not make harmony if sounded alone; it requires other notes to make a tune. While it is the principal note of the piece of music, other notes may be more essential to musical harmony, yet these other notes revolve around and about the keynote. Those who prescribe on one symptom because it is known to be a peculiar one to the remedy, err and fail simply from the fact that they forget that the remedy must be suited to the peculiarities of the patient and not the patient to the peculiarities of the remedy. The patient must be examined to ascertain the individual peculiarities and then the remedy adjusted to the symptom picture as a whole.

The warfare by some eminent and highly respected physicians against the keynote because of its abuse is simply a logomachy, a war of words. The very best prescribers use the keynote in a legitimate way. Even those who fight the name use the principle in every possible way. It is not wisdom to oppose a principle because of its abuse by those who do not understand the Science of Symptomatology nor the Philosophy of Homœopathics. These warriors, for the purity of practice, stultify themselves by the practical use of the principle they denounce. It would be wiser and more conducive to the furtherance of the good cause of pure Homœopathy to denounce the abuse and error of conception of the principle and exemplify the correct use in reports of cases from actual practice.



The whole foundation of Homœopathy is the Law of Similars, and no prescription is homœopathic, no matter what potency may be used, unless the principle of Similitude is at its foundation. It is not prescribing on the name of a disease, the diagnosis, though that may be a prominent feature for consideration. It is furtherest removed from routine prescribing, yet in epidemics when the characteristics of the epidemic have been ascertained by careful investigation, it may border on the routine because the one remedy will largely cover the cases of the epidemic. There is such a thing as family prescribing, for members of a given family with apparently different diseases may, from the peculiarity of the family as present in the given case, require the same remedy. There is also a large foundation of truth in the employment of the organ or locality remedies, remedies having peculiar and marked affinity for certain organs and locations of the body. But in all these care must be exercised not to overlook the "totality of symptoms," the peculiarities of the individual patient. The curative remedy must correspond in its pathogenesis to the symptom picture of the patient, not in part, but in whole. This correspondence must be, not only in the list of symptoms, but in the degree of relative importance and prominence of the symptoms. A prominent symptom of the patient must be covered by a corresponding eminently prominent symptom in the remedy. A symptom of low degree in the patient should not be covered by a symptom very prominent in the remedy, because it may magnify that symptom and change the relative value of the patient's diseased symptoms. The equation of symptoms is a factor in homœopathic prescribing.

Finally, of the two classes of symptoms, the subjective and objective, the former is of the greater importance. The subjective or mental symptoms are those of the patient's own consciousness, those not knowable to the physician except as the patient reveals them. The objective are those symptoms observed by the physician and are, hence, more material and of less value from this reason. The objective symptoms refer more to the diagnosis and pathology of the disease. The diagnostic symptoms are of little value in the selection of the homœopathic remedy because they are common to the disease and not peculiar to the individual patient as are the subjective or mental symptoms. The objective symptoms have more or less value in prescribing and may be of great value in the absence of the mental symptoms, but usually

not of great value, whereas the subjective symptoms are always of the highest value.

It is no easy task to be a successful and scientific homœopathic prescriber, but it pays to seek the highest ideal.

---

## THE PORCELAIN PAINTER'S SON.

T. L. Bradford, M. D.

*My Dear Classmate* : In this, one of the banner years of Homœopathy, the 150th anniversary of the birth of our Hahnemann, I could not resist again taking my pen in hand. Do you remember the old days when we helped polish the old hard benches in the dear college in Filbert street? What dreams we indulged in then! When Lippe expounded his emphatic *Materia Medica*, and Guernsey made plain to us, as has no one since, the genius of the remedy. When all the lectures were given in the one room and the professors came in and passed down through the students to the rostrum. Good old days; not so much of many practical things, things which the modern student does not half understand the good of, but after all more, perhaps, of real Homœopathy.

I have been of late busy with the story of the pioneers of Homœopathy in America. It is a tale of interest. In those earlier days to be a practitioner according to the law of the similars was to invite every sort of vilification; no name was bad enough for the men who had been but a short time previous honored members of the medical societies. To avow a belief in the tenets propounded by Hahnemann transformed these our pioneers from thinking, skillful physicians into lunatics, quacks, German pretenders, and menaces to the community. Did they care? Aye, they cared, for all are human, but—they did not falter, for they who break new paths must be brave and not mind the tree stumps and the stones in the way.

And to-day the ten thousand homœopathic physicians in the land, the numberless hospitals, as well equipped as any in the land, the dispensaries, the homes, the colleges where the curriculum is if possible more strict than in the colleges of the so-called regular school, the societies, and the millions of the most intelligent of our people who are believers in the Law of Homœopathy, to-day, I say, all this would not have been had not our pioneers

been willing to sacrifice present wealth and position and medical well-being to the convictions that were strong within them. They were real followers of Hahnemann, and they studied up their cases and followed the directions he gave for finding the true remedy for the case, and when they did find it they cured their patients in a way that was to them marvellous. They had no surreptitious pocket cases of coal tar derivatives, they did not coquet with polypharmacy, they had enough of that in the past, they just made themselves masters of the German language and then they read the books of *Materia Medica*, and they decided on the remedy for the case, and then the patient got well as if by magic. Of course he did, as he does now, when he is properly treated, because Homœopathy is according to a law of nature.

And these, our pioneers, were also eager to tell of the faith within them, and so they wrote pamphlets polemical, and books to explain to others the beauty of the mild way in medicine. These books make mighty good reading now. There is truth within their pages. The other day I took down a little book from my favorite book shelf, the one where I keep my friendly books, it is a small book and a modest one in look, and on its side is the legend: "The Porcelain Painter's Son, A Fantasy. By Samuel Arthur Jones, M. D." Oh, yes; I had read it before, more than once, but it is one of the few books I re-read. Have you seen it? Of course, you will guess as to the identity of the son of the porcelain painter. I believe I have all the sketches and biographies, and they are many, that have been written about Hahnemann, but to my mind this is one of the best. And it is more than a biography, it is literature and of a very high order. I wonder how many of the men of our school have read this little book? There isn't one book that would better grace the waiting room table than this nor one that will do better pioneer and conversion work with the patient. It is a heap better than the fly blown old magazines one sees oftenest on the table in the anteroom of the doctor.

No, I do not care whether the doctors buy it or not, I am impelled by the rare pleasure it gives me, this fantasy that is more than fantasy, to say a word to you, and to say that word so loud that others may hear it, to say that when Dr. Sam. Jones wrote the porcelain painter's son he was prompted by the same spirit that impelled the old men, our medical fathers, to write their tracts, the spirit that willed that other men should know of the

beautiful life of the founder of this, our system of Homœopathy. And full well has he accomplished his purpose. But, then, Dr. Jones is a man who has always stood up fearlessly for the right as he saw it; who has never been willing to compromise with expediency, but has many a time in his writings reminded me of the earlier pioneers in his outspoken denunciation of half-hearted measures.

And so I am saying out loud, as loud as I can, that the "Porcelain Painter's Son" is a worthy brother to the "Grounds of a Homœopathist's Faith" and will live and be appreciated for what it really is, a graceful bit of biographical writing about one of the grandest figures who ever lived in the medical world.

I wish I could persuade the thinking men of our school to read this little gem of a book, and to place it where their patients could also read it.

And I wish also, dear chum, under cover to you, to say to Dr. Jones that I thank him for his charming writing and that there is one old fellow who enjoys it when the curtains are drawn and the cigar is alight and the student lamp is burning. And that I often in fancy see "the candle light gleaming and flickering upon the fading leaves of the ancient oak that overshadowed Frau Weber's *Wirthshaus* in the quaint and quiet village of Meissen."

Pardon me, my old chum, for this effusion, but if you have not already the pleasure of owning this book buy it and read it and you will thank me for directing your attention to it and toward its gifted author.

---

## APPENDICITIS — BIOCHEMICAL CLINICAL NOTES.

By Eric Graf von der Goltz, M. D., New York.

The biochemical treatment of appendicitis in its cures, not only temporary but lasting, against the general and perseverant assertion of surgeons to be a purely surgical disease, causes the publication of the present paper.

My appendicitis cases have seldom come from the start of the disease under my care. Generally one, two or more physicians have had charge of them successively, all concurring in their diagnosis and the final proposition to have the operation performed as soon as possible.

In the biochemical treatment, and further in the cellular-therapeutical one, the following remedies will be called pre-eminently into action:

*Kalium muriaticum*—exudations, second state of a fully established case of appendicitis.

*Magnesia phosphorica*—existing tympanitis; pains; rigidity of the abdominal muscles.

Often these two remedies will be found indicated from the moment of taking charge of the case. (In case of any especially high fever without as yet the formation of any infiltration, or only in the first onset of the same—*Ferr. phos.* instead of *Mag. phos.* must be used alternately with *Kali mur.*.) In most cases coming out of the hands of other physicians *Kali mur.* and *Mag. phos.* seem to be indicated; as an undeniable harm has most frequently been done by the indiscretely used ice bag. In the eventual differentiation between the ice bag (so-called freezing methods) and warm application in appendicitis, like in all other diseases, I am guided by the *individual instinct of the patient*.

Under the use of the foregoing remedies we will observe either a speedy cure of a simple form not too far gone (the real feature of appendicitis up to 95 per cent.), or we will find that—if the whole habitus, etc., not contraindicated, our next change of the remedies will be to *Silicea*.

It is remarkable how a few doses of this tissue salt in a high trituration, respectively in high potency, will change the whole picture; I prefer the 30th centesimal potency in this disease.

These three remedies: *Kali mur.*, *Mag. phos.* and *Sil.* form the nucleus for the biochemical treatment of appendicitis.

Intercurrently we must often use the following:

*Kalium sulfuricum*—evening aggravations.

*Natrum sulfuricum*—hard, continuous constipation; nausea.

*Kalium phosphoricum*—intervening high temperature in the later time of the course of the disease with eventual alarming symptoms.

Other remedies must also be called in at times for help, *but those cases are very rare—and ominous; in those cases a certain suspicion of early neglect either from side of the patient or from the side of the treatment could not be denied.*

If now alarming symptoms of early beginning sepsis are present—*Kali phos.* and *Sil.* in alternation, here in 12x trituration will save the patient in cases *where even great surgeons have met*

*unexpected failures, also where a second operation as a last attempt to help had proved fruitless, as the annales of the appendicitis operations have shown in an alarming and surprising number between rich and poor patients, private residence and charitable institution.*

My observation regarding the necessity of an operation will be only in cases of a large tumor without any improvement of objective and subjective symptoms in about 10-12 hours after the introduction of the biochemical treatment in the individual case.

The harmless dissolution of pus and its final disposition by the physiological means of the organisms through the helpful action of *Sil.* (later *Calc. sulf.* and *Calc. sulphide*) combined with the antiseptic action of *Kali phos.*, *Ars. iod.*, etc., *can be learned and observed only in cases where the family declares that no operation will be allowed.*

The following case gives the best illustration of a case of this kind:

S. S., nine years old, a girl of slight stature, etc., was sick since November 2, 1899, with clear and characteristic symptoms of appendicitis, and had been treated for such a disease from the beginning of her malady.

As the disease proceeded further and further and the physicians finally all concurred, one after the other, that the operation was the only thing to be done, I was called in November 6.

The patient showed the following characteristic picture: A localized pain, an irregularly shaped distension of the abdomen, fever  $103^{\circ}$ , constipation, right thigh flexed, the tumor at the lower border of the ileum.

The physicians expected very soon (if nothing was done) a perforation. As the parents declared that no operation would be allowed I began the biochemical treatment. The pulse was 130-160, small and irregular. Medication: *Kali mur.* 6x, five grains (powder) every hour.

November 7th.—Pains undiminished; temperature,  $101^{\circ}$ ; pulse, 120; same medication.

8th.—Pains undiminished; temperature,  $101^{\circ}$ ; pulse, 100. Besides *Kali mur.* I prescribed for the pains *Mag. phos.*, as alternating remedy, 6x, five grains (powder) every hour.

9th.—Patient had the first quiet night since November 2d. Same medicines.

10th.—The tympanitis diminished. The tumor now visible, hard—*Silicea* 12x, one three-grain powder every two hours.

11th.—Renewed attack of pains and tympanitis; tongue brown and dry; temperature, 102°; pulse, 100. *Kali phos.* 6x, one powder (five grains) every two hours.

12th.—Patient had a good night; temperature, 98.5° at 7 A. M. and 100° at 7 P. M.; pulse, 100 (both times). Same medication.

13th.—Patient free from pain; temperature, 99°; pulse, 100. Tympanitis nearly gone; patient can extend her right leg slowly without pain. Same medication.

14th.—Patient on the way to recovery. *Kali phos.* 30x, one dose of one-grain powder every four hours.

15th.—Patient continues to improve. Same medication.

16th to 18th.—Continued improvement. *No medication.*

19th.—Last visit—patient cured.

On account of other diseases in the family I had occasion to see the patient December 10th. I was not able to find any tumor or even any painful spot under the most rigid examination. Patient has never had a relapse to the present day.

In such a manner I have had different cases of equal severity; also one complicated with pregnancy. Especially this case must be mentioned for the reason that after curing the appendicitis (also treated previously by other physicians who recommended surgical interference) I attended the confinement. Mrs. K. today is in perfect health, a year since her confinement.

More or less it must be stated that without any great variation the described treatment must be regarded as the typical one.

It is self-evident that perforative cases must be operated. But it has also been proved in my experience that *appendicitis treated biochemically never will present the perforative (gangrenous, etc.) climax if taken in charge in reasonable time.* It results therefore that the only possible difficulty for the treating physician will be to decide the question if the appendicitis case has been taken in charge early enough or not. To differentiate in this question I follow the advice of Dr. Willy Meyer, of New York City, in observing the pulse—a continuous high-rated pulse without lowering tendency speaks for operation and the reaction of the pulse to the treatment—even the slightest but sure decline in beats confirms the expectative, respectively, the medical here biochemical treatment.

The relapsing form of appendicitis is easily cured permanently by two remedies—*Kali mur.* and *Sil.*, according to circumstances, that means—*Sil.* for any hard tumor, *Kali mur.* for those forms

more of a certain elastic softness, resembling a catarrhal exudation.

## II.

An article in the *Medical Century*, No. 12, Vol. XII, page 355: "*The Surgical Treatment of Appendicitis*," by O. S. Runnels, A. M., M. D., Indianapolis, Ind., *denouncing vigorously any attempt of medical treatment and wasting of time, cannot be passed over, but must be criticised in the following points:*

Not only my experiences, but those of many other physicians and surgeons of either school, concur that at least 95 per cent. of appendicitis cases will be cured *without surgical interference*. It is, therefore, to say the least, remarkable to indict every physician who treats appendicitis not according to Dr. Runnels' dictum "*as one committing malpractice of the first order.*"

Dr. Runnels' opinion regarding the welfare of all operated for "*embarrassment of the appendix*" is not fully sustained by the literature; *otherwise secondary appendicitis operations would be unknown.*

Dr. Runnels' brilliant appendicitis operations may, perhaps, warrant for him the right to such a radical position, but here, in New York, even *with some world famous surgeons, (!) appendicitis operations are not such an absolute and sure procedure as in Dr. Runnels' hand!*

With this great *divergence between the results of other surgeons and those of Dr. Runnels* I cannot help but think that *many of his operations were really not necessary.*

Dr. Runnels as a contributor to a homœopathic journal should not so fully neglect the *homœopathic Materia Medica* or should try *Biochemistry*—especially if in his article the following passus can be found:

"While fatalities still do follow surgical procedures \* \* \* the fact remains that more than 99½ per cent of all cases thus affected will recover under timely surgical treatment."

Dr. Runnels, as de facto, does, therefore, not give a full guaranty for this ½ per cent. !

Dr. Runnels's statement, "*And by this I mean the employment of surgery before the formation of pus and while there is little hazard to life and tissue,*" shows a twofold logical weakness: (a), to operate before any real cause exists; (b), to hazardize the life when the real time for medical treatment *known by all homœopaths and allo-*



*paths presents itself before the formation of pus—that means to cure and prevent at all the formation of pus—the only feasible cause for operation—the evacuation of the pus. Here, decidedly, the warning of such a recognized master surgeon as Czerny, of Heidelberg, in Germany, must be remembered—“do not operate in unwarranted haste.”*

Dr. Runnels's hope that the public will soon be enough educated to appreciate the appendix treatment in such a radical way and not be delayed by the “*unfortunate quibble*” of temporizing physicians (*the perpetrators of the criminal malpractice*) never will be realized for the simple reason that the public's instinct of self-preservation is too keenly alive to the danger to be incurred.

Another decidedly *great drawback to the appendicitis operations is the eventual repetition of the operation—the so-called secondary appendicitis operation.*

I know the published fact of a patient having been operated upon six times—the appendix has been removed at the first attack of appendicitis. I give the case here as a fact without any comment; only I would wish to know *what was done to this special surgical victim during all those operations?*

It is, therefore, not warranted to be *denounced as a criminal for daring to disagree with the treatment of appendicitis by a writer whose essay, as demonstrated, contains those commented weak points.*

I presume also that it will be very interesting to the reader to know that here in New York, in the Post-Graduate Hospital, during the year 1904, appendicitis has in eight instances been treated by medicine (!) of whom, among seven recoveries, also one suppurative case was cured.

In the Post-Graduate Hospital sixty-one cases were operated with a mortality of 8 per cent. (five deaths).

Of those sixty-one surgical cases were: Thirty-eight catarrhal form—*no death*; twenty-three suppurative form—five deaths = 21.7 per cent.

Of those eight medical cases were: Six catarrhal form—*no death (!)*; two suppurative form—one death = 50 per cent.

In rightly judging the 21.7 per cent. and 50 per cent. we must consider the following points:

Approximatively, the surgical treatment is two times better than the allopathic medical treatment; even one suppurative case was by allopathic medication and local external application, etc., prevented from being a failure.

The former homœopathic treatment (vide v. Grauvogl, Vol. II, p. 346) gives a result of 211 cases with thirteen deaths = 6 per cent.

This result is 2 per cent. better than these brilliant surgical statistics of a great hospital of the present time.

It must not be forgotten that the 8 per cent. is reported in 1904 whereas the report of the 6 per cent. mortality was printed in a work edited and published in 1866.

We can, therefore, claim that the homœopathic medical treatment of thirty-nine years ago gives a result 2 per cent. better than all improvement and progress and science of the allopathic school could possibly guarantee and offer A. D. 1904.

The only progress to be claimed by the allopaths is a reduction of the mortality to 8 per cent. against the frightful one of 41 per cent. (*nineteen deaths out of forty-six cases*) in 1866.

While the present paper started with the question of purely treating appendicitis by medicine—the later reference to the mortality in toto has been made to be fair and to prevent any possible incrimination of *having forced the statistics in the well known manner to be favorable to the writer—here, viz., pro Homœopathy, respectively Biochemistry.*

### III.

Surgery not long ago began to look upon the appendix vermiformis as something *obsolete, if not perhaps even worse than that—as a mistake, a blunder in the creation.* But now the most eminent writers in the physiological school are protesting *against the idea of obsolescence, viz., Sir William McEwen and later, Dr. Rabagliati.*

Dr. Rabagliati writes: “*A structure rich in lymphoid elements has probably a useful part to play in the economy, and it would be far more useful to poor and suffering humanity, though probably less immediately beneficial to the prophets, to advise how to keep the appendix vermiformis and other parts sound and healthy than to proceed to remove them in a way that is now freely proposed and carried out. Even after the appendix is removed the cæcum and other parts of the intestines may become inflamed, and the appendixless patient may still suffer from inflammation of the cæcum or of the bowels, from peri-typhlitis or enteritis. Are we to excise the cæcum in order to prevent typhlitis or peri-typhlitis? Or would it be wise to amputate the head in order to prevent neuralgia in the face?*”

As everything, which, even for a long time, in its unlogical prevalence, has an absolute sway, must finally collapse, following the law of critical observation, so the downfall of the *promiscuous appendicitis operations*, not only primary, but intermediate, must be more or less accepted like that of many old and forgotten *fads of surgical boldness and strenuousness*. I refer to ovary and clitoris!!

This statement is proved in the following from the pen of Dr. A. C. Bernays, of St. Louis, in the *Medical News*: "*I cannot throw off a feeling of embarrassment when I pull up a perfectly normal appendix before a corona of students or distinguished visitors. This embarrassment must be quite serious when a normal appendix is removed in six or eight cases in one day, as recently happened in a well-known hospital.*"

In another place Dr. Bernays speaks of the psychical relief of the patient from his or her "*perityphlitophobia*" as the appendix vermiformis has been found during the operation "*either shamefully normal or affected in an innocuous manner.*"

This "*innocuous manner*" is explained very clearly in the statement: "*Fortunately the histologist will always find infiltration of small round cells in the mucosa and submucosa. The friendly pathologist does not mention that the mucosa of the appendix is always richly supplied with lymph follicles, hence the copious infiltration of leucocytes will always be present, no matter how normal an appendix may be.*"

These secrets of the operating room are illuminated on the other side by a quotation from the *London Daily Mail*, February 20, 1905, giving the whole question a decidedly peculiar flavor: "*The West End of London is suffering from another attack of operating mania. During the last fortnight one well-known operating surgeon has had thirty seven cases of purely imaginary appendicitis cases which have had to be treated perfectly seriously. The doctor, as a rule, advises his patient to go into a private nursing home for a week in order to prepare for an operation; there he visits her—the patient is mostly always a woman, and almost invariably an idle one—every day, and at the end of the week generally assures her that the evil has been dispelled. On more than one occasion, however, the patient has insisted that this is not so, and that an operation must be performed.*"

How easily here in New York a patient can be proscribed to the "*appendicitis operation*" shall especially be illustrated out of

many homologue cases by two instances coming to my knowledge professionally:

1. A girl of 17 years suddenly became sick, pains in the right abdominal side, etc. Two physicians in succession diagnosed the case as appendicitis, and told the relatives to send the patient directly to the nearest hospital to be operated. I was called and prescribed *Nat. sulph.* and *Mag. phos.*, both 6x, to be given alternately every hour, my diagnosis being a severe attack of *dysmenorrhœa*—the following appearance of the *catamenia* several hours later with relief from pains proved my diagnosis to be correct—and so cured this case of *appendicitis*!

2. Not long ago I was called in to a consultation in regard to appendicitis. A young man of 20 years, a plumber, should be brought immediately to a hospital for immediate operation. He had fallen sick suddenly in the foregoing night. As the family physician lived far off and could not be reached by telephone a physician in the neighborhood was called, who diagnosed the case as *appendicitis*. During his second visit the family wished to have also my opinion. When I came we both made a very rigid examination, and came to the conclusion that the patient (now in perfect health) was not to be hustled off to the operating room.

As a curiosum I must mention a story going through the daily papers of New York, also *New York Times*, April 15, 1905, under the title "*Her Appendix Removed Just to Avoid Trouble.*"

"*Dr. Stella Q. Root has just had her vermiform appendix removed at the Hahnemann Hospital in this city.*"

"*She determined to take no chances of being compelled to undergo an operation while among strangers in a strange land.*"

"*Recently Dr. Root, who is an eager student, determined to go to Germany for an extended course of study in advanced Homœopathy and surgery.*"

Of the whole long article in the *Times* of April 15, 1905, I copied only those to us here interesting points.

In the face now of all those in this present paper referred to authorities I cannot understand the possibility of such an undertaking; it must be taken for granted that Dr. Root as a student will be well acquainted with the writings of Sir H. McEwen, etc.

Furthermore, from the article in the *Times* it is absolutely clear that Dr. Root is a *homœopathic physician* and that she goes to Germany to study *advanced Homœopathy*.

I cannot refrain from asking now the following simple questions:

1. *What is advanced Homœopathy?*
2. *What has plain or advanced Homœopathy to do with the removal of an absolutely normal appendix?*
3. *What kind of Homœopathy must have been the object of the study of Dr. Root so far that Dr. Root has taken such a stand?*

If now we physicians of today are more or less speculating regarding the appendix vermiformis, because we do not clearly know its functions; this general lack of knowledge is not as yet the reason for a wholesale removal a priori—especially if we remember that the appendix has existed all through the ages that the homo sapiens (!) has inhabited this globe.

Really, Dr. Root, from her point of view, should not have stopped with the *removal of her appendix*, but should have had *extirpated by complaisant surgeons more parts of her anatomy endangering to a higher rate her life than this simple appendix!*

The inauguration of the *extirpation of normal organs as an act of prophylaxis* should be put down as a red letter day in the annals of surgery.

So far as the author of this paper is concerned it is unknown to him, if previously notes or papers have been published on the *Prophylaxis of Appendicitis*.

#### IV.

So, more the question of prophylaxis is important; as in all cases of true appendicitis the following general trait has been present before the disease had developed—a *chronic constipation*, or sometimes a constipation suddenly changing with a sudden two to three days' lasting diarrhœa. This diarrhœa again, without any previous indicating symptoms, changes back into constipation and so on ad infinitum.

We may see in this phenomena a certain trying of the organ to protect itself.

All those cases of constipation show one great similarity—the organism is not sufficiently supplied with water; the whole organism is in an arid state, so that the fæces containing a certain percentage of water are exsiccated; a form of toxæmia from autoinfection must follow.

It is clear that in all those cases the more or less prevailing habit of using cathartics will be of no value, seeing that the general remedies for constipation are of a salty nature, aggravating the exsiccated state of the tissues and bringing on or moving

further the subacute state of inflammation—resulting finally in an accomplished state of general enteritis or a localized one in most cases—a catarrhal appendicitis.

The endeavor of the physician must not be directed to educate the people to submit to early appendicitis operation but to cure, to remove *the constipation, the stepping stone to appendicitis.*

This constipation can best be treated by a rational diet, which at first will be helped by the well selected remedy or remedies to stimulate the acquired sluggishness of the intestines in their peristaltic motions, to cause a prompter working of the different organs, which are involved in the alimentary tract and its functions.

Before naming of the most important remedies and their uses, two dietetic prescriptions are of the greatest importance; *to supply the body with a regular quantity of fluids, best water, and to force the body, the organism, to observe regular times for defecation.* If at first without success the further faithful observation of this rule acts finally like a self-suggestion and brings on a satisfactory regular daily defecation.

Furthermore, the physician must individually regulate the diet. But, preëminently, the following food must not be taken: Fish, or meat; preserves; smoked meat; liver; pork; eggs; rice pudding; fresh bread; sweets; pastry; milk; cheese; tea and spirituous beverages; pine-apples.

The medical treatment (biochemical) now will be found easily from two points of view—*the coating of the tongue and facial diagnosis.*

In a general way the following items will be of help, if the constipation will not be of a too complicated character:

Anæmic persons,	<i>Nat. mur., Calc. phos.</i>
Pendulous abdomen,	<i>Calc. phos.</i>
Weakness, cold sweat,	<i>Kali phos.</i>
Simple sluggishness,	<i>Kali mur., Sil.</i>
No desire, tympanitis, etc., etc.,	<i>Alumina, Nat. mur.</i>

Under the general rule to use only the higher potencies and await the result, the warning of the late Dr. Schüssler will nowhere be found more to the point: "*It is better in prescribing a salt for a biochemical purpose to make the dose too small than too large. If it is too small, the goal will be reached by repeating it; but if it is too large, the end to be gained is wholly lost.*"

247 East 72d St., New York City.

## ANTITOXIN AND HOMŒOPATHY.

Dr. Dermitzel.\*

Translated and somewhat condensed by Dr. P. W. Shedd, N. Y.

After ten years of lively discussion, journalistic medicine has more or less let diphtheria antitoxin alone. This may be explained either by the fact that the greater part of Germany is now comparatively free from the disease, or because the agitation has been settled, as antitoxinists affirm, in their favor. In homœopathic circles the question has again become a burning one through a recent paper by Dr. Wapler. The reason for its renaissance is possibly not clear since the present death-rate, 1902-03, shows but a small proportion of diphtheria cases. However, I must none the less disagree emphatically with Dr. Wapler's exposition of the subject and with his extremely categorical deductions. Hence it is deemed necessary to define my position in regard to antitoxin, to deduce the logic thereof, and to submit the results for consideration. I am further moved to a discussion of the article for two reasons: 1st. As published in the *Allgemeine Hom. Zeitung*, it gives the reader the impression that homœopathic treatment of diphtheria is far inferior to the antitoxic, which might be true, and if so, deplorable. 2d. The paper should be discussed lest it be taken by foreign homœopathic, or by allopathic readers as indicative of the scientific thought of German Homœopathy.

If the Wapler article be sharply considered, it will be seen that he deduces ponderous conclusions that the homœopathic physician not alone *can*, but *must*, use antitoxin; conclusions deduced from his own careful observations only. Such a statement is not to be met with, so far as my knowledge goes, in the whole allopathic literature on the subject.

The opponents of antitoxin are thus disposed of by Wapler with the contemptuous appellation of "hobby-riders."

As I am one of these opponents, it will be permissible to weigh the statements of the author and make plain why, in spite of his assertions, I am of the same opinion still.

Since we wish to make clear the significance of antitoxin for the homœopath, it is deemed advisable to pursue the following method and to investigate:

---

\**Zeitschrift des Berliner Vereines.*

I. If Dr. Wapler has really demonstrated that homœopathic treatment is so inferior to antitoxin; that the homœopath not alone can, but *must*, use the serum. This will demand a critical analysis of his paper, and a justification of my severe estimate of its scientific value.

II. It is possible that, although the author may not have convinced us of the superiority of antitoxin, that, nevertheless, this superiority exists. Hence we must investigate for ourselves the value of the serum.

III. As Dr. Wapler has favored us only with his "personal" observations it becomes necessary to historically trace the homœopathic treatment of diphtheria in the severe epidemic years, and to compare homœopathic results with antitoxic results.

At once, the assertion of Wapler that the vast majority of old school men consider antitoxin as, perhaps, the most valuable addition to their armamentarium since Jenner's day comes into dispute. On what does he base the statement? Not on the literature, which evidences the contrary. A friend of the serum, Dr. Lichtwitz (Ohlan) in a polemic against Prof. Kassowitz (both allopaths) confesses that the sturdy attacks on antitoxin have not been without effect in the medical world. And Prof. Kassowitz replies: "I could publish a 'blue book' on antitoxin which would open the eyes of the enthusiasts and official protectors and adherents of the serum craze, *e. g.*; in 1898 one of the most noted specialists on children's diseases, chief of a children's hospital, and a State sanitary official, wrote, that the contents of my article coincided with his experience; furthermore, I have recently received from another specialist of equal rank a letter in which the conviction is expressed that the serum is powerless against diphtheria and only injurious in its action. In many other letters I (an old school Prof.) have been congratulated that I had the courage to say openly what many had in their hearts."

How greatly the serum craze has clouded the vision of Dr. Wapler is evident in his statement that we homœopaths have excellent, if not infallible, weapons against this treacherous disease, —*as though serum were infallible*, even the most enthusiastic allopath is not given to such assertion.

Even as curious is the further remark of Dr. Wapler, that, in contradistinction to the tuberculin treatment, the diphtheria patient receives a curative material evolved in another and distinct organism. Just this "test-tube" therapy is what is diametrically



opposed to Hahnemannian Homœopathy, although it be the fundamental principle of Behring's theory. And just this "laboratory" view-point is, in my opinion, calculated to make the homœopath, *or even a thinker trained only in biology*, look askant at the new remedy.

Furthermore, that Wapler can still maintain the complete harmlessness of the serum is incomprehensible, and I shall directly prove to him the contrary.

It is worthy of note also that Wapler, in the light of "his" experience, is able to say, "the serious forms of laryngeal and nasal diphtheria are now overcome with a certainty and rapidity of which we (rather "he") had previously no knowledge, so that diphtheria has now lost its terrors."

If so, he has been most extraordinarily fortunate, for the medical press is full of reports to the contrary from physicians of experience and heads of children's hospitals. For example Marfan (l'Hopital des Enfants Malades, Paris) reports that in 1902 no less than 271 died of diphtheria. Two forms were observed, the common and the malignant. In the first the serum had usually prompt action; in the second, slow and uncertain. The malignancy exhibited itself through progression to the respiratory tract or through hæmorrhage or ecchymoses, or, finally, through delayed falling off of the membrane or vomiting on the 8th or 10th day, ushering in death.

"In other words," says Kassowitz, from whom I quote, "this means that all the dangers and complications which threatened the diphtheria patient before the serum era are still in evidence, and that only the benign cases, which progress favorably under almost any treatment, are cured."

Prof. Sorenson (Blegdam Hospital, Copenhagen) sums up as the result of his experience, that in serious cases antitoxin causes neither a more favorable progress nor a lessened death-rate. Nor has serum action hindering the progress of the disease been observed. Of 7 fatal cases, 3; of 17 cured cases, 8 had received injections before tracheotomy was performed. And injections were, when paralysis and commencing stenosis presented, of no preventive value, so that he arrives at the cautious conclusion, that "a wonder-cure which shall completely change the course and prognosis of diphtheria is not found in antitoxin."

Now consider the *number* of "personal" observations made by Dr. Wapler, and cited with a careful disregard of all scientific

addenda (which, however, might have been gathered by him from the literature, the experience of others, statistics, etc.) and from which he deduces his weighty conclusions. There are 43 cases in all, 8 of them very sick children, with 4 deaths, and no serum treatment; and 32 equally serious cases with 2 deaths, serum treatment. Let us examine these "equally serious cases" more closely. Among them is noticeable the second case of croup with which Dr. Wapler began serum treatment. Methinks there are few colleagues reasonably long in practice who have not seen such cases clear up under any old treatment. Furthermore, in these two croup cases where is the proof of diphtheria?

If, however, we opine that however worthless Dr. Wapler's "personal" conclusions as to the serum, or however unjustifiable his denunciation of homœopaths as "hobby-riders," may be, the question still remains of the possible real superiority of the serum.

We shall therefore consider the matter, *per se*, and as follows:

A. Is the theory of the Behring serum treatment based upon irrefutable fact?

B. Has the clinical experience of about ten years verified Behring's treatment?

And both of these queries are positively answered in the negative.

It is well known that the Behring procedure rests upon the assumption that Loeffler's bacillus is the cause of diphtheria. This assumption is based upon the deductions:

I. That the bacillus is present in every diphtheria.

II. That diphtheroid cases, where the bacillus is not found, are harmless and not to be termed diphtheria.

III. That diphtheria (bacillary) in which the serum fails are cases of mixed infection (streptococcus) against which the serum is impotent.

IV. That the bacillus is present only in genuine diphtheria, and in no other disease.

V. That genuine diphtheria can be diagnosed from the so-called scarlatina-diphtheria only by the presence or absence of the bacillus.

All of these propositions, says Prof. Kassowitz (allopath), have been refuted and recognized as erroneous, and not by intriguing opponents of serum therapy, but by its unsuspecting adherents.

Taking up these propositions in order we find:

I. Loeffler himself was not able to find the bacillus in all cases of clinically diagnosed diphtheria, and beyond stating the "possibility" of the bacillus being the virus of diphtheria he did not go; in 1884 even making the following statements:

*a.* The bacillus is absent in a number of cases of typical diphtheria.

*b.* The bacillus as typically observed in man was not found in the pseudo-membranes of inoculated rabbits and chickens.

*c.* One being brought into contact with the healthy mucosæ of the throat, respiratory tract, eyes, vagina of animals otherwise susceptible to inoculation, the bacillus was without effect.

*d.* Animals that survived inoculation (injection) developed no paralysis.

*e.* In the mouth of a perfectly healthy child bacilli were found identical morphologically and physiologically with the diphtheria bacillus.

Statistics show the bacillus absent in 32.5 per cent. (N. Y. City); 36.2 per cent. (Roux and Yersin); 36 per cent. (Martin); 23.2 per cent. (Baginsky); 66 per cent. (Hullock Park); 25 per cent. (Loeffler and Strubing); and the official Prussian report (1902) states that in 1789 examinations for the bacillus only 864 (less than 50 per cent.) were positive.

From this (Prussian) report some excerpts may be taken which evidence the logic and clearness of adherents of antitoxin—at any price.

Page 208. The favorable effect of the serum is universally admitted; and the people are more and more losing their prejudices. Prophylactic doses are more frequent; but all sanitary inspectors unite in saying, *that the serum alone is unable to cope with the disease*; isolation, disinfection and other protective measures are absolutely essential.

Page 210. *Diphtheria has direct relation to sanitation.* Proper sanitation at once hinders the epidemic.

Page 212. *The Königsberg epidemic was malignant. The death-rate of 13.4 per cent. was 2 per cent. higher than the average throughout the country,* although in the city medical attendance is much more easily obtained than in rural districts and although the serum was generously used, *poor families being supplied gratis.*

Page 213. Serum is used by most physicians, and without waiting for dangerous symptoms, but at once and in not small

dosage. However, its prophylactic use is not so general as those who habitually employ it would wish.

Page 216. In the Arnsberg district *the very frequently used serum has not influenced the disease.*

In the Aachen district *the lowered death-rate is held due to the fact that all cases were injected with serum.*

In the Sigmaringen district *the uselessness of the prophylactic injection has been prominent, and a number of cases cited in which children were twice stricken in the same epidemic.*

II. Baginsky's statement that a case is only dangerous when the bacillus is found has been denounced erroneous by Bernheim, Neisser and Heymann, Lemoine, Variot, Caille, Rauchfuss, Conzetti, Zuppinger, Timmer, Pulley, Vedel, Riese, Pruddee, Hullock, Park, Feer, Martin, Escherich, Wieland, Lesser, Henner, and many others. According to the German Investigative Committee, *in 1,059 diphtheria cases without the bacillus no less than 159 or 15.7 per cent., were fatal; while in the bacillus cases the mortality was 14.1 per cent.*

III. Behring's second statement, that putrefaction, gangrene and sepsis in diphtheria are not due to Loeffler's bacillus, but to the mixed infection (streptococcus), has been shown to be false by the observations of Heubner and Genersich, Ranke, Riese, Variot, Bernheim, Mys, Richardiere and others, thus proving that *the dangers of mixed infection have not been derived from pure observation, but evoked in support of the endangered serum therapy.*

IV. The original statement that Loeffler's bacillus is found only in genuine diphtheria has been so often disproved by its presence in all sorts of disease as well as in the perfectly healthy that its ubiquitous distribution is today well recognized.

V. The investigations of Ranke, Sorenson, Stooss, Kretz and others show that *Loeffler's bacillus is found in scarlatina with varying frequency (according to Ranke, in 53 per cent. of all cases), without its presence causing the clinical symptoms of diphtheria, especially the laryngeal croup and paralyses.* From the well known special danger of clinical diphtheria complicated with scarlatina Kassowitz deduces, from this fact alone, the demolition of the bacillary theory of diphtheria.

He, and others, now proceed constructively, and attribute the "miracle-working" phenomena of serum therapy to error and auto-suggestion. Kassowitz logically remarks, "Were it true that the temperature in diphtheria fell critically a few hours after

the injection; that the general condition improved wondrously; that the transudation present faded as snow before the sun; that the exudation halted as if banned; that the process never struck to the respiratory tract after the injection; that with serum therapy one had no more to fear from nephritis, paralysis, heart failure, and that the patient after two or three days of serum treatment surely recovered, then the fatal ending of the disease would be a rare phenomenon, and death-rates would suddenly and rapidly sink to a minimum.

As we know, however, that nothing of the sort is the case, so we know very certainly that the sporadic cases where these changes occurred (if they took place other than in the imagination of the observer), were those favorable cases that recover under any treatment,—serum or no serum.

Further, how about serum as a remedial agent of exact value, such as homœopaths are accustomed to deal with? True, Behring and his followers have declared in most learned-sounding phrase that the curative power of the serum can be mathematically determined, according to an established form, and that the serum packages sent forth by the "Hochster Farbwerken" have each an exact number of units: and yet, it is well known that, following the continued failure of the serum, the unit-strength has been steadily increased. In controversion, the criticism of Lohnstein on the work of Ehrlich may be cited, viz., "that the virulence of diphtheria toxins is enormously variable, and that hitherto no constant control-toxin has been available. A notable conclusion from this is, that hitherto there has been and is, no serum-unit, for how small the constancy of the serum be established if there is no control-toxin whereby equal quantities may neutralize one another? If, then, Ehrlich in his resumé declares that the unit of immunization is no longer a voluntary concept, but an exactly determinable and invariable quantity, he is simply and pitifully deluded."

Consequently, it need not surprise the critic that the 150–200 unit-dosage (which at first accomplished such miracles, including a lowered death-rate!) were later declared by Behring himself to be absolutely insufficient for curative purposes.

For further information as to the protective powers of serum against diphtheritic paralyses and its immunizing value, the reader is referred to the exhaustive paper of Drews (*Therapeutische Monatshefte*, allopathic, 1896), where it is noted that the

prophylactic powers of antitoxin were at first declared to extend over a period of eight weeks; gradually sank to three weeks; *in 1896 was denied by a number of serum adherents, and is now generally denied.*

Since then the theoretical basis of serum therapy is well calculated to lead us to view the remedy with suspicion, we may now turn to statistics as to its value, and remark with Rosenbach that commonly, medical statistics is arithmetical humbug; nowhere more striking than here. We must first differentiate hospital statistics, often, but not altogether favorable to serum therapy and which offer only the ratio of dead to sick (not necessarily recovered) cases, from statistics based upon the absolute diphtheria mortality.

Against hospital statistics the weighty objection has been made, and not yet controverted, that, with the discovery of the antitoxin, there occurred an extraordinary rush to the institutions, naturally including cases which had not been in any hospital nor even under the observation of health officials. But even these members are not so favorable to antitoxin therapy as some of its practitioners would have us believe. In 1896 Prof. Sorenson said, "A wonder-cure which shall completely change the course and prognosis of diphtheria is not found in antitoxin." (Blegdam Hospital, Copenhagen.) Prof. Kohts (Strassburg, 1895) arrived at the cautious conclusion: 1. It seems that serum acts favorably upon the local process in the mucosæ. 2. Serum does not render local treatment unnecessary. 3. Secondary manifestations, cardiac and renal affections and paralyses are not influenced by serum. 4. Curative results from injections in the first two days of the disease do not differ from those obtained without the serum, provided that the patient comes under treatment the first or second day of the disease. Further statistics from the Blegdam Hospital (Ring and Ellerman), based upon 1,356 cases (1889-94), announce that "statistical proof of the value of antitoxin has not been found."

Prof. Lahs (Marburg) in 1896 considered it evident that a real lowering of mortality had followed the introduction of serum, but opposed the conclusion that this result was due to serum as a curative agent, as well as the assertion of Behring that the serum treatment of diphtheria showed more cases of cure than any other method. He says: "Curative power may not be altogether denied serum, but with serum therapy other measures not hitherto suffi-

ciently valued came into vogue, and, above all, the abandonment of local caustic and destructive measures, which have had not a little to do with the fatality of the disease."

Since Prof. Lahs gave up evulsive, destructive procedures and confined himself to gargles and the administration of *Potass. chlor.*, together with hydro-thrapeutics, he has had no fatal cases, but rather speedier recoveries, and this for a period of 15 years.

Statistics from the same source (Drew) show that in America, as well as in Germany, the introduction of serum therapy altered the material offering itself for treatment.

## BOSTON CITY HOSPITAL.

Year.	Cases.	Deaths.	Per cent.
1893	419	204	48.44
1894	598	266	44.48
1894-95	1566	207	13.21

(Antitoxin treatment.)

And Drew comments: "The lowering of the death per cent. here to a third of that of previous years is not all due to better curative results, but to a complete change in hospital material." In view of these compelling figures it is no wonder that American opponents of the method increased.

How little selected cases (therefore more interesting) are adapted to show theoretically or practically the wonder-working powers of antitoxin is well illustrated in an excerpt from the *Therapeutische Monatshefte* (allopath), 1897, p. 273, where Jessen presented to the Hamburg Society a woman who had suffered four months from a chronic diphtheritis. In the course of the disease thickening of the throat mucosæ and polypoid growths in the nose had formed. The clinical diagnosis was verified by the bacteriologic, showing the presence of genuine and most virulent bacilli. Antitoxic injections had no effect, and the ordinary methods of treatment were unavailing. When let alone the patient's condition improved.

In contrast to these statistical investigations, which, from the very nature of the material dealt with, have but relative value are to be opposed the profound researches of Gottstein, and especially of Prof. Kassowitz, which researches are *annihilatory of the significance of serum as a remedial agent*. Both these investigators started with the rule, that if antitoxin were the miraculous remedy which its adherents claimed that not only must there be a relative diminution in hospital mortality, but also a sudden and persistent

fall in the death curve of all diphtherias. To gain light on the subject Gottstein investigated and proved that diphtheria as well as measles and scarlatina exhibits through decades a wave curve of malignancy, rising and falling, and that serum therapy was lucky enough to strike a falling period in this curve, and in 1901 he arrives at the conclusion: "*Serum therapy deserves praise because it has checked the tendency of many energetic physicians to resort to local treatment with diphtheritic children, and serum therapy has thereby saved many lives.* But statistical evidence of its specific value is totally wanting." And in a larger work on the periodicity of diphtheria and its cause (*Therapeutische Monatshefte*, November, 1903) he shows "that it is only one generation of children, including a period of several years' duration, which, rising on the curve attains the maximum of mortality, because apparently from birth to the fifteenth year they have been predisposed to the disease. Before and after this generation were periods of lessened receptivity, and the death-rate rises and falls in regular progression and retrogression from maximum to minimum."

Kassowitz's researches are a necessary complement to those of Gottstein. In 1896 in an article on Diphtheria Statistics he showed to what gross error a false statistical method leads, and how the ratio of diphtheria deaths compared with total number of cases gives a false picture. For example, in Trieste in the summer of 1894 the physicians determined to treat antitoxically every case or suspected case of diphtheria, and in fact the death-rate of the hospitals sank noticeably. Had this been due to the specificity of serum then the town death-rate should have been correspondingly lowered. The contrary was the case. For, while the absolute diphtheria death-rate in Trieste was in

1888,	98	cases.
1889,	93	"
1890,	118	"
1891,	182	"
1892,	182	"
1893,	222	"

In 1894 in spite of serum it reached 349; in 1895, under the same treatment sank, to 271; *while in the last three months of 1894, in spite of the universal serum treatment, more cases died of diphtheria in Trieste than previously during a whole year.*

Similar proof that when serum therapy strikes the ascending curve of diphtheria it is powerless to stop the rise, Kassowitz has shown in the statistics of a large number of cities.



Thus in St. Petersburg where in the years 1891-93 the mortality had kept below 400 cases, in 1894 it rose to 1,027; in 1895, with the institution of serum therapy, it showed temporary retrogression to 807, to rise in 1896 to 1,118, and in 1897 to the unprecedented number of 1,949 fatal cases, almost double the pre-serum mortality. Then followed a lessening in 1899 to 1,096 cases, to rise in 1901 to 1,434.

In Bucharest the absolute mortality in 1890 was 138; then falling to 80 and remaining thereabouts until 1894, when (pre-serum) it dropped to 68 in 1895. *From this date, in defiance of serum therapy, it rose in a steady curve to 257 fatal cases in 1899.*

In Birmingham the absolute mortality of the year 1890 decreased until 1894, *when with serum it rose to about 300 fatal cases in 1896.*

Detailed statistics for each city would become tiresome; suffice it to say that Kassowitz showed in the statistics of Liverpool, Dublin, Stockholm, Graz, Vienna, Munich, Leipsic, Stettin, Strassburg, Plauen, Munchen-Gladbach, Halberstadt, Lyons, Paris, Königsberg, and a number of other localities, that, *where serum therapy struck the rising curve of a diphtheria epidemic it was absolutely insufficient; if it coincided with the descending curve that curve continued in its descent; but, the hindrance or stamping out of the disease is nowhere mentioned.* For further information the original researches of Kassowitz must be consulted.

If the remedial action of antitoxin may be thus disposed of, we now come to the bold assertion of its inventor and his followers as to its *harmlessness.*

*Even theoretical consideration should have stamped this as improbable, for, according to the researches of Landois, a foreign blood or serum brought into the circulation is destructively hæmolytic and hæmorrhagic.*

According to Ponfick, one per cent. of foreign blood suffices; *yet in children of 18 kg. (40 lbs.) the injection of 20 cc. of horse serum gives about one and three-quarters per cent.* And so Hansemann (Berlin Medical Society, November 28, 1894) came to the conclusion that diphtheria serum *might be dangerous* because of its hæmolytic action and consequent effect upon the kidneys. And practical experience verifies so thoroughly this theoretic deduction that in May, 1896, Gottstein published the result of his researches in the Imperial Bureau of Health concerning the ill

effects observed under serum, *exhibiting the following data, which, without exception, point to injury to hæmic life.* There were observed from prophylactic injection into healthy children:

Exanthemata,	207 cases.
Urticarial eruptions,	75 “
Scarlatinal “	103 (including multiform erythema).
Pemphigus,	2
Limb and joint pains,	24
Albuminuria,	22
Paralyses,	16
Cardiac trouble,	3
High, continued fever,	6

There were, further, seven fatal cases which, however, because of the disease being present are left out of consideration, but, in the following four cases (Gottstein), the serum alone was responsible for death.

I. A child had diphtheria and recovered. In the same family a healthy child, *æt.* three, was immunized with 100 units. Two days later, renal pains; temperature, 104; marked albuminuria and hæmaturia; petechiæ over the whole body. No trace of diphtheria or other disease. Death on the fourth day.

II. Girl, *æt.* six, with a mild non-diphtheritic angina was injected April 6. During the next two days the exudate fell off; the general health improved and recovery was expected, when, on the sixth day after the injection, a temperature of 105 developed, with general symptoms, prostration, insomnia, etc. From the point of injection a scarlatinal exanthem spread over the whole body. The temperature remained at 104. No albumin. May 12, sudden, general convulsions during the night; dead in four hours.

III. December 9 eight hospital patients were immunized, 600 units each. Seven showed no reaction; the eighth, a boy of two years with plastic spinal paralysis, whose intestinal tract had hitherto been healthy, had the next day an intestinal catarrh, and soon became increasingly febrile. The point of injection was reddened, but on incision no pus flowed. On the tenth day after injection the lad, after continuous diarrhœa, died in collapse.

IV. In Wheelersburg, Oregon, a physician of some experience in the use of serum gave a sleeping five-year old boy a prophylactic dose in the scapular region. An hour before the injection the lad was in perfect health. Five minutes later the physician was called back to find the child dead.

The reader is referred to the *Therapeutische Monatshefte* for other cases with serious or fatal results.

In the issue of June, 1896, Kruckmann reports his own case. He was injecting a patient who coughed into his face. He immediately injected the rest of the serum (about one-sixth) into himself. Half an hour later, while going home, he felt a violent itching in the scalp, which progressed down the back and ended there in prickling. Half an hour later, at home, angina cordis, vertigo, tinnitus aurium set in with such prostration that he could hardly enunciate simple words and undressed himself with difficulty; temperature, 102.5; the injected arm swelled painlessly, followed by a sort of paralysis so that he could not extend the fingers; then a purple swelling of the face; finally, over the whole body welts of contiguous itching, pricking urticaria. The skin was dry, pulse impalpable, abdominal distension and oppression, rarely relieved by eructations and small stools. His prostration was so great that he feared a fatal issue. Towards evening some improvement, fair sleep, temperature next morning still 102.5, at noon no fever. Some twenty-four hours after the injection passage, for the first time, of a dark, non-albuminous urine.

According to Hoffner's report (*Vienna Medical Press*, 1896, No. 25) a year old child, which, at the time of injection, had fever of 102 and accelerated pulse, but no other symptoms, died in a half hour after the injection.

Kassowitz cites (*Therapeutische Monatshefte*, 1902, p. 226) the dry remark of Escherich, that a healthy child, æt. eleven months, died two hours after a prophylactic injection.

These examples, which, be it understood, are by no means exhaustive of the subject, may possibly point toward the reason why the assertion of the serophiles that antitoxin is harmless meets with no creditors nowadays.

*Note further that in all these reports only acute effects are mentioned.* Are there then no other? Or, are we homœopaths, if allopathy because of its so frequently censured shortsightedness recognizes only acute effects or pays attention only to such, *to be content therewith?* True, the proof thereof will be more difficult, though not impossible, but we shall have to introduce other factors, such as comparison and analogy.

And I would voice my thought in these words: From the previously mentioned dangers of serum therapy it may be indisputably deduced that there are present in children, according to

the reactionary powers of the organism or according to idiosyncracies difficult to determine, symptoms in a definite progression, from the rapidly lethal issue after injection to those symptoms which because of their peculiarity and temporal sequence are recognized even by the grossest vision as due to antitoxin.

But, *in exact ratio with the loss of acuteness in the symptoms do they extend themselves over a longer period of time.*

This fact, however, but verifies the deduction *that the less actively reacting organism is so much the longer tortured by the toxic action of the injected serum ere it can rid itself of the disturbing element*, and, in my opinion, the dermal symptoms are but the expression of expulsive efforts of the organism.

We have, therefore, to expect as later results of this ill-considered "healing," a long list of chronic disturbance.

He to whom this investigation appears too tedious is referred to the following works (allopathic), well worth a homœopath's consideration, viz., F. Marchand: *On the Natural Protective Powers of the Organism*; O. Rosenbach: *The Problem of Syphilis, and the Legendary Specific Action of Mercury and Iodine.*

This view-point, to which we are led merely through logical processes, is made more striking, however, by observations in general practice where not seldom little patients are brought to us with the statement that they had been lively, healthy children, but that they had had a light attack of diphtheria; had been treated with antitoxin or perhaps had received merely a prophylactic dose, and that since then they have been metamorphosed, not only physically but psychically; they have become discontented, morose, irritable; disturbances of digestion and of dermal activity have arisen, while here and there the most multiform eruptions appear, disappearing usually of themselves after a longer or shorter time; older children complain of protean and metastatic pains; in short, the picture of a sick child, without observable organic lesions, which the superficial observer is always inclined to call "scrofulous," a state daily becoming more and more apparent, so that present-day allopathy is daring to evolve again the idea of a limited humoral pathology.

Through closer observation a comparison between the injuries inflicted by serum therapy and those of vaccination may not seem too audacious, and the statement that from the latter no fatalities or untoward results have been noted may be disputed at once in view of the mass of material inoculated and the previously mentioned research of Landois and Ponfick.

At all events, unprejudiced and calm observers have noted a number of disturbances in children perfectly healthy before vaccination; septico-pyæmic processes of acute or chronic nature.

*Let one thing be remarked:* It is well known that to-day the commonest disease of children is the hypertrophy of the pharyngeal tissue (tonsils, adenoids), whose etiology has been explained by the most various and conflicting hypotheses, for no one has been able to make clear the spread of the process from peasant's hut to king's palace, so that at last theories have been abandoned and one comforts himself with the removal of the tissue, whereby a large number of throat specialists earn their good bread and butter.

I might enquire: *Is there another injury done to children, so widely practiced, from the poorest to the richest, as vaccination?* And if we should recognize the service of vaccine virus in hindering the outbreak of pox epidemics, may not this advantage have been too dearly bought when such a systemic decomposition, and therefore degeneration, has been inflicted upon civilization?

And from this comparison, back to antitoxin, whose curative action rests upon most uncertain theoretical grounds, and practically has not yet been demonstrated as we think has been shown; which is to be considered as a violent hæmic poison, with acute or chronic symptom, according to the reactionary powers of the organism—does not this somewhat justify the assertion that *even were the serum positively remedial a homœopathic physician is not obliged to use it if he be of the opinion that its temporary beneficial action is more than counterbalanced by the progressive, ferment-like injury done the blood, and thereby the whole organism, through serum injection.*

These are the considerations which have led me, at one time a fairly ardent friend of antitoxin, to become its most determined opponent; together with a number of observations in diphtheria cases, which, in contrast to 43 cases of Dr. Wapler, are at least 250 in number.

And so I arrive at the conclusion that it is not unfounded and conceptionless "hobby-riding" which leads me and many other colleagues to hostility toward serum therapy, but rather experience, study and criticism of my own and others' observations, and I conclude with a variation of Gottstein's words (1895): That because of experience my professional conscience will not permit the use with my patients of an agent whose theoretical basis I hold to be in-

firm; whose practical value during a period of ten years has not been established in the least; which has caused acute effects of most serious nature, *and whose chronic toxicity we are not yet able to even approximate.*

---

## FROM THE BORDERLAND OF SURGERY.

By Dr. Stauffer, Munich.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
March 16, 1905.

On July 10th I visited a patient and found with her Sister A., of the mission, who had come in from the country in order that she might be operated on a second time. She has been suffering for months from a catarrh of the ventricles of the brain, as she told me; and four weeks ago, at the advice of her physician, she had submitted to an operation. On account of her intolerable headache, the cerebral cavity was laid open, tamponed for about two weeks, and rinsed out, and, since the pains on the left side did not cease, but, on the contrary, became even more violent, the *nervus supraorbitalis* was resected. Since her pains, after eight days, remained the same, she went back to her monastery and waited. When, in the course of the next two weeks, the pains rather increased than diminished, she went again to the surgeon, who declared that the operation had to be repeated, and even more thoroughly, and the bone would have to be chiseled, as else he could not guarantee a cure. She had determined on the operation in order that she might at last get well, but she required the consent of her abbess, and thus she came by chance in my hands. At the advice of my patient, she desired to make a trial of Homœopathy, especially as I assured her that there was some prospect of a cure. The pains were unintermitted all over the forehead, and especially on the left side; the forehead was somewhat swollen and very sensitive to the touch. At times the ailment increased so much that the burning pains could hardly be endured; warmth gave but little relief, cold was intolerable. During the last days the lancinations and the tearing had also passed to the right side of the forehead and of the head, while the pains radiated to the shoulder-blade and the collar-bone on the right side; pressure on the *nervus supraorbitalis* was unendurable. There

were aggravations after getting wearied, and especially before midnight. The patient complained very much of her insomnia, stating that she had not slept for weeks; she, herself, thinks that an examination with Roentgen rays was responsible for the severity of the nerve pain, at least it had set in after that; in the beginning the pain had been only in the forehead. The patient was very anæmic, very nervous, supersensitive, but otherwise healthy. Prescription: *Chininum arsen.* ʒ D., alternating with *Zincum val.* ʒ D. trit., a dose as large as a pea to be taken every two hours.

Three weeks afterwards another Sister came in from the monastery and reported that the pains had abated after two days, that the patient had been able to sleep the third night, and that the improvement had steadily proceeded, so that now after two weeks she was well. A few days ago I saw the patient again and she declared that she had no recurrence of the pain. She asked for a remedy against her weariness, as the medicines had at that time so strikingly increased her strength. She received *Chininum arsen.* ʒ D. trit.

I do not generally prescribe remedies in alternation, as this is always done at the expense of a true knowledge of the case. But in this case, where I could not have the patient under my daily observation, I deviated from my rule, and a favorable result was obtained. But it would have been more satisfactory for the physician if the medicines could have been given in succession. In such a case I would have prescribed first *Zincum val.*, since insomnia was so prominent a symptom. *Chininum ars.* was selected on account of the great anæmia, and on account of the aggravation towards midnight. The medicines also complement each other very well.

In this case we stood on one side of surgery; it is possible that it might have, in this case, affected something by a deeper operation. But now let us make a bold leap to the other side and we come to the other border, to the point where it confesses its inability to effect anything. I will relate here briefly a case from the year 1899. On May 13th an economist was carried up to my office, as he could not mount the stairs. He was fifty-six years of age, and told me that, up to a short time before, he had been lying in a surgical hospital, where he had been directed that his case might be under observation. In the middle of September, 1898, while lying down in the middle of the afternoon, he had been seized with a very violent pain in the left shoulder, so

that he could not move his arm any more. He had been treated by his physician with medicines for weeks without effect. In January, 1899, pains in the abdomen and in the small of the back were added, which were very violent when coughing and when taking a deep respiration; in the mean time his pain in the shoulder gradually passed away; but in the left inguinal region a swelling appeared, which gradually increased in size. In the course of February it had become so large that he could not move his hip-joint any more, partly on account of the pain, partly on account of the obstruction of the swelling. His physician now directed him to the clinic. They made a trial puncture, but did not obtain anything but blood, and, while the case was observed farther, they put on it Priessnitz compresses. At first they had suspected an abscess; later on they made a diagnosis of a malignant tumor (sarcoma). On account of the location they declared that they could not operate on it, so the patient left the hospital. When I examined the tumor it was in size like a soup plate; it was in the inguinal region on the right side and extended over to the pelvis and the thigh, and, according to my estimation, it would have weighed about three or four pounds. It sat immovable on the bone; the skin over it was reddened, shining, but movable; the swelling was hard as a stone, very sensitive to the touch; when moving the hip-joint, which was bent in contraction, there were violent pains radiating toward the small of the back. The patient had fallen off, was anæmic, of yellowish complexion and emaciated. He stated that before this he had always been in good health; he denied having had any luetic disease; there is no tuberculosis in the family; he has healthy children. In deciding on a diagnosis an abscess in consequence of caries of a vertebra was first considered; in such a case, as is well known, similar phenomena appear in that region, but the trial puncture had shown no pus. An affection of the joint was excluded owing to the position; nor was it a disease of the glands, since the inguinal glands lay above the swelling hard and movable. Nothing remained, therefore, but to suppose a malignant new formation. I could not get from him any symptoms of importance for a choice of remedies, and so I gave him, without much hope of success, *Silicea* 30, ten pellets to be taken in the morning before breakfast.

May 28, 1899. I visited him at home. There was a freer movement of the joint, he has no more pain, has good appetite and sleep, the swelling retains its size; but he can get up and



walks about in the house and in the farm. The same prescription.

June 5. His son reports that he is better, that he looks better, and that the swelling is much diminished in size. Continued *Silicea* 30.

June 26. The patient comes in himself; he looks bright, is in a good humor; the whole swelling has disappeared, only the inguinal glands remain hard. Prescription: *Carbo anim.* 10, ten pellets to be taken every morning.

August 8. I examined the man again; nothing is to be seen any more either of the swelling or of the glands. Only when the weather changes, he yet feels some pains in the back. The cure is complete and the man to this day is healthy and works hard.

What do we learn from this case? Not that sarcomas can be cured homœopathically; for I am not of the opinion that it was a sarcoma, but a swelling of another kind. The previous rheumatism of the shoulder-joint, the pain in the back, the aggravation from wet weather, all point to the thought that it was a rheumatic affection. The swelling of the inguinal glands, it is true admits another explanation. The microscope ought to have decided the matter.

*Silicea* was selected from our medical treasury, because this remedy has the tendency to make nutritive changes, especially in the cellular tissue; in consequence of inflammations, indurations may appear through copious exudation; these indurations tend to supuration, but if *Silicea* is given early enough it will cause resorption and will prevent the formation of sores and abscesses (cfr. also furuncles in the neck, etc.). *Silicea* also produces just in the regions of the joints numerous swellings, tumefactions and inspissions; it is a remedy for rheumatism and gout; rheumatism, especially in the shoulder-joints; finally one of the characteristic symptoms of *Silicea* is aggravation through touch. On the basis of these symptoms I explain to myself the action of *Silicea* in this case. A few weeks ago I had to treat a similar case in a woman, sixty years of age. There was a tumor as large as a fist on the right thigh (anteriorly), the swelling was also fixed to the bone and immovable, but the skin was movable; also in this case there was great sensitiveness, but few other points to direct the choice of the remedy. *Silicea* 4 trit., a dose three times a day, effected a cure in four weeks. No allopathic diagnosis had been made of this case, so I will not enter on a more detailed description.

I would only add a few words as to the action of the homœopathic physicians in treating cases which border on the surgical domain. I would in advance state that I am not at all an opponent of surgery; whatever belongs to the surgeon should be yielded to the knife. But it is a certain fact, that there are too many operations at the present time. Many cases of induration of the glands of the breast, especially in the climactery, have been cured by homœopathic remedies where surgeons had already decided that it was necessary to have an operation; from these cases we may see, however, that our school has larger bounds than the old school medicine. It should be a matter of principle for every homœopathic physician when he undertakes the management of such particular cases that he should carefully examine his patients at proper intervals, so that he may control the action of his medicines; when he sees that the disease progresses in spite of his medicines let him not lose the right moment when he ought to turn over his patient to the surgeon, at a time when it is yet practicable to undertake an operation. I consider this to be absolutely necessary if the objection of ignorance, or, what would be far worse, the objection of conscienceless greed for gain should not be made against us. It is another matter, if the patient, after the matter has been laid before him, refuses the aid of the surgeon, or when the case comes into our hands in such a way as to preclude an operation. I have seen several such incurables, especially cancer patients, die under homœopathic treatment, and I must confess that they died a far easier death than such patients, as after an operation, died from a relapse.

---

## BOOK NOTICES.

---

**Manual and Clinical Repertory of a Complete List of Tissue Remedies.** (Biochemistry and Cellular Therapy.) By Dr. Med. Eric Graf von der Goltz. 244 pages. Cloth, \$1.25. Postage, 6 cents. Philadelphia. Boericke & Tafel. 1905.

Since the death of Dr. Schuessler Dr. Von der Goltz is undoubtedly the leading exponent of that branch of medicine known as biochemistry. He is a graduate of one of the German universities, but when he came to New York became very much interested in Homœopathy and later in biochemical practice. In this book he

has added a number of remedies to the original twelve of Schuessler, claiming that modern science has demonstrated that these new remedies or "cell salts" are constituents of the human body and have as much a place in biochemistry as the original twelve remedies, though not called for so often. The book is divided into:

- I. Materia Medica.
- II. Clinical Synopsis of the Remedies.
- III. Facial Diagnosis.

These constitute the First Division of the book.

The Second Division is made up of:

- I. The Additional Remedies in Their Elementary Basis.
- II. The Different Groups of the New Elements.
- III. Clinical Relation Between the Old and New Remedies.

"Part Second" is the "Semiotik," begins with "Abdomen," runs through the list of disease and organs down to the end.

To anyone in the slightest degree interested in biochemistry, this book will be a very welcome one, for it not only, so to say, catalogues the regular "twelve tissue remedies of Schüssler," as they were never catalogued before, but adds much new matter.

Whether biochemistry is simply disguised Homœopathy or Homœopathy depends on its success, for what of biochemistry it contains is a question that may be much disputed—according to your point of view. *Silicea* and *Natrum mur.*, to mention only two remedies, are common to both systems and the indications in both systems seem to be practically the same.

Be it either way—the RECORDER, with due respect for the opinions of its friend, Dr. von der Goltz, thinks that biochemistry is simply Homœopathy under another name—be it either way the book under consideration is not only an interesting and well arranged one, but one that will be most helpful to biochemists and homœopaths alike. We know the author has had singular success in his practice and his book is worthy of most respectful consideration.

### The A, B, C Manual of Materia Medica and Therapeutics.

By G. Hardy Clarke, M. D., late Professor of Materia Medica, Hahnemann Medical College, Chicago. Second Edition. Enlarged. 301 pages. Cloth, \$1.25. Philadelphia. Boericke & Tafel. 1905.

The first edition of Dr. Clark's unique and practical little book contained 197 pages, the second contains 301 pages. The first part contains the remedies in alphabetical order. First are given the characteristics. For example, this is the way *Zincum* is treated:

“CHARACTERISTICS.

Powerful escharotic. Mummifies tissue. May be used about blood vessels. Epithelioma. Rodent ulcer. Nævus. Eczema. Conjunctivitis. Catarrhal gastro-enteritis. Sweating.”

then follows:

“TOXIC EFFECTS.

Loss of flesh. Debility, cough, dyspnœa. Vomiting, gastrointestinal catarrh, colic, diarrhœa.<sup>1</sup> Myelitis, muscular tremors and spasms, anæsthesia. Neuralgia.<sup>2</sup>”

This also under *Zincum*.

Then comes “DOSE,” both homœopathic and old school, and, lastly, “THERAPEUTIC USES.”

Beginning on page 199 we come to the “CLINICAL INDEX,” in alphabetical order, “ABORTION,” “ABSCCESS,” “ACIDITY,” “ACNE,” and so on down to “Zona” the reader is directed to the various remedies for each particular disease, the indications for each being tersely given. While this book will not, perhaps, meet with the approval of the strict homœopaths, it has, nevertheless, its good points, and the chief of these is terseness and the giving of accepted modern treatment in connection with the homœopathic remedy. It goes direct to the point in all cases. A neat, well printed and well bound book.

Family Practice, or Simple Directions in Homœopathic Domestic Medicine. New Edition. Sixteenth Thousand. Revised. 276 pages. Cloth. London. E. Gould & Son. 1904.

A very excellent little work for family practice, or for beginners in Homœopathy, being clear, plain and practical.

Static, High Frequency, Radio, Photo and Radium Therapy.

By William Harvey King, M. D., LL. D., author of “Electricity in Medicine,” etc., etc. 291 pages. Cloth, \$2.50. New York. Boericke & Runyon. 1905.

This book is designed for the use of the busy man, concisely covering the subjects given in the title, without aiming at, or claiming to be, a complete treatise on electro-therapy. The Table of Contents shows that the book contains twenty chapters and the author's prominence as practitioner, editor, author and Dean of the New York Homœopathic Medical College is a sufficient guarantee for their sterling merit.

---

### KENT'S MATERIA MEDICA.

BOERICKE & TAFEL.

*Gentlemen:* I have taken great pleasure in reading Kent's *Materia Medica* and truly Professor Kent has conferred an estimable favor upon the profession in presenting his *Materia Medica*. It represents the crystallization, condensation of years of close application, extensive investigation and observation on this important topic. His presentation of the picture of the individual remedy is unique and characteristic of all his writings. The comparison of remedies, which is the great secret of success in Homœopathic *Materia Medica*, is extensively considered.

Each remedy considered is presented in such a clear, forcible manner that its personality is apparent at once. The symptomatology is so woven into the diseased condition that the two are associated and at once fixed in the mind. The work is one that should find an important place in the library of every student and practitioner as well.

Yours truly,

A. L. BLACKWOOD.

*Chicago, April 17, 1905.*

---

**Gray's Anatomy.** Messrs. Lea Brothers & Co. have pleasure in announcing a new edition of *Gray's Anatomy*, to be published about midsummer, and embodying nearly two years of labor on the part of the editor, J. Chalmers DaCosta, M. D., of Philadelphia, and a corps of special assistants.

Commensurately with the importance of the largest selling medical work ever published, this new edition will present a revision so thorough and searching that the entire book has been reset in new type. In addition to the changes necessary to bring

it abreast of the most modern knowledge of its subject, several important alterations have been made with the view of adapting it still more closely to present-day teaching methods, and in fact to anticipate the trend of anatomical work and study.

Thus, while the older nomenclature is used, the new names (B.N.A.) follow in brackets; the section on Embryology and Histology at the back of the present "GRAY" has been distributed throughout the new edition in the shape of embryological, histological and biological references and paragraphs bearing directly on the part under consideration, thus contributing to a better and easier understanding.

The illustrations have come in for their full share of the general revision, so that at this writing more than 400 new and elaborate engravings in black and colors have been prepared. "GRAY" has always been noted for its richness of illustration, but the new edition far exceeds anything that has hitherto been attempted.

---

**A Text-Book of Diseases of the Chest.** Pericardium, Heart Aorta, Bronchi, Lungs, Mediastinum and Pleura. By Egbert Guernsey Rankin, A. M., M. D., Professor of Theory and Practice of Medicine, New York Homœopathic Medical College. With 63 Illustrations. 744 pages. Cloth, \$5.00. Half-morocco, \$6.00. Philadelphia: Boericke & Tafel. 1905.

This beautiful volume is in truth a text-book in every sense of the word and ought to be adopted as such by all homœopathic medical colleges. The whole of the region of the chest is treated with the utmost fulness and clearness and yet without "padding" and the book cannot fail to be of immense benefit to all who consult it. Part VII is devoted to the X-rays and was written by Dr. W. H. Dieffenbach. The illustrations in the book are all *original* and far finer than the average in medical books.

The homœopathic medical profession may well feel proud of this book, for there is not its superior in the old school, or, indeed, its equal—leaving out all questions of therapeutics. And just here we might add that Dr. Rankin has devoted much space to the homœopathic therapeutics of the diseases of the chest; the author being Physician to the Metropolitan Hospital and also connected with the Flower Hospital (Department of Public Charities) has had a great deal of practical experience and is peculiarly well fitted to deal with the therapeutics of his specialty.



drugs. It does not seem to be so much a matter of quality as of quantity with this class. With such a spirit prevailing, the hue and cry against the druggist for dispensing cheap, inferior drugs appears farcical. It should be remembered that we are dealing with an intricate organism, and that only by the careful and discriminate employment of reliable preparations can definite and satisfactory results be obtained. The incongruous side of life is revealed by these same physicians when they possess a fine watch in need of repair in selecting the man to take care of it. They do not want axle grease used for a lubricant simply because it does not cost the watch repairer as much as the standard watch oil."—*Eclectic Medical Journal*.

THE "CHRONIC DISEASES."—To us as homœopathic physicians it ought to be especially gratifying and encouraging to realize that all recent discoveries of scientists at home and abroad, instead of giving cause for doubting the efficacy of our practice, point in the direction of one of the great central truths of Homœopathy. This was denominated by Hahnemann the Psora theory, he meaning thereby constitutional taint or defect of whatever character. His enemies, with characteristic narrowness and bigotry, limited the definition of the word to its literal translation, the itch, caused by the burrowing of a parasite in the epidermis; the exact nature or *modus operandi* of this taint or defect neither Hahnemann nor any other has thus far been able to exactly comprehend or define. But the truth is rapidly being arrived at via therapeutics by ourselves, as well as by Pasteur, Koch, Rosenberg and others experimenting in disease causes and conditions; and I make the prediction that the ultimate conclusion will be that the prime cause of diseased conditions in general is not specific *materies morbi*, but a derangement of the nerve cells and centres."—*From Paper by J. W. Hawkes, M. D., in Pacific Coast Jour. of Hom.*

CRATÆGUS.—Dr. Baird (*Los Angeles Ec. Med. Jour.*) regards *Cratægus ox.* as the best all-around heart tonic. He contends that it does not act upon heart muscle like *Strophanthus*, stimulate like *Glonoinum* or *Strychnine*, sedates like *Aconite* or *Veratrum*, depress like the coal-tar products, or "whip up" like *Digitalis*—but like foods, it furnishes such new material as is necessary for the reconstruction of cells, "by their metabolic action in anabolism and catabolism, a little secret they keep to



themselves." He compares its action to that of a good meal on a cold, tired, hungry, out of sorts man. He would not have one believe that it will rejuvenate a heart when compensation has failed and dilatation takes place; but for a general heart tonic, whether the pulse is slow and feeble or quick and feeble, it is unsurpassed. Other indicated remedies increase its good effects. The remedy should not be given in too small doses. From seven to ten drops in two ounces of water he has found to act best, giving it from four to eight times a day. If there is much distress and dyspnoea, every hour in smaller doses.

---

### NEWS ITEMS.

LINCOLN, Neb., April 25, 1905.

*Dear Doctor:*—The Missouri Valley Homœopathic Medical Association will hold its regular annual meeting in Omaha the latter part of October.

The officers have conceived the idea of making the meeting this year serve a two-fold purpose: First, as a means of supplying its members with the latest and best developments along the line of medical science; second, to supply our medical colleges with desirable students. To this end our bureaus will have fewer papers; they will be of a more scientific, classical order and a freer discussion by the members will be invited. A physician being invited to read a paper will appreciate the compliment which the officers imply and will feel the necessity of giving the society the very best of his knowledge.

Most of the papers will be read by teachers from the different homœopathic colleges located in the Missouri valley.

Every loyal homœopath is very earnestly invited to be present and bring with him a list of the names of prospective students.

Fraternally yours,

FREEDA M. LANKTON, M. D.,  
*President.*

ERLE B. WOODWARD, M. D.,  
*Secretary.*

### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OREGON AND LEWIS & CLARK CENTENNIAL EXPOSITION.

The Homœopathic Medical Society of the State of Oregon will hold its annual Session in the "City of Roses," Portland, Oregon,

July 6, 7 and 8th, instead of in June, as is usual, thus giving visitors from other States an opportunity to attend the Scientific Congress, July 5, 6, 7 and 8th; American Library Association, July 6, 7 and 8th; National Food and Dairy Convention, July 10 and 11th; and American Medical Association, July 11th to 18th, as well as to attend the Exposition and see our glorious State in its native grandeur and wealth of flowers that makes our State famous in the floral world. The members are making a great effort to have a programme of unusual merit and papers are promised by prominent men who are famous in their chosen line.

A banquet will be tendered to the guests. You need the trip; you cannot afford to miss all the good things offered. The railways, give round trip tickets for one way fare, good for ninety days with stopover privileges along the line. It is desired that all who intend being present, either with or without papers, should send their names and titles of papers to the secretary, that due announcements may be made, and the programme completed at an early date.

This announcement is intended as a personal invitation to each homœopathic physician in the whole world to attend and participate, so make your plans, get your tickets, and enjoy the hospitality of the State of Oregon.

Fraternally and cordially,

OSMON ROYAL, M. D.,

*President,*

The Marquam, Portland, Oregon.

ELLA K. DEARBORN, M. D.,

*Secretary,*

800 Union Ave., N., Portland, Oregon.

### LAST CALL.

*My Dear Editor:* Permit me to assure the readers of your journal that all the preparations necessary to make the Chicago meeting of the A. I. H. the most successful one in its history have been completed. The chairman of the committee on arrangements, together with his enthusiastic associates, has spared neither pains nor money in securing suitable rooms for the meetings of the Institute, all its committees and affiliated societies; in securing hotel accommodations to fit the purses of all, and in securing the co-operation of the ladies of Chicago to make the meetings of the Meissen successful and enjoyable.

The chairman of the committee on the anniversary of the birth of Hahnemann, together with his associates and a committee of the Illinois Homœopathic Medical Society, has planned for a magnificent social entertainment with which to close the week on Friday evening.

The program of the business and scientific part of the meeting, which is already in our hands, shows that in this respect a feast is in store for us all.

The amalgamation scheme demonstrated to the homœopathic profession that the work begun by Hahnemann is far from completed, and inspired the profession with the determination to renew the battle and fight till a complete victory is achieved.

It is the sanguine expectation of all who are in charge that at the Chicago meeting plans will be matured, orders will be issued and inspiration furnished for a campaign which will in time carry the practice and principles of Homœopathy to every city and hamlet in the land.

The *preparations* for the meeting are a success. To make the *meeting itself* a success only requires the presence of yourself and every reader of your journal. On behalf of the officers and members of the committees I extend to you this last, urgent, cordial invitation to come.

GEORGE ROYAL.

*Des Moines, Ia., May 16, 1905.*

Dr. John Atkins Payne is located at 329 Chestnut St., Richmond Hill, Long Island.

Dr. Lawrence M. Staunton has removed to The Rembrandt, 152 W. 57th St., New York City.

Dr. J. Wilford Allen has removed to 117 W. 12th St., New York City. Especial attention to chronic diseases.

Dr. Daniel E. S. Coleman has removed to 2303 Seventh Ave., New York City.

Dr. H. B. Esmond, M. D., has removed from Putney to Boudville, Vt.

# PERSONAL.

---

While a pig is a rooter it does not necessarily follow that a "rooter" is a pig.

Perhaps some banquet tables "groan" because of the speeches made over them.

Binks says that when you get the best of a man you see him at his worst.

They say the wise well-digger leaves well enough alone.

The Bustleton Philosopher says: "Never ask a girl with a far away look in her eyes if she is thinking of her childhood days."

"Four killed and many wounded at a Texas Prohibition meeting," is the rather startling headline of the daily press.

Binks says: "You can get as full on water as on land."

A man injured his voice, so the papers say, in 1862 cheering the troops. He got a pension.

Mother earth salted down the ocean O. K.

When a fireman is fired he is out in the cold.

An old, old question: What is the plural of a tailor's "goose?"

The virtuous Indianians arrested an ape for smoking cigarettes in a show. And it wasn't a human cigarette one either.

The best engineer in the world cannot be sure of the bridge—Whist.

They say truth is mighty—scarce.

Darkness, Dampness and Death can do the work without the aid of "microbes."

Even the rankest ringster likes civil service in a restaurant.

The silver lining of the cloud is naught but vapor.

A fresh man is not necessarily invigorating.

Even a laboring man can draw water.

Do not fail to *carefully* read the article in this RECORDER on "Antitoxin and Homœopathy, page 239.

Dr. Rankin's book is one for the homœopaths to be proud of.

The *Mnemonic Similiad* is a book to pick up in idle moments and enjoy—not memorize.

They say women are afraid of mice but not of "rats"—in their hair.

The man who hasn't a scent is generally all right.

# THE HOMŒOPATHIC RECORDER.

---

VOL. XX

LANCASTER, PA., JULY, 1905

No. 7

---

## THE RELATION OF METABOLISM TO SURGICAL CASUALTIES.\*

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

Surgical technique, by which I understand the mechanical details of operative surgery, is based upon such sound principles, and has at present attained such a degree of perfection, that we must turn our attention in other directions to account for the casualties that occasionally follow operations in which technically no flaw can be detected, and which have been conducted in accordance with the most approved tenets of our art.

Sepsis is eliminated, and we are positively able to do this when the case is clean, and should be almost as positively able to exclude infection when the case is dirty. Environment is favorable, that is, there is good light, and good air, and the food is all that can be desired. The conditions of the operation we feel satisfied make for success, and notwithstanding our patient becomes intoxicated, and her convalescence is interrupted with symptoms of toxæmia, the overpowering dose of which may lead to a fatal termination. Confronted with such propositions we may well ask ourselves the cause, that happily we may avert the effect.

By the process of exclusion we deduce, that the toxine is generated within the individual; in other words, we turn to nature's laboratory, to metabolism, to the processes by which cells are nourished and maintained, and the effete matter eliminated for other uses.

For us as surgeons this question of faulty metabolism possesses an especial interest, for together with the imperfect assimilation

---

\*Read before the Surgical and Gynæcological Association of the American Institute of Homœopathy, June 29th, 1905.

of food, and hence "vital decrease," there are manufactured, and thrown into the circulation, very definite substances that poison the system, and cause what may be more specifically called "acid intoxication." This toxæmia is quite distinct from septicæmia, though may be associated with it, such an association having frequently led to a confusion of the two clinical pictures, and in consequence erroneous treatment.

Broadly stated, looking to the etiology, we may say, that septic intoxication is always caused by actively developing bacteria, in contradistinction to "acid intoxication," which is in no manner dependent upon the presence of micro-organisms, but is due to a ferment, generated in the chemical laboratory of the system. What this ferment is we cannot at present say, but its presence is always noted by an excess of acetone, and diacetic acid in the blood, and in the urine. This condition was formerly thought to belong exclusively to diabetes, but it is now known to occur independently of that organic lesion, and to be very frequently associated with acute yellow atrophy of the liver. Certain it is, that when acetone and diacetic acid exist in any considerable quantity in the urine, such subjects are not favorable ones for operations. They early develop symptoms of intoxication, which, though not necessarily fatal, retard convalescence, and give rise to much anxiety on the part of the surgeon.

The metabolic changes that give rise to "acetonuria" may exist without a traumatic cause, and mask the true nature of the case, raising the suspicion of septicæmia; of some deep-seated focus of suppuration. To operate in such instances would be not only useless, but possibly fatal, the true cause lying in an increased destruction of proteid matter and not in anything removable by operation. We, therefore, eliminate very positive dangers from operative surgery by making ourselves familiar with the metabolism of our patients, and this knowledge will be acquired by a thorough examination of the blood and urine. Not the routine examination of the renal secretion for albumen, and sugar, for urates and solids, all of which are important, but the more extended examination for acetone, and diacetic acid, for urea, and indican. The chief object of this paper is to urge the necessity for such examinations, and to bring to your notice the dangers that may be avoided by familiarity with the processes of reconstruction that are going on within the organism of the subject that is brought to us for operation.

Such examinations should always be made by the specialist when one can be reached, but in case the surgeon must depend upon his own laboratory, the presence of acetone in the urine is easily detected by adding to one drachm of urine a small crystal of *sodium nitro-prussiate*, and then enough *sodium hydrate* to make the solution strongly alkaline. After thoroughly shaking, the addition of *glacial acetic acid* gives a purple color to the foam. By adding a strongly aqueous solution of *ferric chloride* to the urine it turns a deep Burgundy red color if diacetic acid is present.

Aside from the chemical tests of blood and urine, how are we to recognize the faulty metabolism that gives rise to acid intoxication, and what are the surgical casualties that attend "acetonuria;" in other words, what is the clinical picture of this disease, that presents itself?

We have two groups to study, the anti-operative and the post-operative cases, for acetone and diacetic acid may exist without traumatic cause, or its development may depend upon the depressing effect of shock upon metabolism. The symptoms are much the same in both cases, and resemble in many particulars profound septic intoxication. There is a peculiar apathy, frequently the first symptom to attract attention, but probably the most characteristic and constant symptom is the odor of the breath. This is a sweetish, pungent odor that resembles Chloroform, and continues in varying degree during all stages of the intoxication. It is unlike the sweetish sickening odor of sepsis, which has none of the pungent quality of the "acetonuria" breath.

Vomiting, or rather quick rejection of anything taken into the stomach, is liable to be present, the fluid vomited having a most foul odor. The toxine attacks the heart also, as shown by the rapid pulse, with low tension. The temperature does not rise, save in very severe cases, but usually continues normal or sub-normal. The tongue is usually dry and red.

Alternately with apathy in cases reaching a state of stupor, there may be great restlessness and low delirium. The face and mucous membranes are usually congested, and "air hunger" is usually a prominent symptom of fatal cases, showing that the toxine affects also the metabolism of the blood, causing an excessive oxidation, with resulting deficient oxygen.

Such a clinical picture following an injury, or occurring independently of an operation, may mask the diagnosis, but with acetone

and diacetic acid in the urine and blood, and in the absence of any positive evidence of suppuration, the doubt should be in favor of acetonuria, as against sepsis, and operative treatment deferred. Undoubtedly many cases of appendicitis presenting this group of symptoms have been operated upon with the expectation of finding pus, no pus or exudate being found in the abdomen. While I would not regret the removal of the appendix under such conditions, believing that a diseased appendix never quite recovers itself, and while *in situ* remains a menace to the health, the state is regarded too seriously, and an operation performed with unnecessary haste, when delay would give an opportunity to improve metabolism, and so place the patient in a better condition to withstand surgical shock.

This group of symptoms, the result of faulty metabolism, occurring after an operation, may well be regarded as among the serious casualties of surgery, for though we have not septic intoxication to combat, or to remove the focus of its generation, we must deal with the springs of life, with the processes by which waste and repair are equalized, and at the same time overcome the toxine that will continue to be thrown out as the product of the imperfect manner in which that process is carried on. The "vital decrease," that is a necessary part of faulty metabolism, looms up as an additional very certain menace to success, for we realize most forcibly that there is a direct relation between nature's resisting power, her phagocytism, and the invasion of disease, and if we would avoid some of the most fatal casualties of surgery we will see to it that faulty metabolism is corrected as quickly as possible.

The etiology and history of "acetonuria" indicate the lines along which successful treatment must be pursued. Whatever will improve general health, either in the direction of dietetics, or remedies, must be given. The tissue salts, *Kali phosphoricum*, *Kali sulphuricum*, etc., etc., will be thought of. Well developed post-operative cases will require active treatment, much upon the lines followed in septicaemia, save that an operation is not to be thought of, there being no pus focus as a factor to consider. The heart must be sustained, and here *Adrenalin* is of great value. Intravenous saline transfusions of 500 cubic centimeters of a 1-50,000 solution of *Adrenalin* are followed by excellent results. The cyanosis is modified, the mental condition improved, and the heart strengthened. The kidneys are also excited to action, and a reduction in the quantity of acetone and diacetic acid follows.



All food will, of course, be withheld from the stomach as long as vomiting continues, and the patient nourished by the rectum.

I know of no remedy more exquisitely similar to this stage of the disease than *Gelsemium*. The congested face and mental apathy, with dull delirium, are perfectly covered by this drug. *Veratrum viride* is a rival, but I more frequently use *Gelsemium*.

Inasmuch as the liver has been found to suffer fatty degeneration in cases of acid intoxication, we may conclude that this organ is functionally at fault, and therefore our treatment should include such remedies as will restore its function. Of these nothing I believe equals *Merc. dulc.*, and this I administer until I am satisfied that its action is well demonstrated.

42 West 48th Street.

---

## THE MATERIA MEDICA IDEA.\*

By Lewis Pinkerton Crutcher, M. D., Kansas City, Mo.

In the history of medicine one idea after another has occupied the center of the stage for a little while, doing some good, some damage, and then it has taken its place amongst the relics of chaotic therapeutics.

The source of these ideas has been almost as varied as the ideas themselves, for we find them emanating from the halls of chemical experimentation, the bacteriological laboratory, and other ultra-scientific sources; and then no fewer have originated in the emotional souls of grandmothers, as well as the superstitious minds of "black mammies."

Whether the Materia Medica idea is to be classed with these indefinite principles in medicine depends entirely upon the origin of that idea, and I am free to confess that I would be extremely suspicious of it if it came from any of the sources just mentioned.

The shibboleth of all these creators of Materia Medica has been and is, "prove all things, hold fast that which is good," and I justify my refusal to accept their dictum in the fact that he who proves all things is quite as apt to hold fast that which is bad as that which is good, since his failure to determine by *a priori* rea-

---

\*Read before the Kansas State Homœopathic Society, Topeka, May 18, 1905.

soning what is good or worth proving makes him unfit to differentiate between the good and the bad after the proving.

The only *Materia Medica* that has escaped this haphazard inception is that which is simply a record of drug effects upon the healthy, and for this idea we are profoundly indebted to the sage of Leipsic.

Every other system of therapeutics has its *Materia Medica ideas*, but the homœopathic system has its *Materia Medica idea*, and just here let me add that whatever else there is of Homœopathy that might be based upon the fallacious, the homœopathic *Materia Medica* is a demonstrable fact, being, *per se*, but a record.

You are, perhaps, aware of the fact that the homœopath of today works with a *Materia Medica* that has been, and is, made or builded, the construction being based upon the one scientific idea; and, since this is true, it must be evident to you that the homœopathic is the only system of medicine that could lose its *Materia Medica* and immediately rebuild it in all its perfection.

Let the other systems of medicine suffer the destruction of their recorded *Materia Medica* and they would be hopelessly at sea in an attempt to rebuild it, because if the experience of the past be a criterion new ideas would arise so rapidly during the building that the chaos of the past would repeat itself and become the uncertainty of the present and the future. On the other hand, let us suppose that these great records, "*The Materia Medica Pura*," and "*The Guiding Symptoms*," and all publications subsequent to them, should vanish from the face of the earth—what would hinder you or me from learning the field of action of *Sulphur*, *Belladonna* or *Arsenic*, so long as we had the *Materia Medica idea* by which their realm of action was originally determined. A point in comparison is our system of weights and measures. With the loss of all of the media of weight and measure, the metric system is the only one that would be subject to resurrection, because so long as the earth shall endure it will be possible to estimate its circumference at the poles; and with this imperishable idea, what could hinder us if we would know the length of the metre that was lost? On the other hand, no man could again definitely determine the grain, the inch, or the quart, because that system has no basic idea.

Let us carry this simile far enough to suggest that if it were illogical to attempt the cure of the sick with remedies proven upon the healthy, it were quite as illogical to use the metre for

the measurement of anything except the earth, since it is primarily determined by a measurement of the earth.

The perpetuation of the *Materia Medica Idea* Homœopathic rests with those who understand it, and who have the power to favor it with unstinted loyalty or to treat it with murderous perfidy. The homœopathic school must stand or fall upon the Law of Similars, and should we ever neglect, in any degree, the *Materia Medica* which is the chief offspring of this law we would then begin slowly to rob Homœopathy of its life-blood, and it would in consequence ultimately become but an empty name in medicine.

---

### HAMAMELIS EXTERNALLY.

By Dr. A. C. Mukerjee.

Dr. McGeorge, at a meeting in 1876, first presented a proving of *Hamamelis* conducted by fourteen persons, and all its other provings were collected by Dr. Hale. Dr. Preston, in his experiment with it in 1851, found determination of blood to the head and chest, with epistaxis. He used it, internally and externally, for varicosis of the leg. We also know that in the various forms of varicosis *Hamamelis* is the prince of remedies.

These led me to use *Hamamelis*  $\theta$  as compress with water and as liniment with glycerine in cases of varicocele, circocele, hæmorrhoids, and in *Hamamelis* type of tumors and ulcers with success. Recently I applied it with vaseline in Impetigo and with success. Whenever we doubt a venous disorder, we apply it externally without hesitation and never trouble ourselves for any internal drug.

Mrs. P. Corbit, aged forty-eight, suffering from blind piles for the last twenty years, was under my treatment last year. Prescription: *Hamamelis*  $\theta$ , mxx; Glycerine,  $\bar{z}$ i. To be applied within the rectum thrice daily and after each stool. She continued this for two months and was perfectly cured of all the hæmorrhoids, which shrivelled off, one after another.

As regards our *Puls.*, externally, Dr. H. Chatterjee reported from Giridi: "I was suffering from iritis with periodical attack for the last three years, and had never, on any occasion, been relieved within a month. On the fifth day of my last attack I used

*Puls.* 12, lotion, as wash for the eye and was amazed to find that in a night three-fourths of the disorder cleared off."

If olfaction cures, why touch will not must be food for our conjecture? I will suggest a rule for our external drugs that "the finer the construction of the physical medium for our external drug, the finer the remedy we require." Not only we dilute the drugs with spirits and alcohols, but our nature also tries the same process when a crude drug is introduced into her domain, with her secreted juices.

In my next I will give you a list of the external remedies that are being successfully used by us.

*Calcutta, India.*

---

## THE USE OF CALCAREA CARBONICA FOR ENERGETIC PEOPLE.

MY DEAR DR. BLANK:

You asked me how I happened to discover that some of the most energetic people I know need *Calcarea* to keep them from overworking. To tell it all would take a long time; but I do think you will be interested in a part of the story, so here it is:

I first of all noticed that Hering speaks of *Belladonna* and *Calcarea* as complementaries, and if *Bell.* is not energetic, by spells at least, pray what is it? Next, I noticed that some of my own most energetic friends seemed to have a good many *Calc.* symptoms, though apparently not enough to justify a prescription. But on the other hand, I found slowness, sluggishness, excessive corpulence and tiredoutness so strongly emphasized in most pictures of *Calcarea* that I thought that I must be wrong in supposing that it would fit any of these quick, energetic, tall, non-flabby people.

But at last a time came when at the very same time I had under my charge two energetic, over-nervous folk who had been greatly helped by other remedies, but had come to a standstill, and I knew not what to do. But in looking over their family history I found that each had one parent and a sister who rather dimly and yet strongly suggested a *Calcarea* vein in the family. And on inquiry I managed to find some *Calcarea* symptoms in each of the two cases. But this was only scientific guesswork

and no more. What I wanted was certainty, and here is the way I got it:

I took Allen's 'Cyclopædia, Hering's Guiding Symptoms, Kent's Materia Medica and Farrington's ditto and set out to make a list of all the rarest and most distinctive *Calcareo* symptoms I could find. Then I read this list to both of these patients separately, and found that at some time in their past lives they had both had quite a good many of these symptoms, though they had seemed so clinically insignificant that they had never been reported, and, moreover, that they had had enough of them recently to amply justify giving the remedy at once.

The results in both cases were satisfactory, improvement being prompt and deep, with just enough sharp aggravation by spells to show that the action was not a merely palliative one. Yet most of these guiding symptoms which made me so sure I was on the right track even before the medicine had been administered were extremely petty ones. But what made them precious and meaningful and DISTINCTIVE was that in all my own readings in materia medica and in Dr. Kent's precious Repertory they were either not mentioned at all or else were reported as having been thus far observed but very seldom, *i. e.*, under very few remedies. This it is that gives them distinctive value. Here are a few of them, taken partly from the above mentioned books and partly from my own clinical observation in cases where *Calcareo* has brought magical relief:

Always busy but never succeeds in quite finishing anything, or, at least, greatly dreads finishing it.

Going out in the open air makes her feel like crying.

Delirium or else queer visions as soon as he closes his eyes. (A symptom which some people have even when not supposed to be sick at all.)

Lazy people who suddenly become very industrious for a while, or else industrious, work-loving ones who suddenly become unaccountably lazy.

Fault-finding is common enough, I am sorry to say. But if you will pick out the most persistent fault finders you have ever seen you will find that most of them have a strong *Calc.* vein.

Another closely related trait is that they are forever fishing up old grievances, and seem never to weary of airing them.

Then comes another trait close akin to this, but very, very beautiful. It is a sweet contentment in the joys of yesterday and

today; seemingly almost forgetful of all the hopes and burdens of tomorrow which are so sweet or else so worryful to some of us. The man who needs *Thuja* next is almost sure, on the other hand, to be all carried away with tomorrow's hopes or fears. Of course, there are mixed cases where this line cannot be drawn. But oftentimes it stands out with exquisite clearness.

But if in a chronic case you find a man who is haunted morning, noon and night with the thought "I am going to die," that man is more likely to be cured by *Calc.* than any other remedy, though *Psor.*, *Nit. ac.*, and many others may in some cases work better.

Full of fun even when sick.

Feels as though she would like to run around and scream.

Violent attacks of convulsive laughter, when almost too weak to move.

Passionately fond of natural scenery and country life.

A curious fondness for breaking sticks, tearing paper and bending pins.

They are apt to tell lies and over-state things (when not excited) more than most folk.

Are either exceptionally good mathematicians or exceptionally poor ones.

Have been known to spit at people when angry, Allen's 'Cyclopædia gives this; I have also seen it quite often among some of our foreign population.

Feels as though his body had been dashed all to pieces.

A curious tendency to dwell forever on little things, without any apparent motive.

Feels as though some one was walking alongside of him.

Has no desire at all to get well.

Cats and dogs, rats and mice, murder and fire,—one or all often have a strange fascination for your *Calcarea* friend. I have actually seen them apparently love a cat more than a human being; or else almost get mad if the daily paper had in it no awful tale of crime.

An unforgiving, revengeful disposition, when very marked, is also highly characteristic, at times; but not a safe symptom to steer by, as, in fact, none of these are, taken singly, though some are much safer than others.

People who make others uncomfortable by the persistency with which they talk about their pains and sorrows.

As slow as a poker by spells or else all the time.

Head alternately hot and cold in curious succession.

Eczema crusts as white as chalk. (Of course this does not exclude others, but is the most distinctive.)

Unnaturally light hair, sometimes so light it looks like tow.

A burning hot spot on the vertex, while the rest of the head feels cold.

Children who scratch their head in sleep or else on first waking from sleep.

People who have too large heads.

Headaches accompanied with eructations.

Head sweats profusely when asleep.

Getting angry makes him dizzy.

Lips drawn tightly together. (A very easy one to remember and watch for.)

Face very much wrinkled.

The white of the eye looks blue, or has blue spots on it.

Seems to see a flash of light moving upward, then dividing and finally lost in a lot of stars.

Chewing motion of the jaws in sleep. (For use in studying babies.)

Children who have a hard time teething.

Persistent hoarseness without any pain; which if neglected may lead on to tuberculosis (laryngeal).

Hearing a piano gives him a pain in the larynx.

Eructations accompanied with yawning.

Nausea during sleep.

Likes to eat coal, or else charcoal.

For coffee they seem to have either a passionate fondness or else marked aversion, in very marked cases.

Is passionately fond of eggs or else detests them. The former is more common apparently; but the latter also occurs in some cases where a host of symptoms point to *Calc.*

Fish they often dislike or else cannot eat.

Likes the taste of uncooked flour.

Is very, very fond of lemonade.

Babies whose digestion has been spoiled by using lime-water.

Inclined to eat raw potatoes.

Likes to nibble slate pencils.

Colic relieved very markedly by taking a cold bath. (Allen,

symptom 710.) A curious exception to what we should ordinarily expect.

Stools which have to be removed mechanically.

Stools of chalky whiteness.

Sour smelling urine.

Spasmodic retraction of the testicles.

Mental excitement either brings back her menses or greatly aggravates them.

Pregnant mothers whose earlier children have been rather sickly.

Persons who are more or less bow-legged.

Persons who wish to have their feet covered up at night more warmly than any other part of their body.

Feels as though a mouse were running along his legs or arms.

Another odd symptom is sweaty knees.

White swelling of the knee.

Feels as if his neck were dislocated, or out of joint.

White spots on the skin, also eruptions, white, especially if they have dark borders.

Serpiginous, or creeping, eruptions also suggest it very strongly.

Dreaming a dream over several times in the same night.

Persistent yawning followed by severe throbbing pain in the head, abdomen and chest.

The bones are very apt to be too large or too small, or else irregular in shape; large feet, large hands, large heads, large noses, queer noses, a broad, square, lower jaw and less frequently, perhaps, the opposite extremes as well.

Emaciation everywhere except in the abdomen.

Cases of great emaciation where the skin fairly hangs in folds may need it.

People who though apparently robust are not anywhere near as well as they seem to be and are sure to give out badly some time if not cured of the hidden vein of scrofula and defective vitality. This to a close observer reveals itself in various ways too subtle to easily describe, but easy to feel when you have met several cases in real life and seen them break down when you least expected it.

Young girls who are unusually plump and also very fat babies.

Lying with outstretched arms.

She trembles on first waking from sleep.

People who tremble at night.



Trembling accompanied with vertigo.

And, lastly, in Roosevelt, Schopenhauer and Czolgosz, the murderer of President McKinley, you have three curiously diverse but marked types of *Calcareo* men, though in President Roosevelt's case there evidently is also a strong *Thuja* vein.

Now when you find as I did in the cases referred to above that a person has had in his past life over twenty of these, some of the rarest of *Calc.* symptoms, and has had eight or ten of them very recently, you are very safe in giving that person *Calcareo* and are sure to get good results with the usual initial aggravation of all very close prescriptions, or at least almost all.

Of course none of them are absolutely pathognomonic, and for all of them you are sure to find, in our larger repertories or else in the vast unknown, other kindred remedies. Nor do I believe in ever prescribing on only a single symptom, or tripod of symptoms, however seemingly distinctive. But you will find them exceedingly helpful in clearing up cases where you suspect a *Calcareo* vein to be uppermost, but can not quite prove it. Here it is that this odd way of probing a man's memory is very effective and deeply interesting both to him and yourself; and it is also sure to result in your giving *Calcareo* to many a high-strung, nervous energetic man and woman to whom our traditional conceptions of *Calcareo* would never point. The men and women whose lives have been most sadly injured for want of *Calcareo* are doubtless oftentimes the pale, fat and flabby ones whom we all recognize so easily even on the street. But you will also find some of your tall, graceful, energetic friends needing it just as surely, though not as evidently, at first sight, and these are the ones whose lives are most apt to be darkened with cruel pain for want of it, their very energy making their sufferings more intense. Hence I believe that a careful, cautious applying of the suggestions, or, rather, clues, here given will in time greatly widen the good that you can do with this wonderful remedy. But never pile it in recklessly. Start with one single dose of the 30th or 200th and wait patiently till you are sure it has run out before throwing in another. For these deep medicines used recklessly can cause much needless suffering, and many a wild, inexcusable "proving," and may also do much harm. And don't be fooled by the initial curative aggravation which you will often get. You can distinguish it from a "blunder aggravation" or a mere progressing of the disease, by the fact that, though the patient feels

worse in some ways for a while, his mind and soul are quieter and more lovely. When this is the case you can tell him with utmost assurance and joy that the other aggravations won't last and are only housecleaning dust.

412 Bowen Ave., Chicago.

## JUSTICIA ADHATODA.

Editor of the HOMŒOPATHIC RECORDER.

I expect Dr. S. C. Ghose, of Calcutta, India, would be delighted to learn that this P. M.—about 1-2 o'clock—I had a first-class sneezing fit and a genuine coryza, with other suffusions and troubles succeeding, until now—about 6 P. M.—I am very glad business matters are dismissed and I get a chance to sit down and meditate.

How all this and much more came about is somewhat as follows:

Yesterday, May 25th, A. D., I undertook to search out some of the things relating to "*Justicia adhatoda*"—(I shall now be at a loss as to the orthography of the word "Adhatoda"—for one of its syllables, "tod"—means, in German language, nightmare, death!).

In the May issue of that interesting repository—the HOMŒOPATHIC RECORDER—I read and reread the doctor's account of that East Indian plant, *Justicia adhatoda*; and as I and some other members of our family had "disturbances" that seemed to harmonize with the doctor's exhibit it was a simple matter and a good time to test the thing—so out of a handful of cut loaf sugar cubes I selected six, of about uniform dimensions, and as nearly as I could control matters put *about* three drops of mother tincture (B. & T. brand) of the aforesaid plant on each cube, and from 1 to 4 o'clock P. M. the entire six cubes were devoured, one by one, with about *half-hour intervals*, so as to give myself a chance to cut off the experiment in case some of those occult, East Indian vagaries should develop. But everything was quiet and tranquil up to about 7 P. M. of the same. 25th, when I had ceased to have expectations and sat down to a small bowl of soup and rye bread, the first spoonful of which caused the silent remark: "What under the sun can be the matter with my throat?" Inasmuch as I live entirely solitaire I had to discuss the matter as

best I could in monologue and in silence, but went on with the frugal evening meal, and was glad to drop into bed about 8 P. M. with a sore throat, suffused eyes, stuffy, stupid feeling head, and this morning (May 26, '05) got up about 7 A. M. with all those symptoms in good working order!—supplemented by a very queer sort of headache, seeming to arise from a displaced brain, and which disappeared on attaining the erect position, when the brain seemed to flop over into its normal position. And now, about 7 P. M., May 26th, my throat is still sore, head and eyes suffused, hands puffy and swollen, feet and legs swollen and quite puffy, and I hope very soon to be in bed.

My object in searching the thing out personally was and is to deal with constipation of long standing—and with others of the family for chronic cough—as yet I am unable to report on either.

Yours very truly,

J. D. W. C.

*Richmond, Va.*

---

## A PATHOGENETIC AND CLINICAL STUDY OF DELPHINIUM STAPHISAGRIA.

By John Murray Moore, M. D., C. M. Edin., M. R. C. S.  
Eng, F. R. G. S.

Hon. Medical Officer to the Hahnemann Hospital, Liverpool. From the  
Journal of the British Homœopathic Society, April, 1905.

When honored by the invitation of the Secretary of the Section of Materia Medica, Dr. Stonham, to contribute a paper on some subject connected with homœopathic Materia Medica, I selected *Staphisagria* for several reasons.

Firstly, I have never failed—I speak advisedly—to obtain relief to my own sufferings from that wearing, wearying and worrying pain of all varieties called *toothache* (*odontalgia* sounds far less formidable); secondly, I have very seldom failed to relieve or cure the large number of sufferers I treat at the great tobacco factory where I am medical officer; thirdly, because this remedy has greater possibilities of usefulness than have hitherto been exploited; and, fourthly, because an attempt to collect as much clinical information as is or seems trustworthy appeared to me thus far unaccomplished, and yet desirable.

As a proof that *Staphisagria* has been overlooked in our standard literature, I may mention the two facts: first, that in the first twenty-seven volumes of the *British Journal of Homœopathy* this medicine is only mentioned four times (two out of these being of no use to the seeker after knowledge), and, second, the remarkable omission by our late much-lamented colleague, Dr. Richard Hughes, of *Staphisagria* in his sections on toothache and on neuralgia in his last book, "The Principles and Practice of Homœopathy."

In fact, during the last thirty years the only articles and papers devoted to the subject of my present contribution have been those by Drs. Bayes ("Applied Homœopathy"), A. C. Clifton (*M. H. R.*, xxi., 469), and E. T. Blake (*M. H. R.*, xxxv., 361); and yet the development of this whilom parasiticide into a valuable internal remedy against at least three diseases is a grand proof of the practical utility of our great founder's system of proving drugs.

The plant which supplies our *Staphisagria* is the palmated larkspur, which grows in the south of Europe, and belongs to the tribe *Helleboreæ*, of the natural order *Ranunculaceæ*. We homœopaths owe much to the remedies of this precious order, as a glance at the chart before you will show. Here we have side by side the leading symptoms of *Aconite*, *Pulsatilla*, *Cimicifuga*, *Ranunculus bulbosus* and *sceleratus*, *Helleborus*, *Hydrastis*, *Clematis* and *Staphisagria*. This is one of the methods of education in symptomatology used in the Homœopathic Colleges in the United States:—the chart well repays study, though but sketchy in its outlines.

The medicinal energy of this plant resides in the ripe seeds. These are dried for the chemist; they are blackish-brown in color, deeply pitted on the outside, and their inside is whitish, soft and oily; the taste is nauseous, bitter, and acrid. From the fancied resemblance of the seeds to raisins, the Greeks named this plant "staphis agria" (*σταφίς ἄγρια*), that is, "wild raisin."

#### Allopathic Pharmaceutics.

The crushed seeds yield an essential oil called "oleum staphisagriæ," which is made into an ointment with lard and used as a parasiticide in scabies and phtheiriasis. An older form of ointment, composed of the macerated seeds, benzoated lard, beeswax, etc., is said to be somewhat irritating to the skin.

Balmanno Squire's analysis has revealed the existence of two alkaloids named delphinina, delphitina, or delphinine ( $C_{24}H_{35}NO_2$ ) and staphisagrine, which probably give to the seeds their peculiar properties.

Delphinina, of which I hand round a specimen, is an amorphous, resinous alkaloid of yellowish color. It is a poison to the amphibia and lower mammalia, like aconitine causing slowing down of the pulse and respiration, paralysis of the spinal cord, and death by asphyxia.

In the *Lancet* and *London Medical Recorder* for 1887 it is recommended for relieving neuralgia in doses of one sixtieth of a grain.

Staphisagrine—probably the cutaneous irritant, perhaps the parasiticide constituent of the seeds—is analogous to veratrine and curarine, paralyzing the motor nerves in frogs, and killing mammals without convulsion by paralyzing the respiration.

#### Homœopathic Pharmaceutics of *Staphisagria*.

Our mother tincture, prepared by maceration and percolation with S. V. R., is transparent, or faintly straw-colored, and forms a cloudy precipitate when dropped into water, which is quickly re-dissolved.

As the seeds are very oily—here are some *au naturel* and some powdered—and as I find the tincture of *Staph. θ* varies in color as supplied by different chemists, I suggest that a stronger and more uniform tincture could be made by using ether as a menstruum, as in the case of *Lycopodium θ*, the etheria preparation of *Lycop.* being, I find, more energetic than the triturations.

The English name, "stavesacre," is an imitation of a modern foreign rendering of the Greek appellation, so this plant can claim a respectable antiquity. The interest to us of its classical illusions lies in the probability that it was the experiment made by Dr. Schulze of chewing the seeds to relieve toothache, as recommended by Dioscorides, and the agonizing exacerbation that followed of all his pains that first drew Hahnemann's attention to this drug.

The great Master foresaw much value in *Staphisagria* as a homœopathic remedy. He took it up with his usual energy, and assisted by his daughters and twelve faithful disciples, produced a body of provings the full significance of which has not yet been recognized by his successors.

The "Cyclopædia of Drug Pathogenesis" has omitted this Hahnemannian legacy, and gives under the word "*Staphisagria*" only a few experiments on animals with its alkaloid, delphinine, summarized by von Boek, Lauder Brunton, and C. D. F. Phillips, and some nineteen symptoms derived from varying doses taken by S. Schroff, Turnbull, Falk, and Röhrig, and by a patient of Albers. We, however, as homœopaths learn nothing from these records that we did not already possess in aconitine—derived from another of the *Ranunculaceæ*.

The reason for the omission of the 721 symptoms of *Staphisagria* from the Cyclopædia is in the preface. The authors of the "Cyclopædia of Drug Pathogenesis," it seems, were instructed not to *reprint*, but *refer to* the pathogeneses of Hahnemann because—"we have no means," they state, "of verifying, correcting, illuminating them, or of reforming their order, the day-books of the provers not being extant."

The earnest student of Homœopathy must go to Allen's huge work if he wishes to know all the Hahnemannian medicines. And here, even in *Staphisagria*, there are translations in Allen that do not agree with Teste's rendering of the original; as, for example, in symptom 43 in "Head," where Teste's translation is "Vertigo when sitting, as if things were turning round, decreasing by walking in a circle (Cubitz)," whereas Allen's is "whirling vertigo, especially while sitting, relieved\* by walking about.

Teste classifies *Staphisagria* along with *Causticum*, *Cocculus*, *Coffea*, *Corallium*, *Nux vomica*, and *Arsenicum*,—*Causticum* being the *type* of the group No. VII. He selects a large number of symptoms out of the provings and dogmatically asserts that *Staphisagria* is curative in all those conditions; but gives no definite case. Now I propose to bring before you the leading symptoms of Hahnemann's provings, arranged in the order of the Schema, illustrating *each section* by *recorded clinical cases*; in this following the lucid arrangement of *Kali bichromicum* by Dr. W. T. Ord, printed in 1899—after which pattern I think all our *principal* medicines should be arranged for students.

If this attempt at the compilation of what is thus far known of a venerable but little-used remedy should be deemed worthy of being printed, I shall be repaid for the prolonged labor I have bestowed on it.

---

\*Better translated "diminished" (Dr. J. G. Blackley).

The careful search I have made through the British and American homœopathic literature of the last thirty-five years has not been as fruitful in clinical illustrations of *Staphisagria* as I had hoped, but, still, some useful facts and practical suggestions have been collected, some of them, perhaps, new to my colleagues.

Hahnemann's enthusiastic praise of this remedy has hitherto not been repeated by any of his followers, but *Staphisagria*, though not a polychrest, will, I am convinced, prove of value in more diseases than the three it is already accredited to, viz., toothache, spermatorrhœa and recurrent styes.

In his *Materia Medica Pura*, Hahnemann records 283 symptoms produced on himself and his relations, and 438 reported by his followers—Cubitz, Franz, Gross, Gutmann, Hartmann, Haynel, Herrmann, Hornburg, Kummer, Langhammer, Stapf, and Teuthorn. If anyone wishes (as I do) to know something of the personality of these provers, Dr. T. Linsley Bradford, in the pages of the *Homœopathic Recorder* for 1895-6, has published what is known—not much, certainly—of these men.

We will begin with the first section, marking the "starred" and "full-faced type" symptoms.

### I. —*Mind and Emotions.*

\*Disinclination for mental work. Thoughts disappear whenever he attempts to think or speak of any subject, and, if interrupted, he forgets, and cannot collect his thoughts.

\*Weakness of memory. A few minutes after reading anything he can recollect is only dimly, etc.

Fretful and peevish all day. \*Very peevish in the morning; wishes to throw from him everything which he takes in his hand. Alternation of mood, at first joyous, then anxious, at last quiet and contented.

The mental symptoms have determined Dr. C. Hering's choice of this remedy in several instances. He considers *extreme impressionability* of mind, and the effects of indignation or wounded pride, to be characteristic of *Staphisagria*. Dr. Majumdar, of Calcutta, strongly recommends *Staph.* 30 in cases of loss or weakness of memory afflicting students who have been weakened by sexual excesses or by masturbation. He has cured several such cases. The effects on the brain of an sensitive person of either sex of anger and indignation at unfounded charges have been successfully removed by *Staphisagria*, as the following case shows:

*Case 1.*—G. M., aged 60, had been for fifteen years subject to epileptic fits every month or every two months, originated by the mental shock of being falsely accused of infidelity to his wife. Allopathic treatment had completely failed to cure, so he came to Dr. Cigliano, of Naples. Guided by the cause of the mental disturbance, although so remote in time, Dr. Cigliano chose *Staph. 30*, giving it every morning for a period not specified, and cured him so completely that at the time of reporting the case five years had elapsed without any return of the fits.

Dr. Adolph Lippe regards this (starred) symptom, \**“Very peevish in the morning, wants to throw away anything he takes up,”* as unique, and therefore a keynote for *Staphisagria*.

## II.—*Head Symptoms.*

Confusion vertigo symptoms six times. Whirling vertigo especially when sitting, relieved by walking about (Teste, walking in a circle). \*Headache, as if the brain were compressed, with roaring in the ears, etc. Heaviness of the head, relieved by resting it on the hand. Three provers felt pressive, stupefying headaches; four experienced compressive or pressing asunder pains in the occiput. Stapf records a striking sensation: *“Pain in the head, as if everything would come out at the forehead on stooping.”* Compare this with symptom 32 of *Coffea cruda* and symptom 92 of *Laurocerasus*.

The most remarkable subjective sensation, which may possibly prove to be unique, and therefore a keynote of *Staphisagria*, is this of Hahnemann's, symptom 67: \**“On shaking the head there is a sensation in a small spot in the middle of the forehead, as if there were something heavy, like a ball of lead, in the brain, which would not loosen.”* I am not aware of any other symptoms anywhere exactly like this. Dr. T. S. Hoyne writes: *“We find it useful when there is a sensation as of a round ball in the forehead, etc., etc.,”* but gives no cases.

*Case 2.*—Dr. A. C. Clifton (*M. H. R.*, August, 1877) narrates a case cured by *Staph. 30*, after trying in vain the third and sixth dilutions, of a literary man who had taken *Mercury* for liver disease, and was in a debilitated condition. He suffered from a dull, stupefying pain in the head, producing a muddled feeling in the brain, or as if a hard substance were pressing on the skull. All mental work was a trouble, ideas were slow in coming, and he could not find the right word to express an idea.



Here our now venerable colleague may be congratulated on having so clearly diagnosed, described, and adopted the *similimum*, *Staphisagria*, to all these characteristic sensations.

Next, as to the scalp, we find itching, or biting, or burning needle stitches in the scalp in three provers; two had falling of the hair, itching, scurfy, dry, but sometimes moist eruptions, the itching being aggravated by scratching or by rubbing. The most peculiar symptom was No. 111, \*biting and itching on the upper part of the occiput, with sore pain recurring in the same place about the same time in the evening.

Case 3.—A cure of porrigo capitis by *Staph.* 12 is reported by Dr. Ussher in the *Homœopathic World* for December, 1893. The patient was an apparently healthy, flaxen-haired boy, but the patches of eruption were offensive in odor, "smelled like mice-dirt." "For months I gave him *Staph.* 12 *ter die*, and whenever I stopped it the head got worse, but by perseverance it removed every patch over scalp and behind the left ear."

I cannot find this condition of fœtor in any of the skin symptoms of *Staphisagria*, but Dr. Ussher selected it for this case upon a "tip" from Dr. W. V. Drury. "Dry eruption of scalp, *Hepar*; moist, *Rhus*; stinking, *Staph.*"

### III.—*Eyes and Eyelids.*

There are thirty-seven separate symptoms, of which ten are starred, and one, "itching of the margins of the lids," in full-faced type. I can only quote a few. First, we have the general symptom of "nervous exhaustion." The eyes lie excessively deep, with blue raised rings around them, as after great excesses, lasting four days. Second, the eyes soon begin to ache when reading; the eyes are dim and hot; phosphenes at night, a halo round the candle, scotomata when reading or looking into the open air. Third, dryness of the eyes in the morning, dryness in the evening, morning agglutination of the inner canthi, biting, smarting of the inner canthi, \*pain as if a hard substance were lying beneath the left upper lid, etc., etc.

There seems to be a consensus among homœopaths that *Staphisagria* is one of the best remedies for chronic belpharitis with morning agglutination, and for hordeolum, *i. e.*, meibomian cyst.

Drs. Baehr, D. A. Strickler, C. A. Bacon, Allen, Norton and Vilas have printed cases showing the power of *Staphisagria* both to cure and to prevent the recurrence of styes. It shares this honor with *Pulsatilla*.

*Case 4.*—Dr. C. H. Vilas, oculist, cured in three weeks by *Staph.* 3x a Miss D., a brunette, who had suffered for many months from a succession of styes, more than twenty in number.

*Case 5.*—Dr. Koch (Hoyne, p. 510) cleared away by *Staph.* 1 a steatoma, the size of a lentil, growing upon the inside of the lower eyelid of a lady (Mrs. B.), aged 32, who had been operated on for the removal of similar tumors twice before she consulted Dr. Koch—six years, and two years, previously.

Dr. W. Bayes (whom I whimsically remember as a wonderful counterpart in face of Professor Max Müller) found *Staph.* 12 curative in weakness of the optic nerve, and in smarting pain in the eyelids coming on in the evening and preventing the patient from using the eyes by artificial light.

The experience of Schott, of St. Louis, United States, confirmed by C. A. Bacon (*Hom. Recorder*, November, 1896), goes to show that *Staphisagria* “relieves almost entirely the severe bursting pain in the eyeballs, temple, and side of the face, worse from the evening to the morning, and upon using the eyes by artificial light—of syphilitic iritis.”

Dr. Bojanus, of Moscow, recommends *Staphisagria* in “fistula lachrymalis.”

The foolish habit of reading in bed by gas or candle-light, in which many young people indulge, is, in my experience, the fruitful source of styes and of chronic redness of the eyelids. I shall now, with my enlarged knowledge of this medicine, use *Staphisagria* in these cases.

#### IV.—*The Ear and Nose Symptoms*

are not remarkable. The chief are: A tensive stitch in the left ear, ringing in one or other ear on moving the head, which disappears during rest (160). Sensation of coldness streaming into the right meatus auditorium like a cold breath.

Nine provers had coryza, three having “violent coryza,” and two provers had soreness or sore pain in the septum and nares. I have not seen any nasal cures by *Staphisagria* recorded.

#### V.—*The Face, Mouth, Teeth and Gums.*

Symptom 182 given by Staph is striking—“He looks as hollow-eyed and haggard, and as sick and pinched in the face as after a night’s watching, or as after a disagreeable mental shock.” We have also “throbbing and pressive pain in the whole of the

face, extending from the teeth into the eye, swelling of the cheek over the lower jaw, pressive tearing in the left cheek bone, then cutting, drawing, swelling, and hardness of sub-mental glands, painful on swallowing or when touched, or when rubbed by the neck band.

Of facial neuralgia I have two cases here:

*Case 6.*—An old lady who for years had suffered from excruciating neuralgia of both sides of face and forehead came to Dr. Bayes in a deplorable state. Mastication was impossible from the pain it induced, and the patient had to live upon sops put into her mouth by her fingers; for the least contact with a spoon, fork, or anything metallic, always brought on a violent attack. The relief afforded by *Staph.* 30 and 12 was remarkable, and made life bearable for her until she passed away. Sympt. 202 of *Staphisagria* is "sensation of fine cutting in the lip, as if it were cracked;" and this poor lady's sensations were expressed as "fine cuts with a very sharp knife, beginning at the lips and extending to the eyes and above the orbits." Surely this is a "similius;" but Dr. Bayes does not give us his reason for choosing *Staphisagria* in this peculiar case.

*Case 7.*—An attack of neuralgia of the inside of the right cheek, between the lower gum and the cheek, and also in the gum itself, but not in the teeth, intensified by blowing the nose, was cured in two days by *Staph.* 6 (J. W. Carter).

*Case 8.*—Dr. Edmund Hughes, of Liverpool, son of Dr. Richard Hughes, has kindly sent me the following recent case of faceache:

Mary M., aged twenty-three, shortly after an attack of influenza, began to suffer from facial neuralgia. Shooting pains started from the upper molars on both sides, and darted into the ears and orbits, especially on the right side. The pains came on at irregular hours of the day or of the night, and were relieved only by local warmth. It had lasted five weeks. After *Arsenicum* 2 and *Magnes. phos.* 2 had failed, *Staph.*  $\phi$ , one drop every two hours, was given. The second dose gave much relief, there was no pain next day, and the relief was permanent, although three molars and the stump of one bicuspid were found to be carious, and were not extracted for some time afterwards.

Dr. Bayes himself obtained striking relief in "tic douloureux" from *Staphisagria*.

We now come to that part of the human organism which the

whole homœopathic world, lay as well as professional, *know*, by a century of experience, to be quickly, selectively, and beneficially affected by delphinium *Staphisagria*. Nowhere in Allen's grand collection of provings is the principle of *similia similibus* better illustrated than in the "teeth, gum and mouth" symptoms of this good old remedy. Out of thirty-three well-defined pathogenetic symptoms no less than fourteen are starred and italicised, showing that at least these fourteen have been clinically verified.

As "things seen are mightier than things heard," I have had printed in parallel columns the guiding symptoms of three prominent toothache remedies—my favorites—namely, *Plantago*, *Rhododendron* and *Staphisagria*.

It is worth noting that seven provers suffered from artificially-induced toothache and caries, spongy or pale and retracted gums, etc.

With even the array of remedies for this distressing though every-day ailment presented by Lilienthal to the number of seventy, by the industrious Jahr to the extent of thirty-six, and by the repertory to the up-to-date "Cyclopædia of Drug Pathogenesy" to the liberal amount of fifty-two, with all these riches *it is not easy to cure or even relieve every case of toothache*.

My own field of observation of this disease, as sole medical officer to a large tobacco factory employing 2,000 workpeople, has been pretty extensive.

Out of 1,145 patients treated at the surgery (which is free to all employées) during the past year, 1904, I noted ninety-nine cases of toothache, eighteen of faceache, and twenty-five of conjoined toothache and faceache. Every single case of all these three diseases was relieved, and a large proportion cured. *Staphisagria* was used in ninety of the cases of toothache, *Plantago*, *Kreasote*, *Merc.*, *Sol.* or *Puls* being employed in the remaining nine. *Rhododendron* was not available, as I do not stock it, and *Plantago* was used only from the beginning of December.

I place these remedies in order of merit, thus: first, *Staphisagria*; second, *Plantago* major; third, *Rhododendron*.

It will be useful to narrate a typical case of each.

*Case 9.*—Mary T., aged 18, tobacco worker, came to me January 19, suffering from severe toothache in the left upper molars for a month past. As she dreaded going to a dentist, she endured it until it became incessant for the last two nights and days.

Synoptical Chart of the Dental Symptoms of  
STAPHISAGRA. RHODODENDRON.

PLANTAGO.

The teeth feel elongated in the morning, and then ache from 2.30 to 4 p. m. each day: the pain is sharp, stabbing. Toothache on the left side, before and after breakfast, went off in the forenoon, returned after dinner. Teeth of left side feel elongated and sore: violent pains in the sound upper molars of left side, excessive boring digging pain with profuse flow of saliva aggravated by contact, by cold air, and by great heat; and by lying on that side. Soreness and elongation of the sound teeth: cold feeling in front teeth. Pain in a carious molar with swelling of cheek, which remained after the pain had ceased. Grinding of the teeth while asleep. Rapid decay.

The teeth soon become black-streaked. Caries is hastened. Tearing pain after eating and chewing; also after drinking anything cold.\* The hollow teeth are sensitive to the slightest touch, and if after eating the slightest food remains in the cavities, there is violent pain, extending to the roots of the sound teeth, and the gums become painfully sore. Pain aggravated by motion in the open air; by drawing cold air into the mouth; at night; early in the morning; and during menstruation. The gum bleeds when pressed upon, and on cleaning the teeth. The gum becomes pale and white. Ulcer on the inner side of the gum.

Violent drawing pain in right lower jaw, disappearing by eating. Drawing, aching and cutting toothache, preceding the approach of thunderstorms, or of cloudy or windy weather: the pain in one prover (Helbig) commenced on the ear of same side. Toothache accompanied with earache all night in left lower jaw and teeth. Pressure sometimes relieved, sometimes increased the pain; warmth of bed had no influence. Grumbling and tearing in molars, now in upper, now in lower jaw, sometimes right, sometimes left. Transient pain in single teeth in damp weather and before a storm. Saliva increased and has a sour taste.

\*Mr. J. S. Hurdall writes: "My own severe toothache was relieved by holding cold water in the mouth, but it returned as soon as the water became warm; yet it was cured by *Staph.*"

Only one molar was carious, but the pain, which was described in the very limited vernacular of these girls as "tearing and pulling," *i. e.*, the "drawing" of our pathogenesis, spread to the sound teeth in its neighborhood (this symptom *Staphisagria* has in common with *Plantago*), was worse after eating, by exposure to cold air, and by drinking any cold liquid, but is not affected by changes of weather; gums sore and inclined to bleed. I gave her minim doses of *Staph. φ* to be taken every two hours. On January 21 she came and stated that the pain ceased after the second dose. On January 26, having continued the *Staphisagria* all the time, but only three times a day, she reported herself well, having no pain whatever. It is a help to plug a hollow tooth sometimes with a pledget of cotton wool soaked in the oil of *Staphisagria*. It never creates irritation of the gum.

Case 10, from the *N. A. J. H.*, September, 1893, is worth citing on account of its exact corroboration of the "caries and black streaked appearance of the teeth" (Symptom No. 208). A girl, twenty years old, had scarcely been free from toothache for two years. Her teeth were blackened, and decayed rapidly; they were sensitive to touch and painful; they also felt elongated. *Staphisagria* 3 every two hours gave immediate relief to the pain, and, continued for several weeks, actually arrested the decay. The toothache never returned. Her regular dentist remarked upon the much greater hardness and healthier condition of her teeth than before taking *Staphisagria*.

#### A *Plantago* Case.

Case 11, in my own surgery practice, well illustrates the differential selection and prompt action of *Plantago major*.

Alice P., clerk, aged twenty-one, dark-haired, pallid, slightly anæmic, came to me crying with intense toothache on January 20. The pain was in the left upper molars, one of which had a carious spot, no. visible without a mirror; they were white and sound externally. The pains were of a dragging, pulling character; they went off after breakfast, but returned after dinner, being worst from about 2:30 onward till tea-time; they are worse by hot water in the mouth and by going into a warm room from the open air. She had endured this pain for three weeks, but, as it kept her awake all the night of January 19, and the left cheek was now swollen, she sought my aid. Led by the condition of aggravation, I gave her *Plantago φ*, two-drop doses of the tincture every

two hours. Next day she returned quite cheerful, stating that the third dose had stopped the pain. Continued *Plantago*, half the dose, thrice a day. On the 25th she was still free from pain, and on the 31st, eleven days from beginning the medicine, she was dismissed cured.

#### A *Rhododendron* Case.

*Case 12* is from the practice of Dr. Hirschel, of Prague, reported in the *British Journal of Homœopathy*, Vol. XXVII, p. 149. The patient, Baron H., had for a long time suffered from violent faceache, the pain spreading over the right side of the face from the teeth and gums. The pains were drawing, tearing or jerking, equally intense by day and by night, aggravated by wind and changes of weather, relieved by warmth, and disappearing while eating and for sometime afterwards. He suffered most in spring and autumn, which are the most changeable seasons for weather of the year. All his decayed teeth had been extracted in Vienna without any relief to his pains. Dr. Hirschel chose *Rhododendron* from the symptoms (168 in Allen) "violent drawing pain and disappearing by eating." After the *first dose* of two drops of *Rhodod.* 1x the patient had his first tranquil night for several weeks, and by the third day all pain was gone.

*Case 13* is also a good illustration of the "change of weather or storm aggravation," absolutely characteristic of *Rhododendron*.

Dr. Budd, of Los Angeles, California, had a patient, Mrs. —, aged forty-four, a spare anæmic lady of highly nervous temperament, who had suffered for three years from faceache, when she wrote to him for medicine May 11, 1896, from her home in Kansas City. The pain is greatest in the right lower jaw, and is sometimes made easier by eating or chewing gum. Usually an attack is brought on by high winds, damp weather, or an approaching storm. This lady is particularly afraid of thunder. The pain is aggravated by movement and by hot applications. *Rhodod.* 15x was sent by post. Ten days afterwards Mrs. — wrote stating that each of the first four doses so aggravated the pain that she stopped taking the medicine, but next morning the pain had gone. She wrote some days later that "she was so free from pain that she forgot she had ever suffered." A slight twinge on June 7 was quickly stopped by *Rhodod.* 1,000, and it never returned.

VI.—*The Throat Symptoms*

are only nine in number and not distinctive. Scraping sensation on the fauces, etc., the sub-maxillary glands are painful, as if swollen and bruised. The only starred symptom is No. 268. \* "Throat rough, as if painfully sore, when talking and swallowing."

Dr. J. H. Clarke, arranging for clinical purposes a synthesis of the ear and throat symptoms, derives a key-note for *Staphisagria* (*H. W.*, Jan., 1890), which he gives thus: "When the patient, in a case of enlarged tonsils, complains of stitches flying into the ear, especially the left ear, on swallowing (sympts. 165, 166), the remedy is *Staphisagria*. The following case illustrates this:

*Case No. 14.*—Frank S., aged twenty-three, on March 23, 1889, came to the hospital with the following symptoms, which he had had for a month, after a cold: Pain in the throat and chest, worse in the morning, gets up thick stringy phlegm, tonsils rather large, the left sore to the touch; *slight stitch flies to the left ear on swallowing.*

He was cured by *Staphis. 30.*

Dr. Clifton has seen benefit from *Staphis. 3* and upwards, given to young persons of either sex for chronically enlarged tonsils, when there also exists an unhealthy condition of mouth and gums, and a general herpetic discrasia.

VII.—*The Stomach, Appetite, Digestion, Etc.*

Ravenous hunger, even after a hearty meal, thirstlessness, scraping heartburn, frequent hiccough, qualmishness (thrice repeated); water collects in the mouth with short isolated eructations, as from an emetic which would not act; nausea, even to vomiting every morning.

Dr. Teste adds a symptom which I do not find in Allen—"long-lasting vertigo, accompanied by continual nausea, as in sea-sickness," and says in a foot-note: "From this symptom, which I experienced several times on myself, I inferred that *Staphisagria* might perhaps be a good remedy for sea-sickness." Teste tried to interest 100 of his patients in this remedy. He supplied each traveller with one dose of *Staph. 6*, instructing them to take it at the first sensation of discomfort, viz., vertigo and nausea before actual vomiting began. Out of twenty who gave him any report at all, seven who were bad sailors, and who had on previous trips



taken *Cocculus* and *Arsenicum* unsuccessfully, were prevented from being sick; eight were strikingly relieved, and five were unaffected. He notes also that *Staphisagria* always helped nervous persons, not over-fat, and disposed to sadness. Surely we may add this to our remedies for sea-sickness, the chief of which, in my experience, is the good old-fashioned *Nux*. One of the symptoms I have quoted above indicates *Staphisagria* as appropriate. Teste asserts it to be of all drugs the best remedy for this reflex trouble, and C. D. F. Phillips corroborates the recommendation by clinical experience.

This original and observant author (Teste) had a strong belief in *Staphisagria* as an antidote to the effects of excessive use of tobacco. Other physicians have not endorsed this, but the case of Captain C., a military officer who had for years frightful attacks of gastritis, so bad that his case was diagnosed by three eminent medical men of France as cancer of the pylorus or duodenum—was quickly and for a long time cured by Teste's prescription of *Staph. 12*; and it was afterwards found that his serious disease was entirely due to smoking. When he dropped this habit, for which his constitution was not fitted, he recovered completely without any medicine.

In his "Materia Medica," published in 1853, Teste (?) asserts that *Staphisagria* will cure "old gastralgias caused either by coffee, or by the oriental custom of swallowing (does he mean inhaling?) the tobacco smoke.

My own four years' experience proves that *Nux vom.* is the antidote to nicotinism, next after that *Arsenicum*, *Ignatia*, and *Pulsatilla*, in order of efficacy.

A custom in our factory that some men have of alleviating toothache by placing a plug of chewing tobacco on the offending tooth has its inconveniences, for if the man swallows it it produces promptly all the symptoms of sea-sickness.

#### VIII.—*Abdomen, Rectum, Anus, Etc.*

The leading symptoms include colic, borborygmi, bruised pain in the abdominal walls, incarcerated flatus, which when passed is hot, or offensive; constipation for several days, followed by thin slimy diarrhoea; \* a smarting sore pain in the rectum for a long time after a stool; \* itching in the anus while sitting; long delay of stool on account of lack of peristaltic action of the large intestine.

Dr. Oehme, in the *American Homœopath* of 1882, reports his experience that many cases of chronic constipation can be cured by two-drop doses of *Staphisagria*  $\phi$  tincture, taken twice daily.

Bell, in his excellent book on Diarrhœa, after giving a good summary of this section of provings, remarks: "*Staphisagria* is too often neglected. It is a valuable remedy for chronic diarrhœa, or even dysentery of weak, sickly children, resembling *Chamomilla* and *Mercurius* in many symptoms, but also showing marked and distinctive differences. A humid, fœtid eruption is almost always present, and furnishes a strong additional indication."

Case 15.—Dr. Preston reports a case thus in *Hoyne's Clinical Therapeutics*, I., 512:—"A case of hæmorrhoids, with intense pain in the back and through the whole pelvis, and enlargement of the prostate gland, was cured with *Staph.* 200, the pain ceasing after the first dose."

I can personally testify that *Staph.* 3x cures itching of the anus, due to hæmorrhoids.

#### IX.—*Genito-Urinary Organs.*

(a) Kidneys and bladder.—Pressure upon the bladder on awaking from sleep; \* a burning in the whole of the urethra with every micturition; frequent urging to urinate, with much discharge; \* urging to urinate; scarcely a spoonful was passed, mostly of a dark yellow-red color, in a thin stream; at times dribbling of urine, always followed by a sensation as if the bladder were not yet empty, for some dribbling continued; on coughing, the urine involuntarily spurted from her; \* more frequent micturition of very scanty, dark-colored urine for three days.

Nowhere in our *Materia Medica*, except in *Cantharis*, have we a plainer picture of a drug-eneuresis. Accordingly, Dr. Clifton used it for years in the eneuresis of both sexes with success.

Case 16.—Dr G. W. Homsher reports the following case:—Mrs. F., aged 23, had eneuresis for six months after her first partus, which was instrumental. The urine had become so acrid as to excoriate all the adjacent parts, and cause severe burning pain, aggravated by motion. A stool only every two or three days was passed, with straining and pressure on the bladder. *Staph.* 18 and 30 produced no improvement, but *Staph.* 3 cured her completely in nine weeks.

I shall notice Dr. E. T. Blake's treatment of this distressing complaint in females under the Surgical Section.

(b) Female genitals.—\*Painful sensitiveness of the pudenda; on sitting down it hurts; itching, biting, or spasmodic pain in the vagina; the menses, which had ceased for a year, reappeared, with cutting colic and violent rumbling, etc.

Dr. G. W. Homsher (*Med. Gleaner*, Dec. 1877) gives as special indications for the use of *Staphisagria* in female bladder affections, "disturbances in nerve centres, neuralgic pains in the pelvic organs, restlessness at night hysterical excitement and when the patient is subject to dysmenorrhœa."

(c) Male genitals.—The primary action of *Staphisagria* causes great sexual desire; in the secondary effect, or reaction of the organism (after five or six days), there follows indifference and total lack of sexual desire both in the sexual organs and in the emotions. This is Hahnemann's lucid summing up. But we may notice the frequency of the seminal emissions, with or without dreams, on three and on five nights in succession. Also this (starred) symptom 402: \* "Pressive pain in left testis while walking, as also after rubbing; still more violent when touched."

I believe that the value of *Staphisagria* in the form of spermatorrhœa described by Lallemand, as pointed out by Hughes in his "Pharmaco-dynamics," is generally recognized. In this disease the chronic inflammatory irritation of the prostatic portion of the urethra extends into the ejaculatory canals and the seminal ducts.

Dr. Bonjean writes in *Hoyne* that *Staphisagria* is the most efficacious remedy for masturbation, "particularly in cases of long standing, where there is hypochondria, with great taciturnity, constant uneasiness as to health, queer notions that expose the patient to the suspicion of being thought crazy; where there is great deficiency of animal heat, the eyes are deep sunken and lustreless, gnawing toothache with caries of the teeth, indigestion, constipation, continual loss of the prostatic fluid, etc.

I have myself done much good by *Staphisagria* in cases not so advanced as Bonjean's foregoing type; that is, I have reduced the number of emissions to about the normal amount (which I assume to be once in three weeks), but never have I cured the vile habit which causes them, nor the erotic dreams which excite them. *Phosphoric acid* and *Eryngium aquaticum* have given me greater and more uniform results than has *Staphisagria*.

Dr. Clifton strongly recommends *Staphisagria* in chronic inflammation and enlargement of the prostate gland in old men, and

that distressing perineal pain which is excited by riding or driving in a carriage. "In one case, associated with hæmorrhoids and constipation, where *Nux*, *Sulphur*, *Æsculus*, and others have failed to relieve, *Staphisagria* 3 was of service."—*M. H. R.*, vol. xxi., p. 472.

In its influence on the male genital organs *Staphisagria* resembles *Clematis erecta*, also a member of the *Ranunculacææ*.

#### X.—*The Respiratory Organs.*

The twelve cough symptoms which sum up the experiences of four provers—Hahnemann, Franz, Gross, and Kummer—are undoubtedly pharyngeal. A case of toothache accompanied by cough described as "sharp," or "violent," or "tickling," with usually tenacious, scanty, or difficult expectoration, would lead us to prescribe *Staphisagria* in the full hope that it would clear away *all* these symptoms.

The chest symptoms abound in the expression "stitches," or sticking, "sharp stiches," etc., all in the muscular walls of the chest, whereby we are reminded of the natural relationship to the *Ranunculi* of our subject. If anyone will compare symptoms 436 to 453 of *Staphisagria* with symptoms 175, 188 to 192, 204 to 206 of *Ranunculus bulbosus*, he will perceive a close relationship. It seems to me that in this section we have a practical keynote in symptom 499—"violent stitch in the right side of the chest while sitting, on bending the upper part of the body obliquely forward, and to the right side." I shall try *Staphisagria* in my next case of pleurodynia on the right side.

#### XI.—*The Heart Symptoms*

are not distinctive. Palpitation after the afternoon nap, on slight motion, while walking, and when listening to music, were all that were elicited. Compare *Aconite*, *Cactus*, and *Iberis amara*.

#### XII.—*Neck, Back and Extremities*

may be taken together in one section. For *Staphisagria* produces pains of a rheumatic, or gouty, or neuralgic character in all these regions of the body. We lack here in these old-fashioned provings the analysis and estimation by weight of the solids of the urine, as in some later provings. Therefore we prescribe *Staphisagria* on a symptomatic, not a pathological basis, in such cases as I now mention.

Dr. E. T. Blake tells us that his father, Mr. J. D. Blake, of Taunton, first in this country used *Staphisagria* with success in the sciatica of old men, whether gouty or rheumatic-gouty in its nature.

*Case No. 17.*—Dr. Clifton records a good cure of sciatica of the right leg in a lady who had previously suffered from intercostal neuralgia, followed by herpes zoster. The pain was worse early in the morning, on rising, or on sitting down, and was better by standing and by warmth. After failure of other remedies *Staphis.* cured, and a slight relapse three months later was quickly removed by the same medicine.

*Case No. 18.*—Dr. E. T. Blake's case of myalgia of the left deltoid muscle, narrated in his paper on *Staphisagria*, of May 7th, 1891, is a good one. After six months of suffering, *Staph. 12* and *1* absolutely removed the pain in seven days. I refer you to the paper, printed in vol. xxxv. of the *M. H. R.*, p. 370, for particulars.

Dr. Bayes has cured neuralgia of the shoulder-joint and arms with *Staph. 6* or *12*.

*Case No. 19.*—Dr. Hesse (*Allg. Hom. Z.*, No. 128) describes an interesting cure of writer's cramp, in a lady of 30, with *Staph. 6*. Having treated her for eighteen months previously with very little success, one day he was told that she had suffered from scorbutus shortly before her cramps began, and that since then she had frequently had bleeding and ulceration of the gums. Thereupon he ordered *Staphis. 6* in frequent doses with permanent good results to both gums and hands. She has now been a year (1894) without any need to take medicine.

Those of my colleagues who know how wearisome real writer's cramp is to cure by medicine alone will appreciate this excellent result.

*Case No. 20.*—Dr. M. Preston's case of cure of chronic neuralgia of six years' duration affecting the right anterior crural nerve is worth mentioning, although its pathology is not very clear. Mrs. A., aged 30, never pregnant, had always suffered from irregular, late and painful menstruation. Ten days previous to the due period sharp pains on motion extending down the whole length of the right crural nerve used to torment her. This pain passed into a partial paralysis of the right leg until the catamenia fully appeared, when all these sensations passed off. There were night sweats, general prostration, and amelioration of

all the pains during rest at night. *Staphisagria* cured in three months.

### XIII.—*The Skin.*

The action of this drug on the cutaneous system is unmistakable and decided, but there is but one symptom (No. 646) which might be considered unique, and therefore a key-note. "Itching over the head and whole body, especially in the morning; a creeping, itching and crawling, as from the creeping of an insect which goes from place to place" (Hahnemann). Let us prove this in our practice.

Itching, papular eruptions, on face, behind the ears, on the neck, hands, abdomen, thighs, around the joints—all characterized by burning after scratching. Existing ulcers on the leg became worse, and painful with biting and burning. I cannot find any *moist* eruption produced purely and primarily by this drug, unless, indeed, "tetter" means a vesicular eruption.

*Case 21.*—Dr. F. Preston reports the cure of dry tinea capitis in a child of 10. which had lasted *eight years*, by *Staph.* 30, effected in the short time of two months. The choice of the remedy was determined by the blepharitis which the child also had.—*Hahn. Monthly*, February, 1880.

*Case 22.*—Dr. M. Macfarlan, of the U. S., cured a papular itching eruption on the face and behind the ears, the skin of which was rough and dry, in a three-months'-old infant, with *Staph.* 200 in thirty days.

### XIV.—*Generalities, Fever, Sleep, Etc.*

The most notable symptoms are these: \* Weariness and weakness of the body in the morning. \* In the morning in bed she is very weary without sleepiness. *All the limbs are sore, as if bruised, and as if there were no strength in them for an hour* (full-faced type). \* Great weariness and sleepiness after eating; feels the need of lying down, etc. Sleep disturbed with vivid disagreeable dreams. Amorous dreams with emissions. Spasmodic jerking, though painless, of arms and legs frequently in the night for several nights. Violent yawning fits. Rigors without subsequent heat and without thirst. Rigor about 3 p. m. several days. Profuse night sweat. Sweat of the odor of bad eggs towards midnight.

Trinks quotes Hartmann (one of the provers) as recommend-

ing *Staphisagria* in the first stage of typhus fever, when there is blackening and rapid destruction of the teeth.

The *Journal of Practical Medicine* (No. IX, 1897) of the old school states that *Staphisagria* has been used most successfully in night sweats, in doses of two or three drops of the tincture in two oz. of water—a teaspoonful every two hours, surely a very minute dose for an allopathic practitioner!

#### XV.—*Local and Surgical Uses of Staphisagria.*

It is not very well known to the homœopathic body that *Staphisagria* ranks with *Calendula* and *Hydrastis* in the healing of wounds.

Case 23.—Dr. E. C. Franklin, a first-class surgeon of our American colleagues, applied *Staphisagria* lotion to the wound after an operation for hypertrophy of the tarso-phalangeal portion of the foot, and it healed by first intention.

Case 24.—Dr. M. Macfarlan reports a case of gunshot wound of the chest of a serious nature; the ball, entering between the fifth and sixth ribs, passed out between the eighth and ninth, detaching a spicula of bone as it passed along the ribs. *Per-sulphate of Iron* arrested the hæmorrhage, and *Staphisagria* was given internally. He was able to attend to his business in fourteen days.

Dr. Clifton used it as a lotion for strumous ulcers, and the ulcers of bone disease in the strength of ʒj. of the tincture to 10 oz. of water, with success. He gave *Staphisagria* 1 to 10 internally to these cases.

Case 25.—Dr. J. G. Gilchrist, U. S., records a case of rapid healing of a wound in the cornea from a chip of wood, involving prolapse of the iris. The eyelids were closed by plaister; *Acon.* 30 was given every two hours for two days, followed by *Staphisagria* 200, four doses per day. In ten days the eye was well, the iris replaced, and not the slightest cut noticeable.

Dr. Douglas Mitchell writes in the *Southern Journal of Homœopathy*, September, 1895: "This medicine, from 2x to C.M., will alleviate incised wounds in almost every case, whether from accident or operation. It is especially indicated after abdominal incisions where the patients complain of sharp, biting pains."

Dr. Constantine Hering relieved promptly with *Staphisagria* the colic of a patient who had just been operated on for lithotomy, and thereby probably saved a life, for this symptom after lithotomy is of very grave import. Probably *Staphisagria* would be excellent if given after the operation of appendicitis.

The local tampon of animal wool soaked in glycerole of *Staphisagria* tinct. by Dr. E. Blake merits mention here. In cases of pouched or prolapsed bladder, consequent upon rupture of the perinæum, Dr. Blake introduces about six of these tampons, strung upon string like a kite-tail, and packs them around the cervix uteri during forced expiration; then fills the whole vagina with wool and applies a T bandage. The tampons are to be worn all day and taken out at night. This method has often so improved the patient's comfort as to do away with the necessity for perinæorrhaphy.

I have no space left to discuss *Delphinin*, the therapeutic qualities of which have yet to be tested. Probably it will act in neuralgia just as *Aconitine* does, but it will be found a milder remedy.

### General Summary.

*Staphisagria* is not a polychrest, but comes near to being one, if we can trust the genuineness of the provings. It affects the skin with papular itching eruptions, and with subjective nerve-sensations. It produces amblyopia and inflammation of the eyelids; weariness and stiffness of all the limbs and joints, with pain, as if bruised, of the muscles; colic, nausea, vomiting, and an imitation of sea-sickness; inflammation of the bladder and irritation of the sexual organs in both sexes, but especially the male sex; sprained pain of the back; night sweats, sometimes foetid; an afternoon fever, toothache, faceache, and other neuralgias, mental languor, depression, and temporary loss of memory.

It is best suited to very sensitive and impressionable persons, and is more successful in chronic than in acute diseases, except in prosopalgia and odontalgia.

I hope that, from the twenty-two clinical cases cured by *Staph.* here collected, and many therapeutic suggestions offered, some small addition may have been made to our knowledge of and interest in *Delphinium staphisagria*, which will bear fruit in practice, in future extending relief to suffering humanity.

---

Dr. Dyce Brown expressed the thanks of the Society to Dr. Murray Moore for his interesting and important paper, and for having come all the way from Liverpool to read it personally. He thought it was of great importance to have every now and then in the *Materia Medica* Section a paper such as the present. It



had constituted an exhaustive survey, and however good one's knowledge of *Materia Medica* was, to hear such a paper as that just read refreshes one's memory, and brought the chief points more fully to notice. Besides its careful analysis of the pathogenesis, the paper was made much more practical by the number of cases given, with extracts from the journals showing its curative effects.

---

### FRAUDULENT PHARMACY.

Not many evenings since there called upon us a detail man representing a certain firm of pharmacists. He wished to interest us in a preparation, which he alleged contained one per cent. of an organic salt of iron. He was particularly anxious that we should have it introduced into hospitals with which we are connected. He made wonderful claims for his stuff. It had, he said, in one case brought the hæmoglobin from 50 per cent. to 95 per cent. in the short time of three weeks. He exhibited certificates from some hospitals, and claimed an ability to produce others from hospitals in New York and elsewhere. It made the administration of *Iodide of Potassium* a very simple matter. If salicylates were given in conjunction with it, the phenomena of salicylism would be impossible. After listening to these claims with considerable amusement, we took some of the preparation and tested it with *Ferrocyanide of Potassium*. We obtained no blue reaction. But wishing to be fair, we then evaporated some of the tincture to dryness; triturated the charred residue in a mortar with *Muriatic acid*; added a little water, then *Nitric acid*; and then half an ounce of water, bringing the total bulk up to the quantity evaporated. Then we applied the *Ferrocyanide* test again, and the result was negative. The agent alleged the tincture to be free of tannin. We then added one drop of the tincture of *Perchloride of Iron* to his preparation, and obtained a well defined inky reaction, showing without question the presence of *Tannic acid*.

The circulars praising the drug in question in no place state that it contains any *Iron*; but they, nevertheless, allege wonderful results, such as we usually expect to obtain from legitimate preparations of that remedy. The agent expressed himself as surprised at the results of the testing, which was made in his

presence. He told us that he had only acted under instructions in telling his story, and that he was no chemist. He promised to write within a few days. Sufficient time has elapsed for him to keep his promise; but he has failed to do so.

The above incident well illustrates the danger to which we, as a profession, are exposed. It tells us in unequivocal language that there are concerns in the country capable of perpetrating any fraud upon the sick for the purpose of making for themselves a few paltry dollars. It tells us that we, as a profession, are too confiding in trusting unknown pharmacists; were it not so, such concerns would not have the boldness to march into our offices with the absurd tales they deal out to us.

The fraud perpetrated should be punishable by imprisonment. Unfortunately, it is managed with such consummate skill that we seriously believe if legal action were instituted that the plaintiff would be laughed out of court.--*Hahnemannian Monthly*.

---

## ECHINACEA ANGUSTIFOLIA.

By Finley Ellingwood, M. D., Chicago, Ill.

This remedial agent has come into use within the last ten years, because of its direct influence in correcting those deprivations of the body fluids which depend upon organic causes. To class this remedy as an alterative or an antiseptic would greatly narrow its field; in fact, it is impossible to apply such term to the remedy in the breadth of its influence. They but inadequately convey to our mind the therapeutic possibilities of the drug.

*Echinacea angustifolia* is the narrow-leaved, purple cone flower commonly called Black Sampson. It is found only in prairie regions, and is indigenous to the United States, growing chiefly in the Western States. The variety growing east of the Mississippi does not possess the essential therapeutic properties. It blooms during the months of June, July and August, and is known in Kansas as the niggerhead. This name is derived from the peculiar shape and dark color of the head forming the fruit.

In 1870 Dr. H. F. C. Meyer, of Pawnee City, Nebraska, made the astonishing declaration that in several instances he had allowed himself to be bitten by a rattlesnake, and had then bathed the bite in a strong tincture of *Echinacea*. He also took the tincture in drachm doses internally, and felt but little effect from

the bite. This statement had so much of quackery in its tone that little attention was paid to it. Subsequently this influence has been proven in hundreds of cases, as the remedy is now in almost general use in some localities for this purpose. As stated above, its field covers the entire range of organic infection. Blood poisoning, in the common acceptance of this generic term, in all its forms is met more promptly with this remedy than with any single remedy or any combination of remedies. Its field covers acute or chronic autoinfection, acute direct septic infection, slow progressive blood taints, and all faults of the blood from imperfect elimination. and pyæmia.

As a remedy for septicæmia the promptness of its action has surprised every physician who has yet prescribed it. If it had no other influence than that of antagonizing direct septic infection, this would be sufficient to class it as of first importance among specific remedies for this purpose.

In infection from the bites of venomous snakes, tarantulas, spiders, scorpions, and the stings of insects and wasps, its influence is immediate and in every way satisfactory. It should always be given internally, and applied also externally at the same time. Where there is recent infection it is advisable to inject the remedy into the surrounding parts with a hypodermic needle. It is a local anæsthetic, and apart from the temporary pain caused by the injection of the tincture, its effect is immediate.

In the treatment of tetanus the wounds should be opened freely, and all extraneous matter thoroughly removed. This remedy should then be poured into the wound or introduced on antiseptic gauze, and injected into the surrounding tissues as well. The gauze should be kept saturated, and the remedy should be administered in drachm doses every two hours. Several cases of tetanus, in the incipient stage, have been cured, and always with no further development, after the first use of the remedy.

As a remedy for pyæmia the results from the use of *Echinacea* alone have been surprising. Several most extreme cases have been reported, where the infection was general and where there was great destruction of tissue. The influence of the remedy, when the pus has been removed and the cavities are cleansed antiseptically, is pronounced from the first. The patient has a rapidly developing vigor and improved vitality, the appetite re-

turns, the nervous system is aroused and stimulated, the functions of all the organs of the body are in every way improved, and convalescence, though slow in extreme cases, is in every way satisfactory.

This agent improves the appetite and digestion and overcomes many forms of dyspepsia, especially those which depend upon fermentation. In ulcerative stomatitis, in stomatitis materna, and in ulcerations of the gastro-intestinal tract from whatever cause, this remedy will be found efficient.

It has been found of much service in typhoid fever. While it does not abort the fever, the entire course of the disease is mild, and it modifies uniformly all the pathological conditions. All observers are positive that it greatly modifies the temperature. A large number of experiments have been made to determine the difference in the range of temperature with and without the remedy, and the results have convinced the observers that a reduction of from one to three degrees is produced by this drug. The blood does not become impaired, assimilation and nutrition are sustained, fermentation is avoided, nerve force is retained, elimination of all excretions is improved, ulceration of Peyer's patches ceases, other enteric symptoms abate, there is little if any tympanite, and there has as yet been no case of hæmorrhage or perforation reported as having occurred after this agent was begun.

In septic fevers the influence of *Echinacea* is much the same as in typhoid. Through its stimulant influence upon the nerve centres the vital forces are not depressed by the poison. In one case, where there was extreme septic absorption after a badly conducted abortion, with nephritis and almost complete suppression of urine, where uræmia had supervened and delirium and mild convulsions were present, twenty drops of the fluid extract of *Echinacea* was given every two hours continuously. Persistent heat was applied over the kidneys, and after a single dose of an antispasmodic no other remedy was administered. All the conditions depending upon the septic absorption were promptly and satisfactorily relieved, the improvement being plainly apparent in forty-eight hours.

Its influence upon uræmic poisoning is as satisfactory as in the cases above mentioned. While it does not as promptly restore the renal secretion as perhaps some other remedies or combinations would do, it very materially accelerates the influence of other remedies. The writer has used persistent heat alone with this remedy where the suppression was more or less complete.

In those cases in which are exhibited boils, acne, carbuncles, abscesses, and various forms of glandular inflammation, this agent is of direct value.

Because of its marked influence upon the blood, and because of its profoundly stimulating and nutritional influence upon the central nervous system, it is said to be a remarkably beneficial agent in the treatment of cerebro-spinal meningitis.

It is in common use in the treatment of diphtheria, and while a valuable agent it is not so pronounced in its effects as it is in other conditions. After the membrane has been thoroughly removed, the influence of *Echinacea* upon those conditions of blood disorder which depend upon the absorption of the toxins is satisfactory.

Extravagant statements concerning the action of a remedy do not establish confidence in its influence. The prompt results of *Echinacea*, when correctly applied, have caused all writers to express themselves so positively and with such apparent extravagance as to really retard the introduction of this agent to the profession at large. It, however, will yet escape for itself, by its inherent valuable therapeutic properties, with the entire profession, a fixed and permanent place. It will replace inorganic alteratives, as it has in reasonable doses no toxic or undesirable influences, and its elimination is perfect.—*Therapeutic Gazette*.

---

## OLIVE OIL INJECTIONS FOR CONSTIPATION.

Einhorn considers this measure not only palliative but often curative. It is most valuable in obstinate cases, especially when due to spasmodic contraction of the bowels (Hershell, *Lancet*, Oct., '04). Methodical oil injections are also most useful in membranous colitis, relieving the constipation and reducing the amount of mucus. Two things are essential to success: the cases must be suitable; and the injections must be properly given. This method is not applicable as a routine procedure. It will not produce cure in cases depending upon improper food, or hard drinking water, or pyloric stenosis or gastric myasthenia. Olive oil injections are applicable to cases depending upon chronic colitis; constipation associated with spasm of the bowel, such as is frequently found in neurasthenia; and to secure a daily action in atony of the intestines whilst the affection is being treated by

electrical methods. In these last cases the first fortnight is trying to both physician and patient; for all purgatives have been abandoned, and the treatment has not yet had time to restore sufficient tone for natural daily movements. The method of injection: from three to ten ounces are introduced into the rectum at bedtime; usually there is an evacuation after breakfast the following morning. If the oil is introduced slowly, at a low pressure, by gravitation, it will not produce an immediate stool and the patient should easily retain it. Hershell condemns the Higginson syringe. When the physician or nurse cannot give the injection, the patient may use Hershell's simple apparatus—a glass funnel of a large capacity relative to its height, provided with a metal loop, by which it can be suspended at a convenient height above the patient's bed. Twenty-seven inches of rubber tube of large calibre terminate in a self-retaining, aluminum nozzle of special construction. This nozzle has a large bore to allow the ready passages of the oil (which invariably clogs the ordinary enema apparatus), and has the end of the bore well rounded so that even when unskillfully used it cannot damage the rectal mucous membranes. The outflow of oil is controlled by a spring clip, which, when opened, will remain so until a catch has been released. The patient heats the measured quantity of oil by standing the beaker containing it in a basin of hot water; it is emptied into the funnel, the clip being closed, hung on a nail; the patient lies directly under it, a pillow beneath his hips, introduces the nozzle, presses the clip and waits until the funnel is empty. A pad of wool had best be applied to the perineum to absorb any oil which may not be retained; after a few times this is superfluous. Five or six ounces should be used at first, and the daily amount reduced until the smallest which will produce a movement is found; and this can be given nightly for two or three weeks.

---

### A VICTIM OF QUACKERY.

Editor of the HOMŒOPATHIC RECORDER.

I beg of you to lay before the readers of your valuable journal the following case; perhaps some one may be able and inclined to assist me with a suggestion of the indicated remedy.

History: Male, medium size and height, 42 years of age, blond,

weight about 135 pounds, sedentary habits, clerk in law office, not married.

Fifteen years ago on account of reading some newspaper advertisement regarding results of masturbation, which he had practiced very little during youth, and so far as I can find out without any detriment to his general health, he bought a box of French pills made in Paris, containing a month's treatment, one to be taken three or four times day; he took same, although each one hurt his stomach badly; after they were all taken the following results were noticed: He could not sleep any more on his left side from great oppression in the heart, relieved on turning upon his back or right side; stomach enlarged and painful on pressure, and usually full of gas; testicles icy cold, absolutely like balls of ice and painful; all of the organs afflicted had previously been in perfect health. He has since not taken any medicine at all and all the organs afflicted have somewhat regained their health; he can now for a little while sleep on his left side; his testicles are yet cold, but not like lumps of ice and don't ache quite so bad, and his stomach is not so much enlarged as formerly.

He has faith in Homœopathy; I have tried a few remedies without any improvement and told him that I would write you asking assistance.

It is hardly necessary to say that any help from you or the readers of your valuable journal, which, by the way, I would not do without at any price, will be most fully appreciated.

Thanking you for same in advance, I remain,

Faternally yours,

*Columbia, Nev., May 26, 1905.*

A. R. WITTKÉ, M. D.

---

### WASTING TIME AND MONEY ABROAD.

"I have been suspecting for many years that if those of our physicians who are unfamiliar with any tongue except English stayed home and spent the same amount of time and money that they do in Europe, in our American Post-Graduate schools, they would be much better off and would learn a good deal more. Within the last few months this suspicion has become a conviction. I have met a number of American and English physicians who openly stated to me that what they learned in Europe amounted almost to nil. And chiefly on account of the unfamiliarity with the language. You often hear the advice "to acquire a smattering of German" before going to Germany to

study. A smattering is a dangerous thing in any branch of study, and especially so in German. With the long complicated German sentences—starting Monday morning and ending Saturday night—a smattering will do little good, and I have personally seen physicians, who after listening to a lecture, carried away an impression diametrically opposed to the one which the lecturer tried to convey. (In French there is no such danger. The sentences are short, distinct, and separate, and you either understand or you don't.) I therefore earnestly advise our American physicians to either acquire a good knowledge of the German language before going to Germany, or, to stay home and attend the New York, Philadelphia, Chicago, etc., Post-Graduate schools, which are becoming better and better every year. The time is fast approaching when we shall have very little, if anything, to go to Europe for.

Of course, while taking a Post-Graduate course in New York, Philadelphia, or Chicago, one cannot have the same "fun" as in Berlin, Vienna, or Paris—but is this the principle factor in determining upon the place for pursuing Post-Graduate studies?"—*Critic and Guide*.

---

## BOOK NOTICES.

---

**Stimson on Fractures and Dislocations.** A Treatise on Fractures and Dislocations. For Students and Practitioners. By Lewis A. Stimson, B. A., M. D., LL. D., Professor of Surgery in Cornell University Medical College, New York; Surgeon to the New York and Hudson Street Hospitals, etc. New (4th) edition, thoroughly revised. Octavo, 844 pages, 331 engravings and 46 full page plates. Cloth, \$5 00, *net*; leather, \$6.00, *net*; half morocco, \$6.50, *net*. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

Since the publication of the third edition of this book many interesting details, some of much practical importance, have been added to the knowledge of certain forms of fracture, particularly in or near joints. The X-rays have been used so freely that a greater degree of confidence may be placed in the accuracy of diagnosis than was formerly possible. In fact, sufficient details have been obtained in some of the rarer forms of injury to permit systematic descriptions. Much new matter of great importance will also be found regarding the operative reduction of old dislocations.



The frequency and severity of the injuries treated in this volume, the necessity for prompt attention, and, finally, their medico-legal possibilities, all unite to render Dr. Stimson's authoritative work essential to general practitioners as well as surgeons. It covers every known form of these lesions, not a few of which were first described in its pages. The author's vast experience and sound judgment are reflected in a literary style of exceptional clearness, and his pages abound in telling engravings and plates. He has endeavored to adapt his work specifically to the needs of the practitioner, particularly in the sections on diagnosis and treatment. In this new and thoroughly revised edition the profession have at command the leading authority upon both subjects in their latest development.

---

**Man: An Introduction to Anthropology.** W. E. Rotzell, M. D. Lecturer on Botany and Zoölogy in Hahnemann Medical College of Philadelphia; Editor of *Atlantic Slope Naturalist*, etc. Second edition. 186 pages. Cloth. John Jos. McVey. 1905.

This is an exceedingly interesting and learned work that has deservedly gone into a second edition and any one wanting a bird's-eye view of the origin, characteristics of the various races that inhabit the earth will do well to get this little work.

---

**Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.** By Professor Carl von Noorden. Authorized American Edition. Part VI., Drink-Restriction (thirst cures), Particularly in Obesity. 86 pages. Cloth, 75 cents. New York. E. B. Treat & Company. 1905.

The burden of this book is that the obese, and many others, drink entirely too much water. "It is sad to think how many victims of dilated heart, dilated stomach and of Bright's disease have been encouraged to drink themselves to death, and how many patients afflicted with obesity have shortend their lives by continuing excessively fat, with all its discomforts and dangers, to the end of the chapter, water-logged because of unrestricted drinking."

Well. there are two sides to every question.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL.

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

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

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

---

---

## EDITORIAL BREVITIES.

A MILD CHIP-IN.—Our volcanic Texas friend, Dr. John F. Edgar, of El Paso, and the very dignified *Medical Forum* of Kansas City, have had a little mix-up—with which the RECORDER has nothing to do. But one little point in the *Forum's* end seems worthy of notice. It says:

“It is seldom an act of wisdom to call the attention of the world to our virtues. He ‘who blows his own horn’ may have the satisfaction of being conscious that it has been done thoroughly, but the people usually have their own ideas about him who does so. One of the great faults we homœopaths have is that of condemning all others, and then expecting them to treat us in a friendly, fraternal manner. The right way to promote fraternity is to be sound, consistent, rational and courageous, and yet avoid everything that might induce friction.”

If it were a case of a physician cracking up his own virtues and abilities that would be neatly put, but, it seems to us, that the “horn” is not that of any individual, but the trumpet of Homœopathy. Shall we not blow that? Shall it be silenced because of the feelings of the—“regulars,” who, as a matter of fact, are most irregular? “Fraternity” of individuals is good, but fraternity of antagonistic principles is a pipe-dream. If Homœopathy is true, Allopathy isn't, and *vice versa*. As principles they will not mix.

THE Thirty-Fourth Annual Report of the N. Y. Middletown State Homœopathic Hospital for the Insane has been received, for year ending Sept. 30, 1904. It is one of which the staff of the hospital, the homœopathic medical profession and the people of New York may well be proud.

**NEWS ITEMS.**

Dr. C. K. Jump has removed from 1202 Argyle Ave. to 1415 Madison St., Baltimore, Md.

Dr. J. Lopez Cardozo has removed from 223 Monroe St. to 25 Hampton Place, near Kingston Ave. and Sterling Place, Brooklyn, N. Y.

Dr. Percy L. Tantum has removed from 223 W. 21st St. to 239 W. 21st St. New York City.

Dr. Cyrus Rexford Baker has removed from 476 W. 141st St. to the Hotel Devon, 70 W. 65th St., New York City.

Dr. Arthur P. Powelson has resumed practice at 2303 Seventh Avenue, New York City

Dr. Homer Irvin Ostrom, of 42 W. 48th St., New York City, will spend the summer at Speonk, Long Island, N. Y.

There is an opening for a homœopathic physician at Mayville, N. Y. Address, Dr. A. J. Robbins, Jamestown, N. Y.

Any physician wishing to take a vacation and wanting some one to take his practice, can procure a competent practitioner to temporarily fill his place by addressing Boericke & Tafel, P. O. Box 1582, New York City.

Dr. C. S. Cooper, has removed from Skaneateles, N. Y. to Westfield, Mass.

The next meeting of the American Institute of Homœopathy will be held at Atlantic City, N. J.

The following officers for the ensuing year of the A. I. H. were elected at Chicago: President, W. E. Green, M. D., Little Rock, Ark.; First Vice-President, W. A. Dewey, M. D., Ann Arbor, Mich.; Second Vice-President, C. E. Sawyer, M. D., Marion, O.; Secretary, Charles Gatchell, M. D., Chicago, Ill.; Treasurer, T. Franklin Smith, M. D., New York; Registrar, J. Richey Horner, M. D., Cleveland, O.

## PERSONAL.

---

An Iowa Health Board official says: "Whiskers must go." Why not hair, to, O, sapient scientist?

It's tough to order a steak and not get it—yet if you get it it's often tough. The modern man doesn't climb the ladder of success—he takes the elevator.

The yards of a ship, child, are not the place where lawn mowers are used. At their banquet the Brave Missourian Homœos had "Essence of fowl in cup."

Yes there is something any man can beat—a carpet.

Pursuit or possession? If it's a night car the answer is obvious.

Our forebears termed a quack a "saltimbanco."

Thought may wander as far in a narrow as in a broad mind.

European "despots" do not fear the newspapers "blowing up"—it's the other kind they dread.

**FOR SALE.** An established homœopathic practice, in a growing manufacturing town of 5,000 population in eastern New York, *given away* to the doctor buying my house and lot at their actual value. Good reason given for selling. Address, B. G. W., care of E. P. Anshutz, P. O. Box 921, Philadelphia, Pa.

The card of Dr. John F. Edgar, of El Paso, Texas, reads, "Regular Physician guided by the law of cure."

A "legal light" may be "shady."

Even a cultivated widow runs to weeds.

Yes, child, even a "hard citizen" may have softening of the brain.

The automobile dufer was fined \$50 for fast driving and told the judge he would have cheerfully paid double to have known how to stop.

**FOR SALE.** \$3,000 cash practice in a city of 23,000 population in New York State. For particulars, address, A. C. Calisch, Oswego, N. Y.

# THE HOMŒOPATHIC RECORDER.

---

---

VOL. XX.

LANCASTER, PA., AUGUST, 1905

No. 8

---

---

## WHAT THERE IS LEFT OF HOMŒOPATHY.\*

By C. M. Boger, M. D.

Homœopathy in its literature contains so many articles which, by inference at least, hold the law of similia to be insufficient that one begins to wonder in what direction its usefulness lies, or whether it is not a great delusion after all. Now it is this disease, then it is that, in which numerous and often potent adjuvants are considered a necessity or the remedy may even be relegated to a secondary place while some other powerful measure is directed against the main affection, and so on indefinitely until the logical conclusion that our method has only an incidental or entirely negative value often forces itself upon the inquiring mind.

When the daily practice of a large percentage of so-called homœopaths is closely scrutinized such a conclusion seems entirely reasonable and may not be lightly turned aside.

In proportion that extra homœopathic measures are resorted to is distrust of our system engendered. Those who are either incapable of following the true healing art or knowingly depart from the law while professing to obey it are cutting the ground from under more rapidly than open foes possibly can, nor have the allopathic societies made a mistake in inviting them to fellowship. The Anglo-Saxon sense of fair play gives justice when and where deserved, but also quickly detects those deceptions which can end in retrogression only.

It has long been evident that in many of our schools true principles are either unknown or sacrificed to the greed of numbers and power. Here as elsewhere it seems that reforms must of necessity spring from the masses, for the leaders are dead at the

---

\* Read at the meeting of the I. H. A., Chicago, June 22.

top; they write books which reflect but a faint shadow of the law or cover page after page with a ludicrous apologetic. Minds of this type naturally fall a prey to that fatuous pursuit of specifics which is leaving such a vast host of human wrecks in its wake.

The lengths to which those who follow such machine methods are willing to go passes all comprehension. They see only the effects of to-day, to-morrow is nothing to them; every disease must be jugulated at whatever cost to the welfare of the poor patient, for the life of the latter does and will hold too many exigencies which will enable them to either salve over a half awake conscience or escape the consequences of such rash proceedings through the recuperative powers of nature, outraged though she be.

The most striking thing about all this is that patients should desire to be cured by a professed homœopath after having been specifically medicated; then to fall into the hands of one who will go through the same performance under the guise of Homœopathy is surely humiliating.

The ordinary homœopath is no match for the expert palliator who resorts to all kinds of expedients and suppressive measures; the latter daily grows more skilful in the use of the things which quickly ease suffering, but at the same time render a cure correspondingly more difficult, if not altogether impossible, for no affection is more intractable than one which has been distorted by all kinds of drugging.

I cannot forbear saying a few words here about the blighting influence of modern pathology upon medicinal therapy in general; a result of the fact that disease has hitherto been chiefly studied in its grosser or microscopic aspects, hence seen only as a ripened and fully grown product.

The causes underlying susceptibility and the incubationary periods of disease are but little understood, and where seemingly so, aside from prophylaxis, the investigations have added no dependable remedies to our store. I apprehend the cause of all this lies in the fact that anamnesis of every disease harks back in a large measure to one of the three great fundamental miasms whose accumulated store of perverted vital force only awaits the touch of certain epidemic or other influences for its liberation, the resultant being a concrete disease form compounded of several elements whose relative intensity of manifestation or explosion seems to be a direct product of the distinctive power of the deflected vital force.

The law of similia shows how medicines turn those forces into their proper health producing channels and it will always remain the greatest of aids in bringing about a cure; nevertheless other ways of inciting a reaction along the right channels are open to us. In the more material sense they concern the establishment of an equilibrium through the removal of physical causes and impediments. Mentally a like process obtains and is needful; the first step involves the setting aside of all those volitional mental incumbrances which so seriously weigh upon the general health as well as retard the action of the needful remedy. Such self-imposed mental states are often due to an undeveloped soul life over-impressed, as it were, by its environment and offer a most fertile field for the employment of suggestive therapeutics and all those measures which energize by renewing hope. It must, however, always be borne in mind that such treatment, while very necessary as an initial step, is powerless to remove those deep-seated dyscrasias whose advent is often so insidious as to escape the casual observer's eye and yet whose fruitage is death; here there is only one true curative resource which lies in the most rigid adherence to the law and most painstaking elucidation of the symptoms upon which the similimum is to be selected.

The species of Homœopathy which has emanated from our seats of learning has clearly shown itself incapable of dealing with the larger problems of to-day; its death rate varies a shade from the allopathic and does not begin to compare with that of the pioneers of our science. The lameness of its practice has largely been responsible for the growth of the many faith cures. It has too often only succeeded in arousing a distrust of traditional methods without being able to replace them by anything appreciably better, hence many have inferred the utter uselessness of medicines.

A discussion of the ills from which we suffer without pointing out the remedy would be the most profitless of occupations. That we shall be able to convert any great number from the self-sufficient young men with which the dominant school is filled is most unlikely; their days of self-examination have not yet arrived, and until they do there is not much hope. After the years of discretion have taught them the fallaciousness of the largest part of their school instruction they are often overtaken by deadening therapeutic nihilism which is doubtless of immeasurable benefit to their patients, but most destructive to true progress of the art of medicine.

This association was born at a time when pathological deductions seemed about to engulf Homœopathy, but through perseverance and a steadfast adherence to the vital truths left to us by Hahnemann it is to-day a growing factor in the body politic of medicine. It has lived to see science crumble to dust the gratuitous pathological underpinning of Homœopathy beneath the very feet of its advocates, a process that has made virtual eclectics of a large percentage of so-called homœopaths.

Such is the bitter fruit of a materialism at once gross, retrogressive and destructive. Its teachings have robbed us of much that is legitimately our just share of the fruit of modern research, it has unfitted Homœopathy to grasp the unparalleled opportunities that have of late suddenly loomed up before her, and above all it is decadent.

Although subversive teachings have robbed us of a large part of our birthright and sadly reduced the numbers of those who would follow a natural healing method, it is not for us to falter now when the truth is again on the ascendant, and although we may not be numerous enough to do everything that should be done we will nevertheless be able to accomplish much towards putting Homœopathy into her rightful position before the public. To do this it will be necessary to educate, not only our young men who are studying medicine, in the true Hahnemannian method, but also to enlighten the public on every possible occasion; it should be our especial care to point out the vast difference between true Homœopathy and every other system and enforce our argument with visible demonstrations of its power. Above all we should not make the mistake of thinking that the public cannot grasp all the points which we wish to impress upon it, for the day is dawning when the power of the human understanding is to advance by leaps and bounds and the things which before have seemed hard and recondite will become easy. The awakened universal consciousness of a higher life receiving aid from sources until now lying almost unused, will lead to an intelligence, a mental development and a search after truth which will end in the golden age of life. How much each one of us will contribute towards this result lies with us individually; it depends upon how willing each is to lay hands upon means and put himself in communication with forces which will accomplish so much good in the world.

It is always a safe rule to do well what is put before us in order to prepare ourselves for the next advancement. Our present work is to educate in the truth as we understand it.



THOUGHTS CORRELATIVE WITH THIS 150TH  
ANNIVERSARY OF THE BIRTH OF  
HAHNEMANN.

Titles are very frequently misapplied. It is absurd to christen a child Paul, Pauline, or Lilly, who gives evidence from ancestry that he or she will be large in stature.

Has it ever occurred to your grey matter that Samuel Hahnemann was the first man to whom the title *Physician* could be correctly applied? *An investigator of natural laws*. He could also carry the other degree, DOCTOR—a learned person.

An investigator of natural laws, not of the theories and fads, of the existing year or decade, or under the puerile expression, “up to date” Cast a horoscope over the present status of so-called medical men of the present age, and how many can correctly assume either the title of physician or doctor?

A natural law of creation is not to be “improved upon,” “up to date,” from year to year, century to century; but our grey matter is to be brought out of its inheritance and environment of superstition and its concomitants, so as to fully comprehend *this law of cure*, and apply it correctly, having no empirical authority, but comprehending and acknowledging no authority but the pure laws of Homœopathy, Dynamization, Laws of Dose and the inspiration of Section 18 of Organon.

The ill effects of suppressions through many generations of inheritance, and not living according to natural laws, can be cured by the law of cure, taking them as they come out, each succeeding appearances, until that person and succeeding generations prove to all that the Creator’s laws are all good, and g-o-o-d and G-o-d are synonyms, and life upon this planet is happiness, and love, because it is G-o-d and g-o-o-d.

Fraternally,

JOHN F. EDGAR.

---

THE HOMŒOPATHIST AND ANTITOXINE.

Dr. J. Fitz-Mathew.

An eminent homœopathist in Philadelphia was called as a consultant in a case of diphtheria. *Carbolic acid* was prescribed, and the child was apparently doing well, but an influential relative prevailed upon the parents to demand the use of the antitoxine.

A "specialist" was called in, antitoxine given, and in eighteen hours the child died. Notwithstanding the adverse testimony, antitoxine is generally accepted as a specific for diphtheria by the profession and especially by the laity, chiefly owing to the "press," subservient to the dominant school. "Who has ever seen a press notice of any of the adverse testimony in re antitoxine. When a death occurs it is owing to there having been something wrong with the antitoxine, or it was not given soon enough, or a bubble of air got in at the injection. The serum treatment has a fast hold amongst the laity. Already some of my patients are inquiring for the serum for hay fever, and it is not improbable that a serum prepared from the bacillus of fatigue may be stated to have induced one of our "Weary Willies" to apply for work. It will take many more fatalities before antitoxine is consigned to the cemetery for tried-and-found-wanting-specifics. A doctor recently informed me that he had injected \$36 worth of the serum in one small family, chiefly as a prophylactic. Think of the commercial interests back of this practice. In the present state of public sentiment if a case of diphtheria dies without the use of antitoxine aspersions will surely follow and the homœopathist who objects to its use will be regarded as a "crank," a "stagnant Homœopath." Since a certain number of cases of the malignant type are likely to die under any treatment, the homœopathist should recognize such cases early and having set forth the fallibility and dangerous sequelæ of antitoxine suggest its use as a "dernier resort," that it may not be said when too late that every means had been tried to save a life.

*West Sound, Washington.*

---

## ANTITOXINE AND HOMŒOPATHY.

By J. R. Simson, M. D.

The splendid article in the June number of the RECORDER under the above heading by Doctor Shedd reminds me of an experience I had last fall, which I would like to present to those who are inclined to leave Homœopathy, to delve in the flesh pot of Egypt, if you consider it of enough importance to publish it.

Fred. Pfanner had a family of five children, whose ages were two and a half, eight, eleven, thirteen and fourteen years. One morning at the breakfast table the youngest complained of pain

in the throat on swallowing; a physician was called immediately, who pronounced the trouble diphtheria, and gave it a dose of antitoxine. From the time of the administering the antitoxine the child grew worse, its throat filled up, and an intubation tube was inserted, but the child died the second day after taking the remedy. In a short time the one eight years old complained of feeling ill, but insisted upon going to school; but the parents, being frightened, gave him presents, and coaxed him to remain home, and sent for the doctor, who pronounced it diphtheria and wished to give it a dose of antitoxine, but the parents insisted that was what killed the other one and would not allow it to be used, thereupon he called in another doctor in consultation; he also recommended antitoxine. Still the parents refused to have it used, then the doctors sent to Buffalo and got a specialist to come and see the child in consultation; he also corroborated the diagnosis and treatment. The parents began to think it might have been a coincident, the other child growing so suddenly worse after the use of the antitoxine, and having three prominent physicians recommending it consented to have it used. So about ten o'clock A. M. they gave the child a dose in the thigh, the child fighting all the time, insisting that he was not sick and wanted to go to school.

From the instant of receiving the antitoxine the child grew rapidly worse and died before twelve o'clock that night, or about fourteen hours.

That forenoon's work cost just fifty-nine dollars, and the parent insists that he paid that amount to have his child killed, and I am inclined to believe he was correct.

Three days after the other three children came down, but the parents were so thoroughly frightened of doctors and antitoxine that they would not call anyone until a friend advised them to try a homœopathic physician. So on the second day of their sickness I was called. I found two of them very sick and in bed, while the other was not so bad, and was dressed, lying on the lounge, but the parents say he was worse than the other two that died were when they called the doctor.

They all began to improve as soon as they commenced taking medicine, and on the fifth day every one of them was discharged cured.

The remedies used in these cases were *Belladonna* 1x, 15 drops in a glass one-half full of water, a teaspoonful every hour, and a

dose of *Kali bichromicum* 3x trit. every four hours at first until better, when the time was lengthened to six hours, and the day they were discharged each one received six doses of *Sulphur*, to take a dose three times a day. They have all been very healthy ever since.

*Tonawanda, N. Y.*

---

## THE DISTILLED EXTRACT OF HAMAMELIS.\*

By Dr. F. G. Oehme.

*First Case.* My left thumb was accidentally caught between a door post and the door, the sharp edge of the latter pressing violently on the thumb back of the nail. The pain was very severe and the jammed part soon grew black, but the skin was unbroken. I applied at once a cloth saturated with *Hamamelis* and kept it wet for several hours, also occasionally took a few drops of the *Hamamelis* internally. After about ten minutes the pain subsided. After dispensing with the wet cloth I occasionally merely moistened the injured part with the *Hamamelis*. Next day there was only a slight soreness left and the blood-extravasation was so much less that the thumb required no further attention. Some six or seven weeks later to my great surprise the nail began to come off and a new one appeared.

*Second Case.* Some 20 years ago while making one morning professional visits on horseback I passed a wheelwright shop. Wishing to speak to the owner, at work in his yard, I rode up to him. The yard was considerably littered up, therefore I picked out the cleanest part for my horse. After a short conversation I rode home about four miles at a lively gait, and after arriving and tying the mare in the yard I noticed that she kept kicking with one or her hind feet, and therefore examined her foot and found that a nail had entered close to the frog, about at the middle between the forward and back end of the frog; it also had perforated at the top of the hoof, about one-half inch below the hair and protruded about one-half an inch. It had gone right through the middle of the whole foot. I carefully removed the nail and succeeded in getting it out unbroken. It was over four inches in length. A small roll of cloth, saturated with *Hama-*

---

\*Read at the Annual Session of the Homœopathic Medical Society of the State of Oregon, at Portland, on July 6, 7 and 8, 1905.

*melis*, was applied to the frog where the nail had entered, then the whole foot wrapped in several layers of cloth, all well saturated with *Hamamelis*, and over all some dry cloth to prevent evaporation. *Hamamelis* was poured on the inner cloth several times during the day, the last time at ten o'clock P. M. Some *Hamamelis* was also poured on her oats. The next morning on examining the foot, as moderate pressure seemed to cause no pain, I led her a few steps and found that she did not walk lame. The same treatment was continued the second day. On the third forenoon her foot was again examined, and as she showed no pain on hand pressure and rapping I rode her carefully about one mile. As this ride seemed to have no bad effect, I rode her on the fourth day several hours as usual, but favored her somewhat.

I described the case to an old blacksmith, asking how long it would take to get over such an injury. He replied one month at least.

*Hamamelis* is the more effective the sooner it is applied after an injury. If the skin is unbroken, use the full strength, also take internally a few drops; but if the skin is broken, use half *Hamamelis*, half water.

After the birth of a child we have had the mother cleansed with half *Hamamelis* and half water, lukewarm, and afterwards a compress saturated with the same solution applied to the pudenda. It removes the soreness quickly.

We have several remedies, like *Arnica*, *Calendula*, *Hypericum*, *Ledum*, *Rhus*, *Ruta*, *Symphytum*, etc., which have proved of great value in external injuries and which would often achieve a quicker cure than the routine antiseptic treatment.

Portland, Ore.

---

## A CASE OF APPENDICITIS.(?)

By G. E. Dienst, M. D.

In February of this year, early one morning, I was called to see a lady, 84 years of age, who was said to be very sick. On arrival I found her trying to vomit, each paroxysm causing most excruciating pain in the region of the appendix vermiformis; there was some effort at purging, but of no volume; there was a rise of one degree of temperature, great anxiety, death-like pallor

on the face, cold hands and feet, a heavily coated tongue (white) and very severe pain across the abdomen, scanty and highly-colored urine—in short, a very sick woman. On enquiring learned from her that she had been in this condition nearly all night, was not able to lie down, but was a widow and alone and had no one to call in help.

I aided her to her bed, made a careful physical examination, found a very hard tumorous something in the region of cæcum, great sensitiveness through the entire abdomen, and thought I had a case of appendicitis. A neighbor lady was called and I again looked over my case carefully, found a very weak heart, great dyspnœa on attempting to move, chronic rheumatic arthritis and a history of constipation and dysuria. An operation was impossible and much encouragement would compel a violation of present prognosis. But I have learned that in severe cases never to hurry, so I sat down and talked a little longer. The abdomen was hard, but not tympanitic, tendency to bloating in lower abdomen soon after eating, the pains were all worse on the right side, the patient had for several days always felt worse toward evening; even this attack began on the evening before; there was a sallow complexion that looked like an approaching icterus; the pains in the right side of the abdomen were spasmodic and very sharp, and on the whole things looked discouraging. Then this question arose, as it seems to me natural: Is this a case for the surgeon or for the physician? Surgery was at once ruled out of question.

(a) Because of age.

(b) Because of organic heart trouble.

Since it is a medicinal case and should not be allowed to migrate into a surgical one, what shall be done? Shall we argue that, because of her advanced age and that she has passed the milestone of earthly travels, we should resort to palliatives and turn the case over to some good neighbor lady? *No!* We don't do business that way. While sitting by her bedside we saw that she was worse toward evening, for she emphasized this point, that the trouble was largely on the right side, that the urine we have just seen in the vessel was turbid, full of brick-dust sediment and very scanty, that for several days she felt a sense of satiety as soon as she attempted to eat, and since these points appeared to us as cardinal we put a few granules of *Lycopodium* 1m, in one-half glass cold water, and ordered a teaspoonful every three hours until our return in the evening.

At 6 P. M. she was somewhat better in some ways, but it was the time of day to feel worse and she did so, and yet felt much better than she had expected to feel. The remedy was continued during the night, with hot cloths applied to parts affected. The following morning she had a stool of very large, lumpy fæces that caused her much pain on evacuation. Treatment continued.

At 6 P. M. was better; had a second stool of large lumps and the pain in the right side was lessening. The remedy was given every four hours, and the following morning more stool of the same nature, so that the poor old woman wondered where it all came from. During this time she had nothing but a liquid diet with all the water she cared to drink. The temperature became normal as soon as this large quantity of stool was expelled. After the third day she received no more medicine and made a splendid recovery in ten days. She has been in good health since then.

The only reason I have for writing these notes is to show the power of the indicated remedy and the necessity in all cases of taking time to find that remedy. Again, judging from what I read in some journals, and from what I hear from my colleagues and nurses, there is nothing *so sure, so safe, so clean* and *so EFFECTUAL* as the INDICATED REMEDY.

*Naperville, Ill.*

---

## A HIGH POTENCY CURE.

By G. L. Barber, M. D.

Editor of HOMŒOPATHIC RECORDER, April 7, 1904.

Mrs. D. W. B.—, age 87, has cataract in both eyes of four years' standing. Patient has been in bed two weeks with what she calls "liver-ague," and for several nights has had sinking spells about two A. M.; says she feels just as if she was going off, with an empty weak, gone feeling in the pit of the stomach and across the region of the transverse colon. Worries about her recovery; is dizzy, with headache. There is lack of appetite with clean tongue. Nausea, with weakness across the pit of the stomach with a sinking down feeling as if she were dying. Coldness of the limbs. Had an attack of weakness and sinking in stomach and a going off sensation at two A. M. last night. Pulse scarcely

perceptible. R. *Digitalis* cm.f. 2, No. 5, pellets dry on the tongue. Complete recovery without any other medicine and with this one dose of two pellets and is living to-day in her 89th year. It has not been necessary to repeat *Digitalis* once. I am treating the cataracts with Swan's *Cardol* dmm., *Ammonicum* 30, and *Hepar sulph.* mf.

Chicago.

---

## LYCOPODIUM EXTERNALLY.

By Dr. A. C. Murkerjee.

Our *Lycopodium* is prepared from the spores of the plant. Mr. Isaac Thompson, of Liverpool, by his microscopical researches, demonstrated that its sporules are filled with a peculiar oleaginous matter. Dr. Richard Hughes is in opinion that the medicinal virtues of *Lycopodium* reside in this peculiar oily matter. Martin's experiments with the crude drug demonstrate—quickened circulation, headache, increased appetite, more frequent evacuations and stronger sexual desire. Most of the drugs that regulate peristaltic action and sharpen the appetite have a decisive action on the accumulated wind in the digestive canal, is a theory with me. So I find next, it is the choicest medicine for flatulence in the intestine. Dr. Teste praises it in the most dangerous enteritis of the infants caused by hard, indigestible food. These led me to experiment with it externally on Mr. A., aged 36. He was suffering from reducible hernia, which the manipulation of the best Allopathic hands and the incessant application of ice-bag could not reduce within three days, and was advised an operation in June, 1900. Prescription—*Lycopodium*  $\phi$  m. v. with an ounce of water to be applied as compress over the scrotum day and night. Next morning, to my wonder, I found that it was completely reduced. Since then it is being used in reducible, irreducible and strangulated hernia by me and by my followers with success. I am applying it with an equal success in congenital hernia and in enteritis. This I do with glycerine and in the latter case rub the stuff over the whole abdomen. *Lycopodium* when applied externally is far better than the ice-bag and the surgeon's manipulation, nay, better than operation, as it cures the disorder radically.

4 Govind Sircar's Lane, Bowhazar, Calcutta.



## SUBSTITUTION.

By E. J. Clark, M. D.

Not long ago a detail man from one of our largest non-homœopathic pharmacies said to me: "I can not understand the great faith you homœopaths have in your remedies. A large proportion of your school sees no need for our new remedies." We tried to explain to him how the true homœopath selects his remedy according to a law and knows that, if rightly selected, the remedy must act in a certain and known manner. The good homœopathist is also a most particular person in regard to the character of drugs he uses. Drug store *Arnica* made from the dried flowers is good enough for most people, but the homœopath must have this drug, as well as many others, made from the fresh plant. The poor homœopath, like the non-homœopath, often looks at the price rather than the quality. The homœopathic practitioner who values success secures his drugs from a pharmacy having a reputation for providing the drug ordered or of giving a reason for its omission from the order. Then he dispenses his remedy to his patient, thus knowing just what the patient is getting and the amount that he is receiving. Had he to send his patients to the ordinary drug store to have their prescription filled, I am sure he would soon think the law of homœopathy a farce.

Many homœopaths think that because we prescribe our own remedies that we escape the great danger of substitution that is such a real hoodoo to our non-homœopathic colleague, but such is not the case. When you can buy homœopathic tincture at a price close to or even below the cost of grain alcohol dangerous substitution must exist. When you can buy triturates for less than sugar of milk, there is also a good reason for it. We have seen *iodine*, low trituration, without any *iodine* present. We have triturations and tablets in our possession of soluble drugs that will not dissolve.

We remember on one occasion when called into consultation we expressed our opinion that the remedy chosen was the right one. Inquiry disclosed the fact that the attending physician was purchasing his remedies at what you might call our bargain store homœopathic pharmacy. Giving to the patient the same remedy and potency (B. & T.) from a reputable homœopathic pharmacy secured immediate and beneficial results.

We know careful non-homœopaths who are using simples, securing principally either P. D. & Co.'s or B. & T. tablets, and sending very few prescriptions to a drug store. We know one physician who uses B & T.'s tablets of *Calomel* 1-10 gr. and will have no other, "because they always act the same"

In conversation with a prominent non-homœopath, he expressed the thought that he never knew what he was giving to a patient, for he never was certain that his prescriptions were put up as they were written. To a conscientious physician it must be a great drawback not to be able to place any confidence in the man who fills his prescriptions. The result will be either that he must stop writing prescriptions or that his conscience will become so hardened that he will practice for the money that there is in it without regard to results.

During the last session of our state Legislature there was a bill passed, entitled "An act to promote the public health," etc. It was more properly an act to protect licensed physicians. If our dear friends who spent so much valuable time and money on this bill would draft and secure the passage of a bill that would prevent the selling of adulterated drugs, the substitution of one drug or agent for another or of one preparation of a drug for another, and would stop the druggist and pharmacist from filling or refilling prescriptions other than those bearing the signature of a licensed physician, it would have a more decided bearing on the public health than any bill passed in the last six months. Druggists frequently complain that physicians write impossible prescriptions or make an error by writing a prescription calling for a dangerous amount of the drug. While the druggist ought to be protected from these licensed incompatibles, yet they should be compelled either to fill the prescription as written or to refuse to fill it until corrected by its maker. Make the doctor responsible for correctly writing the prescription and the druggist for correctly filling it.

The best way to escape the substitution is to be scientific, for the scientific physician of any and all schools never mixes; he uses simples, can furnish them and knows then what he is doing.

*Denver, Col.*

## ECHINACEA AS AN INTERNAL ANTISEPTIC AFTER LABOR.

Editor *Medical World* : A new idea which I have been using in my practice of late may be of some use to others. *Echinacea angustifolia* has a reliable reputation for counteracting septic conditions of the fluids of the body. Knowing this to be so, I determined to use it for the purpose of heading off any slight septic post partum condition from whatever cause. Very few labors occur without more or less laceration of the ostium vaginæ. A slight tear in this locality will result in some infection in spite of any local application which can be made. I believe that the slight fever which is so common about the third day, and which we were formerly told was due to the commencement of lactation, was due to nothing but septic infection. There is danger of septic invasion of the uterus from these slight tears, if left to natural trend. Again, often there remain in the location of placental implantation fragments of placenta, or shreds, or slight blood clots, which perchance become infected before being freed and washed away by the lochia. Again, there may be, and this is the rule rather than the exception, lacerations of the cervix, furnishing a door for the entrance of infection.

With some, if not all, these sources of systemic infection after labor it is not surprising that nearly every patient has "third-day fever." My idea is to give *Echinacea* to ward off, counteract and prevent these feverish conditions by early use of its internal antiseptic action. Experience has demonstrated the correctness of this idea, and my patients do not have post partum fever from "milk coming" or any other cause. I also find that lacerations of the perineum one-half to three-fourths of an inch deep do not require stitches when I use this valuable drug after labor. Another advantage in the use of *Echinacea* is the tendency to prevent absorption of infection from cracked nipples and cause mammary abscess. Too much milk does not cause suppuration; there must be infection. *Echinacea* guards against this. Theory is all right, and the practical results are exceedingly gratifying.

A. D. HARD, M. D.

*Marshall, Minn.*

Editor of the HOMŒOPATHIC RECORDER.

A good homœopathic practice awaits a good homœopath at Plainville, Onon county, N. Y. Town located in a rich farming country, six miles from railroad; church, school, blacksmith shop, wagon shop, two stores and cigar and tobacco factory. One mile from Seneca River.

The roads are good and ride easy.

Practice worth from \$1,500 to \$1,800 a year and few bad debts.

It is now vacant and should be filled at once.

I practiced there for three years and would be glad to help a good man as much as possible.

Yours truly,

FREDERICK HOOKER, M. D.

*Syracuse, N. Y., July 6, 1905.*

---

### FROM MY PRACTICE.

By Dr. G. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, July 1, 1905.

Puhlmann in his Manual, lately issued, says: "There are many persons who are disposed to erysipelas during the rough season, especially such persons as have suffered from it." This is the case with one of my patients, a woman of fifty years. For three years in succession she has had erysipelas every winter.

The first time she was seized with the disease in the right arm, and the attack was slight, with little fever and without any incident. Of course she observed fever diet, and for treatment it was sufficient to cover the swelling with raw cotton.

Last year the erysipelas appeared in the head with very violent attendant symptoms, such as pulsating headache, lancinating pains in the swelling, fever, delirium and finally numerous blisters. But all these troubles were soon removed by first giving *Belladonna* 3, and afterwards *Apis* 1, with strict diet and the necessary caution.

This year the erysipelas appeared the third time, this time on the left thigh; from there it migrated to the right thigh, and finally it encompassed the whole trunk up to the breasts.

With all this there was no noticeable fever, no blisters, no œdema or other complicated symptoms. The skin was tense, but not too red.

After two weeks' hygienic treatment everything was again in order.

Was this, then, the wandering erysipelas which Dr. P. Jousset compares with a malignant form of the various eruptive fevers? We do not judge so. The patient, irritated by the itching, had, as she confessed, scratched it with her nails and thus transferred the germ of the erysipelas from the one place to the other. She also had a very scrofulous constitution, and therefore we believe with A. v. Gerhardt, that the common chronic obstinate erysipelas, reappearing rarely in the same part of the body, and attended by but slight fever, is mainly a scrofulous appearance. Therefore patients who have already suffered from such relapses should endeavor during the intervals which are free to transform their scrofulous soil by means of a corresponding treatment.

## II. An Effect of Silicea.

Two months ago, a young lady, twenty years of age, came to my office. The patient told me that she had her right ovary excised in a public hospital. She would not tell me why this was done. She had left the hospital the first week of September; the wound from the operation, however, was by no means healed up, but there was a fistula from which there flowed a copious supply of foetid pus. The patient had had the wound tied up with an antiseptic bandage and since her dismissal she returned every two weeks to the hospital, where they contented themselves with renewing the bandage.

In the meantime the suppuration did not diminish, and the patient determined to seek aid from Homœopathy. I examined the patient and could discover nothing else but the suppurative condition which she had before described to me; so I promised that I would soon cure her. The suppuration had, indeed, greatly diminished in two weeks, and two weeks later both suppuration and fistula had disappeared. The wound showed a cicatrice and has since then remained closed without causing any trouble.

How was this result reached? Simply by giving *Silicea* 6, two drops morning and evening, of course with an aseptic bandage and strengthening diet.

## III. Inflammation of the Vermicular Appendix.

As is well known, within two days the eminent Bonapartistic author, Paul de Cassagnac, succumbed to an appendicitis, which had developed in an acute manner after an illness from chronic bilious calculi. Such cases are not so rare, as might be believed, and perhaps a connection might be traced between the frequent cases of appendicitis and the cases of liver disease which are also quite common at this date.

But not all cases of appendicitis have as unfavorable an issue as the one above mentioned. I was reminded of this by one of my patients last week, a woman, seventy years of age, whom I had treated for several years when she had suffered at various times from gall-stone colic.

My patient summoned me last August and said: "Oh, Doctor, it is the old matter again; I was in hopes it would pass off of itself, but since I have felt such great pains for four days I must ask you to prescribe for me the usual remedy, which always brings such good effects."

The usual remedy was *Podophylum* ʒ Dec. trituration. Still I did not wish to prescribe this remedy blindly, and told the patient I would like to examine her first. There was no fever. But the patient was not willing, saying: "You know, Doctor, that old women do not like to be examined. I do not want any examination, the more as the pains are just the same that I always had in my previous attacks. Therefore prescribe for me the same effective remedy, and come back the day after to-morrow to see how the matter progresses. If it is not better then we still have time for examining."

So I prescribed *Podophylum* and came back on the day designated to convince myself of the action of the remedy. The remedy had, indeed, helped; the old woman made no more complaint about her pains from gall-stones, and thought she was wholly cured. But I found that she had violent fever, so that I earnestly insisted on a further examination and the patient consented.

And what did I find? In the right iliac fossa I discovered a longish, egg-shaped swelling, which at the slightest pressure showed itself painful. There could be no doubt that there was here a case of appendicitis which had not yet passed into supuration. The patient insisted on knowing the diagnosis, and as she was a very reasonable and energetic woman I did not hesitate

to tell her the truth. At the same time I told her I did not think that a surgical operation was necessary, but that it would require prolonged medical treatment for some time. The patient agreed to this.

I at once provided for a movement of the bowels by a daily clyster. To counteract the inflammatory symptoms I prescribed *Belladonna* 3 and *Mercurius sol.* 6, in alternation, and in a few days the inflammatory symptoms had disappeared and all the fever had ceased. I had also prescribed a suitable diet, which was preserved during the whole of the disease.

But the swelling still remained. It was now, indeed, painless and it required a deep pressure in the iliac fossa to cause even a slight pain. To remove this feature I used a treatment which had been successful also in previous cases, *i. e.*, morning and evening two drops of *Silicea* 6, and on the side of the abdomen affected compresses after the method of Priessnitz, and I sprinkled ten drops of *Apis* 1 on the compresses.

I continued this treatment for three months and saw the swelling gradually disappear. About two weeks ago there was only a very slight induration with a grumbling noise when I pressed on the part affected. *Lycopodium* removed this last symptom; the cure was completed. Thus my patient compared her case with that of Paul de Cassagnac last week, with much gratification at the difference in the outcome.

---

## THE POWER OF ANTIPSORICS SHOWN IN A CLINICAL CASE.

By Dr. Goullon Weimar.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop.*  
*Z. f. Hom.*, July 1, 1905.

The theory that most chronic diseases owe their origin, as taught by Hahnemann, to itch (psora), has long been given up. But he had too penetrating a mind to state this without having some truth at the bottom. Even if we do not now believe in invalidism produced by itch (psora), as he styled it, we yet fully agree with the Reformer and Liberator from antiquated therapeutic dogmas as to the importance of eruptions of the skin and exanthems of various kinds. We agree with him as to the critical nature of such crises of the skin, and finally we acknowl-

edge the power of the antipsorics which he introduced, and which not only possess curative power, but are also able to produce important critical eruptions so as to effect the cure of severe internal injuries by a natural cure. Hahnemann has pronounced the condemnation over the notion that such exanthems of the skin were without connection with the internal economy and with the general constitution of the patient; at least such is the case with a great number of cases of disease. Why else was it that some of the forms resisted even the strongest external remedies and why, in the case of others, the patient suffered the severest injuries through driving away or suppressing such eruptions? Laymen in such matters often show more sagacity than physicians and even specialists in skin diseases.

It was at Pentecost when a child was brought to me that made a most lamentable impression. An untamable obstinacy and mental indifference had resulted from its physical condition. The boy, about four years old, could hardly breathe, on account of the swollen condition of the mucous membranes of the nose and of the fauces; it had hypertrophied tonsils and at night it was unbearable on account of its snoring and labored respiration. To this was added the inability to restrain its urine; there was also prolapsus of the rectum, and the poor boy made a really bestial impression. The thought lay near not to begin the treatment at all, but to turn him over to the specialist for nose and ear diseases. "Yes, if we did not know better," I had to say to myself with Mephistopheles, "without comparison." This seemed to me an excellent opportunity to prove the antipsorics as to their worth. To remove his condition I used *Sulphur*, the king of this group, in curative potencies only known to Homœopathy, and the mightiest antiscrofulous remedy, *Calcarea carb.* How often, and in what potency? Into two powders of sugar of milk I dropped three drops of *Sulphur* 12 D., and of *Calcarea carb.* also three drops of the 12 D. Of these the boy received only one powder a week, before going to sleep. Otherwise absolutely nothing was done, either externally or internally. Otherwise the *Propter hoc* of the antipsoric might have been called into question. But thus it was irrefutably established that these had exercised their modifying curative effects alone, and not alone on the physical condition but also on the life of the mind and soul of the patient, with processes on the skin which must be ascribed to the well known and renowned *Sulphur*.



Four weeks later I again heard from my patient whom I had taken up under such unfavorable prognostic auspices. The mother, a simple peasant's wife, sent me word by her sister: "I am perfectly contented." The appetite had returned (effect of *Calcareia*); it had been totally lacking. The patient eats at least soup. The stupidity has diminished, he now pronounces many words and, what these people regarded as of special moment, "he does not press out his rectum any more." And now the part which is most interesting for the thoughtful and far-seeing physician were the words: "*He has also great red pimples on his back.*" These words cannot be underscored heavily enough. For even if the exact nature of the pimples may not appear, the simple fact of the breaking out of such an eruption is perfectly sufficient, as it coincides with the complete change in the condition of the child. Of the actual change effected I was myself enabled to become visually convinced soon afterwards.

Such cures are among the brightest achievements of Homœopathy, and establish with those who witness them the conviction of its superiority in cases where traditional and also modern allopathic therapy must acknowledge its insufficiency, even if the Hahnemannian art will not deny the saying: "*Sunt certi denique fines.*" But this case presents a fact peculiar and specifically belonging to Homœopathy alone.

---

## TREATMENT OF NEURALGIA OF THE TRIGEMINUS, OR TIC DOULOUREUX, OR PROSOPALGIA.

By Dr. Picard.

*Aconitum*, especially in fresh cases of neuralgia of the *Nervus suborbitalis*. *Aconitin* 4 D., when there is numbness and formication in the painful parts of the face.

*Agaricus*. A good remedy in neuralgia, supraorbitalis and ciliaris. Lancinating, cutting burning pains in the forehead, boring pains in the bones, especially in the root of the nose, convulsive contractions of the muscles of the forehead and the eyelids and movements of the pupil itself. Pains extending even into the eye, improved by external pressure, aggravated by the open air. Lachrymation.

*Agnus castus.* Pain in the dorsum of the nose.

*Argentum nitricum.* Especially neuralgia of the second branch; penetrating pains radiating from the left protuberance of the forehead toward the upper jaw, tearing in the molars, aggravation through cold drinks and through chewing. The attack is accompanied with a sour taste in the mouth. Contractions of the muscles; pale and depressed, the parts affected seem swollen; amelioration through tight constriction.

*Arsenicum.* Neuralgia from malaria; pains as from burning needles, especially on the left side, in neuralgia supra- and infra-orbitalis.

*Belladonna.* Especially on the right side and infraorbital; pains radiating into the cheek, the ear and the throat (*Atropinum sulph.* 4-6 trit.).

*Bismuthum.* Cutting, boring pains above the right orbit, pressure in the right pupil, from before backward, and from below upward; pains in the right upper jaw, increased by pressure, relieved for a moment by cold water; neuralgia alternating with gastralgia.

*Calcarea carb.* Especially in chronic cases with symptoms of *Calcarea*. Pain from the right foramen mentale through the lower jaw into the ear. Better from warmth, worse from cold.

*Causticum.* Pain in the right upper jaw, extending into the ear. Worse at night and from cold wind.

*Cedron.* A good remedy in all neuralgias of the trigemini, returning at stated hours, and caused by malaria.

*China.* Neuralgia from malaria (especially affecting the second branch). The face is troubled, alternately red and pale; worse from walking, touch, in the bed, at night; improved by eating. The attack is followed by great weakness (the pains pass from the left to the right side, and especially in the infraorbital and the maxillary branches); the same indications serve for *Chininum sulph.*

*Chelidonium.* Nervus supraorbitalis and temporalis, especially on the right side. Disturbances in the liver, chilliness; heat in the evening, perspiration in the morning. Light, air and motion aggravate the ailment. (In the left eye a tearing pain, which extends to the zygoma, the teeth, the forehead and the temples. At first alleviated by pressure, but soon he cannot bear the slightest touch; periodical, in the evening in bed.—Hering-Farrington.)

*Cimicifuga*. Neuralgia as a reflex suffering with women. Pain of the pupil, stitches in the eyelids; pain radiating into the neck, into both the jaws and into the junction of the jaws. Much more violent in the morning at ten o'clock; less at night, the pains return with the break of day. (Intense pains in the pupils, worse from moving the head or the eyes, and in the evening.—H.-F.)

*Coccionella*. Facial neuralgia returning every 8, 12, 14, or 21 days.—(Lilienthal.)

*Colocynthis*. Convulsive pains, which external pressure suddenly alleviates, but which at once return and with greater violence. Especially on the left side and below the orbit or the zygoma; the pains extend into the eye. (Tearing or burning and stitches on the left side, extending into the ear and the head; tearing in the cheek; in the left cheek bone, pinching and pressure, extending into the left eye.—H.-F.).

*Conium*. Neuralgia ciliaris; severe photophobia (at night stitching, tearing pain in the face.—H.-F.).

*Ferrum*. During the attack the face is fiery red; it becomes pale and sallow in the open air. Worse at night and in bed; improved by walking about slowly.

*Gelsemium*. An efficient remedy. Very pronounced paroxysms, especially suborbital; twitches (contractions) of the muscles, gnashing of the teeth, transitory improvement through stimulants; nervousness. Neuralgia of the eyes with double vision.

*Glonoïn*. Indicated in great arterial excitation.

*Hepar sulph. calc.* Especially in chronic cases in syphilis after abuse of *Mercury*; pains in the zygoma, radiating into the ears and the cheeks. Worse from touching and from cold, also from cold and dry wind, alleviated by heat.

*Ignatia*. Is suitable for hysterical persons; supraorbital pains on the left side, extending to the eye.

*Kali bichrom.* Supraorbital pains on the left side, extending to the root of the nose, the upper edge and exterior angle of the orbit, or also pain which is localized in the right internal canthus. (The bones of the face are sensitive, painful as if sore from beating; shooting pain in the left upper jawbone, toward the ear, acute in the infraorbital side of the cheekbone.—H.-F.).

*Lachesis*. Pains on the left side, radiating toward the orbit and the upper part of the cheek; and toward the lower jaw; very sensitive to the least touch, more than to strong pressure.

*Magnesia carb.* Neuralgia infraorbitalis on the left side, worse at night (tearing, digging and boring in the cheekbone.—H.—F.). He has to get out of the bed; sensation of tension, as if the white of an egg had dried on the skin; chilliness; worse from walking, from touch and from change of temperature. Swelling on the cheekbone with pulsating pain therein.—(H.—F.).

*Magnesia phosphor.* Supraorbital pains on the right side, intermittent, aggravated by touch and pressure, at night; alleviated by heat.

*Manganum acet.* Neuralgia of the tongue, nocturnal, burning pains; alleviated by fresh air.

*Mezereum.* Neuralgia of the zygoma (nervus inframaxillaris) of the blended nerves, periodically from 9 A. M. to 4 P. M.; boring, pains like lightning, followed by numbness; aggravated by heat. Contraction of the muscles of the face, salivation, formication, chilliness; after the abuse of *Mercury*. (Prosopalgia on the left side, from above the eye to pupil, the cheek, the teeth, the neck and the shoulder with lachrymation; the conjunctiva is injected; the parts are sensitive to the touch; neuralgic pains, coming on quickly and leaving behind them numbness in the parts affected; worse from heat.—H.—F.)

*Natrum mur.* Cases caused by malaria and having their seat in the upper cheek (the zygoma). This remedy is indicated in proportion as it suits the constitution. (Prosopalgia returning periodically, especially after the suppression of fever, pale face, great thirst.—H.—F.).

*Nux vom.* Supraorbital neuralgia; caused by malaria.

*Platina.* Piercing pains in the zygoma. Numbness, sensation of enlargement; with hysterical women with excessive menstruation. Reflex neuralgia with women with uterine troubles. (Sensation of coldness, numbness and pricking in one side of the face (right). Convulsive pain, constant compression, feeling of numbness and of boring in the bones of the neck.—H.—F.).

*Pulsatilla.* The pains begin in the teeth and change their location; tearing, jerking with nervous excitement; in irregular intervals; worse when chewing, speaking, or from hot or cold things in the mouth, in the evening, and from heat. After the abuse of *Quinine*.

*Rhus tox.* Neuralgia supraorbitalis on the left side; burning, drawing and tearing in the face; sensation as if the teeth were too long; restlessness.

*Sepia*. Intermitting pains, twitching pains; like electrical discharges, directed upwards; congestion towards the eyes and the head.

*Spigelia*. The best remedy for facial neuralgia with sympathetic pains in the eye on the left side; periodical; the pains appear and disappear quickly; aggravation at noon; amelioration in the evening. Transitory palpitations; lachrymation and redness of the eye on the side affected. Sudden lancinating pains, tearing, burning shooting in the eye, in the cheek bone, the molars. Aggravation from moisture, touch, pressure; improvement from taking a walk. Useful after abuse of *Quinine*.

*Stannum*. Pains which increase and decrease gradually, supra-orbital; aggravation from 10 A. M. till 3 P. M.; useful after abuse of *Quinine*.

*Stramonium*. Great excitement; contractions all over the body. (Nervous prosopalgia with furious pains, convulsive thrusts and jerks through the body; throwing the arms upwards; the skin on the forehead is wrinkled. Pain in the cheek near the left ear, as if the bone was being sawed in two; the muscles are in an oscillary motion.—H.—F.)

*Sulphur*. Chronic cases after the abuse of *Mercury*, or from swamp-fevers. Aggravation in the morning and the forenoon.

*Verbascum*. Often very useful. Lively pains, darting like lightning, pressive, mostly right sided. Aggravation from 10 A. M. till 4 P. M., through motion, in talking, sneezing, through draughts, change of weather. Redness of the face, salivation and lachrymation.

*Zincum*. Suborbital neuralgia, burning, twitching, lancination, bluish eyelids, sensation of constriction of the throat. Aggravation in the evening, from wine, through motion, through the slightest touch; cold perspiration of the forehead; vertigo.

#### Locality of the Pains.

SUPRAORBITAL: *Agaric.*, *Chelidon.*, *Ignatia*, *Kali bichrom.*, *Magnes. phosph.*, *Rhus*, *Stannum*.

ROOT AND DORSUM OF THE NOSE: *Agnus cast.*, *Phosphorus*.

EYES: *Agaricus*, *Cimicifuga*, *Gelsemium*, *Spigelia*.

UPPER EDGE OF THE ORBIT: *Lachesis*, *Gelsemium*.

LOWER EDGE OF THE ORBIT: *Phosphorus*.

INFRAORBITAL: *Argent. nitr.*, *Bellad.*, *Caust.*, *China*, *Cimicifuga*, *Colocynthis*, *Gelsem.*, *Magnes carb.*, *Phosph.*, *Zincum*.

TEETH: *Mercurius, Silicea, Staphysagria.*

LOWER JAW: *Calcarea, Cimicifuga.*

ZYGOMA: *Colocynthis, Hepar, Magnes. carb., Mercur., Mezereum, Platina.*

It will be well to give:

*Aconitum* for the fever in the beginning with redness of the face, restlessness, numbness and formication.

*Spigelia*: Lancinating pains on the left side, with aching of the eyes.

*Mezereum*: Pains especially in the zygoma.

*Staphysagria*: Neuralgia in carious teeth.

*Cedron*: Clearly pronounced periodical neuralgia.

*Arsenicum* and *China*: Neuralgia from malaria.

—*From Revue hom. Francaise.*

---

## OBSERVATIONS ON SICK CHILDREN.

Prof. Dr. Saltmann, of Breslau, communicates in an address a series of results from his experience with children, which may serve as indications in order to determine the disease of children as yet unable to talk. He says: We may conclude on whooping-cough when the child cries out violently, and screams with mouth wide open, while it presses its eyes shut. When it puts its hand to the mouth it is teething, or there is some other morbid process in the buccal cavity. In colic, the little legs are alternately drawn up and thrust down. The child lies with reddened face, bathed in perspiration and cries. Very sick children on the other hand do not cry at all, as we see with those whose disease is of the lungs or the abdomen. The child then shows an unspeakably sorrowful, oppressed expression, as if it would cry out, but changed its mind. Characteristic and always different is the position of children in inflammation of the lungs and in inflammation of the pleura. In inflammation of the lungs, the child always lies quietly on the back; but in inflammation of the pleura, it always lies on one side, and that the side affected, and when taken up they bend over toward the side affected. But in inflammation of the peritoneum the children always lie on the back, with the legs drawn together. On the face there is an expression of sorrowful oppression. In croup, which, as is well known, constricts the windpipe and shows itself in hunger for air and in dyspnoea, there

is expressed in the face a dreadful, distressing anguish. All the muscles concerned in respiration, as well those of the neck as of the chest, are on a strain in order to convey air to the lungs. For this critical moment the celebrated Romberg has given the characteristic, physiognomical sign, in saying: "When the young practitioner is called at night to the bedside of a croup patient, one look at the quiet nostrils and the diaphragm may suffice to enable him to comfort the watchers that there is no danger." A similar anguish shows itself on the face of children sick in the heart, but these have more of a staring and immovable expression, with helpless eyes wide open, the children sit there, the muscles are no more sufficiently nourished by the blood and become relaxed and elongated; it is said then: "the children make a long face." And no less strongly is the expression of the face of the mentally alienated distinct. The child's expression is altogether strange. Staring, earnest, devout, a peacefulness, telling of misfortune coming, is impressed on the face of those who have meningitis. The head is drawn backwards, the eyebrows are wrinkled in order to shade the eyes, the lips are closely pressed together. This character of the devout and sublime has given rise to the saying: "The children are playing with the angels." These harbingers of death bring about the mournful ending under convulsive attacks. Also in diseases of the intestines the study of the expression gives us some important points. In cholera infantum or summer-complaint, the expression of the child shows what is disagreeable and repugnant. The tongue is put out, there is much spitting and the like. In inflammation of the bowels, the body of the little ones dries up like a mummy and gets an old look. The cushion of fat deposited under the skin disappears and the children come to have what is called a "Voltaire face."

These are some of the signs of nature in the speechless world of infants. The endangered life of the soul finds its expression in the visible types of the body. It is the language of the dumb, which suffering imprints upon the body, it is instructive to learn to interpret it, and the knowledge is instructive and valuable for all friends of nature and of the children's world.

*From Zeitschrift fuer Erziehung u. Unterricht.*

## ANTI-FAT TREATMENT.

By Dr. H. Goullon, Weimar.

“Not every man nor even every physician is able to cure obesity. It requires study, and a good deal of it, if human lives should not be thereby endangered.”

These words of Dr. Schindler Barnay should be impressed on all those who take such treatments lightly and have no idea to what dangers they expose themselves by a rapid treatment according to the routine without individualization.

We must especially warn against the forced anti-fat treatments at Carlsbad and at Marienbad; people might have been warned by the vertigo frequently showing itself after the use of the water at the Ferdinandsbrunnen, owing to its greater contents of salts and carbonic acid gas when compared with the milder Kreuzbrunnen at Marienbad. It is true that the size reached by some of these unfortunate patients is often so colossal that at any cost something energetic and effective has to be done. It may be interesting to cite some attested examples from the work of Dr. Schindler Barnay quoted above (*“Die Verfettungskrankheiten,”* published by Moritz Perles, Vienna). In the year 1754, a Mr. Hopkins died. He had permitted himself to be exhibited on account of his great weight of 980 pounds.

Benjamin Bowen, “the fat man,” died at Holt (Dorset), weighing 476 pounds

Keisler mentions a fat Englishman, weighing 550 pounds, who was carried about in a sedan-chair by ten men in the sweat of their brow.

Wadd tells of a man in New York who is said to have weighed 1,100 pounds in his thirty-second year.

Now, what is the cause of obesity?

1. Consuming too much of food, producing fat.
2. The insufficient consumption and combustion of the fat in the body.

The right way of treating such cases is founded on these facts: The corpulent man must eat less than before, must especially avoid fat food—for fat makes fat—and also the so-called carbohydrates, such as potatoes, bread, cake, sweet things. On the other hand, lean meat, fish and fowl are permitted. Of vegetables there are permitted: Spinach, asparagus, salads; so also peas,



lentils, beans, groats, but not rice. *Beer is absolutely forbidden*, since the alcohol which it contains furthers the formation of fat. But a main factor of this therapy is *motion*. "Man not only digests with the stomach, but also with the legs." Therefore, also long sleeping and the noon-nap is not suited for corpulent people. "*Post coenum stabis, sue mille passus meabis.*" Motion quickens the combustion of fat.

We should take to heart the words of Paul Niemeyer. He compares man to a stove and according to the difference in the materials consumed the consumption of the same is of varying degree.

"The body consumes the more warmth (or oxidizes and consumes more), the more activity there is and the colder the external atmosphere; but he consumes less, the less he works and the warmer the air around him is. In the former case, therefore, more fuel may be put in, but in the latter case we must warn against over (h) eating. The combustible material which we consume in our daily bread consists of meat and of vegetable diet. Meat in general corresponds to coal, light vegetables to wood. Among the articles acting as coal we may also count pulse, potatoes, fat and sugar; and as anthracite coal we may count: Pork, bacon and fat sausages.

Sedentary life (and the unwieldy corpulent, all belonging more or less to this class) can only bear a light diet, lean meat and little of it, light vegetables prepared with salt, and wheat bread. A laborer's life will stand heavy diet: Fat, cabbage, rye bread,—in higher degrees also fat pork, pulse and potatoes.

A sedentary occupation allows only one chief meal and ought to be generally content with milk-white bread, butter, a moderate lunch and cold dishes in the evening.

A sedentary occupation does not agree with regular heating up with spirituous and alcoholic drinks. Smaller doses of the nobler spirituous liquors are allowable occasionally to introduce a more thorough combustion after burning fat pine wood.

Again, the lighter kinds of wine correspond to wood fires. Whiskey, beer and especially lager-beer and heavy wines correspond to coal fires. The same may be said of coffee, tea and chocolate in proportion as they are made strong and are taken with sugar.

To the proper care of the body may be added baths and in general the proper care of the skin, and Dr. Schindler Barnay sees in

steam baths a strong weapon against obesity. Where there are disturbances in the circulatory system in consequence of the accumulation of fat, the stream of blood should be deprived of its water, according to the method introduced by Oertel and applied by his pupil, Schweninger, on Chancellor Bismarck, with the well-known success, *i. e.*, the supply of fluids is diminished, the quantity of liquor is limited, while perspiration and transpiration are increased. Thereby the pressure in the circulatory system is diminished and the work of the heart is lightened. Dyspnœa is removed and the lungs work more easily. Systematic mountain-climbing, with increasing ability ever higher into the free and fair air of the mountains and the woods rich in ozone, is the aim of the sanitariums in higher localities, introduced by Oertel and which have become so popular.

As to the fatty degeneration of the heart specially, Oertel in his "Manual for the General Therapy of the Disturbances in the Circulation," lays down the following theses: The muscle of the heart itself takes parts in the excessive laying up of fat, partly through the deposition around it of fat, and partly through the deposition of fat between the fibres, called by Kisch "the fattened heart." Owing to this fat, the muscle of the heart is unable to act as formerly, it cannot push forward the mass of blood with the former vigor, and the less so if by too abundant supply of fluids, whether these consist of beer, wine, milk or water, a greater work is imposed. This causes a disturbance in the hydrostatic equilibrium, the veins become surcharged, the lungs are distended as the blood vessels there; thence arise bronchial catarrh, dyspnœa, heart failure and perspiration. It is not enough, therefore, that corpulent people should avoid food forming fat, but it is also necessary to limit the supply of liquids to the lowest measure. Furthermore, the excretion of fluids is to be induced by bodily exercise, especially by systematic climbing of mountains which also makes the muscle of the heart more able to work, and by Roman-Irish or steam baths. We are less inclined to enthuse over the injection of *Pilocarpine* which the author also recommends.—*Leipziger Pop. Z. f. Hom.*

## SOMETHING ADDITIONAL AS TO THE CURABILITY OF THE CATARACT.

By Dr. H. Goullon, Weimar.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeit.*

We have before this (See No. of Dec., 1903, p. 186) spoken of the curability of some kinds of cataract through internal medication, especially according to the principles and with the remedies of the homœopathic curative method. A short time ago I received a report of such a patient (dated Nov. 15), which says: "I am glad to be able to report to you, that the improvement of our cataract-patient is progressing from day to day. She is now already able to read without any spectacles, as well as to do sewing."

I have been treating this patient since the 18th of August of last year, and have ever since received reports of improvement; so on July 19 and October 6. As stated before in my articles, the cases involved were such generally had been diagnosed by specialists as being incipient cataracts.

A complete obscuration of the lens, such as even a layman can recognize, even I consider to be incurable. But it should be considered that without homœopathic treatment the typical cataract would have irresistibly advanced in these cases which were checked in their initial stage and may thus be said to have been cured. We have an analogy to this in the hardness of hearing of a progressive nature which has been so excellently described by Weber-Kiel. The heredity of the cataract, as well as that of this kind of hardness of hearing, has been in various ways irrefutably established.

I would here again call attention to another cure by means of *Sepia*, which the reader will find in the fourth volume of the *Homœopathic Press* (p. 691). As thirty years have passed since then, it may not seem uncalled for to recount again this case.

Since Whitsuntide, Miss T., after having taken cold, suddenly was taken with a disturbance of quite a peculiar kind. From that day on she saw black figures as large as the palm of her hand flutter before her eyes. These visionary images have the form of spiders' webs or of lace. Accompanying this there was an intense pain in the eye-sockets, thus in its surroundings. The

pain is of the pressive variety. It is worse in the open air. All the symptoms are in the highest degree burdensome to the patient, on account of their stubbornness and persistence.

The ordinary examination of the right eye, which alone was affected, yielded no positive result, and there was nothing in general that could even proximately explain the subjective symptoms.

The patient stated, however, that she had for a long time observed a steady decrease of her power of vision. She had been wearing since her fiftieth year so-called "sewing glasses," *i. e.*, she is far-sighted; though this in itself, since she is now sixty-nine years old, does not appear unusual. She received *Belladonna*, *Sulphur*, *Kalium iod.*, as an experiment, but without any result. At my request, she consulted a specialist. I then asked her as to the result of the examination. It was merely "nothing could be done at all." So the diagnosis remained so far undiscovered. Now, *Sepia* is one of the remedies which have enabled Homœopathy to cure scotopsias of a similar kind. So the patient received for two weeks in the morning *Sepia* 3. trit. Within four weeks I succeeded in reducing the size of the phantom from their original size to forms of the size of points, a result which was greeted by the woman with expressions of the greatest satisfaction. This caused me to write to the specialist who was a friend of mine, in order that I might, if possible, find out more exactly what his examination with the ophthalmoscopic mirror had disclosed. He wrote me as follows:

"*My Dear Colleague*:—I am very sorry to have to communicate to you that the patient in question is set down in my journal as having incipient *cataract dura*. This ailment can only, after further development, be cured by means of an operation. This is the real cause of the various changing symptoms about which she complains. The simple sense of her lengthy discourse and really the most important complaint is the diminished sharpness of vision, and when you make a new observation of her power of vision and compare it with a former examination you will find no improvement and all finally depends on that."

Nevertheless, we have to consider also the statement of the patient, and that is as follows: "It is much, very much better." To this is to be added that the disturbance of vision which had been stationary since Whitsuntide has been reduced to a minimum. The spider-like figures which were of the size of her

hand have been reduced to the size of mere points, and, what is also to be considered, the pain in the region of the constricting muscle, which had been very lively and severe has also almost vanished. Up to the time when *Sepia* was given, the ailment had remained invariably the same, but by its use it had been so much improved that it might almost be said to have been cured, and this state had so remained up to November and still remains thus.

Such facts admonish us that we do not perform our duty as homœopaths if we send such patients away with a declaration of "non possumus," or simply: "Nothing can be done!"

---

Dr. Sam. van den Berghe reports the case of a young man, seventeen years of age, who had been suffering for two months from spermatorrhœa, the cause of which was not in sexual excesses. The pollutions occurred daily, by night and by day. There was at the same time an obstinate diarrhœa, which became aggravated in proportion as the pollutions were more frequent. On June 29th, Dr. van den Berghe prescribed *Calcarea carb.* 6, every day six pellets. There was an immediate improvement. When the patient returned on July 6th, the diarrhœa had ceased and the pollutions had become less frequent. The remedy was continued during the whole month. There was only one pollution a week. In August the patient had four pollutions in one week; so he received *China* 6, eight pellets a day, and this prescription was continued with success all through September. In October Dr. van den Berghe returned to *Calcarea carb.* and in November the patient was dismissed cured. On March 12th the patient returned. During the last eighteen days there had been pollutions every other day in connection with sexual dreams. *Calcarea* at once relieved him promptly. He had not had any diarrhœa since the first use of *Calcarea*.

---

Dr. van den Berghe makes the following report: A child seven years old, had numerous flat warts in the face, about the lips, on the chin, on the cheeks and on the back of the hand. On April 8, 1903, it received *Calcarea carb.* 6, eight pellets a day. On April 15 they were less prominent, and the smaller ones had already disappeared. The remedy was continued and on April 29 all the warts had disappeared.

## IS LEPROA CURABLE ?

The case reported by Dr. Milton Rice is a positive contribution to this question. The type of this disease was the maculous-anæsthetic form. Through the use of *Sulphur*, *Phosphorus* and *Plumbum*, the hands, which had woefully suffered, could again resume their function, the ulcers in the cornea healed up, the cachexy disappeared, the anæsthesia vanished, as also the scaly appearance of the skin. The cure was accomplished within six months. Dr. Rice used the high potencies. There is no specific remedy, the peculiarity of every case must determine the remedy to be selected. *Sulphur*, *Arsenicum*, *Mezereum* and *Phosphorus* are the remedies most used in cases of lepra.

## SERUM TERRORISM.

By Dr. Grubenmann, in St. Gallen.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
May 16, 1905.

In the last meeting of the Central Union in Luzern, after the address of Dr. Wapler on "Diphtheria Serum and Homœopathy," there was a very animated discussion, as the serum found some very warm defenders among our homœopathic physicians. Although it would seem to me that allopathic physicians show more favorable statistics of mortality since the introduction of this serum, I always was of the opinion, as observation and experience have taught me, that the allopathic results in this disease by no means compare favorably with the homœopathic successes.

Before the use of the serum, the ruling school showed 40 to 45 per cent. of mortality in diphtheria; losing all the severe and moderately severe cases, while I, with many other homœopathic physicians, in the last thirty years treated many hundreds of cases—I have not an exact enumeration of all of them—and had in this whole number only twenty-five cases which ended fatally; so that my mortality certainly does not exceed 4 per cent. The most favorable result that I have seen published from allopathic physicians and hospitals, after the general introduction of the serum, was 9 per cent., but more of them showed 12 to 14 per cent., and in many of the cities of Europe it has mounted far higher, as has been shown in detail in the *Zeitschrift des Berliner*

*Vereins der Homöopathischen Aerzte*, in the March number, 1905, by Dr. Dermitzel. I would urgently call the attention of all my colleagues to this meritorious article; they will find that not much that is said there can be refuted. I was about to publish an article in the *Allgemeine Homöopathische Zeitung* this spring on diphtheria, with a notice of Prof. Kassowitz, whose article I had only read after writing my paper, when the article of my colleague, Dr. Dermitzel, came into my hands. This makes it unnecessary to speak of *Gottstein* and *Kassowitz*, and to insist on the fact that all epidemics have their rise and fall and disappearance, even without the action and interference of the official sanitary apparatus, with its terrorizing, disinfecting and vaccination.

Even before I had heard of *Gottstein*, some twenty-five years ago, I had come to see that even in those periods when there was as yet no proper disinfection, nor any compulsory vaccination, epidemics, *e. g.*, of cholera and of small-pox were sometimes lighter and shorter, and at other times, *ceteris paribus*, more pernicious and of longer duration. At the present time there is a certain terrorism in the treatment of diphtheria, so that it is not a small matter for a physician NOT to use the serum, because in the case of a fatal issue, it would be said, that the person would not have died if the serum had been injected.

In this uncomfortable and fatal situation I have to use the utmost endeavors to avoid losing any such case. I cannot afford to lose any case, even if it should be a sceptical one, while, if the serum were used, without success, nothing would be said. This shows to what a pass we may be brought by advertising, terrorism and the rule of majorities. This explains why I have not now so many cases of diphtheria to treat as formerly; nevertheless, I had twelve cases since last October; of these, four were extremely severe, three with extended diphtheria narium et faucium and with laryngeal diphtheria with a threatening stenosis for twenty-four hours.

I must add that we have not had in the city of St. Gallen any great epidemic of diphtheria for the last six months, according to sanitary bulletins within my reach there have not been more than seventy cases altogether. How many of these died under the serum-treatment altogether I cannot find out exactly, but I have come to know of three fatal cases. Of the twelve young patients under my treatment, none died, but I will not conceal the fact that with four of them I was in considerable anxiety for about

four days. For about fifteen years I have not used any other homœopathic remedies than *Mercurius cyan.*, *Mercur. bijod.*, *Lachesis*, *Apis*, *Acid nitr.* and *Lycopodium*; in accordance, however, with the experience gathered before in diphtheria, I never give anything below the thirtieth centesimal dilution, and I may say that I have never had any severe sequelæ, such as post-diphtheritic paralysis or albuminuria of more than a few days, duration. In my many hundreds of cases I have never as yet had any cases of paralysis of the fauces, the nose, or of the upper or lower extremities, except in the one case of Willy K., in St. Gallen. He was taken sick on November 9, 1904, with diphtheria faucium et narium with a moderate degree of fever; the exudation in the fauces remained quite small for the first three days, while the sharp, corrosive and fœtid secretion from the nose made the parts between the mucous membrane and the external skin very sore. On the 13th of November, after almost continuous insomnia and restlessness, there appeared grayish, foul and torn membranes on the tonsils, the arch of the palate and the uvula, tending even to the soft palate and not only the tonsils, but also the glands of the neck, swelled up, as also the glands on the outside of the throat to a considerable degree, so that the head and throat showed the well-known and disquieting aspect of a round and pretty much shapeless mass. Here I will not omit to state that in such an advanced state of the disease I not only give *Nitric acid* 30 and *Mercurius bijod.* 30 every hour, but also for the last two years I have been using a homœopathic remedy externally from the end of the jaw to the neck; this remedy is *Arsenic iod.*, in the fourth decimal dilution, ten drops in one or two tablespoonfuls of absolute alcohol of 95 per cent. Septic cotton is moistened with this and laid on the outside of the neck and is attached with India rubber strips, being renewed every two to three hours. I could always, after twenty-four hours, see some diminution of the swelling of the glands, and I would continue this application at most for four days, always without any ill consequences. In the case of Willy, as a result, the glands were less swollen, the exudation on the fauces also received a better color, became more compact and more yellowish, and the line of demarcation soon showed itself, the red line, for which I always look, and which tells me in the most severe cases that the process of cure is securely established, but fully eighteen days elapsed before the throat was perfectly clean, although the fever had stopped



long before; no other case under my treatment had ever taken so long.

It may explain this long duration of the treatment to state that the little boy showed a pronounced lymphatic state, was anæmic and had always been ailing in his digestive apparatus. This case labored for three weeks afterwards with paresis of the pharynx and nose and of the upper and lower extremities; but he attained to perfect health and vigor through the use of *Causticum*, *Gelsemium* and *Phosphorus*. I do not usually treat an ordinary faucial diphtheria for more than six days, and when complicated with nasal diphtheria for ten days.

Another case that was almost equally severe was that of Emma Gr., in St. Gallen, three years old; but her constitution was better and so she got over her diphtheria of throat and nose, attended with a swelling of the glands on the outside of the throat and of the cervical glands from December 4 to 13 by a brilliant cure. The remedies in her case were *Mercurius cyan.* 30 C., *Lachesis* 30 C. and *Apis* 30 C., while *Arsenicum iod.* 4 D. was used externally.

The third severe case was that of Grittli M., combined with diphtheria of the nose; this occurred in October, 1904, and proceeded in like favorable manner.

The fourth severe case was a genuine croup, with only a little and slight formation of membranes in the fauces. On the 9th of December, 1904, in the evening, I was called to see Walter B., and found that he had already lain for twelve hours (after his mother had given him *Aconite* and *Spongia*) in a state of increasing stenosis. His temperature was 104°, with frequent and high pulse, the suffocative dyspnoea was continuous, not by fits and starts, attended with some stridor. I would here remark, that in genuine croup, as well as in pseudo-croup, whether before or after diphtheria, I never give the diphtheria remedies properly so-called, but always *Aconite*, *Hepar*, *Spongia*, *Kali bichrom.* and *Phosphorus* in the 30 C.; of these this patient received *Hepar*, *Kali bichrom.* and *Phosphorus*. These remedies have hardly ever left me in the lurch in laryngitis diphtheretica, and I was astonished when the parents of the boy sent for me in a hurry on the following morning, because the boy still had stenosis. Without hesitation I gave the boy also the alcohol compresses with *Arsenicum iod.* 4 D., as large as a plate, over the region of the larynx, and by evening the dyspnoea and all danger

were over; nor was there any farther formation of membranes in the fauces or the nose. *Arsenicum iod.* helped also here, although there was no glandular swellings, for few of my colleagues will suppose that a stenosis of the larynx which had steadily increased for twenty-four hours without any free intervals should by some lucky turn have passed into a spontaneous cure.

I would again emphasize that I consider it a *conditio sine qua non* for a successful treatment of diphtheria, that the thirtieth centesimal potency be used, and although I consider the lower dilutions as indispensable in many other forms of disease I would absolutely not dare to pass in this case below the thirtieth potency, and I conclude with the words of Bacon of Verulam: Truth is the daughter of time, not of authority.

---

## A CASE OF HEREDITARY SYPHILIS.

By Dr. Goehrums, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
May 25, 1905.

On the 15th of June the little daughter of a postal officer was carried into my office. She was two years old; and had her left hand lanced a year and a half before on account of an abscess; six weeks ago her left knee swelled up and in a week it was lanced, and so again a week and four days ago. It had been vaccinated half a year ago. A former child of this same couple had died four years ago when only eight weeks old, from convulsions, marasmus and summer complaint.

The little patient was pale, somewhat emaciated and could not stand up, because her left knee pained her; she kept this slightly bent, and on its inner posterior edge there was a moderately raised, diffuse swelling, covered with reddened skin, about the size of a nickel; it was of pretty soft, elastic consistency, not cohering with the bones; it showed two scars and one cut still open, about half an inch long, from this there was a discharge of a moderate quantity of thin, yellowish, flaky pus. I could not discover any points of pain according to Weihe's method, but a Hutchinsonian cavity in one of the incisors pointed the way to the treatment required. I gave *Syphilin* 1000, one dose, and I directed that the wound was to be washed morning and evening with warm *Chamomile tea*, which had been strained, and then dried off with raw cotton. I directed the application of a uni-

versal healing ointment to be tied up with styptic cotton. This is my usual way of treating wounds and I have found it to act well even in well advanced cases of blood poisoning, also assisting in restoring the function of the limbs affected.

On July 1, 1904, the little patient came walking into my office; the mother told me that the wound had healed up, but for some days again it had been discharging pus. According to Weihe's points of pain, *Thuja* was indicated, so I gave her a powder containing some pellets of the 200 potency, directing her to dissolve it in four tablespoonfuls of water and to take for two days a tablespoonful every morning and evening.

On March 23, 1905, the mother again presented to me the little girl with the warmest thanks. The child was now well-nourished, and with red cheeks, and could freely move the knee that had been affected. Three weeks after the second prescription, the sore had forever ceased to suppurate; the skin is somewhat contracted in that place, as if from a scar, but it is no more red and has grown to the sinew. When the mother first brought the child to me, the surgeon wanted to split the abscess open and scrape it clean. It is possible that the abscess would then have healed up, but the toxins in the body would not have allowed it to remain in health, and would probably have necessitated surgical operations in other parts until the vital forces would have been exhausted.

Such a success in a case in which lancination had been found necessary in two places on four different occasions is well worthy of observation and proves that great things may be accomplished with a few remedies in high dilution, when we are able to find out the cause of a disease.

---

## MYXŒDEMA AND CACHEXIA STRUMIPRIVA.

By Dr. Stauffer, Munich.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
May 25, 1905.

The following address was delivered at Munich on April 25, 1905, at the spring meeting of the homœopathic physicians of Bavaria:

When in a healthy man the thyroid gland is removed by a surgical operation, there gradually appears a series of symptoms,

which point to a disturbance of the nervous activity. Slowly there is formed an anæmia, with consequent bodily and mental feebleness; there is a slow process of invalidism, until total incapacity is reached. The skin becomes dry, rough, with the formation of squamation and chaps, it is thickened and jelly-like to the touch, cold and coarse; this is followed by complete mental idiocy. This condition has been denominated cachexia strumipriva or thyreopriva.

Myxœdema (from *myx*, mucus, and *œdema*, a swelling) was first described in England by William Gull in the seventies as a disease which manifests itself by a gelatinous swelling and thickening of the skin; it is coarsely elastic, tense, does not show the impress of the fingers; the color of the skin is pale, anæmic, at times yellowish, very dry, rough, scaly. The gelatinous swelling appears especially in the face, but is also found on the whole body. The expression of the face, owing to its breadth and the lack of the play of the muscles, as also on account of the swelling, like a mask, is stupid, idiotic, the lips droop, the saliva runs down over the chin; the eyelids and the nose are swollen, the forehead is smooth and projects strongly, the wrinkles of the face disappear. The nails on the fingers and toes become brittle, they split and become atrophied, the hair falls out. Also the mucous membranes take part in the myxœdematous process, the tongue and the palate are swollen, they lose their mobility, and speaking becomes slow, awkward and unintelligible. The mind shows the following symptoms: General indolence and clumsiness, general apathy, weakness of the thoughts and memory, the patient appears like the imbecile; they are joyless, tired of life; the original awkwardness changed to imbecility and stupidity even to complete idiocy. The whole image with its indolence, awkwardness and tendency to stay in bed reminds one of a pronounced case of cretinism.

Now, if we compare cachexia strumipriva and myxœdema, their close relationship is at once apparent, and it has actually been found that in myxœdema there is usually an atrophy of the thyroid gland. It seems, therefore, that the lack of activity of the thyroid gland calls out that disease. The function of the thyroid gland consists, so far as known at present, probably in making innocuous certain toxins which regularly accumulate in the body; the secretions of this organ, therefore, possess a certain chemical property and their active principle is probably *Jodium*,

which can be proved to exist in an organical combination in that gland. According to Kocher the extirpation of that gland causes a disturbance of the circulation in the brain, he views that gland as being in a manner a regulator for the nutrition of the brain. According to Reverdin the gland is to be considered as an organ, which secretes from the blood a mucous substance and makes this innocuous; when the gland is removed that mucus collects in the blood and is deposited in the skin and the subcutaneous tissue; the same takes place when the gland is atrophied or degenerates.

This gelatinous deposit in the skin neither consists of fat nor of a serous œdematous fluid, but is a mucous, gelatinous mass, which altogether shows the relation and the structure of the mucous tissue.

The essence of the disease, therefore, consists in the lack of activity of the thyroid gland. An examination of the internal organs at the beginning of the disease does not show any change in them; later, indeed, these organs are also seized with the myxœdematous degeneration, especially is this the case with the heart, the liver and the kidneys, and a gradual destruction of the organism takes place. The disease often drags along for years, the most frequent complication is Bright's kidney disease with subsequent hypertrophy of the heart and debility, leading to dropsy, marasmus, paralysis of the heart or uræmia. In less severe cases the prognosis seems to be more favorable, especially when some of the remedies enumerated below are used. Women seem to be more frequently seized with this disease than men.

The *diagnosis* is easy; a differential diagnosis can at most be required in the case of thickening of the skin following after frequent relapses of erysipelas or anasarca in consequence of chronic heart or kidney troubles. But an observation of the state of the mind will soon decide this.

*Therapy.* The treatment of this disease was for a long time merely symptomatic; an improvement of the nutrition, combating the anæmia of high degree, in order to work against the progressive marasmus; the results of such a treatment were correspondingly indifferent. The means used were especially massage, change of climate, the springs and water-treatments, especially sulphur-baths; so also treatment with milk and whey; as also tonics and electricity. Only when the essence of the cachexia strumipriva was discovered, and when myxœdema could be artificially produced in animals by the extirpation of the thyroid

gland, was the way opened to a more promising therapy. The lack of activity in the thyroid gland was compensated by furnishing the secretion lacking in an artificial manner, and by embodying this in the organism to enable it to protect itself against the continual auto-infection. The attempt was made to supply the organism with the constituents of the thyroid gland in artificial mode. At first an extract of the thyroid gland of animals was subcutaneously injected; later on, the raw scraped thyroid glands of calves or sheep were given to eat either on bread or in bouillon, etc.; of late, preparations of the thyroid gland in tablets or powders are given the patients. There is a whole string of such preparations; in Germany the tablets of Merck, in Darmstadt, are probably most used; these consist of the pulverized dried glands of wethers; there are tablets of 0.1, 0.2 and of 0.3 grammes, and the daily dose is usually three tablets.

The treatment with the substance of thyroid glands thus prepared has shown good results, and we read of striking improvements and cures. But these preparations must be long continued, else there are recidives. We would warn, however, against massive doses, as these are apt to cause disturbances on the part of the heart and of the central nervous system with a rapid loss of strength and collapse. Homœopathic physicians have given *Thyreoidin* in the third trituration, thus in much smaller doses than are usual, and have had good success.

I have had opportunity in my practice of observing two such cases. A lady in the climacteric period, in the middle of the forties, with pronounced myxædema, showed a complete atrophy of the thyroid glands with the symptoms of the skin and of the mind, as described above. The disease had developed quite slowly in the course of years; occasionally there had been a cessation in the progress of her ailment. There was no hereditary encumbrance that could be traced. My observation lasted for three years, and I could not observe any visible effect of the remedies used. The patient died in consequence of Bright's nephritis in a uræmic coma.

The second case was that of a lady, thirty-nine years of age. She had been operated in her struma, owing to dyspnœa and severe difficulties in deglutition; as her relatives told me, during the operation it appeared that the whole of the thyroid gland was degenerated and a cyst had been formed, so that the surgeon had to extirpate the whole of the gland. As the patient well knew

the sad consequences of the extirpation of the thyroid gland, the patient had been allowed to believe that a part of the thyroid gland was still left. In consequence of the operation the symptoms of the cachexia strumipriva slowly set in and the patient was well aware of the fact, especially the thickening of the skin on the face gave her an idiotic expression; there was a nephritis; how long this had existed I cannot tell, as her urine had not been examined before she came under my treatment. In the beginning of this treatment there were 3 per cent. of albumen, as also hyaline cylinders; there was a considerable hypertrophy of the left ventricle of the heart, accelerated activity of the heart, constriction of the chest, nocturnal dyspnœa and insomnia and weakness of the heart in consequence of myocarditis. The melancholy combined with continued headache, the fear of becoming insane, the heart symptoms and the insomnia induced me to try *Cimicifuga* 30. This remedy brought an alleviation of the nervous symptoms; but the heart and the kidneys remained as before. *Aurum iod.* 4 and later on *Calcareæ arsen.* 4, which were continued for some length of time, each being given three times a day, within three months removed the nephritic inflammation; in consequence, all the symptoms gradually improved; owing to *Aurum* especially, the nervous trouble quite disappeared. The patient is cheerful, she again enjoys life and there is only a slight bloatedness of the face. Anyone who had not seen the patient before would not now think of myxœdema. Up till now, after three years, there has been no relapse; every now and then, indeed, she receives homœopathic remedies as they may be indicated.

In the homœopathic treatment the following remedies would seem to be most worthy of consideration:

*Argentum nitric.*—General decrepitude, vertigo, trembling, marasmus; on account of its penetrating affection, the brain, spinal marrow and the vegetative nervous system, as well as on account of the trophic nervous centers, it deserves much consideration; as also for its action on kidney troubles.

*Aurum.*—Melancholy, apathy, dyscrasy, stupidity, hyperæmia of the brain and mental incapacity, dilatation of the heart and hypertrophy, degenerative processes in the muscle of the heart; weakness and œdema of the heart, chronic inflammation of the liver and the kidneys.

*Baryta carb.*—Dullness, cannot take up any work, weakness of the memory, mental weakness, cannot learn or comprehend any-

thing; talks awkwardly; bloated face, otherwise spare, anæmic, the abdomen distended; aversion to company, shyness, childishness, idiocy, trembling of the limbs, heaviness and paralysis of the tongue, the saliva runs from the mouth, and the lips droop. Tendency of the skin to deposit fat (lipomen). This remedy covers quite a series of symptoms and I would be inclined to give it a trial. Its action on the glands is well known.

*Calcarea carb.*—The skin is dry, bloated, especially the lips and the nose are swollen, fat, clumsy, pale; laziness; slow and backward. It has relation to the thyroid gland.

*Calcarea iod.*—Similar; compare also *Jodium*; it has quite a special action on the struma.

*Causticum.*—Weakness of the memory, diminished mental powers; taciturn, melancholy, suspicious; paresis, paralysis of the eyelids, the lips, the tongue, starting from the brain. It has relations to the skin.

*Graphites.*—A skin remedy, atrophy of the nails, falling out of the hair.

*Jodium.*—Indolent, peevish disposition, sallow, spongy, bloated skin, voracity, anæmia; scrofulosis; dry, rough skin, weakness, atrophy of the glandular organs; a powerful action on the thyroid gland.

*Natrum muriat.*—Skin rough, dry, sallow, atrophy of the nails and the hair, depression, and weakness of high degree, anæmia, marasmus, glandular affections.

*Silicea.*—Indifference; weakness of the mind and memory; gloominess; it has relations to the skin, the hair, the nails and the glands.

*Spongia.*—Affections of the heart, swelling of the thyroid gland.

*Thyreoidin.*—Its use may appear from what has been said above; the use of this remedy is to be regarded not according to the law of similitude, but as a sort of palliative. It is an organo-therapeutic remedy.



## BOOK NOTICES.

---

**The Elements of Homœopathic Theory, Materia Medica, Practice and Pharmacy.** Compiled and arranged from homœopathic text-books by Dr. F. A. Boericke and E. P. Anshutz. 196 pages. Cloth, \$1.00. Postage, 5 cents. Philadelphia. Boericke & Tafel. 1905.

For obvious reasons the RECORDER can neither praise nor disparage this book, but will simply quote the Preface:

“ This book has been compiled from the wide field of homœopathic literature because it seems to us there is a demand for such a work. For years we have been receiving requests, especially from physicians, for a small work that would enable them to get an idea of Homœopathy, its medicines, dosage, practice, etc., etc. No book that we have seen covers all these points, hence this compilation. No claim for originality, other than the condensation, is made.”

How well or ill we have succeeded is for the future to determine.

---

**Treatise on Urological and Venereal Diseases.** By Prof. Dr. Carleton in New York. Published by Boericke & Tafel, Philadelphia. 1905. 795 pages, with 171 illustrations. Price, cloth, \$5.00; half-morocco, \$6.00.

This excellent, richly illustrated Manual on the Diseases of the Urinary and sexual male organs fills a sensible void in the voluminous homœopathic literature of America. The treatment of the diseases to be considered is most detailed and thorough in every direction. The author, a specialist, who had gathered experience through many years of practice in hospitals, not only gives us a detailed statement as to the causes, symptoms, course, prognosis and treatment of the most various urinary and sexual diseases of males, but he also describes all the various mechanical helps, as also the various operations and the instruments necessary for the purpose. Special care is given to the presentation of all the homœopathic remedies to be used in the various diseases. Surely, only a man of such extended experience, both private and in hospitals, could succeed in treating this extended and difficult subject in such an exhaustive and thorough manner.—*Hom. Monatsblat*ter, July, 1905.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL.

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

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

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

---

---

## EDITORIAL BREVITIES.

TOLERANCE TO NITROGLYCERINE.—“D. D. Stewart (*Journal of American Medical Association*) recalls a case in which the patient took twenty grains of pure nitroglycerine daily, and calls attention to the fact that tolerance for this drug, with consequent lack of effect, is readily established.” It must have been a pretty poor specimen of the drug, for any patient who would take twenty grains of a good homœopathic preparation of *Glonoine* ix would be nearly ready to “pass in his checks.”

HINTS IN TYPHOID.—“The room of the typhoid case should be quiet, sunny, and well ventilated. It is always well enough to have two beds in the room, and let the patient lie on one during the day and the other at night. This may appear to be a small thing, yet there is a great deal more in it than most of us might think. It always makes a patient feel refreshed and better when he makes the change. He feels like he has gone to bed for the night, and is sure to rest better and feel more comfortable.”

“I usually feel satisfied about a patient whenever fever produces sleep, and I always feel uneasy when fever produces insomnia. I consider it very unfortunate always when the patient will not sleep except when aided by medicines, and I am very slow usually to resort to medicines of this class.”

“Water should always be given freely. It will eliminate better than anything else the waste products that accumulate in the system. It should always be given at stated intervals if the patient is not thirsty, but, as a rule, he should never be disturbed when asleep. If he does not care to take it freely, he ought to be encouraged to do so. Usually I have a glass of ice water on a table by the bed, so the patient can take it ad libitum.”

“ I often give lemonade, really I suggest it in nearly every case. I give the pure lemon juice and water, I seldom add sugar, as sweet lemonade always causes flatulence, and I have known it to produce nausea, vomiting and diarrhœa. The juice of a lemon in a half glass of water, three or four times a day, is very refreshing and is considered acid enough in fever cases.”—*Edward C. Register, M. D., in Charlotte Medical Journal.*

WHY NOT?—This is from a paper by Dr. Charles Ott, of Kansas City, printed in the *Medical Chancellor*, under the heading of “ The Treatment of Cancer.”

“ Surgery cannot boast of many cures. Said a prominent surgeon: ‘ I have operated 147 times for cancer of the breast and all but two have returned, and I am not sure that these two were cancer.’ And he was not a medical pessimist, for medical text-books claim only about 15 per cent. of cures.”

Why not seriously try internal remedies? Drs. Allen and Burnett have shown that, at least, cure is possible. Read Burnett’s book on Tumours, first freeing the mind from former teachings—is necessary.—*Montreal Record.*

HINTS FROM HAHNEMANN.—“ I do not deny that abscess in the bone, ordinarily speaking, are very difficult to heal. *Angustura* has often done good. They seem to me to be of two descriptions, of which the one demands a base remedy such as *Calc.* and *Hep. sulph. calc.*; the other more acids such as *Acid nitric.*, *Silicea* and *Acid phos.*, of which last one finds a hint in, I think, 613 *Ac. phos.*, of the second edition of “ Chronic Diseases ” *Assa-fetida* was seldom of any use to me. *Cuprum* and *Angustura* have also been extolled with very weak bodies; *Arnica* is not to be forgotten. In tinea *Staph.* has rarely failed me, specially in very high potencies. The search as to whether the same has been infected with scab is time and trouble wasted, one only learns half of the affair in any case, and, moreover, hereditary psora is undeniable.”—*Hahnemann to von Bœnninghausen.*

## PERSONAL.

Death is a "temporary trial," writes a medical philosopher. We know of nothing more permanent.

A cynical old medical editor writes: "The younger the doctor the greater the number of germs he is personally acquainted with."

Yes, Mary, Wall St. is a great place for wool gathering.

Ships are generally all at sea.

Girls that look killing often murder music.

A leading Philadelphia physician said the other day that Hahnemann's *Chronic Diseases* was the most valuable medical book in the world.

A homœopathic physician can learn of a good field for practice by addressing Dr. Esmond, Box 40, Bondville, Vt.

Many a student has had learning crammed into him so persistently that his head finally cracked

**FOR SALE**—Office furniture, drugs, instruments, buggy, harness, etc., with good will. Town of 2,000 inhabitants in Central Illinois. Income from \$1,200 to \$1,500. Address, "Doctor W." care of Boericke & Tafel, 57 Wabash Avenue, Chicago, Ill.

A pig ought to make a good roofer for a base ball team.

"Can you quarantine against mosquitoes?" New Orleans.

Never tell a woman that another woman is beautiful—and, girls, never "rave" over a man to another man.

Every cloud has a silver lining—except, say, about midnight.

"I'm improving very slowly," said the patient. "Delighted to hear it," replied the absent minded doctor.

It is said that if you have a battery in the buggy arranged so that the current can touch the horses tail he will pass anything on the road.

"Refuse to listen to gossip!" Then you'll miss lots of fun.

Unlike the leopard the sun can change its spots.

The good man said he would like to be opened with prayer for his appendicitis.

A rival of Jones's *Mnemonic Similiad* has been published in Germany. Jones's book is very popular.

When a woman "wears a frown" it does not follow that that is all she wears.

In a few short weeks the "sad sea waves" will moan alone.

# THE HOMŒOPATHIC RECORDER.

---

VOL. XX

LANCASTER, PA., SEPTEMBER, 1905

No. 9

---

## THE BLOOD AND NOT THE STRUCTURE AFFECTED IS THE SEAT OR SOIL OF THE DISEASE.

By Mark Zopfir, M. D., Pittsburg, Pa.

Not the organ or part affected is the disease, but rather the seat of irritation. No organ or part of the body can become irritated, inflamed, diseased, develop cellular or structural changes independent and without the presence of an irritating and distinctive agent to act upon and disturb the same. These exciting and destructive elements always have their existence in, and are the results of a morbid state of the blood, toxæmia, or both. And owing to the nature and character of these morbid and toxic conditions will there be the characteristic disturbance. It is an absolute impossibility to have any disturbance in the human body without the necessary soil or condition to create it.

In the broad sense of the term there is no such thing as is commonly termed disease of the stomach, lungs, heart, eyes, ears, etc. Only as these organs and parts of the body become the seat of irritation, due to some inflammable otherwise irritable condition of the blood.

No organ or part of the body can become diseased or irritated when supplied with sufficient pure blood. Normal blood can build, but not irritate and destroy. Consequently the blood must develop into a diseased or opposite state before it can excite and cause destructions of tissues in general; *e. g.*, in a case of tuberculosis not the lungs are the disease, but rather the seat of irritation. The real disease is the tubercular and otherwise morbid and corrupt blood, which irritates and destroys the lung tissues. So violent is this condition that no other part of the body is free from its irritating effects. The truth is that the blood is being

destroyed as well as the lung tissue. To treat only secondary effects of this morbid condition, such as elevation of temperature, cough, expectoration, etc., as has been customary in the past, and not treat the seat or soil of this most depraved condition, has certainly always been followed with very poor success.

Treat the blood and circulation which are the seat of most all bodily disturbance.

In the past only the effects of disease have been studied, such as cellular and structural changes, but the nature and character of these destructive agents, that act upon organs and tissues and cause their destructions, have remained unobserved, only that it was termed a "disease."

If physicians could understand and realize the characteristic changes that must take place in the blood, from a perfectly normal to that condition by which some disturbance or disease is the result, then they would treat this as well as the secondary effects or symptoms. Not until these morbid conditions are clearly understood will there ever be marked success in the treatment of these deep seated diseases.

Diseases can be divided into two classes, as thermal or inflammable and cold or electrical.

The first are the results when the blood from various causes, as direct toxæmia, cold, heat, depressed physiological functions, food, air, etc., has developed within its substance a most violent inflammable element. These inflammable elements are characteristic of such disturbances as peritonitis, appendicitis, cancer, scarlet fever, variola, inflammatory rheumatism, gout, skin diseases, syphilis, etc.

The second class are just the opposite to this inflammable nature, and are the results when the blood from various causes has developed into a cold, sluggish, inactive, thick, dormant condition, and suffers from suboxidation and deficient circulation. This condition is usually found in consumption, typhoid and malarial fevers, chronic rheumatism, asthma and chronic bronchitis, and in all old and chronic dormant conditions.

In this state the blood is in a subacute inflammable condition, also very impoverished and anæmic. It is these morbid conditions that excite organs, nerves and tissues, which are known under as many names as disease.

The importance of understanding these morbid conditions in the treatment of disease are many. First, similar morbid states

of the blood are created by different causes; these also manifest themselves by similar symptoms. Hence the many disappointments in the treatment of disease; the remedy may suit the symptoms, but not suit the cause that produced the morbid condition of which the symptoms and disturbance are the results.

It seems rather foolish to prescribe for symptoms only, and then not have the slightest idea of the underlying morbid condition that creates the symptoms.

When the morbid condition is clearly recognized, also the nature and character of the cause that produces the morbid condition, also symptoms, then the selection of the remedy becomes very simple and is also followed by an immediate improvement.

Again, the moment the blood develops into a cold, dormant, inactive and sluggish condition does this produce a deficient circulation and suboxidation, with a corresponding congestion of internal organs, as heart, lungs, liver, spleen stomach, kidneys, etc. When the above condition is present no organ can properly perform its function, hence a secondary toxæmia, as bile, bile and uric acid. In this inactive state the blood forms a most thriving soil for those much spoken of "little germs" to perform their deadly work.

Unless these morbid conditions are thoroughly understood, and treated to restore the blood to its normal condition, will these deep-seated diseases always end unfavorably to both physician and patient.

The many inflammable morbid and otherwise abnormal conditions the blood develops into, due to some unobserved cause, to create the many and some of the most violent disturbances known as disease, and their treatment will be one of the deep studies of the future.

The above poorly described morbid conditions are nature's field of pathology, and not the tissues affected or irritated as a result of these. To understand these is the key to success for the scientific, rapid and successful treatment of all forms of disease.

On the other hand, the failure to understand this field of pathology, as has been demonstrated in the past, has left countless thousands in a chronic and miserable condition of existence. Even nature, with such elements as climate, air, food, water, rest, etc., fails to rally, restore or otherwise correct these morbid conditions. And as is the usual story by this class of patients: "I have tried everything and cannot be cured or get much relief."

Again, I say not the part affected is the disease, but rather the seat of irritation.

## A FEW PHOSPHORUS KEYNOTES.

Not long ago an earnest, thoughtful and very useful young business man came to me, confessing that in his life there were certain grave defects which had several times caused him serious financial loss, and also caused some of his dearest plans to sadly miscarry, and wanted to know if Homœopathy could cure such things. I told him I felt sure it could if I could really discover his so-called constitutional remedy, and not one which would simply palliate for a while.

But I soon found that there was in the case as presented and in his memories of his past life a marked absence of anything decisive and distinctive as to just what would help the most. Yet there were suggestions of *Phosphorus* and two other remedies. So I told him if he would drop in again a few days later I would have ready for him a list of the really most distinctive symptoms of these remedies, and we would be able to choose between them with a fair degree of certainty, so as to waste no time in blunders which would only half cure or not cure at all.

I then sat down to make out my lists of keynotes, basing my list entirely on Allen's *Cyclopædia*, though some day I hope to go a-fishing all through our literature for still other keys, for each new key enables you to clear up some obscure case which others do not, since no two really puzzling cases are ever alike, and the wonder is that the same remedy should reach cases so different. But at present I give simply those taken from Allen's vast storehouse, without even stopping to rearrange them, except to separate the gold and silver from the nickels and pennies.

## Golden Links.

Of keynotes of the very highest distinctive value, because of their probable great rarity, I find then the following:

1. He is rather tall, slender and pale, which strongly suggests *Phos.*, but taken alone proves nothing, since *Calc.*, *Calc. phos.*, and other remedies may also be needed for such folk, and *Calc.* and *Calc. phos.* very often are.

2. But, secondly, he had auburn hair, which strongly suggested *Phos.*, *Puls.*, *Thuja*, *Rhus*, *Lach.* and *Dulc.*, but proved nothing.

These and his highly nervous make-up were my clearest clues. I then turned to Allen and found that sometimes—

3. There is delirium, followed by a state of unconsciousness or



stupor, *Atrop.*, *Bry.*, *Phos.*, etc. (which he may have had in years gone by, so it was worth noting even in a chronic case of a very sane man).

4. They sometimes scream when delirious.

5. He sometimes sees faces all around him, or else in the corners of the room or at the windows; not one face, but many. Just what remedies have this symptom of seeing a lot of faces I do not know, but I do know that it is very common in *Phos.* cases and is one of our finest keynotes for that remedy, the room being fairly haunted with ghosts when they need *Phos.*, or else are getting well under its magic power.

6. He sometimes feels as though some part of his body were broken in two or into several pieces. Cf. esp. *Bapt.*

7. When delirious he sometimes tears the pillow with his teeth, *Lyssin.*, *Phos.*, *Cupr.*

8. When nervous he likes to lie or else walk about absolutely naked, his skin is so sensitive and his nerves so strung up (this also is very common in *Phos.* cases, though naturally the doctor does not hear of it unless some keynote list reminds the patient that he or she ought to frankly speak of it if a perfect cure is longed for), *Belladonna*, *Cham.*, *Hyos.*, *Merc.*, *Merc. cor.*, *Phos.*, *Phyt.*, *Sec.*, *Stram.*

9. When delirious he sometimes hears voices saying, "Fill him up till he bursts."

10. Or else he imagines himself an aurora borealis.

11. Is sometimes haunted with the thought that he has murdered somebody.

12. His back is violently bent backwards every few minutes (opisthotonos).

13. He seems to see rings or circles before him, *Carb. veg.*, *Dig.*, *Kali carb.*, *Hel.*, *Iod.*, *Phos.*, *Plb.*, *Zinc.*

14. Or else queer zig zags, *Ign.*, *Nat. mur.*, *Sep.*, *Viol. o.*, *Lach.*, *Phos.*, *Thuja.*

15. His headaches are sometimes relieved by shaking, *Cina.*, *Gels.*, *Phos.*

16. He has a queer trick of sometimes closing one eye when looking at something.

17. Tears run out of his eyes at night, though he is not crying, *Aeon.*, *All. s.*, *Phos.*

18. He seems to see better in the early morning twilight than in broad daylight.

19. He sometimes shades his eyes with his hand when trying to see a thing more clearly.

20. He says he has sometimes seen a green halo around the light, *Caust.*, *Mag. mur.*, *Phos.*, *Ruta*, *Sep.*, *Sil.*, *Sul.*, *Zinc.*

21. He picks his nose till it bleeds, *Arum. t.*, *Cina*, *Con.*, *Lach.*, *Phos.*

22. His pulse-beat was very slow, and yet he did not die. Cases are on record where it has gone as low as twenty in *Phos.* poisoning without being followed by death.

23. Sudden paleness of the face without apparent cause, *Cimic.*, *Graph.*, *Phos.*

24. A queer pale streak up and down the middle of the face, from chin to forehead.

25. His upper lip is numb, *Cycl.*, *Olend.*, *Phos.*

26. There was a curious swelling like a boil under the right eye.

27. His mouth is dry and moist in quick succession, back and forth, *Calc. carb.*, *Phos.*, *Verat.*

28. His saliva sometimes runs out when asleep, *Bar. c.*, *Med.*, *Phos.*, *Puls.*

29. After vomiting he sometimes has an uncomfortable burning sensation in the throat, *Agar.*, *Phos.*, *Puls.*, *Sul. ac.*

30. Says it sometimes feels as though a lot of little lumps were rolling up from his stomach to his throat, though really nothing seems to come.

31. He yawns and has eructations at the same time, *Calc.*, *Phos.*

32. Sometimes his eructations taste like oranges, or (33) like urine.

34. Sometimes a drink of water will cure his nausea, *Bry.*, *Euphr.*, *Lob. i.*, *Pæon.*, *Phos.*, *Samb.*

35. He vomits and has hiccoughs by turns or very near together, *Bry.*, *Cupr.*, *Merc. cor.*, *Phos.*, *Verat.*

36. When trying to vomit he trembled all over.

37. His stomach is cold and warm by turns in quick succession.

38. His voice sometimes breaks in talking or singing, *Camph.*, *Iod.*, *Merc.*, *Plb.*, *Selen.*, *Tabac.*, *Thuja*, *Phos.*

39. He likes to rub his chest (*Phos.* and *Calc.*) and stomach (*Lyc.*). They sometimes do it even when in a fainting spell.

40. His heart palpitates and it worries him so that he begins to cry.

41. A curious trembling of the lower part of the back, *Benz. ac.*, *Berb.*, *Cimic.*, *Ocimum.*, *Phos.*

42. His arms and feet fall asleep at night when he himself is asleep in another sense of that word, and get so uncomfortable that it wakes him up.

43. Simply crossing his legs sometimes gives him pain.

44. Tearful, sleepy and very restless, all three combined, in one who is dangerously sick.

45. Nausea with paralysis of the whole right side.

46. His skin was orange-colored.

47. Queer, *transparent*, copper-colored spots on his skin.

48. Ulcers which bleed when her monthly times come round.

49. His face itches so badly that he scratches it till it bleeds.

50. Is much troubled with itching of the hands at night, *Canth.*, *Lith.*, *Mur. ac.*, *Phos.*, *Ruta*, *Sabad.*

51. Prolonged, almost incessant screaming in one who is dangerously sick.

52. Unconscious stupor, interrupted at times by screams.

53. Cannot seem to get his eyes shut at night; has to close them with his fingers.

54. His knees are cold at night, *Carb. v.*, *Cop.*, *Phos.*, *Raph.*, *Sep.*, *Verat.*, etc.

Such are a few of the rarest and hence most distinctive symptoms of *Phos.* given in Allen's *Cyclopædia*. But since the remedy is a polychrest of the very highest rank (*i. e.*, often needed for many diverse sorts of ills by many diverse people) it will not be amiss to give a few more, which are either not quite so rare or not quite so likely to interest your patient and so more likely to weary and mislead, and yet ones which in a very obscure case are well worth inquiring for. We come then to

#### A Few Silver Symptoms of Phos.

(For other remedies known to have same symptoms see repertory.)

His tongue was white as chalk.

Severe pain in the frænum, just below the tongue.

Feels as though one of his tonsils had dropped into his throat.

Spiced foods bring on diarrhœa.

Smoking makes him tremble all over (Clinical).

Is very thisty and yet drinking only brings out a cold, beady perspiration.

Wine, beer and tobacco nauseate him.

Nausea at night accompanied with eructations of food.

Painful jerks, going from stomach up into throat.

Urine smells like violets.

Is dizzy and out of breath at the same time.

A tendency to turn out his right hand too far.

People who have been sick for months and yet are too weak to even sit up in bed.

Nettle rash and blisters at the very same time, all over the body.

Curiously hard blisters. Also gangrenous blisters.

He dreams of scientific, historical and philosophical subjects. Please state which.

I dreamt of being bit by an animal. Please state what animal it was.

I dreamt that I was very busy, but not successful in finishing anything.

Trembling at night.

Eructations accompanied with a chilly feeling.

Red spots on the face after washing it.

The very sight of water makes her feel like vomiting. She has to bathe with her eyes shut (Douglass). *Ars. h.*

They are very apt to have pain in the kidneys, especially on the right side.

Such was my list for *Phos.* Of these symptoms I found my friend easily recalled having had twenty and that he had had twelve of them within the last few weeks. So I gave one dose of *Phos.* 30. In a few days it took effect and put him to bed for one day, and made him so mad the next day that he almost "felt like shooting me;" then, slowly but surely, with many lesser aggravations in between, but also a sweet quietness and growth, came a very beautiful cure. The closer the fit the sharper the aggravation, such seems to be the law, but the curative results in such cases are so marvelous, especially in their effects on character and mind, the two things which a poor prescription touches least of all.

W. H. WHEELER.

412 Bowen Ave., Chicago.

COMPARISON OF KALI PHOSP. AND PICRIC ACID  
IN WORN-OUT NERVOUS EXHAUSTED  
CONDITIONS.

*Picric acid* has originally a sexual cause either in sexual thoughts, and dreams, and desires, *with non-accomplishment*, or improper performances and lack of exchange of male and female elements. With no bad, extreme, odor from mouth, nostrils, rectum, vagina, any orifice, or the perspiration.

The reaction from these thoughts produces an aversion to marriage (also *Lach.*) in the mental expression when awake.

A similar condition occurs in *Causticum*, *Graphites* and *Petroleum*. A reaction from the thoughts and non-accomplishments or the improper performance and completeness produces an aversion when awake, and the mental declaration; while at the same time the brain cells controlling same are needing and desiring it, as evidenced in the dreams and emissions at night with or without lascivious dreams, and rendered by some prudish provers as "leucorrhœa" on rising in the morning.

*Kali phosphoricum* conditions evidence plain nerve waste and exhaustion, and characteristic of it are the foul odors from mouth and foul coating on the tongue, and the evacuations from bladder, rectum, vagina and the perspiration and discharge from any abscess, of mammæ or any tissue, have this foul odor.

I call attention of careful prescribers to this differentiation.

JOHN F. EDGAR.

*El Paso, Texas, July, 1905.*

---

SOME LETTERS ANENT THE VALUE OF SUCCUS  
CINERARIA MARITIMA.

HAVANA, Cuba, July 15, 1905,

P. O. Box 365.

MESSRS. BOERICKE & TAFEL,

145 Grand St., New York.

*Dear Sirs:*—It might appear to you rather odd that I should come out, after such a length of time, to give the due to devil, but I have not been able to read your HOMŒOPATHIC RECORDER since 1900 till now, that my friend, Dr. L. Olivera, of this city, has lent them to me.

In going through your monthlies I read in your No. 1, Vol. XVI., corresponding to January 15th, 1901, an "Editorial Note" half endorsing the story of the Philadelphia paper in regard to the *Cineraria plant* to cure the senile cataract. I wrote to Dr. W. R. Powell, of 702 Market St., Camden, N. J., and his answer well deserves your perusal, which I think you ought to publish in your RECORDER. The oculist, Dr. Carlos Lopez, of this city, has used it with negative results. Dr. Charles J. Lopez, of New Orleans, has pronounced it a failure. Dr. L. Olivera and Dr. Unanue, of this city, both have tried the  $\phi$  and no result whatever has come from the so-called *Cineraria plant*.

My friend, Dr. Charles Lopez, of New Orleans, tells me that the plant is or was discovered by the Guatemala Indians, but he, Lopez, never was successful in its use.

Respectfully yours,

G. P. GONZALEZ.

#### Dr. Powell's Letter.

CAMDEN, N. J., July 7th, 1905.

G. P. GONZALEZ, M. D.,

Havana, Cuba.

*Dear Doctor:*—Upon my return home your letter was handed me and I regret that my absence from the city prevented me giving it earlier attention.

In reference to the information you desire concerning the *Succus cineraria*, I regret to say that I have not found any benefit from its use. It is a preparation put upon the market by a manufacturing pharmaceutical company, who quotes me as having used it with satisfactory results. The story they published evidently originated in the fertile brain of some newspaper correspondent, as I never endorsed it or derived any benefit from the drug, and when my attention was called to the firm quoting me I wrote them to the contrary and ordered them to cease using my name, which they promised to do.

I remain,

Yours respectfully,

WM. R. POWELL.

(This is what our friend, Dr. Gonzalez, refers to as "half endorsing" the story.)

"What a grand thing it would be if we could have something to drop on the printed page that would test its truth! For instance, one of the Philadelphia papers publishes a report of a Mrs. Newton, who, after consulting many physicians, went to Cooper Hospital, at Camden, N. J., where the previous diagnosis was confirmed "double senile cataract." "They began to treat her eyes with a decoction of the *Succus cineraria plant*, which is only found in the torrid zone. It is so powerful that by dropping it in the eye the cataract dissolves without injuring the eye. She was treated twice each week. Her vision gradually returned, and yesterday she was able to distinguish objects and walked from the hospital."

This drug, almost from its start, has been handicapped by rank advertising methods, and by the almost prohibitory price put on the imported article by the New York house that brings it to this country.

It is a pity that its merits could not be definitely determined, if it has any, for if it will remove cataract it is an exceedingly valuable drug, while if it will not, the sooner the truth is known the better."—*From RECORDER, Jan., Vol. XVI.*

---

## OBITUARY.

### F. G. Oehme, M. D.

Dr. F. G. Oehme, for many years a prominent physician of Roseburg, Oregon, but for the last year a resident of Portland, Ore., passed to the brighter side of life from his residence in the latter city on Sunday morning, July 23, 1905, at 9:45. The cause of his death was the result of an attack of la grippe early in the spring of the present year.

Ferdinand Gustaf Oehme was born at his father's summer home in Zschopau Saxony, Germany, on July 27, 1826, and was, consequently, within a few days of being seventy-nine years of age when he passed from labor to refreshment.

The deceased graduated from Leipsic University in 1852. He left Germany for the United States in 1855, arriving in this country in July of that year. He went to Concord, N. H., where, in December, he began to practice his profession. In 1858 he

married Miss Clara Kimball Walker, whose ancestors figured prominently in the Revolutionary War and whose father and grandfather were among the earliest settlers of Concord. In Concord three children were born to Doctor and Mrs. Oehme, all of whom survive their father.

Owing to the ill health of his wife, the Doctor, in 1866, moved with his family to Plymouth, Mass., and in 1872, owing this time to his own ill health, he and his family moved to Staten Island, N. Y., where he remained until 1885, when, in order to be near his children, who had previously settled on the Pacific coast, he and his wife went West, settling in Roseburg, Oregon, in 1886.

Two years ago Dr. Oehme received from his Alma Mater at Leipsic a jubilee diploma, a complimentary document commemorating fifty years of active practice of his profession. At that time there were only five members of his class living, three in Germany and two in America, and he one of the two. Whether the other four are still living I do not know.

Since last summer, the Doctor, with his wife, made their home in Portland. Besides his three children, his widow and three grandchildren survive him. That the Doctor stood high in his profession the many articles from his pen, now to be found scattered among the literature of the various medical schools, will testify.

The Doctor wrote the supplement to *Rucekeit's Klinische Erfahrungen*, translated Hale's New Remedies into German. These were published at Leipzig, Saxony. He also wrote a monograph on the Therapeutics of Diphtheria, which was published in this country by Boericke & Tafel. It may, with truth, be said—Dr. Oehme was a great and good man in all that constitutes the highest type of true manliness.

He has crossed life's sandy desert,  
 Away from affliction's heat;  
 Passed over the last dark river,  
 To find his rest complete.

WIGG.

(Probably what was Dr. Oehme's last contribution to medical literature was a paper on *Hamamelis*, published in the RECORDER, August, 1905.—Editor of THE HOMŒOPATHIC RECORDER.)



### THE HOMŒOPATHIC LAW.

Every year, month and week brings out to me an evident truth of the homœopathic law, far ahead of the hit or miss of empiricism, or the reference to some human authority, or even the practice of "home-opathy."

On July 10th a plasterer came with his right wrist swollen, intensely painful and evidence of crepitus on the radial side, indicating an incomplete colles fracture.

He had been at ceiling work; heard and felt the snap; the pain compelled him to quit work, but had slept well last night, when his hand and arm were in an easy position resting on the thorax. It was not painful during that day, when he could hold it in an impassive position, and standing or sitting still.

The strain—sprain—the lesion occurred *while reaching upwards* above his head. Pathologically, theoretically, routinism, empirically, considering the tissues involved, *Rhus tox.* was indicated.

But even with the serious condition *Bryonia* was the remedy indicated according to *law*. Hot weather was a side indication also for *Bryonia*, but hot weather in our section is not a prominent condition owing to the 8,730 altitude. Here was Homœopathy and not "home-opathy;" one dose *Bryonia* 71M.

He reported better next morning, and with arm and wrist in cotton wool, with cotton roller around that, and rubber bandage closely drawn over that, and when at work a woman's old stocking over all, he went to work, without my permission, the second morning and did not miss a day (except Sundays) since.

Now, sixteen days afterwards, no crepitus, no swelling, no pain.

This man is pleased. I received no large fee and I needed money, but I am also pleased.

JOHN F. EDGAR.

*El Paso, Texas.*

---

### THE HEAD AS AN AID TO DIFFERENTIAL DIAGNOSIS.

By ———, M. D.

For this knowledge I am indebted to the late Dr. Donovan, a gentleman who for twenty-five years held the same position, re-

specting phrenology, in England as Messrs. Fowler and Wells do in the United States.

Some thirty-five or forty years ago I had the good fortune to attend his family (he being a Ph. D.), and in course of conversation he mentioned having noticed that certain regions of the head correspond with certain regions of the body, and that from the cranial elevations and depressions it was easy to ascertain the relative strength of the corresponding organs.

He divided the heads into three classes, viz.: The "healthy," the "scrofulous," and the "tuberculous;" the first being straight up and down the sides so that a rule placed against the temporal region would be perfectly perpendicular. The second, or "scrofulous" type, is marked by more or less prominence of the zygomatic arch, while in the "tuberculous" the upper part was the widest, the head taking the shape of a V, and thus a general idea of a person's constitution might be ascertained at a glance.

Dr. Donovan had a homely way of comparing the human constitution to "a table" standing on four legs, viz.: The "stomach," the "lungs," the "heart," and "sexual system."

The "stomach" region, as he termed it, he placed as the temporal, and from its elevation or depression a very rare estimate of the power of digestion and assimilation of the individual may be formed.

Occasionally, on finding it depressed, I have told a patient that he had a weak stomach, and have been assured that he had never suffered from indigestion; but, on further inquiry as to whether he had noticed how slow he was regaining lost flesh, the answer invariably was: "That's so."

But the following case will illustrate the value of this aid in forming a correct diagnosis:

Some years ago a prominent lawyer of this city consulted me, as a forlorn hope, his allopathic advisers having given him up as a hopeless case of consumption. On examining his head I noticed that the temporal region was very hollow, whereas the region connected with the lungs was well-developed; and on closer examination of those two organs it became evident that it was a case of dyspeptic consumption, if I may so term it. This I explained to him, and by a careful course of diet and the use of appropriate remedies for the improvement of his digestion he soon became a strong and hearty man, to the astonishment of his old doctors.

The region corresponding to the lungs is situated over the

frontal sinus, and a very slight inspection of this region will suffice to show how great a difference there is in various persons—some being smooth and prominent while others are depressed, with more or less *perpendicular lines*. *The deeper these lines the stronger and healthier the lung tissue*; and, therefore, the less liable to disease, and the more susceptible of restoration if affected. It is interesting to notice how these lines deepen in persons who practice deep breathing.

The region corresponding with the heart is situated just above the ears, where phrenologists place the organ of "executiveness." The rounder and fuller it is the stronger the heart and circulation. It will be found to increase or decrease with the strength or weakness of this organ.

The "fourth leg of the table," as my old friend would call it, is the cerebellum, which, as every student knows, is intimately connected with the sexual system. It forms the basis of man's physical energy and strength. When too large it makes a man a brute; but if too small, a ninny.

In examining the human constitution by means of these cranial indications, judgment has to be used in order to form a just estimate of the whole. For instance, a man may have weak lungs, but if his other organs are strong he has a very fair chance of overcoming any difficulty in that direction, as the following case will illustrate:

Three or four years ago I was consulted by a distressed father with regard to his pet son, a lad four or five years of age, who had been given up as a hopeless case of chronic tubercular meningitis by three of our leading physicians. The prominence of the cranial region at once revealed the tubercular constitution, but on further investigation I found a good base of brain and full cerebellum, whereupon I told the anxious parent that, while there certainly was a tendency to the disease in question, there was such a large preponderance of physical power in his favor that I had no doubt of his ultimate recovery. All that he required was something to remove the tubercular diathesis from his system.

The expression of his face was a curious mixture of hope and doubt, which was intensified when I told him that all the lad required was a dose of medicine every ten days. However, as the other doctors had given him no hope whatever, he concluded to leave him in my hands. As he lived at some distance I gave him powders enough to last him for three months, at the end of which

time he reported the lad as "running round like any other boy." A fresh supply of powders was forwarded, and three months later, when he brought him in for inspection, the prominence of the upper part of the forehead was far less apparent.

The medicine that effected this wonderful cure was Dr. J. C. Burnett's *Bacillinum*, 200; though some slight credit may be due to rigorous prohibition of coffee, tea and meat. A simpler case I have never had to deal with. The prominent upper region denoting tuberculosis, but stomach, lungs, heart and cerebellum being well developed, the chances were all in my favor, for, with *Tuberculinum* to correct the constitutional diathesis, the game was in my hands.

A slight acquaintance with phrenology is of great advantage to the physician as, by its aid, it is easy to form a rough estimate of a patient's character, and when assisted by the additional information to be derived from Dr. Donovan's "four legs of the table" the effect on the mind of the patient is very striking.

When a stranger calls for advice, my first request is for him or her to take a seat and remove the head-gear, after which I run my hands over the head, saying: "Allow me to see what sort of constitution you have"—but without letting them know what part I am inspecting—then I mention their constitutional peculiarities, such as "You have a strong (or weak) stomach, heart or lungs," as the case may be, which usually produces a favorable impression, after which I proceed to inquire and note down the peculiar symptoms, etc., etc.

---

### AN OPENING.

Editor of HOMŒOPATHIC RECORDER.

*Dear Sir.*—I have been told by Mr C. N. Hull that you would be likely to know of some good young man who would like to buy a practice or become a partner. About eighteen months ago I began to lose my eyesight, which continued until I was totally blind. I would like to have an up-to-date homœopath as a partner. I would sell if they preferred to buy. A Christian young man would be preferred, if you know of any such a man. I wish you would put me in correspondence with him at once and greatly oblige.

DR. W. M. COOLEY,  
Herington,  
Box 11, Kansas.

Dictated.

## DIPHTHERIA AND COMMON SALT.

By A. Scholta, Freiberg.

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

From a lengthy article on this subject we here bring what may prove of use and interest to many:

"I have lately tried repeatedly in my practice the physiological clysters of the solution of common salt in a group of medicine diseases, which, according to the division made by the staff-surgeon, Von Grauvogl, belong to the so-called hydrogenic disturbances of the constitution. I had in mind in this matter the similarity of the symptoms of this group of diseases with the homœopathic symptoms of proving of *Natrum mur.*, among which, as is well-known, the symptom of the sensation of cold is prominent (see Heinigke and Farrington). I may confess here, that I myself later on, as a matter of principle, have turned to the "Naturheilkunst" and then, of course, endeavored to apply the homœopathic law, "*Similia similibus curantur*," also to physical irritations. Prof. Winternitz himself declared that "thermic, physical and chemical irritations are all subject to the same physiological laws." So I made use of weak solutions of common salt as retained clysters in the so-called "negative acute diseases" (diphtheria, influenza, cholera, etc.), which probably correspond to the hydrogenoid group of diseases of Grauvogl.

I had at first no clear idea of the cause of the action of *minimal* doses of common salt, which I injected per rectum into my patients. I noticed, indeed, a striking improvement in the general condition, but I always thought that the process consisted chiefly in the consequences of rinsing out the blood with salt and water, whereby the products of the changes of the substances were rinsed out or neutralized. I would probably have retained this view, if there were not with me an inborn large sceptic and critical disposition as to all dogmas. In some cases I had noticed that diphtheritic exudations which otherwise pass through a regular clinical course from the time of their origin up to the day of their evanescence turned yellow on their borders and were cast off before the usual time of their disappearance. I further observed these phenomena and found that there was a connection between the process and the application of the clysters of common

salt and that they *were, therefore, a specific effect of the weak solution of common salt.*

From this time on I treated all my diphtheritic patients with weak solution of salt injected as clyster. In the beginning I used, according to the age of the patients, solutions containing 0.7-0.9 per cent., and of this solution I injected one tablespoonful every three to four hours, and later on, every six hours, into the rectum. But I soon found out that this dose was too strong. When this treatment was continued for several days, it caused in many cases a weakness attended with thirst and exhaustion. I, therefore, diminished the quantity of the salt to one-half and only give these clysters with a strength of 0.3-0.4 per cent. The effect on the diphtheritic process was equal, yea, it was more pronounced.

A person who has passed as I did through the severer epidemics of the nineties must know that we were then powerless against the progress of the membranous inflammatory process. The fungi kept spreading from the fauces or the nostrils uncontrollably into the larynx and even down into the lungs. Neither the homœopathic *Mercurius cyanatus* (Villers) nor hydropathic treatment were able with any certainty to check the advance of the diphtheritic membranous process. Hardly anything more has ever been effected than a certain removal of the resulting poisons and a turning aside of the blood from the inflamed mucous membrane. With horror I recall those hours when the local diphtheritic process, defying the treatment, generating ever more massive membranous formations, kept advancing with giant strides, suddenly causing stenosis of the larynx, or even when the membranes, by some artificial contrivance, were coughed out it would pass over to the lungs.

Ever since I have used the weak solution of salt as a retained clyster, diphtheria has ceased to be for me the terror it formerly was. The diphtheritic epidemic has, indeed, since 1894, ceased to be so malignant, except in single cases. Nevertheless, stenosis of the larynx, angina Ludowici and sepsis are by no means rare. Rhachitic, scrofulous children are especially in danger, and may die off rapidly, even at a more advanced age, from sepsis if a corresponding treatment is not started in good time.

According to my observations in the treatment with these clysters, the diphtheritic inflammatory process is checked after forty-eight hours at the latest, but generally even after thirty-six hours.

The membranes then begin to melt away and are cast off entirely within thirty-six to forty-eight hours more. Even in cases where the diphtheritic process has seized upon the bronchia, we may still hope for a cure if the course of the disease is not too stormy.

I do not, of course, use the clysters of salt alone in my treatment of diphtheritic patients, but I use besides also the old and well-known Priessnitz compresses around the neck, also using the packing of the abdomen and of the legs to carry off the inflammation, sometimes also slight vapor baths in bed, and in higher fevers even packing the whole of the body in wet sheets. But I give the chief attention to rinsing the fauces and, in nasal diphtheria, also the nasal mucous membranes with an equally strong solution of common salt (0.04 per cent.). I put in two glasses (one-half pint) of water as much salt as will lie on the point of a knife, and use the water from one of the tumblers for the clysters and the other one for gargling out the fauces and nose. I have no manner of doubt that the resisting power of the tissues of the throat is increased by rinsing it out with weak salt water at a temperature of 77° to 69° Fahrenheit. By this means also the results of decomposition which gather are rinsed out of the fauces, thus preventing their reabsorption. I have the throat rinsed out every one to two hours, according to the violence of the fœtor from the throat; with children, instead of rinsing out the nose, we may simply inject some water into the nose while the child is sitting up, never while it is lying down.

If the Antitoxine has any curative power, it must undoubtedly be ascribed to the contents of salt in the blood of horses. But Antitoxine is by no means an indifferent body. Weakness of the heart, a long and tedious convalescence, debility of the nerves frequently remain for months after diphtheria, without mentioning the many cases of acute death from paralysis of the heart, inflammation of the kidneys, etc. (Cfr. A. Scholta on *Diphtheria and Antitoxine; Kasuistik der Heilserumvergiftungen.*)

That the weak solution of common salt given in the retained clysters works according to the law of *Similia similibus* must be manifest to every one acquainted with the homœopathic method. Common salt has a pronounced effect on the mucous membranes (*Heinigke*, 2d ed., p. 372). But just on this account I would warn against the use of massive doses of common salt, and even against the protracted use of physiological clysters of salt. They are apt to cause catarrh of the stomach and of the bowels, and

even weakness of the heart. The weaker the solution of salt, the surer is the effect. I do not continue the clysters longer than three to four days. I would request homœopathic physicians to prove this simple treatment.

---

## SOME ADVANCE STUDIES FOR MENINGITIS CEREBRO-SPINALIS.

By Dr. E. Schlegel, Tuebingen.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
April 27, 1905.

About ten years ago, in springtime, I had to treat two children who had been poisoned by eating the young shoots of *Tragopogon* (Goat's beard), which are dug up here in April by children on account of their sweet juice. One of them was a five-year-old boy in the neighboring V., from whose mother I then heard that another child was taken sick from the same cause and with the same symptoms; another child, a girl thirteen years old, was sick from the same cause in a more distant village of the Black Forest. Both the former children were taken sick, soon after eating the "Goat's-beard," with headache and vomiting, fever, tonic convulsions, paralysis of the extremities (paretic conditions) and of the eyes, disability to swallow, drawing back of the head, somnolence and unconsciousness. Both the children recovered after several weeks' illness; the girl lay ill for six weeks.

The symptoms in all these cases so much resembled an attack of subacute cerebro-spinal meningitis that I was strongly reminded of them when this severe disease lately appeared in its epidemic form. I am sorry that I am unable at present to find my written observations as to the case of the young girl, which I made at the time. On inquiring of my colleague, Dr. Stiegele, Jr., whether he knew of any similar cases with respect to *Tragopogon*, he was so kind as to send me the following notice: "With respect to *Tragopogon*, I found the following in Lewin (*Lehrbuch der Toxologie*), page 320, among the poisonous plants (Compositæ): *Tragopogon Tourn.* The buds and the upper leaves of the Goat's-beard are much relished by children. A boy who had eaten a quantity of it was taken ill with headache, swelling of the face, amblyopia, and finally with amaurosis which continued



for several days, and vertigo. On the seventh day there appeared tonic convulsions; these were followed by recovery. (*Schaal, Wuertemberg Correspondenzblatt*, 1891, page 230.) It may be that parasitical fungi on the Goat's-beard caused the poisoning." This latter supposition must be given up, when we learn of a number of such cases; then also parasitical fungi are found least frequently in the spring-shoots of plants. It must, therefore, be assumed that *Tragopogon pratensis* must contain a particular exciting substance which with men (especially with children, who are more particularly exposed to the various forms of meningitis) exercises a corresponding poisonous effect on the central nervous system. Hahnemann, in his valuable "*Apothekerlexicon*," does not know anything of this effect of Goat's beard, but he mentions the long established use of the root in troubles of the kidneys and in urinary troubles. He also specially mentions *Tragopogon porrifolius*, also with a white sweet juice, which is used for cough, dyspnoea, stitches in the side, and in consumption. It is closely related to the oyster-plant, of which Hahnemann also mentions a similar use in convulsions and epilepsy. The use of these remedies reaches back into antiquity; we find it mentioned already in the excellent Botany of *Tabernæmontanus*, who cites authorities for a similar purpose. That the poisonous effect on the central nervous system is not mentioned, does not prove anything; it may only affect a small number of men, as we also know that not all are equally susceptible to the virus of diseases.

Our provings, which are useful in Homœopathy for unlocking medicinal powers, should make use of this peculiar power and it would then be determined in what particular manner *Tragopogon* corresponds to the irritation and diseases of the meninges. Perhaps these lines may serve to give an impulse in that direction.

I take occasion here to enter somewhat farther on the disease in question, which will be justified by the general attention turned at present in this direction, owing to the frequency of this disease at the present time both in Europe and in America. I am well aware that the image of the disease as it is formed by an exact observation of the many cases of the epidemy must form the basis for what homœopaths would call the epidemiology of the disease. I have not as yet observed any cases during this epidemy; yet there is a great general agreement of all the cases in a locally-specific respect. The organic systems and organs seized are

always the same. The image of the disease in the various individuals is very similar; by which we would not, however, say that the varieties found in the individual cases are not of the greatest importance to homœopathic therapy. The present epidemic of cerebro-spinal meningitis seems to have a peculiar tendency to draw the central sphere of the senses into participation, especially the sense of vision, which also finds a farther analogy in the action of *Tragopogon*. But before we have a symptomatology of the present epidemic elaborated by homœopaths, it is of no use to recommend any particular medicines; still we might let our remedies pass through a brief review. And in this review I would put in the front rank two remedies which have lately been proved:

*Cytisus laburnum* and *Saponiari* (soapwort).—Both of them have a decided toxic effect on the central nervous system.

*Cytisus*.—Great depression of the strength, sensation of heart-failure, constriction of the throat, stiffness of the neck, pain in the neck, tearing pains extending from the neck into the occiput, lusterless eyes; aggravation in the afternoon and evening, and on the left side. The convulsions and the cerebral symptoms have been observed in cases of poisoning.

*Saponaria* has great similarity.—Weakness, sensation of weakness in the heart, depression of high degree with somnolence, dull indifference, violent pains in the eyes, also glaucomatous appearances and ciliary neuralgias, supraorbital neuralgia, retarded pulse; poisoning with well developed meningitis.

A third remedy of most general importance is *Tuberculin*. We must not leave this remedy out of mind in cases of epidemical meningitis, for we must look especially to the symptoms, not to the often defective classification of the cases. *Tuberculin* (*Bacillin*) was given with success by Burnett in meningitis with children; its symptomatology as collated by *Nebel*, according to *Koch*, shows numerous traits of irritation and paralysis of the central nervous organs, even extending to delirium, coma, collapse, fever and subnormal temperatures as also serious implication of the visual organs. Also *Kent* emphasizes in *Tuberculin*: headache, even in old persons; intermittent fever, tendency to periodicity, sleeplessness with tormenting thoughts, loquacity during the fever, excitement, restless tossing about of the body, soreness of the whole body, formication, perspiration of the head, thirst for large quantities of cold water, muscular twitching. *Tuberculin*

should be especially kept in mind in the case of weakly children from consumptive families.

Another remedy rarely used in Europe in this serious disease should not be overlooked: *Veratrum viride*. It is characterized by strong febrile fluctuations also with subnormal temperatures, and congestions; its action is especially on the full-blooded; delirium, headache, starting from the neck, vertigo, dullness of vision, distended pupils (weakness of the heart with swooning and blindness), fullness in the head, pulsations, increased acuteness of hearing, buzzing in the ears, meningitis with violent fever, rolling the head about, vomiting, a perturbed expression of the face and retarded pulse; pains in the neck and the shoulders, the muscles of the back are contracted, the head bent back, heat and redness of the spine, opisthotonos, twitching and distortion of the body, trembling of the body, paralysis. A red streak in the middle of the tongue. This remedy is also suitable in very acute cases, where the adynamic element, which mingles with the congestive, is prominent in distinction from *Belladonna*.

We would particularly recommend these less known remedies to the student. I will now merely briefly review the customary and often proved treatment of meningitis, according to the manuals and from my own experience, which also shows some cures of meningitis tuberculosa:

According to *Farrington* there are cases which from the commencement show a stupid condition without reaction; the patient is cold, cyanotic, pulse very weak. Here *Ammonium carb.* is first indicated as causing a reaction. Else in the initiatory stadium with prominent irritation, congestion, redness, starting up, fright, gnashing of the teeth, incomplete depression. *Belladonna* is the recognized remedy.

In the progress of the disease with quick, weak pulse, cool feet, heat irregularly distributed, with a befogged sensory and somnolence: *Lachesis*.

Or we may now follow up, especially in cases where an eruption has been suppressed, with *Sulphur*, one dose. This I have twice used successfully in tubercular meningitis.

Also *Apis* may follow after *Belladonna*, where there is shrill screaming, nervous restlessness, an excited activity pointing to an inflammatory exudation.

In similar cases with anxious changing of the position, great fearfulness, weakness, and restlessness: *Arsenicum*.

On the other hand, in sharp pains in the head (as if the head was being split open), sensitiveness of the stomach, slight stupefaction, dark red face, lips chapping, chin moving, hasty thirst, motionless while lying down, stiffness of the neck, and also after an eruption has been forced back: *Bryonia*.

Sometimes there is found with it squinting, but the senses are not as much disturbed as with *Apis* and *Helleborus*.

*Helleborus* shows an even worse condition, loss of all reaction, a frowning forehead, enlarged pupils, squinting, automatic motions, dark, smooty nostrils and slow pulse.

In the latter symptom, with sparing urine containing albumen, *Digitalis* agrees. This also has: beating frontal headache, delirium shining fiery balls, amaurotic congestion of the retina, enlarged pupils, coma, prostration, coldness of the body with profuse perspiration. In congestion of the brain and in meningital symptoms after mental emotions and after insolation, with painful stiffness of the neck and formication of the spine, *Aconite* is superior to *Belladonna* as well as to *Glonoin*.

*Glonoin* is useful in congestions, in painful pulsations, screaming, in sensation as if the head was enlarged, and in convulsive vomiting.

*Hyoscyamus* has pulsating undulations in the head, sitting with the head bent forward, easier when shaking the head (in contradistinction to *Glonoin*), stupor, into which he immediately sinks back again, rolling the head about, staring eyes, murmuring.

*Mercurius* resembles *Apis* in the red face, the swelling of the glands, tendency to diseases of the mouth, perspiration which does not improve.

*Cuprum* has loud screaming, violent convulsions, the thumb bent inwards, paleness with blue lips, rolling of the pupils.

*Zincum*.—Screaming; starting up affrighted, restless motions of the feet, also unconsciousness; blue hands and feet, with coldness; this is especially adapted to anæmic children that are too much exhausted to have any exanthems, and with irritation of the brain, trembling.

In *Helleborus* and in *Zincum* Kent remarks that the reaction often sets in with vomiting or trembling and twitching of the extremities, probably only the day after taking the medicine, and that those around the patient should first be prepared for it.

When the visible progress of the improvement comes to a stop, another dose of medicine should be given; but no palliative should

be given with it, and we must simply wait for the end of the reaction much as the restlessness and pain may urge us. (In this matter I have no experience.)

*Gelsemium*.—Complete loss of all muscular strength, dull pains in the occiput, disinclination to everything, heaviness, passive congestion, vertigo, confused vision, the head feels too large, raving, buzzing of the ears, pains in the eyes. *This remedy should be especially thought of in and after influenza!* This may also suggest its use in epidemic attacks.

In a similar manner *Cimicifuga* deserves consideration. This influenza remedy also causes violent headaches, pains in the eyes, stiffness of the back, tonic and clonic convulsions, raving, sensation of enlargement of the brain, or as if the teguments of the head flew away; the tongue is swollen.

Some additional remedies to which the study of individual cases may lead, or which may prove useful in a whole epidemy, are the following:

*Argentum nitricum*.—In confusion, sensation of swooning, vertigo, feverish haste, melancholy, congestion headache with a sensation of enlargement of the head, disturbance of vision, fulness and tingling in the ears, disturbances of coördination, convulsions, paralyse, trembling pains in all the limbs, aggravations in the morning and before midnight.

*Opium*.—Deep, slow respiration, very quick or very slow pulse, the occiput feels as heavy as lead, somnolence and snoring respiration, stupor after waking up, raving; the eyes are wide open, there is a sensitiveness of the hearing, tendency to take fright, convulsions with tossing the limbs about.

*Stramonium*.—Babbling raving, desire to flee away, anguish when waking up, talking, singing, versifying, glittering eyes, staring eyes, sore lips; wants light, hates to be alone. The meningitis of the brain much predominates.

*Cicuta*.—The face is bluish, bloated; there is photophobia, starting up, enlarged pupils, gnashing of the teeth, thirst, inability to swallow, convulsive drawing backward of the head.

*Arnica*.—Pain in all the limbs, as if sore; exudations of blood under the skin; a numb, apathetic state, great weakness of the muscles of the neck (under similar circumstances with a tendency to putrescence, perhaps also *Baptisia*).

*Crotalus*.—Dreadful headache, reddened face, pain in all the limbs, weak heart-beat, red spots on the body.

*Chininum sulph.*—The eyes close involuntarily from weakness, pulsating headache, redness of the face, vertigo, pain of the dorsal vertebræ when pressed upon.

In a case which came under my treatment a short time ago the latter symptoms in a young girl was most prominent. *Chininum* 3 left me in the lurch; there was headache, as from a worm in the upper part of the head, then there appeared increasing unconsciousness, with enlarged pupils without any reaction, retention of urine and repeated involuntary cachination. A dose of *Sulphur* was also without effect, but after *Tuberculinum* 30 there was a rapid turn towards recovery. The patient is still growing better. Two of her sisters are suffering from tuberculosis of the bones.

Although my list of remedies has become already almost too large for easy survey, nevertheless nature is still richer in substances which cause and cure cerebro-spinal meningitis; also *Lycopodium* is to be considered in cases where there is raving and numbness, twitching of the limbs, headache extending even into the occiput. *Acid. picricicum* is recommended in meningitis with priapism.

Many others might be adduced. But I will here close with the remark that physicians following the method of Rademacher state that they have had good success from *Natrum nitricum* with *Nicotiana* and from *Cuprum* with *Nicotiana*.

---

## ACNE AND SORES FROM CUPRUM ARSENICOSUM.

A man, twenty-two years of age, who had been engaged for twelve years in the manufacture of artificial flowers, has for the last three weeks been working in English green. After the first week nodules (*boutons*) were formed in the face, then on the genital parts, with general discomfort and loss of appetite and frequent attacks of vertigo, compelling him to stop working; at times he fainted and there were violent pains in the abdomen and attacks of colic; he has no stool, and is compelled to twist and turn about.

*Status præsens*: On the face there are scattered about pustules of acne; in the cruro-genital region, on a level with the plica scruto-cruralis dextera there is a series of small ulcers with sharply defined borders with a bluish-green bottom surrounded by

a reddish surface. These sores showed but little pain; they formed two separate groups of irregular form, the one on the thigh, the other on the scrotum on the corresponding side, causing some itching (no corrosion). The suppuration increases during heat, so that the scrotum cleaves to the thigh, obstructing him in walking.

The ulcers might have been mistaken for chancre, but at their bottom was found *Cuprum arsenicosum*.

Treatment: A bath every other day, the sores being dusted with starch. In twelve days a perfect cure was effected.

(*Bulletin medical du Nord. Translated.*)

### CALADIUM SEGUINUM.

Kissel remarks in his "*Denkwuerdigkeiten aus der aertzlichen Praxis*" that with the tincture of *Caldii seguinii* he has cured several cases of pruritus vulvæ, which he considered as an independent affection of the genital nerves, in which there was a papulous exanthem on the mucous membrane of the vulva. He gave three to fifteen drops, three times a day. That the exanthem was not the cause of the pruritus appeared from the fact that after the removal of the exanthem by an ointment of white precipitate the itching was somewhat alleviated, but later on it returned with greater violence. Then *Caladium seguin.* made an improvement in a few days, and cured in two weeks the ailment that had existed for years. From the pathogenesis of the remedy it appears that it has a very pronounced action on the sexual organs of both sexes. To this we should add its strong excitative action on the mucous membranes and the skin. By homœopaths *Caladium* has also been successfully used in pruritus vulvæ, even in those cases which being caused by onany eventually frequently lead to nymphomania. Also in the cases in which it is caused by ascarides that intrude themselves into the vagina, causing masturbation, *Caladium* deserves consideration. The nervous excitability of higher degree and supersensitiveness (*e. g.*, as to noise, even while sleeping) is an indication for this remedy.—*Allgem. Hom. Zeit.*

## THE ACTION OF SOLUTIONS OF HIGH ATTENUATION ON LIVING ORGANISMS.

By Albert Schneider, M. D., Ph. D.

California College of Pharmacy, San Francisco, Cal.

It is known that metals placed in water in which seedlings are stimulate growth, so long as the solutions of the metals are weak. Further, it has been determined that very minute quantities of the salts of zinc and iron, as well as of silicates, have a stimulating effect upon the growth of some fungi. These and other similar observations led Hueppe to formulate his biological law or dictum which may be translated as follows: "*Every substance which kills and destroys cytoplasm at a definite concentration will inhibit growth and development in smaller quantities, and in still smaller quantities or weaker dilutions will, just beyond the point or threshold of indifference or neutrality, cause a stimulation of the life processes.*"

Acceleration of growth of higher plants, due to chemical stimulation, has been observed, but the writer is not aware that any extensive research has been done along this line, or that any considerable observations have been recorded. Copeland cites the well-known example of the more luxuriant growth of violets in the neighborhood of zinc factories. It is also well-known that spraying with copper-sulphate solutions causes increased growth, better development, and earlier ripening of fruit. Certain vapors, as those of ether, chloroform, alcohol, hydrogen, cyanide, carbon disulphide, and others, in high dilution, have a stimulating effect upon plant growth. In fact, gardeners and floriculturists make practical use of stimulating vapors, as of ether and alcohol, to induce a greater brilliancy and a better unfolding of certain flowers.

Spores of fungi are variably affected by poisonous substances. There is also a wide range between the strength of solutions which will inhibit growth and those which will kill. Mercuric chloride is the most toxic in its action on spores of fungi, while potassium cyanide, which is so extremely toxic to animals, is remarkably weak. Weak solutions of alcohol and sodium chloride have a stimulating effect upon the germination of spores. *Uromyces* spores respond very variably to copper sulphate; for example, a solution  $\frac{n}{12800}$ \* showed injury in several instances,

---

\*A normal solution  $\left(\frac{n}{1}\right)$  represents a gramme-molecule solution and does therefore not correspond to the percentage solutions.



while others grew in a solution as strong as  $\frac{n}{100}$ . Potassium permanganate is of low toxic power.

With these introductory remarks I shall outline very briefly some tests with copper sulphate in Golden Gate Park, San Francisco.

For some time past a disagreeable odor had been noticed emanating from Stowe Lake, encircling Strawberry Hill, in Golden Gate Park. A microscopical examination of the water, soil sediment, and stems of some of the phenogams growing in the lake showed the presence of the following organisms:

1. Oscillarias, in abundance.
2. Diatoms, numerous species in great abundance.
3. Desmids not abundant.
4. Anabæna, quite abundant.
6. Pediastrum sp., in great abundance.
7. Filamentous fungi of the crenothrix and leptothrix types, quite abundant.
8. Microbes, in great abundance.
9. Protozoa (Paramecia), in great abundance.
10. Rotifera, quite abundant.
11. Vermes, of the vinegar-eel type, numerous.
12. Crustaceans, minute forms, abundant.

Other forms of plant and animal life were also present, but the organisms listed represented the dominant life of the lake. There were present millions of frogs' eggs. The lake is extensively visited by coots and various species of ducks, which have come to look upon the body of water as their rightful heritage, and to feed upon the bread, cake, and crackers brought them by park visitors. There are also present tame ducks and swans. The catchnet and dredge were not used in collecting material for examination, as it was thought that the material above referred to would suffice for the purpose. Two days after the microscopical examination was made fifty pounds of copper sulphate were placed in a gunny sack, fastened to a boat, and dragged through the water by rowing. The copper sulphate dissolved somewhat more rapidly than was anticipated, so that the water area was not uniformly covered, but as the lake is quite narrow throughout the greater part of its entire length this was not considered of any special consequence. The portions of the lake containing the most vegetable life was well gone over. The estimated strength of the solution was about *one part to four millions* by weight.

Eight days after the copper sulphate treatment another sample of water and sediment was secured from the same locality where the former sample was obtained, and examined microscopically. The result was most astonishing for one who did not have over-much confidence in the entire proposed copper sulphate treatment of water supplies. Of the organism listed, all were dead with the exception of oscillaria, anabæna, and, perhaps, microbes. With regard to the latter no opinion can be expressed, as no culture tests were attempted. Not a single wriggling worm, paramecium, or rotifer could be found. Quite a number of dead crustaceans (low forms) were found. No motile diatoms could be found, and the cytoplasmic contents of most of them had assumed a rich reddish-brown coloration. The oscillarias and anabænas were apparently unaffected. Not a single living pediatrium was found, but it should be stated that many of these were found dead before the copper sulphate was applied. The bad odor from the lake was no longer noticeable. The few fish in the lake were apparently not inconvenienced in the least, and, of course, the ducks, coots, geese, and swans never detected the difference. Nor were the few water plants, as nuphar, sedges, and a few others, apparently injured in any way.

From the above test it would appear that diatoms and protozoa are peculiarly susceptible to the copper sulphate treatment. In the case of diatoms it is highly probable that the scilicious valves increase absorption. In the case of paramecia and other ciliated low organisms it may be that the ciliary motion and the rapid rate of ingestion of water solutions may account for the readiness with which they succumb to copper solution.

Without further discussion our present knowledge of the action of poisonous substances of high attenuation upon living organisms may be summarized as follows:

Hueppe's biological law holds good in a general way, and is further supported by observations of the action of medicinal substances upon the human organism. For example, small doses of such nerve paralyzants as ether, chloroform, alcohol, strychnine, brucine, cyanides, etc., act as stimulants; in large doses (comparatively speaking) they paralyze and destroy life.—*Condensed from Merck's Report.*

(Is not that a rather strong confirmation of Homœopathy?—  
Editor of RECORDER.)

## DO YOU KNOW HOW TO USE A REPERTORY?

(Inasmuch as we are constantly receiving inquiries as to the proper use and study of the homœopathic repertory, \* \* \* *The Critique* has undertaken an educational effort along this line in the hope that many of its readers may be benefitted thereby. While in Chicago recently we requested Dr. Kent to give us an outline of his idea of how the repertory should be studied and used, and we take great pleasure in presenting the following, right from the fountain-head, so to speak, and believe it will be appreciated by many who have, heretofore, had a hard time in understanding the repertory. To those who have felt the study of *Materia Medica* to be a trifle tiresome we would recommend a close compliance with the subjoined suggestions; a careful reading of Dr. Kent's lectures on homœopathic philosophy and a determination to practice homœopathic medicine from the foundation of our structure, namely, the *Materia Medica*, and we believe there will be a whole lot more of good medical practice in the world than there has been of late years.—Ed.)

### The Use of the Repertory.

The remark is often made by physicians: "I do not know how to use a repertory." What respect would a mechanic gain among his fellows if he openly declared himself ignorant of the most important tool in his trade? Would they not all agree that he was not one of them and not worthy of employment? It seems strange that physicians can boldly manifest their ignorance and still claim patronage among the people. The *Materia Medica* is so vast that it cannot be mastered for off-hand use—it cannot be memorized. The repertory is the only means of finding the symptoms for all strange and rare cases.

It takes two or three years to become familiar with a repertory, but it must be learned. If it was neglected in college it must be learned afterwards. The proper time to learn it is in the college course. It is more important than the anatomy or chemistry. Every homœopathic student should begin the use of the repertory as soon as he begins medicine. First leaf the book through, examining all the rubrics, to become familiar with the forms of entry and expression. Whenever there is a spare moment let the repertory be inspected. The most valuable time spent in college is used in this way. Students soon learn to

think in *Materia Medica* symptoms. Classmates speak of symptoms. Patients in the clinics speak of symptoms. These symptoms should be hunted for in the repertory just to establish a habit of hunting for and finding symptoms. Soon this pastime becomes a pleasure, and at the end of the college course it is easy to find symptoms, and the repertory is mastered and its use is learned. Students often go out of college without knowledge of the repertory, hence the first two or three years are difficult, finding the remedy is too cumbersome and seems not practical and other methods are contracted. Lack of time and ignorance of the repertory lead to unscientific methods. Every college should so teach the use of the repertory that the student is made acquainted with it, as is done with anatomy and chemistry. The student must be drilled in the use of the repertory. It is not sufficient to see it occasionally used by the teacher in his clinics.

Students are often told by physicians and teachers that they must sneak off behind the door or in a private room and use the repertory—that the patient will lose respect for the doctor who uses his repertory in the presence of the patient. There may be times when it would be wise to heed this advice, but after consulting a large number of physicians who use the repertory in the presence of the patient, not one has been found who can say he has lost the respect of his patient by this practice. But all agree that they have been able to hold many patients by this method. Patients are often much pleased with the attention and study given their case in this manner. For twenty years I have used the repertory whenever necessary or desired in the presence of the patient, and always it has strengthened the confidence of the patient.

The careful use of the repertory will lead the physician to the right remedy—to the best remedy for the patient, and this cannot be uniformly accomplished in any other manner. It will lead to the cure of the chronic cases in any country, and the physician who works out his cases carefully will in time become careful in his habits and wise in the selection of remedies. Such is the way all homœopathic physicians work, and there is no other way. All who work in this manner are astonished at the action of the similar remedy. Men who work in this manner never alternate, and seldom lie awake nights worrying about the potency question. They think only of finding the most similar remedy. Time will lead them in the right direction, as it did Hahnemann.

## How to Study the Repertory.

Go over the general headings to see how the work is made up, put in considerable time at the above work, as it takes time to learn how to use a large repertory and should be learned in college. After you have taken the case fully, begin to examine it by hunting the mind symptoms, and especially the likes and dislikes; also study out the bodily aggravations and ameliorations, all such symptoms as the patient predicates of the whole being, body or organism. These, mind and body, are generals. Do not forget that even among these there are many so very common that they may be left until the last of the generals. There are common generals and strange and rare generals; the latter are of first importance. Now make a summary of such remedies as run through these generals and you may find three or four, or six or eight remedies; and now it comes to mind to find out which of these is most similar to the whole case. Then take up all the particulars, by which I mean symptoms predicated of the parts of the body, and ascertain which of the few remedies is most similar to the symptoms of the parts.

---

CHRONIC-RHEUMATIC ENDOCARDITIS — INSUFFICIENCY OF THE MITRALIS — DIMINISHED COMPENSATION.—CURE WITH STROPHANTHUS.

By Dr. P. Jousset, Paris.

Mrs. X., fifty-nine years of age, came into the hospital of St. Jacques on February 16. The patient is corpulent; during the auscultation, there is heard a very pronounced hissing-systolic noise at the apex of the heart. There is pronounced irregularity of the pulse, dyspnoea, œdema of the legs, the urine is small in quantity, 270 grains without albumin; accidental catarrh, frequent cough. This woman had been at the hospital a year before, when she was in an analogous condition, which was cured with *Strophanthus*. This remedy was prescribed also this time.

We were led to the choice of *Strophanthus* chiefly by the very pronounced irregularity of the pulse and the striking weakness of the contraction of the heart. The patient received ten drops of the mother-tincture during the day in a solution of 125 grammes.

The improvement was rapid; the dyspnœa diminished at the same time that the quantity of urine increased considerably, first to one liter, then to one and a half, and finally to two and a half liters. The arrhythmia decreased considerably, without disappearing altogether; the œdema disappeared from the first days, and the patient was dismissed as cured about three weeks after her entrance.

*Strophanthus*, as is well known, is a plant which is used on the coast of Africa as a trial-beverage. In large doses this remedy causes irregularity and retardation of the motion of the heart and diminution of the arterial pressure. When prescribed for patients who have a certain amount of inefficiency of the heart, it quickly changes the condition of the patient, the energy of the contraction of the heart increases, the pulse at the same time becomes regular, while its frequency diminishes, and the arterial pressure increases. It may therefore be seen that its action is entirely homœopathic. Clinical experience has frequently confirmed this indication of *Strophanthus*.—*From L'Art Medicale, 1905, No. 4.*

### KENT'S REPERTORY.

The busy practitioner and the student of homœopathic *Materia Medica*, alike, find Dr. Kent's Repertory an indispensable companion. The arrangement is simplicity itself and conforms closely to his teaching of the *Materia Medica* and the art of individualizing any particular case. He has made a clear cut distinction between *general, common* and *particular* symptoms, in such a manner as to leave no doubt as to the comparative value to be placed upon each. To illustrate, suppose we have a patient complaining of headache. Under the Hahnemann Schema rubric of "head" in the Repertory on p. 138, the "common" symptom "pain" (headache in general) is found containing a large number of remedies known to have produced headache of some description. If the patient further describes her individual case as "headache in the afternoon" (p. 139), this should then naturally follow the "common" sub-rubric as it does. The location: "pain in the temples" (p. 173) follows naturally, and the sensation, such as "Bursting, Jerking, Pressing" etc., follow in alphabetical order. Even here a further individualization takes place. *e. g.*, under "Bursting" (p. 184), (daytime: Sulph.), (air, open, in: BELL., Glon.)," and following this, "Forehead, Occi-

put, Sides," etc. In this way the "common" symptom is made "particular."

If this case should predicate of him or herself, "I am aggravated by noise, light, to every step and jar on the floor," this takes us to a mental condition, much more important than we have already considered, and is found under "Mind" sub-rubric "sensitive" (p. 82-83). Here again Dr. Kent has, as in all parts of his book, labored to make the work easy, for he has followed all this sensitiveness in alphabetical arrangement, thus we find "Light, Noise," etc., in their order.

Again, if the case has predicated: "I am lying down" (p. 1298), "agg. by motion" (p. 1301) and "the pains come and go quickly" (p. 1304), we have peculiar, uncommon, characteristic symptoms of the patient himself, found under "Generalities." These "General, Mind, Location and Sensation" symptoms as given are found in their entirety only under one remedy, *Bell*.

Dr. v. Bœnninghausen has truly said that every homœopathic symptom must contain three essentials: a location, a sensation and modalities. A remedy would be indicated in any given case, even if it has never been proven or clinically verified, if the remedy has an affinity for the location involved, the sensation is like that produced by the drug, and the modalities are similar. I had a case illustrating this not a month ago. The patient was suffering with "sore throat." It was confined to the right side, stitching pains running up into the ear, dryness of the mouth, thirst for large quantities of water at long intervals, aggravated from the least motion. Hering's *Guiding Symptoms* does not mention tonsilitis in *Bryonia*, although the tonsil was very badly swollen and inflamed, nor does it mention stitching pains extending to the ear. Yet a tyro in Homœopathy would hardly have made an error in prescribing.

Dr. Kent has so thoroughly conceived this truth that he has carefully eliminated from the Repertory all symptoms which do not conform thereto, but which have crept into our *Materia Medica* here and there ever since the foundation of the school. Thus his experience of a lifetime devoted to the cause has been placed at our hand, unselfishly, ungrudgingly.

I cannot refrain from giving one more illustration of the use of the Repertory. In the case just preceding there was no mention of a pathological state, and it is one of the beauties of Homœ-

opathy that we do not have to wait for pathology before we can prescribe accurately. But suppose we do have a pathological condition, say of typhoid fever. Everyone knows the symptoms "common" to this disease: weakness, headache, vertigo, bruised, sore pain, epistaxis, constipation, white tongue, thirst (usually), tiresome dreams, faintness when rising from the bed, stupefaction.

You can take the Repertory and work these all out as I did and you will find about fifty remedies more or less indicated in these "common" symptoms. What's the use? Turn to your Repertory, under "Fever" sub-rubric "Continued fever, typhus, typhoid" (p. 1218), and you will find all the remedies that have been found useful in typhoid fever, not from an empirical standpoint, but because they have produced conditions similar to typhoid, and so again Dr. Kent has shown us the way to make a short cut, and instead of working these "common" symptoms out we simply say: "Typhoid Fever." To still more simplify our work, he has followed this, as is his custom all through the work, with "afternoon, evening," and various time aggravations, then the different types as "Abdominal, Cerebral," etc. Typhoid has a certain meaning for us now, a certain symptom group all worked out to hand for our inspection.

Our case should then look something like this:

Typhoid fever, *Arum t.*, *Bry.*, *Bapt.*, *Gels.*, etc., with  
Thirsty, large quantities at long intervals (Stomach, p. 522).

General agg. from motion (Gen., p. 1301).

Dreams, busy (Sleep, dreams, busy, p. 1172).

Faint when rising up from bed (Gen. 1290), (*Bry.*) or

Typhoid fever, with

Muscular weakness (paralytic) (Gen. weakness, paralytic, p. 1346).

Trembling hands, legs, tongue on attempting to move them (Gen. 1335).

Drowsy, incoherent mutterings (Mind, delirium, muttering, p. 28).

Thirstless (Stomach, 523), (*Gels.*).

I give my unqualified endorsement to this work.

ALBERT EDWARD COLLYER, M. D.,

*Instructor in the use of the Repertory,*

*Hahnemann Medical College and Hospital, Chicago.*



## HOMŒOPATHY'S APPEAL.

### Offers Services to Public and Asks for Funds.

The following explains itself:

The Federal Government, the State, the City Administratoin, the patriotic merchants and all good citizens are doing noble work in fighting yellow fever, and there is no doubt that the thousands of dollars. the eminent talent and the indomitable energy expended will eventually result in the total freedom of New Orleans from even the possibility of another epidemic.

But in the meantime hundreds of people suffer, some from fever, others from panic and nervousness, and every ray of hope is a blessing to the afflicted. The general efforts are really directed to the colossal work of sanitation and prevention, little or nothing is done in the way of satisfactory treatment of those who have already been taken sick. Hence it behooves us once more to prove that Homœopathy cures quickly, safely and surely all ordinary cases of yellow fever, and to repeat, if necessary, the successful campaign of 1878.

Therefore, we have resolved to reorganize the Homœopathic Relief Association, with the object of furnishing to those in need homœopathic physicians, homœopothic nurses, homœopathic medicines, homœopathic dietary preparations, pure water, free from any chemicals, and other necessities.

Our doctors are willing to volunteer their services, but professional ethics prevent them from advertising the fact, nor can they supply all the necessaries out of their private funds.

Hence, we do hereby appeal to all friends of Homœopathy to send their mite for these two good purposes—one, charity to the poor; the other, an opportunity for Homœopathy to show its value under test conditions.

REV. JOS. SUBILEAU, *President.*

CHAS. Y. LOPEZ, A. M., M. D.,  
*Vice-President.*

KARL T. GESSNER, *Secretary.*

H. MESSONNIER, *Treasurer.*

Contributions should be sent to the following responsible gentlemen:

Gilbert Green, Vice-President Canal Bank and Trust Company; L. P. Bryant, 141 Carondelet; F. M. Miller, Fidelity and Surety Company, Hibernia Building; J. M. Holland, United States Custom House; the *Picayune*.

## TWO CASES OF CARBONACIDÆMIA.

By Dr. A. Stiegele, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
June 22, 1905.

From a lengthy and most interesting discussion on the effect of *Carbonic acid* when retained in the system, we excerpt the following cases:

## I. A case of Raynaud's disease.

S. N., twenty-two years of age, came to my office on February 27, 1905. For several years she had suffered from thickly swollen hands, which always felt quite cold. Since six weeks the parts affected have taken a blackish-blue color. They are worst in the morning and under the influence of warmth. Her menses are very irregular, always tardy; the patient also complains of a very pronounced feeling of heaviness in the legs.

An examination showed no appreciable changes in the circulatory and respiratory organs. Both the hands felt doughy and cool, the fingers had thickened into shapeless sausages, and the whole hand showed a bluish-red, and partly bluish-black discoloration. On the proximal ends of the first and second metacarpus of the left hand, and the third metacarpus of the right hand, there were sores as large as a dime and up to the size of a quarter, covered with smeary pus and of indolent appearance.

The prescription was *Pulsatilla* 5, and an ointment containing one per cent. of *Abrotanum*.

March 7. The patient reported considerable improvement, the painful coldness had diminished in spite of the very cold weather, the sores were diminished in size. Repeated.

April 4. The menses had reappeared after a cessation of five weeks and were more copious than usual, the sense of heaviness in the legs had disappeared, the sores after a more copious secretion had disappeared, the hands were considerably less swollen, the bluish color was less pronounced and the patient has been able to take up again her employment of saleswoman.

The clinical relation of *Pulsatilla* to *Sulphur* is well known. In the symptomatic image of this remedy the carbonacidæmic condition is pronounced. Farrington says: "*Pulsatilla* is particularly required with chlorotic or anæmic women, when they always complain of a sensation of cold in spite of this chilliness, feel a re-

lief in many of their symptoms while in the open air. They cannot bear to be in a close room. The pains from which they suffer seem to be accompanied with chilliness. *Pulsatilla* acts on the vascular system, especially on the right side of the heart, the veins and the capillaries. Accordingly, we find that everything which weakens the venous part of the circulation, whatever delays the return of the blood to the heart, may just for that reason call forth symptoms for which *Pulsatilla* may be indicated. The fresh air acts as a stimulant on the venous circulation and improves the symptoms originating from the retarded flow of the blood." Now compare this with what Lahmann has said about the phenomena of carbonacidæmia in the female sex, and we may convince ourselves as to the clear outlines in which the old provings of *Pulsatilla* made on healthy persons have drawn the image, which Lahmann now lays as a novelty before the medical world.

Another form of carbonacidæmia or of the carbonitrogenous constitution we find in the following case:

II. April 2, 1904. Miss H. L., a painter, twenty years of age, says that she has now been suffering for two years; she frequently has pains in the right side of the abdomen, especially in the evening, when she has the sensation as if her body was filled up with air, then there are severe attacks of flatulence or of long continued eructations, which alleviate. The stools are very indolent, with intermissions even up to eight days; a treatment at Carlsbad helped for a while. The urine is scanty, usually with a red sediment, but at times it passes off in large quantities, clear as water. There is a sensation of heat in the occiput and above the orbits, a sensation as if the head was pressed together with iron bands. She feels like biting her teeth together, there is a boring sensation in the vertex; the feet are mostly cold, the sleep disturbed; the brain at night continues to work up the impressions received during the day. The patient cannot bear any tight clothes and cannot bear to be alone. Her symptoms have been diagnosed by her physicians so far as hysterical. No kind of therapy has so far been of any use to her.

The patient is very tall and lean, her complexion is of an earthy pallor. An examination disclosed no particular points, except some indications of a floating kidney. I gave her *Lycopodium*.

April 15, 1904. The patient wrote to me, that on taking the second powder a raging headache had set in, which kept aug-

menting; all the ailments in the abdomen had disappeared as if everything had gone to the head. She begged me to send her something for her headache. But I only directed her to cease with the *Lycopodium* and heard from her on May 8, that the whole ailment was removed. The cure was permanent.

The diagnosis of hysteria shows how errors may be made by not noticing the more subtle processes of pathological transmutations of substances. In *Lycopodium* we see the retention of nitrogen furnishing the colors for the medicinal image.

---

## HOMŒOPATHY AND ITS CORNER-STONE.

By Luther Peck, M. D., Plymouth, Mich.

For over one hundred years Homœopathy has withstood the severest tests that medical investigators could give. For over one hundred years of storms and tempests we still find the corner-stone of Homœopathy, namely, the materia medica, still unharmed. The homœopathic materia medica has been, and still is, and always will be, the great Gibraltic rock of Homœopathy. The surging waves of allopathy have failed to move Homœopathy. A mountain of truth will never be effaced by banner, jest and sarcasm. The homœopathic materia medica is the great corner stone of Homœopathy. The existence of dietetics and hygiene, physiology and, in fact, nearly all "ologies," are equally important to the keeping of this great corner-stone in its place—just as important as the foundation of a home is to its upper structures. Some at the present day seem to think that Homœopathy depends upon everything, excepting its materia medica. Such a dependence is based by those who think little, but—"speak lots."

Homœopathy is the art of curing diseases according to the law of similars. The homœopathic materia medica is our great guide in the curing of disease. Without it we are like the sailor at sea, without a compass. A man once asked me: "What about the Organon? Has it not done more harm than good to the young practitioner?" I answer, "No! a thousand times No!" The Organon must be rightfully interpreted to be correctly understood. The Organon is simply the rudder guide in the application of our materia medica. Hahnemann did not produce cures with his Organon, but he did bring forth great cures by the application of

his materia medica. By and through the aid and use of the homœopathic materia medica, Homœopathy progresses. It is a system of practice that stands alone. It is a practice based on a law of nature. It is far different from all other systems, and when a "Regular" tells us that all medicine is combining itself, has he not made himself a knave rather than a fool? We, of a homœopathic school, have a corner-stone to our system, and we are dependent on this unmovable stone for the very existence of Homœopathy today. We ask to see the corner-stone of allopathy. But our request has not been granted. We have a good corner-stone. Let us use it more! There are many today who pay very little attention to the homœopathic materia medica. Palliatives are employed, and palliative results are only obtained. Let us see a change! I urge you to boom Homœopathy as some of you boom your headache powders! Throw forth the sails of Homœopathy and steer the ship in its right course! Let every homœopathic physician prescribe on the homœopathic law of cure. Away with your *Caffeine*! Down with your *Antikamnia*! Try to treat the cause of the existing effect! Do this and publish your failures.—*Medical Councillor.*

---

### THE MANIA FOR ABBREVIATIONS.

Many of the manuscripts that are sent to medical journals show that particular manifestation of laziness on the part of the writer which consists in the copious use of abbreviations peculiar to himself. It is easy to understand how these creep into the original draft, for it is apt to be written hastily, the writer, no doubt, generally intending to write the words out in full in the "fair copy." At the last, however, he is prone to content himself with giving the rough draft to a typewriter, and apparently he often forgets to instruct her that she is to substitute the full expressions for his abbreviations. Even if he does give her instructions, it is no wonder that she stumbles in trying to carry them out, and he, trusting too implicitly in the copyist, hardly takes the trouble to read the finished work.

Of course, we are not speaking of the ophthalmologists, whose copy sometimes bristles with abbreviations, for they confine themselves for the most part to such abbreviations as have the sanction of established convention in the specialty. It is the extem-

porized abbreviations that are most troublesome. Sometimes it is difficult to interpret them, and even where this is not the case, unnecessary labor is thrown upon the person who has to prepare the "copy" for the compositor.

Some of the extemporized abbreviations are grotesque. For example, not long ago we had to struggle with a manuscript in which the word subcutaneous was represented throughout by "subQ." In a report recently issued by the Royal Society we find these expressions: "C. sp. fluid (containing T. I.)," "Tryp. in blood films," "*Tryp. abs.* Mal. absent," "No tryp. seen," "Tryp. numerous," "No R. B. C.," and "K. J sluggish." The meaning of some of these abbreviations is readily made out, but the others necessarily delay the reader, to say the least, and they all disfigure the printed page. The habit is a bad one, and writers for the press should rid themselves of it.—*New York Medical Journal.*

To the foregoing we say amen !

---

## CLINIQUE OF THE HOSPITAL OF SAINT JACQUES, PARIS.

Nephritis Parenchymatosa Acuta — Digitalis — Bacillus  
Pyocyaneus and Cantharis Hæmaturia—  
Cure By Terebinthina.

Translated for the HOMŒOPATHIC RECORDER.

A valet thirty-five years old came to the hospital on January 5. He had a weakly constitution and had been afflicted for several weeks with the itch. When fifteen years old he had typhoid fever, but has since then been in good health. About four weeks ago on going to bed he noticed that his legs and his hands were swollen. During the night this swelling disappeared. There was a sensation of weakness, and he noticed that his urine was very thick and had decreased in quantity. His appetite is good ; and he remains at work.

On the 5th of January, feeling very weary, he came to the hospital. He is very much exhausted. In his chest can be heard some moist rattling, and his hands and feet are œdematous. On the upper part of the thigh there are some purple spots. The urine is discharged very sparingly (three hundred grammes in twenty-four hours), high specific weight 1.030 ; it contains a large

quantity of urates and also a considerable quantity of albumen. The microscope shows tubuli and some pellets of pus.

On January 7 and 8, he received *Mercurius corros.* 3. The urine remains unchanged; also the oliguria. This led to the prescription of *Digitalis* 6 two drops.

This remedy acted quickly; the patient in twenty-four hours discharged three quarts of urine, specific weight 1.010; the urates and the albumen had considerably diminished in quantity.

*Digitalis* is continued until January 12. The specific weight of the urine continues high and the quality of the urates is still considerable. The œdema has entirely disappeared and the patient is much better.

On January 15, the patient complains of pain in the left side of the chest, preventing him from sleeping. He received *Ranunculus bulbosus*, mother tincture, five drops in 200 grammes of water, every day four teaspoonfuls. Under the influence of this remedy the pains disappeared; the urine continues pretty copious (two quarts in twenty-four hours), but the quantity of albumen is considerably increased.

January 20, he received *Bacillus pyocyaneus* 4 trit., fifteen centigrammes in 200 grammes of water. Since the quantity of albumen remained the same after five days, he received *Cantharis* 1, ten drops in 200 grammes of water, every day four tablespoonfuls. After this the quantity of albumen diminished (only fifty centigrammes in the urine.) The urine fluctuates between 2.100 and 2.500.

February 10, *Cantharis*  $\theta$  eleven drops given as above. The urine still contains fifty centigrammes of albumen. Four days' pause in the medication. The urine now increases to three quarts; the usual reagents do not show any more albumen. Millard's only shows some turbidity. Now *Cantharis* tincture is resumed in a dose of three drops. The urine remains copious, but the albumen reappears. On stopping the medicine again, the albumen again disappears.

In this manner the treatment is continued, *i.e.*, the patient took for four days of the mother tincture of *Cantharis*, five drops in water, three tablespoonfuls a day, thus nearly one drop a day. Then followed a pause of four days and so on. During the use of *Cantharis* the albumen increased somewhat; the quantity of urine is two quarts in twenty-four hours.

March 9, the urine showed a striking rosy color; the examina-

tion with *Guajacum* and *Terpentine* gave a distinct reaction showing blood. The microscope confirmed this by showing some blood-corpuscles.

March 18, since the urine continues to contain blood (in spite of, or perhaps on account of *Cantharis*, Edit.) the patient received *Terebinthina* 6, two drops. Under the influence of this remedy the quantity of urine increases after having sunk to 1700 grammes, to two quarts. The blood gradually disappears. No albumen can be discovered, and on the 3d of April in two quarts of urine every trace of albumen and of blood has vanished and the patient is dismissed with the directions to go to the hospital of Saint Louis to get cured of his itch.

Dr. Jousset remarks in conclusion : "The presence of numerous petechia on his lower limbs, and the slight but undisputable Hæmaturia which developed later, are unusual phenomena in Nephritis parenchymatosa of recent origin, ending in a cure. The effect of the medicines was very noticeable. When received into the hospital, the patient had obliguria, against which *Mercurius* proved ineffectual ; *Digitalis* brought a quick effect, since the quantity of urine increased to three quarts, while at the same time the œdema diminished.

"The effect of *Cantharis* also was very manifest ; we prescribed the remedy in the mother-tincture, in the dose of one drop a day. It was continued for several weeks and caused a considerable diminution of the albumen. We would call attention to the fact that during the use of this remedy the contents of albumen remained pretty high (fifty cg.), but in the pauses it diminished considerably, while at the same time the quantity of urine increased.

The mother-tincture of *Cantharis* may perhaps be made responsible for the origin of the hæmaturia, since the symptom actually continued as long as the remedy was used.

*Terebinthina* 6 then caused the blood to disappear from the urine in a short time."—*l'Art Medical*.



## BOOK NOTICES.

---

**Helps and Hints in Nursing.** By J. Quintin Griffith, M. D., Ph. D. Family edition. 480 pages. Cloth, \$1.50.

The book explains the details of nursing which the ordinary working doctor wishes carried out in everyday maladies—changing the bed, changing the clothing, isolating infection, destroying germs, limiting the spread of disease, ventilating, bathing the patient; care of teeth, hair, nails; bandaging; managing wounds, burns, scalds, hæmorrhages, fractures, fainting, sunstroke, accidents, poisoning, bites, stings.

The book tells about—

Diseases peculiar to women, their cause, treatment and prevention.

The menstrual function, some things every woman should know.

Conception, the signs of pregnancy, how to regulate the habits, foods and exercises of the expectant mother.

Obstetrical nursing, care of the infant, bathing, dressing, preparation of food and feeding.

Asepsis, antiseptics.

Enemas, douches.

External applications, stupes, poultices, plasters, hot bottles, cups, leeches

General consideration of foods, sick diet, convalescent diet, serving foods, recipes, foods for infants and children.

The observation and recording of temperature, pulse and respiration.

Diseases and affections of infants and children—colic, constipation, diarrhœa, dentition, restlessness, failure to thrive, various diseases, etc., etc.

Treatment and various home remedies which the nurse or mother may adopt.

It was the writer's aim to set forth the principles of nursing in the simplest English, avoiding verbosity, circumlocution and technical language, believing that simplicity of style, directness of statement, conciseness, together with completeness, ought to make the book desirable as a text-book for nurses, and also as a guide suitable for every family. In this he has succeeded. A good book.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL.

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

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

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

---

---

## EDITORIAL BREVITIES.

DANGER!—It seems that the California State Medical Society owns a medical journal. The editor jumped with both feet on the *N. Y. Medical Journal*. The *N. Y. M. J.* instructed their lawyers to demand a retraction or bring suit for libel against the State Society—owners of said *Journal*. Whereat the Society “fully, freely and unqualifiedly retract and withdraw the statement.” The moral is very plain—if a State society, or a national medical organization, runs its own journal every member is financially responsible for libel, or the debts, the editor may shunt on to them. *Verbum sap.*

ECHINACEA ANGUSTIFOLIA.—As a remedy for septicæmia the promptness of its action has surprised every physician who has yet prescribed it. If it had no other influence than that of antagonizing direct septic infection, this would be sufficient to class it as of first importance among specific remedies for this purpose.”—*Ellingwood*.

A MISTAKEN DIAGNOSIS.—According to the *Indian Medical Record* the following conversation recently took place in India:

Physician (with his ear to patient’s breast): “There is a curious swelling over the region of your heart, sir, which must be relieved at once.”

Patient (anxiously): “That ‘swelling’ is my pocketbook, doctor. Please don’t reduce it too much.”

BIRDS.—“If the world were birdless, a naturalist declares, man could not inhabit after nine years’ time, in spite of all the sprays and poisons that could be manufactured for the destruction of insects. The insects and slugs would simply eat all the orchards and crops in that time.”—*Journal of Zoophily*.

DO MORE HARM THAN GOOD.—“Notable progress has been made of late years in the treatment of epilepsy, not the least important of the better methods being the elimination of heavy dosing with the bromides. Since their first use in this disease by Laycock, fifty-seven years ago, the bromides have enjoyed steady favor in the treatment of epilepsy, especially the *Bromide of Potassium*. Its use has been well nigh universal. It has virtually become a household remedy in convulsive disorders, and in proportion to the immense latitude of its use in epilepsy it has been as liberally abused.

“It is a fact, supported by competent testimony, that the bromides, after more than half a century’s use, have not raised the percentage of cures in epilepsy by a single point. If we credit the figures of some of the older writers on epilepsy—writers of the prebromide days like Herpin and Reynolds—we must not only regard the bromides as powerless to cure epilepsy, but we must at the same time look upon them as capable of doing as much harm as they do good, as they are ordinarily administered. This is my opinion of the matter; an opinion tardily formed after an experience in several thousand cases, extending over fifteen years.”—*Dr. Spratling in N. Y. Med. Journal, Aug. 19.*

---

#### NEWS ITEMS.

The Homœopathic Medical Society of the State of New York will hold its semi-annual meeting at Syracuse, N. Y., on September 26th and 27th. So announces Dr. H. Worthington Paige, Secretary, and Dr. Dewitt G. Wilcox, President.

C. S. Schuricht has removed to 3236 Lafayette Ave., St. Louis, Mo.

Dr. C. Kuhn has removed from 1073 Hancock Street, to 93 Chestnut Street, Brooklyn N. Y.

Dr. Rudolph F. Rabe has opened an office for the treatment of chronic diseases, in the Fuller (Flatiron) Building, Broadway and 23rd Street, (Rooms 614 and 614 A) New York City. Hours 10 A. M. until 1 P. M.

Dr. C. M. Thomas has removed to 1825 Chestnut Street, Philadelphia. Dr. Thomas is the great eye specialist of the Quaker City.

## PERSONAL.

Why is it that when you cut yourself while shaving, every one you meet informs you of the fact, of which you are well aware?

The Chicago papers boycotted the A. I. H. and *The Clinique* intimates that it was the "fraternal" work of the A. M. A.

"Peace to his ashes!" said Pat, "and be jabbers is that where he went?"

"Consultations are fine," said the old doctor, "— a big fee for saying the other fellow was right."

Bishop Potter says that twenty minutes is long enough for any sermon.

When it comes to a red hot strike, the "Kosher" baker takes the bun.

Valuable advice to would-be authors free: Do not write *Bell.*, *Bry.*, *Cam.*, etc., but *Belladonna*, *Bryonia* and *Chamomilla*. Spell out your remedies. Don't be lazy.

The widower who remarries is a man with a new tie.

A loaded man and a loaded gun are not a safe combination.

Yes, Mary, there are most assuredly two kinds of touchdowns—one on the foot ball field and one on the *young* man's upper lip. Though by the same name they are different, somewhat.

Binks says he hopes the harpers are not in heaven.

"Stamping out the disease" is a crude and absurd expression.

They say a doctor should not spend too much time dissecting his brother practitioners.

They say that base ball pitchers have base suspicions.

**FOR SALE.**—Doctor Ezekiel Morrill, of Concord, N. H., is desirous of disposing of his homestead and personal property that he may remove to a warmer climate. This is an excellent chance for a good homœopathic physician.

# THE HOMŒOPATHIC RECORDER.

---

VOL. XX.

LANCASTER, PA., OCTOBER, 1905

No. 10

---

## A PLEA FOR BETTER WORK FOR OUR MA- TERIA MEDICA.\*

*Mr. Chairman:* I was glad to receive an invitation to say something to-day about Materia Medica. There are not many who have walked this earth seventy-five years, or been in the medical harness over fifty years, who are much interested in Materia Medica. They have gone to their last location or resting upon laurels won, or a few dollars earned nights and Sundays while others were asleep or at rest. If what I say seems to have a tendency to criticism, it is not fault-finding.

My boyhood days were spent on a farm one mile from a village and the cattle belonging to the villagers were allowed to run in the highways and were very troublesome. We had a dog we could send to drive the cattle away. He would run and bark at them and when they started for home he would do the same, soon followed by the cattle. I found that by rubbing his ears good before he started he would chase them near home. Now I fear our ears need rubbing.

Webster says, "Materia Medica is the materials we use in the treatment of disease," but to the homœopath it is much more. It is what will each remedy given singly do. Were it not what the members of the American Institute of Homœopathy are doing, and the same "get-rich-quick" methods of the past ten years were followed, at the end of the next one or two decades it could be classed among the "Lost Arts."

There are several things which lead me to this conclusion. Not long since I saw the announcement of a Medical College (old school), and among the professors there was no name of a Pro-

---

\* Read before the Homœopathic Medical Society of Western Massachusetts, September 20, 1905, by A. M. Cushing, M. D., Springfield, Mass

fessor of *Materia Medica*. Some months since the old school doctors in convention acknowledged they were losing ten per cent. more cases of pneumonia now than ten years ago; and asked, "What are we going to do about it?" Let them go back to ten or twenty years ago prescriptions of *Antimony*, *Ipecac*, *Squills*, etc., and abandon the deadly coal tar products that paralyze the brain and heart, and they could soon read the answer. Recently in a medical journal that has for forty years been a leading advocate of Homœopathy there were nine cases of different diseases treated, and in not one was a homœopathic remedy mentioned, and the editor was not to blame. Now, after studying the homœopathic *Materia Medica* a little each year for over fifty years, some one with a glycerinized tongue comes to me with a bottle of some kind of a decoction and says: "Use this and you need use no more midnight oil. You may forget what has taken so many years of hard study to learn, and if you don't care to play poker or bridge whist you can count your sheckles or sleep." With more cheek than a lightning-rod peddler they tell us reputed homœopathic physicians use it. I hope they do not tell the truth.

Now, with these promised cure-all remedies, the "penny-in-the-slot" combination tablets, so easy to get and use, we see the temptations that lead one to abandon or neglect *Materia Medica*. For a number of years all the counsel I could get were Hahnemann, Hartmann, Hull and Teste, while you have more counsel near your doors than you need. Some doctors, mostly old school, visit a patient, ask one or two questions, and if it is a painful case the hypodermic syringe is immediately used and the doctor, the patient and friends are blindfolded, and if at the next visit it is not a clear case the patient is sent to some hospital and a diagnosis is made, before or after death, and *Materia Medica* is not thought of.

Before Hahnemann's time little or nothing was known of the action of single remedies. What we know to-day is what has been learned by him and a few others by proving them upon the healthy; and how many now practicing have ever proved a remedy or developed a new symptom? Probably not one in a hundred. And you may think the statement strange when I say, I doubt if one-half the physicians practicing to-day can pronounce the names of all our remedies right, and it is nearly as bad with diseases. Many years ago at a medical meeting I spoke of a certain remedy, and the look upon a doctor's face led me to fear I had pronounced

it wrong, and later I found I did. That led me to try to pick up a little information on that point, therefore notice the failures of others, for sometimes they are wrong. I am sure I pronounce some words different from others and from ignorance may be wrong, for recently I discovered I had pronounced the name of one of our most common remedies wrong every time for fifty years. Every physician who joins our ranks should try to prove one or more remedies upon himself or others, or develop some new remedy or symptom. After a little you will enjoy it and it will do you good, and may save life. I do not know as it acts as a preventive of disease. but I believe it rouses up some element that helps nature and medicines to control disease.

When I was fifty, after I had made several provings, from sudden severe and unavoidable exposure, when I was well worn out, I had an attack of double pneumonia with water around both lungs, and was unable to lie down in bed for three very long weeks. When I was seventy-five I had a severe attack of disease that carries many an old man to his grave or leaves him with what is generally considered an incurable torment the rest of his life, yet I am well, and relied entirely upon the internal use of homœopathic remedies each time.

Our medical societies tell us that all provings made by only one prover should be rejected, but don't let that deter you from trying, and I will try to show you that personal experience leads me to believe that it is not always right. Still I know that the scientific provings are far better, and if we had a million of tainted money we could revolutionize the practice of medicine. We have a plenty of seemingly inert remedies lying around that I believe are powerful remedial agents and ought to be developed. Not till within a few years had we mistrusted corn-silk could cure disease or oats were such a powerful nerve remedy. I tried to make a proving of our eight-rowed corn but got frightened, and did not see snakes either. The common potato is poisonous. The water in which they are boiled is very destructive to animal life. Another vegetable product is the poisonous toad-stool, and if rightly tested might surprise the world. When Constantine Hering was sitting with forked iron in hand waiting for that deadly viper to crawl from his rocky home he could not imagine the result of that visit. It will carry his name to the end of posterity. The wonderful results obtained from that remedy in the treatment of that dreaded disease diphtheria as it used to be, far more malig-

nant than it is to-day, caused the prescribers to almost worship him.

There are chances to bring out a new and perhaps wonderful remedy. You will enjoy it knowing you are doing good, and you have such opportunities now with the thermometer, the microscope and the urinary tests. I practiced twenty-five years without either. To show what you can do I shall give you a little personal experience. When my first born was some three years old one morning I left him well, but one-half hour later I had to return (at an unusual hour) and I was hurriedly informed my boy was choking to death, and I found him as perfect a picture of a child dying of croup as I ever saw. Gasping for breath, with loud whistling breathing, very quick, weak, fluttering pulse, purple around mouth and nose, and too weak to stand. A hasty examination with a digital examination of mouth and fauces revealed no cause. *Aconite* seemed to be the indicated remedy. Suddenly I remembered there was a plant of *Aconite* at the back of my garden and I hastened to see if any of the leaves had been picked, and I found some of the green leaves lying upon the walk. Two or three years ago I heard a professor from an old school college under oath say there is no known antidote for *Aconite*. Had I not known better I am sure my boy would have been dead in ten minutes. I gave him *Camphor*, which all homœopaths know is a quick and perfect antidote. In fifteen minutes he was better; in one hour apparently well. A curious thing followed. He had never had a symptom of croup before, but for several years with every cold he would be croupy, but *Aconite* 200 would give quick and permanent relief, or till he had another cold.

Last winter, when sitting at a table in a Southern city with a gentleman and wife from a Jersey city, the lady asked me to what school I belonged. I told her homœopathic. I am a homœopath twenty-four hours every day, and three hundred and sixty-five days each year. She asked me if I knew the late Dr. H. C. Houghton. I told her, "Yes." She said Dr. Houghton saved her husband's life. I told her Dr. Houghton said I saved his life. Then she said I had something to do in the saving of her husband's life, so we became better friends. Some time after I made my proving of *Dioscorea* I met Dr. Houghton, and he said, "Cushing, did you know you saved my life?" I told him I did not. He replied, "You did by your proving *Dioscorea*." Said he



had been sick two years with stomach trouble, constantly growing worse, and no one seemed able to relieve him. "I saw your proving and it hit my case so well I took it and here I am all right," and he lived twenty years or more, working hard and saving the lives of others. Was a proving that did only that of no use? That proving, which covered over forty pages in the *American Observer* and practically thirty-five in Allen's *Materia Medica*, was after a few weeks useless, as it produced no new symptoms, but caused aggravations.

*Artemisia abrotanum*, that came so near paralyzing my arms, has been and should be useful in nervous troubles. My proving of the attenuations of *Morphine* caused the same pains it cures, but we give it in too large doses. Instead of giving  $\frac{1}{8}$  or  $\frac{1}{4}$  grain, put that amount into one-half a glass of water and give one teaspoonful of that once in fifteen minutes, and you will generally get better results with two or three doses than by giving the whole at once, and no unpleasant after effects. My proving of *Rhatany* was partly accidental. I was very busy and badly troubled with a diarrhoea that seemed to come from the rectum. Teste's *Materia Medica* gave me my cue, and I took the mother tincture in repeated two or three drop doses, bound to stop it regardless of consequences. It stopped the diarrhoea, but it produced such an itching of the rectum I enjoyed being alone rather than in company. I commenced its use in the treatment for pin worms, a torment of the past, I hope. Now many consider it the most potent remedy we have for rectal diseases given by rectum or mouth or both. *Mullein oil*, so-called, in attenuations produced constant involuntary urination, and it has cured cases of nocturnal enuresis that had defied the best treatment of both schools for years. *Homarus* produced severe distress in the stomach and has cured very severe cases of gastralgia. In one case of fatal cancer it surprised me, but too late when I was called for any remedy to do permanent good.

I will mention one more remedy that came near ending my prescribing, *Phaseolus nana*; partly to explain why it sometimes seems to fail. I have known of three failures. One was where the attending physician asked me to send it. I did so, but the patient was dead before the medicine arrived. Another case lived till the medicine arrived and a dose was prepared, but was dead before it could be given. In both cases the medicine was sent at once. One other failure. The doctor boiled the beans

and gave the water in which the beans were boiled, but it tasted so badly she would not drink it. I have no doubt it has failed in other cases, but I believe sometimes it may be from the preparation. I think all that is on the market was made in tincture, while my first attenuations were made by trituration, and I have had good, even wonderful reports from doctors of both schools where I have sent it. It has done fine work where cases were diagnosed as fatty degeneration of the heart, and angina pectoris, and I have never given a remedy that could compare with it in diseases of heart or kidneys.

I will report briefly two cases, as I have seen both lately. A lady, 55, came to me badly bloated; large bags under both eyes; hips so bloated she was a curiosity; urine scanty; loss of appetite; very weak and nervous; could not sleep. An examination of the urine was made by a specialist who diagnosed it as a chronic Bright's disease. I gave her *Phaseolus nana* 25x, a dose once in two hours, but the next day she had to omit it as it produced a violent headache, a characteristic of the remedy. She took no more medicine, and in two weeks was well and apparently well for six months, when she lost her only brother, and she said her only friend, and she mourned over that till she was nearly sick in bed, weak, nervous and badly bloated. I gave her one dose, three or four drops of the 200th attenuation of *Phaseolus* on going to bed. The next day she told me she had had a very busy night with her kidneys and bowels. She has taken no more medicine and has been well for more than a year.

One more case, very interesting to me, as it is my only living sister, 85 years of age. For several years she has suffered from apparently enlarged heart, disease of valves and ossification of arteries, and several times I have been informed she could live but a short time. Some two months ago I visited her and found her suffering from severe pains throughout the chest, worse in region of heart, heart's action so bad she could not lie down day or night and had lost much flesh. I gave her a dose of *Phaseolus nana* 25x, and in one hour she wanted another dose she felt so much better. I let her take it once in two hours. In thirty six hours she could lie down on her right side and sleep. I advised the doctor to give it once in two hours, unless it produced headache, and left her. Three days later she went to sleep and slept for one week, except when aroused to take nourishment. She would seem rational, mumble a few words, then go to sleep again. At

the end of the week she roused up again and was better in every way, so they wrote me. I wrote the attending physician asking if he thought the medicine had anything to do with the stupor, and he replied, "No." She had not taken any for some time, but she took it four days once in two hours before the stupor, and I have seen such unexpected results from it I am led to believe that if they had followed it longer instead of being better she would have been dead.

Now I have brought you a few foot-prints, but I hope I have not left them on the sand, and with your abilities, your opportunities and facilities you can make broader and deeper ones than mine that will be lasting reminders of your interest in the relief of suffering humanity. With the interest now being aroused by members of our school they will be made, and why not be among those who make them? You need not make them dangerous, even serious, and how glad you will be if you are among the leaders. As statistics clearly show that the deaths following operations for appendicitis now are more than ten per cent. larger than the deaths from all kinds of inflammation of the bowels twenty years ago, it should lead us to try to learn why and what for God put that little appendix into humanity, and why it or we are making such havoc with human life; and study out a means of cure. When that is done, and women learn that medicines are far better than cutting or burning, what will become of the great army of surgeons? Many of them will turn to *Materia Medica*, but do not let them find the field unoccupied. When you find another case of threatened appendicitis, don't go home and grind your knife, but try *Baptisia tinctoria*, and see what it will do.

---

### CIMICIFUGA.\*

By C. M. Boger, M. D.

Man everywhere adapts himself more or less to his surroundings and is often aided in this by indigenous resources whose presence seems little short of providential. This seems particularly true of the splendid array of rheumatic remedies which North America with its sudden climatic changes has contributed to our armamentarium. To illustrate this we need only point

---

\* Notes from a lecture delivered at Pulte Medical College.

out *Rhus tox.*, *Phytolacca*, *Gaultheria*, with the salicylic acid bearing plants, also *Kalmia* and *Cimicifuga*.

*Cimicifuga* acts predominately upon the mind and cerebro-spinal system; decidedly affecting the muscles, heart and female generative organs.

Under its influence there is a feeling as though one were just getting over being intoxicated, there are nervous shuddering, tremor or jerkings, with "such a headache" and sleeplessness. Sometimes hallucinations of rats, mice, dogs, etc., appear; with these the sufferer may carry on imaginary conversations in which he becomes very loquacious but continually changes the subject; in other words, it typifies one form of delirium tremens. Recently while passing the door of a patient's husband I overheard him talking to an imaginary dog, and, knowing his habits, asked what the trouble was; she said he had been on a prolonged drunk and was beginning to "see things," and asked me to prescribe. A dose of *Cimicifuga* 30 every hour, set him right by morning. This phase of its action should be compared with *Cannabis Indica*.

The symptom, "As if the head were opening and shutting," was formerly purely clinical, now experiment has shown it to occur pathogenetically under *Cannabis Indica* and *Cimicifuga*. "Alternate expansion and contraction of the head," is a very similar sensation found under *Calcarea carbonica*, *Lac caninum* and *Medorrhinum*.

*Cimicifuga*, *Lachesis* and *Cannabis Indica* are all very loquacious remedies, but the greatest of these is *Lachesis*.

It also induces a gloomy melancholy with suspicion, a crazy feeling and sinking at the pit of the stomach; a state not unusual in nervous women suffering from uterine troubles.

There occurs general aching, muscular soreness, myalgic pains, rachialgia, weakness and exhaustion. The eyeballs, occiput and back feel the brunt of the attack; in these the aching and soreness are intense (*Phyt.*); just the sort of pain we are apt to see in some forms of grippe, small-pox, tonsillitis and rheumatism. You see how it leans toward rheumatic forms of disease, those having rheumatoid pains; in pure muscular rheumatism it by preference attacks the belly of the muscle.

Chorea clinically belongs to this class, and because of the frequent co-existence of endocarditis we are now beginning to think pathologically, too. *Cimicifuga* irritates the cortex, so does chorea. Empirically it has been found of great value in this dis-

ease, but the precise indications for its use are not very distinctive and we are compelled to choose it upon the more general indications, especially the mental state.

The rheumatic pains show a special predilection for the left infra-mammary (*Lyc.*) (*Phos.*) and ovarian regions; in the latter they characteristically shoot or alternate from side to side; a pain of this sort is often present in female disturbances of various sorts. In a late instance there was a simple suppression of the menses which quickly yielded to a few doses of the third potency.

In metastasis of rheumatism to the meninges, usually a fatal complication, I should be inclined to compare this remedy carefully.

Many symptoms accompany the menses; neuralgic and rheumatic pains of various kinds; mental states bordering on melancholia and numerous nervous manifestations not always bettered by a free flow (*Plat., Am. c.*); physical and mental sensitiveness are predominant at such times. Angina pectoris with numbness of the left arm or it feels bound to the side.

For review we have:

Universal soreness.

Rheumatic symptoms. Choreic manifestations. Tremblings. Jerkings.

Melancholic depressions. Hallucinations of rats, mice, etc. Loquacity. Incoherence.

Heart and uterine symptoms. (*Lil. tig.*) Symptoms reflex from uterine disturbances.

Left-sided infra-mammary pain. A left-sided remedy.

Uterine and ovarian pains which shoot from side to side.

## DISEASES OF THE CIRCULATION—THEIR CAUSE AND TREATMENT.

By Mark Zopfie, M. D.

That the circulation is responsible, or is the direct cause of a great many disturbances in the human body, is not generally observed or considered. This physiological function acts as an important factor, either for health or disease.

Diseases in which the circulation is involved are usually considered as heart lesions, as weak heart, etc. Speaking from past experiences I find that the circulation forms a distinct and separ-

ate field of pathology, independent of the heart. On the contrary, the heart lesions are rather the results of the circulation, as well as many other disturbances that are attributed to the heart, or some other organ or tissue. Instead of a weak and feeble circulation being caused by a weak heart, I find that this condition is the result of a very atonic and relaxed state of the whole nervous system. The vascular nervous system being too weak to control or keep the blood in circulation, thereby permitting an extreme upward pressure of blood to the heart and centre of the body. As a result of this relaxed state of the nervous system and blood pressure, the heart secondarily becomes exhausted in the effort to keep this fluid in motion. Again, owing to this relaxation of the nervous system, we have a violent internal congestion, the large blood vessels, lungs, liver, spleen, stomach become engorged with stagnant blood, and in this condition these organs create new disturbances by their increased weight and pressure upon the nervous system, also by the depressed physiological function of these organs. It is this relaxation and congestion that forms the real pathology, and acts as an obstruction to the heart or circulation of blood.

It is this relaxation and congestion, also blood pressure to the heart, that is the cause of so many heart failures and sudden deaths. It is this relaxation of the nervous system that should receive treatment, and not the heart, to establish a perfect and harmonious circulation, and thereby remove or cure some secondary disturbance that is the result of this congestion, as I shall attempt to demonstrate. So obstinate are these conditions that unless the circulation and nervous system is treated independent of the heart very little of a permanent nature is accomplished. Treat the circulation with such remedies as will gravitate the blood out through the entire body, and at the same time tone up the nervous system, that it may regain control of the circulation, assist the heart to accomplish or regain what it has lost. There cannot be a weak heart and a strong nervous system, or *vice versa*. The vital forces equalize themselves all over, and do not accumulate in one place more than another.

And when the circulation is involved the whole nervous system is at fault. Disturbances that I know to be the result of a faulty or deficient circulation are numerous, and in the diagnosis and treatment of diseases this field of pathology should receive very careful attention, as a great many nervous disturbances are the direct results of irritation or pressure from congested organs.

Disturbances that I know are caused by a deficient circulation are: Asthma, chronic bronchitis, epilepsy, apoplexy, hæmoptysis and many others, as weak heart, etc.

To demonstrate my assertion I will call your attention to those most common and obstinate disturbances, asthma and chronic bronchitis. These two diseases are the result of a chronic congestion of lower lobes of both lungs, liver, spleen, stomach and kidneys. These organs in their engorged and swollen state become very much enlarged and increase in weight and pressure. By their increased weight the liver, spleen and stomach create a violent tension upon the diaphragm and pneumogastric nerves. And as the diaphragm is one of the organs of respiration, it will be easily seen how this organ becomes affected by this continued tension, also how the spasmodic or contracting condition of the pneumogastric nerves is produced. This I find is the philosophy of asthma, not of the bronchial tubes which are supposed to be the principal seat of irritation. The bronchial tubes become irritated, due to this chronic congestion and the excessive formation of mucus.

This may seem strange pathology to many, but I have demonstrated this to my own satisfaction at the bedside of many of this class of patients. In other words, I experience no difficulty to permanently overcome these diseases, when I treat them from this standpoint of pathology.

Relieve these organs of their engorged and congested state, start the blood into circulation and you will cure your asthmatics without any difficulty. And you will positively fail if only the secondary effects of these diseases are treated, *i. e.*, the labored breathing, cough, expectoration, etc.

So obstinate is this mechanical tension upon the diaphragm and pneumogastric nerves that a permanent relaxation is impossible unless these organs are relieved of their engorged condition. To demonstrate that the above named disturbances are the results of a defective or deficient circulation are:

1st. That perpendicular position of the patient favors the circulation of blood by force of gravity, favors respiration and relieves some of the suffering and agony of the patient.

2d. A horizontal position of patient has just the opposite effect, decreases the circulation and increases congestion. Hence, a patient suffering from asthma cannot lie down, owing to this increased weight and pressure produced by the decreased circulation.

3d. The same effect is produced by motion or exertion, or any kind of nervous strain that will arouse the enfeebled circulation.

4th. Food during the process of digestion will increase this congestion and greatly aggravate the patient.

The anæmic and bloodless appearance of this class of patients is another indication of an external anæmia and internal congestion. Epilepsy is another disease of a faulty circulation, and is the result when from some slight cause the atonic vascular system loses control of the circulation, and this is followed by a violent blood pressure upon the brain and nervous system. Hence, the spasmodic condition which follows as a result of this pressure upon the brain.

Apoplexy is another disturbance of the same nature and character.

These and many other disturbances are diseases of the circulation.

Another most important feature in connection with these old and chronic cases is the blood. The blood assumes a very abnormal condition, becoming too thick, cold and very sluggish, and is in a very suboxidized state. The truth is, that the blood develops into such abnormal condition that capillary circulation is almost impossible. The consequence is that the blood remains in the larger arteries and does not reach the surface of the body and lungs for oxidation. Consequently nutrition is interfered with, as is characteristic of most all these cases.

This morbid condition is one of the principal features for treatment in order to establish a better circulation and bring about a much needed reaction. The blood must be liquified and thermalized. The circulation and nervous system must be treated to rapidly obtain the desired object. The function of *liver*, stomach, bowels and kidneys must receive attention, as in this condition those organs are usually very inactive, especially so the liver. The circulation and nervous system should receive treatment simultaneously to rapidly gain control of the circulation.

The circulation I treat with some of the following remedies: *Aconite*, *Belladonna*, *Arsenicum*, *Bryonia*, *Phosphorus*, *Eryngium aquat.*, *Sanguinaria*, *Carbo veg.*, etc.

The nervous system with *Gelsemium*, *Ignatia*, *China*, *Chamomilla*, *Cocculus*, *Spigelia*, *Phosphorus*, *Taurin*, *Kali phos.*, *Mag. phos.*

To contract the dilated bloodvessels and assist circulation: *Ham.*, *Puls.*, *Carbo veg.*, *Zinc.*, *Calc. flour.*, *Flouric acid.*



To liquify thickened blood: *Argent. nit.*, *Sulph.*

To thermalize the same and bring about a reaction: *Capssi.*

In some cases the blood is very watery and anæmic; this, of course, needs different treatment.

But in all cases is present this congestion and deficient circulation; also the extreme atonic and relaxed state of the whole nervous system.

---

### SOME VERIFICATIONS OF NUX VOMICA.\*

By D. E. S. Coleman, Ph. B., M. D., New York.

It is not my intention to impose upon you a lengthy paper, or dwell upon cases other than those which seem to me impressive.

The first case I have to report came under my notice while I was serving as interne at the Metropolitan Hospital, Blackwell's Island, New York, and taught me the value of constitutional symptoms as compared with the simply local.

An employe of the hospital had been suffering from tertiary syphilitic ulcers of the knee, which, for over two years, had defied all so-called treatment (antiseptics locally and some internal remedy for luck). There were about twelve to fifteen deep, round ulcers with regular margins and perpendicular edges, presenting a greyish floor and secreting a sanious pus. Pain and itching were absent. These ulcers covered the patella and surrounding parts, varying in size from one-fourth to one-half of an inch in diameter and one-fourth of an inch or more in depth. There was not the slightest doubt about the diagnosis—a clear history of primary and secondary syphilis was obtained and the ulcers themselves were characteristic. The case was first seen by me while making rounds with my house surgeon. The man was not a patient at the hospital, he simply had his knee dressed in the ward. From the local symptoms we thought *Kali bichromicum* was the remedy, but it did no good. Later he applied for my personal treatment, which gave time to take his case properly. The following were his principal symptoms: Hard drinking, at least every pay day (once a month), the effects lasting several days; frequent inhibition of all kinds of drugs and mixtures; acne

---

\*Read before the International Hahnemannian Association, Chicago, June, 1905.

rosacea brought on by the abuse of alcohol; patient thin, quick, active. I concluded that *Nux vomica* was his constitutional drug. This was given in the highest potency then obtainable at the Metropolitan Hospital drug store, the 6th decimal tablet trituration,\* repeating one tablet a half hour before meals and at bed time. It is hardly necessary to say that all external "treatment" was discontinued. In less than two weeks the ulcers had healed, and over two years later when I heard from him (through a brother physician to whom I had repeated the case) they had not reappeared. A small boil was produced on the knee by the provings of *Nux vomica*, but no such condition as described. The constitutional symptoms alone pointed to the proper medicine.

The second case, which may interest, occurred in an elderly lady 68 years of age. Some years ago she began to be troubled with periodical dimness of vision and flashes of light before the eyes. A diagnosis of incipient cataract was given by one of the leading allopathic oculists. Later she became converted to Homœopathy and the diagnosis was confirmed by one of our best eye men. Last fall she became much worse and I advised that she revisit the oculist. His examination, made October 4th, reported: Contracted field of vision, paleness of optic nerves and fundi, arteries and veins diminished in size. Vision in the right eye  $\frac{1}{2}\frac{0}{0}$ , and in the left  $\frac{1}{3}\frac{5}{0}$ . This visual test was made while wearing correcting glass. He advised that I study her case in its totality, mentioning the drugs which he had found most useful in this trouble. Her symptoms were these: She was dark, spare, irritable, oversensitive, easily offended, thought people were slighting her, started at the least sound, was continually worrying and talking about her illness, her memory was defective. Sometimes headache all over head or vertigo always worse on rising in the morning. Margins of lids were inflamed and itched; presbyopia; hurt and dazzled eyes to read or write; obscured vision worse from light during the day, growing better towards evening; flashes of light before the eyes; photophobia. Appetite poor; drowsy after luncheon; constipation sometimes present with ineffectual urging; painful blind hæmorrhoids liable to appear with consti-

---

\* It is not my intention to have it appear as though the higher potencies were never to be had. Some years ago through the efforts of the Hahnemannian surgeon a very complete set of 30ths was placed in the hospital, and later more were added by others and myself. Some of these had run out and had to be replaced.

pation. Pain, as if tired, in the right ankle. Aggravation in the morning; from using mind; sometimes after eating; from cold air. Amelioration in the evening; from being quiet; from heat. On the fifth of last October I gave her *Nux vomica* 30th, to be repeated each night at bed time. This was continued until improvement was evident, then discontinued until improvement had ceased. On January 3d she received a dose of the 200th, and on the 19th of February this was regiven. By March she did not complain of her eyes and I sent her to the oculist for a retest. His report of March 28th was thus: Field of vision, optic nerves, fundi and blood-vessels normal. Vision in right eye  $\frac{1}{100}$ , and in left  $\frac{1}{20}$ . Atrophy of the optic nerve is mentioned in the clinical symptoms in Allen's "Hand-book," and while I do not wish to be on record as claiming that this almost hopeless condition was present, nevertheless we must admit that the symptoms were significant. Examination of June 15th: Vision in right eye,  $\frac{1}{100}$ ; left,  $\frac{1}{15}$ . Nerves, fundi and vessels normal.

The power of *Nux vomica* to produce labor pains has been forcibly brought to my mind. My first experiences were at the Metropolitan Hospital, where two cases presented the following symptoms: Mental irritability, but with a desire for pains; they were ineffectual. The desire for stool or urination did not appear prominently. Both patients were dark and rather spare. I administered one of the lower decimal tablet triturations, the exact strength I do not remember, and in less than five minutes pains were produced and labor speedily and satisfactorily accomplished. With the advent of the pains the mental symptoms vanished (reverse to *Chamomilla*).

At 2 P. M. one morning Morpheus was driven from my couch by a call from a brother practitioner who wished help. When I arrived he told me that the patient had been without pains for three hours and was growing very weak. He believed, notwithstanding that he is an excellent prescriber, that forceps delivery would be necessary. Patient was very irritable and had a strong desire for pains, which were most ineffective while they lasted. On examination it was found, although the head had not engaged and the os remained undilated, that the position was such to force one to conclude that delivery could be accomplished in a normal manner if pains could be induced. Remembering past experiences, where similar symptoms led me to *Nux vomica*, I was determined that it should be given a fair trial. The doctor agreed,

and administered the 6th potency. Again, in less than five minutes pain commenced, and in a very short time (a little over an hour) the child was born. I think three or four doses were given, including one during the third stage. The mental symptoms disappeared when the pains were produced, as in the other cases.

One afternoon, several months later, I received a telephone call from the same doctor, stating that he had a bad confinement case and asking me to remain handy should he need my help. He said that pains had entirely ceased and that her symptoms were similar to the former case. *Nux vomica* had just been given. In about half an hour or less the patient's husband telephoned that I was not needed; that he was a "proud and handsome father."

Contrary to what is generally stated regarding the aggravation of the stomach symptoms immediately after eating, it has been my experience to find the aggravation a couple of hours later or just as stomach digestion is being completed. When the stomach is empty relief comes (reverse to *Anacardium*). Eating also relieves, but the distress reappears again in one or two hours. The following symptom appears in ordinary type in Allen's "Encyclopædia:" "Pain in the stomach, as if beaten, shortly after eating, disappearing on eating." In Nash's "Leaders" this one or two hours after eating aggravation is given as the principal "keynote."

*Nux vomica* is considered more of a remedy for constipation, with the ineffectual desire for stool, or the passing of small quantities at each attempt, than for diarrhœa. While one must admit to be absolutely true, nevertheless I should be sorry to be prohibited from using it in the second trouble. I recall one patient who saved the large bottle I had given him and claimed he could ever after cure himself without me (I have used small bottles ever since). This he did quite a few times, and tried it with like success upon several friends. Doubtless this seems strange, but it is perfectly true and would lead us to imagine that this remedy is oftener called for in diarrhœa than is generally believed. The following symptoms appeal to me as "leaders:" The pain and tenesmus pass off after a stool; the stool is very unsatisfactory. I give the 30th potency, one dose after each evacuation, and seldom have to repeat more than once or twice, if at all.

The fever symptoms of heat, with chilliness on uncovering or on motion, I have verified with the 200th potency.

It has proven most useful to me, the characteristic symptoms being present, in lithæmia. Diet is also necessary to success in these cases. I believe that it is generally better not to diet until some effect from a remedy can be seen, otherwise we are unable to tell if there is simply amelioration from the diet or a curative action from the drug.

A short time ago I had a most satisfactory result in a lithæmic case with the 200th potency, led principally by the mental and physical sensitiveness; the roughness of the larynx with hawking of mucus from the fauces; the one or two hour after eating aggravation of the indigestion; the constipation with ineffectual urging; aggravation from coffee. No change was made in diet. I always make a careful urinary examination to avoid mistakes, if possible, in diagnosis.

Many more pages could be written about this wonderful curative agent, for it abounds in leading symptoms, but the fear of becoming tiresome is upon me.

Usually I give the 30th or 200th, often the 500th or 1000th potency, excepting in the cases cited above, but I would not hesitate to give any potency, whether it be high or low. One case of indigestion did not react until I gave the 3d decimal trituration, which cured.

I am well aware of the fact that a low potency of this drug will often palliate without curing when some other remedy is indicated, but nevertheless I believe that some persons will not react to other than the lower attenuations; this though does not often happen.

It has been stated that *Nux vomica* acts better in triturations than in an alcoholic solution, but I have been unable to demonstrate this.

Lastly, I know that this is a much abused and too frequently used remedy, and I in no way claim to have escaped this tendency, but I am of the belief that no drug is more generally and oftener found indicated.

A FEW LYCOPODIUM NOTES, FOR USE IN DIFFERENTIATING CALCAREA, LYCOPODIUM AND THUJA.

By W. H. Wheeler, D. P. M., Chicago, Ill.

When any one of these three make-ups is strongly marked and your man sick enough to have a goodly number of symptoms, it is of course very easy to differentiate these three great polychrests. But if one of your ideals in life is to help men and women who seem almost all well and yet are so restless and cross as to show that something is wrong, and if furthermore you long not only to give relief for a day or week or month, but to go deeper and eradicate in large part the tendency to disease that lies back of this slow decay, then the exact differentiation of these three great forces becomes a matter of the utmost importance and difficulty.

Yes, difficulty, first, because all three have so much in common in their symptomatology; and, secondly, because you so often find two or even all three of these hereditary twists in the very same person, and yet in order to do first class work you must find out which one is on top just at present. For any locksmith can tell you that the Yale lock which can be opened with the combination 321 cannot be opened by 132, even though the factors are the same. And the same is true of medicine oftentimes, especially if the disease is a very ancient, hereditary one.

I think then that the readers of the RECORDER will be interested in the following list of key notes (rare symptoms), in some of which even the most obscure *Lycopodium* case is sure to differ from one that calls for *Calcarea* or *Thuja*. The unmarked symptoms are all taken from Allen's grand treasure house of provings; the symptoms marked K. are from Dr. Kent's precious Lectures; and those few marked cl. are from my own clinical experience thus far. Great flatulence and 4 o'clock aggravation you will find wanting in my list, because in these obscure cases the man is not sick enough ordinarily to have felt them at all markedly; for in the deepest chronic diseases the seemingly most trivial twists often seem to come first. Hence it is to these that I invite the attention of your readers to-day, reminding you once more that all but two or three of them are taken from books long famous, and furthermore that some of these oddest symptoms have already

proved in my own experience of priceless value in relieving and understanding several cases of life darkening pain and gloom, which had remained only half cured till these odd probes demonstrated beyond the possibility of a doubt that *Lycopodium* was indicated.

If you were in the wilds of Africa and were told that an animal with a long horn on his nose was coming on a run down a neighboring hill, you would not stop for a detailed pathogenetic description of a rhinoceros before seeking a place of safety. So, too, in disease; the oddest, most seemingly trivial symptoms are, I am more and more convinced, oftentimes the really most distinctive ones; and yet there are thousands of them that have never been reported except in the massive tomes of Hering and Allen; though some day I hope to have them in such form that even the three dollar doctor can afford to use and consult them and win for himself and for Homœopathy the praise and the gratitude which very close prescribing wins at last, for the doctor who is not frightened by the strange curative aggravations which are often your first proof that you have found the sore spot, and touched it rightly.

Here then are my *Lycopodium* Key Notes.

#### A. Golden Links For Frequent Use.

1. He is more apt to hurry when eating than at other times (incipient brain trouble?), *Lach.*, *Pip. m.*, *Zinc.*
2. He has a queer way of putting his head, now on one side, now on the other: *Kali c.*, *Plb.*, *Samb.*, *Cann. i.*, *Sec.*, *Dulc.*, *Kali i.*
3. He has an odd habit of shaking his head without apparent cause.
4. People who when sick or sad are very much inclined to leave a great many farewell messages to their friends. (A.)
5. Or else on leaving the house are almost sure to come back for something they had forgotten to say or take. (cl.)
6. People who sometimes cannot read their own writing.
7. His hair or whiskers began to turn gray early in life, enough so to be noticed by others: *Ars.*, *Graph.*, *Hipp.*, *Kali n.*, *Op.*, *Phos. ac.*, *Sec.*, *Sul. ac.*
8. He seems to take real pleasure in twisting his face all out of shape, an odd sort of nervousness.
9. His mouth was drawn spasmodically from side to side: *Cham.*, *Nit. ac.* and probably *Puls.*

10. A curious swinging motion of the lower jaw, sideways and forwards.

11. He sticks his tongue out and moves it from side to side: *Acon.*, *Hell.*, *Lach.*, or else (12) has difficulty in protruding it at all: *Colch.*, *Hyos.*, *Lach.*, *Gels.*

13. Fan-like motion of the wings of the nose suggests it very strongly; though Dr. Kent reminds us that when this is accompanied with rattling of mucus so loud that you can hear it across the room, *Ant. t.* (the acute of *Lyc.* in many cases), should be given first; and later on *Lyc.* to make the cure more lasting and convalescence more perfect: *Ant. t.*, *Brom.*, *Chel.*, *Phos.*, *Spong.*, *Carbo v*, *Kreos.*, *Sul.*

14. He is sometimes troubled with mucus hanging down from his nose into his throat: *Carbo a.*, *Lach.*, *Merc. c.*, *Phos.*, *Thuj.*, *Kali bi.* (K.)

15. He sometimes spreads out his finger-tips, so as to get them just as far apart as possible: *Secale.*

16. He also spreads his legs as far apart as possible when sitting (*Strych.*, *Merc.*) and later on wants to squeeze them close together.

17. He has a queer way of stretching his neck now one way, now another, it is so uncomfortable. You at first suppose it is his collar; but the real cause is deeper.

18. The slamming of a door or some other noise will make her faint away (K.): *Cann. i.*, *Samb.*

Such are a few of the symptoms which it will pay you to quietly watch for, even in public places and before your patient has said a single word as to his ills. We now come to a group of symptoms, almost equally rare, which you will not ordinarily discover without the patient's help. When I myself have reason to suspect a *Lycopodium* case, I hasten matters by handing him a typewritten list of all these key notes and wait pen in hand to note down the ones he says he has had some time in his life, later on adding an R. (recent) to those which he has had recently; though the old ones are equally precious as a basis for prescription *later on*, in accordance with Hering's great law, that in a real cure the oldest symptoms will reappear *for a while* last of all. And even if my suspicions as to his needing *Lyc.* prove unfounded, the few *Lyc.* key notes he has had will help in selecting some other remedy of kin, since few key notes are absolutely one-sided, though our ignorance makes many seem so at present.

We come next to



**Golden Links for Occasional Use and Special Probing of Suspected Cases.**

19. I jumped out of bed and hid myself from fear (*Ars.*); Allen says he "dreamt of hiding from fear;" but clinically we have found that they are apt to go just one short step farther and actually do it, by day and by night, in one case the man having jumped out of a window to hide from an imaginary bull (his snoring chum).

20. Hearty praise or thanks gives me the blues.

21. A feeling as if everything in my body was swinging back and forth.

22. My hair bristled and seemed to be drawn together in bunches.

23. Looking at things that are turning round sometimes makes me dizzy.

24. Marked wrinkling of the forehead in pneumonia and other diseases of the chest or abdomen should always suggest it as worth considering. (K.)

25. It seemed as though my eyes were being drawn closer together.

26. He had a discharge of hot mucus from the nose: *Acon.*, *Am. mu.*

27. The tip end of his nose was drawn spasmodically to one side. (A., K. and cl.)

28. His gums were blue: *Aur. mu.*, *Lach.*, *Olnd.*, *Sabad.*, *Merc.*

29. My mouth was so bitter at night that I had to get up and rinse it out.

30. Diphtheritic patches beginning in the upper pharynx or nose and extending downwards: *Merc. c.* (K.)

31. Also sore throat, quinsy or diphtheria affecting the right side of the throat or else going from right to left. (K.) (See Repertory, Inflammation and Membrane.)

32. I had a lump in my throat which kept moving up and down.

33. It seemed as though a lot of air came out of my windpipe and went streaming out of my mouth.

34. A curious alternation of asthma and gout (K.): *Sul.*

35. Blood and glutinous water exuded from her nipples. See Bleeding.

36. A bubbling sensation in the region of the heart: *Lach.*

37. I was nauseated and salt water came running out of my mouth.

38. I was very thirsty and yet water nauseated me.

39. Oysters sometimes disagree with me (K.): *Bry., Sul. ac.*

40. He likes to drink salt water.

41. I sometimes have soft corns between my toes.

42. It felt as though a string was tied around my thigh: *Am. br., Manc.*

43. Sudden, very severe pain in the great toe; it seemed as though it was going to be torn out.

44. He sometimes spreads out his toes just as he does his fingers, so as to get the tips as far apart as possible.

45. My feet gave out suddenly, while standing, with a very tired feeling; so that it was all I could do to keep from falling: *Nat. m.*

46. A burning sensation between the shoulder-blades, as if red-hot coals were being applied.

47. His shoulder-blades are sometimes drawn spasmodically nearer together than usual.

48. Puerperal fever with chills in quick succession. (K.)

So far as I am able to judge by the repertory and very extensive study of provings and clinical data, these are probably the rarest and most distinctive symptoms of *Lycopodium* found in Allen or in Dr. Kent's lectures. Of course red sand in the urine and many other very precious hints should also be mentioned in a *complete study* of all the symptoms that strongly suggest this wonderful polychrest. But these, though often suggesting *Lyc.*, do not ordinarily come as near to quickly demonstrating its *dose* fitness as rarer symptoms do. True, there are thousands of cases of red sand in the urine to which *Lyc.* will bring unmistakable relief; but with sixty-five other remedies having the same symptom any one can see that there remains an enormous loophole for error, since some of these other sixty-five may be a much nearer fit. But when of extremely rare *Lyc.* symptoms you find that a man has five, ten or fifteen, then the chances of error are enormously lessened. That is why I prefer in these articles to speak only of rare symptoms as Key Notes, treating red sand in the urine and extreme flatulence as only "confirmation symptoms" of the very highest rank, which will often guide us to a really helpful painkiller, but never to a really radical cure of DISEASED

TENDENCIES, unless our choice is also backed up by a goodly number of much rarer symptoms.

We come now to a few symptoms, which though not as rare and as likely to be remembered as those given above, are nevertheless rare enough and striking enough to often prove very helpful in confirming our choice of *Lyc.* or else suggesting quickly some one of its many cousins as a substitute. These for convenience sake I have named the

### Silver Links of Lycopodium.

Less precious than gold, and yet very precious. They are:

49. I am *very* much troubled with irresolution, so that I have constant dread of making up my mind about anything, and am sadly crippled in my work (Such is the confession as it has come to me from several of my patients, so that I am inclined to think this medicine is going to take very high rank for cases of irresolution of ten and twenty years' standing, where the whole life has been darkened by it): *Bar. c.*, *Graph.*, *Ign.*, *Nat. c.*

50. When reading he quite often mistakes one word for another that looks a little like it, and yet he has been a lover of books for ten, twenty or thirty years. In fact, it sometimes goes so far that they seem to get real pleasure and rest from these odd mistakes. (A. and cl.)

51. He can talk easily on philosophic and other big subjects, but makes many mistakes when talking of simple, everyday ones.

52. An uncomfortable turning and twisting of the whole body, something more than mere restlessness.

53. When in great pain he walks about the room crying.

54. A feeling as if there was no marrow in his bones.

55. I was talking in sleep long and vigorously, a regular speech. (A. and cl.)

56. While the hair on his head is falling out, the hair on other parts of his body gets thicker and thicker.

57. His head begins to throb when he bends it backward: *Aur.*

58. His mouth is so dry that his tongue sticks to the top of his mouth: *Alum.*, *Arg. m.*, *Bry.*, *Caust.*, *Nit. ac.*, *Nux m.*, *Sanic.*

59. His eyes sometimes feel as though they were going to fall out.

60. Things seem to tremble when he looks at them by lamp-light.

61. Saliva sometimes runs from his mouth when he is asleep or half asleep: *Bar. c.*, *Phos.*, *Puls.*, *Med.*

62. He sometimes has difficulty in pronouncing A and O.

63. A queer cheesy taste in the mouth: *Æth.*, *Phel.*, *Phos.*, *Zinc.*

64. Water sometimes tastes sweet: *Phel.*, *Variol.*

65. I felt as though my heart had stopped beating: *Arg. m.*, *Arg. n.*, *Aster.*, *Aur.*, *Cact.*, *Chin. a.*, *Cic.*, *Lil. t.*, *Rumex*, *Serpentar.*

66. Palpitation of the heart relieved by drinking salt water.

67. Burning eructations which reach only as far as the throat and are followed by a burning sensation in the throat for several hours.

68. Nausea accompanied with heat in the abdomen and an icy cold face.

69. The burning in the pit of my stomach was so severe that it almost took away my breath. See "Respiration, Difficult, Stomach" in Repertory.

70. I felt as though there was something heavy in the left side of my abdomen. See Abdomen Lumps, sensation of.

71. Stools which break up into a *great many* small, irregular pieces. (A. 1530 and cl.)

72. One foot cold, the other foot warm: *Puls.* (K.)

73. It felt as though the lower part of my leg was tightly banded: *Acon.*, *Cham.*

74. The skin of my heel was *hard* and painful.

75. Severe pain in the fingers whenever he takes hold of anything.

76. His hands were utterly powerless, he could not clinch his fist or hold anything at all firmly. (A.) In one case, clinical, this was so marked that she could not even carry a glass of water across the floor for years without using both hands and looking at it intently.

77. There was twitching of the muscles of the back of the neck together with a feeling of constriction of the chest, so that he found it hard to take breath.

78. Bright red spots on the skin, with burning pain.

79. I sometimes open my mouth and try to yawn, but cannot: *Acon.*, *Ant. t.*, *Cham.*, *Croc.*, *Ign.*, *Manc.*, *Phos.*, *Ruta*, *Stann.*

80. My sweat smells like onions: *Art. v.*, *Bov.*, *Lach.*

81. In many different parts of the body we find a tendency of the muscles to alternately contract and extend.

82. Epileptic convulsions with weeping about the same time. Under *Absin.*, *Cham.* and *Plb.* we also find weeping and convulsions. Also *Cass.*

83. Epileptic convulsions after which the patient thinks he is going to die.

84. The whole right side of the body was numb.

85. He feels as though the flesh upon his bones was loose.

Leaving out symptoms which it has in common with *Calhara*, such is a list of the symptoms reported by Allen's Cyclopædia under *Lycopodium* which seemed to be most distinctive. This list has already helped me in finding the needed remedy for several very obscure cases where there was a faint hint of *Lycopodium* but at first nothing to prove that my surmise was right. I believe it will also be found helpful by others, though, of course, we are sure to be often sadly disappointed if we assume that the presence of only one or two *Lycopodium* key-notes is enough to justify its use. Ordinarily careful inquiry will show that the patient has now at least five or ten of these or other very strong *Lycopodium* symptoms, and has had in his past life ten or twenty of them, thus making the evidence very strong and a lively, curative aggravation almost inevitable, but also a long-lasting, beautiful cure, if you are careful not to start higher than the 30th or 60th and not to repeat or give another remedy until the first dose has run from four to twelve weeks, and has evidently lost its hold, for we need to remember that it is nature that cures and not the doctor, and our work is simply to remove the little hair that is hindering nature's clock-work, or to make the little hole, so to speak, which will make it possible for her to slowly remove the poison which is doing so much harm. Though in time the little hole may get clogged up and call for a second dose to reopen it.

412 Bowen Ave., Chicago.

## TONICS AND STIMULANTS.\*

Edward Cranch, Ph. B., M. D., Erie, Pa.

The sanitarians of the world have long busted themselves on the consideration of habitual aids to natural energy, for which a strong craving has existed in every age and climate known to man.

\*Read before the Pennsylvania State Society.

The average list includes condiments, sweetmeats and carbonated waters with fancy syrups and cordials; coffee, tea and tobacco, with some choice of varieties and substitutes; malt, vinous and spirituous liquors; then the varied line of drug "tonics," many of them extensively used in popular patent medicines, and comprising *Phosphorus*, *Strychnia*, *Quinine*, *Cocaine*, *Morphine*, *Iron*, *Cannabis Indica*, *Damiana*, *Saw Palmetto*, and many others more or less deadly.

Now what has Homœopathy to offer and what to say in this field?

Aids to natural energy, either occasional or habitual, will always be demanded as long as we have sickness or injury and their consequent debility, as long as we have evils to plague the conscience, worries or excesses, loss of sleep, errors of diet that pinch or overload the stomach, ambitions for mental, physical or social excelling of others, or so long as the human race has tasks to lighten and pleasures to enhance.

Adherence to the law of cure will suggest a long list of drugs, usually styled depressants, that in small doses will have the desired opposite effect of stimulation, such as *Agaricus*, *Gelsemium*, various salts of *Potash*, *Opium*, *Hyoscyamus*, *Hydrocyanic acid*, *Sulphuric acid*, *Picric acid*, and others.

In particular, for the lassitude following a heated term, use *Bryonia*, *Glonoin*e and *Opium*; in the sleepy, "born-tired" feeling, that comes from brain-fag, society-fag, or worry, think of *Agaricus*, *Onosmodium*, *Nux moschata*, *Chelidonium*, *Lycopodium*, *Picric acid*, *Sepia* and *Silica*.

In convalescence, *Opium* and *Nux vomica* and others. In nervous prostration of various kinds remember *Paraldehyde*, *Chloroform*, *Phenacetin*, *Phosphoric acid*, *Baptisia*, *Psorinum*, *Zinc*, *Hepar*, *Aurum*, *Conium*, *Kali phosphoricum*, *Cocculus*, *Calcarea phosphorica*, *Physostigma*, and others, all in small doses.

These only give a hint of the immense armamentarium at our call which we can utilize in treating the sick.

Still, with all this, patients will ask again and again, "Now, don't you think I ought to have a tonic?"

To satisfy these anxious souls, who would like to have a big bottle of stuff like what they see their neighbors taking, and who will get "Greene's Nervura," or "Fellows' Hypophosphites," or somebody's "Beef, Wine and Iron," take them on the sly, and laugh you to scorn if you object; to ease their minds, the writer

gives one or other of the many concentrated foods upon the market (not to be named here), and retains confidence while satisfying a fad and doing no harm.

More than this, it seems best for the patient, if no strong contra-indication exists, to continue his or her customary tea or coffee, or tobacco, or even his ales, wines and liquors, if not used in excess. Otherwise you will often upset the patients more and make them slower in recovery if you disturb their fixed habits than if you let the confirmed habit alone.

Moderate stimulation aids in the assimilation of food, and often furnishes needed food for the nerves themselves, especially in good wines and liquors, yet a false sentiment tries to make the seeking of their abolition the sole test of good politics and good morals.

Careful study of the situation in the Phillipines, by expert army surgeons, shows the value of wines and liquors in the tropics, and proves that those who use without abusing them enjoy far better health than those who do not; hence, we should oppose the abolition of the army canteen and the efforts being made to exclude the liquor trade and supply from the Isthmus of Panama.

The recent decision of the United States Government in the matter of the host of alcoholic patent medicines is a step in favor of a legitimate trade in good liquors, and the sooner these are properly protected by the "Pure Food" laws the better it will be for this and other communities.

---

## WHAT IS THERE LEFT OF HOMŒOPATHY.

By Dr. C. M. Boger, Parkersburg, W. Va.

(In our August number we printed Dr. Boger's paper. Dr. G. S. Waring has sent us the "Discussion" that followed it.)

### Discussion.

A. P. Bowie: This paper seems to me to touch upon a very important point; there is undoubtedly a great source of weakness to our school in the men who sail under our flag without understanding what the science of Homœopathy really is. The state of mind of these people is shown by the literature that they print. It is so-called homœopathic literature, but it is not so. It would be better to use the word so-called as an adjective to them and their literature before the word homœopathic. We should know what the

ideal homœopathic practice is, because we can find it in the Organon, and we should try to come as near to it as possible. It is the hardest kind of work to practice the ideal, because it takes effort and intelligence and confidence in the truth of the law.

G. F. Frash: I am from the ranks, originally, of the old school and I believe that one of the reasons that Homœopathy does not prosper more is on account of the literature published in our journals; so much of it is misleading. I went to a homœopathic college, but the teaching was such that I did not know how to take a case, and if a man does not know how to take a case he can never make much progress, for he can seldom or never find the remedy. That is the stumbling block of most practitioners at the present time. Not knowing how to take a case they alternate, they prescribe compounds, they use adjuvants and crude doses. It is not because they are dishonest, it is because they do not know how to take a case and find a remedy for it. I have attended several homœopathic colleges since graduating; I found that there were lectures enough upon *Materia Medica*, but no instruction as how to take a case.

F. A. Gustafson: After hearing what has been said I am exceedingly gratified to know that I have never attended but one lecture in a homœopathic college. I am greatly indebted to Dr. Allen for directing my attention to the Organon, and so far I have got along without the assistance of a homœopathic college.

R. F. Rabe: The cause of the condition, pointed out by Dr. Boger, lies in false teaching at the colleges. There are signs that the colleges are beginning to realize this themselves; it is resulting in dissatisfaction and smaller classes, and the faculties are beginning to see what the trouble is. The New York college has had the experience, and the teaching corps are united in their effort to give the classes the best there is, but the difficulty lies in the teachers of the chair of theory and practice of medicine.

Some one of the *Materia Medica* men, for instance, will lecture on *Sulphur* and incidentally give some of its clinical applications; then comes one of the theory and practice men and gives the pathology, symptomatology and prognosis of some disease, together with all the old school drugging and palliative treatment. Thereafter, perhaps, he gives the homœopathic treatment, as he calls it, of the disease in question. If it is pneumonia it will be *Bryonia* and *Phosphorus* of course. Perhaps *Aconite* in the beginning. This, very naturally, confuses the student and makes



him think that the homœopathic treatment of a disease is secondary and a very simple affair, and he is correspondingly disgusted when he finds that it is by no means as simple as he was led to believe. The main reason of so much poor quality of Homœopathy is, in my opinion, just such conflicting and bad teaching as that of which I speak. What we need is united faculties and strong men to teach the truth with faith in what they teach; the members of the chair of Practice and of the Specialties to give Homœopathic Therapeutics the first and prominent place, and to give clear-cut indications and reasons for this or that remedy; or if this cannot be done, then a *Materia Medica* should follow with a lecture upon the therapeutics of the disease just considered. While I am fully aware that we have no remedies for diseases, but for patients only, still the method outlined is the most practical for the undergraduate student.

G. P. Waring: Dr. Allen's remark, that Homœopathy remains and has left all that it ever has been, is likely true so far as the principles and philosophy are concerned. Truth once recognized and promulgated continues to live, even if false teachers, with their inconsistent practice, turn their backs upon it.

The question, "What Is There Left of Homœopaths?" is discussed by this paper as much, if not more, than the title given; and when we have drawn the line separating the Hahnemannians from those not worthy of the name, we find that Homœopathy has lost nothing but fraudulent representatives. Consequently, the important thing to do is to separate the sheep from the goats, the wheat from the tares, and give Homœopathy a chance to grow.

This paper is worthy of close study. Dr. Boger has raised a question of vital importance, viz.: The deplorable state of the homœopathic profession, wherein almost every palliative adjuvant known to modern commercial medicine is being palmed off for Homœopathy. This is a question of special interest to us and carrying with it great responsibility. If Homœopathy, as a great truth and blessing to the race, is to be handed down to succeeding generations *we*, with the help of those who can worthily represent Hahnemann's teaching, *must do it*.

Doctors, for dollars, largely misguided by faulty, or false teaching in homœopathic (?) colleges, are misrepresenting the true mission of the physician, as given in Section one of the *Organon*, scandalizing a noble profession and disgusting the laity.

The plea for charity, to which we have just listened, in this discussion, toward those who are traducing our cause is more sentimental than practical. These false teachers and fraudulent practitioners must be exposed in their duplicity rather than white-washed by charity. They must be held up to public view as a disgrace to true homœopathic practice, just as the grafters and frauds are being treated in the commercial world. Publicity is the quickest and surest way to successfully push a reform. Let us "take off the lid and expose the rascals."

I promise you now, that during the coming year I shall endeavor to do my part in turning on the limelight, and if every Hahnemannian will rally to the support of such a crusade something definite and permanent may be accomplished.

Again, this paper should be commended for suggesting that the laity be educated sufficiently to be able to determine very quickly if a physician is capable of practicing Homœopathy. This is the plea of my paper to be read at the close of this bureau.

If there are no further remarks upon this paper Dr. Boger will close the discussion.

C. M. Boger: I have practiced medicine seventeen years, and the longer I practice the more firmly have I come to the conclusion that my earlier practice was not worthy the name of Homœopathy. The gross manner of making unwarranted deductions from pathological states and introducing them into the prescription is outrageous. That the state of the lungs in pneumonia should indicate *Phosphorus*, so that all cases of pneumonia come under the scope of *Phosphorus*, is both incorrect and productive of great harm. A disease never indicates anything; but that is thrashing over old straw. Those old fallacies were so thoroughly drummed into me at the college from which I graduated that it has taken all these years to eliminate them. Our college faculties are filled with men who do not teach good Homœopathy, because they do not know what good Homœopathy is. If there happens to be a good man there, what he builds up is torn down and destroyed by the others.

To correct this state of things, so destructive to the interests of Homœopathy, will take the most drastic action. It is better to have no teachers than bad ones; it is better to reduce homœopaths of the United States to 5,000 than to have the great army of incompetents that we do have; men who use compound Cathartic Pills, Elix. Valeriate of Ammonia, etc., etc., instead of the

remedy. Our office is to treat and cure sick people, and if we cannot do it we had better quit.

The part that has been neglected by the teachers in the past is the art of examining the patient and constructing a complete picture of the disease; the whole individual case with all its symptoms. If you have the complete picture it is easy to find the remedy. I never received a single lecture upon that subject, and I regard its absence as the chief source of the great mass of poor and imperfect prescriptions that we are afflicted with.

### A CLINICAL CASE.

(Apologies to Kipling.)

As I was a sittin' on my front steps, and wishin' for suthin' to do,  
I gets a call from Mrs. La Fee, a patient tried and true.  
So I hitched my horse, and I drives to her place, and I says to her: "What  
ails you?"  
And she says: "It's my belly, the right side of my belly, that's swellin' and  
hurtin' too.  
Now it wasn't no use for to look at her tongue, nor to feel of her pulse, for  
true,  
For the trouble was there at McBurney's point, plain to touch and to view.  
A positive case of appendiguts swellin' and hurtin' too.  
And after I'd give her all sorts o' dope, in potencies high and low,  
She got no better as fast as she could, and I thinks she'll have to go.  
But I pegs away, and goes every day, to try wot I could do  
For that pain in her belly, the right side of her belly, that's swellin' and  
hurtin' too.  
Now it ain't no use to say I don't know, for I know as well as you.  
'Cause there was a hunch like a Vienna loaf, with its center turnin' blue.  
And I see it was bound to suppusticate, swellin' and hurtin' too.  
Now, I didn't go for to open her up, 'cause cuttin' ain't in my line,  
Besides, she'd been opened up twice before, and doesn't consider it fine.  
So I gives her *Lachesis* and waits for results, and what did the derved thing  
do,  
But bust, and discharge per *rectitude*, smellin' and stinkin' too.  
Now it wasn't no use for to talk of the knife, cause she wouldn't have it, for  
true.  
So I stuck to the homœopathic drugs like Hahnemann told us to do,  
And I *cured* that belly, that puffed-up belly, wat was swellin' and hurtin'  
too.  
Now here is the funny part of the case, it's well that you should know,  
She had her appendix taken out three years or so ago.  
For at Ann Arbor Hospital in September, nineteen-two, they took out her  
vermiform (and swiped her ovaries too).  
Now what was the use of his cuttin' 'em out, if ere three years are through,  
The whole blamed circus tunes up again, swellin' and hurtin' too?

A COUNTRY DOCTOR.

## HOMŒOPATHY AND THE TREATMENT OF CARCINOMAS.

By Dr. Veith, in Breslau.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
August 31, 1905.

We excerpt the following from a very thorough and exhaustive address delivered before the Scientific Session of the Central Society of Homœopathic Physicians, held in Berlin in August, 1905. After showing statistically the poor success of the old school with its medicines, and the limited numbers finally cured by surgery, he still advises the use of surgery where this offers a moderate hope of success. He then addresses himself to the many cases which lie outside of these limits, and considers especially those cases which cannot be operated either from their location or owing to the age or condition of the patient, as also the cases that have been operated on and which should be guarded against a relapse; and he considers that these include at least 75 per cent. of all the cases of carcinomas. With respect to these, he says:

Let us now consider the armory at our disposal in our therapy, in the contest with this dreadful disease. According to the experience laid down in homœopathic literature in the last twenty years, and according to my own experience in the last fifteen years, the following remedies are to be considered in the treatment of carcinomas:

Foremost among them stands unquestionably *Arsenicum*, and it occupies this position owing to its pharmacodynamic properties. It has been proved, and is also recognized by the other school, that the prolonged use of *Arsenic* produces ceratosis of the skin and thickenings, like warts and of a horny nature, which in time may grow to become epitheliomas and chancroids. Knowing this, *Arsenicum* with us homœopaths at once advances into quite another light, assuming a scientific basis.

Stiegele, in his treatise on the appearance of cutaneous cancer, has pointed very correctly to another relation existing between *Arsenic* and cutaneous cancer, which may be demonstrated by the technique of the histological coloration. This, as is well known, has in a number of cases shown a peculiar relation to exist between the coloring matter and the morphological individuality;

according to Trunecek *Arsenic* forms a constant reaction in color with carcinomatous tissues, which does not obtain in any other normal tissue. The action of *Arsenic* on living cancerous cells gives a dark brown or even deep black crust.

The accounts of cures in our literature must always be received with a certain skepticism, for, as Dr. Mossa quite correctly stated: "Not everything by far is cancer, which even experienced physicians have diagnosed as such." One case by Dr. Hoffmann, in Gonda, reported in Volume 143, in the *Allgemeine Homœopathische Zeitung*, seems to me of particular interest. In this a carcinoma offering all the clinical symptoms of a carcinoma ventriculi, with a tumor that could be distinctly felt, disappeared after the use of *Arsenicum* for several months, and this is said to have been confirmed by a dissection at a later day. My experience also shows *Arsenicum* to be the chief remedy in checking the growth of carcinomas and preventing relapses. Of many cases I would here adduce only one:

On the 28th of August, 1903, Miss V. K. came to me; she was in a very desolate state with extreme exhaustion and emaciation, and had to be led to my office by her companion. The examination showed a knotty carcinoma recti barely allowing a finger to pass through. From the local result and the state of the strength of the patient, I calculated that the patient would only have a few weeks to live. I prescribed *Arsenicum*, and for the violent pains in the bowels and the tenesmus I gave *Bellad.* 3 and *Coccyntidis* 3. The reports sent me after this at regular intervals always sounded favorable, and continually more so, and that this was no delusion I could see when the patient came to my office after nine months. The carcinoma was not only no larger, but had somewhat diminished, so that the searching finger could enter much more easily. At her first visit I would have supposed such an improvement to be impossible. She lived half a year longer and finally died of a metastasis in the stomach and the liver. Another interesting case, which I would mention, was a young woman of twenty-four years, Miss P., of Breslau, who first came to me on the 13th of September, 1897. She told me that she had a birth-mark removed from the left breast (*nævus pigmentosus*) and now she there felt an induration. A tumor as large as a filbert, of a pretty hard consistence, could be felt. As the patient was young, I did not at first think that the tumor would be malignant, and, as it was freely movable and no infiltration of the

glands was to be noticed, I first endeavored to influence it with *Hydrastis*, *Conium*, *Carbo*, etc. In this way the tumor remained stationary for about half a year. In May, 1898, there was, however, an increase of the tumor, and I considered that a further delay might prove dangerous and had her operated on. Privy counselor R. performed the amputation, and established the fact that the tumor was a melanotic sarcoma. He sadly added: "These are the worst of the tumors and almost always return; you will have to see whether you can do anything with your remedies." I prescribed for her for months *Arsenicum*, and as a constitutional remedy in addition *Calcarea phosphorica*, and I take pleasure in reporting that up to this day, after seven years, no relapse has occurred. She has been married for three years and is the mother of two children, whom she even nursed with the one, the right breast.

Also Compton Burnett recommends *Arsenicum* in all kinds of carcinomas, and at the same time the use of constitutional remedies, which is certainly of great importance, since these are well able to increase the power of resistance in the cells against cancerous cells that may still be in the body.

Windelband communicates in the 20th Volume of the *Berliner Zeitschrift* a cure of cancer of the lips which he cured with *Arsenic.*

In the second place among our cancer-remedies I would place *Hydrastis Canad.*, which according to various authors has shown very favorable curative effects especially in scirrhus. In the *Annals of the British Hom. Soc.*, Dr. Bayes enumerates 26 cases of scirrhus, six of which he stated he had fully cured with it.

I myself have given *Hydrastis* with good results in the slowly growing scirrhi of old women and old maids. The pains were very frequently favorably influenced by it. This kind of cancer is comparatively mild, and I have seen persons who lived fifteen to twenty years with it. My oldest patient whom I am at present treating for carcinoma mammæ is eighty-five years old. Pfander and Schlegel also report noticeable improvements effected in carcinomas and in chancroids by the use of *Hydrastis*.

*Locopodium* 30 and 200, according to Mattes, cured two cases of carcinoma of the lips and a case of carcinoma recti.

Clotar Mueller, according to the report in the first volume of the *Homœopathische Vierteljahresschrift*, gave *Condurango* repeated trials, and in his own peculiar style, free from enthusiasm, but

also free from the radical skepticism that inclines to nihilism, reports of three cases, carcinoma of the lips, with ulceration, a carcinoma of the breast and one of the skin on the lower bend of the ribs on the right side, which were cured by *Condurango* 1.

Compton Burnett also cured an epithelioma on the corner of the mouth with a tumor of the mamma existing at the same time, by a persistent use of *Condurango* continued for four years.

*Thuja* became famous by the case of Field-Marshal General von Radetzki, who is said to have been cured by it of a sarcoma of the eye. According to Jaeger-Hildesheim, given in tincture, in a case of carcinoma ventriculi et hepat, it almost immediately gave relief in the symptoms and a gradual increase of weight of nineteen pounds. The improvement continued for a year. Also carcinoma mammæ is said to react well after it. According to Baratox (in the *Revu hom française*) it had a good effect in a case of carcinoma of the larynx.

*Kali cyanatum*, according to Mattes, cured a cancerous knot in the rectum; and according to Adams and Tyrell it proved useful in carcinoma of the lips and of the tongue.

*Argentum nitric.* has proved itself useful in my practice for some time in a case of relapse of carcinoma of the bladder.

*Conium* has been reported useful in the cure of carcinoma of the glands of the breast. It will probably only prove useful in mild cases of induration of the glands of the breast, such as frequently remains after mastitis; and the same may be said of *Calcarea fluor.*, *Carbo anim.*, *Silicea*, and its related *Lapis albus*, as also of *Phytolacca*.

But since the decision as to whether we have to deal with a malignant or a benign tumor is often difficult in the beginning, these remedies will often show a favorable effect.

One additional remedy I must yet mention, because for some time it has been frequently mentioned in our literature and found many adherents, namely, Marsh's Cancer Remedy, a remedy prepared from plants in the homœopathic manner, which Rev. Marsh, in Middleburg, Transvaal, states that he frequently used in the cure of cancer. He has not so far made public the name of the remedy, in spite of frequent requests; perhaps it is *Melanthus major*, a plant which is in great repute with the aborigines of the Cape of Good Hope as a cancer remedy. Various authors have tried the latter with good results, and Schlegel especially has reported cures of chancroids, of a carcinoma of the ovary and of a sarcoma of the eye.

I need not say that besides the remedies here mentioned, according to the symptoms which are prominent, a great many palliative remedies may be used, but their enumeration would carry us too far.

Also the external application of *Hydrastis*, *Calendula*, *Eucalyptus* in watery solutions or in ointments containing five to ten per cent. of the medicine should not be forgotten as a relief in pain. Much patience and skill is required in the physician to continually reanimate the courage of the patient, and to finally let him die with the hope in his heart that he will be helped.

It is also important in the course of the disease, which is frequently protracted, to foresee the worse time coming, and to keep our powder dry and reserve our heavy guns, the injection of *Morphine*, using it only when we see the end approaching.

In drawing the conclusion of our contemplation we must confess that although we homœopaths, through our internal remedies are in a better position to alleviate the condition of the poor cancer patient, and perhaps lengthen his life for some months and years, yet we have no reason to fold our hands and be content with our success. Also, we must search and seek to gain additional means to defeat this cruel destroyer of mankind. We should, therefore, greet with joy the fact that under the protection of the Prussian Minister of Internal Affairs a society for the investigation of cancer has been formed. Baden, Wuerttemberg and Bavaria have followed this example.

May these united efforts soon succeed in gaining full light as to the causes of cancer, for, as Billingsroth has said: "Only from the moment when we shall have discovered the specific excitant of cancer will the possibility of its cure be rendered possible."

---

## SOME OF THE LIKES AND UNLIKES OF ARNICA, RHUS TOX. AND BRYONIA.

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

These three medicines have many points of resemblance, and as many of dissimilarity. There are probably no other two remedies in the *Materia Medica* which present so many points of similarity from the standpoint of pathology, and at the same time so many and marked points of dissimilarity in their therapeutic indications, as *Bryonia* and *Rhus tox.* There are probably no other two rem-



edies so often alternated with so little excuse, especially in rheumatism. Their likes and unlikes furnish a pregnant object lesson on the question of symptomological or pathological basis for prescribing. In rheumatism, for instance, the *Bryonia* patient's symptoms are intensely and immediately aggravated by even the slightest motion; while the *Rhus tox.* patient's symptoms are as promptly and markedly ameliorated by motion.

This characteristic accompanies these remedies through all conditions in which they are curative; and especially is this true in typhoid fever and pneumonia, as well as in rheumatic conditions.

In typhoid fever the *Bryonia* patient lies perfectly still, resisting, even in stupor, all movement; while the *Rhus* patient is constantly changing or trying to change his position. These characteristics accompany the remedies in all diseased conditions where they are indicated, and may be regarded as their most constant and valuable symptoms.

The resistance to motion on the part of the *Bryonia* patient is because motion of any kind, though never so slight, causes increase of pain or suffering of any character. The restlessness of the *Rhus* patient, on the other hand, is because motion always ameliorates his sufferings.

The *Arnica* patient also desires to change his position, but it is because the bed on which he lies feels hard to him, and this is because of the sore, bruised sensations so peculiar to *Arnica*.

The brain and mental symptoms of these remedies in typhoid fever are marked and quite characteristic. The *Arnica* patient shows evidences of great passive congestion to the brain. He is stupid, with eyes fixed and lower jaw dropped. The head and face is noticeably warmer than the body. His face is dark red, and fæces and urine are passed involuntarily; he forgets the words he intended to speak. The stupor is very pronounced, breath putrid. He goes to sleep while answering; the skin will show purplish ecchymosed spots.

The *Bryonia* patient worries about his business and the affairs of the day. He worries about them while awake, dreams about them while asleep, and raves about them while in delirium. This is very peculiar and characteristic of the remedy, nor is it confined to patients ill with fever. I have seen the most terrible mental distress of delirium tremens promptly relieved by *Bryonia* where this symptom was pronounced. The *Bryonia* patient also imagines himself away from home, and persistently begs to go home.

The *Rhus* patient's delirium is of a muttering and undistinguishable nature. He dreams of roaming over fields. This corresponds with the general restlessness of all *Rhus* patients. The stupor and typhoid symptoms of *Rhus* are very profound. Until *Baptisia* was proved, and tested at the bedside, *Rhus* was recognized as the drug which better than any other fitted the typical typhoid condition. Since *Baptisia* has been in use, however, *Rhus* has been relegated to second place. *Baptisia* at the present time, more than any other drug, fits the stupid, besotted appearance of the typical typhoid patient. *Baptisia, Rhus tox., Arnica* is the order in which these three remedies rank as to typhoid stupidity.

While on this subject I cannot resist the temptation to digress a little in order to emphasize the value of *Baptisia* in the treatment of typhoid patients, and at the same time give my unqualified indorsement to the value—the never-failing value—of the remedy's most characteristic mental symptom. In the books the symptom is expressed thus: "Imagines that the different members of his body are separated, and is distressed trying to bring them together." "I am bound to tell you," as dear old Professor Ludlam used to say, "that when that delusion bothers a typhoid (or any other) patient, *Baptisia* will greatly aid in warding off dangerous symptoms and hastening recovery." I go further and say that I agree with Farrington that typhoid fever can be aborted by the timely administration of this or either of the other remedies, as the peculiar symptoms may indicate

Nor is it always necessary for the patient to tell in so many words that his bodily members are scattered about the bed, and that he is very much distressed because he cannot get them together. He is often too "typhoid" to be able to tell you in words. But his actions will often suggest the idea to the carefully observant physician.

A case in point: A young girl in one of my old families, whom I had introduced to her mother about fourteen years before, and who is now a somewhat noted writer of fiction, was taken with a fever which had all the ear marks of typhoid. The attack had progressed to the point of mild delirium, but I had not been able to single out any particular remedy as the one surely indicated, and it seemed as if we were booked for a run of typhoid fever. But as I sat watching the patient during a morning visit, I observed her continually pushing herself up against the head board. I asked her why she did that, and she replied that her neck felt

too long, that her head was too far from her body, and she was trying to push it back to place.

There was the characteristic symptom of *Baptisia*, but not expressed in the stereotyped words of the books. The action of that remedy initiated a change for the better which cut short all the typhoid symptoms, and would have convinced the most skeptical observer.

In rheumatic conditions *Arnica* corresponds to the gouty kind; there is extreme *soreness* of the parts affected. The parts are so sore and sensitive, the patient dreads even the approach of anyone toward his bed. Farrington says of *Arnica*: "*Arnica* develops a true myalgia. The pain occurs in the muscles of any part of the body. They are of traumatic origin or they come from over-exertion and are accompanied by this sore, bruised feeling, which is so necessary to the choice of the drug."

In rheumatism you may employ *Arnica*, not for true inflammatory rheumatism, but for the local rheumatism which occurs in winter weather and which seems to be the combined effect often of exposure to dampness and cold and strain on the muscles from over-exertion. The affected parts feel sore and bruised. Any motion, of course, aggravates this sensation. There are sharp, shooting pains which run down from the elbow to the forearm, or which shoot up through the legs and feet. The feet often swell and feel sore and bruised.

In the *Bryonia* rheumatic patient the joints are more likely to be affected—inflammatory rheumatism—where the slightest motion causes most excruciating pain. With *Rhus* the opposite obtains: the patient is restless, and gentle motion relieves, and the muscles and sheaths of nerves are the tissues selected. In sciatica, especially of the left side, *Rhus* is much more frequently called for, and, if it has an equal, has no superior in this affection; while in rheumatism of the joints and in inflammatory rheumatism *Bryonia* is more often indicated and is as valuable. But whatever the condition, the differentiating symptoms will guide to the choice of the remedy: *Arnica*, extreme sensitiveness and soreness, so that the soft bed seems hard, with tendency to ecchymosis. *Bryonia*, aggravation from least motion. *Rhus tox.*, restless and relief from motion; and always worse before a storm with rain. The *Rhus* patient is a good weather forecaster, for he can predict the coming of a rain storm twenty-four or even forty-eight hours before it comes.

Both *Arnica* and *Rhus* have the sore, bruised feeling, but *Arnica* is worse from motion, and with *Arnica* the sore, bruised feeling is more marked.

Considering causes as factors, traumatism, whether from blows or violent straining of parts, belongs to *Arnica*, while getting wet while heated after violent exercise belongs to *Rhus*. With *Bryonia* a dryness of the membranes seems to be a chief cause; it is certainly a condition.

The same symptoms apply to pneumonia, with the addition that the more the tendency to a typhoid condition, the more we think of *Rhus*.

The skin symptoms of *Bryonia* are not very marked, while *dryness* of all the internal membranes, serous as well as mucous, is characteristic: dryness of mouth and lips, with great thirst for large quantities; constipation, with *dry* stools; *dryness* of synovial membranes in inflammatory rheumatism, in the treatment of which there is no remedy superior to *Bryonia*. Dryness of pleural surfaces, causing pleuritic catching pains. *Bryonia* here has no superior. So in meningitis cerebro-spinalis. This dryness is probably the cause of the *Bryonia* patient's distress from all motion, which is its most characteristic symptom.

The skin symptoms of *Rhus* are marked and peculiar; eruption under the skin, which may always be felt, but not often seen. All have seen and some have felt the eruption caused by *Rhus* poisoning. A similar eruption from another cause is characteristic of *Rhus*, as in hives or urticaria.

The skin symptoms of *Arnica* are as marked as those of *Rhus*: there is a tendency to ecchymosed spots on the skin, similar to results of contusions or bruises. Bedsores come with comparatively little cause. There is a tendency to small boils, which are extremely sensitive and appear in consecutive crops. They often do not "come to a head," as the saying is, but become hard and dark and finally slowly disappear.

Another marked difference between *Bryonia* and *Rhus* is that the *Bryonia* patient *always* feels better while lying on the painful side. Pressure relieves in *Bryonia* and aggravates in *Rhus*. The *Arnica* patient is so *sore* and sensitive that he suffers and cries out even before he is touched; hence we understand that pressure aggravates his sore spots.

All of these three remedies are classed as acute, scarcely ever as remedies in chronic conditions. This, I am sure, leads to their

being often overlooked and neglected when they are the curative remedies. Troubles which can be traced, no matter how far back, to physical shocks or injuries are curable by *Arnica*, as surely as any other chronic trouble by any other remedy.

So ailments which may be traced back, no matter how long ago, to the patients getting wet while overheated and exhausted, can be cured by *Rhus tox.* When a remedy is indicated by the totality of the symptoms, give it, no matter what the books or prejudice may say as to its being an "acute" or "chronic" remedy. *Aconite* is regarded by nearly all as especially a remedy for acute conditions only. I have repeatedly demonstrated the contrary, to my own satisfaction. So also with the others; so that now the question never influences me in prescribing them, if they are otherwise indicated.

If there is a lesson to be learned from what I have said, it is that the only scientific and sure way to prescribe is on the totality of symptoms presented by the patient, one of these, and often an important one, being the pathological condition.

Since writing the above, I have read of two important and valuable discoveries by two old-school physicians, which may not be out of place as addenda to a paper on *Materia Medica*.

The first is "a communication to the Paris Academy of Medicine by M. Albert Robin, to the effect that metals, when administered to the human subject *in doses so minute as to be altogether inappreciable*, exercise an influence that is almost magical, and quite inexplicable by any theories heretofore known to science."

The second is a quotation from an article published in the *Medical Brief* for April, 1905, on "*Thuja* as a Remedy for Warts," by Charles D. F. Phillips, M. D., LL. D. (Aberd.); LL. D. (Edin.); F. R. S. Ed.; F. R. C. S. Ed.; M. R. C. P. (Lond.); Honorary Fellow of the Medico-Chirurgical College of Philadelphia; late Examiner in the Universities of Edinburgh, Glasgow and Aberdeen, and Lecturer on *Materia Medica* at Westminster Hospital, London England. After the reading of that string of titles you are expected to listen with bated breath to what he has to say.

"*For many years I have employed Thuja in the treatment of Warts.* By the term *Thuja* I wish to indicate the fresh tops of *Thuja occidentalis*, the white cedar growing in the northern United States of America. It contains pinicripin, a bitter, active principle, probably not an alkaloid, and thujin, a yellow coloring

agent. Its most important constituent is a volatile oil allied in pharmacological action to savin, and known as thujetin. *Thuja* is useful in all papillomatous conditions, and a wart is a papilloma of the skin, whether it be single or multiple, simple or branched, acuminate or flattened. My own experience, lasting now over a considerable number of years, induces me to recommend it in the highest terms for the cure of warts with a narrow base and a pendulous body. They may occur upon any part, and have often a history which is hereditary. In addition to warts about the genitals, only some of which are gonorrhœal in origin, crops of filiform warts sometimes appear on the scalp, about the skin of the neck, in the axilla, and even on the eyelids. In these cases a wash or lotion of *Thuja* is most useful, and often the warts fall off in two or three days after this application, leaving the base perfectly healed, although the strong tincture should be applied locally to such as are intractable. Condylomata about the arms or pudenda of either sex, whether of a syphilitic character or otherwise, are rapidly cured by the application of the same tincture. In addition to the local application, five drops of the tincture should be taken in a wineglass of water internally every night and morning. Although the great and most useful sphere of action of *Thuja* is in the treatment of warts and papillomatous growths, it is also valuable in rheumatic and arthritic pains and in ulcerated surfaces, especially about the corona glandulis."

These two prominent physicians of the old school cannot escape one or other of the horns of a very ugly dilemma: either they must plead guilty to inexcusable ignorance of medical literature, current and a hundred years old, or they must stand convicted of the most glaring plagiarism; whichever horn they may choose, their position as pretentious and many-titled teachers of the healing art is not an enviable one.

At all events we, as adherents and conscientious practitioners of the "Science of Therapeutics," may look on with the utmost complacency, realizing that it is a tribute to the truth of the homœopathic law, and convincing though unwilling testimony to the genius and greatness of Samuel Hahnemann, whom they and their ilk persecuted during his life and whose good name they have ghoulishly traduced in his honored grave—Hahnemann, our grand old man, the latches of whose professional shoes they are not worthy to unloose.—*Pacific Coast Journal of Hom.*

## BOOK NOTICES.

---

**Bœnninghausen's Characteristics and Repertory.** Translated, Compiled and Augmented by C. M. Boger, M. D., Parkersburg, W. Va. With a historical sketch of Bœnninghausen's Life by T. L. Bradford, M. D. 856 pages. Cloth, \$6.50.

Dr. Boger certainly is a staunch homœopathic physician, and an equally staunch believer in the old homœopathic literature, as is evidenced by this beautiful, large octavo volume of 856 pages, finely printed, which he has brought out at his own expense. It is a repertory that has never before been translated into English, and consequently the homœopathic profession are indebted to Dr. Boger for his work. Bœnninghausen, like our own Carroll Dunham, became a convert to Homœopathy by being *cured* by its medicines after the allopaths had given him up. After this he devoted the most of his life to Homœopathy, and as Dr. Bradford says in the sketch of his life: "No one man, except Hahnemann, has left so deep an impress upon the literature of Homœopathy or has exerted so great an influence in favor of the Homœopathy as taught by Hahnemann as Bœnninghausen. Every homœopathic physician who aspires to have a complete library should own this fine and useful old book—old, yet new to English readers.

---

**Homœopathy Explained.** By John Henry Clarke, M. D. 212 pages. Cloth. London, Homœopathic Publishing Company, 12 Warwick Lane, 1905.

This book is an outgrowth of a former and smaller work by Dr. Clarke, under the title of *Homœopathy; All About It*. It is a very interesting and valuable missionary work—well written and readable. The first chapter, biographical, "How I Became a Homœopath," is especially interesting. We can heartily commend this book.

---

**Ophthalmic Neuro-Myology.** A study of the normal and abnormal actions of the ocular muscles from the brain side of the question. By G. C. Savage, M. D., Professor of Ophthalmology of Vanderbilt University, Nashville, Tenn. 39 full page plates and 12 illustrative figures. 221 pages. Cloth. Published by author, 137 Eighth Ave., N., Nashville, Tenn.

This is a monograph on the muscles of the eye and to the eye specialist ought to be a very valuable work.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL.

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

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

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

---

---

## EDITORIAL BREVITIES.

ALACK AND ALAS.—“ August issue of the HOMŒOPATHIC RECORDER contains Dr. E. J. Clark’s article on ‘Substitution,’ which appeared as an original communication in our July issue. Inasmuch as the customary courtesy of credit to this Journal has been omitted we simply rise to the remark that this kind of piracy is never practiced by *The Critique*.”

Dear, peppery *Critique*, it was an oversight, as the RECORDER has never pirated a paper intentionally and never will. *You* ought to know that.

USE LETTER HEADS.—We are constantly in trouble trying to decipher the names and post office addresses of many of our subscribers. This is especially true of those living in India and other foreign countries. The cost of a printed letter head with name and address is not very great in any country and *every* doctor should have them—for the average M. D. does not write a copper-plate hand.

A NICE LITTLE SCHEME.—At a recent meeting of the Illinois Pharmaceutical Association the following resolution was passed:

“ *Resolved*, That we favor such legislation as shall require the proper public officer, in case of death ensuing from disease or otherwise under medical attendance, when the physician in charge has himself dispensed his own medicines, shall issue the death certificate instead of the attending physician as now permitted by law.”

This is a move towards the same old tyranny that drove Hahnemann from city to city in Europe.



## NEWS ITEMS.

Dr. E. Guernsey Rankin, author of *Diseases of the Chest*, has returned from a trip to Europe.

Mrs. G. W. Bowen, wife of the well-known Dr. G. W. Bowen, of Fort Wayne, Ind., died of heart paralysis, August 29th, in her 66th year.

Dr. Vere V. Hunt, physician and surgeon—one of the Kent men—has been appointed Division Surgeon on the "Frisco" R. R. His address is Bessie, Oklahoma. With the exception of Dr. Howard Crutcher, on the "Alton," this is the only homœopathic graduate we have heard of being appointed to such a position. When railroad officials get "wise" in medical matters there will be none but homœopaths appointed.

---

INTERNATIONAL HOMŒOPATHIC CONGRESS.  
CIRCULAR LETTER.

At the sixty-first annual meeting of the American Institute of Homœopathy held in Chicago, Illinois, June 26 to July 1, 1905, the Special committee on the International Congress offered the following resolutions, which were adopted unanimously:

*First:* That the next meeting of the American Institute be held in connection with the International Congress within the first two weeks of September, after the third of the month, and that the Committee on the International Congress in connection with the Executive Committee of the Institute be directed to make the necessary arrangements.

*Second:* That the American Institute of Homœopathy extends a cordial invitation to all organizations of homœopathic physicians as well as to individual homœopathic physicians to join in this Congress under the auspices of the American Institute.

It was later voted that the scientific sessions of the American Institute of Homœopathy be merged with those of the International Homœopathic Congress.

Briefly outlined the chief purpose of the Congress will be:

*First:* The presentation of Reports on the present status of Homœopathy as represented in Hospitals, Dispensaries, Educational and other Institutions and Societies; by the number of its

avowed practitioners, by its periodical and permanent literature, and by its legal recognition in the different countries of the world.

*Second:* The presentation and discussion of essays and communications on medical subjects covering especially those departments of the medical sciences and medical practice with which a knowledge of drug pathogenesis and homœopathic therapeutics is especially identified.

*Third:* The presentation and discussion of such other subjects as may be related to the further development of a sound and reliable *Materia Medica*, the promulgation of the truths, and the general and special progress of Homœopathy.

*Fourth:* The presentation and discussion of essays on subjects of general and practical interest other than those intimately connected with Homœopathy, such essays to be presented to the appropriate bureau or affiliated sectional society.

The American Institute of Homœopathy in deference to the convenience and expressed preference of British and Continental Colleagues voted to hold its next annual session and the meeting of the International Homœopathic Congress, within the first two weeks of September, from the third to the eighth, or the tenth to the fifteenth inclusive. The place of meeting will be Atlantic City, New Jersey. Full data concerning the meeting will be announced in due season.

Persons eligible to membership will be all homœopaths in good standing in the countries in which they reside. No membership fee required.

To enable the Committee to do its work and ensure a memorably successful Congress it is requested that the titles of all essays and proposed communications be in the hands of the Committee not later than January 1, 1906, and that synopses of the scientific papers be handed in to same Committee not later than June 1, 1906.

Papers read by their authors will have precedence in presentation to the Congress.

All homœopathic institutions, societies and organizations of whatever nature are urged to send delegates and authorized representatives to the Congress.

Reports from organizations and institutions will be duly and formally presented to the Congress if said organizations and institutions find it impossible to send delegates.

The Committee charged with the duties of arranging for this

International Homœopathic Congress cordially seek your assistance and earnest co-operation and heartily invite you to be present at the Congress.

If physicians who plan to attend the Congress will send their addresses, and those of the members of their families and friends who propose to accompany them, to the *Secretary of the State Committee* at the earliest possible date, the courtesy will be much appreciated and will greatly facilitate the making of arrangements for the Congress.

*Committee* —J. H. McClelland, M. D., Pittsburgh, Pa., *Chairman*; J. B. Gregg Custis, M. D., Washington, D. C.; H. F. Biggar, M. D., Cleveland, Ohio; O. S. Runnells, M. D., Indianapolis, Ind.; J. P. Sutherland, M. D., 302 Beacon St., Boston, Mass., *Secretary*.

---

Dr. Walter M. Dake, formerly of Nashville, Tenn, has removed to Denver, Colo., where he has accepted the professorship of Diseases of the Lungs and Physical Diagnosis in the Denver Homœopathic College. Office, 1427 Stout Street.

Dr. J. E. L. Davis, 743 Madison Avenue, New York City, announces that after October 1st he will resume practice of medicine and surgery.

Dr. Orlando R. von Bonnewitz removed to 112th Street and Broadway, New York, on October 1st.

Dr. Emma Sabin Sherman has opened an office for the general practice of medicine at 320 5th Avenue, New York.

Dr. John B. Garrison, will be at his office 115 East 71st Street, New York, after September 15th.—Nose and Throat.

Dr. Irving Townsend, will resume practice on September 25, at 62 West 51st Street, New York.—Nose and Throat.

## PERSONAL.

The mosquito sucks blood whenever it can; those attacked kill the mosquito with satisfaction; that is primal nature.

Dr. Pelton writes that man's organism is eliminative, and when he "is abnormal he cannot be normal." Quite true.

I have frequently been startled by the prompt action of one dose of *Mag. phos.*, followed by a swallow of hot water, administered for the relief of true or false angina, spasmodic pain in the stomach, and in uterine colic when not caused by mechanical obstruction.—*J. C. Dunn, M. D.*

Judgment has been defined as "luck in guessing."

Should it not be "down to date" rather than "up to date?"

Mark Twain says that indecision in spending money is the way to get rich—keep it.

Even a king will avoid a crown on his tooth if he can do so.

Very true, Mary, prophet and profit are not the same—but the world prefers the latter.

They say the boy who will "sass" a fellow of his own size is truly punky.

"Since the advent of James T. Kent, than whom no man since Hahnemann has written or taught so well, the number of true homœopaths has quadrupled, and more."—*Brown in The Critique.*

**FOR SALE**—A Homœopathic Doctor of Northwestern Iowa will sell his office outfit at a moderate valuation. Best of reasons for selling. Address, L. Q. Spaulding, M. D., Ida Grove, Iowa.

"Pain in the stomach nowadays is always appendicitis."—*Osler.*

Curious English language—when a man is "taken in" he is always "out."

"The 'Burning Bush' has proved that it was a live acorn." Extract from B. B.

An allopathic journal says that *Drosera rotundifolia* in 5-30 drop doses will cure consumption in its first stages.

"There can be no doubt that *Stannum* produces a more perfect picture of the later stages of phthisis than any other drug in our pharmacopœia."—*Dr. T. Ord.*

"As regards the effects of large quantities of water in metabolic disorders, the abuse of water drinking will last till patients and their doctors worship at other shrines than that of their mystic Baal, uric acid."—*Dr. Morris Manges.*

# THE HOMŒOPATHIC RECORDER.

---

---

VOL. XX.

LANCASTER, PA., NOVEMBER, 1905.

No. 11

---

---

## NATRUM SULPHURICUM.

Rudolph F. Rabe, M. D.

This remedy, like *Lac caninum*, seems to be little known to the majority of homœopathic physicians. This statement applies, of course, to those of the low potency persuasion, more particularly. Known commonly as Glauber's salts or sulphate of soda, the drug is extensively used by stable men in purging the long-suffering horse. That a drug disease is, or can be, in this manner, imprinted upon the animal constitution, the writer has no doubt and, indeed, believes that he has seen evidence to this effect. By our old school friends, the drug is now but little employed and when used at all is given in one to four drachm doses. It is called a mild hepatic stimulant.

It is through the work of von Grauvogl that the most important use of the drug has been made known to us—namely, in many diseases which are greatly aggravated by dampness. In fact, this aggravation from dampness, living in damp places or from sea air, becomes its chief characteristic symptom and runs all through the symptomatology of the remedy. In the *Symptomen-Codex* this does not appear, but the proving, as given in the *Guiding Symptoms*, emphasizes this modality clearly. It is one which, whenever met, should always call the remedy to mind.

Mentally, the *Natrum sulph.* patient is gloomy, irritable and depressed and seems to be unusually affected by music, even if lively. Sad thoughts run through his mind and the thought of death or self destruction is often uppermost. In fact, it is at times difficult for him to refrain from putting his suicidal thoughts into action. He despairs of getting well and does not like to be talked to, especially in the morning, when he is out of humor and

dull until breakfast time. A loose stool relieves him of his sadness and he then may even become quite cheerful and happy. In the head we find much confusion and vertigo, with a general dullness, heaviness and feeling of stupidity. Boring pains are felt in various parts, chiefly in the frontal and occipital regions. Also feelings of pressure and drawing pains. Tearing in the occiput, frequently occurring.

The frontal sinus seems to be affected, if we judge by the severe pressive pains in the forehead just above the nose, and the application of the remedy to catarrhal troubles with a damp weather aggravation at once becomes apparent. The mental symptoms are similar to many following upon injuries to the head, and here the remedy is credited with numerous cures. The writer, in consultation, saw a case of undoubted cerebro-spinal meningitis, apparently the result of an injury to the head, promptly and entirely cured with a single dose of *Natrum sulph.* c.m. In this case, pain in the occiput was severe and retraction and rigidity of the head marked. In the eyes we find burning and stitching pains and evidence of chronic palpebral inflammation, with thick, greenish, purulent discharges. Leaden heaviness of the lids in the evening, reminding us of *Sepia*. Greenish discharges, purulent in character, seem also to be peculiar to the remedy throughout its pathogenesis. The nose becomes stopped so that the patient can hardly breathe through it, associated with coryza. Pains in the ears, stitching, during damp weather. The teeth ache and are relieved by holding cold water in the mouth, like *Clematis*, *Coffea* and a few others. The taste becomes bitter and slimy with a dryness of the mouth, and the root of the tongue is heavily coated with a dirty greenish-gray or greenish-brown fur. The palate and tongue burn and smart, as if from pepper, with a sensation of rawness; blisters form on the palate, which becomes very sensitive to food, but is soothed by taking cold water in the mouth. The throat is sore, with a feeling of contraction when swallowing saliva, worse by talking or swallowing solids. Dryness of the throat and hawking of mucus in the morning. There is loss of appetite, with great thirst, especially for cold drinks or ice-water. There is also voracious hunger, with a fasting sensation in the stomach. Nausea and hiccough, sour eructations and heartburn are common to the remedy, also vomiting of greenish water, of saltish sour water and of bile. The stomach feels full in the evening, with oppressed breathing, also a trembling sensa-

tion and faintness. The liver is sore and swollen, with sticking pains or sharp stitching pains when taking a deep breath, with a feeling of tension. Sensitiveness in the region of the liver when walking or when touched. In the abdomen the flatus rolls and rumbles about and becomes incarcerated here and there, with griping pains and emission of fœtid flatus. Aching in the abdomen in the morning before breakfast, with much flatus and great relief by passing same. Diarrhœa of yellowish-green water, with much flatulence, forcibly or suddenly expelled, and coming on in the early morning after rising, not as in *Sulphur*, however, driving the patient out of bed. Stools are preceded by colic and rumbling. Diarrhœa always worse in damp weather. The urine seems to be increased in quantity and burns when passed, and may throw down a brick-red sediment, a yellow-red or a yellow-white sediment in the morning. In the Guiding Symptoms we find the double-marked statement, Nephritis scarlatinosa, but whether this observation has been verified or not I do not know. By von Grauvogl the remedy was considered to be an important anti-sycotic, ranking with *Thuja*, and this has been verified. On the genitals and about the anus cauliflower-like condylomata, with oozing of an offensive moisture, have been cured and the c.m. potency in one dose, within a fortnight, removed an entire cluster of venereal warts from the corona glandis after *Thuja*, *Cinnabaris* and other remedies had failed. In old gonorrhœas, the remedy is of value, with thick, painless, greenish-yellow discharge. In the chest, *Natrum sulph.* produces oppression of breathing, especially when walking, and relieved by rest. Asthmatic breathing, particularly in damp weather. Dry cough, with stitches in the sides of the chest, much like *Bryonia*; the patient has to sit up and hold the chest with the hands. The expectoration is thick, purulent and greenish. The remedy is of use in old cases of hay-fever with asthma, where we find the peculiar aggravation from dampness and the characteristic pains and expectoration. In pneumonia, the remedy has occasionally served me well when the inflammation was limited to the left lower lobe, with pains about the lower left ribs. In one case of broncho-pneumonia, localized in the lower left lobe posteriorly, in a woman of sixty-eight years, with a very puzzling absence of deciding symptoms, the localization and the history of an old asthma always worse in damp weather determined the choice for *Natrum sulph.*, which cured promptly in a single dose. In the

neck and back this remedy has numerous pains, with stiffness and drawing, pressure and sticking, all sufficient to suggest its use in spinal meningitis, and, indeed, it is a wonderfully effective remedy. In the limbs, numerous twitchings are observed and many pains of a drawing or pressive nature. In the fingers, fine sticking pains are found in the proving and, clinically, panaritium, with relief of the pain out of doors, has been verified. With this the writer has not had any experience. The skin is found to be jaundiced, also affected with moist eruptions like eczema. Pemphigus-like eruptions are also found. Hering speaks of sciatic pains curable by *Natrum sulph.*, and the proving would appear to bear this out, for we find numerous pains in the hip joint, especially the left, with great restlessness and desire to move, yet aggravation from motion, particularly when stooping or when rising from a seat. The pains are worse at night and in damp weather. To recapitulate, *Natrum sulphuricum* is characterized by a marked aggravation of its symptoms in damp weather, by its thick greenish discharge, mental depression, thickly coated greenish tongue, swollen, sore liver, flatulence, morning diarrhoea of yellowish stools, dry, painful cough, asthmatic breathing, thick pus-like greenish sputa, inflammation of lower left lobe of lung, and general boring, tearing or sticking and pressive pains.

The remedies to be compared with *Natrum sulph.* are, in the mental symptoms, *Aurum*, especially; in toothache, *Coffea*, *Clematis*, *Bryonia*, and *Pulsatilla*; in the chest symptoms and diarrhoea, *Bryonia*; *Thuja* in sycotic diseases; in the hydrogenoid constitution, *Diadema aranea*, *Dulcamara* and *Rhus*. *Sulphur* and *Natrum mur.* are very similar. In liver trouble *Magnesia mur.* and *Ptelea trif.* are similar in the aggravation when lying on the left side.

This paper is presented with the desire that the discussion of it may bring out the individual experiences of the members present and does not pretend to present anything startling or new. That the remedy is frequently passed by when it should be prescribed is the writer's opinion and belief.

---

### HELONIAS DIOICA.

By A. L. Blackwood, M. D.

PHYSIOLOGICAL ACTION.—This agent in large doses is a cardiac poison. Cattle die as the result of eating it. In medicinal



doses it is an emetic, tonic, diuretic and vermifuge. It produces great activity of the salivary glands, even to salivation. There is a griping, burning sensation in the epigastrium and a slight purging accompanied by burning in the lower bowels. Painful sensation referred to the renal region is complained of, while the urine, which is increased in quantity, contains albumen. The mammary glands are swollen and the nipples are painful and tender even to the pressure of the ordinary clothing. If its use is continued over a prolonged period a condition of anæmia and chlorosis is established as a result of its hemolytic action. The uterus is at first stimulated while later a condition of uterine atony results.

### Therapeutics.

When this remedy is indicated there is present a general atonic condition of the whole muscular system, which renders the patient languid and prostrated. There is a dragging sensation in the lower portion of the abdomen and pelvis, which causes the patient to hold up or support the abdominal and pelvic contents. While these complaints may be general, and the remedy indicated in both sexes, they are frequently associated with disease of the kidney and generative organs of the female. An examination of the mucous surfaces and of the blood show that a condition of anæmia is present. This is associated with a general atonic condition of the pelvic organs in women and diseases of the kidneys. The patient is languid, prostrated, and melancholy and frequently classed as a neurasthenic. There may be cerebral anæmia that is dependent upon diseases of the female sexual organs, as menorrhagia, leucorrhœa, prolapsus uteri, loss of sexual desire, pain in the lumbar region, and pulsative pains in the top of the head which are increased by stooping and are attended with vertigo. The leucorrhœal discharge has an offensive odor, and there is a persistent itching of the genitals. Following confinement it is useful when there is a tendency to prolapsus and other malpositions of the uterus. She complains of heaviness and dragging of the pelvic organ.

It is of service in prolapsus of the uterus which is either the result of indolence and luxury, or of hard work, either mental or physical. The patient is conscious of a womb. The exhausted muscles burn and ache. She is irritable, fault finding, and cannot endure the least contradiction, or receive the least suggestion.

Menstruation appears too early, and when there is uterine atony the flow is profuse, dark, clotted, and often offensive. The breasts are often swollen, the nipples painful and tender.

It prevents abortions which occur as the result of the slightest over-exertion or irritating emotions.

For the anæmia and albuminuria which appear as a sequelæ of diphtheria, this is frequently the remedy.

It is of value in polyuria and the albuminuria of pregnancy. The urine is reduced in quantity. The patient is usually tired, drowsy, and restless and complains of soreness, heat and pain in the renal region.

It should be remembered as a possible remedy in cases of salivation and in nervous dyspepsia, and chronic gastritis when debility is a pronounced symptom. The patient's ailments are ameliorated while she is doing something.

Compare: *Aletris farinosa*, *Lilium tigrinum*, *Phosphoric acid* and *Murex*.

---

## BIOCHEMISTRY: THE CONNECTING LINK BETWEEN HOMŒOPATHY AND NATURAL SCIENCES, INCLUDING THE PRESENT STAND OF ALLOPATHIC THERAPEUTICS.

By Eric Graf von der Goltz, M. D., New York.

It is a most interesting and significant fact that, perhaps, the two greatest heroes in the field of the researches of physiological medicine, namely, von Liebig and R. Virchow, must be recognized through daily experience as the unshakable fundamental builders of Biochemistry.

Both men in their day prosecuted Homœopathy: Von Liebig, by his well-known unbridled hatred and (sometimes illogical) writings, and R. Virchow, by his equally well-known method of silencing any and every possible discussion from a scientific point—perhaps from the smarting of a former trial and failure to unite Homœopathy with the allopathic teachings.

It is unnecessary to repeat here all the different steps of the experiments of von Liebig, which finally brought out the proof that a *Nat. mur.* solution of 1 : 50 will only give results, and become more and more powerful in its action if the solution is

made even weaker and weaker, whereas a salt solution of 1 : 49, or 1 : 49 $\frac{3}{4}$ , is absolutely inert.

Virchow, on the other hand, in his pathological studies and especially in his "Cellularpathology," came to the maxim that "*The essence of disease consists in the change within the cells.*"

Having now referred in a cursory way to the scientific foundation of the law of dilution, trituration, etc., and also to R. Virchow's Cellularpathology, it must be stated that the greatness of Virchow's fundamental maxim is again at its height now that the high tide of the germ theory has finally begun to recede.

It must be briefly mentioned how all serums have proved a failure; even the diphtheritic serum (antitoxine), which, although formerly excepted, is now also—according to the Royal Prussian Government Report, 1902—voted a failure.

It is necessary to insert that the position of the virulent pathogenic germs must be recognized in their well-known relation to the weakened vitality (as so well described in Hahnemann's Organon), and, therefore, the germs per se will occupy a prominent part for all times, especially in the domain of the prophylactic care of the state, but never again will gain the power of state, never again bring a revival of the isopathic dream after all this time of faulty reasoning on faulty premises, which finally had a concluding fiasco.

The law of the minimum and the recognition of the cellular origin of disease, long after the death of Samuel Hahnemann, not only confirm Homœopathy and Biochemistry as true sciences, but explain a twofold question, the question of the intrinsic working of the homœopathic remedy and the finding of a most easy and natural exposition of the relation of Biochemistry against Homœopathy; nay, it is shown how the allopathic physician in a nearly unconscious way is trying to get away from his irrationally large doses by speculating on quantitative facts developed in his biochemico-chemical studies, which cannot be harmonized with the time-honored giant doses.

Again, from lack of time, it must only be mentioned that the many data of analyses of the different homœopathic remedies in the most different works (collected mostly in Drs. Boericke and Dewey's book on the twelve tissue remedies) will show the remarkable interchangeability of homœopathic remedies and tissue salts, or, as I have shown later in the HOMŒOPATHIC RECORDER, Vol. XVIII, No. 3, that during the course of a treatment *Pul-*

*satilla*, for instance, could be substituted by either *Calc. phos.*, *Kali phos.* or *Kali sulph.*, according to the chemical ash analysis of the plant.

The extreme consequence of such a substitution was drawn by me, when for the sake of Biochemistry I substituted *Natrum muriat.* for *Sepia*, vide HOMŒOPATHIC RECORDER, Vol. XVIII, No. 3, concluding that *Sepia* should contain *Natrum muriat.* from the fact that *Natr. mur.* was contained to the highest possible percentage in the surrounding medium of the cuttle-fish—seawater.

We see therefore that in any homœopathic remedy the possible nearest and next tissue remedy must be expected.

Also we see that, lately, the chemist was able to find even in the purest chemically prepared specimen of *Natr. mur.*, *Arsenic* in the proportion of 0.00003 to 100.0 (Gauthier).

But let us return to the human body, and we will observe that the anorganic salts form in the isopathic treatment the quintessence of the remedy. I had suspected this and referred to it in the HOMŒOPATHIC RECORDER, Vol. XIX, No. 9, but the absolute proof for this biochemical speculation I found two months later after the appearance of my article, in an essay in the *Leipziger Allg. Hom. Zeit.*, Vol. 149, Nos. 21 and 22, Nov. 17, 1904, entitled "Isopathy," read at Constanz, Germany, by H. Goehrums, M. D., Stuttgart, describing how he treated his tuberculous patients successfully with the trituration of their own previously incinerated sputum according to the prescription of R. Fudd.

If animal matter—here the sputum is incinerated there certainly remains nothing but the anorganic ash constituents—the salts.

Therefore the results of Dr. Goehrums are the results of the triturated salts.

If now we have seen that this seeming identity between Homœopathy and Biochemistry really is a point of discrimination, the following citation from the pen of J. Compton Burnett in his book on the "Curability of Tumors," p. 25, will define the vital difference: "*No drug is capable of curing a morbid state homœopathically, unless it is capable of producing one like it.*"

This criterion of the homœopathic drug action also bridges over the chasm between Homœopathy and Biochemistry, as Biochemistry there lends a helping hand, where the power of the

homœopathic drug selection falls short. The biochemist considers his remedy theoretically and tries it afterwards on the sick. This fact, as proved for more than thirty years, must certainly, from the consideration of the end, the cure, have only such microscopical difference to show between Biochemistry and Homœopathy, that the question cannot be answered fairly.

It is the same, as Von Grauvogl has sometimes observed, that even heroic doses of medicines, from unknown reasons, acted in a true homœopathic manner, which Von Grauvogl called "homœopathia involuntaria," but which on the other hand I would with due deference to the great Von Grauvogl call an exhibition of a biochemical subcurrent.

This biochemical subcurrent in the allopathic therapeutics now-a-days recognized in the articles of the physiological school physicians exhibits all mistrust in the old gods and a hunt for new, rational methods. It is remarkable how the physiological school physician will readily accept anything and everything from the homœopath and biochemist except the Law of the Minimum. It certainly has proved for me a source of amusement, when the old school physician was brought face to face with the writings of Justus Von Liebig's Chem. Letter No. 40, Vol. II, p. 290 (1859). Such writings, such an idea, seemed impossible!

I lay an emphatic stress on an article of a New York old school physician, G. Pisek, treating the question of infant feeding—the article could be passed as an ideal example on biochemical reasoning relating to the uncongenial behavior between cow's milk and the infant's stomach with the endeavor to correct this by adding to the cow's milk either limewater or bicarbonate of soda in its bulky physiological quantity, which, instead of preventing the formation of acidity of the milk, brings on hyperacidity of the stomach.

The quantity of *Bicarbonate of Soda* necessary to counteract the souring of the milk or the keeping of the alkaline is ten grains per ounce, or 320 grains per quart. As now the infant's stomach cannot produce enough gastric juice to counteract the quantity of soda, a deleterious hyperacidity of the stomach must result.

So far now the reasoning of Dr. Pisek. If we now consider from a biochemical point that a baby of six kilos really needs, according to the analysis of G. Von Bunge,  $3\frac{1}{2}$  grains of soda in 24 hours for nutrition and building up of the body, the quantity

of 320 grains in the artificial food is unscientific and against any and every physiological calculation.

This is an example how the allopathic physician tries, from a biochemical point, to reach a ground where he may stand safely.

I hope I have been able to show that Biochemistry is something different from Homœopathy, that Biochemistry by its many points of contact with Homœopathy sometimes is inextricably interwoven with it. That the Biochemical Idea—in some places foreshadowed by Hahnemann's writings—gives an insuring ground to Homœopathy and begins to communicate between Homœopathy and Allopathy.

Even if the study and preparation for the work of a biochemist differs materially from that of a homœopathic physician, I take the occasion to emphasize the following maxim: "We shall not decide between the differences of Homœopathy and Biochemistry, or ever recognize their existence. Details of treatment shall be left to the judgment of the individual physician. The *summa totalis* must remain: the cure of the patient.

*247 East 72d Street, New York City, September, 1905.*

---

## NO NEED OF ANTISEPTICS.

Editor of the HOMŒOPATHIC RECORDER.

In re "*Echinacea as an Antiseptic After Labor*," in the August issue, would say, if the doctor will carefully sterilize his hands and practice strict surgical asepsis in the future, he will rarely if ever need prophylactic antiseptics, either internally or externally.

The following quotations are from this article:

"*I believe that the slight fever which is so common about the third day . . . was due to nothing but septic infection,*" and "*it is not surprising that nearly every patient has third day fever;*" also, "*I find that laceration of the perineum one-half to three-quarters of an inch deep do not require stitches when I use this valuable drug after labor,*" presumably because fever is then absent. As if the only harm from laceration came from fever.

Careful obstetricians do not have third day fever except in very rare instances, and then usually only in cases improperly handled by others before their arrival. Neither do they allow lacerations of the size mentioned to remain unrepaired.

No one has greater faith in homœopathic remedies and prophy-

laxis than the writer of this; but the attempt to make the remedy take the place of cleanliness and mechanical restoration of damaged and divided tissues is certainly unscientific and unhomœopathic and denotes a slovenly mode of practice.

Does the RECORDER wish to be understood as advocating such methods of procedure?

W. H. FREEMAN.

*Rochester, N. Y., August 25, 1905.*

---

### SECTARIANISM !

Editor of the HOMŒOPATHIC RECORDER.

Webster defines it, as a bigoted adherence to opinion and practice differing from the established laws and truth. (Now if that is not exactly literal it is an improvement.)

In re-reading the 1904 proceedings of the I. H. A., page 48, *Doctor* (not "Dr.") Morgan brings forward the puerile cry of the allopaths, that "they objected to a distinctive sect in medical practice."

Then why did not each and every allopath step down and out?

For allopaths are really the only sectarians, as well as dominating, in medical practice.

They avoid all knowledge of the true, pure laws of creation, to take up with any drug or chemical forcing theory, and ride it like the "beggar on horseback."

If these allopaths do fall into the use of one of our true remedies, that are used homœopathically *for cures*, it is with the crudest ideas and practice. As in vaccination. Vaccine is homœopathic to variola, plus the dynamic application of same, which is also *according to law*; a law of creation. But the "sectarians" only want to use it empirically and by pus inoculation, the crudest, most horrid way they could devise, and appear to enjoy the hurting and *the after effects*, for more-treatments, and hospital fees and expenses, and many times an invalid to care for. *Also* want to force their crude ideas and practice not only upon the suffering, but those who are not, and invoke the aid of man-made laws.

Absolute immunity to variola can be and *is* received by internal administration of potentized vaccine, *because it is according to pure law* and is homœopathic. But the sectarians cannot comprehend that. They are so full of considering the Almighty a

fool, and endeavor to drug or chemically force changes upon the beautiful, nice organism called humanity, and if they can't succeed with the drug and chemical forcings, then want to cut out or off turbinated bones, tonsils, appendices, ovaries, uterus, fore-skins (prepuces), hymens, ingrowing toe nails, etc., and then publish these acts as being "scientific."

When all these abnormal conditions can be cured, and cured according to pure laws, why don't you learn these laws? Homœopathy (*Similia Similibus Curantur*), dynamization, and the minimum dose.

Same way with our grand, useful, curative remedy, *Hepar sulph. calcarea*.

They observed some Hahn. Hom., cure one of their so-called "incurable cases" with potentized *Hepar s. c.* So these sectarians "discovered it" and called it "Calc. Sulphide," so as to acknowledge no credit, and could not use it according to law, oh, no; just empirically, *i. e.*, "sectarianally," and saturate the afflicted person so that he and the entire surroundings have the odor of rotten eggs; and yet, with self-assumption and sectarian habits, call this crude practice "scientific" almost makes the word scientific appear absurd.

A nice, pure, other ways lovable woman or child saturated as if with rotten eggs, and yet call it "scientific practice."

All these "sectarians" (allopaths) ought to be studying Robby Burns' aphorism,

"Oh wad some power the giftie gie us, to sae oursel as ithers sae us," and then go to Hering College and study true medical practice and be physicians (investigators of natural laws, and the abnormalities of same, and the natural law of cure).

Fraternally yours,

JOHN F. EDGAR.

*El Paso, Texas.*

## DISCUSSION ON THE PRINCIPLES OF HOMŒOPATHIC PRESCRIBING.\*

By W. A. Yingling, M. D.

Discussion.

G. P. Waring: There is no question but that we all use the key-note system of prescribing more or less; when anyone talks

\*The paper was published in June RECORDER.



about key-notes it immediately starts a dispute, but the mention of characteristics, which are really the same thing, is understood and favored by all. To me it seems a very simple question, but I would like to hear it discussed.

C. M. Boger: If all want to see key-notes alike we shall have to put on glasses of the same color; key-notes are often misunderstood. They are generally supposed to refer to the remedy, but they really refer to the symptoms of the patient. Every case of sickness has its key-notes. They are the peculiar and uncommon symptoms found in the anamnesis, the modalities and the concomitants of the patient and generally do not belong to the disease, *per se*. When the key-notes of the patient are prominent, the selection of the remedy is a very easy matter. But they may not be prominent or they may not be contained in the *Materia Medica*; what are you going to do then? Here you must fall back upon the general symptoms of the patient; namely, the locality where the disease is situated and the modalities of that locality; how the case is affected by light, air, motion, etc.; you must also note the modalities of the concomitants and the aggravations and ameliorations in general, until you cut down the long list of remedies to a very few, and then by comparison you pick out the very one.

When a combination of symptoms includes the moral nature of the patient as altered by the disease, it affords the most reliable indications for the remedy.

The question whether the patient has had gonorrhœa or syphilis does not make much difference, for it so happens that diseases, which are more or less localized and are marked by but few symptoms, are, superficially at least, covered by many remedies; but years of experience and attention to the finest shades of differentiation have so reduced the number of drugs likely to be found suitable that they may often almost be counted on the fingers of one hand. They are usually affections in which the diagnosis is easy and sharp cut.

The opposite difficulty occurs in diseases having very numerous symptoms; hence, generally, an involved diagnosis, the gouty group, is a good illustration; the mass of symptoms and possible remedies is very discouraging to the uninitiated in such instances, but if strict attention is paid to the characteristics of the patient, as a whole, especially to the mental phenomena, you will arrive at the proper remedy in short order.

A. P. Bowie: Professor H. N. Guernsey was the first to use key-notes, and he applied them to remedies and not to patients, so I do not see exactly what Dr. Boger means when he says that they apply to patients. It is key-notes of remedies that we refer to and study; the patient has no key-notes, but simply peculiar and uncommon symptoms which we match with the key-notes of remedies. To illustrate, take the remedy *Aconite*; he does not give fever as the key-note of *Aconite*, but he does give fear all pervading, fear and anxiety and restlessness. These are the key-notes of the remedy and when we see them in a sick person we see the key-notes of *Aconite* in the symptoms of the patient. *Aconite* is not a fever remedy unless the fever has also the accompanying anxiety, restlessness, etc. Hemple gives *Aconite* as a fever remedy, and is wrong and I think that what he lacks, the thing that makes him wrong, and his book no help, is the lack of these very key-notes. It seems to me that Dr. Boger has confused a very plain thing by making the unusual statement that the key-notes belong to the patient instead of the remedy; of course, we all understand that they must correspond—the one with the other. I am in favor of the key-note system, because key-notes are simply the uncommon and peculiar characteristics of a drug that are easy to carry in the mind and aid greatly in selecting the remedy for a case.

H. A. Pierson: The broad all-round man is the man who can use the *Materia Medica* as Hahnemann did, but the specialist must necessarily be a narrow man who makes use of key-notes and applies them as he does the diseases of the body; namely, all grouped around his specialty. The eye specialist looks upon the troubles of the eye as the cause of every disease in the human body, so does the ear specialist in regard to the ear and another man to the pelvic organs. Each one of these specialists will have his own key-notes if he is a homœopath. The man who makes Homœopathy his specialty should get along largely without key-notes.

E. A. Taylor: The key-note is very good as far as it goes, but it does not go far enough. It is a mistake to suppose that we must find our remedy among the key-notes alone; very often the indications are not there. Dr. Yingling's paper was an excellent one, but it has fallacies in it. One mistake was that the keynote must be prominent in the patient and also in the remedy. I believe that is not necessarily true by any means. The key-note to *Sul-*

*phur* of diarrhœa that gets the patient up in the morning and then does not appear until the next morning was brought out originally in only one prover, Hahnemann's son; it was not very prominent and it was in only one prover among several. Yet it is a reliable key-note, verified thousands of times, and is to-day one of the characteristics of *Sulphur*. I am also reminded of a case reported many years ago; Dr. Guernsey called Dr. Lippe to see a case of typhoid fever in consultation. The symptom that decided what remedy to give was not a very prominent one; it was a sore, raw, painful feeling in the throat down to the œsophagus. It was the symptom that decided the selection of *Stramonium*, but it was far from being a prominent one.

P. E. Krichbaum: I do not know whether I am a key-note prescriber or not, but if I have a case of sore throat on the left side, of a dark, purplish color and worse after sleep, I know what to give and could make fifteen prescriptions a minute for such cases.

R. F. Rabe: It seems to me that we could simplify matters if we would consider key-notes as the features that are peculiar to remedies and distinguish each one from all others. We very seldom fail to distinguish one person from another; we always recognize Jones or Smith or Brown by the features of his face or the peculiarities of his actions, it may be by the way he walks, or wears his hair or swings his arms. The faculty of memory is limited and no one could carry all the symptoms of even one remedy in his mind, but he might remember the characteristics of a good many remedies and the key-notes are the things to remember. Key-notes, however, should not be abused; that is, one should not depend too much upon them, but should also use the repertory. Suppose a woman has dysmenorrhœa with pains of a colicky nature relieved by pressure, an exclusive key-note prescriber would jump to the conclusion that *Colocynth* was the remedy; on further inquiry it turns out that she has a history of late, scanty menstruation, many of her complaints are relieved in the cool, open air, fat food disagrees, then we know that *Pulsatilla* will cure her. If we are thorough and painstaking there will not be much danger of the key-notes of a drug.

G. P. Waring: The key-note is not the whole tune; it is only one strain or tone and must be accompanied in order to get the tune. The prescriber who uses the keynotes without completing the group of symptoms with the proper accompaniments is abusing them. A key-note used for a starting point may be of great

value provided it leads to the best remedy; further investigation, however, may prove that another remedy not suggested by the key-note first considered demands more important attention and will become the remedy best indicated.

### THERAPEUTIC RHYMES.

Hot dry skin, thirst, inflammations,  
Colds, congestive aggravations—  
Here's a matchless drug to fight 'em,  
Homœopathic *Aconitum*.

Weakness and emaciation,  
Putrid fever and prostration—  
These are banished quickly when I come  
With the classical *Arsenicum*.

Brain disturbance, scarlet fever,  
Find a magical reliever,  
And our hopes revive upon a  
Faithful use of *Belladonna*.

Rheumatism in joints or muscles,  
With which many a patient tussles,  
Coughs, bronchitis and pneumonia,  
Oft are vanquished by *Bryonia*.

Heart affections, palpitations,  
With their dread anticipations,  
Flee like morning mists before us,  
Armed with *Cactus grandiflorus*.

Cholera's awful cramps and terrors  
Slay their hosts through old-school errors;  
We have potent drugs to scatter 'em—  
*Camphor, Cuprum* and *Veratrum*.

Fretful children, irritations,  
Brain and nerves in wild gyrations,  
Colic, spasm,—I could fill a  
Book with cures by *Chamomilla*.

Aching, shaking, quaking, baking,  
May be swiftly cured by taking  
Fragrant, beautiful *Pitaya*,  
Or its rival, *Calisaya*.

Coughs with spasm or with whoop,  
 And that fell destroyer, croup,  
 To *Drosera* yield, or just a  
 Dose or two of *Spongia tosta*.

Bleedings terrible and various  
 Render life at times precarious,  
 But we know the ill they deal is  
 Often cured by *Hamamelis*.

Thus my humble muse rehearses  
 Glorious truths in wretched verses,  
 And might, if sure you would not slight 'em,  
 Go on almost *ad infinitum*.

SIBREE CLARKE.

*Lilboet, B. C., Can., Via Ashcroft, B. C.*

---

## HOMŒOPATHIC TEXT-BOOKS.

Often, in the attempt to prove that Homœopathy amounts to nothing, it has been said that no homœopath has yet written a text-book of such merit that it has become a standard. Whether this is a fact or not is of no great consequence, when we consider the conditions that exist. We will attempt to make a few explanatory remarks:

1. Nobody will write a book that is not needed, unless he is an enthusiast without judgment. Homœopathy accepts every scientific fact, and therefore the same books on the scientific part of medical instruction are used in its colleges that are used by the foremost colleges of the other medical schools. As a homœopathic writer would be compelled to express the same facts in anatomy, physiology, chemistry, histology and pathology in about the same words, there is no use to waste printer's ink in an attempt to replace the standard works we have.

2. Homœopaths have written books that are not only able, but are ahead of all others in their line, and as they are reliable, they may be called standards. They deal with facts and cover subjects that are of interest to those who believe in the law of similars, and for them were they written. We just mention some of our splendid text-books on *Materia Medica*. On therapeutics and practice we have them also. In the descriptive part, giving etiology, pathology, diagnosis, they may be not so extensive as some others that are in the market, but there are none that give therapeu-

tic information like those of Lilienthal, Baehr, Raue, Hale and others. In obstetrics we have in Guernsey a work that is a standard in obstetrical therapeutics, even if its description of mechanical obstetrics might be more ample. All these works were written with a purpose and they answer their purpose well.

3. One difficulty has always confronted homœopathic writers—that of meeting the cost of publication. What gives appearance of superiority to many works now in the market is the size and mechanical appearance of its volumes. First-class illustrations have made a reputation for many a writer. But these things cost money.

Why should not a homœopathic author spend as much money on his text-books as any other? Because of two facts: too many in the homœopathic profession do not buy as many books as they could and should, and then those of the regular school are so prejudiced against anything that comes from a homœopathic writer that they would buy no book of this class, no matter how much of merit it might possess.

(NOTE.—We clipped this from an exchange, and failed at the time to note name of journal. Hence this apparent “piracy.” Editor of HOMŒOPATHIC RECORDER.)

---

## CALENDULA OFFICINALIS.

*Calendula*—commonly known as garden marigold—possesses a wide range of therapeutic activity, and the abnormal conditions in which it constitutes an efficient medicament are consequently numerous and varied. It is entirely free from poisonous properties, and can, therefore, be employed in any quantity required with perfect safety to the patient.

In the local treatment of uterine diseases *Calendula* is an agent of great usefulness, and very frequently indicated. Its influence over the vaso motor nerves of the uterine vessels is toward normal activity.

In uterine subinvolution and engorgement of the uterine walls, it is a superior local medicament, and as a douche for the uterine cavity after abortion it has few equals. In the latter case four drachms of the specific medicine to one quart of warm water will make a wash of the required potency. Excoriations on the cer-

vix and in the cervical canal yield rapidly to applications of diluted *Calendula*. It should be frequently applied by means of absorbent cotton and allowed to remain in contact with the excoriated surfaces from one-half hour to twenty-four hours, according to the severity of the case. In many cases *Calendula* suppositories will yield most satisfactory results. Vaginitis and all vaginal and uterine abrasions and ulcerations which are not malignant in character can be cured within a reasonable time by this agent, if it is thoroughly applied by means of tampons of absorbent cotton, and in leucorrhœa and gonorrhœa it may well constitute a part of the treatment. In gonorrhœa three drachms of a non-alcoholic preparation to four ounces of water is deemed an efficient injection. In nasal catarrh *Calendula* is employed with curative effect by means of an atomizer, in the proportion of two drachms of the non-alcoholic preparation to four ounces of water. It here relieves congestion of the membranes and promotes absorption, healthy granulation and healing of ulcerations. Pruritus vulvæ and ani, barber's itch and chapped hands also come within the curative range of *Calendula*, when locally employed in the proportion of equal parts of the specific medicine and boryglyceride. In many skin diseases it is also frequently an indicated internal and local remedial agent.

*Calendula* constitutes a very useful surgical dressing, and is especially valuable in the treatment of lacerated wounds. A young man, whose right thumb a few minutes previously had been crushed by a machine in the factory where he is employed, was recently brought to my office for treatment. The flesh was hanging in shreds and in several places the periosteum was torn from the bone. I arranged the parts as smoothly as possible and held them in place with several thicknesses of gauze bandage. Over this bandage a pad of absorbent cotton was placed, covered with gauze bandage, and the whole dressing saturated with diluted *Calendula*. The wound was kept wet with this dilution and it healed completely, without the least complication.

*Calendula* is highly esteemed by many physicians as a dressing for burns. The burns are dressed by applying muslin cloth saturated with a dilution of the drug. The cloth should be kept constantly wet with the dilution, and the dressing renewed night and morning.

Internally *Calendula* is indicated whenever there is an enfeebled condition of the capillaries.—*Eclectic Review*.

## THE EXTERNAL REMEDIES.

By Dr. A. C. Mukerjee.

Here below we are supplying a list of the external remedies that are being fully used by us with success. We use them as liniment with glycerine, as ointment with vaseline, and as compresses with water. Another method of application is dropping a few drops of the tincture upon the affected part and covering the part with a cup until the drops are absorbed. We seldom resort to any internal administration when we follow the external ones. The graver the case is the milder the dose we use. The dose of the medicine varies from one to fifteen drops with an ounce of the medium. The fewer the drops used the sharper and surer the action is.

1. *Aconite n.*  $\theta$ —As liniment upon the liver when it is engorged with bile, upon the forehead for its characteristic headache, and upon the joints for rheumatism. We cup the part with a few drops of the tincture when the grosser tissues are inflamed.

2. *Actæa r.*  $\theta$ —As liniment in rheumatism when the nervous centres are the seat of the disorder.

3. *Allium s.*  $\theta$ —As liniment we rub it on the chest and back for the chronic disorders of the lungs and pleura, and on the liver and the spleen for their chronic congestions. In using this we follow Dr. Petrez: "Where the herpetic diathesis has manifested itself in the respiratory or digestive mucous membrane."

4. *Apis m.*  $\theta$ —As liniment or compress on erysipelas or erysipelatic boils. This acts better in tender pointed parts.

5. *Arnica*  $\theta$ —As gargle for toothache and gumboil. A liniment for any disorder caused from mechanical injury. As compress to draw out a deep abscess. As ointment for cancers.

6. *Bell.*  $\theta$ —As liniment for inflammation and congestion of finer tissues.

7. *Bryonia*  $\theta$ —As liniment on chest and back for pleurisy, bronchitis, pneumonia, etc.; on the liver for the chronic painful congestion.

8. *Cina*  $\theta$ —As gargle for the caries of the teeth.

9. *China*  $\theta$ —As ointment for foul ulcers.

10. *Digitalis*  $\theta$ —As liniment for heart disorders.

11. *Grindelia*  $\theta$ —As liniment for asthma.

12. *Hydrastis*  $\theta$ —As compress or liniment for gonorrhœal inflammations.



13. *Iodum*  $\theta$  and *Kali iod.* 1x—As liniment for glandular swellings.
14. *Lycopodium*—As compress, liniment or cupping on the navel for hernia, tympanitis and peritonitis, and gastro-intestinal fevers
15. *Podo.*  $\theta$ —As liniment for painless congested liver.
16. *Pulsatilla*  $\theta$ —As compress to open any abscess and as ointment to heal up the after ulcers.
17. *Rhus t.*  $\theta$ —As liniment for rheumatism and drops on the navel for bad type of fevers.
18. *Thuja*  $\theta$ —As liniment for all sorts of cutaneous affections coming from syphilitic poison.
19. *Colocynth* 6x, *Merc. s.* 30, *Merc. cor.* 12, *Ipecac.* 6—Drops on the navel for dysentery and chronic diarrhœa.
20. *Kali bichrom.* 12.—Drops on the navel for retention of urine.

Here, in conclusion, I will quote the choicest phrase of E. P. Anshutz: "But what it is, it is; take the good and, in the current phrase of the hour, 'forget' the rest," from his *New, Old and Forgotten Remedies*, a useful book to every medical man.

4 Govind Sircar's Lane, Bowleazar, Calcutta, India.

## CLINICAL CASES FROM THE FAR EAST.

By Dr. A. W. K. Choudhury.

### A Case of Ulcerative Stomatitis.

A Mahommedan female child, aged two years and three months, of poor parents, came under my treatment for fever on May 25, 1904. Her father had syphilis and was salivated long before her birth. She is the youngest child of her mother. Her mother gave birth to moles and monstrosities more than once; the mother herself not being known to have any syphilitic or mercurial disease. The child still nurses her mother's milk.

There are six in all: Father and mother, one brother, and two sisters and our patient herself. All were ill at the same time, all having fever. She and her two sisters came to me for treatment at the same time, but she took a comparatively long time for her treatment. Before the commencement of her fever she had eczema which, when she was under treatment, had almost disappeared.

For the treatment of fever she received first *Nat. mur.* 30, three doses, till the 28th inst., then placebo for three days; after which *Ignatia* 6, daily a dose for two days, till June 2, 1904. On the 3d inst., the next day, the inflammation of her gums first came to my notice. It would be a great injustice done to the case if I do not mention here that our patient all along since the commencement of her treatment had her abdomen distended and tympanitic under percussion, and had diarrhœic stools during heat of fever. *Nat. mur.* did little good; *Ignatia* stopped the fever for only one day. I tried *Nux vomica* 30 two days, one dose daily, with no good result. Then she was given *Arsenicum* 30, one dose daily, from the 7th to the 9th, which proved more efficacious; fever disappeared for some days to reappear on June 13th. On the 14th inst. she was given *Sulphur* 200, one dose, and another dose on the 16th inst.

On the 16th inst. it was settled, after re-examination, that the child had got an *ulcerative stomatitis*

The symptoms of the stomatitis are as follows: In the beginning of the affection the anterior outer aspect of the gums of the inferior maxillary was the seat of the inflammation. The inflammation extended sidewise. Internal aspect of the gums of the lower jaw was less attacked, and least the upper gums. The inflammation of the lower jaw gums was soon followed by little ulceration; and there was bleeding and bad smell of the mouth. Tongue was attacked very lately, the anterior part of the right border of the organ became the seat of the ulceration. The ulcerated portion was longitudinal along the right border.

The patient is still under treatment (writing last week of June, 1904). Her stomatitis improved much under *Sulphur*, but her other symptoms compelled me to prescribe *Silicea* for her. Though there has been no fever since about a week or so yet the abdomen is continuing distended and tympanitic, and bowels irregular. *Silicea* produced some good, but no improvement of the abdominal complaint.

*Remarks.*—I am sorry to let my reader know that I was compelled to go away to attend to a case and our patient was never brought to me any more for treatment. So it is impossible for me to give here the final result. As I saw in the case *Sulphur* did the best work to subdue the ulcerative stomatitis, her father having a history of syphilis and salivation, and she herself having had an attack of eczema very lately, the marks of which were

visible on her body and limbs. Dr. C. Sigmund Raue, in his *Diseases of Children*, gives the following medicines for ulcerative stomatitis: *Mercurius*, *Baptisia*, *Nitric acid* and *Sulphur*, and in our present case I found the best result after the last named remedy.

In my practice ulcerative stomatitis is very rare; however, Dr. Raue's predisposing causes were not wanting in the case; there were "lack of proper cleanliness of the mouth and an enfeebled constitution, with unhygienic surroundings and improper nourishment" to invite that exciting cause (unknown to me) to create there the disease. I may mention here that the child had all along her abdomen distended and tympanitic, and her bowels loose during the whole course of the disease. This perverted state of the bowels might have had a hand in the generation of the disease.

#### Two Cases of Skin Ulcers Treated with Bacillinum.

Before I proceed with the case proper let us devote ourselves a few minutes to the course and spreading of ulcers. I do not claim here to deal with an altogether new subject, but that I know not whether doctors take any special care to note very carefully the spreading and course of ulcers, and whether Homœopathy has anything to remedy such varied courses and spreadings as she has to heal other states of ulcers. We generally see in works describing ulcers as, for instance, in the following manner:

Ulcers with or without pain.

Ulcers with or without swelling.

Ulcers with almost plain edges.

Ulcers with raised up, serrated or overhanging edges.

Ulcers with proud flesh and red areola.

Ulcers may be hard, itching, gangrenous, fistulous, spongy, deep, burning, etc., etc.

But I do not see anything mentioned as regards the direction of the course and spreading of ulcers.

Ulcers generally, especially in the lower extremities, take a downward course, and they sometimes turn left or right, side-wise. To *illustrate* the different courses and turnings of ulcers I wish to lay before my readers two different cases from my case-book:

CASE I.—Patient, a Mahommedan old lady, came under my treatment March 20, 1904. Since previously her constitution was

sickly. She got a hurt on the lower part of the upper third of the right shin. This gave rise to a sloughing ulcer. During the period of her treatment under my care, which of course was a long time, a period of four months, I had occasion to mark the course and direction of the ulcer; from the lower part of the upper third of the right leg it descended down with a breadth of about three inches to about the middle of the lower third, when it adopted a bending inward toward the left lower limb, and then it made its extension posteriorly, forming almost a semi-circle on the inner aspect of the lower part of the leg, the furthest extremity of the ulcer reaching just on the other side of the tendo-Achilles. It could not proceed any further, as it healed.

CASE II —Elder sister of the above patient. They live in the same house and share each other's poverty. March 24, 1904, she came under my treatment. Her health for many years had been very unfavorable owing to many chronic diseases.

I found three small ulcers situated as follows: the biggest one, of about half a Rupee-size, on the inner side of the first metatarsophalangeal joint of the right foot, and the other two smaller ones on the inner side of the right internal malleolus. These ulcers were caused after being scratched accidentally with thorns. Those of the right internal malleolus healed very rapidly under *Bacil.* 200. The third, the largest one, remained untouched by *Bacillinum*. Here in this case the ulcer extended outward, over-arching the dorsum of the foot from one side to the other, increasing in circumference as it advanced.

As I have intended to show examples of directions and the course of ulcers I should not go beyond.

In the first case the ulcer came down, turned inward and then proceeded backward; in the second case the ulcer extended gradually outward. Do these directions and courses of ulcers possess any bearing to their Homœopathic treatment? I think they should.

A book on ulcers and their Homœopathic treatment from the pen of a worthy hand may, I think, receive a warm reception from the profession.\*

Now, let us come back to the case proper: One of the two cases of shin-ulcers treated with *Bacil.* is the case I mentioned above.

---

\*Burnett's *Tumors* is a most valuable work on this topic.—Ed. HOMŒOPATHIC RECORDER.

It was a sloughing one, and exceedingly burning, producing sleeplessness at night. In this state she was tried with *Arsenicum* 30, with slight improvement. Under *Arsenicum* the sloughing disappeared. The ulcer then spread downward, became surrounded by purplish brownish discoloration, and its edges became elevated. Now *Arsenicum* was discontinued, and the patient was given *Lachesis* 200, one dose daily every third or fourth day. Followed by remarkable benefit.

The ulcer then became superficial, burning, spreading at one extremity and bleeding easily; patient thin, sleeplessness continuing. Since before she was given *Ars.* the lower portion of her diseased leg and foot had been œdematous till she got *Bacillinum*, the œdema disappearing gradually under *Bacillinum*. In the beginning *Bacillinum* 200 was given for a week or so. *Bacillinum* produced a very satisfactory result. Here I wish to take down a line from my case-book showing the efficacy of *Bacillinum*: "The first dose produced noticeable good effect. . . . Sleep about two hours last night." Up to March 25, 1904, she got three or four doses of *Bacillinum*, then placebo to April 17; and on the next day, the 18th inst., she got another dose of *Bacillinum*, dose the fifth, and a dose the 12th of May. From the 25th of May to the 6th of June, 1904, I was obliged to prescribe other remedies for an eruption of a burning and smarting blister on her right little toe; and then again from the 8th to the 22d of June, 1904, for an attack of acute laryngitis. The last dose of *Bacillinum* was given on the 23d of June, 1904, and no more thereafter.

Save water-dressing and unmedicated cocoanut or mustard oil, as is usual with me, no external application was tried in this case. The ulcer would have been healed earlier had there been no intercurrent complications, the blister and the laryngitis.

It would not be out of place to note here that she had cracks on the soles of her feet, especially that of the right side, and more on the heels. These cracks disappeared under the *Bacillinum* treatment, leaving one or two small ones behind when she discontinued the treatment.

Since after the last dose I now and then see her, the whitish scar having a tendency to regain the natural hue of the skin. The vertical and horizontal portions of the scar do not form at their point of junction a geometrical right angle, and their breadth is not equal throughout their length. The healing process be-

gan, like the case of her sister, from the commencement of the ulcer, and ended at the furthest extremity, save a new eruption on the lower border of the vertical portion.

The second case of ulcer treated with *Bacillinum*, a Mahomedan of sixteen years, came under my homœopathic treatment for intermittent fever of nine months' duration, complicated with enlargement of the spleen and liver and looseness of bowels, September 15, 1903. He continued under treatment for a long time, and during that long duration once he got accidentally a hurt on his right shin which produced there an ulcer. The treatment of the ulcer was commenced on Dec. 1, 1903. I see in my case-book: "A wound on right leg since about eight days." The long diameter (about four or five inches) of the ulcer runs from above downwards. The ulcer as I remember was of about an inch in breadth and was situated on the upper part of the middle third of the leg. The patient was at first given *Sil.* 12, and after that *Silica* 200 with no satisfactory result. After December 10th, 1903. he of his own accord applied some powder externally and the symptoms were as follows, on Dec. 12th, 1903: "Ulcer deepening, . . . patient emaciating though eating well as when he was in sound health; pain inside left nostril; cervical glands little enlarged; flat chest; face pale and looking greasy; right big toe-nail diseased, being uneven, rough, a portion fallen off and takes cold easily."

Here in this case *Bacillinum* could not completely cure the ulcer but produced a remarkable improvement, paving the way for *Acidum muriaticum* to work out the remaining portion of the work.

*Remarks.*—The second case, that of the Mahomedan boy, was my first case of skin-ulcer treated with *Bacillinum*. I had no knowledge of *Bacillinum* having ever been used in the treatment of skin-ulcers. Then, what led me to use *Bacillinum* in the first case? Dr. J. Henry Allen, in his *Diseases and Therapeutics of the Skin*, has given a short description of the symptoms of *Tuberculinum*. Many of the symptoms described there were found in my patient: The patient was rather tall, slim, flat-chested, catching cold easily; emaciating, though eating well as when in health, having pain inside left nostril with little enlargement of the cervical glands, face pale and somewhat greasy, and the right big toe nail diseased (uneven, rough, and a portion fallen off). His treatment for the fever was commenced with

*Sulphur*, and other medicines were tried, but all with partial improvement. The partial improvement after using the best selected medicines may further indicate *Tuberculinum* considering the totality of the symptoms.

Now, how I dared to prescribe *Bacillinum* in place of *Tuberculinum*: I remember, if my memory be faithful, I saw somewhere in the writings of that much lamented Dr. Burnett, of England, that the preparation *Bacillinum* was practically the same as *Tuberculinum*, though made differently. Dr. W. A. Dewey expresses the same thing in his *Essentials of Homœopathic Materia Medica*.

In the case of the Mahommedan boy the first dose of *Bacillinum* was administered December 12, 1903, and the dose was of 200th dilution. He was given another dose—the last dose—on the 17th inst., and no more. So it seems to me that the treatment was intercurrent. The last report under *Bacillinum*, received on the 20th inst., was: "Both ulcers" (as there was another ulcer on the left foot) "looking red and healing." After this the ulcer became deep, and hence I changed *Bacillinum* for *Acid muriatic* (which was given in the 6th dilution), praised by Dr. J. Henry Allen in some forms of ulcers of the lower limbs, and the ulcer healed under the *Acid* before the expiration of four weeks. I do not know what it would have been if I could continue further with *Bacillinum*. However, the ulcer showed the appearance of improvement under *Bacillinum*.

In the second case, that of the Mahommedan lady, where the ulcer was all very superficial, *Bacillinum* wrought wonders. It could have cured the ulcer earlier but for the intercurrent complications.

*Satkhira P. O., Calcutta, India.*

---

## OBITUARY.

### Upton A. Sharets.

Dr. Upton A. Sharets, formerly of Frederick, Md., died at 7:30 o'clock last evening at Colorado Springs, Col., of hæmorrhages.

Dr. Sharets was aged forty-seven years and was a son of the late Jacob Sharets, of Bruceville, Md., both of his parents being dead. He graduated from the Hahnemann Medical College in Philadelphia, in 1883, and shortly afterwards began the practice of medi-

cine in this city. He was a physician of great skill and his practice grew to large proportions. For a number of years he was one of the busiest physicians in Frederick, and he was popular both on account of his ability and on account of his attractive personality. About six years ago his health broke down, and he was compelled to abandon his practice. After some time spent at Atlantic City and in the Adirondacks, he went to Europe, where he spent about a year, finally returning to Frederick in such an improved state of health that he resumed his practice. In a short while, however, he discovered that his health could not stand the strain of practice, and he removed to Colorado, taking up his residence at Colorado Springs.

After his removal to Colorado Dr. Sharetts paid several visits to Frederick, having been here for the last time during the past summer. The news of his death was a great shock to his host of friends in Frederick and has caused general expressions of profound regret.

Dr. Sharetts was married about nine years ago to Miss Gertrude Hoffmeier, daughter of the late Rev. T. F. Hoffmeier, for many years pastor of the Reformed church at Middletown, this county, and afterwards pastor of the Reformed church, at Mt. Pleasant, where he died a few years ago. She survives him. They had no children. Dr. Sharetts is also survived by four brothers—D. A. Sharetts, of Woodsboro, this county; Luther T., Edwin and Frank Sharetts, of Bruceville, Md.—and three sisters: Mrs. Cromer, of Mt. Joy, Pa.; Mrs. Weybright, of Four Points, Pa., and Mrs. Mehring, of Bruceville, Md.

Dr. Sharetts was, prior to his removal from Frederick, a director of the Frederick and Middletown Electric Railway Co. He also served as a member of the council of the Evangelical Lutheran church of this city and was a member of Lynch Lodge, A. F. & A. M.—*Frederick News*, Oct. 9, 1905.

## COCCULUS INDICUS.

By Dr. Stauffer, Munich.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
May 16, 1905.

From a very interesting article on this subject we excerpt the following cases which will prove of interest:



I. A lady, thirty years of age, noticed a year and nine months ago that catarrh of the stomach was setting in, which slowly grew worse; she was under medical treatment and was treated for some time with rinsing out the stomach, but without result. Later on the treatment was discontinued, nor was there any more dieting. In March, 1904, owing to the aggravation of her troubles, *Pepsin*, *Muriatic acid* and *Quinine* were prescribed. The pains continued to increase, and she was especially troubled with heartburn. Then pregnancy supervened and since then her stomach troubles have been worse, she can only bear the smallest quantity of any food. There is aversion to food and drink, especially to meat. Alcoholic liquors and coffee cause a decided aggravation; she can not bear fruit. Much vomiting, and thence increase of her debility. Since her treatments so far with water from Carlsbad and dieting availed nothing, I undertook her treatment on July 18, 1904.

The lady was much debilitated, emaciated and anæmic, pregnant in the fourth month. The organs were all healthy except the stomach and the intestines. Her ailments were the following: The first breakfast, taken in bed, is generally borne well, but after the other meals, even if little is eaten and only such things as are easily digested, there is nausea, salivation, and frequently vomiting of the ingesta, followed by relief; aversion to food and drink, constriction of the œsophagus at the mere thought of food, cramps in the stomach; motion and excitement aggravated her state even to swooning. Every day there are severe pains in the stomach and the abdomen from the accumulation of flatus. There is a most stubborn constipation, on account of which she has been taking *Rhubarb* up to 8 g. a day. After stools there is a violent, painful constriction about the anus. From 10 A. M. to 4 P. M. she has severe pains in the occiput, which extend to the forehead. The renal region is very painful to the touch; now and then there are external swellings in that region; no albumen nor sugar in the urine. The physicians had explained the swelling as a chronic inflammation of the connective tissue about the kidney. There is also severe tearing toward the small of the back and the coccyx, radiating into the pelvis; these were explained as due to chronic inflammation of the ovaries on both sides; cold water compresses had been used to counteract this. Flushes of heat, tendency to palpitation of the heart; feverish temperatures often rise to 101°. Prescription: *Cocculus* 6, three drops, three times a day.

July 20, 1904. There has been no return of the vomiting and the cramps; there is a slight catarrh of the bladder. *Cocculus* is continued in alternation with *Pulsatilla*.

July 31. The improvement progresses, the catarrh of the bladder has disappeared. The pains in the occiput have not returned. The appetite is better; there is no more aversion to food. The general state of health is considerably better. The stool is still defective and the flatulence is the same. Lavements with warm water. *Cocculus* 6 is continued.

August 15. Owing to periodical pains resembling labor pains, she was ordered to bed for a few days. Urine is clear when discharged, but later there is a copious sediment of uric acid. The pains in the renal region and in the small of the back are considerably better. Her sleep is good. *Cocculus* 12.

August 25. The improvement progresses, she feels stronger and healthier, the appetite is good, the labor pains, the cramps, and the headache have disappeared: *Cocculus* 12, three times a day, is continued.

November 22. The pregnancy takes its normal course with occasional troubles in the intestines, as the stool is still not regulated; no other medicines than *Cocculus* were prescribed. Lately even this remedy was only given when pains or troubles in the stomach threatened. Then it always gave an instant relief. The family then moved to another town, from which I was informed in March of this year that the mother was delivered of a vigorous and healthy child. The health of the mother, as I was informed, was excellent. The stool has improved since the birth of the child, so that there is a spontaneous stool every two to three days, although with some trouble. *Platina*, which I prescribed, or, if necessary, some other remedy will also remove this last symptom.

This case was a pronounced *Cocculus* case, wherefore I preferred not to give any intervening remedy, excepting *Pulsatilla*. The symptoms in the bladder may be ascribed to the metabolic changes caused by the remedy. The Perinephritis, which was supposed by the one party, and the oöphoritis diagnosed by another party may naturally be explained as having been spinal irritation. There was not a pronounced case of *hyperemesis gravidarum*, as the stomach troubles for the most part existed already before pregnancy. Since nothing objective could be discovered in the stomach, the symptoms were only to be viewed as

nervous irritations. The supervening pregnancy no doubt considerably aggravated the gastric symptoms. For the rest, however, *Cocculus* may very well be used in hyperemesis gravidarum with good success, whenever the other nervous symptoms point to it, since this ailment is a reflex symptom from the brain, or an irritation of the vegetative nervous system quite similar to seasickness. A change in the potency from the 6 to the 12 seemed to be indicated, since in consequence of the resolved reaction, which was too strong, the pains resembling labor-pains appeared, reminding one of a threatened abortion. The downward pressure may, however, also be brought into connection with the excretion of the uric acid or with the disorderly stools. There was no noticeable change in the favorable action on the stomach troubles and the spinal irritation when the potency was changed.

II. The second patient was a lady thirty-two years old. I saw her first in the commencement of March, 1904. Before that she had been treated by various professors and specialists. The patient was sitting in bed with her limbs closely drawn up; she could not turn her head owing to the violent pain in the occiput and in the back of her neck, every movement causing a severe aggravation of the pains; she could not even move her eyes, and in consequence there was something staring in her eyes, and a lack of expression. There was a high degree of anæmia, since she could take hardly any nourishment and could not sleep at all. This state had continued for three and a half months, and no treatment had been of any use. There was also a great sensitiveness of the spinal column; great weakness and paralysis in the whole of the back, tearing and lacerations alternating in the legs. She also especially complained of chilliness in the back, her legs also were always ice-cold, and there was a sensation as if there were needles of ice under the skin. The sensory was benumbed, the memory very bad, and great irritability, together with indifference; the patient complained also that she always felt as if reeling from intoxication. This state had come upon her very suddenly, without visible cause and yet proved very stubborn. There was no cause that could be adduced for her ailment. Her grandfather on the mother's side had long been paralyzed, owing to a paralytic stroke. One party diagnosed an inflammatory process in the cerebellum; a tumor had also been thought of. One of the celebrated authorities had shortly pronounced the whole matter to be hysteria; but as the case was further observed, not a

single hysterical symptom could be seen. The whole case was so complicated that I could form no diagnosis. On the basis of the symptoms I gave her *Agaricus* 6, and was considering *Zincum*. But *Agaricus* did not produce the slightest improvement in the succeeding days, though I had expected a useful action. In completing the anamnesis, I found out that the patient when twelve years of age had suffered from abdominal convulsions, had commenced menstruating with thirteen years, always with cramps; later on she had a retention of urine, lasting for six days; she had married without having quite recovered from this affection of the bladder. Four weeks after her marriage she had a severe tedious inflammation of the abdomen. Then there was an abortion caused by an incautious examination by a gynæcologist; after this she had had for three years in succession every year a child. Then preservative remedies were used; four years later there was a fourth normal birth, followed by a parametritis, and and next year an abortion. After the next three births there appeared, with the utmost punctuality as to day and hour, on the ninth day after every menstruation a so-called *perineal pain*, which lasted only a few hours, but was so violent that the woman was always for a week as if she had been on the rack, and could not fully recover, before the painful menstruation would again set in. The menstruation was always long continued and copious. The nine days succeeding would then be tolerable, but her dread of the new attack she apprehended did not allow her to recuperate. The perineal pain began in the small of the back, radiating towards the pelvis; it was convulsive with meteorism; the stool was omitted this day and the next; at times there followed a copious, sharp fluor albus. The back and the small of the back were extremely sensitive to the touch. Every movement aggravated the state, and the legs were afterwards as if paralyzed with the most varied paræsthesias. The pain in the occiput described above was accompanied with an intense vertigo, especially when sitting up, with nausea, vomituria and even vomiting of mucus and gall. For years before, it had been impossible for her to ride in a carriage or in a railroad car without attacks of vertigo and vomiting. Besides this she has an aversion to eating, and eating aggravates her troubles, but even more the use of alcoholic liquors.

Based on these symptoms, I gave her *Cocculus* 4, three drops every two hours. This at first caused a violent aggravation. Then

I asked her to take the remedy only three times a day; but it continued to cause aggravations. I then gave her *Cocculus* 8 and 16 D., three times a day, three drops, and in the course of two weeks the pain in the occiput, the vertigo and the spinal irritation had pretty well disappeared. The lady now rides in the automobile and in the railroad cars without any trouble. The perineal pains have not left as yet; there was, indeed, for three times an intermission, and it has diminished in intensity, but the dysmenorrhœa has ceased. Later on several remedies were given against the perineal pain, especially *Thuja*, on account of a suspicion of a gonorrhœal infection at the beginning of her marriage. Then also *Nux vomica*, *Sulphur* and *Lycopodium* were given; the latter proved so far the most useful remedy; also other remedies were tried. A gynæcologist thinks he has established an inflammation of the surrounding parts, and spoke of a surgical operation; but I felt myself compelled to dissuade from this, as I could not find any urgent call for it. According to my opinion it was a nervous symptom, as seems to be indicated by its periodical appearance, as well as the great excitability of the patient. In all likelihood the use of the preservatives during sexual intercourse (a condom on the part of the husband) may be the cause; at least I have seen this symptom disappear in quite a similar case when the natural sexual intercourse was resumed. An additional pregnancy would probably make a change. The diagnosis in this case we can in conclusion draw with some certainty. There was neither a tumor nor hysteria, but merely a great degree of spinal irritation with its consequences. The fundamental ailment may probably be found in the organs of the sexual region, either because a chronic inflammation there still continues, or that the sexual life of the woman suffered from a continuous disturbance through the preservative means employed. *Cocculus* in this case cured the consequences, but the primary ailment is manifestly beyond the reach of the remedy.

---

## SOME CASES OF TRAUMATIC NEUROSIS.

By Dr. Stiegele, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
Sept. 14, 1905.

On the 13th of March, 1903, there came to my office C. N., fifty years of age, a subordinate official in the post-office. He gave the following statement:

On the 3d of September of last year he had received a violent knock in the right flank by a mail wagon that was delivering mail, and since that time he had felt a pinching in the whole of his abdomen and back in the right side; this also appeared spasmodically, especially after excitement or over-exertion. When such an attack comes to an end a convulsive pain draws from the back and the right side of the abdomen right across the body into the cardiac region and convulsively grips the heart together, there is a violent palpitation of the heart and a cold perspiration breaks out. Nausea and swooning. On account of these attacks he has been out of service since October last till now (March 13) and under the medical supervision of the railroad physician and of a surgical specialist. Since the attacks recur at every slight exertion, and since repeated efforts to take up the service again have proved ineffectual, he was to be put on the retired list.

My examination showed a moderate dilatation of the heart to the right and to the left the sounds of the heart are pure, but very soft, the pulse small, moderately frequent, 95. No positive effects could be found on the spot where the traumatic lesion had taken place. According to the statement of the patient he had been well before that time; nor had he ever had reason to complain of his heart. His general health at this time is not altogether satisfactory, especially as to appetite and sleep. But all this essentially coheres with his mental depression owing to the impending retirement.

When the form of disease peculiar to the patient is at its height in its attacks it presents one of the manifold kinds of angina pectoris, corresponding exactly to a certain stage of poisoning with *Veratrum album*.

Also the anatomic-clinical image with the chronic dilative weakness of the heart confirmed these pathological grounds. But it was clear that *Veratrum* only covered a part of the morbid processes present. The traumatic ætiology as well as its ending with an irritation chiefly involving the nervous system (over-exertion or mental excitement) were as yet unprovided for. I therefore gave besides *Veratrum* 6, also *Hypericum perf.* 6. The peculiar nature of the case probably justified the use of two remedies. To this was added the practical consideration that not much time could be lost with therapeutical experiments as his retirement was imminent.

March 27, 1904. There has been only one weak attack since.

The patient later on undertook more bodily exertions without any ill effects. Objective state: There is no more dilatation. The pulse is 80, more vigorous, the heart tones are louder; medicine repeated.

April 27, 1904. Good progress. He has resumed his work, and is now serving as a carrier of despatches, which speaks well for his working ability. Since that time I have frequently seen the man; he is quite well and has nothing to complain of.

This was therefore a typical case of the so-called vasomotor form of traumatic neurosis.

CASE II.—J. A., thirty-seven years old, a glover, told me in my office, on April 18, 1904, that he has been suffering since he had a fall on his belly in the year 1901 from pains on the left half of his abdomen; the pains being worst about two hours after a meal; as soon as he then eats again there is relief; the patient never suffers from vomiting or eructation, the stool is somewhat indolent, without any further trouble. Appetite and thirst offer no peculiarities. When the pains are at their worst palpitations of the heart set in. The patient has consulted several different physicians; the last stomach specialist whom he consulted spoke of the glands in the stomach which ought to be extirpated. The general examination brought no noteworthy deviation from these statements. But to the left of the navel, and in the same altitude, there is something resisting in the depth of the abdomen; in the right hypochondriacal region there is a similar swelling, only somewhat more oval in outline.

The symptom of pains ameliorated by eating we find in several remedies: *Carbo anim.*, *Graph.*, *Jod.*, *Gummi gutti*, *Lachesis*, *Lycop.*, *Mezer.*, *Psor.*, etc.; but *Jodium* seemed best fitted to the case. Its use was however accompanied by only a temporary effect.

May 13, 1904. In view of the traumatic origin of the morbid state I gave *Hypericum perf.* 6, five drops three times a day.

June 2, 1904. The patient reported that he had a good time; for fourteen days he had felt nothing at all; to-day, for the first time, the pains had reappeared.

The local symptoms on examination were found the same. Medicine repeated.

June 20. Continued good condition; he could let four hours pass without having to eat. Repeated.

July 10, 1904. He feels free from his trouble.

March 19, 1905. His condition has been good until four weeks ago, when, owing to the death of his wife, he passed through severe bodily and mental troubles; now soon after eating the pains would return, which would last until he ate again. Medicine repeated.

April 2, 1905. All the troubles have disappeared.

August 15, 1905. He again came to my office on account of his child. He continues well. An examination showed exactly the same objective symptoms as the first examination. The small tumors had still the same size and the same high sensitiveness to touch.

There seemed to be a fibrous transformation of the glands of the abdomen, whose return to their former state was only gradual and was not necessary to the cure. The fact that the pains disappeared as soon as the stomach was occupied may probably be best explained by the variation in the circulation caused by this change. During the digestion there is considerable flow of blood towards the organs engaged, so that an ischæmic disencumberment of the swelling may be thought of. A parallel process we have in an increased measure in every inflammation, where by securing a higher position of the parts affected the egress of the blood is rendered possible and thereby a quick relief from the pains is obtained.

The effect of *Hypericum* is, of course, to be looked for in quite a different direction. It lies in a diminution of the pathologically increased sensitiveness, perhaps also in a diminution of the reflex irritability.

The relation of St. John's wort (*Hypericum perforatum*) to the nervous system was already recognized and acknowledged by Paracelsus.

He especially emphasized the action of the plant upon the nervous organs at the centre and used *Hypericum* in cases of "idiocy and seeing of ghosts and specters," so against the mania for suicide; also against disturbances of the psyche, but also its peripheral action was well known to him; for he was the first one to propose it as a remedy in numbness.

The value of *Hypericum* in wounds has been handed down from ancient times among the common people. In modern times the influence of the remedy on lesions of the peripheral nervous system has been confirmed and the traumatic etiology of an affection has been established as a special indication or characteristic symp-



tom. Among the characteristic symptoms Hering enumerates the following:

“After a fall, the least motion of the arms or of the neck causes a scream; the cervical vertebræ are very sensitive to the touch; consequences of a concussion of the spine, contusions, crushed fingers, especially the finger-tips, tearing of the nerves with tormenting pains, convulsions after a knock or blow on the head.” Hering called *Hypericum* the chief remedy in traumatic neuritis, especially after punctured wounds.

Dr. Lambert gave an address in the year 1900 before the “British Homœopathic Society,” in which he also emphasized the relations of this plant to affections with traumatic etiology, as being very characteristic. He mentions a case of traumatic epilepsy (lesion of an eye by a nail), cataract (anterior synechia), as also a case of traumatic spinal paralysis; he also describes at length a case of brachial neuralgia after a lesion, which, after a number of fruitless trials of other treatments, was cured with *Hypericum*. Also a number of other neuralgias, *e. g.*, ischias, when in the region into which it extends there is a pricking, burning pain with a sensation of numbness, smooth skin or also a formation of blisters; all these, according to Lambert, fall in the domain of *Hypericum*. According to the same author it proves itself useful in rheumatism with sharp lancinating pains, which frequently change their place. Frequently there is great hyperæsthesia. Mitchell mentions a case of cancrroid of the *portio* with excessive pains, which proved obstinate to all remedies, while *Hypericum* at once cured the pain. Lambert recommends its use especially in wounds from bites, in pains after operations, and also as a preventive.

In the discussion Dr. Goldsbrough praised the remedy in neuralgia of the intercostal and lumbar regions. It proved itself useful in three cases of a myelitic character. Dr. McNish reported another noteworthy case: A man received a knock in the right lumbar region which disabled him from work for three months. The physicians connected with the accident-insurance declared his case as an incurable spinal trouble; *Hypericum* restored his ability to work within six weeks.

The tendency to numbness already noticed by Paracelsus was also in one case a useful indication for me: M. E. Schneider, 24 years old, came to my office on February 16, 1901. He stated that he was taken sick in his sixteenth year, of an inflammation

of the right elbow-joint, which was followed by a chronic suppuration. The treatment of this manifestly fungous affection had been by an operation. Since last spring he felt a buzzing in the right arm up into the finger-tips; especially in the thumb and in the ring-finger, a sensation as of formication. These paræsthetic symptoms are continually present. An examination did not show anything but a slight ankylosis in the right elbow-joint, no other macroscopic changes. *Hypericum* 3, three times a day five drops.

February 26, 1901. A week after the drops he felt great relief.

March 2. The morbid symptoms have altogether ceased.

June 2, 1901. Similar symptoms reappeared, but promptly disappeared on giving *Hypericum* 3. I lately saw the man again, when he came to see me about a cut wound. According to his statement the paræsthesia did not reappear. This was a case of acroparæsthetic phenomena. This ailment consists, according to Eulenburg, in paræsthesia in the hands and fingers, more rarely in the feet. The morbid sensations mostly appear as formications. Laquer considers the state as "a neurosis of employment" and found these cases especially in persons who have to do much work with their hands. That under such conditions a trauma, even when it is situated further back, may obtain a certain predisposing significance should not be subject to doubt. In the definition of "neurosis of employment," there is already contained a certain traumatic notion. In the case already described, where the employment was that of a tailor, and thus a considerable occupation of the right arm, the condition connected with the action of *Hypericum* is surely present.

Dr. Kroener in his excellent work on "Nervous Diseases" (*Zeitschrift des Berliner Ver. Hom. Ärzte*, Vol. XX, No. 1) in the appendix on "Nervous Diseases without any known anatomical changes (neuroses)," also speaks of traumatic neuroses. He agrees with the old school authorities (Edinger) "that the so-called traumatic neuroses must be considered as genuine hysterical affections or as neurasthenic merely, having the peculiarity that they may be referred back to a physical shock occurring at the time of a bodily accident." This will be indubitable in many cases. The prognosis is not made as unfavorable in the later publications as formerly (Nonne). With respect to the treatment, Kroener mentions only the suggestive treatment. In this point I cannot quite agree with Kroener. We know since the time of Charcot and Bernheim how often a suggestive treatment

has acted favorably, but also how frequently it has failed. To ignore medical therapy beside the suggestive is, according to my view, unhomœopathic. Suggestive therapy presents according to our conception an agent which cures only in certain cases, while in other circumstances another healing factor, the Faradic current, or Hydrotherapy, or a remedy selected according to similars, etc., will have to be used. Psychical, electric, hydropathic and medicinal therapy represent to us merely different forms of energy, each one of which has its exactly delineated sphere of action. This view I consider very important for reasons of principle.

If in our therapy we maintain the view that traumatic neuroses as forms of hysteria are only to be treated with suggestive treatment at most, then we come to a dead halt in our treatment. After diagnosing a case as hysteria in the usual sense of the word, we generally underscore the matter heavily and generally make no more earnest effort at treating it; that, however, is an injustice to our patients and to our Science.

When we consider that psychical or suggestive therapy is only one of many forms of energy, which may act on the bodily organism, then the attempt to set aside by the acknowledgement of only one all the others, and to put the action of all the others to the account of this one, is most absurd. The men of the old school who are so ready to use the routine word suggestion, never consider that by admitting a psychical factor they remove themselves far more from the material basis than when they admit the cure by medicines in the various degrees of attenuation, in which at the same time the specific relation of the individual medicine to the symptoms of disease as described is proved by hundredfold experience.

In the three cases reported by myself, the explanation of the cures by suggestion would, according to my view be very forced. But whoever is of another view will have to surmount various difficulties. These cases involved men who by mischance had been thrown out of their chance of gaining a livelihood, and only desired to be able to return to their work which sustained them. There was little to be seen of neurasthenic accompaniments (desiderative ideas) or of a suggestive disposition. A second difficulty to be solved lies in the fact that the patients in question had passed through the hands of various physicians and specialists, who more or less made use of suggestion, and only with me as the last, who for easily guessed reasons kept a possibility of sug-

gestion at a distance with care, such an effect should have taken place?

It would also be very difficult to ignore in a critical judgment the traditional and ever repeatedly confirmed relations of *Hypericum* to the neuroses.

---

## THE MOST IMPORTANT REMEDIES IN HÆMORRHAGE OF THE UTERUS.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, Sept. 1905.

*Hamamelis Virg.* Sensitiveness of the pelvic organs, as well while walking as when in a vertical and in a horizontal position. The blood is black, lumpy and copious. Dose: A coffeespoonful of the extract every hour until the flow stops. We need not take exception to this dose, for the remedy is perfectly harmless. Dr. Bailey relates a case where the patient from an oversight drank a tumblerful of the extract and in consequence saw herself freed from a passive hæmorrhage which nothing had been able to check; this was a smallpox patient. He adds that he never yet has been able to check a hæmorrhage with infinitesimal doses of this remedy.

It is not so with *Ipecacuanha*, which he regards as the chief remedy in uterine hæmorrhages. In this he prescribes the third or sixth decimal where the blood is of a lively red color, while the patient continually complains of nausea and where the blood comes in rushes with a threatening collapse; often there is also colic. Nash considers *Ipecacuanha* as better than *Secale cornutum* in hæmorrhages after delivery, and considers the 200th to be more efficient than more massive doses of this remedy.

*China.* In atony of the uterus, bluish lips, buzzing in the ears, obscuration of the vision, extreme exhaustion, menses too early and too copious, the blood black and lumpy; great sensitiveness to the touch and to open air; great weakness owing to the loss of organic fluids of any kind. The scalp is especially sensitive. Patients of this kind often wrap their head up in a cloth. Dose: Ten drops of the 1st or 2d D. solution in a teaspoonful of water every ten minutes or every half hour. (*The Clinique.*)

In the session of the "*Cercle medicale Homœopathique des Flandres*," on September 4, 1901, there was a discussion of the

same subject, and we here report it as an appendix to the above article. Dr. De Cooman mentioned a case of uterine hæmorrhage which lasted for six months with a woman in her climacteric period. *Secale* 6. remained without effect; three days afterwards at the least movement the woman would lose blackish lumps. *Pulsatilla*, absolute rest and the application of cold compresses brought relief, but did not check the flow. *Cinnam.*, *Crocus*, *Thlaspi bursa*, hot injections from 113° to 119°, were without effect. *Hamamelis* in the mother tincture brought improvement. The presence of contractive pains during the passage of blood led me to prescribe a new *Secale*, this time in the mother tincture: the hæmorrhage stopped in three days. This case shows the necessity of using at times the low potencies. So *Digitalis* also must be used in massive doses, when it is indicated in heart troubles. Dr. De Keghl would have thought of using *Belladonna* in metrorrhagia, or *China*. Dr. Van Ooteghem has had good results from *Hydrastis* in uterine hæmorrhages. Dr. Samuel Van den Berghe alternates in metrorrhagia frequently with *Secale* and *China*. With this procedure he has obtained good results in the case of a woman whose menses had always been very copious, almost like a hæmorrhage; since four months there had set in in consequence an anæmic condition with vertigo and flickering before the eyes. After giving her the 6th potency of these two remedies all flow ceased. Dr. Schmitz mentioned that the late Dr. T. Test had reported the cure of a case of metrorrhagia by a high potency of *Secale* where the massive dose had proved without effect. Dr. Van den Neucker related that the late Dr. Mouremans in his journal pointed to the virtue of *Millefolium* in preventing hæmorrhage after delivery, if a solution of the remedy is given for five or six weeks before. Dr. Schmitz has repeatedly proved the value of *Millefolium* in hæmorrhage from the lungs.

—*Journal Belge d'Homœopathie.*

---

## AN ORIGINAL LETTER OF HAHNEMANN.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, Sep. 1, 1905.

KOETHEN, August 27, 1828.

*Dear Madame:* According to the description which my daughter, the widow of the Royal Secretary of the Mails Andræ, has given of your ailment, I send you herewith the first batch of

medicine of which you should take every morning before breakfast one powder according to the number, moistened with some water in a spoon, but drink nothing after it for half an hour. While using the medicine I would request you to write down on a piece of paper every day your condition, first giving the powder taken on that day and the day of the month, so that I may find out how your pains were and in what place; also, how your stools, your sleep, your appetite and the rest of your conditions were on every day, so that I may guide myself thereby in the choice of the future medicine. When you take No. 27 I would request you to dispatch to me your report. In this treatment it is necessary to drink very little coffee and either no wine or only wine mixed with five parts of water. Your food also must contain very little spice and hardly any acid. I wish you good success and remain

Your devoted

SAMUEL HAHNEMANN.

P. S. You must take a walk every day in the open air of from three-quarters to one hour's duration.

This letter seems especially important in one point. The name of the person to whom it was addressed is not given, but it mentions a daughter of the writer of whom we know nothing at all, the Widow Andræ. The recognized thorough and excellent biography of Hahnemann, written by the director of the Seminary in Anhalt, Albrecht, published 1875 by Dr. Willmar Schwabe, Leipzig, only names the following children as born from his first marriage:

1. Henriette, the widow of Pastor Foerster.
2. Friedrich, Dr. et chirurg.
3. Wilhelmine, married to Richter, the Director of Music in Gera.
4. Amalie, the widow of Dr. Suess.
5. Caroline, unmarried.
- 6 and 7. Friedericke, married to the Mail Inspector Dellebrueck, and a twin sister who died at birth.
8. Ernst, who died very young.
9. Elenore, married Klemmen.
10. Charlotte, unmarried.
11. Luise, who had been married to Dr. Mossdorf.

This enumeration must therefore contain a hiatus and the question is, who was that daughter of Hahnemann and why is she not enumerated with the other children? Perhaps one of our readers may be able to throw some light on this subject.

## THE TREATMENT OF INSOMNIA WITHOUT MEDICINE.

By Dr. Kuehner in Koburg.

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

Insomnia is a symptom of very various morbid states, as well as of such as take their origin in the respiratory organs, as of those originating in the circulatory and digestive apparatus, or primarily in the nervous system. Although the latter is the most frequent cause of Agrypnia, nevertheless a rational treatment which is guided by causal indications must also draw into account the possibility of the reflex action of the disease of other organs on the operation of the brain which in sleep ought to be more or less suspended. "Only when we cannot satisfy the causal indications," says Stintzing, "and when furthermore hygienic-dietetic, climatic measures and physical curative measures have proved useless, and when through the long continued disturbance in sleep the whole organism threatens to be injured, only then is it permissible to draw to our aid pharmaceutical remedies." New soporifics, which perhaps grow old within a year, owing to unpleasant after-effects, are offered us by pharmacotherapy in ever increasing number and variety, but of old and tried remedies there are but few. As to the physico-dietetic measures, and the hydrotherapeutical measures, we sometimes obtain good results from wet packings of both the feet and the legs up to the knee. In cases where disturbances of the digestion are the cause of insomnia, a wet packing of the abdomen, a bandage around the body, called Neptune's girdle, is of good service. In such cases also certain exercises of the muscles of the abdomen, movements towards the abdomen and then again motions away from it, movements constricting and then expanding the abdomen, voluntary drawing and thrusting out the abdomen, a method which I have described elsewhere as vital massage of the abdomen are useful. A good aid in many cases is laying the head low. I recommended this procedure already in my work which appeared in the year 1888: "On Insomnia" following Meuli-Hiltz, for those poor in blood and for nervous people, and I have since then found its effects useful in many cases. A number of psychical aids favor the return of sleep; thinking of

the murmuring of a brook, the rustling of leaves, the movement of a boat, the waving of a field of grain, the fluttering of a flag, the calling up and reciting of a poem, counting forwards and backwards. But inasmuch as we must think even while counting, Naegeli recommends the physiological circumstances which precede or accompany the act of going to sleep. We get the one who is courting slumber to observe everything in which we are able to imitate those who are slumbering, first of all the position of the eyes and the respiration. The first direction is therefore to force the eyes to roll upward, the second is to inhale slowly and deeply as we do in sleep. For this purpose we are recommended to say to ourselves quietly, but uninterruptedly, at every inspiration, "Go to sleep," and at every expiration, "finish sleeping!" If we have a sleeping companion in the room, we should endeavor to breathe as much as possible in the same tempo with him, or since nodding the head and a slight rocking favor sleep, the person seeking sleep should describe with his head small elliptic curves. Besides these many suggestions which may prove useful, I would empirically recommend as a dietetic soporific a cup of cold tea made of *Baldrian*, and also pure bee-honey, one or two tablespoonfuls taken by themselves or on bread.—(*Medico No. 6, 1905.*)

Also Homœopathy recommends *Valeriana*, ten drops of the tincture, in nervous insomnia; where the patient only falls asleep towards morning, and has anxious dreams.—(*Editor Leipz. Pop. Z. f. Hom.*)

---

## BOOK NOTICES.

---

**Practical Massage in Twenty Lessons.** By Hartvig Nissen, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School; Director of Physical Training, Brookline Public Schools; Former Acting Director of Physical Training, Boston Public Schools; Former Instructor of Physical Training at Johns Hopkins University and Wellesley College; Former Director of the Swedish Health Institute, Washington, D. C., etc., etc. Author of the "Swedish Movement and Massage Treatment," "A, B, C of Swedish Educational Gymnastics," "Rational Home Gymnastics," etc. With 46 Original Illustrations. 168 pages. 12mo. Price. Extra Cloth, \$1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.



A very practical and clearly written treatise on the art of massage, and anyone wanting a book on that subject cannot do better than to buy this one. The author has been a masseur for thirty years.

---

THE "ELEMENTS."—Our esteemed friends of the *Homœopathic Eye, Ear and Throat Journal* have reviewed the recently published *Elements of Homœopathic Theory, Materia Medica, Practice and Pharmacy*. It has some nice things to say of it and one thing not so nice, *i. e.*:

"All the books recommended are from the press of Boericke & Tafel." Put on your glasses, friends, and take another look! A hasty run through the pages devoted to telling what are the text-books most generally used reveals the fact that ten books of other publishers are mentioned, as, for instance, in books on diseases of children both Fisher and Tooker are mentioned as well as Raue. To be sure the majority of the books mentioned are published by B. & T., but inasmuch as they publish the majority of the homœopathic books this is inevitable.

---

"A HIGH POTENCY SOURCE."—In the same review occurs the term that heads this paragraph, *i. e.*, "we are surprised that the book should emanate from a high potency source." Why this term was used is a mystery. The house that publishes the book, of course, as is well known, controls more high potencies than any other one, but they also carry a larger stock of tinctures than any other. One of the firm remarked to the writer: "We have never made the least effort to influence doctors on the potency question and are quite as willing to sell tinctures and 1x triturations as high potencies. It is not for us to give advice to doctors, our business is to fill their orders."

---

"THE general practitioner when asked: 'Can't you give me something for the catarrh?' solicits a few subjective symptoms and prescribes without thinking of the far more important objective ones which an examination of the nose and throat will almost always reveal. After a few such prescriptions the patient usually gives it up and the doctor is glad of it. 'they are so unsatisfactory to treat, you know.' The next thing you hear of the case is that some friend has persuaded them to go and see that old-school nose and throat specialist, and he found a polypus or deflected septum or adenoid growth or hypertrophied turbinates. Then you wonder (if you are a man) why the deuce you never thought to look up their nose. so you would at least have had the credit of discovering the cause even if not prepared to remove it."—*O. S. Bamber, M. D.*

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL.

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

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

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

---

---

## EDITORIAL BREVITIES.

A STRAMONIUM CASE.—Dr. Straube, one of the Philadelphia “old guard”—not so old, either—dropped in the other day and related a rather interesting case. He said he had been called to see a big, strapping fellow, who was seeing things and fighting enemies, etc., etc. He, Straube, said to himself, “give me something harder,” for it was a perfect picture of *Stramonium*. So he gave the man that remedy. He inquired whether the man was a hard drinker and was told that he was not. Well, to come to the point, the doctor finally ascertained that the patient had visited a friend in New Jersey on the preceding Sunday and his friend had advised him to make a “tea” of the *Stramonium*, or “Jimson weed” pods, for asthma from which he suffered. The man did so and the result was a proving of *Stramonium*, which in every respect confirmed Hahnemann’s proving. Every case of this sort that comes up simply confirms the fact that Hahnemann’s provings are altogether reliable.

“DR.” VS. “DOCTOR.”—Apropos of the RECORDER’S aversion to abbreviations, Doctor John F. Edgar writes:

Don’t forget that Doctor, and not “Dr.,” as well as *Belladonna* and not “*Bell.*,” *Helleborus* and not “*Hell.*,” et al. Take it under prayerful consideration, change of title. Say it, think it, over and over. THE RECORDER for Homœopathy, Boericke & Tafel’s pharmacies for preparation of remedies for homœopathic use. Won’t you—pray over and under it.

**NEWS ITEMS.**

Dr. Du Jardin will remove October 1st from 169 E. 78th St. to 1103 Lexington Ave., between 77 and 78th Sts., New York City. Telephone, 804-99 D.

Dr. Geo. F. Shears has returned from his vacation. Office, 100 State St., Chicago, Ill. Hours, 1 to 3 P. M. Residence, 2911 Prairie Ave.; hours, 8 to 9 A. M.

The Texas homœopaths will hold their annual meeting on November 7-8th. at the Oriental Hotel, Dallas, Texas.

Dr. A. A. Pompe, of Hanover, Wash., is taking a Post-graduate Course in Hering College, Chicago.

Dr. A. A. Pringler has removed to Elkins, W. Va.

Dr. J. C. Rutter, of Bloomsburg, Pa., has been practicing for fifty years and has practically retired. He says there is a good opening there for a homœopathic physician.

Dr. W. A. Glasgow, late of Missoula, Mont., member of the State Board of Health, has resigned his position. The doctor will remove shortly to Seattle, Wash., and engage in special work, that of surgical gynæcology. Dr. J. G. Randall will succeed Dr. Glasgow in Missoula.

Dr. Morris Wiener (Berlin University, 1839), a well-known practitioner of Homœopathy in Baltimore, departed this life on October 12th. He was probably the oldest homœopathic practitioner in this country.

Dr. Edwin D. Simpson, of 320 West 115th St., New York City, a noted specialist in mental and nervous diseases, departed this life on the 23d day of June, after a short illness. His associate, Dr. Wallace B. House, 203 West 113th St., will succeed to his practice.

Dr. Wallace Belding House announces his removal to No. 320 West 115th St., New York City, where he will occupy the offices and succeed to the practice of the late Edwin D. Simpson, M. D. Hours, until 10 A. M.; Mondays, Wednesdays and Fridays, 4-6:30 P. M.; Tuesdays, Thursdays and Saturdays, 5-6:30 P. M. Sunday, by appointment only. Telephone, 750 Morningside.

After fifteen years of sanitarium work Dr. William Erwin (Homœopathic Physician and Surgeon) has opened an office at 4844 Cedar Ave., corner 49th St., Philadelphia, Pa.

## PERSONAL.

---

Yes, Mary, there is one form of "graft" that is O. K., *i. e.*, that of grafting fruit trees.

When a shoemaker loses his awl the loss is not great.

After one shot the double barrelled gun is half shot.

Only the eyes can rest on anything, even on splintered glass.

Wise lovers love short tunnels—for the R. R. men always light the lights *before* entering a long one.

They say the nutmeg aspires to the grater.

In a review of Osler's latest work the *Medical Record* says: "The weakness of the work is due to Osler's black, hopeless, helpless therapeutic pessimism."

Cæsar's message: "I came, I saw, I conquered," is just a wee bit egotistical.

*Echinacea* is reputed to be a good remedy in typhoid.

A merry-go-round is a pretty big revolver.

Matrimony is an eye-opener—they say—if love is blind.

When you meet a woman, on a rainy day, with an umbrella *you've* got to do the dodging.

Dr. Villars treated one hundred cases of diphtheria with the "indicated remedy" and had no deaths. Beats antitoxin?

Ill winds require no doctor; on the contrary, they make work for him.

There are two species of rubber plants, one a tree, the other a Turkish bath.

The actor is only play-full when he pretends to be drunk.

A recent writer contends that women at forty are more entertaining and interesting than at any other age.

Even an honest man may fall if he steps on a banana peel.

A miser often gives freely of his temper.

And a fat man can travel at reduced rates as well as a lean one.

Dr. Rankin's *Diseases of the Chest* is a magnificent work mechanically and in its text.

The little *Elements of Homœopathy* is selling like "hot cakes."

# THE HOMŒOPATHIC RECORDER.

---

VOL. XX.

LANCASTER, PA., DECEMBER, 1905.

No. 12

---

## ANTIMONIUM CRUDUM: A PRACTICAL STUDY.

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

**GENERALS:** When an individual presents certain animal characteristics, and we say that he is high-mettled, nervous like a thoroughbred horse (*Arsenicum*), or has the mild, placid, more or less innocuous temperament of the sheep (*Pulsatilla*), or is as proud as a peacock (*Platina*), we are sometimes led to the constitutional remedy, and *Antimonium crudum* ( $Sb_2 S_3$ ) is not infrequently the gross, scrofulous (*scrofa*, a sow), rough and thick-skinned swine. This is broad generalization, but sometimes useful in a prescription.

Obesity, especially in gluttons (piggish), is not infrequently indicative of *Antimonium crudum*.

*Calcareo carbonica*: in scrofulous constitutions.

*Sulphur*: with hepatic stasis, piles, gout, psoric taint—a plethoric fat.

*Calcareo acetica*: Young "pasty" persons, tendency to constipation and, in females, to too profuse menses.

*Ferrum*: Primary anæmic obesity (with other *Ferrum* symptoms).

*Arsenicum*: Certain forms of anæmic obesity (with other *Arsenic* symptoms).

*Antimonium crudum* is so profound a remedy that many of the conditions met by it are ancestral: the scrofulous habit, the unhealthy warty, horny skin, the gouty and rheumatic diatheses, the aggravation from cold bathing, from damp weather (*i. e.*, the hydrogenoid constitution, where any excess of atmospheric moisture disagrees), the dreamy sentimental hysteric temperament in gastritic females—none of these are acute conditions, but chronic, hereditary.

*Antimonium crudum* and *Antimonium tartaricum* each affect the digestive tract, but *Antimonium crudum* expends the greater part of its drug energy here, while *Antimonium tartaricum* devitalizes thoroughly the whole economy, but strikes directly for the mucous membranes, especially of the chest. The *Antimonium tartaricum* patient has little reaction left; the *Antimonium crud.* individual is swinishly tenacious of life.

*Antimonium crudum* acts specifically upon the gastro-intestinal mucosa. It causes an inflammatory irritation of stomach and intestine, with a diarrhœic tendency, foul and bitter eructations, oppression and distension of the epigastrium, nausea, vomiting, loathing of food, tongue thickly coated white (3d to 30th). Its gastric disturbances are, from predisposition, more or less chronic, though it is frequently indicated in a simple overloading of the stomach.

It is useful in gastro-enteritis with cool, clammy skin, weak pulse, gripes and cutting pains in the small intestine, discharges of mucus mixed with blood, or alternately diarrhœa and constipation, or chronic diarrhœa.

The circulation is feeble; no sharp reactions (as in *Aconitum*); unhealthy constitution and epidermis, for, with the inner skin or mucosa of the gastro-intestinal tract powerfully affected by *Antimonium crudum*, we also find the outer skin or epiderm involved. Drugs which act rather specifically upon one are apt to be potent in disease of the other, or, to express it differently, gastro-intestinal disorder (which disorders all metabolism) is likely to be accompanied by an unhealthy skin. (Cf. *Arsenicum*, *Calcarea*, *Causticum*, *Dulcamara*, *Graphites*, *Lycopodium*, *Natrum muriaticum*, *Psorinum*, *Pulsatilla*, *Sepia*, *Silica*, *Sulphur*.)

*Antimonium crud.* disorganizes the functions and tissues of the vegetative sphere, and this disorganization develops most of the drug's symptoms in other regions; the mental symptoms, for example, are directly based upon the deranged functions of organic life; loathing of life (*Arsenicum*, fear of death, or a suicidal mania), but contrasting or alternating with this may be an excitable state where the patient is easily affected emotionally, sentimentally. *Antimony* is an element which acts deeply, and is frequently useful in the profound changes in metabolism which exhibit themselves as gout and rheumatism, the trouble being aggravated by weather changes, by damp cold (a common modality in rheumatism), by cold bathing (better by hot bath), by stimulants, especially sour wines.

The circulation is feeble; no sharp reactions. Like *Bryonia* it is adapted to hot weather complaints, especially from sun-heat, but is characteristically worse from damp cold, from cold bathing; children do not like to be bathed (*Sulphur*).

There may be great drowsiness during the day and early in the morning; tired feeling in the morning; in the evening feels overwhelmed with sleep; *or*, sleepy during the day and wakeful at night, especially in old people.

The higher dilutions, 3d to 200th, are useful (depending upon the sensitivity of the patient) in gastro-intestinal troubles, in diarrhœa, marasmus of infants and in chlorosis. Unhealthy conditions and eruption of the skin.

The lower triturates, 4x to 6x, are indicated in syphilitic bone pains in the head; syphilitic nodes on the skull; hypertrophy of the cranial periosteum; hyperkeratosis as in corns, callosities, warts.

*Antimonium crudum* follows *Pulsatilla* well, and is followed by *Pulsatilla*, *Mercurius*, *Sulphur*. Compare *Bryonia*, *Ipecac*, *Pulsatilla*, *Sulphur*. It is antidoted by *Hepar*.

*Antimonium crud.* is especially indicated in children (the "touch not, fondle not," white-tongued specimens), and in aged persons.

SKIN. Cutaneous disorders in impoverished constitutions. Skin cold, unhealthy; papulous, herpetic, vesicular, pustulous, tuberculoid eruptions; sores that secrete an unhealthy, thin, malodorous pus.

Warts, particularly on the backs of hands and fingers. Nails apt to grow split.

Tender callous soles; hyperkeratosis.

SLEEP. Wakeful at night, sleepy during the day, especially in seniles, *or*, sleepy during the day but also sleeps well at night.

FEVER. Chilliness more constant than heat; icy-cold feet all the time.

Gastric and bilious fevers with loathing of food, white tongue, nausea, little or no thirst (*Bryonia*, thirsty), bitter taste.

Copious exhausting sweats from the slightest overheating, then catches cold—often a feature in lingering diseases.

Typhoid; great prostration, but loathing of life (*Arsenicum*, fear of death); quiet (*Arsenicum*, restless); thirstless (*Arsenicum*, intense thirst).

MIND. The greatest sadness and melancholy, in intermittents.

A peculiar sensitiveness where emotional disturbance excites the stomach to nausea, "*makes her sick to her stomach.*"

Inclined to suicide by shooting. (By drowning, *Belladonna*; by hanging or by knife, *Arsenicum*; by poison, *Lilium tigrinum*; by throwing oneself from a height, *Argentum nitricum*, *Aurum*, *Nux vomica*.)

Child fretful, peevish, ugly; cannot bear to be touched or even looked at. (Cf. *Arum triphyllum*, *Chamomilla*, *Cina*, *Lycopodium*.) The mental and digestive symptoms are usually closely allied.

HEAD AND FACE. Headache after bathing.

Dull headache, or hemicrania, or lacerating pains in the whole head from morning to night (with stomach symptoms).

Itching of the scalp.

Small flat tubercles on the hairy scalp of the size of small peas, painful to pressure.

Headache with vomiting which does not relieve, continued until relaxed and exhausted.

Red, burning suppurative eruptions on the face. Pimples like mosquito bites.

Dry lips; corners of the mouth cracked and painfully sore.

VISUAL ORGANS. Red inflamed eyes, with itching and nightly agglutination. In eye troubles the digestive tract will bear investigation.

Chronic blepharitis of cross children, red inflamed lids, itching in the canthi causing rubbing of the eyes.

Scrofulous inflammation of both canthi. (*Graphites*, external canthus or the whole margin of the lid; *Zincum*, internal canthus.)

Rhagades and crusts about the lids (but not so hard as in *Graphites*); with gastric troubles, white tongue, and a dislocated temper.

OLFACTORY ORGANS. Stoppage of the nose especially in the evening; with dryness when walking in the open air, scarcely permitting him to talk.

Coryza, with sore, cracked crusty nostrils; dry or fluent, especially in the morning.

The nose stuffs up at night, particularly in an overheated room, can hardly breathe.

Epistaxis with vertigo; after headache.

GUSTATORY ORGANS. Tongue coated white, especially in the forenoon.



Aching of decayed teeth at night, cannot bear the touch of the tongue.

RESPIRATORY ORGANS. Frequent dry cough, the irritation seeming to arise from the abdomen; stomach cough.

Cough in the heat of the sun; also, coming from cold into warm air.

Going near an open fire (radiate heat) increases the cough.

In singers after laryngitis or overuse of the vocal cords, where roughness of the voice is complained of, *Antimonium crudum* is frequently restorative.

DIGESTIVE ORGANS. Gastric overloading, tongue white, eructations tasting of the ingesta, aversion to all food.

*Pulsatilla*; foul, fatty or earthy taste, with chilliness and hemicrania.

*Bryonia*; heat and chill, with pressure outwards in the forehead.

*Ipecac*; great nausea and vomiting and bruised feeling in the head.

Alternate diarrhoea and constipation, especially of seniles.

Appetite gone, abdomen distended, frequent attacks of pinching diarrhoea (especially after eating) of undigested food.

Infants vomit up fine curds and refuse to nurse again. (*Æthusa*; curds larger, falls to sleep after vomiting and wakes to nurse again.)

Marasmus from deranged digestive tract.

Disposition to obesity.

Pinching in the belly, with sensation as if a diarrhoea would come on.

Diarrhoea of pregnancy.

Constant discharge of white-yellow mucus from the anus, staining linen, with burning, tingling, itching.

URINARY ORGANS. Frequent and violent desire to urinate with profuse micturition.

Frequent desire but scanty micturition. (Consider gastric symptoms.)

SEXUAL ORGANS. Tenderness over the ovarian regions, with nausea, vomiting and white tongue.

BACK Violent itching. Red pimples and liver-colored spots on shoulders and back.

Violent pain in small of the back. (Cf. *Antimonium tart.*); when rising from a seat; it disappears after walking. (Cf. *Rhus tox.*)

Hard, long-continuing pustules below the neck, like small blisters which fill with pus.

LIMBS. Painful inflammation in the elbow tendons, with redness and curvature of the arm.

Rheumatic inflammation of the muscles; arthritic affections with swelling and nodosities. Rheumatic contractures of muscles, with curvature of the limbs.

Tenderness of the feet. (*Lycopodium, Silica.*)

Callosities, cracks in nails, hyperkeratosis.

Elephantiasis, with malodorous sores, with gastric derangement and scrofulous habit.

Large horny places on the soles near the toe joints, painful, returning when removed.

#### Modalities.

*Worse:* At night; in damp weather; from cold; from over-heating; from radiate heat as a stove or grate fire.

From acid wines and fruits; from pork, bread, pastry.

*Better:* From rest; from warm applications.

#### Bedside Observations.

Horny warts on hands and soles; sensitive.

Eruclations tasting of the ingesta.

Tongue thickly coated white (with craving for acids which disagree); very cross disposition.

Constipation alternates with watery diarrhoea of undigested food, worse by acids.

Peevish, fretful; the child cries when touched or even looked at.

Nails grow slowly, become horny and split.

Summer diarrhoea with white tongue, part liquid, part solid.

Stomach cough; the irritation to cough is felt in the abdomen.

Complaints that centre on or originate in the stomach often need *Antimonium crudum*—headache, gout, rheumatism, cough.

Aggravated from a cold bath; from wet weather.

Gout alternating with stomach complaints.

Dreamy, sentimental, hysteric, scrofulous girls, with irritable and painful ovaries.

## Comparisons.

*Ant. crud.*

Affects the digestive tract in scrofulous subjects.

Nausea and vomiting followed by exhaustion.

Not indicated in pneumonia.

Callosities, warts, bad nails.

*Ant. crud.*

Milky-white tongue.

Thirstless.

Tendency to diarrhœa.

Lax fibre, bad temper.

Desires acids, sour things which disagree.

*Ant. crud.*

Dry coryza; stoppage.

Cough generally dry.

Worse from vinegar, sour things.

Irritation to cough felt in abdomen.

Worse from heat.

*Ant. crud.* (*Sb<sub>5</sub> S<sub>6</sub>*).

Inclination for the open air.

Painful eruptions.

Mental excitability; sentimental.

Imbecile rather than insane.

Aggravated by stove (radiate) heat.

*Ant. tart.*

Affects the mucosæ, profuse secretion, with prostration and lack of reaction, especially in the respiratory tract.

Nausea and violent vomiting accompanied by exhaustion.

Later stages of pneumonia, with coarse râles, no lung power for expulsion of secretions, great weakness.

Pustular weakness.

*Bryonia.*

Dirty, foul, wash-leather tongue.

Thirsty, for much cold water.

Tendency to constipation.

Firm fiber, bad temper.

Desires acids, sour things, which agree.

*Pulsatilla.*

Fluent coryza (particularly on right side) more frequently than stoppage of the nose.

Cough loose by day, dry at night.

Better from vinegar, sour things.

Irritation to cough felt in the pit of the stomach.

Better from cold.

*Sulphur.*

Aversion to the open air.

Painless eruptions.

Dull comprehension; indifferent.

Insane rather than imbecile.

Better by stove heat.

## RHEUMATIC ENDOCARDITIS.\*

By F. W. Winter, M. D.

The selection of this topic was made from the fact that frequently too little attention is given by physicians to the subject

\*Read before the Inter-State Medical Society, May 16th, 1905, at Lincoln, Neb.

of rheumatism in children, especially since it manifests itself in different forms, and these different manifestations extend over such varying periods of time that we do not see the relation existing between them, ascribe them to temporary superficial causes merely, and thus fail to recognize their true import, and before we are aware of it the integrity of the heart is involved and a permanent lesion of greater or less degree has become established and which undoubtedly is the source and cause of so many cases of sudden death from heart failure in later life.

Clinically authors give us three classes of rheumatism: First, articular rheumatism; second, rheumatism of other organs, external and internal; and, thirdly, general or non-circumscribed rheumatism. The second includes some of the skin affections, the vascular apparatus, the respiratory and digestive tracts, and the muscular and nervous systems. These may all be recognized somewhat readily, but in the general or non-circumscribed instances the symptoms are not so apparent, yet, if fully investigated and rightly interpreted, cannot otherwise but be attributed to and classified as of rheumatic origin.

As to the causes of rheumatism heredity of course stands at the head. Family history develops this fact, and doubly so when both parents have been afflicted. Next to this is placed exposure to sudden changes and extremes in temperature or to a prolonged chilling or wetting, especially when the body is in a heated or exhausted condition from overwork. And who lay themselves open to these conditions more than children with their naturally irrepressible roving and romping dispositions?

But just what the pathological changes thus brought about in the system are and their causes is still something of an open question and different theories are being advanced for their solution, such as the neurotic, the infectious, and the lactic and uric acid theories, some even also ascribing them to miasmatic and parasitic origins. The preponderance of evidence and the commonly accepted theory, however, now seems to be that the acute manifestations of rheumatic fever are the result of a specific infection. Be that as it may, at least a striking and close relationship has been found to exist between rheumatism and endocarditis, and the latter is now generally accepted as infectious in origin.

This conclusion is arrived at from its occasional epidemic appearance, its occurrence as a house disease and from the post

mortem examination of cases of articular rheumatism. As grounds for such belief, the tonsils are cited as the point of evidence of the infection, since an inflammation of the tonsils is oftentimes the initial and may be the only symptom of an attack of rheumatic fever. On the other hand, attention has been called to the relation of scarlet fever to acute rheumatism as worthy of note. There is a similar painful swelling of the joints often following the wake of the former, and there is also oftentimes an accompanying or consequent endocarditis. Whether the scarlet poison induces the latter two, which cannot be distinguished from those of acute rheumatism, or simply excites to rheumatic inflammation, is open for debate, though preference is given to the former opinion.

Aside from the hereditary tendency we have then three active influences which aid in the development of rheumatic fever, namely, chilling, excessive muscular exercise and scarlet fever.

As a rule, an attack of articular rheumatism is gradual in onset—has a moderate fever, with tenderness and slight swelling of one or several joints, and with proper treatment and no insidious complications, runs its course in from two to three weeks. But absence of joint involvement is one of the peculiarities of rheumatism in children, and the only indication of an attack may be either an endo- or pericarditis, an acute inflammation of the pharynx, or of the respiratory tract. Attacks of this kind are extremely common in early life, and because of the joints not being involved their rheumatic nature is consequently overlooked.

Attacks of some forms of eczema, of urticaria, of pleurisy, an occasional pneumonia, chorea, and the appearance of tendinous nodules, are manifestations of a rheumatic diathesis, as also some forms of hemicrania and gastralgia. Many cases of intractable eczema are based on a rheumatic diathesis, and when treated from this standpoint become curable.

Rheumatism then shows a tendency to a more widespread range of attack upon the tissues of childhood and extends over a longer period of time than in adults. Its manifestations are quite different therefore from those in the adult, and have developed the fact that in children arthritis is at its minimum, while endocarditis is at its maximum, showing that in the rheumatism of children involvement of the heart plays a most important part.

From 50 to 80 per cent. of cases of endocarditis in children, according to Cheadle and others, are traceable to rheumatism. It

may and often does appear alone, the sole expression of the attack, and may be subacute, protracted or relapsing. The mitral valves are the parts most commonly affected, and when the only point of attack, is usually followed by chorea and if progressive is attended by the formation of tendinous nodules. These are found chiefly about the joints, particularly of the elbows and knees, and along the borders of the spine and shoulderblades. Let any of the above-mentioned affections crop out, though over a period of months or even years, especially when accompanied by cardiac trouble, the presumption is rheumatism is at the bottom, and the more of them appear together the more positive the presumption. An erythema or tonsillitis alone might require more evidence. There is also some doubt as to pneumonia appearing as a distinct form of rheumatism; it is undeniable as to pleurisy.

As to the symptoms of a rheumatic heart affection in children, dilatation is one of the earliest, yet there is often very little distress manifested even in very grave cases. Œdema and a flushed face are rarely present; sometimes only a little puffiness of the face or about one or the other joint, but an anæmic condition is quite common, and when markedly present and persistent is forboding of evil.

In making a diagnosis of rheumatic fever in children it should be distinguished from infantile paralysis and from pyæmia, when the joints are acutely affected and there is a suppurative tendency; also from the tender swelling of limbs and ankles as found at times in rickets.

Rheumatic children are usually of a highly nervous disposition, easily excited, easily frightened, and do not have the power to rush and fly about so characteristic of an ordinary healthy child; in fact, their spirit is always stronger than their body.

How important then in all cases of diseases of children when any of the above-mentioned ailments appear, especially the ordinary colds, fevers, sore throat and growing pains, that they be fully investigated, their true nature and import ascertained, and, if found in rheumatic families, be put on our guard at once, as the probabilities are of having to deal with a case of rheumatic fever, and make frequent careful examinations of the heart.

Dr. F. J. Poynton, of London, in his last of a series of lectures on this subject, gives the following physical signs of rheumatically dilated heart, as it is probably one of the earliest symptoms de-

veloped, namely: First, an increase in frequency and a lowering of the tension of the pulse; second, an outward movement and feebleness of the cardiac impulse; third, an increase of the deep cardiac dulness to the right and left; fourth, a shortening of the first sound over the impulse, and an accentuation of the second sound at the pulmonary base; fifth, and lastly, in some cases a soft systolic murmur heard most clearly internal to the nipple.

Most watchful care in the diseases of children cannot be too strongly urged owing to the fact of greater liability to endocarditis in early life and consequent permanent damage to the heart tissues. The sequences are even of more importance than the primary attack, since relapses at shorter or longer intervals are common. There is also a great tendency for the inflammation to continue and smoulder in a subacute form after an attack, and ere we are aware of it a chronic state is reached and the mischief is irreparable. Then follows a constant change from bad to worse, progressive anæmia and dyspnœa set in, the pulse becomes more rapid and feeble, and the patient, still in the prime of life, gradually sinks away to a premature grave as a result of a neglected, weakened and incompetent heart.

*Adams, Neb.*

---

## WHAT WE NEED MORE TO LEAD HOMŒOPATHY TO PERFECTION.

By Dr. A. C. Mukerjee.

Our so long experiences with homœopathic medicines have brought us in a state which is making us all feel, more or less, the want of a system of *Materia Medica* in which the experimenters in perfect health should first state their natures of minds and temperaments and then the symptoms developed in them by each drug. We have so long overlooked the importance put upon the mind and disposition of a patient by Hahnemann, who himself strongly urged his followers to take special care about patients' mind and disposition, did not attempt to give a precise conception of these, as he could not hit the main point of their main importance.

I will satisfy you by quoting the rules from his '*Organon of the Art of Healing*,' as translated by C. Wesselhœft, M. D.,

which clearly explains the main necessity of mind and temperament in homœopathic treatment, and will try my best to elucidate the point missed by him.

1. In rule 208, he says, "Neither should the physician overlook the patient's state of mind and temperament, and observe if it inclines to prevent the cure——."

Though the translator's language is a little ambiguous here, still we will all admit that the second verb "observe" does not explain that the physician should not observe. It cannot but be meant that the physician should observe, which sense the translator tried to maintain by the conjunction "and." However, whatever mistake there may be, it seldom affects our medical language, as we want the ideas only. "Nor the physician should overlook to observe if the state of mind and temperament inclines to prevent the cure," will seem the full sentence. Here we are admitting the potency of mind and temperament upon a disorder. They can remove, receive and retain a disorder.

2. In rule 210, he says, "\* \* \* the state of the mind is always modified in so-called physical diseases; and hence the state of the mind, being one of the most important features of the complex symptoms, is to be noted. \* \* \*" The same disease does not affect all minds and temperaments in the same manner. The same disease manifested through different minds and temperaments involves different symptoms. So the drug actions must produce varied symptoms according to varying mind and temperament.

3. In rule 211, he says, "The state of the patient's mind and temperament is often of most decisive importance in the homœopathic selection of a remedy. \* \* \*" So I will add to this rule that "The state of the experimenter's mind and temperament is the decisive importance in stating the results tried by them."

4. In rule 212, he says, "There is not a single potent medicinal substance that does not possess the power of altering perceptibly the mental condition and mood of a healthier person who voluntarily tests a drug; indeed, each medicinal substance affects the mind in a different manner." I like to have the continuation of the echo to—"and as well each different mind affects the medicinal substance in a different manner." By drugs all minds and moods are not alike affected. We find different classes of mind and temperament, which are differently attacked by drug



potencies; though each individual manifests similar symptoms in a class. Unless we classify our minds and moods, and see the effects of each drug on each class, our *Materia Medica* is imperfect. This imperfect *Materia Medica* leaves no more to allopathic treatment than to homœopathic. As, for example, the homœopath uses *Cup. m.* whenever he attends a spasmodic cholera, as he knows the drug in infinitesimal doses checks the spasm. Does he then cherish the idea that *Cuprum* produces spasms and so he is applying that in his case? Had it been the case he would have gone through the patient's mind, mood and physical symptoms before selecting the remedy. So I will tell the treatment is more allopathic than homœopathic, and this is due to our incompleteness of the science, or rather imperfectly recorded drug actions; hence, incomplete *Materia Medica*.

5. In rule 213, he says, "The treatment would not be in accordance with nature, that is, homœopathic, unless we recognize also the symptomatic changes of mind and temperament occurring in every case of acute as well as of chronic disease, and unless we select from our remedies one, which, next to the similitude of its physical symptoms to those of the disease, is also capable of producing by itself a similar effect upon the mind and disposition." Different minds and temperaments disturbed by one and the same disease evolve different symptoms. This must also be true of the morbid potency of our drugs which create nothing but a stronger disorder. What is *Can. s.* to a sanguine temperament is quite contrary to a lymphatic temperament, as you will find out from Hering's note on the drug. Now when I treat a lymphatic patient, after taking the totality of the symptoms if I see that it coalesces with that of *Can. s.* (tried in a sanguine temperament), will it be advisable for me to use the drug in the same case when it is known that the particular drug in that particular temperament produces quite contrary symptoms? I think no homœopath will take up this *contraria contrariis* treatment. It is another drug which produces the same totality of symptoms in the lymphatic temperament. How can we venture with our medicines unless we are aware of the different minds and moods and their respective drug actions? How can we find out the decisive drug actions unless we classify human minds and temperaments with their respective dispositions, functions and appearances? So long we are simply beating about the bush and making more errors through our deceptive *Materia Medicas*. A drug produces

a stronger disorder, if this be true, then we had done more mischiefs than cures; and we cannot claim for that impunity from the crime which allopaths are doing. So to reform our *Materia Medica*, I will appeal to the homœopaths of America, which is the centre of our knowledge, to form a homœopathic society in which the physicians of different nations with different minds and temperaments will enroll themselves as experimenters and state their results of experiments with each drug precisely with their class of mind and temperament. For this at first a generalization of mind and temperament is necessary, and the natural causes of their timely changes; as each of the experimenters must be supplied with a copy of this to act under a set rule, otherwise we can never boast as a perfect homœopath. Along with it, let there be a commission to theorize upon those imperfect *materia medicas* to mend them as much as possible, the process of which I promise to show you in time.

6. In rule 217 he says, "The remedy thus chosen should exhibit symptoms of the greatest similitude, not only to those of the bodily disease, but also to those of the mind and temperament."

My good reader! if you have pursued me so far in an unbiased mind, you will now at once find out the point lost sight of by Hahnemann. So far we have studied him, we found that he took a similar mind and mood for all, and which, he said, is affected differently by each drug; but he did not for once consider that the minds and moods are also different and these different minds and moods receive the same drug potency differently. However, so much credit to him, he being the first propagator of that grand law of nature which is working as curative principle through her creation, has first of all found the way for natural cures and tried to put an end to the old pernicious system of medicine. Nothing is more creditable to him than to bring to light this well-veiled law of Her. We are to mend his directions and to adjust his law according to our necessity.

To have my statement more clearly imposed upon you, I will refer you all to *Aconite* in Hahnemann's *Materia Medica Pura*, where you will find that the symptoms stated are from the trials of Hahnemann himself and of his seven disciples. Amongst the varying symptoms stated by them, you will find Staff and Gross always corroborating, but the others differ as regards the peculiarity of the symptoms, nay, some stated quite contrary symptoms. There you will find the temperament of Frederick Hahne-

mann is the most susceptible to the drug, as he was affected within ten minutes by it, then follow Staff and Gross who were affected within fifteen minutes, and then come others in grade. As regards the peculiarity of the symptoms differently stated by the different temperamental experimenters, it is needless for me to take more trouble, as they are very obvious to anybody if he will go through them.

In brief I will set an example from *Aconite*. (*vide Materia Medica Pura.*)

Staff and Gross: Shooting, heating, headache in the temple.

Ahner: Twitching, tearing pain in the occiput.

Hoznburg: A shoot in the occipital bone.

Wahle (whom I find the least susceptible to the drug, as he felt the actions after three days): Out-pressing pain in the forehead.

Ruekert, Senior: Aching pain in the temporal region, afterwards also in jerks in the occiput, lastly confusion of the head and contractive pain.

If we all admit Hahnemann's principle of "like cures like" to be correct, then I don't think it will be advisable for us to select Ahnerian Aconitism for Grossian temperament. When Gross suffers from twitching and tearing pain in the occiput, *Aconite* will not give him any relief, it is some other drug which generates those symptoms in him and so is curative for his complaint. This astonishes us when we cure a group of symptoms in a patient by a drug, and cannot cure the same group of symptoms in another by the same drug. In my opinion this misuse not only retards a cure, but rather injures.

A short example of contrary actions:

Frederick Hahnemann—headache unaffected by active exercise.

Hahnemann—headache increased by slight movement, even by drinking and speaking.

Hahnemann—weakness of memory.

No name given—lively memory.

All these, unsystematically arranged, have made our *Materia Medica* nothing better than the advertisements of the patent medicines of now-a-days, which impose upon the reader's mind that the medicine is all cure. Actually any one going through a drug of our *Materia Medica* may find himself sufficient to combat all the disorders with it. It is a pity that with so many intelli-

gent brains working for us, for a period so short, we are still so backward as simply beating about the bush with our ever-correct theory and sure drugs, and are still an allopath under a mysterious homœopathic veil.

To supply food for the sharper brains to work with, this new principle, in my next I will simply try with my poor brain to classify human minds and temperaments, which if it in any way serves as a clue to them, I will find myself well blessed in this poor life of culture.

*4 Govinal Secar's Lane, Bowhazar, Calcutta, India.*

---

## THE ADVANTAGES OF THE ADIRONDACK CLIMATE AND THE RESULTS SECURED IN OUTDOOR AND SANITARIUM TREATMENT.\*

By J. Henry Hallock, M. D., Saranac Lake, N. Y.

It is with pleasure that I comply with Dr. Smith's request for a paper upon the above subjects, and though "there is nothing new under the sun," and it seems doubly true of the threadbare subject of tuberculosis, yet located as we are at Saranac Lake, where hundreds of patients are under observation at all times during the year, a few ideas gained from such experience may be of interest to some less favorably situated to study the disease.

First—

### Advantages of the Adirondack Climate.

This climate is perhaps no better than that of other mountain countries, but that a moderately high, well drained, forest covered mountain region offers advantages that cannot be secured in an ordinary farming district is too obvious to need discussion. Add to this a location like Saranac Lake, which has complete drainage, a good elevation, yet is entirely surrounded by many miles of forests and mountain peaks which fill the air with ozone, break the wind and moderate the force of all storms, and you have not only a summer resort, but an all year round resort, good in summer and even better in winter.

---

\*Read before the Southern Hom. Association of Louisville, Ky., October 24th, 1905.

If there is one thing that experince has taught me well it is this, that the patient must choose a climate where he can stay both winter and summer, and not one very pleasant in summer, or one very fine in winter, with the expectation of going elsewhere as soon as the weather changes.

Why so many of these patients do badly after what promises in the beginning to be a most perfect cure I cannot explain, I only know it to be a fact.

An elevated mountain climate is very stimulating to the appetite, the cutaneous functions and the nervous system. It also increases the red blood corpuscles. Wolff claims that a complete revolution in the construction of the blood takes place every eight or ten days in the proper altitudes. Be this as it may, the air is clear and sterile, devoid of dust and acts as a general tonic. Prof. G. Cornet, of Berlin, in his elegant work on tuberculosis gives a list of the factors necessary for a good health resort. everyone of which Saranac Lake possesses. He further says: "The so-called summer or winter resorts which are characterized only by the beauty of their situation are usually unsuited for consumptives.

"By good luck results are occasionally beneficial. The advantages of these summer places is their nearness. cheapness and the absence of other consumptives. Modern traveling facilities have shortened distance and the slight saving does not compensate for the diminished chance of recovery. It is also an error to believe that the chance of infection is any smaller since any other patients will resort thither for the same reasons.

"The difference from a health resort lies in the neglect of precautionary means against infection, hygienic arrangements, drainage, protection from wind, etc. And often there is no physician near at hand who is experienced with these cases."

The methods used in the outdoor treatment of consumptives I am sure are familiar to every practicing physician. The results obtained perhaps could be best illustrated by giving a case, and I for this purpose will choose one of recent date:

Mr. M., sent me by Dr. J. D. Zwitsch. of Gowanda, N. Y. Patient was 19 years of age, from healthy German parents. He contracted pneumonia during the winter of 1904, which left him with a cough from which he could not get relief. A few weeks before starting for the Adirondacks he had an attack of pleurisy with effusion. Dr. Zwitsch had punctured a couple of times, drawing off considerable fluid. When he came to me, March 1st, 1905,

he was twenty pounds under his normal weight; was coughing hard and expectorating a large cupful of characteristic tubercular sputa daily, which contained tubercular bacilli. His temperature was running from  $101^{\circ}$  to  $103^{\circ}$ , and his pulse was usually over one hundred. Examination showed solidification at the apex and over middle portion of upper lobe of left lung and pleuritic effusion which extended in the axillary line from the fourth to eighth rib.

He was placed in a private cottage where he could be kept under careful supervision. He was instructed regarding his clothing, expectoration, diet, ventilation of room, exercise (which was forbidden until temperature should become normal), and told to remain out of doors as many hours daily as he could without fatigue, and when too tired to spend one hour in his room on his bed with all windows opened.

He was given a generous and nutritious diet without overcrowding. For remedies he received one dose of *Bacillinum* and three doses a day of *Ars. iod.* This, of course, was changed from time to time as his digestion and other symptoms demanded, and with this I used a Chattanooga vibrator. He began to gain after the first week, could eat and assimilate more, which produced a steady gain in weight. His cough and expectoration gradually decreased, and his temperature and pulse began to drop. He has now been under my care seven months, and his cough and expectoration have decreased two-thirds. His temperature is rarely above normal. He has gained eighteen pounds in weight. The consolidations have nearly all cleared up. The effusion, which was the last symptom to improve, is now rapidly disappearing, reaching only up to the sixth rib.

And while this case is only an ordinary one and is not yet well, it shows what may be accomplished with the outdoor treatment, and should he do as other cases have done he will become entirely well.

I had a case from near Boston who returned home last month, apparently well after a three months' stay here, and I have two others under treatment now who promise as well and they are all at private cottages, but these are all exceptional cases, all coming in the first stage and making more than ordinary progress.

The sanitarium treatment I need not dwell upon as others at this meeting will give their methods. Surely it is the ideal treatment in many ways, especially in immature and unformed characters, which can be more easily advised and controlled, but there

are not sanitariums enough so as to have an ideal sanitarium for all the people. Those existing at present accept mostly those who are able to pay but a small amount to partly pay their board. These are only taken for a limited time, and only those in the early stages are accepted. Many physicians send their patients to the sanitarium not realizing what constitutes the first stages of the disease.

In the July *Chironian* Dr. Pryor, who was at the head of the State sanitarium here, was quoted as saying that during his term of office nine hundred (900) applications for admission were made to the institution and out of this number only one hundred and eighty-three were accepted.

From a report of the Cottage Sanitarium, which was the first institution in this section, it was reported that only fifteen per cent. of those applying were found to be in the first stage of the disease and there was not room for all applying in the first stage.

This shows the little chances the cases as ordinarily sent have of gaining admission. Whereas there should be sanitariums enough to accommodate all stages, not but what the patients can and are treated in private cottages quite as successfully, but those who need it most are those without means who are in the second or the beginning of the third stage, who have some chance of again becoming a bread winner if under proper treatment, but who, from lack of means or lack of charity, must remain at their unsanitary and poorly ventilated homes until the end. Think of the menace such a case is to the public health. They work as long as possible, exposing all other workmen. When unable to work they visit among their relations and friends and possibly infect their homes, and after they become confined to the house or bed neighbors take the part of nurse, and I have known cases where such have contracted the disease.

But I see the light beginning to dawn, and from every State comes the cry for more institutions, better instruction of patients and more care among physicians regarding an *early* diagnosis.

Many large and instructive meetings, like the one you are now holding, devoting an entire session to tuberculosis, means something.

Last April I had the honor to be appointed by the American Institute of Homœopathy as delegate to the American Anti-tuberculosis League, held at Atlanta, Georgia. A most enthusiastic meeting was held, lasting for three days, and the quality of

the papers and the men who took part are positive evidence that the South means to be well in the lead in ridding the nation of this, the "Great White Plague."

---

## MAN-MADE QUARANTINE LAWS!\*

By John F. Edgar, M. D.

Have you ever considered why the worst kind of contagious and infectious conditions—syphilis and gonorrhœa—were not included in the list?

Could there be any more heinous contagiousness or infectiousness?

Does it compare with the eruptive abnormalities, differentiated as variola, scarlatina, measles, et al., in far reaching, destructive conditions, which it produces, especially when treated allopathically for *suppression*, no matter of what school of practice the practitioner claims to be?

If you are careful observers, can you recognize any contagious or infectious abnormality that equals the ill effects of these two, syphilis and gonorrhœa, treated as generally is treated, *i. e.*, for suppression, "out of sight" until the fee is paid.

Do you? can you? think that those who made these man-made laws for quarantine were inspired and directed by the same selfish motives that made the man-made "age of consent" laws of 14, 13, 12 and as low as 10 years of age.

Doctor E. P. Mills, of Olathe, Kansas, in Aug., 1904, *Medical Forum*, asks, "Why should not an infected harlot be quarantined more energetically than even a variola case?" "Big pox" versus "small-pox."

Page 441, Oct., 1904, *Medical World*: A young lady betrayed by a lover, and after careful examination by two M. D.'s, and when assured that she was afflicted and inoculated with syphilis declined medical treatment, and said "she would not spare or respect any man, but would use all her energy to spread this affliction."

Case 3. A young man declared that he would spare no woman that he could secure an opportunity to affect, and his acquiring gonorrhœa during treatment for syphilis demonstrated that he

---

\*Read before the Texas Medical Association for Homœopathy and *tabled*.



was carrying out his threat. And remember what this treatment was suppression only, not cure, and you can know what the effects for many generations would result.

Be it resolved by the Texas Medical Association for Homœopathy that we advocate and will favor any man-made law for quarantine purposes that will include all those who may acquire and become afflicted with gonorrhœa or syphilis. and it shall be the duty of every physician, or practitioner, druggist, drug clerk, or any layman, who shall have knowledge of any one so afflicted, or affected, to report the same for quarantine under penalty to be determined by this man-made law.

*El Paso, Texas.*

### IT'S YOUR MOVE!\*

By E. K. Dearborn, M. D.

One doesn't need to be a thinker, a reformer, or even a fault-finder, to see the many evils that must be remedied before we can make much headway in healing humanity. Close our eyes as we may in our idiotic mock-modesty, wink at this evil or ignore that, dodge at this corner and bump into an overgrown fact at the next, till at last we realize we may as well face the question and ask, "Shall we, as physicians, do the more good in preventing disease or in healing the sick? We realize that \$ is King in America to-day, that diseased minds and bodies mean more money for us, yet no class of people, if correctly educated, would work harder to prevent disease than would the members of our noble profession.

We, ourselves, are not sick, though we labor with mind and body more hours than the mechanic who goes on a strike for shorter hours; we strive to *prevent* diseases, and *the laity fight to transmit and perpetuate the most loathsome of them*. As physicians, we see the absurdity of reporting a case of measles and concealing a case of syphilis or gonorrhœa, and here is where the fight comes in. If a physician brought contagion into a man's family he would be sued for damages, yet that same man will infect his wife (and others) with syphilis and transmit the same to his children, and if to-day a bill was introduced in our Legislature to compel physicians to report and quarantine syphilis and gonorrhœa what a howl would come from the laity.

---

\*Read before the Texas Medical Association for Homœopathy.

Many a physician has been sued for damages for mis-set bones where the sole cause of the trouble was the patient's own negligence, and this same patient may be responsible for a case of ophthalmia neonatorum, osseous nodes, sabre-shaped tibia, or other grave and loathsome troubles, compared to which a mis-set bone is nothing; yet the physician may be filched of several thousand, while the greater criminal goes free, save as nature, in a dilatory way, tries to square accounts in the "third and fourth generation;" and should this criminal patient have ten children I suppose Roosevelt would send him a halo.

From knowledge comes science, with science, knowledge grows. We must evolute to higher morals through a widespread knowledge of truth.

Ignorance, fear and superstition can never lift us above the darkness of disease, and *you know ignorance isn't innocence*, fear is no protection, and superstition only leads us back to darkness.

The veneer of our civilization is very thin; we draw the gossamer curtain of modesty over reeking vileness, and thereby trap innocent victims, and disavow our knowledge of the same; we veil loathsome diseases under euphonious latin names; our surgeons reap a rich harvest from pelvic operations, 95 per cent. of which are due to venereal infection. We reproach people for voluntary race suicide, when their sterility is due to gonococci; these are only a few of the ills that might be prevented if we could legally quarantine and control the venereal diseases.

How shall we go about it? I fear humanity will wait long and suffer much if we depend on "teaching the young idea how to shoot" onto a higher moral plane, especially as teachings and instinct pull in opposite directions.

How to protect the people from themselves and their own ignorance is the question. All thinkers realize the necessity of doing something, but how, and what, and the *modus operandi*, is the social puzzle of to-day. Can you solve it?

*Portland, Ore.*

---

## KENT'S HOMŒOPATHIC PHILOSOPHY.

MESSRS. BOERICKE & TAFEL.

GENTLEMEN: I understand that your firm has taken full possession of Dr. J. T. Kent's *Lectures on Homœopathic Philosophy* for disposal. I should like to offer a word in its favor.

Dr. Kent's *Lectures on Homœopathic Philosophy* should be on the desk and in the hands of every student of medicine. It contains what is absolutely requisite to the knowledge of every one who claims to practice Homœopathy and presents it in such clear, easy, direct style that there is no misunderstanding it.

These lectures are a delightful amplification and application of the numerous points presented in Hahnemann's *Organon* as little more than mere texts. They not only are interesting developments of these texts, but create an appetite for the *Organon* itself, which is found to be by no means "dry stuff," but rich kernels of truth.

When presented to the layman, the further he reads the further he wants to read, and when he has read carefully from cover to cover he has a good grasp of the nature and laws of disease and cure. Thereafter he views all sickness, sick people, and their treatment in a different light. No thinking person can read this book without gratitude to the author and a desire to share its contents with someone else.

Very truly yours,

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

*Harrisburg, Pa., 705 N. 2d St.*

---

## A CASE OF MISTAKEN DIAGNOSIS.

By W. S. Moat, M. D.

Mrs. B. brought her unmarried daughter, aged about twenty-six, to my office for examination on June 6th, 1896, and made the following statement: She has been sick about nine years, has consulted, been examined and treated by no less than twenty-two doctors, including the staff of two hospitals, one in the State of New York and one in the City of Philadelphia. They all say she has a very large fibroid abdominal tumor and there is no cure for her, even by the most skillful surgical operation, as there would be scarcely a chance for recovery. Nevertheless she has offered to take the risk and submit to the operation rather than continue to suffer both physical and mental anguish indefinitely. The surgeons positively refused to operate and sent her home with no hope of ever being any better. I do not suppose you can do her any good, and it has only been by the most earnest solicitation

of friends that I have brought her to you for examination and candid opinion.

*Chief Symptoms.*—Bearing down sensation in pelvis, frequent and painful micturition, obstinate constipation, pain in back, very sensitive along the spine, palpitation of heart, short breath, severe headache, fear of becoming insane, weak, tired, can never get rested, can get but little sleep, will not see strangers, seldom leaves her room, weeps, moans, melancholy and nervous in the extreme.

From the symptoms given was satisfied there was some internal derangement. Placed her on operating chair, introduced index finger into vagina, at once came in contact with a smooth, almost globe-like body, about four by five inches in diameter. Could pass finger nearly three-fourths around its lower third. The other fourth lay so close to the right half of pubic bone and was so near immovable as to prevent the finger from passing between them. The uterine os was found on the posterior surface of the so-called fibroid tumor in the hollow of the sacrum. Every other indication of a womb was entirely obliterated. By internal and external manipulation was able to move the supposed tumor about an inch higher up and a little further to the left of the median line. By that time I was fully convinced that she had no fibroid tumor in the proper acceptance of the term. But, instead, had a uterus that was prolapsed, anteverted, and enlarged to at least five times its normal size, and so informed my patient.

*Prognosis.*—Come to see me twice a week for a year and you will, in my opinion, be in a physical condition to fulfil your long standing marriage contract if you should so wish.

*Treatment.*—Replacement at each visit by internal and external manipulation, a tampon or some other mechanical support to suit various conditions from time to time, and some, but not much medicine.

*Result.*—She improved slowly for the first two or three months, after that more rapidly, and was married to a very prominent gentleman just one year and two days after she came to my office the first time. I continued to treat her at regular intervals during the next year.

*Entire recovery followed.* And has remained so to this day, March 1st, 1905, or at least I am so informed by those who are in a position to know.

1610 N. 15th St., Philadelphia.

## OBITUARY.

## Dr. Joseph Berens.

Dr. Joseph Berens, the widely known homœopathic physician, died this morning from general debility at his home, 1500 Green street. Dr. Berens was born in the village of Eslohe, Westphalia, Germany, December 2, 1813. In 1839 he came to the United States, settling in this city. He graduated from the Medical College of Pennsylvania in 1841. He studied under such eminent professors as Calhoun, Johnson, McClellan, Rush and Morton.

For sixty-four years Dr. Berens was the leading homœopathic physician in this city and the oldest living, of late years, in that school of practice. In 1843 Dr. Berens married Olivia Fuller Waters, daughter of Colonel Jason Waters, of Massachusetts. She survives him after sixty-two years of a happy married life. They had no children.

Dr. Berens was an uncle of G. Jason Waters. For many years Dr. Berens lived in the old White Mansion which stood at Broad and Green streets, on the site where the Boys' High School now stands. His funeral will take place on Saturday afternoon at one o'clock from his residence. The interment will be private.—*Evening Bulletin, Philadelphia, Pa., Dec. 6th.*

## Wiener.

Dr. Morris Wiener, the oldest homœopathic physician in the United States, was born in Berlin, Germany, January 15, 1811. Died October 12, 1905.

Graduated at University of Berlin, 1836, receiving degree of M. D., and a few years later that of Ph. D. Upon leaving University engaged in literary pursuits in Germany. Came to America—to New Orleans—in 1840, returning to Berlin in 1842. Decided to make his home in the United States; 1847 to 1849 in New Orleans; lived from 1849 to death in Baltimore.

Soon had large and extensive practice, always strictly adhering to teachings of Hahnemann. Continued practice to time of death. Besides being a physician of note, Dr. Wiener was a man of high literary attainments, having written many poems, novels and plays. His chief literary works were "The Seeress" and "The

Orphan of Lucca." One of his plays was performed before the royal family of Germany. He never went back to his fatherland after coming to Baltimore. Dr. Wiener left two children, a son and a daughter.

---

## ECHINACEA ANGUSTIFOLIA.

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

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

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

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

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

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

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

---

## COPPER SALTS IN THE PURIFICATION OF WATER.

It is now some time since Dr. George T. Moore first suggested the use of copper salts in the purification of drinking water, and his method has had a very extensive and critical trial in many cities under very diverse conditions, says the *Medical Record*.

The subject was recently discussed at great length at a meeting of the Washington Academy of Science. Dr. Moore, in opening the discussion, said that in almost all of the numerous towns of this country where a bad odor and taste have been noted in the water supply, the cause has been shown to be the growth of certain species of algæ.

The Bureau of Plant Industries was led to investigate methods of preventing this growth, for though analysis shows the waters to be harmless, they are too foul for use and people are sometimes driven from them to polluted wells and springs. Copper sulphate in dilution of 1-5,000,000 was first employed for extermination of the dense agal growths which choked the watercress in the streams of the South. It was then used as a purifier of water in reservoirs.

At Winchester, Ky., the reservoir water developed an intolerably strong odor and taste, but, within three or four days after the addition of copper sulphate in dilution of 1-5,000,000, the water became perfectly clear and free from odor. The success in this case led to the more extended application of the method. During the last six months of 1904 more than fifty large water supplies were successfully treated in this way. The cost of treatment may vary from 10 to 50 cents per million gallons. Opposition to this use of copper is based on the widespread idea of its poisonous nature. But Moore insists that the evidence of its harmlessness is convincing.

It is impossible to give more than an outline of the remarks of Dr. W. H. Wiley, chief chemist of the Bureau of Chemistry, which were intended, he said, as a caution against the use of antiseptics in themselves harmful. Among other points the following were made: The public should not be forced to consume antiseptics in foods, especially not in water, which is of universal consumption. The general opinion of experts upon the presence of copper is decidedly unfavorable. Hence any residual copper in the water supply is objectionable.

As shown by the preceding speakers, however, copper sulphate may be used in quantities sufficient to kill algæ without leaving any excess. If, also, it could be used to kill pathogenic germs and the residue were entirely precipitated afterward, then the chief objection to its use as a germicide in water would be removed.

The Health Officer of the Port of New York, Dr. A. H. Doty,



expressed his belief in the value of copper sulphate as a deodorant and clarifier of water, and described the prompt disappearance of the fishy odor and taste from a reservoir in western New York after treatment with this reagent. He indorsed as economical, effective and safe the use of copper in small amounts against algæ, but not its use for sterilizing reservoirs suspected of containing pathogenic organisms.—*Daily Press*.

---

### OLIVE OIL FOR FŒCAL IMPACTION AND RECURRENT APPENDICITIS.

EDITOR MEDICAL WORLD:—Girl of 13, not overly bright, healthy appearance, menstruated about five weeks before I saw her. She took sick with headache and some pain in abdomen. They called Dr. G., who gave her physic of some kind and ere long she was vomiting; then he ordered soapsuds enema, which did no good. On his next visit he diagnosed fœcal impaction; kept ordering enemata; not much medicine of any kind was given, so they told me. Not being able to get a movement in six days, he ordered her taken to a hospital for operation. They were to take the train at my town, but were too late by a few minutes. The M. D. left for his home without telling the folks what to do with the girl, and ten hours to wait for another train. This caused a good deal of discussion in a small town. She was brought to one of the stores, and a patron of mine said: "I'd see what Doc Rankin could do for her before I'd have her cut to pieces." They took his advice and brought her to my office. I was in the country, but by telephone was soon posted on the situation and came home without making my rounds. Temperature 101°, pulse 98. Some distention of abdomen; pain in left inguinal region, and a mass could be noticed about opposite spine of ilium. I confirmed diagnosis of fœcal impaction. They asked me to do what I could before next train time.

Treatment: Elevated hips, inserted rectal tube, attached fountain syringe filled with olive oil. Washed up and went ahead with my work. In less than two hours she expressed a desire to get up. I removed tube and she passed several hardened scybala. Put her back in same position and repeated procedure. In four hours more she passed some more, and the mass in sigmoid flex-

ure was gone. I sent her home instead of to the hospital, with orders to take ʒij of pure *Olive oil* before retiring. Free passage in night. Put her on intestinal antiseptic and discharged patient with instructions to evacuate bowels every morning, drink plenty of cold water on arising and retiring.

I am a great friend of olive oil in impactions and for appendicitis. I believe recurrent appendicitis, caused by a catarrhal condition of appendix, can be benefited by continued use of olive oil.

Case: Young man, 19 years old; always healthy till three years ago, when he became constipated; and after riding after cattle all day took violent pain right side at McBurney's point. A physician was called and pulled him through this attack and two more within eight months. About two months later, *i. e.*, two months from last attack with the other M. D., he had an attack when his family physician was away. I was called. Temperature  $102\frac{3}{5}^{\circ}$ , pulse 100; tympany, extreme tenderness in right side, in region of appendix. Gave enema of *Epsom salts* ʒij, *Glycerine* ʒj, water O. Good results. Gave oil (castor), followed with intestinal antiseptic, etc., as indicated. Put patient on *Olive oil* ʒij t. i. d., increased to almost an ounce t. i. d., and he has not had an attack since. He took olive oil six months very regularly, and irregularly six months more.

I think it was in *The World* I saw that olive oil had a specific action on adenoid tissue; and as it is penetrating, thought it would move undiscernible impaction in cæcum. If anyone doubts that olive oil will help recurrent attacks let him try it. We are all inclined to be doubting Thomases.

WM. RANKIN, M. D.

*K. M. C. C. P. and S., Keokuk, Ia., '03.*

*Basco, Ill.*

---

## PHOSPHORUS.

By G. W. Harvey, M. D., Pittville, Cal.

This remedy comes more and more into my daily practice as time goes by, and I have learned to prize it highly in many cases aside from sexual ailments. I recently cured a man of pruritus ani who had tried all sorts of sure cures for blind, bleeding and

itching piles without more than temporary relief, with *Phosphorus*. In this case there was constant moisture of the parts, evidently a weeping of the prostate gland into the rectum, as the odor, so the patient informed me, was always one of smegma instead of fæces as he thought it ought to be. Five drops of *Phosphorus* in alcohol enough to moisten a dram vial of No. 35 blank sugar pellets, and five of these three times a day, cured him to stay cured, so he says.

Another cure was one of bleeding gums, where there had been a history of scorbutic taint. There was present also not a little pyorrhœa alveolus, but the *Phosphorus* cured the bleeding perfectly and very materially benefited the pyorrhœa.

I have had many cases of hæmoptysis and nose bleed, where there were small amounts of blood discharged at frequent intervals that were perfectly cured by small doses of *Phosphorus*. In uterine hæmorrhage of passive type where the patient is anæmic and of pale, sickly color of skin, *Phosphorus* will very materially benefit her and help toward a perfect recovery.

In nausea and vomiting, where *Ipecac* nor *Nux* seem to be indicated, *Phosphorus* will generally do the work and do it well. As a prophylactic measure in chloroform anæsthesia I give *Phosphorus* gtt. i, aqua dest. q. s. to four ounces, and one teaspoonful of the mixture before giving the chloroform. This generally prevents the terrible nausea and vomiting that so often follows this necessary procedure.

In cirrhosis of the liver from alcoholism, *Phosphorus* is a sheet anchor. It controls the fearful vomiting that often attends this disease and promotes the resolution of the diseased gland quite rapidly, but I generally combine it with *Chionanthus* and *Lycopodium* to hasten results.

Some months ago I was called to attend a lady of forty odd summers who evidently was a victim of gall stone colic, but in addition to this she also had "jimony fits," as she called them, with severe uterine hæmorrhage and passage of polypi every three or four months. *Dioscorea*, *Nux* and *Chionanthus* would give relief, but that was all. I finally gave small doses of *Phosphorus* for the hæmorrhagic condition, and you may imagine my surprise to learn that I had cured the whole collection of ills, polypi, hæmorrhages, "jimony fits," and what made the patient feel most good over, the terrible colic that had troubled her years without any material relief.

*Phosphorus* will cure many cases of chronic hoarseness where there is no acute inflammation.

*Phosphorus* will often relieve and cure that terrible itching and biting in the skin, following jaundice. It will also cure the purple hæmorrhagic spots on the hands, following wrongs of the liver.

*Phosphorus* is a fine auxiliary remedy with *Bryonia* and *Ipecac*, in pneumonia with rusty sputum following hepatization of lung tissue.—*California Med. Jour.*

---

### ASCLEPIAS.

Doctor, did you ever try *Asclepias tuberosa* in those conditions where the skin is dry and hot, the secretions all stopped? If not, the next case of this kind which you have, give fifteen to twenty drops of the tincture. You will be astonished, amazed and wonderfully pleased at the results. *Asclepias* is a perfectly harmless remedy, indicated in all cases where the skin is out of order. It is compatible with any and everything.

There are a great many plants and remedies on the market having equal virtues in their respective spheres, but the doctor and his patient cannot get the benefit of them because the doctor has never tried them. That is why we do not make progress in therapeutics faster than we do. The doctor sticks to routine medication. If his patient is helped, well and good; if not, the doctor has done all he knows. No science can ever be built up by any such haphazard method as this. The doctor ought to know about the various remedies. He ought to make his knowledge more and more precise until he can assign each remedy to its exact place in the treatment of disease. He should use it in that place and in no other. We know doctors who use one remedy for nearly everything. Sometimes they get results and sometimes not. There is no accuracy or scientific certitude in such work as this.

Try *Asclepias*, doctor, and your success may pull you out of the old rut by putting you in the humor to try other preparations.—*Medical Brief.*

## CARBONACIDÆMIA AND CARBONACIDOSIS.

By Dr. A. Stiegele, Stuttgart.

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

A short time ago a very interesting and praiseworthy little work appeared by Dr. Heinrich Lahmann (*Weisser Hirsch bei Dresden*) entitled, "*The Accumulation of Carbonic Acid in Our Body (Carbonacidæmia and Carbonacidosis). A Contribution to the Comprehension of the Nature of Internal Diseases.*" Lahmann here presents very skilfully and in a convincing manner the idea of man's constitution, and he will thus tell many physicians something new, something unheard of. But for us homœopathic physicians, it is an old familiar sound, the key-note of which is found in Grauvogl's scientific activity. A comparison of the views of these two investigators will give us surprising and very satisfactory results. We only hope that Lahmann will find more recognition in the circle of the physicians of to-day than Grauvogl did in his day. In order to duly comprehend the work of Lahmann, and to understand the logic of events, we have to give lengthy extracts.

The last three decades, in which external causes of disease were almost exclusively regarded, have by no means been favorable to the development of the doctrine of the internal causes of diseases. But external causes alone were not sufficient to explain biological processes, therefore unknown quantities were still drawn into the solution of the account, such as Man's Disposition. It is therefore to be expected that our investigations should now again turn more to internal causes and that we should return to Physiological Pathology. In order to understand better the development of the problem before us, we should first call to mind the following physiological facts: The reception of oxygen into the lungs and the excretion of carbonic acid gas are independent from each other. Oxygen is taken up by the hæmoglobin of the blood and taken to the tissues, while the latter give up the carbonic acid to the soda which is at our disposal for the purposes of respiration. The carbonic acid combined with the soda is then through diffusion and chemical processes transmitted to the circumambient air.

We are apt to think of arterial blood as being nearly free from carbonic acid while the venous blood is loaded down with it, and we are surprised when we are reminded that the quantity of car-

bonic acid in arterial blood makes 34-38 per cent. of its volume, and in venous blood but little more, namely, 43-48 per cent. (Landois). This is due especially to two reasons:

The pressure of the carbonic acid in the alveoles is already considerably higher than in the open air, and the blood in the lungs cannot, therefore, be freed from more carbonic acid, than this pressure permits. The arterial blood streaming from the lungs cannot, therefore, contain a smaller amount of carbonic acid.

Furthermore, the arterial blood is soon again enriched with carbonic acid, since the oxidation of reducing substances may generate carbonic acid in the blood, as seems to follow from the experiments of C. Ludwig.

Now the less difference there is between the tension of the carbonic acid in the venous blood and in the alveolar air, the slower will be the transmission of the carbonic acid from the blood to the air in the lungs, and the greater must be the congestion of the carbonic acid in the blood and in the tissues (Bunge). These conditions take place proximately when the respiration becomes retarded or superficial, for thereby the ventilation of the air in the alveoles becomes diminished and the tension of the carbonic acid therein is increased. This takes place physiologically at night time, because then the respiration is retarded and generally more superficial. There must also be a diminution of the difference in the tension of the carbonic acid in the venous blood and in the alveolar air, when the blood does not contain sufficient soda and in consequence can take up less carbonic acid from the tissues. But the soda present not only has to saturate the carbonic acid, but also the muriatic acid of the plasma, the phosphoric acid, albumen and perhaps quite a number of other substances; so that it is manifest that it is difficult to furnish sufficient soda even in physiological conditions.

But what then are the consequences of the congestion of carbonic acid during the night?

The fluctuations of the elimination of carbonic acid pretty well agree with the daily fluctuations in the frequency of the pulse and of the bodily temperature, with the minimum between two and six o'clock in the morning. This is connected with the retarded and superficial respiration and the retarded circulation of the blood at night. It is a fact that after awaking in the morning the respiration is quickened and becomes deeper, whereby the elimination of the carbonic acid is increased. But during the

progression of the forenoon it again sinks, until dinner produces an additional rise up to its highest point. In the afternoon there is another decrease, and finally, through supper, there is only a slight increase (Landois). If, therefore, the elimination of carbonic acid is increased in the morning, and in spite of the muscular and cerebral activity, there is no increase in the course of the forenoon but rather a decrease. This is a conclusive proof of the position that during the night there must be a retention of the carbonic acid in the blood and consequently in the tissues. Lahmann denominates this physiological phenomenon which has been hitherto overlooked, the nocturnal Carbonacidæmia and Carbonacidosis. The soda which serves to transmit the carbonic acid may perform this duty repeatedly. But when there is a diminution of the tension of the carbonic acid, weaker acids, such as uric acid, lay claim on the soda, or even stronger acids not finding a sufficiency of alkalis elsewhere, some of the soda is lost, as it is eliminated with the urine. The strong acid coming into the physiological breadth in the blood will be able to snatch up sufficient alkalis, so that they can leave the body without danger. The excretion of the weaker acids, especially of uric acid, depends entirely on the quantity of soda which the carbonic acid leaves over for them, for the most important form of the excretion of uric acid is combined with acid, *i. e.*, *Urate of soda*. "The stronger the action of the mass, the higher the pressure of the carbonic acid, the greater is the share of soda which falls to the carbonic acid" (Bunge). We may, therefore, boldly say, that strong tension of the carbonic acid in the blood (or in pathological conditions, strong tension of the carbonic acid in the tissues on account of an absolute lack of soda in the blood) and an obstructed excretion of uric acid, and thus an accumulation of uric acid in the body, have a direct connection with each other.

This also explains the otherwise inexplicable fluctuations in the excretion of uric acid. We cannot doubt that at night, owing to the retention of carbonic acid and the increasing pressure of the carbonic acid and the consequent claim on soda, there must also ensue an accumulation of uric acid and other weak acids.

The physiological nocturnal retention of carbonic acid in the body has as a consequence the retention of uric acid and of other autotoxic substances acting as weak acids. What then ensues? The abnormal high tension of the carbonic acid in the tissue acts on the various nerve-centers. Proximately the blood, as it be-

comes more venous, has a narcotic influence, it acts as a wearying substance. But when the nocturnal blood, rich in carbonic acid, is on awaking urged into the peripheries under the influence of a greater pressure of blood, it here immediately exerts a vaso-constrictory incitation, while owing to the high tension of the carbonic acid in the tissues these vessels have been led to contract so we now get the conjunction of the incitement of cold which contracts the vessels with the carbonacidosis or carbonacidæmia. This is seen most plainly and most lastingly in the extremities; for the vasomotors act most strongly on the vessels of those parts of the body which are in the periphery, *e. g.*, those of the toes, the fingers, ears, etc. (Lewaschar cited by Landois). There are few healthy persons who do not feel the effects of this carbonacidæmia to some degree even if it should be only in the brief stiffness of the fingers in the morning, due to the imperfect circulation. Every one notices this in winter.

The physiological arterial vascular cramp in the morning is aggravated with nervous, excitable persons, especially in winter, to such a degree that the arteries of the hands and feet are often constricted almost so as to make their open spaces disappear. The blood is thus really pressed over into the veins. But since there is always still some oxygen, diffused from the scanty arterial blood, while the congested venous blood is saturated with carbonic acid, there follows a severe engorgement of the tissues with carbonic acid, as shown in the bluish red finger tips. That in this carbonacidæmia and carbonacidosis this vascular cramp may also become permanent, we see in the *Raynaud Disease*. Then there is another group of people with bluish red hands, who in winter suffer from the cold and who may then also experience necrosis of the skin and disturbances in nutrition. The remainder of this host is formed by the great number of those who chronically complain of cold hands and feet. As a consequence, the internal and especially the large veins which usually are under a negative pressure and even "the heart itself is gorged and distended with blood" (Thiry). The venous capillaries, lying in soft tissues or near the surface exposed to the most severe pressure through congestion. That they are not always able to support this pressure, we see from nose-bleeding, and various kinds of hæmorrhages, uterine bleedings, and hæmorrhages from the bladder. It hardly needs to be stated that serous effusions of all kinds and not least of all the hæmophilous serous and bloody-serous and catarrhal



affections of all kinds may naturally be explained by the same increase of the pressure of the blood in the venous capillaries, and they are simply a substitute of the direct venous hæmorrhages.

This self-help of the organism also shows the rationality of venesection in all cases where there is increased venous pressure; it also makes easy the comprehension of its unquestionable effects in the typical disturbance of chlorosis which rests on carbonacidosis.

In consequence of the increased pressure of the blood in the veins the absorption of fluids by the veins is diminished, and we, therefore, have nocturnal and matutinal retention of water in the typical carbonic acid constitutions, which early in the morning have a bloated appearance, swollen eyelids, etc.

Males have from the eighth year up to an advanced age about one-third more of the elimination of carbonic acid than females; about the age of puberty females frequently have only half the elimination of carbonic acid we find in males.

In short, females are carbonic acid constitutions, and they, therefore, also furnish a considerable part of those who suffer from pathological carbonacidæmia and carbonacidosis. In consequence of their carbonacidæmia women also have a less perfect circulation of blood in the periphery than men, and thence also a cooler skin; they retain more water in their tissues and are therefore more hydræmic, more juicy, more fat on account of a diminished power of oxidizing, as they have also, according to the investigations of Lahmann, less specific gravity than men. Owing to their carbonacidæmia they retain in spite of partaking of food which is poor in urea and moderate in quantity comparatively much uric acid and kindred autotoxins; this explains why there is among them such a high percentage of patients suffering from gout and from gall-stones. This tendency is yet increased by their impractical mode of dressing and living. The tendency of indulging and spoiling sick women and girls is therefore highly injurious; we should not allow ourselves to be deceived by their apparent weakness, weariness and somnolence, as these are of themselves symptoms of poisoning by carbonic acid. Their weakness will only be aggravated by a perverse treatment; the abdominal troubles which arise from the congestion of blood in the abdomen under the influence of carbonacidæmia will not yield and the abnormal hæmorrhages and catarrhs will have no end. Motion of every kind is therefore the only true remedy.

Also the nature of gout may be seen from carbonacidæmia; the more soda is used for the excess of carbonic acid in the blood the worse the chances for the excrement of uric acid.

Rhachitis also, according to Wachsmut, is due to an excess of carbonic acid in the blood.

The consideration of menstruation is also interesting from the view-point of Lahmann's theory. In menstruation we have a physiological discharge of blood from the abdomen as a compensation, a diminished peripheral circulation. This is also seen in the faded appearance, in the pallor and chilliness at that period.

In this diminished circulation of the whole of the skin and of the adjacent muscular regions we have in consequence of the insufficient elimination of the carbonic acid a rapid development of all the symptoms of acute carbonacidæmia and, of course, all the local and general troubles caused by auto-infection, even to the cutaneous eruptions caused by this infection. As a matter of course, the pressure in the venous system, being considerably increased, there must be capillary venous hæmorrhages. With many the venous hæmorrhage of the uterus is not even sufficient; they must gain relief by contemporaneous bleeding from the hæmorrhoids, by epistaxis or at least by an equivalent catarrh.

Together with or after this natural venesection the circulation improves owing to the diminution of the pressure of the blood in the veins, and there is then an increased excretion of carbonic acid and of the uric acid which had also been retained. After the menses, as after venesection, which frees the circulation and makes possible the elimination of carbonic acid and other auto-infections, woman feels in the best of health, which then again gradually grows worse according to the increase of the physiological carbonacidæmia, until the next menstrual period comes around, which then again wipes out the surplus of carbonacidosis; so that the menses may well be conceived of as an organic function accruing under the influence of carbonacidæmia.

We find similar processes with vasomotory neurasthenic patients who have every three to six weeks their periods of ailment and are then overjoyed when hæmorrhoidal bleeding or epistaxis cause a compensation.

Also the so-called anæmic cephalalgias and especially the vomiting caused by megrim, many cases of "seediness," a form of seasickness, the vomitus matutinus, and the vomiting of pregnant women, may all, according to Lahmann, be ascribed to carbon-

acidæmia. So also the cause of epileptic convulsions (for the excretion of uric acid sinks considerably before an epileptic attack); the maximum of attacks occurs in the night and morning hours, *i. e.*, it coincides with the physiological carbonacidous maximum. The center of the convulsions in the medulla oblongata is then irritated by the heightened acute carbonacidæmia.

Also the physiological local or general muscular convulsions, especially yawning, as also stretching, may be due to an irritation from carbonic acid in the center and seat of the convulsion.

As we have seen, the notion of carbonacidæmia or the accumulation of carbonic acid in the blood cannot be sharply distinguished from carbonacidosis, or the accumulation of carbonic acid in the tissues.

Persons who suffer from chronic carbonacidosis, or the carbonic acid constitutions properly speaking, also retain other acids in the body, and they are the typical acid constitutions. An example which will serve to illustrate the subject we find in the embryo of dysæmic mothers, who besides may also be living in an impracticable manner. With such the fœtal blood is so venous that since there exists a lack of soda in general, there is never any soda at its disposal for the elimination of the uric acid, so that the newly born may already have formations of uric acid in their kidneys.

We have already stated above that under physiological conditions the quantity of soda which may be used for the elimination of carbonic acid is so small that, even under favorable physiological conditions, there must be carbonic acid retained in the body; in any case there will be a daily retention of uric acid as a consequence of a lack of soda; we may thence conclude a priori that in pathological conditions the relative or absolute lack of soda must in many ways become noticeable. The usual mixture of nutriment of civilized nations contains only one fourth or one-sixth of the quantity of soda which would be found in a normal mixture; this results in an insufficient supply of soda, which shows itself in uric acid and kindred acids and in the unneutralized weak and strong acids. If there should be at the same time perverse nutrition, from an excess of meat and eggs, then sulphuric acids, uric acid and other weak acids will arrive at their maximum; under pathological circumstances this lack of soda may lead to death from carbonic acid.

Between these extreme consequences and the normal ability of

excreting carbonic acid, in which there is only periodical physiological carbonacidæmia or carbonacidosis, there are many intermediate steps. Among these we find the chlorotics, the anæmic, and kindred natures, who are in a continual steady and slight narcosis. There is with them a continual slight irritation from carbonic acid of the vasomotory center, a defective circulation in the skin, a heightened pulse, and, therefore, especially owing to the vasomotory resistance in the capillary circulation, a relative weakening of the heart.

The œdema of the lungs arises during fevers and exhaustion of the heart, since in fever the production of carbonic acid is considerably increased, so that the vasomotory center is more strongly irritated. The left ventricle exhausts itself in the attempt of overcoming the increase of pressure of carbonic acid in the arterial system and a congestion in the veins of the lungs takes place, while through the cramp in the arterial vessels the blood rushes abundantly to the veins and the right side of the heart, the impulsive force which increases the œdema of the lungs.

Then we have quite a group of people who are commonly reckoned among the healthy, since they never complain and are well nourished. They are protected by their deposits of fat against the attacks of the acids on their tissue. They accumulate, indeed, acid on top of acids (uric acid, and kindred acids, oxalic acid, oxybutyric acid), but "perhaps owing to this additional influx of acids there is a diminution of the consumption of oxygen" (Choostek). But when in such constitutions there is in feverish diseases a greater decomposition of cells so much acid is thereby liberated that we quickly incur the danger of death from carbonic acid, with or without the concomitant death of the heart, thus showing the effect of retention of carbonic acid on account of the lack of soda. If they are preserved from the occasional death from carbonic acid, by which they are threatened in every more severe fever, they furnish us typical acid constitutions, the material from which are recruited the people with bad teeth, with rheumatism, with gont, with nephritis and of those suffering from disturbances of the nervous system. It depends, of course, altogether on the individual mode of living and especially on the value of their protoplasm, in what manner these constitutions abounding in carbonic and other acids may come to grief. In the one case more frequent periodical injury from sulphuric acid, while uric acid and tissue-acids accu-

multate, with those nourished in a one-sided manner on albumen, is the cause; with others weak acids with a sedentary occupation cause the injury.

The acme of the difficulty always arises when the strong acids lacking the alkalis "seize on the bases which form the integral constituents of living organisms, tear out some of the individual building-stones out of the cells, and thus destroy them" (Bunge). When thus the destruction of cell-material sets in, then the general decay of cells is already proclaimed; for its products, oxybutyric acid and acetic acid, take care to cause a rapid impoverishment of the organism as to alkalis, whereby continually new decomposition of albumen and of cells is caused. The same injury through acids, or rather the same in principle (for the individual variations of the acids acting according to their quantity and quality explain the various pathological sequences) produces in the one case scurvy and rhachitis and their commixture, Barlow's Disease, and in another case a child's spinal paralysis. In the one case we have an inflammation of the heart, and in the other a juvenile deforming articular rheumatism. In the one case we have the sugar-disease or Bright's Disease, in the other, softening of the brain or some other central disease. Who does not know the ill-humor and the bodily and mental weariness which arise especially in the morning hours, thus at the time when the carbonacidæmia is being removed, lasting even to dinner-time; in this matter the age from forty upward is typical, as up to that age a certain accumulation of acids and perhaps a maximum of uric acid takes place.

Who has not found out that on going to sleep again in the morning we often wake up with headache and great discomfort? The trouble is, that the purification from the nocturnal products the carbonacidæmia which had begun on awaking has been checked through going to sleep again, through the slower respiration, the pressure of the blood which then is again diminished, and when we wake up, then, a few hours later, there is an increased quantity of retained carbonic acid, uric acid, etc., with increased self-infections that have to be removed.

The maximum of physiological carbonacidæmia and carbonacidosis in the early morning hours also explains the maximum of mortality at that time, which fact has not hitherto been properly understood.

Who that know the danger of poisoning with acids will here-

after fall into the mistake of putting the diabetic patient on a purely animal diet? The coma will appear all the quicker, the more sulphuric acid, etc., take away the soda from the carbonic acid.

Thus also is explained the use of venesection in carbonacidosis.

---

### JARGON AND HYPOCRISY IN MEDICINE.

(When a man is prevented from uttering his genuine sentiments, if he is an honest man he says nothing at first, but when he finds that silence is doing him harm he resorts to hypocrisy when he still keeps silent or speaks and teaches what he himself does not believe. Such hypocrisy—called politics—corrupts a large part of the nation, the members of a political organization or state, and where this spirit prevails you can not find a single citizen of whom it can be truly said: He is a man who speaks exactly what he thinks.—ADAMANTIOS KORAI.)

Encouraged by these words of the great physician and scholar Korais I wish to say: No physician, no man in the whole civilized world, can contradict the statement that our medical onomatology is to a great extent a corrupt, illiterate, ridiculous and absurd jargon, and that this condition will continue to grow worse as long as writers, who have no knowledge of the Greek language, coin and introduce words supposed to be derived from Greek which are incorrect, absurd, ridiculous and even indecent. With the current medical jargon, science, properly so-called, can have no fellowship.

Our onomatology needs reform and such reform I wish to propose. I wish, however, this work to be undertaken in like manner as Lavoisier's reform of chemical nomenclature was undertaken, that is, it must be looked upon as a national work to the greater honor of the medical profession.

No confusion need to be feared in introducing correct scientific terms.—*A. Rose in Post-Graduate.*

---

### CORNUS FLORIDA.

*Cornus*—commonly called dogwood boxwood or large flowering cornel—possesses tonic, stimulant and antiperiodic properties which are often useful. It speedily increases the appetite and augments the power of digestion. It is especially indicated when there is acid eructations and the patient feels dull and drowsy

after meals. In enfeebled conditions of the stomach and in abnormal states of the glandular structures of the gastro-intestinal apparatus *Cornus* exerts an influence which makes for functional activity. It also gives prompt relief from the distress caused by the symptom commonly called "heartburn," and its continued use frequently, through its power of giving tone to the stomach and lessening the tendency to fermentation, prevents a return of this very common source of discomfort.

*Cornus* constitutes an efficient medicament in intermittent and other fevers characterized by periodicity, and it is said to have cured many cases of malarial fever over which *Quinine* failed to exert any apparent antiperiodic influence.

In general debility and in the convalescing stages of acute diseases *Cornus* is a most excellent general tonic, and it is tolerated by the stomach when many other vegetable tonics are rejected. Under its influence the character of the pulse is improved and the various functions of the body are gradually restored to normal activity.

The leading indications for *Cornus florida* are as follows: Relaxed or enfeebled states of the system; general exhaustion; miasmatic fevers; pyrosis; indigestion with stupor, headache and acid eructations; chronic intermittent fever, when nausea and diarrhœa attended the paroxysms; convalescing stages of acute disease.—*Eclectic Review*.

---

## HYDRASTIS.

By George Snyder, M. D., Weston, W. Va.

*Hydrastis canadensis*, golden seal or yellow root, is a native perennial plant, growing in shady wood in rich soil.

*Preparations*.—We have specific *Hydrastis*, fluid extract of *Hydrastis*, aqueous *Hydrastis*, Lloyd's colorless *Hydrastis*, *Hydrastis pulvia* and *Hydrastine hydrochlorate*.

The remedy is stimulant, tonic, antiseptic and alterative. In its influence on the nervous system it increases heart power, and muscular tone, in medicinal doses; while in extreme doses it blunts sensibility and it is said will produce convulsions.

In its influence on the stomach and bowels the action is most marked. It promotes the appetite, increases secretion, and soothes and allays irritation in a marked degree. It also increases peristaltic action and imparts tone to the whole alimentary tract, thence its influence is most important in catarrhal gastritis, or in ulcera-

tion of the stomach, not only relieving irritation of the mucosa, but purifying the ulcerated surface, and imparting the necessary tone to the tissues. In those old troublesome cases of atonic dyspepsia, where stomach and liver are deficient in action, *Hydrastis* is one of our very best agents, either alone or in combination with other indicated remedies.

In chronic alcoholism it is of inestimable value in relieving irritation and promoting normal function. *Hydrastis capsicum* and cardamom compound are used to supply the wants of the system produced by the excessive use of alcoholics, and very materially assist in the cure of the disease, and may be given in connection with *Strychnine* or other indicated remedies.

The action of the remedy on unstriped muscular tissue makes it a valuable remedy in many uterine disorders, as it stimulates nutrition and muscular tone; it has a very decided influence in subinvolution, menorrhagia and prolapsus, not only restoring the tone of the uterine and perineal muscles, but exerting its specific influence on vaginal and uterine mucosa. In speaking of the remedy in treating cancers of the breast, Prof. Ellingwood says *Hydrastis* is indicated where the tumors are hard and painful; *Conium* where they are small, hard and painless. In all catarrhal diseases, where there are feeble flabby conditions both of mucous and muscular tissue, it is the remedy par excellence, both locally and internally. In aphthous sore mouth, ulcerated stomatitis, in diphtheria and tonsilitis it makes an elegant gargle. In gonorrhœa, leucorrhœa and catarrh of bladder, it makes a splendid wash.—*Eclectic Medical Journal*.

---

## BOOK NOTICES.

---

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Professor Carl von Noorden, Physician in Chief to the City Hospital, Frankfurt, A. M.; Authorized American Translation by Walker Hall, M. D. Part VII, Diabetes Mellitus; Its Pathological Chemistry and Treatment. 211 Pages. Cloth, \$1.50. New York, E. B. Treat & Co. 1905.

If you want the latest and most authoritative book on the modern or scientific treatment and views of diabetes mellitus, there is no doubt but that this is the book to get. Text is a series of lectures delivered before the University and Bellevue Hospital Medical College of New York.



# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL.

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

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

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

---

---

## EDITORIAL BREVITIES.

SERUM THERAPY.—In a very interesting paper, "Antitoxin," read before the Massachusetts Homœopathic Medical Society by Dr. F. M. Paddleford, and printed in the New England *Medical Gazette*, October, occurs the following: "Virchow is said to have asserted that Serum Therapy rested upon a homœopathic basis. Buchner and Melchnikoff seem to be but reiterating theories advanced by Hering as early as 1830. If, as they assert, *Antitoxin* is a modified toxin, the only essential difference between the practice advised by Hering and that of to-day is in the method of administering the remedy." That is most surely true. A good preparation of *Diphtherinum* will do all that *Antitoxin* will do, with no danger of sudden death and at far less cost for the drug.

Apropos of all this, the following is interesting and suggestive. Some years ago a very well known homœopathic physician told the writer of a case of skin disease that had been the rounds of allopathic, eclectic and homœopathic physicians in the city in which he practices. He said he knew she had been in able hands and had received the best treatment of the three systems. He got some of the diseased skin—microbes or whatever—and had it thoroughly triturated and run up to a fairly high potency, administered it to patient and made a "brilliant cure." That, we take it, is better than the cumbersome allopathic method *via* a horse's blood. Furthermore, as a young and healthy horse should be used for making *Antitoxin*, and as they are expensive, it is very probable that old, bone-yard beasts are used, which may account for the numerous "accidents" following the injection of *Antitoxin*.

CURIOUS METAPHORS.—Our most estimable contemporary, *The Medical Visitor*, in its October issue, contains a paper by Dr. Hugh Bennington, under the title: "In Justice to the Bacteriologist." It opens as follows:

"I read with a great deal of interest the article by J. W. Hodge, M. D., in the August issue of *The Medical Visitor*, on 'Bacteriophobia and Medical Fads.' There are two sides to every question, and it is not surprising that the wave of bacteriology which has swept over the medical profession in the last few years has failed to engulf some of the members of that complex and heterogeneous organization. Occasionally we catch sight of one of these swimming about in *gurgite vasto*, frantically waving his arms and raising his voice to let the whole world know that he does not propose to be swallowed up in the flood. With all due respect to Dr. J. W. Hodge, whose desperate sincerity is evident enough, it is hardly likely that he will be able to stay the tidal wave."

Whether a "wave," a "tidal wave" which engulfs a learned profession; whether a "tidal wave" is a good thing, and, still more to the point, a *permanent* thing, is a matter that is at least open to discussion. To a careful reader of current medical literature it is very apparent that the bacteriological "flood" is receding. If the medical press were like the ribald secular press, and would print all the funny things that happen in bacteriological diagnosis—oh! draw the veil.

Is it not a little, a wee bit, absurd that an experienced physician must go to City Hall, or some other official building, to learn what he is up against? And probably to learn from a man who never treated a case in his life! How often has it happened that a case has been officially pronounced to be diphtheria—or what not—when the child was next day romping in the yard, but held there by the official placard. Bacteriology has a place in medical science, but it *should not*, as it does, occupy the chief seat in the band-wagon. Yes?

THE TISSUE REMEDIES.—"Schuessler's theories, while they may be to a considerable extent founded upon imagination, yet led him to believe and enabled both himself and his disciples to demonstrate that in the so-called tissue salts we possess a mine of remedial wealth."—*F. M. Paddleford in New England Medical Gazette.*

## NEWS ITEMS.

Dr. Searson has removed to 64 Seymour Street, Portman Square, London W., England.

Dr. Octavia L. Krum has opened a fine private sanitarium at Bynden Wood, Wernersville, Pa. It is a beautiful place situated on top of South Mountain, and commanding a view of the Lebanon Valley on the one side and of the Lancaster valley on the other. It was built by the late A. J. Tafel. Anyone can obtain a pamphlet illustrating the house and surroundings by addressing as above.

Dr. Charles M. Thomas desires to announce his removal from 1623 Arch to 1825 Chestnut Street, Philadelphia.

The *Medical Century* says of Dr. H. Worthington Paige's book, *Diseases of the Lungs, Bronchi and Pleura* (January, 1905): "It is one of the *best* of the small books that have lately come to our table."

Dr. W. A. Yingling writes of Kent's *Repertory*: "We have a repertory that we can confidently rely on in all its features and rubrical remedies. \* \* \* Every symptom is placed right where it belongs; \* \* \* we get by this means the most complete and full repertory extant. \* \* \* In every instance the 'Generals' are given as well as the 'Particulars.'"

After Wednesday, November 15, Dr. S. A. Kimball's office and residence will be at 220 Newbury Street, near Fairfield St., Boston, Mass. Hours two to five P. M. Chronic diseases a specialty.

## PERSONAL.

The small boy does not like his mother to get into a spanking breeze.

A man may feast his eyes and ears on beauty or music, but the time comes when he prefers, say, corn beef and cabbage.

If you have never used *Ceanothe crocata* in epilepsy, try it. Has proved successful in many cases.  $\theta$  or 1st dilution.

The book, *Manual and Clinical Repertory of the Tissue Remedies*, by von der Goltz, is one of the most *direct* guides for prescribers ever published.

"Ladies, who promote vice through their endeavors to make virtue compulsory," is the way the *Medical Record* puts the army canteen question.

What does "Blessure" mean—without looking in the dictionary.

"Ailurophobia" is the scientific title for "fear of cats."

"When are you going to learn to eat pork?" asked Father Kelley of Rabbi Levi. "When I attend your wedding," was the quick answer.

No, Mary, we will not recognize any communications from you signed "Marie." Positively will *not*!

In a dispute the average man is more apt to be more aggressive if he is bigger than the other fellow.

"After many years of research," says Binks, "I have come to the conclusion that 'heaven' in the minds of the average sinner stands for 'personal comfort.'"

When she says "I never saw a man like you," it may be she thinks "there is so little resemblance."

When a man calls on a chiropodist he always puts his worst foot foremost.

Binks says it is uncommon for any one to have common sense.

A "blockhead" is a human being—like all the rest of us.

A woman would rather find a whole keg of gun-powder on her husband than a suspicion of face-powder.

When it comes to unfolding a tail the Peacock beats Hamlet's ghost, O. K.

Do not forget *Nymphæa odorata Suppositories* in all vaginal troubles. Good thing.

Agnes remarks (in effect) that if men would quit kicking their brethren in their reputation-ribs, "what a happy world it would be!" But, Agnes, some of them *need it so badly!* Deed they do!

All new subscribers to the RECORDER for 1906 will receive, *free*, a picture of Bœnninghausen, published originally at \$2.00, 20x14, as a premium. This offer terminates the last day of March. It is a fine photo-gravure of the old repertory veteran. To old subscribers, 25 cents postpaid.













