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Index to Volume XXIV.

- A Great Programme, 184.
A Remarkable Case, 319.
A Tale Twice Told, 225.
A Very Remote Similitude, 481.
Abscess of Labia Pudenda, 170.
Aconite and Aconitine, 93.
Aconite and Belladonna. 45.
Adonis Vernalis Proving, 36.
Allen, Dr. H. C., Books, 161.
Allen, Dr. H. C., Letter to, 267.
Allopath and Homœopath, 225.
American Institute, 1911, 540.
Amputation vs. Calendula, 451.
An Inexcusable Gratitude. 195.
An Old Bunco Game, 184.
Anopheles, Not in This Epidemic,
477.
Antitoxin, Danger of, 519.
Antitoxin, Death From, 91.
Antitoxin, The Seamy Side of, 453.
Apocynum, Alcoholic Poisoning,
371.
Arnica and the Law, 523.
Articular Rheumatism and Ferrum
Phos., 506.
Atigens 178.
Bacillus Tuberculosis, Nature of,
90.
Barcelona Academy. Fornias, 311.
Bee Sting Cure, 231.
Benzoate of Soda, 233, 525.
Bernhard Shaw and the Doctors,
229.
Beyond the Germ, 327.
Bill Collecting, 277.
Black Tongue, 142.
Bleeding, 383.
Blindness and Quinine, 330.
Bovine Tuberculosis Not Trans-
missible to Man, 486.
Calendula, 271, 541.
Calendula, A Physiological Anti-
septic, 30.
Calendula, Local Use of, 124.
Calmette Reaction, 232.
Cancer and Homœopathy, 413.
Cancer vs. Tuberculosis, 92.
Cantharis, A Discovery Concern-
ing, 337.
Catarrh, Chronic, 176.
Catarrh, Chronic, 85.
Cancer, a Law Unto Itself, Each,
521.
Cause That Is Doubted, A, 268.
Chiropractice, The, 502.
Chloral in Alcoholism, 70.
Cholera 115.
Christian Science, Possibilities of,
51.
Color in Tinctures, 284.
Coming Events Cast Their
Shadows Before, 226.
Comments on Homœopathy, 397.
Concerning "Science" Taught in
Our Colleges, 291.
Concerning Dr. McIntyre's Contri-
butions, 459.
Confusion of the Law of Simili-
tude, 460.
Consistency, Thou Art a Jewel, 212.
Consumptives, A Possible Resort
for, 116.
Cratægus Oxyacantha, 71, 123, 131.
Cure Must Stand First. 283.
Curious Reasoning, 282.
"Dared," 137.
Delayed Healing of Wounds, 328.
Detroit Meeting, Random Notes,
302.
Diabetes Mellitus, 149.

MAY 20 1910

76582

- Died of Nephritis, 189.
 Diagnosis of Small-pox, 328.
 Diphtheria, 149.
 Dipsomania, 131.
 Disintegration of the Homœopathic Profession, 339.
 Doings and Sayings of the I. H. A., 544.
 Don't be a Wobbler, 228.
 Drug Strength, 140.

 Eel Serum, 29, 205.
 Echinacea, 316.
 Enuresis, Nocturnal, 130.
 Epidemic Remedies, 446.
 Erotic Dictionary, The, 224.
 Extracting Sunbeams From Cucumbers, 188.

 False Label on Medicine, 325.
 Fashions and Homœopathy, 97.
 Fauces, Inflammation of, 168.
 Ferrum Phos. in Articular Rheumatism, 506.
 Ficus Religiosa, 17, 163, 277, 455.
 Filters. How to Make for Cisterns, 539.
 Fluxion Potencies, 359.
 Foot and Mouth Disease, 261, 327, 412.
 Fraxinus Americanus, 89.
 Fresh Air and Pneumonia, 89.
 Fruit Juices and Syrups, 214.

 Gelsemium, An Old Experience With, 157.
 Gelsemium, Discovery of, 70.
 German Medical Journalism, 94.
 Germ Theory, 427.
 Germs to Cure Germs, 202.
 Glands, Scrofulous, 172.
 Gossip, 134.

 Hahnemann's Potencies, 508.
 Hahnemann Vindicated in Spain, 119.
 Heart "Tonics," 46.
 High Potencies, 435.

 Homœopathic Remedies, Hypo-dermatically, 264.
 Homœopathic Vaccination, 182.
 Homœopathy and Mysticism, 377.
 Homœopathy and the Older School, 387.
 Homœopathy and Typhoid, 189.
 Homœopathy vs. Toxins, 203.
 Horses, Acute Indigestion in, 210.
 Hydrophobia, Is There? 531.
 Hypodermic Injection of Mercury, 269.
 Hyoscyamus in Mental States, 75.
 Hypodermic and Inoculative Treatment, 185, 317, 541.
 Hysterics, 211.

 I. A. H., Doings and Sayings of, 544.
 Idea, An "Exploded," 90.
 Immune, 385.
 Incomes of Medical Men, 227.
 Infantile Scurvy, 328.
 Infectious and Contagious, 135.
 Insomnia and Gelsemium, 209.
 Intermittent Fever, A Case of, 518.
 Intermittent Fever, Masked, 80.
 Itch, A Possibly New Remedy for, 465.

 Kali Phosphoricum, An Analysis and Challenge, 366.
 Kalmia Latifolia and the Heart, 372.
 Knighting a Homœopathic Physician. Mattoli, 310.

 Lachesis Bothrops, 137.
 Learning to Cure Disease, 326.
 Lines to Hahnemann, 263.
 Lion and the Country Doctor, The, 193.
 Liver, Congestion of, 129.

 Making Mad, 179.
 "Making Us Ridiculous," 88.
 Malaria, 511.
 Malaria, The Treatment of, 458, 510, 516, 542.

- Malandrinum, 25.
 Materia Medica, Some Ideas of, 497.
 Materialism, 251.
 Medical Examinations, 426.
 Mellilotus in Cerebral Hyperæmia, 71.
 Mercury and Tuberculosis, 138.
 Metchnikoff, 180.
 Minimum, The Dose, 245.
 Mortality Statistics, 241, 551.
 Mosquito, Malaria Theory, 300.
 Myrtus Checkan, 538.
- NEW PUBLICATIONS.**
 ANSHUTZ. Guide to the Tissue Remedies, 222.
 BLACKWOOD. The Food Tract, 558.
 BROWNE. Parsimony in Nutrition, 221.
 BUTLER. Physician Detective, 178.
 CLARKE. Tumors, 39.
 CLARKE. Vital Economy, 324.
 COOPER. Primitive Fundamental, 324.
 COPELAND. Scientific Reasonableness, 467.
 COWPERTHWAIT. Materia Medica, 467.
 DEWEY. Essentials of Hom. Materia Medica, 40.
 FARRINGTON. Clinical Materia Medica, 87.
 GHOSE. Life of Mahendra Lal Sircar, 561.
 GOULD. Fifty-seven Ophthalmic Blunders, 559.
 HAHNEMANN. Chronic Diseases, 40.
 INTERNATIONAL HOM. DIRECTORY, 325.
 KENT REPERTORY, 39.
 MARRS. Confessions of a Neuras-thenic, 423.
 NASH. Leaders in Respiratory
- RAMSEYER. Rademacher's Uni-
 versal and Organ Remedies.
 REED. Sex Cycle of Germ Plasm, 222.
 RIBOT. Diseases of Personality, 422.
 STRONG. Machination of A. M. A., 221.
 SURGICAL SUGGESTIONS, 700, 178.
 TABER. Pocket Dictionary, 135.
 WILCOX. Surgery of Children, 559.
 WILSON. Diseases of the Nervous System 87.
- Natrum Muriaticum, 23.
 Neuralgia, Facial, 78.
 Not Properly Up to Date, 183.
 Nux Vomica, 65.
- Odd Cases in Practice, 307.
 Old Books, 331.
 Olive Oil and "the Cup," 89.
 Olive Oil Hyperchlorhydria, 313.
 Olive Oil, Stomach Diseases, 33.
 Olive oil, Surgery, 381.
 "One Aim," 180.
 One, The Aim, 566.
 Opium Smoking, 138.
 Oponins, 44.
 Organon 163.
 Organotherapy, 217.
 Osler Again, 477.
 Osteopathy, 228.
 Ovaries, Inflammation of, 320.
- Pariah, The New, 278.
 Pathological Knowledge, Errors to Which Lack of May Lead, 3.
 Pathologist, A, on Homœopathy, 475.
 Peace Maker, Sulphur, 210.
 Pellagra, 504.
 Pessimist and Optimist, 433.
 Pharmacopœia, The Question, 454.
 Phaseolus Nana, 73.
 Phthisiotherapy, Biochemical, 535.
 Potencies, 230.
 Prodigal, The Return of, 186.

- Professional Courtesy, 52.
 Progress, 470.
 Profit Sharing, 158.
 Prostate, Enlarged, 112.
 Psora. Something About, 329.
 Psoriasis, 417.
 Pulsatilla and Complementary Remedies, 360.
 Pyrogenium, A Case, 61.
- Quacks, 382.
 Quarantine, 137.
 Quinine and Malaria Again, 542.
- Rademacher, 201.
 Radium in Therapeutics, 31.
 Rattlesnake Bites, 279
 Rattlesnake Bite, Cimicifuga, 122.
 Remedy, According to Patient's Sensations, 165.
 Remedy, The Single, 98.
 Repertories, 65.
 Rheumatism, Articular, Chronic, 173.
 Roentgen Rays and the Sweat Glands, 381.
- Salt, 188.
 Sausages, 472.
 Scutellaria Laterifolia, 68.
 Sectarianism, 229.
 Senecio, 165.
 Sensational Medicine, 190.
 Serums, 280, 326.
 Serum Diseases, 428.
 Sepsin, 292, 411.
 Shearing the Lambs, 49.
 Sherlock Holmes, 69.
 Silica Marina, 33.
 Something About Prescribing, etc., 289.
 Something We May Never Know, 356.
 Spine, Concussion of, 130.
 Still and Osteopathy, 409.
 Stomatologists, 424.
 Stop Making Diseases, 186.
 Strong on Fits, 326.
- Symphoricarpus Racemosa, 311, 411.
 Symptom Covering, 535.
 Symptom, the Story of, 19.
 Synthetic Drugs, 94.
 Syphilis, Treatment, 169.
- Teaching Homœopathy, Up-to-Date Methods of, 12.
 The Making of the Small Dose, 146.
 The Purpose of Nature in the Law of Cure, 440.
 Then and Now—Simmons, 111.
 Theapeutic Pointers, 38.
 Testing the Patient, 477.
 Tissue Building, 343.
 Tongue, Abscess, 171.
 Too Much Antisepsis, 140.
 Traumatic Neuroses Questioned, 382.
 Trichinosis, 478.
 Tuberculosis, Inoculation Test for, 181.
 Tuberculosis, The Cause of, 138.
 Tuberculosis Congress, 1.
 Tuberculosis, Lime Dust, 37.
 Tuberculin Tests, 44, 476.
 Tuberculous Literature, 471.
 "Twisted Thoughts," 42.
 Typhoid Carriers, 281.
- Unrest, 332.
- Vaccination, A Rejected Letter, 118.
 Vaccination, Changing Views on, 43.
 Vaccination Ills, Hom. Treatment, 25.
 Vaccination, Internal and the Pa-Law, 601.
 Vaccination in the School Code of Penna., 208.
 Vaccination, Homœopathic, in Penna., 315.
 Vaccination, More, 472.
 Variola, Latest Word on, 93.

- Variolinum in Treatment of Small-pox, 198.
Vivisection, 223.
War in the A. M. A., 227.
War on Tuberculosis, 409.
Water as a Vehicle in Homœopathy, 445.
What Is Scientific? 529.
Who Killed Cock Robin? 553.
Wild Oats, 128.
X-ray Caution, 91.

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No. 1

THE REVERSE SIDE OF THE INTERNATIONAL TUBERCULOSIS CONGRESS.

The world has read so many eulogistic notices of the late Tuberculosis Congress that perhaps a peep from another vantage point may interest some. Dr. Geo. B. H. Swayze, of Philadelphia, furnishes it in the December issue of *The Medical Times*, N. Y. According to Dr. Swayze imperfect elimination is the root of physical ills and degeneration.

“The uric acid form of degeneration maintains a great variety of physical discomforts. The tubercular form of degeneration constitutes the other predominating plane of diseased conditions, call them by what names we choose. Then what? Sanitary breathing air, nutritious diet to feed the blood supply for building, and ample elimination of wornout material are in themselves curative alike in every form of diseased manifestation. What is breathed mainly determines what type of disease will be sooner or later developed. That is an eternal law of God’s truth from which there can be no deviation.

“The ignorant, miseducated public, half the doctors also for that matter, habitually mumble their chants about ‘a cold’—yet ‘a cold!’ whereas ‘a cold’ had no more to do with the cases than a firefly has to do with a destructive conflagration. Unity of cause—unity of results.”

“Neither Koch nor the food infectionists,” he writes, “have discovered the bottom cause of consumption, their theories can never harmonize on the ground floor facts of conditions,” the facts of bad air, food and environment. The cause of the disease “is an abnormally carbonized blood defecation which, unregenerated hour by hour, prepares the material for the development of tubercle

bacilli in the system as an auto-generated infection—in nowise essentially dependent on the incidental emigration of bacilli from outside sources. All the treatment that will ever prove reliably effective in reducing the ravages of consumption will be in proof of the natural fact just stated. These lengthy speeches go soaring around the pivotal facts, but with eyes set upon the bacilli or secondary stage of physical degeneration, are apparently blind to the logical precedent which alone installs or seats the development of tubercular conditions.”

The gentlemen who are commanders in what they dramatically term “the war against the great white plague” tell us that any case of consumption can be cured by them if taken in time, and their cure is in following what Dr. Swayze outlines,—“every case can be cured” if taken in hand before physical degeneration has proceeded too far, by means of good air, food and environment, and it may be added, with these the disease can be eradicated, but where is the medical Moses who can lead the millions of the slums, who live in most “disgraceful,” unsanitary conditions and breed tuberculosis and other unpleasant “germs” which are the “cause” of disease, to a land where they may earn wages that will put them on a sanitary basis? And echo answers, “Who?”

This is the heart of Swayze’s paper, but he pokes some grave fun or satire at some of the means and views advocated by some delegates to the great congress. Or, in his own words: “Among so many men of so many minds and ambitions there must arise a ‘corporal’s guard’ to project side theories by which to distinguish their personality amid the overflow of tuberculosis ideas in a great congress.” Among these are the gentleman who finds some of the “germs” in the water supply, though indeed, pure water is an essential, the man with the X-ray machine, the man who trots on the bovine hobby, milk and meat, the man who finds in “contact” the root of the disease, and others, and among them the man who wages “the war” by wholesale slaughter of harmless cattle, the man who inoculates and uses vaccines, the man with his “reactions,” the man who gets excited over sputum.

Dr. Swayze devotes rather more attention to the warrior who finds his mission in slaughtering cattle because his acts are “tremendously costly” and the only effect of whose work is to make living dearer and thus sink the slums a little lower. Of

these he writes, rather dryly: "Men who draw salaries usually do something because authorized with privilege and pay." Also "Evidently it was as much the purpose of delegates to worst Koch as it was a desire to solve the facts of truth."

"Thrift, Horatio, thrift." Dr. Swayze did not write that. It is a quotation from Hamlet, otherwise Shakespeare.

ERRORS TO WHICH LACK OF PATHOLOGICAL KNOWLEDGE MAY LEAD.

By Eduardo Fornias, M. D.

In a previous paper, on the subject, I endeavored to show the variable importance of a given symptom, under different circumstances and in different diseases. For elucidation I took the symptom *vomiting*, just as I could have taken *diarrhœa*, *constipation*, *cough*, *dyspnœa*, *vertigo*, or *fainting*, and now my task shall be to point out the validity of my contentions, and to do this successfully I can do no better than present a few cases of errors, due to ignorance which have come under my immediate observation during my practice in this city.

1) A case of *coxalgia* treated for weeks with *Bryonia* under the supposition that the *pain in the knee*, worse on motion, was due to rheumatism, came near to proving fatal, if a surgeon had not come to the rescue, and saved the physician's reputation. The surgeon was a professor of the Hahnemann. The attending physician ignored completely that *pain in the knee* could be reflex, due to *hip disease*, or the result of *obturator hernia*, and even be produced by a *loose cartilage*. Just, indeed, as others have not learned that *pain in the shoulder* occurs in *disease of the liver*, or *of the colon*, and that in those cases where the pain and even the tenderness are referred to the *opposite side*, the difficulty, in the absence of objective symptoms, may be insurmountable. But, the *pain in the knee*, depending, as it does in such cases, upon well known physiological laws, should never have been a cause of error. Perhaps a little more difficult would be to determine if *pain in the angle of the right scapula* is due to *cancer of the liver* and not to *rheumatism*, and more difficult still, if *pain in the tip of the shoulder blade* is the result or not of *tumor of the suprarenal capsule*.

2) This was a case of *persistent metrorrhagia* in which my predecessor contented himself with giving repeated doses of *Ipecac 200*, on account of the *nausea* which attended the continuous flow of bright red blood. Examination, however, revealed a *prolapsus of the ovary*, which another professor of the Hahnemann replaced with cessation of the trouble.

3) A common source of error is *the cessation of the stitching pain in pleurisy*, due usually to nothing else, but to the effusion which diminishes and even stops friction between the opposing surfaces of the inflamed pleura, as it progresses. Every educated physician does know that pain ceases or changes its place as effusion comes on, and is not increased as formally by breathing or coughing, hence there is no excuse for attributing this relief to any other influence. True enough the *pleurisy* may be dry (plastic), and then is not followed by fluid effusion, but it is a frequent indication of *tubercular disease*, which is very important to know. Moreover, are not such signs as *lack of re-expansion*, a *dislocated heart*, an *inflamed diaphragm*, *interpleural pressure*, and *adhesions*, worth our consideration? Are we to disregard these changes and allow the disease to take a bad course without knowing what is taking place in the tissues involved? *Mortal syncope* is frequently imminent when the *intrapleural pressure* threatens the circulation, and the signs indicating this pressure are: *A bloody, viscid sputum with crepitant rales and a suffocative cough*, so we cannot afford to miss these signs. Neither must we forget that *pleurisy* may become *chronic* in many ways, and that the effusion may remain unabsorbed for many months and perhaps years. And how if the effusion becomes *purulent*? Are we to prescribe for the *fever, cough, muco-purulent sputa* and *night sweats* and allow the danger to continue without calling a surgeon to remove the pus?

I shall never forget a case of *acute sero-fibrinous pleurisy*, from cold, which came under my observation several years ago, and where the relief of the pain by the serous effusion, was attributed by the attending physician to *Bryonia*, with the result that the case was somewhat neglected under a supposed improvement and *empyema* ended in death.

4) Probably the most interesting case I shall refer to is one of *surgical or traumatic aphonia*. The patient solicited homeopathic

advice after being in the hands of able allopaths, who pronounced the case incurable. Our ultra-purist, however, thought different, and after tampering with the very highest dilutions, walking in the dark for months, and presenting a bill of a few hundred dollars, was ignominiously discharged to the discredit of Homœopathy. This patient had been operated, I do not remember, if for *post-pharyngeal abscess*, or for *laryngeal tumor*; at any rate he lost his voice gradually *from crippled contracted cords*, and nothing could be done for him. After this disappointment, and through the insistence of a lady patient of mine, he consulted me, and, of course, I became well acquainted with the history of the case and the ridiculous claims of our man.

When we consider that *loss of voice* is not only due to *post-pharyngeal abscess*, or *contracted cicatrices on the vocal cords*, but to many other morbid states and lesions, one can hardly understand how there can yet be physicians who claim to be able to do without a knowledge of pathology. Loss of voice (*aphonia*) can be the result of *aortic aneurism*, *acute ascending paralysis*, *enlargement of the bronchial glands*, *diphtheritic laryngitis*, *exhaustion*, *exophthalmic goitre*, *excessive vocal exercise*, *foreign body*, *laryngeal growths*, *hysteria*, *insanity*, *tumor of the larynx*, *lead palsy*, *lupus of throat*, *chronic laryngitis*, *mediastinal tumor* or *cracked*, *œdema laryngis*, *large pericardial effusion*, *bilateral paralysis of adductors*, *sypilis*, *trichinosis* and *violent emotions*. And in *aphonia* I do not include *hoarseness*, which recognizes many other causes.

5) Interesting also was a case of *dilatation of the stomach*, in which I was consulted by one of the most amiable of *confreres*, but who would not acknowledge the necessity of pathology in our practice. I do not know if our discussion and its issue ever convinced him. The history of this case runs as follows: The attending physician asserted that his remedies acted charmingly for a time, in what he called *gastric irritation with copious vomiting* (not a bad name), but which returned, he thought, with increased intensity after a couple of days of complete relief. I had the time of my life explaining him that *in a dilated stomach the food accumulates*, owing to the *atony of the walls*, the result of direct distention from excessive drinking and gluttony, or from *chronic gastric catarrh*, and that in some cases it was due to inability of

the food to pass into the pylorus on account of a *stricture*. I further told him that the cause of stricture is to be found, either in a *cicatricial formation* from ulceration, or in *carcinoma*, though in rare instances it could be produced by compression of a tumor, by a twist or bend of the duodenum from peritoneal adhesions, or by a floating kidney. But all this, even *ballooning of the stomach* and the *siphon* was new to him, and naturally he contented himself with hunting remedies which could cover, if not the periodical overdistention and copious vomiting of decomposed and fermented substances, at least *the constipation, the scanty urine, the dry skin, the emaciation*, etc. When, however, he found that the relief was only temporary and the vomiting returned over and over again, he decided to have a consultation.

I tried to ascertain the presence of *dilatation* by percussion and palpation (ballooning and siphon were not accepted), and found visible peristalsis of the thickened wall and perceptible splashing sounds; both the epigastrium and left hypochondrium were hollowed, and the lower parts of the abdomen prominent. An examination of the *vomited matters* revealed floating *torulae* (oval cells of the yeast plant) on the surface, and *sarcina* (rectangular bodies, divided into smaller rectangles by cross lines), at the bottom of the vessel. In view of these results, and sure there was no ulceration, I advised, besides the indicated remedy and proper hygiene, the *stomach siphon*, which was refused by both patient and family physician. I learned that this patient was not only a glutton but a hard drinker, and had received repeated and prolonged doses of *Arsenic, Nux vom., Phosph., Lachesis, Opium, Sulphur* and *Veratrum*, without the least benefit, but showing a correct knowledge of *materia medica*, if not of pathology. I lost complete track of this case, as the patient moved to the country and his physician died.

6) My next illustration deals with a case of *impacted ear wax*, with complete loss of hearing in an old lady, of Spanish origin, stopping at the Colonnade Hotel, who, after a prolonged internal treatment by a renowned physician of our school, was instantaneously relieved by the removal of the obstruction. It is unnecessary to say more of this case. Its frequent occurrence, however, has placed many careless prescribers in a ridiculous position.

7) I was once consulted in a case of *vicarious hematemesis*, in

a young girl, who, at every lunar month, or thereabouts, vomited blood at the time of the menses. The *diagnosis* of an old school physician was *pulmonary tuberculosis* on account of the family history, and my friend thought it was a case of *gastric ulcer*. The results proved that both were wrong. This is an interesting case for study, for *vomiting of blood* may occur in *hæmophilia* without an essential cause, it may be *vicarious*, as in the present case, or due to *ulcer of the stomach*, when the vomited matter is composed of fresh, dark red, inodorous blood, or the result of *cirrhosis of the liver*. Then, again, when the blood vomited is old, decomposed, sometimes badly smelling (*coffee ground*), we have a pathognomonic symptom of *carcinoma*, and is also known under the name of *black vomit* in *yellow fever*. But, then, it may also be present in *abdominal aneurism*, *purpura*, *scurvy*, *typhus*, *vascular disease*, and in *chronic arsenic poisoning*, and in *acute phosphorus poisoning*.

In order to avoid mortifying errors we should be careful also to exclude swallowed blood coming from the nose or teeth, and in infants from cracked nipples. We should be watchful to distinguish between *vomiting of blood* and *coughing of blood*. In the majority of cases patients will describe characteristically either *hematemesis* or *hæmoptysis*, but sometimes *coughing* is attended by *retching*, and sometimes blood which has been coughed up is swallowed. In cases of *gastrorrhagias* and consecutive *hæmatemesis*, the blood is red if not altered by the gastric juice, but if it remains for some time in the stomach, it takes the aspect of *diluted soot*, or of *coffee grounds*, or it is ejected in clots of more or less volume. These are the changes occurring in *cancer of the stomach*. *Ulcer of the stomach* and certain infectious maladies, as *icterus grave*, *yellow fever*, etc., give rise to *gastrorrhœa* (*vomito; negro*). In this *coffee-ground-vomit* the *red corpuscles* are disassociated and the *hæmoglobin* is transformed in *hematin*, verified by the reaction of *hæmin crystals*.

Moreover, in some cases, *hæmoptysis* or *hæmatemesis* is the first stage of a *pulmonary*, or of a *gastric disorder* which may have been concealed until the appearance of this sign startles the patient to the highest degree so that he cannot describe accurately the manner in which it appeared. In such cases (seldom occurring) it may be much more difficult to establish a differential diag-

nosis than in cases of fresh bleeding where it should be always the rule to exercise the greatest care in conducting the examination of the organ or to postpone it until all hæmorrhage has ceased for some time.

I could present more than one error *in diseases of women*, due entirely to unpreparedness for this class of work. In this practice we must take into account, on the one hand, the false modesty, the stoicism, or the ignorance of the patients, ready always to conceal their ills and deceive the inexperienced. It is a grave mistake, I think, to ignore, in such cases, the skill and dexterity of the specialist, and to imagine we can do without the surgeon's help. It is as important to be able to appreciate the need of a major operation requiring this help, as it is to know the proper remedy to apply when special advice is not required. How many cases of *cancer of the cervix* might be cured if the physician first consulted knew the importance of the symptoms and acted promptly in having it removed.

How are we to estimate the relics left by mal-practice, or criminal or self-abortion, without a thorough knowledge of pathology? Think for a moment the *adhesions, displacements, fibromas, malignant growths*, etc., unexpectedly met with in practice, which we could discover and diagnose by digital examination, and the intelligent use of the speculum, sound, tenaculum, etc. And how about *the age of puberty*, presenting morbid phenomena which must be understood to appreciate the difficult evolution, exposures and excitements of this period of life, so continually threatened by the demands of society, associations, errors of living, and the ignorance of those changes which render possible the reproduction of the species, and may blight a useful life forever.

No less associated with misguiding symptoms is that time of life, when, as the result of age, the gradual normal cessation of the ovarian function takes place. The *menopause*, as we all know, is often preceded by a period of *irregular menstruation*, which chiefly at its final stoppage may interfere with the normal vaso-motor tone, and give rise to *vaso-motor disturbances*. *Palpitations, chills, flushings, heats and sweats* occur without any known cause, and may persist for two or three years after the cessation of the menses, but, as a rule, they do not last very long. During the *dodging time*, as it is known by women, the *hæmorrhages* are

sometimes so profuse, and may be so prolonged, as to lead one to suspect changes in the uterus, which, of course, only the educated can verify. Then, again, *losses of blood* from other channels may occur at this period, as from the nose or from hæmorrhoids, and this at such intervals that the hæmorrhage may appear to replace the missing menstrual flow. The presence of *fibroids in the uterus* usually delays the change of life, and we should guard against mistakes. But, above all, we should bear in mind that many diseases are prone to attack women at this epoch. Among these are *vertigo, epilepsy, cerebral hæmorrhage, dipsomania, hypochondriasis, melancholia, flatulent dyspepsia* and *pseudocyesis* with its singular symptoms and *paresthesiæ*, as well as *embonpoint, obesity, gout, gall stone* and *cancer*.

There is no question that at the period of the normal cessation of the menses, the errors into which the ignorant may fall are many and humiliating. It is at this time of life that it is so important to have an early appreciation of *cancer*, and the fact that *neoplasms in the uterus of old women* are usually malignant necessarily calls for an early examination, whenever a suspicious flow of blood is found. So as certain inherited tendencies manifest themselves at puberty, so does the past life come out now, and the trials to which the system has been subjected reveal themselves. The matron with many children may exhibit the broken health of constitutional exhaustion induced by child bearing. In the involuntary spinster there is often such sexual excitement as leads to *mental derangement*. But in the widow and maiden lady is where the *menopause* is particularly severe, either from ill health, often the result of *uterine disorders*, or from a recrudescence of the generative instinct. It is then that many respectable and pure-minded women make the worst social bargains known, or form unfortunate or even disreputable attachments. After this period, women, who are not libertines, as a rule, enjoy comparative good health, certainly much more so than men who are more frequently the victims of intemperance and vice. Let us think for a moment what alcohol, cigarettes, morphine and cocaine can do, especially when combined with improper nourishment, late hours, fatigue, foul air, polluted water, depravity and sin.

CHILDHOOD and SENILITY, the two extremes of life, demand greater insight and knowledge still, as otherwise we shall not be

able to form a correct estimate of the peculiarities, propensities and vicissitudes of an organism in the state of development, or in the state of decay. The first, presenting only *objective symptoms of value*, and unable to express their sufferings with accuracy and nicety. The second with its faulty metabolism, pipe-stem arteries, sluggish circulation, mental weakness; *atrophic, apathetic, hypochondriac, chilly, trembling*, ready to succumb whenever the organic cells can no longer select and appreciate nutritive material, or reject the products of disintegration.

Are we not to endeavor to explain why *pneumonia in an infant* starts with convulsions and vomiting, and does not exhibit in its course any expectoration, while *in old age* the onset is insidious, with no chill, stitch in the side or rusty sputa? Are we to ignore that *in the aged pneumonia* may be latent and end in sudden death; that the crepitant rales are larger in the old than in the young adult; that *pneumonia* may be massive, double, central or of the apex; that the apex is more frequently affected *in drunkards, and in old and cachectic* subjects; that in such patients *pneumonia* easily ends in suppuration, is attended by adynamia or the typhoid state, does show but slight expectoration, and hardly any stitching pain, and that in *hard drinkers pneumonia* is a serious malady, often marked by *delirium tremens*, and has no cough, stitch in the side, or expectoration.

There is no drug in our materia medica, I believe, which can arrest the evolution and course of an infectious malady when well developed. Take *typhoid fever*, for instance, and who can affirm that there has been a single case in which the *processes of infiltration, ulceration and cicatrization* have not coincided with the ascending, stationary and descending oscillations of the temperature, and in which any drug has even arrested or altered any of these processes. We may have, true enough, *atypical cases of acute specific fevers*, due probably to the fact that the poison was in too minute a quantity to produce its specific effects, but when the system has been in a state of receptivity and the disease has fully developed, the usual symptoms, more or less, will follow each other with precision, and the most we can do with the indicated remedy is to prevent complications and carry the case to a successful termination.

Other common sources of error are the *rashes* and other symp-

toms caused by the *abuse of drugs*, but probably the most common is found in *parasitic skin diseases*, and particularly *scabies*. We all have fallen in, I am sure, with *cases of scabies* which have been allowed to infect whole families, and the disease to become chronic, by those opposed to external applications and which expect to combat the *acarus* and destroy it with the internal remedy.

I think it is criminal to ignore that the *distressing itching* is due to the lesions caused by the burrowing insect, and that the *scratching* is responsible for the character of many of the eruptions observed. We should also remember that the state of health of the afflicted largely determines the kind of eruption; the strong and healthy may complain only of *pruritus*, but the lesion is nothing more than a furrow, a pimple, or a vesicle, whereas the debilitated and strumous develop *pustular rashes*, which the overdoing of *Sulphur ointments* may aggravate extremely, especially children, whose rudimental tissues and vast adaptabilities (*congenital debility, artificial feeding, soothing syrups*, etc.) offer a favorable pasture field to the insect. So, treat the *struma*, if it exists, with the indicated remedy, but do not permit the itch-insect to prolong its abode in the tissues, just as you would not allow a *tania solium* to dwell permanently in the intestine.

By the above examples, I have endeavored to show that symptoms, like signs of disease, have different meaning and importance under different circumstances and conditions, at different ages, and in different sexes. In fact, the same symptom may have more than one origin or cause; for instance, *vomiting*, and this origin or cause must be known, either to point out the gravity of the case, or its probable course and termination. Moreover, we must know that a symptom is sometimes the *prelude* of a known disease, at other times it characterizes the disease of which it forms a part, and establishes the diagnosis; then again it has only an *accessory* value and consequently not essential to the malady; or it is *sympathetic*, affecting or present in a part distant from the seat of the lesion; or it may be associated with others, increasing, then, in value or diminishing in meaning. Furthermore, a symptom takes place in a *syndrome*, or figures in *several syndromes*, where its relative importance, if it has any, must be minutely considered. There are causes of disease in which a symptom is present at the onset of the disease and increases in intensity *up to the crisis*, or

may disappear from the *prodromal stage* to return again *before the crisis*, and then complicate the disease. A symptom may even persist after death, as the *rubeoloid eruption of typhus*, or remain as *stigmata*, after the disease that caused it has disappeared (*sypthilis, general tuberculosis, etc.*).

Symptoms are also accidental, ephemeral and only of value to individualize one case from another of the same type, or to select from drugs of similar effects. Another important thing to remember while studying a case is that many individuals go through life with slow pulse, a furred or fissured tongue, or contracted pupils, etc., and are none the worse for these variations. Others show habitually hyaline casts, or present some solitary contingent physical signs of no significance. And still others are easily influenced by *suggestion*; in fact, we know quite well that pain and other nervous symptoms can be both removed and created by suggestion.

So then we may conclude that the supreme elements of decision in all matters concerning *diagnosis* and *treatment* are the *symptoms*. But without a correct knowledge of the *symptoms and signs* of disease, we can know but little of the art of medicine, since a thorough acquaintance with the structural and functional disorders to which the human body is liable, essentially comprises a recognition of existing symptoms and signs, a proper appreciation of their value, source, antecedents, causes, relations and connections with each other, and the results which may be expected to flow from them singly or in combination.

706 W. York St., Philadelphia, Pa.

NOTE.—To be followed by papers on *the single remedy and the minimum dose*, two of the imperative precepts of *Homœopathy*.

A PLEA FOR UP-TO-DATE METHODS OF TEACHING HOMŒOPATHY.

W. H. Freeman, M. D., Brooklyn, N. Y.

Homœopathy can never be mastered or properly understood by any one who has failed to master its philosophy. Therefore, all attempts to teach the subject without a thorough instruction in the *Organon* and the rules of practice enunciated therein, have been and will continue to be failures, and no amount of materia

medica can ever compensate for a lack of proper instruction in this vitally important subject.

In order for such instruction to be practical and thorough, it should be continuous during the whole four years of the college course, and the didactic work should be supplemented by practical demonstrations in the clinic, because didactic work alone can never give satisfactory results.

The method hitherto in vogue, that of attempting to teach the subject in a single course of lectures to freshmen or sophomores as a sop to the consciences of the few, and usually by a man not *en rapport* with and too often a butt for the ridicule of other members of the faculty, has been practically a waste of time and effort. Can any one conceive of anything so suicidal to the best interests of Homœopathy as the manner in which this most essential study has been emasculated and rendered ridiculous?

Various puerile objections to the *Organon*, most frequently made by those least familiar with the work, are that it is not up-to-date; that it is abstruse and difficult of comprehension; that it is uninteresting and full of ancient and exploded and unpopular medical theories, and that it abounds in arguments and abuse of Hahnemann's opponents, etc., etc.

Even though part of this may be true, the fact remains that it is accurate in all essentially scientific details, and is the standard and most up-to-date text-book on homœopathic science from the pen of the man who originated and knew more about the subject than any one of his own time or since.

The importance of this work may be better appreciated, if we realize that a practitioner, who might know nothing about materia medica to begin with, might still make excellent and accurate prescriptions by consulting the materia medica and the intelligent use of a good repertory; *provided*, he knew how to properly examine and elicit the symptoms of patients; how to properly group and rank these symptoms according to their age and etiology; how to decide which were characteristic (individualistic) for each patient, whether to prescribe for a particular group only or for all the symptoms manifested; how to select the proper dose and potency, and when to repeat or change the potency or remedy, according to accurate and established rules of procedure. Whereas the man with a head full of drug characteristics and no knowl-

edge of philosophy is like the ship without a compass. The latter may try to fit any drug characteristics he can think of to anything similar he can find in the patient, sometimes making a good prescription, but more frequently otherwise, for which fault Homœopathy is often damned, and the compound tablet and other temporary expedients resorted to with increasing frequency as a more certain method of doing something even though such may not be of benefit to the patient.

As has been said before the didactic work in philosophy should be elucidated in the clinic and the same holds true for materia medica also. The two branches should be combined in a chair of clinical medicine, which ought to be the most important and dignified of any in a homœopathic college deserving the name.

Demonstrations of correct methods of case examination, case study, case analysis, repertory work, and drug selection should be constant and continuous in general clinics and sub-clinics, and as far as possible, at the bedside in the hospital wards and in the out-visiting department of the hospital or dispensary.

As far as possible all such work should be done by the students themselves under the direct supervision and guidance of competent instructors. This is the only right method of forcing into a student's head the practical side of medicine in general and of Homœopathy in particular.

Much of the foregoing will, no doubt, be considered too idealistic or impractical and chimerical, but it is the right method nevertheless, and the nearer we approach such an ideal, the nearer we will be to the hoped-for goal when all graduates but the invincibly stupid will be able to practice their art in an intelligent, scientific and universally successful manner.

Homœopathy in recent years has been treated as if she were nothing but a tail for the allopathic kite. Does anything but lethargy and lack of combined effort on the part of the homœopathic profession prevent her taking the lead in matters educational, scientific and therapeutical?

The ideal method just outlined can probably never be fully obtained without the assistance of an adequately paid staff of professors and assistants, who would be enabled to give at least three hours daily to the work.

Other institutions of learning have secured endowments to

carry on work of less importance to humanity, and if a successful movement in the right direction were inaugurated for the advancement of scientific therapeutics, might not endowments in aid of such work be asked for with a good prospect of securing same? Endowments are but seldom given, however, except for the further advancement of important and original work, promising distinct benefits to humanity, and which invariably has been successfully inaugurated in spite of lack of funds.

In the case of a homœopathic college such work should consist of the special teaching outlined above; in the proving of drugs; in the collating of valuable but scattered bits of knowledge, and in the compilation of improved works of reference on homœopathic materia medica, completing and bringing down to date the work of Hahnemann, Bœnninghausen and Hering.

In the clinical work just outlined the aim should be to have all cases accurately diagnosed as far as modern scientific methods allow, and to have complete and constant co-operation from the laboratory and diagnostic experts at all times or whenever anything of interest can be added for the study and treatment of cases.

The equal importance from the point of view of patient and physician of the medical as compared with the surgical case should be insisted upon, as well as the necessity for sufficient time, care and precision of technique in the medical operation of examining, diagnosing and prescribing, as in the examination, diagnosing and operating for a surgical condition.

In order to make the work complete and absolutely practical the chair of therapeutics should be given medical supervision over certain cases in all other departments—surgical, gynæcological, obstetrical, skin, eye, ear, nose, throat, chest, etc., etc., and the selection should be left to the first named chair in order to obtain satisfactory cases for teaching purposes and prevent a possible dumping of undesirable patients only on the part of departments wishing to be rid of same.

The latter proposition is of the greatest importance in order that the advantages of Homœopathy in combination with other essential measures, hygienic, mechanical or operative, may be accurately and scientifically demonstrated. It would probably be a still greater improvement to turn all cases over to the chair of

therapeutics for prescription in order to obviate the discrediting of Homœopathy on the part of men who are incompetent homœopathically.

It seems hardly necessary to add that a man filling this chair should combine the qualities of a good teacher, an up-to-date scientific physician, an expert prescriber, and an enthusiastic and conscientious homœopath, otherwise the best results will not be obtainable.

The foregoing may in the opinion of some have been unduly dilated upon, but in the opinion of the writer, as before said, it is vitally important to Homœopathy and should be the principal course in the curriculum by which there is not the least intention of belittling the importance of any other branch of medical science, but to insist on the superlative importance of comprehensive homœopathic instruction.

On the subject of materia medica it may be said that the mere spouting of lists of characteristics before a class does not constitute teaching, neither does the mechanical memorizing of thousands of such symptoms constitute a knowledge of materia medica. Much of what has passed for instruction in materia medica in the past has resulted in the student acquiring an unclassified jumble of word-pictures with drug labels in which true drug pictures were lacking.

It is doubtful if the stuffing of students' heads with thousands of disarticulated symptoms from some hundred or more drugs, many of which are relatively unimportant and infrequently used, ever will be productive of results commensurate with the time and labor involved. Too frequently it results in brain-fag and a decided disgust for the subject ever after.

The subject is a hard and difficult one at its best. However, a more rational and interesting and productive method of teaching it ought to be evolved, if possible.

It isn't possible to teach it all during four years; therefore, why not teach fewer drugs and spend the same time doing it more thoroughly and more interestingly?

Since *most* of our daily work is accomplished with less than thirty drugs, why not limit the didactic work *principally* to the thirty most frequently used polychrests?

A graduate thoroughly familiar with such remedies as *Acon.*,

Apis, Ars., Bell., Bry., Calc., Cham., China, Gels., Hepar, Ign., Ip., Kali bi., Kali c., Lach., Lyc., Merc., Merc. cor., Nat. m., Nux, Phos., Puls., Rhus, Sepia, Silicea, Sulphur, Thuja and *Veratrum* is pretty well equipped for the average run of cases.

If he can have in addition a fairly comprehensive knowledge of *Aloe, Alum., Ant. t., Arn., Bor., Calendula, Canth., Caust., Chel., Cina, Colch., Graphites, Hypericum, Hyos., Ledum, Nit. ac., Opium, Phos. ac., Podo., Stram., Sympbi.* and possibly a few others, he has about all his head can conveniently hold in conjunction with his other necessary medical studies and the entire list enumerated will cover 95 per cent. of all cases met with in practice.

Such treatment of the subject won't be so apt to disgust him with the materia medica or prevent him from picking up other drugs for study when necessary for cases in the college clinic after graduation, and then he can always fall back on his repertory and materia medica for further information.

In the opinion of the writer a fairly comprehensive course should also be given in physiological or allopathic materia medica, but it should be properly and honestly labeled for what it is, and any attempt to palm off allopathic palliatives as an up-to-date brand of Homœopathy by any member of a homœopathic faculty should be heartily discountenanced.

FICUS RELIGIOSO.

By Dr. W. A. Yingling.

Anent the articles on *Ficus* in *Medical Advance* and *Recorder*, I would say: The experience of Drs. Mattoli and King only proves that neither was sensitive to *Ficus*. If either had a hæmorrhagic tendency very likely results would have been seen. If *Lycopodium* were subject to the same test very probably it would be deemed a fake remedy, simply from the fact that thousands of people have used it in quantity on their old style pills without apparent results. Even the crude *Lycopodium* would have results on the sensitive. We know it has wonderful results in the potencies. We cannot afford to fake any remedy on such meagre evidence. I have not the least doubt but that Dr. Ghose had just such results as he reports, and in substantiation of this

belief I give the following two cases. The fact that another remedy was required to complete the cure is not evidence against *Ficus*. I report these two cases merely to show that *Ficus does act*. My potencies are based on the 30th of Boericke & Tafel. I have not time to go into detail but give results only:

Nov., 1904. Mrs. L., after a fall from a wagon with injury to abdominal organs, severe pain in stooling, etc. A couple months after her menses, as she reports by letter, became "real bad" for seven days, then less for some time; at first flow was very dark, if late it is brownish. Flow worse when sitting after being on feet some time. No odor, but stringy and muddy color after drying. No pain. Growing very weak. Mouth of womb open. Feet cold. Horrible dreams. After *Ficus* 200 (y) 6 powders, one every three hours till better, she reports feeling better generally. Flow has almost ceased, and what remains is a pale pink. Then, December 11th, flow started up again. *Ficus* 900 (y) two powders promptly checked the severity, leaving a pinkish, watery discharge. *Calc. c.* completed the cure.

The above proves that *Ficus does* have an action.

1904. Mrs. P., married last December. The past two months the old trouble of "bloody leucorrhœa" has come on, growing rapidly worse. Father died of chronic liver trouble. Consumption on both sides of the family. Insanity on mother's side. Patient aborted at third month; very serious time, "ending in peritonitis." Menses regular, very profuse for one week. Following *Ficus* 900 (y) she reported discharge scarcely noticeable and leaving a brownish stain; only flow is from exertion. Don't sweat under arms so freely as before. No bearing down at all, which was marked before. In January menses came "without a pain or a symptom of any kind. Could hardly tell I was flowing, yet free, dark and so far no clots and no odor." This period continued ten days, became very dark when she took *Ficus*, and reports "flow checked at once except a secretion of brownish color on arising in the morning." At another time she reports: "On receipt of last medicine (*Ficus*) I had been flowing for over ten days and took the remedy, which checked the flow at once." The last of February she reports: "Menses lasted usual time, seven days; no pain; *stopped very naturally*; scarcely any leucorrhœa as usual." *Lil. tig.* completed cure finally. But why go

on? This will show that *Ficus does act*. The only thing needed is a full proving on several sensitives. She only received a few doses each time. Once when menses had delayed a couple weeks she took a couple doses of *Ficus* of her own notion, and reported that "the flow came on at once."

Emporia, Kansas.

THE STORY OF THE SYMPTOM.

By E. R. McIntyre, M. D.

In all works on fiction we not only find a central character, but a number of associated characters, else the plot would be incomplete. So the story of the symptom must of necessity contain that of other symptoms that are associated with it or related to it. Therefore, this story must tell of other symptoms than the principal one. It must start with it, and give all that go to make up the complete picture, else the plot will be incomplete, and we never can "Take the case" so as to make a scientific homœopathic prescription. Again, the story of a symptom is not the symptom itself, but what it tells us. And it never fails to tell us its story whether we are able to understand its language or not.

But what is a symptom? Any objective or subjective manifestation of departure from health.

The present story is one that has been in the medical courts, so to speak, for a long time. The plaintiff is some sores on a woman's legs below the knees, the defendant is the woman herself, the courts are the various doctors whom she has consulted. The defendant is a lady aged about 44, weighing about 190 pounds and rather short, brown hair, grey eyes and of pronounced lymphatic temperament, the mother of one child.

The case comes to me, as do many others, on appeal from other courts, who, on seeing the witnesses in court, took it for granted that they were all right, and did not take time to hear them testify, but, rendered decisions without knowing anything about what they have told them. Now what would we think of a judge on the bench, who would attempt to render decision before hearing the testimony? But this is just what our keynote prescribers are doing every day. Not only this, but they even teach that the testimony cannot be understood. That is, they say, in effect, that

since they do not understand it no one else can. The homœopathic physician should be able to read the story told by the symptoms as he does a book.

Let us hear the testimony in the case before us. We first put the plaintiff on the stand, and find several irregular circular patches of scarlet red color and covered by loose thin white scales, having well defined margins changing abruptly into healthy skin. The skin between the sores showed no indications of disease. The sores were not specially sensitive to the touch, and there was but little itching or other discomfort except when the patient was perspiring, when there would be some burning. There was no discharge of any kind, even when the scales were removed, which left an angry looking red surface. "I fancy I can hear some keynote man saying, "This is an *Arsenicum* case. It is a dry, scaly eruption." And then I hear that other class who prescribe on pathological appearances or changes saying, "Why this is a case of psoriasis," and on this diagnosis he is ready to base his prescription. That is just what had been done in the other courts, with such unsatisfactory results, and the costs being thrown on the defendant in every case, she took an appeal. As a matter of fact, nothing had been done for her except the application of local measures, plasters, ointments, etc. And when the sores began to heal under this very scientific (?) treatment, others came about her hips and in the edges of her hair around the back of her scalp. Then she was gravely informed that nothing could be done for her. That she must go through life with those sores on her leg. This is just what some of our alleged homœopaths are doing now. They can't take the time to hear the evidence, and so they plaster up the mouths of the witnesses to prevent them from testifying. And when they finally wake up to the fact that their treatment frequently results in failure, they blame it on the system, and go into a mongrelism that is worse than allopathy.

The story of the plaintiff is the history of attempts on the part of the skin to do double duty in attempting to rid the system of waste products that should be carried off by other excretory organs. At the same time it is suffering from lack of proper nutrition that renders its excretory glands incapable of doing even their normal amount of work. This because of some dis-

turbance in their proper rhythmical action, and they are clogged with end products. This brings us to another witness.

By passing our finger over the sides of the neck we discover several enlarged indurated glands, and are told that they are of long standing. "Now," says another keynote man, "this is a clear case for *Calcarea carb.*" But wait till we get all the evidence before deciding the case. What do these witnesses have to tell us? That their normal function is to collect from the tissues the waste products, and send them on through the different lymphatic vessels to the various excretory organs; that normally they have a regular rhythmical action, but owing to disturbance in their nerve supply (which is from the sympathetic system) this has been lost. Therefore, they are so disabled that they can no longer rid themselves of the lymph as rapidly as it comes to them, and so they are clogged with the residue from which the water has been absorbed, leaving a cheesy mass.

But let us examine another witness that is closely associated with the latter. The muscles appear to be well developed, but on touch they are very soft and flabby. "Certainly," says our friend of the keynotes, "this is another keynote for *Calcarea carb.*" But we have not all the testimony yet. The hair is very harsh and dry. This tells us of interference with the nutrition of the scalp, as the flabby muscles do of them. "Well, this certainly proves that it is a *Calcarea carb.* case," says our friend.

But now we will put the defendant on the stand, and see what she can tell us. She likes cool air and feels worse from heat, her digestive and urinary organs are normal, the stools are light and soft, the menses are profuse with occasional delays or premature as to time, sleeps well, but is very easily tired out from exertion.

Now let us sum up the case as it is presented for our consideration. We have a woman who is carrying 40 or 50 pounds more than she should with her height, with soft, flabby muscles, dry and unhealthy appearance of hair, long history of enlarged glands, skin rather dry and harsh, with sores on legs that burn when she is very warm, and show no tendency to penetrate deep, but little inconvenience except when warm, general weakness, as shown by her becoming tired on slight exertion. Feels better in cool air, always too warm. The sores are scaly with red base and are limited abruptly by a well marked line of demarkation, the in-

tegument between them healthy, except somewhat dry. The sores covered by thin white scales but without discharge.

The scaly eruption would indicate *Arsenicum* if there were any other *Arsenicum* symptoms. Much of the other testimony would make one think of *Calcarea carb.*, were it not for the fact that the *Calcarea carb.* patient is always cold, and wants to be kept warm, while this one is the reverse. Therefore, after considering all the testimony, not forgetting the fact that the sympathetic nerves that have control of all the functions of nutrition were more or less crippled, and having a calcarea patient, but one who was too warm, I prescribed *Calc. iod.*, which covered every phase of the case. And its action has been so satisfactory that no appeal has as yet been taken, and the sores are almost well. When I first examined the case I told her that I would not pay much attention to the sores, but direct my treatment to curing *her*, and when she was cured by the removal of the cause, the effects (the sores) would cease.

We are too apt to blame our neglect to consider all the elements that enter into a case on the lack of time. But as a matter of fact if we know the normal functions of the body, and the very important role played by the sympathetic nerves in every act of nutrition, digestion, absorption, circulation, assimilation and elimination, it takes less time to do our work properly than otherwise.

But I fancy I hear some one ask what is the difference how we do it if we cure our patients? There would not be so much if we did cure as many as we should. But this is out of the question without the best kind of work. Even a judge who knows but little law will sometimes be sustained by the higher courts, but this will happen less frequently than in case of one who is well versed. Besides this there is the difference of knowing that we have really done our whole duty, and I take it that few will say that it is not better to do our work scientifically than otherwise. And what is of as much importance, it leaves no excuse for mongrelism in practice.

70 State St., Chicago, Ill.

NATRUM MURIATICUM.

Chemical Name—Chloride Sodium. Common Name—
Salt. Antidote—Spirits Nitre Dulc. Vegetable
Analogue—Ignatia.

By Dr. W. A. Cheeseman.

There are a number of remedies, such as *Cal. c.*, *Sepia*, *Ars.* and *Silicea*, that we call great remedies. *Natrum mur.* is one of these. The characteristic symptom which seems to stand out most prominently is chilliness. Chilly the whole day, constant chilliness, want of animal heat, cold hands and feet. Now we have other remedies which have chilliness or coldness, viz.: *Pulsatilla*, *Camphor*, *Veratrum alb.*, *Secale cor.* and *Carbo veg.* The chilliness seems to be caused by imperfect circulation. Going back a little farther *Natrum mur.* seems to give back to the impoverished red corpuscle new life and vigor, and in this way the anæmic patient is benefited.

Another very characteristic symptom is the time of aggravation, 10 to 11 A. M. No symptom is more guiding in the selection of a remedy than the time of aggravation or amelioration.

There is another symptom which you can always depend upon, *i. e.*, great craving for salt. Again your patient has been under allopathic treatment and has had large doses of sulphate quinine. *Natrum mur.* is its best antidote.

Pathologically, *Natrum mur.* is a great remedy for liver troubles. There is violent aching in region of liver, stitches in region of liver. You will find in almost every case when you inquire that there is a history of intermittent fever preceding the liver trouble which was suppressed by quinine. I am now of the opinion that the great majority of liver troubles begin in this way. Emaciation is a prominent symptom of *Natrum mur.* They lose flesh while living well. They have enormous appetites but do not seem to take on fat. Iodine is another remedy with this symptom. There is also great weakness, as great as *Arsenicum*, exhaustion and pains from talking, they are indolent, do not want to take exercise, have no life or ambition.

More cases of intermittent fever have been cured with *Natrum mur.* than with any other remedy.

CLINICAL.—Clarence B., age 21, was taken with intermittent fever while under treatment for another trouble. The following symptoms were developed: Chills lasting a long time. Chills with pain in back of neck, chills every day, chills before noon, high fever, perspiration very profuse. Chills, 4 to 5 P. M. Perspiration at night. Chills postponing—perspiration stains linen yellow. *Natrum mur.* ʒ M. one dose. This case was completely cured with this remedy.

There is one symptom which you should notice carefully, it has the tearful characteristics of *Pulsatilla* with the difference the *Pulsatilla* subject is soothed and comforted by consolation, but under *Natrum mur.* they become angry and are aggravated. *Natrum mur.* is a great remedy in chronic headaches; they are beating or throbbing in character and they come in paroxysms. Here you may compare *Belladonna*, *Mellilotus* and *Nux vomica*. In women the headache is apt to occur after the menstrual flow, as if caused by the loss of blood. Compare *China* which has this symptom also. *Natrum mur.* also cures the headaches of school girls, and it may be sometimes difficult to choose between it and *Calcarea phos.*

Jahr in his materia medica gives us a peculiar symptom; this symptom comes on and is increased by lying down even in the daytime, and at night she is obliged to sit up in bed to obtain relief. *Natrum mur.* acts on the whole alimentary tract. sour regurgitation of food, pressure in region of stomach, contractive cramp, throbbing and burning in stomach, cutting pain in the abdomen every day early in the morning, frequent distension of the abdomen, incarceration of flatus, and gurgling in the abdomen. The lips and corners of the mouth are dry, ulcerated or cracked. *Cundurango* has this also. It also resembles *Nitric acid* in these symptoms. The anus is sore, fissured or painful or bleeding. There is one symptom which you should carefully note—the troubles of *Natrum mur.* like *Arsenic*, are relieved by perspiration. It is a valuable heart remedy, frequent palpitation, palpitation from the slightest motion, irregularity of the beats of the heart and intermittent pulse. There are many other symptoms which I might mention concerning this wonderful remedy, but I will stop ere I weary you.

CLINICAL.—Homer B., age 52, complains of great soreness in

the body, as if he had been pounded; chilly all the time, can't bear the slightest draft, has had chronic nasal catarrh for many years. Hawking and spitting. Had pneumonia very bad one year ago, right lung involved. Sensation now as if there was a hole in that lung; enormous appetite, but as thin as a match; drowsy and sleepy in the daytime. Remedy, *Natrum mur.* 10 M. one dose. This man was completely cured.

Chicago, Ill.

MALANDRINUM.

Detroit, Mich., Dec. 3, 1908.

Dr. Wm. Jefferson Guernsey,
Frankford, Philadelphia, Pa.

Dear Sir: Some years ago you sent me a graft of *Malandrinum* 30th, which you advised as a substitute for vaccination, and also to remove the ill effects resulting from bovine vaccine. I have recently tried the same on two children, one with an eruption on the chin, and the other on the knee, resulting, as the parents disclosed, from vaccination four years ago. In both cases there was a decided improvement in a week, and complete cure in two weeks. I believe it to be a remedy of decided merit.

Yours truly,

E. R. ELLIS, M. D.

P. S. You may send this to the Homœopathic Recorder if you care to.

ILLS RESULTING FROM VACCINATION AND THEIR HOMŒOPATHIC TREATMENT.

By Dr. C. Wirz, Durlach.

While the ruling school denies the injuries caused by vaccination, although these usually plainly manifest themselves, Homœopathy not only teaches us their existence, their harmful consequences and symptoms, but it also teaches us how to cure them. Of course, only the practitioner who has a rich store of experience of such cases can form a right judgment of these affections, and can then act with a full conviction of the correctness of these views in all his therapy. It makes a great difference what soil the virus

falls on; the one is not harmed much by it, but others will be harmed thereby for life. We can affirm that whenever after vaccination the arm is at once inflamed, the glands swollen, and an eruption extends all over the body, that intoxication from vaccination will remain in the system a man's lifetime unless it is cured, and it will even be communicated to his children. Also those cases are to be considered as poisoned by vaccination, and, indeed, they are the worst, where persons have been vaccinated several times without showing any effect. It is peculiar that all poisons show their worst effects when they infect a hydrogenoid constitution. Only in such a constitution will the gonorrhœic virus and malarias have their most dreadful effect. The same is the case with the vaccine poison. This may be explained the more easily, because the blood which is the most effective foe of the cocci and bacteria, when it is itself morbidly changed, can no more offer an effective resistance. Since the blood in hydrogenoid constitutions contains a considerable admixture of water, it offers to the cocci a more favorable soil, as they flourish better where there is more moisture or water. With the gonorrhœic virus we know that there are the gonococci, in the malarial poison the bacteria, and in the vaccine virus there seems to be a toxalbumin. Often there is a mixture of infection from streptococci, as vaccination is often not antiseptically administered. According to prescription, in vaccination, not a drop of blood should be shed, but frequently vaccination is so administered that blood flows, which is against the official directions. But when streptococci are found in unclean vaccination (as in the case of a child where the arm swells up immediately) then the ailment approaches a real poisoning of the blood. The blood in general, even after convalescence, takes up so much of the virus that it takes years before there is a full restoration. But such a full restoration may never take place, if the blood is watery, and care is not taken to restore it by means of homœopathic remedies. This explains why we meet with persons who are forty to forty-five years old, and are still suffering from the consequences of this vaccine poisoning, but who may be very easily cured by giving them *Thuja* and *Natrum sulph.*

My attention was first called to the evil sequelæ of vaccination about ten years ago through a very striking case. A farmer's

daughter came to my office, and told me that she had now been sick for fifteen years, having consulted at least ten doctors without benefit. Because she did not feel well she had never married. I myself had had her under my treatment for about half a year; she had always looked very pale, but in examining her no actual disease could be discovered. I had to acknowledge to myself that I had not benefited her, and I thence concluded that she must have an ailment of which I had no knowledge. By accident I was then studying the evil effects of vaccination, and on being questioned, she said that she had been vaccinated three times without effect. I prescribed for her *Sulphur* 30 and *Thuja* 30. Three years later I accidentally met her again as a blooming maiden, and she told me: "The remedies which you then prescribed for me restored me to perfect health." This plainly shows that nothing else was involved than poisoning by vaccination. I had only prescribed *Sulphur* in order that *Thuja* might work the better. Since this had been the trouble all the previous treatment had been ineffectual. This shows also how important *Thuja* must be in anæmia, since so frequently poisoning by vaccination lies at the foundation of anæmia. Vaccination without results is the most harmful in its effects.

Last week I was called to see a child in Durlach that had convulsions, and was lying there so utterly emaciated that it seemed as if it was dying. Since the child had never been vaccinated, nobody would have thought of poisoning from vaccination. The mother told me that all her children had been weakly, so that she always had much trouble with them. She herself had had a very bad arm from vaccination; it being swollen very intensely. Then the thought entered my mind, might the child perhaps have had this poison transferred into its system through the blood of the mother and through her milk?

I gave *Thuja* 10 in pellets, and *Abrotanum*. When I called again in three or four days I found the child so much better that the parents manifested their joy at the sudden improvement. My prescription was owing to a case of Dr. Burnett's. He was called to see a child that seemed to be dying. He heard that the nurse had been lately vaccinated. He gave the nurse *Thuja*, her vaccination pustules healed up, and the child, which, continued to take her milk, was cured. A scientific commission of professors

would probably not consider the case as proved, but for me as a practitioner it is of incalculable value, as it enabled me to save many atrophied children whom I could not have saved without *Thuja*.

I was once called in to a family in which already four children had died; the only daughter was always sickly, and they were afraid that they would also lose her. I looked at the child and was struck by its delicate features and its weakly build of body. I at once told the father that I suspected poisoning by vaccination. Such children always take cold in every draught, they suffer much from headache of a pulsating kind, "as if a nail were being driven through the temporal bone." The child had even then just taken cold again, and was suffering from pleurisy. The father confirmed my suspicion by showing me a picture of the girl before vaccination. Before that time the girl had been blooming and full, but later she became weakly and frail. I soon cured the pleurisy, and after giving her for some time *Thuja*, she became sound, and her whole appearance seemed changed. Such children become freaky, love solitude and become peculiar. When evening comes they become sad, they suffer from pains in the spleen when they walk fast, and also as they grow up they do not feel like other people. The eruption that appears after vaccination is quite peculiar, and it requires a penetrating eye to recognize it at once in its true nature. The complexion is usually yellow and jaundiced. Yesterday a boy was brought to my office, who, after vaccination, was afflicted with tuberculous inflammation of the knee joint. The knee was ankylosed and immovable, being considerably flexed. I gave *Silicea*, which is also a good remedy for vaccination. It would lead too far if I would adduce any additional cases of disease; we meet with such every day.

The question then arises, what can we do, to protect our children from this pernicious excrescence of civilization, and preserve them in good health for future years? We are not altogether defenceless with regard to this misery. My advice is to give the children a week before vaccination, as also for four weeks after vaccination, *Sulphur* 3 D. and *Natrum sulph.* 2, in alternation with *Thuja* 3 D., every two or three hours, and later on *Thuja* 30 twice a day for some time. He who does this may be sure that vaccination will injure the children but little or not at all. *Sul-*

phur is to drive out the poison and *Thuja* to cure it. *Natrum sulph.* improves a hydrogenoid constitution. When Homœopathy gradually comes to prevail in our fatherland, the law for compulsory vaccination will, I hope, soon be done away with for the salvation of our country. The advice given above for preventing vaccine poisoning is very important also because diphtheria is considered to be one of the pernicious sequelæ of vaccination, and there is no doubt that this is so. Many a family may through following this counsel be saved from a sad experience. But what would we do if small-pox should actually break in upon us? With *Variolin* and *Hepar sulph.* given in alternation every hour, this fearful disease can be cured with certainty; where there are burning pains *Arsenicum* is also given.—*Leip. Pop. z. f. Hom.*, December, 1908.

EEL SERUM.

As the serum of the eel, triturated and potentized, in the customary manner of homœopathic pharmacy, is attracting considerable attention in France and elsewhere, we give here an abstract of what has been published in various journals concerning it and its use:

Eel serum was first introduced as a heart remedy by Dr. P. Jousset, of Paris, a distinguished homœopathic physician, who knew of the great analogy existing between this serum and the venom of the vipera.

The serum is obtained from the blood of a healthy, live eel by means of sterilized pipettes, is then allowed to settle so as to decant it properly without disturbing the clot. Being an organic product the first attenuations are made with glycerine or distilled water, the higher ones with alcohol.

The *Eel serum* is similar to *Digitalis* in action, but it does not take its place. Each has its indications, each its characteristic. The action of the serum is primarily on the kidney, and affects secondarily, the liver and the heart. (*Vannier.*) *Digitalis* is indicated in *asystolia*, with *arterial hypotension* and *anasarca*. It re-establishes tension, increases arterial tension, and indirectly causes diuresis without interfering with the kidneys. The *Eel's serum*, on the other hand, has a more complete action upon the

kidney, liver and heart, and, clinically, is given when *Digitalis* fails, and especially to maintain the compensation this remedy has established. *Asystolia*, *cardiac liver* and *albuminuria* are the symptoms calling for the *serum*. (Jousset.)

When under the influence of cold, infection or intoxication, the *kidney becomes acutely affected with deficient secretions of urine, anuria and albuminuria*, the serum will be efficacious in *re-establishing diuresis* and rapidly *checking the albuminuria*. Again, when during the course of cardiac trouble, the kidney becomes suddenly affected, or we observe cardiac irregularities and a *marked state of asystolia*, we will find yet a useful remedy in the serum. *Arterial hypotension* and *oliguria without œdema* always *point to the serum*. (L. Vannier.)

CALENDULA A PHYSIOLOGICAL ANTISEPTIC.

Dr. R. D. Homsher, of Denver, Colo., writes in *Ellingwood's Therapeutists*: "*Calendula* is an antiseptic of great efficiency, working in harmony with the natural laws of life, that one is constrained to call it a physiological antiseptic so compounded by the Almighty that given a proper vehicle and timely application, it seems complete. No suppuration occurs when promptly used. It holds in abeyance the sensory nerves; it stimulates the vaso-motor nervous system to clear the way and bring on reparative materials; it stands guard over the injured part to destroy the septic enemy if it should threaten to interfere, while the great sympathetic, with God-like omniscience, hastily closes the breach and restores the citadel to safety, comfort and peace.

"And the leaves shall be for the healing of the nations."

FRAXINUS AMERICANUS.

Burnett seems to have made much use of *Fraxinus*, and gave it a prominent place among his "organ remedies," his sole indication being, as far I can see, uterine hypertrophy.

With me *Fraxinus Americanus* stands as one of a group, the other members of which are *Belladonna*, *Lilium tigrinum*, *Aurum muriaticum natronatum* and *Hydrastis Canadensis*. *Belladonna*

seems preferable when there is considerable pain, tenderness and vascular engorgement with bright red, warm, profuse menstrual flow and but little intermenstrual catarrhal discharge. For the choice of *Lilium tigrinum* I rely especially on the peculiar headache as well as on the eye and heart symptoms. *Lilium* also has a profuse menstrual flow and an intermenstrual discharge that is often brownish. Both this remedy and *Belladonna* have marked ovarian symptoms and well defined mental states. The *Hydrastis* patient is usually sluggish, with evidences of deficient biliary action, obstinate constipation, free menstruation and a profuse, tenacious, usually yellow, leucorrhœa. The objective uterine condition that leads me to think of *Aurum muriaticum natronatum* is one of local indurations rather than general and uniform hyperplasia and leucorrhœa is not marked. The general symptoms are debility and lowness of spirits. The coexistence of sigmoid disease also leads me to think of this remedy.

The indications upon which I prescribe *Fraxinus Americanus* seem to be summed up in the objective and subjective symptoms of uterine hypertrophy without definite indications for another remedy, but those are precisely the cases in which I need it. No helpful proving of this remedy has been made, and it would appear to be highly desirable that provings be made by members of the sex that derive most benefit from its use, that we may know definitely when to administer it. As is usually the case with remedies for which there are no clear cut indications, it is given in material doses. I usually order five drops of the mother tincture two to four times a day and continue its use for a considerable period.—*Dr. J. J. Davis, Racine, Wis., in the Clinique.*

RADIUM IN THERAPEUTICS.

Dr. W. Dean Butcher writes an interesting paper published in the *British Medical Journal*, September 12th, on this subject. He uses the drug in the same manner the X-rays are used and cautions his readers against too long and too frequent exposures because of the consequences that may follow, as is the case with the X-rays. His experience will act as a guide to homœopaths in the internal use of the drug.

His first case was himself, "a patch of eczema on the ankle."

which quickly yielded to the exposure. The next case was in a young lady of 25, with terribly itching vulva, emaciated and neurotic. "The foci of irritation appeared to be two small indurated eczematous patches on the vulva." The case had not been bettered by the X-rays, but after four weeks of *Radium* "the patient returned to her home cured." Among the diseases mentioned by Dr. Butcher as amenable to *Radium* are eczema, pruritus, rodent ulcer, hardened, thick cicatrices, lupus, epithelioma, naevus and possibly syphilitic sores. But, as said before, "The treatment should be conducted with great caution, since, like the X-ray irradiation, *Radium* treatment may give rise to the so-called late reaction, and the production of telangiectases after many months." These hints coincide with the experience of homœopaths who have used the drug, potentized, internally. The same caution given by Dr. Butcher may apply to its internal use—do not give it too low or too frequently, as some of those who proved even the 30th potency found the effects lingered for months.

OLIVE OIL IN THE DISEASES OF THE STOMACH.

The following is an abstract of a paper by Dr. L. Rutimeyer that appeared in the *Correspondenz-Blatt fuer Schweizer Aerzte*:

"In some cases of hypersecretion and hyperacidity, with or without neurasthenia, the secretion was reduced when 30 gm. butter or 100 gm. warmed oil was taken, fasting in the morning. In another case of threatening post-operative spasm of the pylorus, with extreme dilatation of the stomach, 100 gm. of oil poured into the stomach each morning, with lavage of the stomach twice a day, promptly cured the spasm. In one case a merchant of 41 presented signs of chronic ulcer and spasm of the pylorus with excessive secretion and intense pains; only partial and transient benefit was obtained during two years of various measures. The old troubles returned at every excessive effort or excitement or dietetic error, and finally an operation was proposed. A systematic course of oil was instituted as a last resort, with brilliant success. The patient rinsed out his stomach every morning and then took 100 gm. of oil, and in two weeks the pains and spasms

had vanished. The man gained rapidly in weight and was soon able to eat any ordinary food. During the five years since he still occasionally takes a little oil after some gross dietetic error, and it promptly relieves any slight disturbance. The most striking benefit of the oil treatment is in its influence on the subjective disturbance. The oil banishes the pain and restores the earning capacity, even although the objective findings may occasionally persist unmodified."—*J. A. M.*

SILICA MARINA IN CONSTIPATION.

By *E. Cronin Lowe, M. B., B. S.*

The constipation which one finds constantly represented in female patients especially, and indeed is to-day the prevailing and almost universal condition accompanying and complicating every form and condition of illness, is in a large percentage of cases represented in the pathogeneses of *Silicea*. But yet how often this or another equally well indicated remedy fails to disturb this old established constipation. The condition of bowels may have persisted so long, and been so altered and obscured by futile purgation, that no decent description of the primary condition is obtainable. All is obscured, either by the drug symptoms superimposed or the exhaustion produced in the nervous and muscular apparatus of the intestinal wall by the purgatives constantly used.

In such cases it is often very hard to work out the totality of symptoms of a case under one drug, simply because the condition has been often hopelessly confused by artificial over stimulation.

Frequently this confusion of symptoms will appear in making thorough examinations of cases of old standing constipation, and a combination often noticeable is a *Natrum mur.* headache, grafted, as it were, upon a *Silica* constipation; this may be found in young anæmic girls frequently; and then again the position of representative symptoms may be reversed or constitutionally borne out more markedly in favor of one or other drug, yet there remains in some cases a confusion of the two drugs to a greater or less extent.

Having one or two cases of this kind in hand, one usually chooses the most strongly represented drug to commence with fol-

lowing with the other also indicated, using them separately. Accidentally I happened upon the notes of *Silica marina* in Clarke's Dictionary, which at once gave the strong suggestion to try this natural mixture of *Sil.* and *Natrum mur.* for those cases in which nature or artificial dosage appeared to have so confused their symptomatic pictures.

The following are notes of five cases in which I think *Sil. mar.* was indicated, and in which a long period of constipation yielded to a comparatively short exhibition of the drug.

CASE 1.—Mrs. M. P., aged 36. Constipation for years, usually going three or four days without defecation; has taken numerous purgative pills, now takes mostly cascara "tabloids," two or three every third night. Motion is hard, lumpy, difficult, usually light colored, bringing down piles which rarely bleed, but accompanied by burning left-sided pain. Rather sallow lax skin, with morning headache lasting on into afternoon. Very nervous disposition. *Sil. mar.* 3x was commenced night and morning. The first week made no progress, *cascara* being used twice. At the end of second week two unaided motions had occurred; *casc.* used only once, powders taken at nights only. End of third week, *casc.* once used, motion so far easier, no piles protrude, headache much better. End of fifth week, powders taken every other night, bowels act by themselves about every other day; easy motion, on straining. End of eighth week, powders taken twice weekly; still keeps free from constipation; has forgotten powders once or twice.

CASE 2.—Miss L. T., aged 22. A mill hand. Two fingers of one hand became septic through injury at work, and have remained so chronically some weeks. Very anæmic, with a good deal of gastralgia, flatulency, palpitation, morning headache, hæmorrhagia. Chronic constipation for several years, with the usual history of numerous purgatives tried. *Sil. mar.* 3x given every night. The first week gave very little result; the favorite purgative was allowed, if necessary, but the motion was reported easier, softer, and less painful. After six weeks of patient persistence with the nightly powders, which were repeated less frequently during the last week, it was found that no purgative had been used for three weeks, and that the motions were easy and of daily occurrence, and the general tone greatly improved. Four weeks later, reported doing excellently.

CASE 3.—Mrs. A. R., aged 38. Old troublesome constipation, with hard, difficult stool, often partially evacuated and then receding, accompanied with piles, acne facialis, and sallow complexion, profuse menstrual period, and constant morning beating headache. *Sil. mar.* 3x was given, and as in the other cases, no purgative was used, but the occasional use of a warm soap-and-water enema was found necessary on four occasions during the first three weeks, and after nine weeks' course of *Sil. mar.* 3x, decreasing in frequency from once daily at first to once weekly, she reports a daily evacuation of a normally formed motion with no discomfort. Her acne and headache gone, and general tone improved.

CASE 4.—Mrs. M. R., aged 41. Constantly goes five days without motion; acute flatulence < directly after meals, great distress and lassitude in arms, with occipital headache rising forward over head to eyes. *Lycopod.* 30 o. m. was given. Next week: flatulence >, constipation same. *Lycopod.* 30 rep. End of second week: no improvement. *Sil. mar.* 3x given om. noct. End of third week: stomach much >, constipation not altered. End of fourth week: one natural motion during the week, purgatives used twice. End of sixth week a fairly easy motion almost every other day. *Sil. mar.* 3x every other night. Since then she has not been seen, so one cannot say whether she continues to be relieved.

CASE 5.—Bessie B., aged 3. A backward child, with adenoids and enlarged tonsils and exceptionally bad constipation—going a whole week without motion, and needing manual assistance. Motion very hard, broken, and light-colored. A thin, pale child, sweating at night, and poor appetite. She had *Calc. phos.*, *Sil. sulph.*, *Nux vom.*, *Bryon.*, *Graph.*, *Phos.* in high and low potencies, but without any relief during a period of two or three months. *Sil. mar.* 3x om. noct. was then given, and after ten weeks she is now much improved. Other medicines have been given for passing conditions, as colds, etc. [The adenoids were removed, but before the *Sil. mar.* was commenced.]

In none of the cases have any aggravating or peculiar symptoms been noticed, and personally I am satisfied with the remedy as far as it goes, prescribing it as far as possible in cases showing same combination of *Silica* and *Nat. mur.* symptoms, and im-

pressing on the patients not to expect to give up their regular purgatives, etc., under a fortnight at least, and to be prepared to continue the regular use of *Sil. mar.* for two or three months.

Many cases have failed, but these are those in which one prescribed empirically, and thereby ignored or missed some leading symptom for another remedy. —*British Homœopathic Review, December.*

(Dr. Lowe gives the drug in 5 grain doses of the trituration.—ED. H. R.)

GIBES AND WISDOM.

“I could consume many pages.”—*Heated One.*

“If these operations are unwarranted, what is the explanation?”—*Sarcastic One.*

“The practice of medicine will be very much as you make it.”—*Cryptic Osler Aphorism.*

“Editorials in which the mantle of dignity conceals vast intellectual abysses.”—*Dr. Lydston.*

“100,000,000,000,000,000 ions can be placed on the point of the very finest needle.”—*Exchange.*

“To men who work in the open air the chemistry of food is an unnecessary nuisance.”—*Critic and Guide.*

“Whoever writes the full story of the sharp curette will open a chamber of horrors that has few, if any, equals in the annals of surgical blundering.”—*Dr. Coleman.*

ADONIS VERNALIS PROVING.

The University of Michigan, Ann Arbor, have undertaken the proving of this drug. The drug was employed from the 12th to mother tincture. Reports from two provers, students, are given in last issue of *The Observer*. One of them developed no special symptoms; the other, Prover Mudge, reports some marked symptoms, as will be seen in the following abstract from his note book:

“The first symptom which I could record as such, came on after I had been taking the drug for about two weeks (this was after he commenced with ten drops of the tincture), was an irregularity of the pulse.

“It also showed a marked irregularity, the rate being much accelerated, upon the slightest exertion. By the exercise of running up stairs, I once observed that the rate was increased from seventy-two to ninety-six. On Sundays, after singing in church, that is, immediately after singing, my heart beat against my chest like a sledge-hammer, and there was slight tinnitus aurium, something I never had experienced before in my life. Late in the course of the proving (when the dosage had been increased to from thirty-five to forty drops), I experienced a vertigo, which seemed to be especially noticeable upon rising in the morning, and was especially manifest upon turning the head quickly. During the last month of the proving I experienced a precordial uneasiness, which could not be described as a pain, but might appropriately be called a ‘consciousness of the heart.’ Along with this there was a feeling as of a weight on the chest with a frequent desire to take a long breath.

“Later, the vertigo became more marked, and was noticed upon lying down also. In fact, it was produced by any sudden motion or change of position. I developed an abnormal appetite, which was especially noticeable toward ten o’clock in the evening; with this there was an obstinate constipation and a great amount of flatulence. I also noticed a decided lack of thirst, not taking upon the average more than one glass of water a day, whereas I usually drink four times that amount.

“Another symptom which might be accounted for by the fact that I was doing considerable amount of desk work at the time, was a tendency for my back to become tired easily, and upon several times upon lying down there was a dull ache in the small of the back.”

TUBERCULOSIS APPARENTLY CURED BY ACCIDENTAL INHALATIONS OF LIME DUST.

“Mr. A., negro, first consulted me three years ago with marked symptoms of second stage of tuberculosis; considerable emaciation, night-sweats, hæmorrhages, cough, muco-purulent expectoration, etc. I made an unfavorable prognosis of his case in a very few minutes, and put him on the ordinary routine of treatment, plenty of pure air, milk, eggs, etc., cod liver oil, pulmonary sedatives, and stimulants, never expecting to see patient again, as I did not think that he would last more than three months.

“In April last a colored man called at my office and complained of an attack of grippe. I prescribed for the man and started to open the door to let him out, when he said to me, ‘I guess, doctor, you don’t remember me, do you?’ I told him that I did not, he then mentioned his name and the previous call at the office. I was very much surprised, in fact, could hardly believe him. He was much stouter, and from a general inspection showed none of the previous tuberculous symptoms. Becoming interested I got a history from him, which is as follows:

“After leaving me, he got gradually worse, and becoming discouraged went to Wilmington and consulted several physicians. They all advised him to return to the country. He took the advice and got a job hauling lime. Two weeks after beginning work he stated that he felt better, cough and hæmorrhages grew less, and in six months disappeared and he rapidly took on weight. He stated that his employer’s attention was attracted to the absence of cough and hæmorrhage, and thought that they had stopped too quickly, and advised him to see his physician about it. He did so, and was told that the lime had cured him. Patient went further to say that when he was working in the lime his mouth, nostrils, hair, skin, clothes, etc., were always full of lime dust. This man is still living in this vicinity, and I see him every day or so, and he certainly shows little if any evidence of tuberculosis.

“Now the part that interested me was the fact that he has not had a hæmorrhage or been troubled to any extent with cough since working in the lime. The change of condition of patient is so marked that, while I simply have his word for his history, yet it bears so many marks of truthfulness and probability that it is apt to interest one at least.”—*Dr. S. C. Boston, West Grove, Pa., in American.*

THERAPEUTIC POINTERS.

Dr. W. H. Morse (*Med. World*) finds that 15 to 20 drops of *Gelsemium* θ in one dose at bed time will abort the average cold.

Dr. J. C. Overall (*Med. World*) claims that touching a wart with undiluted nitric acid will cause it to turn brown and scale off, leaving no scar.

If any reader ever comes in contact with a case of the famous and dreaded "sleeping sickness" of Africa he ought to try the effects of potentized *Nux moschata* on it, as suggested by Dr. Edmund Carleton, of New York, in the *July Recorder* (1908). So far as known that drug, homœopathically, covers the symptoms.

King's old *American Dispensary*, a rather crude book full of possibly good matter, says that *Geranium maculatum* is most efficacious in cases of ulceration of the stomach.

Dr. P. C. Majumdar writes of a typhoid case that had gone on to delirium with hæmorrhage of dark blood that was arrested and sent on to recovery by *Lachesis* 200.

BOOK NOTICES.

THE CURE OF TUMORS BY MEDICINE, With Especial Reference to the Cancer Nosodes. By John H. Clarke, M. D. 195 pages. London: James Epps & Co., Limited. 1908.

This book treats of the therapeutic uses of the nosodes of the various forms of cancer, or as the men in the other camp call them "vaccines." Dr. Clarke writes: "That cancer is a disease easily cured by medicine I should be sorry to assert, but that it is easily influenced by them is most certain. In a very large number of cases it has been actually cured, in many others it has been arrested when taken in the formative stage." The nosodes are: *Scirrhinum*, *Carcinosinum*, *Durum*, *Mamittinum*, *Epheliomenum* and *Sarcominum*. Seventeen illustrative cases are scattered through the book. The nosodes are used as Burnett used them, in connection with the indicated remedy, and if any one uses nosodes he cannot well ignore this book, which opens new fields.

KENT'S REPERTORY—SECOND EDITION.

The question has been asked: What is the difference between the first and the second editon? In brief, the difference is:

1. Numerous cross references have been added.
2. Numerous additions have been made to rubrics.
3. Numerous rubrics have been added.

4. Errors have been corrected.
 5. An index to the sections has been added.
 6. Forty-two pages have been added.
-

In the *Materia Medica Pura* and in the *Chronic Diseases* the theory of the mode of action is given, and afterwards there is given the symptoms of the many medicines proved by Hahnemann and his disciples. All these provings are worth the study of the physician, but in Kent's Repertory they are all presented in a manner easily referred to. In the teachings of Hahnemann as given in his works, the *Organon*, *Chronic Diseases*, *Materia Medica Pura*, we have presented to us the foundations of scientific therapeutics.—*David Ridpath, M. D., in British Homœopathic Review.*

ESSENTIALS OF HOMŒOPATHIC MATERIA MEDICA and Homœopathic Pharmacy, Being a Quiz Compend Upon the Principles of Homœopathy, Homœopathic Pharmacy, and Homœopathic Materia Medica, arranged and compiled especially for the use of students of medicine by W. A. Dewey, M. D. Fourth revised edition, 372 pages. Cloth, \$1.75. Flexible leather, \$2.00, *net.* Postage, 11 cents. Philadelphia: Boericke & Tafel. 1908.

When four large editions of a book are required to supply the demand the fact is proof positive that the book is needed, and wanted. In Dewey's *Essentials of Homœopathic Materia Medica* we have the easiest, simplest and most accurate road to a comprehension of the great homœopathic symptomatology ever published, a boon to all students and an unequalled memory jogger to the man in practice. It accurately gives the ground plan of practically all the remedies in use, and from this the practitioner can work to more complicated cases. It covers the need of the every day run of cases. Mechanically, this edition is a fine specimen.

THE CHRONIC DISEASES.

The following is clipped from a paper by Dr. James Krause, Boston, read at A. I. H., Kansas City (*N. A. J. Hom.*), and is respectfully referred to the individual reader:

“He (Hahnemann) considered diseases as immaterial dynamic alterations or disturbances of life, not implying thereby a hyper-physical explanation of the nature of disease (13). All that we can really perceive are the signs, the symptoms of disease, never the disease itself. All so-called objective diseases, pathological conditions, eruptions, tumors, are merely objective symptoms and are called diseases by synthesis merely as a matter of convenience. If we go on with analysis to the last discoverable moment, we are still this side the veil of sensible elements, because the human mind recognizes only phenomena and only postulates noumena. Hahnemann, under the spell of the Kantian philosophy, knew that things, per se, are unknowable. Thus his psora, for which he has been unmercifully assailed, is just as intelligible as our toxins. His psoric diseases are just as intelligible as our cachexias and diatheses and toxemias. He was imbued with the overwhelming importance that infection occupies in the causation of disease, and he traced the symptoms of chronic, recurrent, miasmatic diseases with such unerring power of observation that to-day, to speak in the medical parlance of the twentieth century, his description may be recognized as the best presentation extant of the many and varied subjective and objective symptoms of the chronic exogenous and endogenous intoxications (14). It is perfectly patent that he advocated the removal of the cause when manifest (15); that he advocated palliative treatment in emergencies, in great discomfort, and in great danger to life (16); that he adjusted the hygienic elements to normal physiological requirements (17); that he used psychic treatment in non-somatic mental and moral diseases (18); that he advocated surgery for primary local diseases (19), and that he employed dynamic, internal treatment for constitutional diseases with or without secondary lesions (20); that he hardly differed in the circumscription of the use of the various physical, psychical, surgical and medicinal measures from the best practice of our day.

“Hahnemann gave us no abstract system of medicine. Those that declare he did are in error. Systems of medicine are born to die. Hahnemann gave us a scientific method of treatment (21), and thereby assured the permanence of Homœopathy.”

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

EDITORIAL BREVITIES.

A RECOMMENDATION.—The following story came to us from an old-time doctor who said it is true. Probably it has appeared before: Years ago a certain specialist in “nerves” whose reputation is more than national, had an attack of the enemy he combats, “nervous prostration.” He gave up work and traveled in Europe, but did not get better. In Paris he consulted the man who in France occupied the position he did in his own country. The case was evidently too much for the French doctor, who, not knowing his patient, advised him to go to a city in the United States and consult Dr. ———, that is, to say, himself. We regret that we cannot relate what happened when the advice was given. Probably it pleased the American doctor so much that he got well, for he afterwards resumed his practice of treating nervous breakdowns. As there are many great nerve specialists in this country the anecdote of our old friend cannot be regarded as personal.

“TWISTED THOUGHTS.”—One of the editorial corps of our esteemed and excellent contemporary *Progress*, of Denver, W. D. B., gives the world a well written and thought-provoking essay on “Twisted Thoughts”—a good and original heading. Here is the opening:

“There are few of us who have not one or more friends who, in their thinking, show twists that are surprising and confusing to us. To argue with them is a painful luxury, and likewise a most barren one; for there can never be a change of opinion produced in either party to the discussion and frequently there arises much anger and an ever remaining sense of injury which are decidedly

bad in their effects on the feeling of friendship. For instance, I have a friend who, among other unusual twists, has no faith in vaccination and looks on it as a full-blooded invention of the devil, believing it to be the potent parent of half the ills the race now suffers from."

That friend is, according to W. D. B., an example of a good man with "twisted thoughts." What a world opens up before the thoughtful mind, and an opportunity to one with a facile pen, on reading the above! Since the old serpent in Eden demonstrated to Eve the twisted thought of Adam man has been engaged in a similar occupation, and occasionally has twisted the neck of his opponent in his effort to be convincing, and show his brother the error of his ways. Sometimes when a man is tangled as well as twisted if he will go to Holy Writ he receives a singular ray of illumination, so singular indeed that man clings to the Book even though scientists rage and say vain things; their light, for some reason, does not possess the peculiar power that comes from the other and men turn to the old Book. Somewhere in the Book is found a passage that, in a manner, gives the peculiar light—though, in sooth, each side may take it to themselves; it is something about casting out a beam. At the present we cannot recall it entire, but doubtless the reader will remember it. ?

CHANGING VIEWS ON VACCINATION.—The following is taken from "Editorial Notes" of the December number of the *British Homœopathic Review*. It shows that even the old school men realize that there may be advances in vaccination as well as in other departments of medicine: "There is no standing still in medical views, and it seems that so cherished a dogma as the necessity for compulsory vaccination is in danger. A preparation for a change of view with regard to it must be going on when Sir Douglas Powell can make the following remarks (an address on "A Just Perspective in Medicine," delivered before the Guy's Hospital Physical Society on October 8, 1908): 'We have learned much since the first days of inoculation for small-pox, and Jennerian vaccination as an institution is only defensible in perspective with the facts of the time, the positive facts of the appalling virulence and loathsome and fatal effects of the disease, and the negative fact of its actual cause not being then, nor even now, known to us. It was instituted in hygienic darkness; in the light of pre-

ventive science, and with the efficacy of police sanitation and the certainty sooner or later of the true nature of the disease being discovered, we may foresee the time when vaccination employed in contact areas alone may be adequate for the protection of the community.'

"In connection with this subject we may mention that in at least one of the States of the American Union the homœopaths have so convincingly demonstrated the efficacy of high dilutions of vaccines given by the mouth that this method of vaccination by internal medication is recognized by the laws of the State."

TUBERCULIN AND THE COST OF LIVING.—The December number of the *Hahnemannian Monthly* has a good editorial on the subject of "the therapeutic administration of tuberculin" based on an article by Dr. Arthur Latham that recently appeared in *The Lancet*. This is a quotation from the editorial: "After condemning the dosage of tuberculin originally recommended by Koch, Latham goes on to state that the proper dose varies with individuals, and that in some patients as little as 1/100,000,000th of a gramme will cause a rise of temperature." When one considers that the dose injected into cows in the foolish "tuberculin test" might make an elephant "react," and that the "reaction" is the poor cow's death warrant and the taxpayer foots the bill directly in the cost of the animal and indirectly in the increased price of beef, butter, etc., one can realize what a very expensive luxury these gentlemen are, especially as cows continue to respond to their "test," and always will as long as a healthy cow is subjected to it.

OPSONINS.—Professor N. Gildersleeve, of the University of Pennsylvania, in a paper published in the November number of the *Monthly Cyclopædia and Medical Bulletin*, makes the following comments on the opsonins: "Regarding the exact nature of the opsonins we know but little. Some investigators have directed their energies toward the determination of their character; but, as is true of certain other immune bodies, their endeavors have been almost fruitless. We know that they are present normally in the tissues; decreased in certain infections; can be increased by immunization; they disappear quite rapidly from the serum on standing; they are thermo-labile, being destroyed in fifteen minutes at 60° C.; they apparently act best in a neutral media; they

are not, according to some investigators, dializable. In certain respects they resemble enzymes; in others they do not. In what part of the economy they are formed is at present time purely a matter of speculation."

Probably the most noteworthy point in this is the statement that "they disappear quite rapidly from the serum on standing," which indicates that serum as an immunizing agent has its defects. The homœopathic prophylactics are still the most effective.

LEGAL LUNACY.—In November an osteopath was fined \$25 00 and costs for "practicing medicine without a license" in the State of Connecticut. In Texas one of his cult, or trade, sits on the examining board that was brought into existence to protect the public from the quacks. It may be that the Texas man is a classmate of the man who was fined. Whether the fine was just or unjust, or whether the Texas man has any business on the examining board or not, are questions that need not be considered here, the lunacy of the medical laws in thus absurdly conflicting is the point.

SCIENCE—TRUTH.—The editor of *American Medicine* in discussing Koch's stand on the communicability of bovine tuberculosis makes the curious assertion: "But it should be remembered that there is no harmony in science and divergent opinions are the only sure means of arriving at ultimate truths." From this it may be inferred that science and truth are different. That which is scientific may be true or may be false, but in either case, it seems, it remains scientific. It is all right, no doubt, but at first reading it strikes one as being somewhat odd, as if many learned men had been more scientific than truthful.

ACONITE AND BELLADONNA.—The *British Medical Journal* tells of a man, aged 48, who swallowed by mistake half an ounce of *Aconite*, *Belladonna*, and chloroform liniment. After a short time he began to display his symptoms. The physiological action of the *Belladonna* was most clearly observed. His pupils became so dilated that only the wide rim of the iris was visible. He was restless and acted like a maniac, followed by fits of unrestrained mirth. The patient had to be supported, as he was unable to stand, owing to muscular weakness due to the action of the *Aconite*. The pulse was rapid, small and thready. However,

the patient recovered in spite of the enormous overdose of both these drugs.

GOOD ADVICE IN SKIN CASES.—An anonymous writer in a current allopathic journal advises his readers not to make his applications of external remedies too strong because, generally, the lesions "are sufficiently destructive and need no factitious help in this direction."

HEART "TONICS" AND DRUG COMBINATIONS.—The following is taken from *The Medical Times*, N. Y., December:

"He (Dr. Janeway) considers combinations of heart tonics, usually with nitroglycerine, to be a deplorable development in the therapeutics of to-day. The practitioner who allows himself to give powerful drugs in this way fails to learn the action of any one of them. Such experiences as then result to him make him a skeptic regarding their efficacy. Mayhap he then starts in on the road toward therapeutic nihilism, before which his patient will, no doubt, be well on the way toward Christian Science or some like bane to humanity. Polypharmacy and shot-gun prescriptions are a mistake; one cannot thus gauge the value of any remedy. Drugs should be used, in so far as possible, singly; and when we make combinations we ought to know precisely what the conditions are for which we make them."

MEDICINES AND THOSE IN AUTHORITY.—Professor John Uri Lloyd rides a tilt at the "authorities" in the December number of the *Eclectic Medical Journal*. His contention is that all discoveries concerning the virtues of valuable drugs come from physicians who are not ranked as authorities, or from men outside the medical profession. For instance, all the authorities fulminated against "Jesuit's bark"—cinchona, quinine—when it was introduced and continued to do for years. *Gelsemium* received the cold shoulder, and *Hamamelis* is still an outcast. *Hydrastis* was another. To these we may add that prince of natural antiseptics and healer of hurt flesh, *Calendula*. A recent surgeon pooh-pooh's it from good company. Judging from the past this fact is evidence of its exceptional value. Perhaps in time authorities may learn that the clinical experience of intelligent men is a better criterion for judging drugs and their uses and also diseases than are laboratory methods and the microscope. What a different world the world would be if all its authorities were men who know.

NEWS ITEMS.

AN OPINION OF HOMŒOPATHS.—There is a paper by Dr. Henry Reed Hopkins, of Buffalo, N. Y., on Dietetics, in the January *Buffalo Medical Journal* that contains a paragraph showing in what esteem the "regular" profession holds Homœopathy and what would become of it if the plan of amalgamation succeeds. Dr. Reed writes: .

"In addition to its primary importance, the knowledge of dietetics is interesting from the fact that it is sought and used by all classes of doctors,—by physicians, by Homœopaths, by eclectics, and by the osteopaths. The Quimby-Eddyites are the only medical cult of any considerable number that openly flaunt the importance of right ideas and practices in dietetics; on the other hand, their predecessors and introducers, the Homœoaths have won the most substantial of their confidence by strict attention to these matters."

It is said that "moving picture" photographs of surgical operations are becoming very popular, and objections to them by hospital authorities are fast disappearing. Wonder if accouchment cases will follow? They would certainly prove a drawing card.

Attention! Dr. V. H. Hallman, Hot Springs, Ark., and Dr. Edward Harper, New Orleans, write us that "the Southern Homœopathic Association *is not dead.*" It will meet this year at New Orleans, La., February 24th, 25th and 26th, with headquarters at the St. Charles Hotel. If you could get there a day or two earlier so much the better, for on February 22d, at 2 P. M., King Rex will land at the foot of Canal street, and the keys of the city will be turned over to him; at 7:30 Proteus and his crew will appear on the streets; on Tuesday, February 23d, King Rex, as he is doubly named, will parade, and at 7:30 the gorgeous pageant of Comus comes off, and all is over. Next day, February 24th, the meeting of the Southern Homœopathic Association will be called to order. Reduced fares. Think of our cold weather in February and write to the secretary, Dr. Harper, 718 Macheta Building, New Orleans, La., for full particulars.

The Pacific Coast Journal of Homœopathy has removed its office to 310 Galen Building, Sutter and Stockton streets, San Francisco, Cal.

PERSONAL.

"One lung gone? Good! I'll have no more trouble with it," said the tuberculous optimist.

"Can we have a spoon?" asked the young man, who, with his girl, were privately dining. "Certainly," replied the waiter, leaving the room.

The native servant was told to send the telegram and he wrote: "Come quick. Father dangerously dead."

"The bicycle certainly brings down the fat," remarked the stout man as he landed on the pike.

"Why are the Quakers dwindling?" asked the Earnest Seeker of Truth. "Bonnets," replied the married man.

Strange that the world is not better governed when every man you meet knows how it should be done.

If Roosevelt is a Republican, what is Foraker? and if Bryan is a Democrat, what is Hearst?

The nation that habitually takes the "rest cure" is dubbed "unprogressive."

If "the people rule," what are the opposition?

The laying on of hands is a cure especially adapted to little boys.

Cutting off his allowance sometimes cures the youth.

A professor, U. of C., of course, enlightens the world on "Why Women are Intellectually Inferior to Men." Wait until the fresh guy gets married.

"Every girl has the world at her feet, who has to walk," remarked Miss Acidie.

Gin is the only currency in parts of Africa, and there is a chronic stringency, and the people, as elsewhere, want more of it.

When the small boy heard of the electric switch he seriously considered the reform problem.

When John D. tells us how to succeed we wonder what would happen if all followed his advice.

Man may dislike change, as Carlyle says, but he wants no shortage in it, nevertheless.

Little by little the sports of the Anglo-Saxon race are prohibited by law. Bad boys, our forefathers!

They say Kermit Roosevelt's favorite air is: "Everybody Works but Father."

A smoking auto is like a smoking lamp chimney—a sign of slovenliness or ignorance, and in each case, vile.

If you don't like a man his troubles are "retribution," otherwise they are "adversity."

When a man can wear out of date things without knowing it, or caring, if he does, he is beginning to be emancipated.

THE HOMŒOPATHIC RECORDER.

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No. 2

SHEARING THE LAMBS.

Did you ever "take a flier" in Wall Street? Do you ever contemplate "operating" there? Do you ever "watch" or "study" "financial operations" with a view to increasing your modest store of money? A good many of your brother men have done so, and many of them, who, from "unexpected" events, have been "cleaned out" now "know all about it," and if they had another pile to buy more "chips" (or stocks, as in this game they are professionally termed) could "beat the game." All who have "been there," and all who are "studying the market" with a view to "getting in the game," ought to buy a copy of *Everybody's* for February. This "tip" will cost you 15 cents, and though you can get plenty of "tips" for the asking, is possibly worth the money.

Have you ever thought of the meaning of the curious fact that you can buy, or sell, anywhere from 50 to 50,000 shares of any "active" stock as soon as you have produced the "margin?" And that any number of lambs can do the same? The greater the number the richer the fleece. Have you ever noticed how "the market" for a certain "group" will take a "slump" and the veracious "market report" will tell you that since "weak holdings" (the lambs) are "shaken out" and many "stop loss orders uncovered" the market is now "safe" and in "strong hands?" How the stocks that have slumped quickly regain their normal market level without any fuss? How the man who sends out "market letters" will give you sure things?—he knows no more than you do, though he is always "watching the market." If you have "operated" buy that *Everybody's* and see how it was done, if you only think of "operating" buy and see how *you* may be.

You buy 100 shares of X. and D. The bill and memorandums

show that you owe the broker \$10,000 for the stock he has bought from Boom & Co. You put up a margin of \$1,000, and the broker "carries" you for the remaining \$9,000, *i. e.*, you pay him 6 per cent. compound interest on that amount. He *may* get a bank to carry it on "call" at 3 or 4 per cent., but he *may* sell it on his next order from a lamb who is "shrewd" and "goes short" on "the market." The interest on a few thousand shares carried in this manner makes a very nice income—and all is straight, for you can get the 100 shares of X. and D. any day you have the money to pay for it, or can close out at a profit or loss whenever you can or must. But suppose one lamb buys 1,000 shares at a price and puts in a "stop loss" order; other "knowing" lambs put in "buying orders on a decline." The traders bide their time, and when it comes there is an "unexplained slump" in X. and D., the orders on a "decline" are filled from the "stop loss" and that lamb is sheared. A few hundred actual shares may form the basis for a many, many thousand share day's "trading"—that last is good English, rightly used.

When there is a "killing," which takes place in the ever recurring "panics," the methods are similar, but then the "big men of the street" take an active hand and woe unto the broker or even considerable banker who refuses to obey orders—the only safe man then is the man who has his securities paid for and his certificates in his strong box. These are the times for men with a little money to "go into the market" *via* a safe house and buy—outright, for you cannot buy otherwise while the lambs are being made into chops. But few will do it at such times—the slaughter scares them. A peculiarity of such times, as many have noticed, is that "gilt edged" securities "break" worse than those that are not so gilt edged. The reason is that these are not dealt in on margins and there must be actual buying with the cash for them. The reason for their sales at such times is, generally, that some one has taken a "flier" and, being "well heeled," is compelled to "make good."

Standard dividend paying stocks are good investments, provided they are bought outright, for the day of the wrecker seems to have passed.

All this is not Homœopathy, but, you see, the RECORDER wants its subscribers to continue paying their subscriptions, hence this discursion.

CONCERNING THE PRODIGIOUS POSSIBILITIES IN CHRISTIAN SCIENCE.

Mr. Gilbert K. Chesterton has been forecasting "the future of America" (*Hampton's*, January), and, if his forecast is correct, Christian Science is to be the religion, or superstition, of what our President, Mr. Roosevelt, terms "predatory wealth;" in other words, it is to be the cult of the coming, or arrived, American aristocracy, the enormously rich class that has sprung up almost over night. "Aristocracy," you know, means "the best." It wouldn't do to use our simple English words "the best" for the class, for the reason it would cause endless wrangling by the plebeians, "the common people," so we go to the Greeks for a word for the very rich and to the Latin for the others; not being mother tongue words, or the tongue of the vulgar, *i. e.*, the common citizen, they do not take violent offense at it and so the peace of the community is preserved. Whether our newly created American aristocracy are so in the true sense of the Greek or are only so in our hazy sense of the term, meaning the fellow on top, remains to be seen. On the first round they have shown themselves to be "the best" money getters. That is an established fact. Whether they will develop into "the best," the aristocracy, in other ways remains to be seen.

The most, perhaps all, of our so-called "new movements" are but revivals of ideas from the "wornout" East, "exploded ideas." But really ideas do not wear out or explode. They are the gods, ever young to those who first see them, yesterday, to-day and forever. The rule of the people, the demos of the Greeks, and the democracy of the West, are one with these ideas. Another from the old East came to our own State, Utah. And another, the mysticism of the old, old East, is among us known as "Christian Science," though in reality it is essentially pagan, or heathen, by which is meant no disrespect, but merely that it is not Christian, but of that which lived and flourished before Christianity was historically known, though Christianity has always existed, always will, for it is the Law and the Prophets, the doing unto others as you would have them do to you, the saving salt in all religions—though not often wanted in any or partaken of.

But to go back to Mr. Chesterton. He sees in the future of

America a dividing line, and, broadly speaking, on one side the Catholic Church with the poor, on the other Christian Science with our new aristocracy. Yes, of course, there will be, as there are to-day, many other tongues, but the two great forces, according to our essayist, will center in these two. As Mr. Chesterton's posing of the future race of Americans is purely speculative, so are the probable results, but he intimates that it will be a return to the despotism of the East, or—an unpleasant smash. He says Christian aristocracy (perhaps he means absolute power) was broken when it was believed that "every man was of enough importance to be damned." To-day in the Christian Science temples the messages of their goddess are written along side of those of the Christian God. It is an easy step to paint out the letters on the wall.

Christian Science is essentially heathen because it is essentially cruel. Disease and pain are but the state of disordered minds—ignore them, in yourself and others! An ideal cult for the absolute despot—God is all. God is good. What is evil is a disordered mind, and discontent rebellion against God. And as Mr. Dooley would say, "There ye are," with the most powerful weapon a ruling class ever wielded.

So, you see, good doctor, there is more in Christian Science than merely cases of foolish neglect of the sick and suffering against which you fulminate.

Now all this may be but a farrago of nonsense. Still it is rather interesting.

SOME NOTES ON PROFESSIONAL COURTESY.

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

We all recognize the noble nature of our God-given profession; that the physician's first and most dominating object is to do good, and we all know the grand oath of Hippocrates, that we should jealously keep the knowledge of our art and science from unauthorized interlopers, in order that there might be more of it left for the comity of our own brotherhood. It is true, indeed, that Hippocrates also inculcated lofty ideals by which the older initiates into the arcana of medicine should deal gently and

long-sufferingly with those just entering into its mysteries, and see to it that these also were properly fed at the professional manger.

And so we work along to-day with our classic collegiate principle that the freshman newly incoming to the gates of knowledge, shall, as a newcomer, be thereby hazed, but shall anon become the sophomore of to-morrow, to, in turn, manipulate the cane, the stove-pipe hat, the kicks and cuffs, and the ducking bath, against other new hosts as yet in embryo or just born. It is this that makes the otherwise unhappy life of the neophyte so full unceremoniously and impartially administered to him to-day he of joy and promise, mostly promise, for every knock and kick so will vicariously transmit with compounded interest to his hapless successors later on. And, therefore, the tongue rolleth, the eye broghteneth, and the corrugated lines of pain expand into the broad and anticipatory expanses of hilarious joy—

“There’s a good time coming, boys,
Wait a little longer!”

But when this hazing continues for long, mortal years, and the hazer’s hair grows white or absconds, and the ‘hazee’s hair grows gray and sparse, while yet the knocks and kicks do not disappear or diminish, but only become more sly and surreptitious, and are administered laterally and to the rear, instead of rectangularly and to the front, then the hapless one may despairingly look about for new victims; and it is by no means certain that he can henceforth find them; for, often, entrenched within the battlements of hospitals and dispensaries, and wattled and coddled under the voluminous skirtage of the elders, he can see them protrude their fuzzy and self-sufficient heads, and hear them cry, “Peep, peep.” but they are quite inaccessible to the healthy discipline so long and so vigorously, or at least so effectively, administered to himself. His legitimate game has in such wise achieved security at the expense of his individuality—has found a patron, and all of good and bad—and especially bad, that the word implies. Meantime the professional mature one, incubating and absorbing, waxes fat in the delicate grains scattered about, and pecks and scratches, and disparages with qualified remarks, damns with faint praise

his not yet so gray colleague, and often, with a secret joy is enabled to even seize the savory morsels and golden grains from between the very mandibles of this most unhappy colleague, while crying, "Well done," or, perhaps, "Not so badly done," or still, perhaps, "I ought to have been there," as the sole syllabub to his colleague's bereft soul, or bereft pocket-book, or maw, for these are in such cases, and with such ones for the most part, all the same.

And we have our specialists. Some afflicted ones have lice and fleas; some have impecuniosity, some have nerves, and hunger, and thirst, while others have specialists; and it sometimes occurs that the specialists have them, in turn, and badly so. Of course, no one has any moral, legal, or professional claim to be a specialist unless he is first of all an all-around medical man. It is a gross libel to say, as some do, that a specialist does not know that a living organism is a composite and correlated mechanism in such wise that every thing is general and nothing at all local; or that he has taken up a part of these operations, for example, the southeast quarter of the revolution of a wheel, from narrowness of vision, making him incapable of seeing the whole movement, or from an un-Hippocratic fancy that the hours are easier and the fees are larger, or the responsibility lessened and the dignity gretened.

I was once asked if I were a specialist or a general practitioner, and replied that I was a specialist. "And what is your specialty, may I inquire?" Certainly, I replied, the human body.

Therefore, we may know that if we send a patient to an oculist we should then have him find a man fully equal to ourselves in all that constitutes an all-around physician, and, in addition thereto, one that has a special range of knowledge and experience far transcending our own, in that particular line, so that he must be a far better man, necessarily, than we are. And therein sometimes lies danger to our hapless selves, for once in a while such a magnificently gifted paragon feels the stirrings of the

"Good old plan,
That they may take, who have the power,
And they may keep who can."

It is on account of this peril that it has been wisely suggested

that a specialist should thereby abandon all general practice, and advertise himself as a specialist in a certain line, and then be compelled to stick to that specialty, making it prima facie evidence of mal-practice for him to undertake any case outside his own specialty; for it is certain that one who has altogether abandoned the practice of medicine for years is not qualified to sporadically take up a serious case and carry it through, and it is equally true that a specialist who confines himself to one specialty only, on the ground that the field of medicine is so vast, nowadays, that no one mind can grasp, and no one hand execute its intricacies (which is the only possible valid ground on which specialism can have a *locus standi* at all), must have abandoned his knowledge and experience of general practice, and thereby disqualified himself from its pursuit.

Of course, there is room for specialists; I couldn't cut a first class sirloin beefsteak even if I had the ox and the ax, and tried; so I abandon that to a specialist, but I do not thereby agree that the butcher shall treat my cases of typhoid fever.

I suppose we have all had our ups and downs with specialists. I know that I have, and I propose to cite a few instances in my own personal experience, that have often produced placid amusement, because they couldn't, and sometimes vigorous malediction because they did. The only balm for my lacerated feelings and impoverished wallet, in these latter cases, has been the observation that I have been compelled to make, that nearly all the cases taken away from me, all unworthy, and thus transferred to their own more gracious preserves, sooner or later, and mostly sooner, have turned out badly, so that I have been able, with some professional satisfaction, though often with considerable personal sorrow, to read their "titles clear" on those crystalline calcium carbonate structures, duly marked and dated, in their appropriate cemeteries, wherein they were foredoomed to shortly repose; or, if not themselves, then others, hapless others, gathered into the insatiate maw of professional avarice, from these same families. And I have sorrowfully said, "You would buck the tiger, would you?" I have thought, perchance, that it might be of passing interest to some of your readers to recite the details and present the mechanism of a few of such involuntary transfers which chanced in my own experience, and also to say a word or two about the far more

numerous cases in which I was able to place the end of my thumb against the tip of my nasal organ, and expanding the digits widely, vigorously oscillate them in the forefront of the baffled moloch who had shot from his cage and missed.

I have often met these carnivorous professionals, both the hitters and the missers, afterwards, and always with courtesy, for I reflected that God, for some reason of His own, had "made of one blood all the nations of the earth," although the parties under consideration had exhibited in their dealings a remarkable sort of cold blood, which, I feel quite sure, was batrachian, and not like any circulating in my own anatomy. Still we must expect something like that among the amphibious races, those which have a double habitat, and can emerge from their own environment into ours, and impartially forage in both. If providence had directed their trail of slime forwards, instead of sideways or backwards, we might all feel safer, but, as it is, perhaps a little of my own hindsight may serve as a slight forecast for some of those who chance to fall upon these pages.

During the small-pox epidemic of 1872-3, among hundreds of others, I had two particular cases, two boys, and the only children in a family which I had long attended. The cases were mild but pronounced, and there were many severe cases in the same block, of which I had a number. The mother and her old maid sister desired to visit some of the friends in New Jersey for the Christmas holidays, and, as the boys were beginning to be about again, concluded, or were induced, to call in for judgment an eminent homœopathic physician, who spoke and pronounced my name with a strong Teutonic accent. This, all unbeknownst to me. On my next visit I was informed that this eminent example had come and looked over me and over the cases, and pronounced them chicken-pox. As I had more than a hundred families with small-pox in that season to look after, I didn't think so. But the old doctor told the family that they made a mistake in employing a young physician, and suggested himself as one of about the right age.

I didn't wait to learn my own fate definitely, because I at once preached a short sermon on professional courtesy and Christian charity, and walked out serene and happy, leaving my rival corrupt and content. The only consolation I got out of this case was

my bill, and the knowledge that my rival (cautious not to be self-reversed) had advised the family to stay at home, and to *send* their Christmas presents, first disinfected in the kitchen range oven. As the principal of these consisted of an elaborate outfit of sealskin furs, these emerged from the fiery ordeal as stiff, brittle and disreputable as fire can make gelatine, even in the hide of an old Dutch doctor, so that I felt that in this case the wind had been appropriately tempered to the shorn sealskins, and to me, the shorn lamb, as well.

I had a case of metrorrhagia in a young married woman, and called in consultation a very eminent elderly homœopathic physician, because, I thought, as he talked so much about such things, he ought to know something about them. I helped him up stairs, as he said he was exhausted with hard work, and he looked at the case super-clinically (that is, across the bed), and gravely told me that he thought that if the case "was treated adroitly," it would come out all right. And it did, for the whole mucous lining of the uterus came out with it shortly afterwards. However, the eminent and over-worked colleague dropped in at times, I was told, in person, and privately, to see if I was treating the case adroitly, but he never told me what that was. I am not sure that I was, but I know that he was, for I never saw the family professionally after the woman recovered, while he became the medical director of that establishment. However, it was not for very long, for they all concluded that my successor was nothing but "an old woman in disguise," and fired him out; and then it was my turn, for practice in that family, so far as I was concerned, only rotated once.

I was called to a family outside the city, professionally, on another occasion, and after consultation with the family, engaged another very eminent homœopathic physician to take a confinement case for me. The professor did so, so successfully that he kept the family by persuading them that one of the sons was admirably adapted for a physician, and that he was the very one to put him through. Shortly afterwards the mother lost her life by pneumonia, between the professor and the student, and his career then came to an untimely end in that establishment.

I recall another case in which a little girl, a patient of mine, was visiting her grandmother, out of the city. A very eminent special-

ist of our branch of medicine saw her there, and took such an interest in the child, which he had never seen before, that he suggested an operation at once, which matter had already been carefully but unfavorably gone over by me. The grandmother brought her daughter into the ring of conspirators, but the husband was kept entirely out, and the operation was performed by another eminent collaborator. Secondary symptoms followed, death almost supervened, the husband fled to me in horror, the wife telephoned, the grandmother implored, and I went to see the shipwreck myself. The eminent specialist wrote a letter to the family suggesting that he call, which was turned over to me, and I answered that letter, and it took the man an hour to apologize to me personally and to try to set himself right in the matter; it took all winter to set the girl right.

I had another very serious case in which I engaged my own professional consultant. But an eminent specialist was called in in my absence by an aunt, and he came with alacrity, and took charge of the case with alacrity also. But the grandmother, who was in charge, took the eminent specialist in hand, led him to the door, and told him to depart and never come back again, which he likewise did with alacrity.

In another case I myself called in an osteopath, thinking that he might work a little bit, mechanically, on a traumatic rotary curvature of the spine in an elderly patient whom I had attended, with his family, for many years. I left the osteopath in the front room manipulating the backbone while I put up some medicines, as usual, in the adjoining room. He came in, and cried out, "What are you doing, sir?" I explained. "Don't you know better," he cried, "than to prescribe medicines while I am treating a case?"

I went into the other room, where I found my patient groaning in body and his wife in spirit, and who told me that my osteopath had placed his knee against my patient's back, and straightened him up, as they do jumping jacks when they get awry; had broken his back, as he believed, in fact.

I returned and explained to the osteopath that he was *de trop* in that case; also, that he was what in vulgar parlance would be stigmatized as a canine monstrosity, and that I would give him just two minutes to clear the front steps. The wife came in and

insisted that one was sufficient, and the colored man suggested that he throw him out "right now." His bill was \$14.00; it ought to have been twenty for the amount of work he did.

Another osteopath once crossed my path, and took away my patient, who was comparatively a new one. But he didn't keep her, for she died a little while afterwards and I didn't get my bill; I suppose that neither of us did. But these, and another experience with osteopaths, have taught me that whatever benefit by manipulation could ever be derived from their treatment, other manipulators will answer the purpose under the physician's eye, while a physician subjects himself to real danger in having anything whatever to do with them unless he makes a careful selection with a previous understanding. He is otherwise likely to be injured, either openly or surreptitiously, and, if successful, the osteopath will receive the credit; if unsuccessful, the physician must bear the blame.

Another of my difficulties with an eminent physician and surgeon of our school was a case in which I called one in in a matter of purulent degeneration of the testicle of long standing, in an old man. He operated skilfully for me, and the patient was made very comfortable. But I never saw him afterwards, and my friend attended the family. All I got out of that case, besides my bill, was how to put three homœopathic drugs (one of them sulphate of morphia) into a single tumbler, and let the disease pick out what best suited its taste.

In another case I called in an eminent homœopathic surgeon to operate in a case of strangulated hernia, in a maiden lady of uncertain age, and which operation was successful. After I had finished the after-treatment I saw no more of these people, but about ten months later, when I called on the same surgeon about another operation, as I ascended the steps, to my surprise I found my former patient emerging from the vestibule with the eminent surgeon at her heels bowing and saying, "Then I shall see you next week again?" As he rose erect and confronted me, I thought I beheld one of those magnificent crimson sunsets which we sometimes see in Mexico, but he stammered or strangulated out that it was only a friendly call, or something of the same sort. Though there was no rupture between us at this particular time, as there had been at the first, I contented myself with asking how he

was getting along, and did my surgical consulting elsewhere on that and other subsequent occasions.

I once stood in solemn conclave at a consultation of seven of us. It was my patient, but no observer would ever have thought so. I don't know which of these anointed ones got the case, but I know that some one did, for the death was advertised in the newspapers shortly afterwards.

A friend of mine who would scorn to steal a patient was asked by a well known homœopathic physician who was about to take a vacation, to look after his patients for him as an accommodation. My friend did so and made no charge whatever; but before the physician left, after asking for this courtesy, he hesitated at the door, and then returned to stammeringly say: "Doctor, I—I hope that any of my patients—ahem!—you will not—continue to treat afterwards."

My friend was indignant, but I told him that this was one of the only instances of high intelligence that I had ever seen manifested in such a case, and that it was decidedly to the physician's credit. He had probably been there before.

I could multiply these cases, not so many perhaps of those worked on me successfully, as those attempted, and which sometimes were partially successful, too; but I have always told my patients that at the first sign of dissatisfaction I would at once resign the case, and that, as a matter of fact, I had discharged five for every one who had ever discharged me, so that such sleight-of-hand performances, outside the personal sense of their own meanness and injury, and of their meanness and injury to the profession, have not come to me as personal losses, but only as valuable personal experiences.

Many older physicians may not have had such fights while they were neophytes in the profession; but most of my medical colleagues, when they go over their old experiences, will recall some.

I have mentioned nearly all, but not quite all, which occurred to me, and the annual average for thirty-five years or more is not considerable. But if these few will recall to many the dangers which they have escaped, and to some others the wrong to professional and personal ethics, not to speak of that rule of life higher than all ethics because it came from the Highest, which they may have attempted to perpetrate and failed, I hope that some good may result on both sides.

And above all I hold the honor of the noblest of all professions; if it is to have its power and vogue; if it is to preserve its principles, and if it is to serve mankind as it can and should, then this honor must be held intact and kept immaculate.

1521 Poplar St., Philadelphia, Pa.

A TYPICAL PYROGEN CASE WITH COMMENTS ON THE REMEDY.

By Royal E. S. Hayes, M. D.

Mrs. L., æt. 26, being advanced three months with her third pregnancy "took a long walk up the mountains," which was followed by serious consequences. I was called soon after an abortion had taken place. *Pulsatilla* quickly relieved the hæmorrhage and pains. All went well for two days, when the woman complained of severe pains in the back extending to the pubes, greatly aggravated by a change of position. She was unable to move without bringing on copious gushes of bright colored blood mixed with clots. *Sabina* was given, with the result that I found her so much improved that I said I would not call again for a few days unless sent for. I was sent for just a week later. I found that during the week she had been passing putrid shreds and pieces of membrane, together with an acrid, offensive lochial discharge. The stench which filled the house was simply horrible. Even the curiosity of the neighbors could not withstand it; they could not stay in the house. On the day on which I was called she had a shaking chill in the forenoon, which lasted over an hour and was followed by repeated lighter ones. The temperature at 2 P. M. was 102.4. The pulse was small and rapid. She complained of headache, vomiting and frequent weak "sinking spells." The abdomen was distended, the pelvic organs and bowels quite tender. She was constantly walking about the room to relieve the bruised aching and soreness.

Not a very pleasant state of things for either patient or physician. Such a state needs a remedy that has the power to go to the root of the condition and establish reaction in short order or there will be a dangerous illness from which there may never be

reaction. *Pyrogen* is just such a remedy in these conditions and was prescribed at this time. Next morning I prepared my instruments for curetting. When I called, however, I found that a change had taken place. The temperature had dropped to 99.5, there was almost no pain, the discharge had improved in appearance and odor. This went on a few days to perfect recovery.

Pyrogen is a moribific product. The keynote of its sphere of usefulness is *sepsis*. The most frequent use for it is found in sapræmia and septicæmia, especially puerperal, from an unknown cause or from a local source and in the chronic effects of such a sickness. But it is just as useful in typhoid fever, diphtheria, ptomaine poisoning, poisoning from sewer gas, abscess, malignant pustule or any septic process when those conditions present the characteristic indications of the remedy. I have the best results with it in poisoned or septic wounds where the case had been neglected or had been dallying with surgical fussing so long that the whole organism had become impressed by the effect of pus in the system.

In a case of suppurative peritonitis from which a large quantity of pus had been evacuated, slow improvement continued for a few weeks, after which the boy persistently remained at a stand-still both in general condition and locally. Repeated efforts at discovery of symptomatic indications for a remedy were made in vain. Then a dose of *Pyrogen* was given on the theory that long continued exposure to pus had made the impression which was retarding progress. The *Pyrogen* was followed by a sharp rise of fever, which lasted about a day, after which the improvement was truly remarkable.

Sometime after abortion the infection pursues a local track and extends up the urinary tract, causing large quantities of pus in the urine. The characteristic indications for *Pyrogen* will usually be found in these cases.

When, after labor, in addition to offensive and putrid lochia the woman develops an insidious fever and complains of bruised pains in the body and that the bed feels hard, necessitating occasional change of position, the *Pyrogen* bottle had better be taken out, for it is then more valuable than all the antiseptics and curetting instruments in the world. There is only a bare possibility that these will have to be used, too.

Never forget the possibility of *Pyrogen* being needed in diphtheria for if it is needed but not used the case may as well be turned over to the undertaker. The case is malignant. There is great swelling of the parts, which are dark red and bluish, bleeding easily, and suppurating, or even gangrenous. When the little patient coughs blood and pus is discharged. A horrible odor fills the house. There are great noises in breathing and the chest organs seem about to be invaded by the septic process. There is great restlessness and bodily soreness, abdominal soreness and pain. If the case is late the pulse is rapid and cardiac paralysis threatens.

Who would expect Antitoxin to cure such a case? Everybody who has observed the effects of Antitoxin with an unprejudiced mind and knows how to distinguish between the effects of drugs and disease knows that it would be exceedingly dangerous. *Pyrogen* has cured even then and will often if properly managed. But when the case has gone quite far the physician must be satisfied with a little improvement each day for two or three days before decided change may take place.

A friend of mine relates his experience in an epidemic of real diphtheria some years ago. His allopathic neighbors, with their Antitoxin swelled the population of the graveyards in large numbers. My friend had some twenty cases which he treated with *Pyrogen* 6th and cured every case. Some of the "Regulars" came to him and asked him what it was that he used. He wrote a paper about the whole matter, Antitoxin and all, and read it to his conferees, but, of course, they would not believe any such nonsense as that.

In every case of acute disease that I have cured with *Pyrogen* the acute action has been followed by a long continued action as a general alterative, better health following than was present before. *Pyrogen* not only removes the acute symptoms, but digs out old constitutional tendencies which the patient had before the local infection was present.

Some of the keynote indications of *Pyrogen* are:

"Soreness of the flesh; the parts lain upon feel sore and bruised. Patient complains that 'the bed feels hard.'

"Restlessness, must move constantly to relieve the sore, bruised and aching pains. Sometimes motion does not relieve.

"Confusion as to different parts of the body. For instance, in a case of slow fever the man thought that a neighbor's leg had taken the place of one of his own and that his leg was doing service out in the field with the neighbor.

"Tongue clean, smooth, glazed, fiery red.

"Sweetish, fetid, pus-like taste in the mouth as from an abscess.

"Vomiting, persistent, coffee ground or stercoraceous.

"Diarrhœa, horribly offensive, putrid, brown or black, involuntary, or there may be constipation with large black stools of carrion odor.

"Lochia thin, acrid, brown, fetid or suppressed and followed by chills, fever and profuse fetid perspiration.

"Chills severe, general, marking onset of septic fever; pulse small, wiry, rapid, out of proportion to temperature; cold sweat.

"Rapid decubitus.

"Threatened cardiac paralysis from septic conditions."

These symptoms give a picture of dangerous malignant processes which tax the resources of the physician to the utmost, unless he has made the acquaintance of *Pyrogen*.

I have never seen *Pyrogen* indicated in those cases of puerperal fever of violent onset which begin with a severe chill twenty-four hours after confinement. These are of different character than those due to sapræmia.

I prefer to use *Pyrogen* in a single dose of the higher potencies. But if, through lack of experience, one's courage is weak, it may be used in the 30th and repeated until improvement begins. It must then be discontinued lest the malignant forces blaze up anew.

On account of its malignant nature it is not sold in a lower potency than the 6th, I believe.

A full account of *Pyrogen* may be found in Clarke's Dictionary. If anyone's homœopathic enthusiasm has become a bit wearied (which seems impossible) let him get Clarke's Dictionary and he will become refreshed. How could we get along without it now!

Farmington, Conn.

REPERTORIES.

Milton Powell, M. D.

Apropos of the teaching in some quarters that it is absolutely necessary to know how to use repertories and that some cases cannot be cured unless we do use them, here is a statement from "Chronic Diseases:"

"He may avail himself of the existing repertories with a view of becoming approximately acquainted with the true remedy. But inasmuch as those repertories only contain *general indications*, it is necessary that the remedies which the physician finds indicated in those works should be afterwards carefully studied out in the *materia medica*.

"A physician who is not willing to take this trouble, but who contents himself with the *general indications* furnished by the repertories, and who by means of these *general indications* dispatches one patient after the other, deserves not the name of a true homœopathist. He is a mere 'quack,' changing his remedies every moment until the poor patient loses his temper and is obliged to leave this homicidal dabbler. It is by such levity as this that true Homœopathy is injured."

A physician can learn how to use a repertory only after he has learned how to study *materia medica*, and he can learn the use of repertories himself. Otherwise we might as well say that we can best learn the good that a book contains by reading the index.

These wise men rail at keynotes in one breath, while in the next talk learnedly about generals and particulars as if they had discovered something new. They seem to know a hellovalot that isn't so. Membership in an Ananias club is too good for them.

163 West 76th St., New York City.

NUX VOMICA.

By Dr. W. O. Cheeseman, Chicago.

Strychnos Nux Vomica. Active Principle Strychnine.

Duration of action, 15 to 21 days.

Antidotes *Bell., Camph., Cham., Coc., Coff., Op., Puls., Stram.*

It antidotes the bad effects of coffee, tobacco, alcoholic stimulants and patent medicines. One of the best remedies to begin

the treatment of cases that have been drugged. Complaint arising from a cold. Chagrin, anger, mental exertion. It is suitable to lively, choleric temperaments, also to individuals of a malicious, artful character. Also to venous constitutions disposed to hæmorrhoids. Hahnemann speaks of the type: "*Nux* is chiefly successful with persons of an ardent character, of an irritable, impatient temperament, disposed to anger, spite or deception." Under-score in your note books *hypochondria*, *melancholia* and *hysteria*. In rheumatic affections, especially those of the large muscles of the back, lumbago and those of the lower chest.

It has congestion of blood to head, chest and abdomen. Sick feeling in all the limbs. Bruised feeling in all the limbs. Paralysis particularly of the lower limbs. Trembling of the lower limbs. Trembling of drunkards.

For the treatment of alcoholism it stands in the first rank. Compare *Sulph. ac.*, convulsions and spasms, epileptic spasms with cries, bending the head backward.

St. Vitus' dance in boys and girls, with a sensation of numbness.

It is the analogue of *Bell.* and *Lac.*, fainting fits, fainting after walking in the open air. Languor in all the limbs, great weariness even after the least motion. Laziness and dread of motion, sudden failing of strength. Great nervous weakness, with excessive irritation of all the organs of sense, particularly of hearing and sight. Excessive sensitiveness to the open air, great liability to take cold. Many of the symptoms are aggravated by coffee, wine, smoking, watching and mental exertion. The general keynote as to the time of aggravation is 3 A. M. The patient sleeps until 3 A. M., and then awakes and is overwhelmed with ideas; falls again into a heavy sleep full of dreams, from which he wakens more weary than he was on lying down.

The pains which come on by keeping oneself in the room are relieved by a walk in the open air.

There is one other grand keynote which is found in the stool symptoms. Frequent and ineffectual desire to defecate, or passing but small quantities of fæces at each attempt. Now *Nux v.* and *Bry.* are both remedies for constipation. The *Nux v.* constipation is caused by an irregular peristaltic action of the intestines. The *Bry.* constipation is caused by a lack of secretion in the intestines. There is no desire for stool under *Bry.*, and the stools are dry and hard as if burned.

The symptom I have mentioned under *Nux v.* in reference to the stool in constipation is also found in dysentery and diarrhœa. You will find there is relief from the stool, be it ever so small, even when blood is passed there is relief. Now under *Mercury* there is no relief from the stool. On the contrary there is a never get done sensation. Now take the general agg., worse in the morning after mental exertion, after eating and in the cold air.

The menstrual symptoms are menses too early and rather too copious; if they have other complaints which begin with the menses they will remain until the flow is over.

The characteristic symptom in the digestive tract is worse an hour or two after eating.

There is a symptom under the rubric of "sleep" which you will do well to remember. Violent starting on going to sleep.

There is also irresistible drowsiness after a meal.

In disorders of the circulation, coldness at night, not even yielding to the warmth of the bed.

In the mental state they are solicitous about their health, apprehend death, excessive sensitiveness to external impressions, noise, talk, strong odors and bright light are intolerable, disposed to quarrel and feel vexed. No desire to do any kind of work. Incapable of thinking correctly. He frequently makes mistakes in speaking.

The region of the stomach is sensitive to pressure, and you will find this quite characteristic when *Nux v.* is indicated. Pressure in the stomach as from a stone.

Burning in the region of the pylorus. Burning in the pit of the stomach; cancer of the stomach; dyspepsia; indigestion; feeling of fulness in the stomach, particularly after a meal.

No remedy more important in the treatment of disorders of the digestive tract. Diarrhœa, dysentery, hæmorrhoids. The region of the liver is sensitive to contact, and *Nux v.* is a fine liver remedy with the proper indications.

Prolapsus of the uterus from straining or lifting. Here *Nux vomica* fits in perfectly. Suppression of the lochia, puerperal fever, nausea and vomiting in pregnant women. Remember *Nux vomica* in all nervous troubles.

Sudden sensation of loss of strength in the arms early in the morning, this is characteristic.

4856 Evans Ave., Chicago, Ill.

CONCERNING FOREIGN MEMBERSHIP OF THE
AMERICAN INSTITUTE OF HOMŒOPATHY.

Baltimore, Md., Jan. 7, 1909.

Messrs. Boericke & Tafel,
Philadelphia, Pa.

Gentlemen: Your letter of October 26, 1908, to Dr. J. Richey Horner, enclosing a letter from Dr. —, of India, has been referred to me for disposal by Dr. Horner.

I suggest that the proper way in which to have this gentleman's name introduced to the Board of Censors is through the usual application for membership. If, however, he does not wish to become an active member of the Institute, but would like to become a corresponding member, the proper course would be to submit his name to the Board of Censors for consideration, together with evidence of his having a medical degree. In either case the applicant must be endorsed by three members of the Institute in good standing who know his credentials to be bona fida. When such a course is pursued the censors will take pleasure in considering the application.

Yours very truly,

ELDRIDGE C. PRICE.

(Dr. E. C. Price, the writer of the foregoing letter, is Chairman of the Board of Censors, to whom all letters in the matter should be sent. His address is: No. 1012 Madison Ave., Baltimore, Md., U. S. A. We publish the letter on account of the general information on the subject it contains.—EDITOR OF THE HOMŒOPATHIC RECORDER.)

SCUTELLARIA LATERIFLORA.

Dr. Edw. Fancher, Middletown, N. Y., recommends *Scutellaria* tincture for sleeplessness, and says that it is better than *Sulphonal*. In the Blackwood's *Materia Medica* you will find under this drug: "This remedy is indicated when there is a nervous fear that predominates everything. The patient fears some calamity. It should be remembered in chorea, irregular muscular twitching and paralysis agitans; also in insomnia and night terrors of children and nervous palpitation of the heart."

THE ORIGINAL SHERLOCK HOLMES.

Dr. H. Lyons Hunt, of New York, contributes a very interesting paper on "Physiognomy as an Aid in Diagnosis," a most interesting but neglected subject, from which the following is clipped—the journal is the December issue of *American Journal of Dermatology*, St. Louis:

"Sir A. Conan Doyle, the author of 'Sherlock Holmes,' was a medical student in Edinburgh. He graduated before my time (1881). 'Sherlock Holmes' was and is Professor Joseph Bell, an eminent physician of Edinburgh. Dr. Bell is one of the most loved and respected teachers, students of the University and Royal Colleges have ever had as an example to follow.

"It was Professor Bell's keen perceptions and invariable correct and marvelous deductions that caused Doyle to make him the principal of his interesting detective works.

"Dr. Bell, however, rarely lent his abilities to making medical deductions, but was rather inclined to solve the occupation, habits and character of his patients, than their maladies, from his observations. An incident that I recall very vividly occurred while I was preparing for one of my examinations. There is in the Royal College of Surgeons Museum a fractured femur, which has united at almost a right angle. Being handed the bone I was asked to state the occupation of the individual who at one time was unfortunate enough to be the possessor of such a badly fractured femur. I deduced the fact that it belonged to a man who was unable to procure the services of a surgeon, but Dr. Bell added much more. 'The possessor of this bone was a small muscular man and a sailor on a sailing vessel,' said Dr. Bell, 'and how do I know this,' he added, 'for this reason, he was a sailor because this bone has united at such an angle as would only be produced in a man whose bed was a hammock or bunk, he was on a sailing vessel because most large steamships either carry a physician on board or reach land so quickly that the possessor would have been enabled to procure the services of a land surgeon before faulty union had taken place, and judgment from the length of the bone and its development the man was short and muscular.'"

THE DISCOVERY OF THE MEDICINAL SPHERE OF GELSEMIUM.

"The value of *Gelsemium* was an accidental discovery. About sixty years ago, in the South, a negro was sent to gather a certain herb which had the reputation of being valuable in cases of bilious fever. By mistake he gathered *Gelsemium*, and administered a decoction of it to his master, who had resisted all ordinary treatment. The result was great prostration. There was loss of muscular power; he was unable to move a limb and could not raise his eyelids, and it was thought that he would expire. But after a few hours he revived and had no return of the fever. Some enterprising doctor, knowing of the case, prepared a medicine from *Gelsemium* and disguised it with wintergreen. He called the nostrum 'Electrical Febrifuge.' After a time it became known to the profession."—*C. E. Witham, M. D., Lawrence, Kans., in Medical World.*

AGAINST CHLORAL IN ALCOHOLISM.

Dr. W. S. House, Portland, Ore., in a paper on "Alcoholism" (*Therap. Gazette*, Jan.), writes:

"Let us urge against the use of chloral. This paper would not have been written were it not to insist that chloral in the treatment of alcoholism has no place and is a dangerous drug.

"These patients are already poisoned, and their delirium is the result of disturbed cerebral circulation. Chloral *may* produce sleep, but more often it serves only to intensify the delirium, increasing especially the hallucinations. Nowhere can one see such vivid hallucinations as result from the use of chloral in alcoholics. The increase of these sensory phenomena, especially of sight, is often looked upon as additional indication for more chloral, and before the physician is aware of it his patient has become cyanotic, the strenuous activity has given place to a low form of muttering delirium, the sensorium is clouded and full of ghostly forms, the pulse rapid and weak, the respiration shallow, the pupils dilated, and unless stimulation is freely used the patient is likely to pass into the great beyond. I am sure that I have seen two such cases, and probably three, in which chloral was the cause of death. I

am equally certain that I can recognize in any alcoholic the presence of chloral if it has been used in any save the most modest dose, by the peculiarly vivid character it lends to the hallucinations in the early stage, by the circulatory disturbance and clouded sensorium of the later stages."

THE STORY OF CRATÆGUS.

A twice told tale. Dr. E. B. Doan, of West Carrollton, O., contributes a paper to the January number of Ellingwood's *Therapeutist* in what he says "the electives have done much to introduce this remedy to the profession in America," which is quite true; also that Dr. Jennings and the *New York Medical Journal* make no "reference to Dr. Greene (the original *Cratægus* man) as a homœopath," which again is true. Also that "Dr. Homedes, of Barcelona, Spain, is responsible for the statement concerning the homœopathic origin of the drug;" of this we know nothing. The simple facts concerning the drug are these: Dr. Jennings wrote to the *N. Y. Medical Journal* a communication to the effect that the late Dr. Greene, of Ireland, had used a secret drug with great success in heart disease. After his death his widow, Mrs. Greene, revealed the fact that the drug was a tincture of the *Cratægus oxyacantha*. The editor of the HOMŒOPATHIC RECORDER read Dr. Jennings's communications, but did not at once reprint it because none of the drug could be had at the time. After nature had grown a new crop of the berries and a tincture had been made of them, Dr. Jennings's paper was reprinted in this journal, whence it spread all over the civilized world, and many learned articles have been written concerning it—and some tinctures made of it from the "whole fresh *plant*." We have printed these simple facts before, but, unfortunately, and strangely, it seems that there be some who do not read the HOMŒOPATHIC RECORDER.

CHRONIC CEREBRAL HYPERÆMIA FOLLOWING CONCUSSION OF THE BRAIN: CURED BY MELILOTUS.

By Stanley Wilde, L. R. C. P., L. R. C. S., Edin.

Mrs. P., age 40, was standing on a chair to reach up to a high shelf when she became giddy, fell backwards, and struck the back

of her head against the edge of a table. She was rendered unconscious, and when I saw her presented all the symptoms of brain concussion. The fact that the blow was received on the head where the hair is gathered into a coil mitigated its severity, for there was no scalp wound, and no manifestation of contusion.

The patient was a delicate woman, always more or less anæmic, with a weak heart and a tendency to syncopal attacks.

Arnica 1x was prescribed, with an *Arnica* compress to the head, and hot bottles to the feet. She recovered consciousness in the course of half an hour, and complained much of headache. This headache became more or less persistent and chronic, and was of a violent, throbbing, bursting character, chiefly occipital, but felt all over the head, and making her feel at times as if she would go out of her mind. The remedies given during a period of several months were *Acon.*, *Bell.*, *Gloncine*, *Gelsem.*, *Silica*, *Acid picric*, *Calc. carb.* These gave only partial and temporary relief, *Gloncine* being particularly helpful as a palliative during the severe paroxysms, but the head symptoms continued, and rendered her quite unfit for her domestic duties, besides causing her to show signs of much irritability of temper, especially with her children. She could not bear noise, and was unable to read or write without considerable aggravation of her symptoms. She slept badly, and at times I feared that her mind would give way.

Very hot fomentations to the occiput would give relief, and counter-irritation at the nape of the neck by means of sponging with Coult's *Acetic acid* produced temporary benefit. But no marked improvement occurred until I prescribed *Melilotus* 1x.

This drug, *Sweet clover*, produces symptoms denoting great engorgement of the cerebral vessels, with terrible throbbing headache as if the head would burst, a very red face, and a tendency to epistaxis.

This reminds one of *Bell.*, but Clarke, in his *Materia Medica*, differentiates the two remedies in headache in that *Melilotus*, has > from lying down and from the application of vinegar, whilst *Bell.* has < from these. My patient certainly found relief from the *Acetic acid*, and the head was better lying down than sitting up. The face also got flushed during the paroxysms of severe headache. From the time she commenced taking *Melilotus* the headaches became less severe and less frequent, and in a few weeks entirely ceased. The effects of the fall had lasted nearly eighteen months.—*British Homœopathic Review*.

PHASEOLUS NANA.

A. M. Cushing, M. D., Springfield, Mass.

Mr. Editor, as you have sent me a copy of your journal containing an article, "*Phaseolus vulgaris*," you may be interested in my experience with the bean:

When a boy, I stuck the tine of a hayfork forcibly into the top of my bare foot, and it was thought it would either make me a cripple for life or lame all summer. A "herb doctor" split open a common white bean, *Phaseolus nana*, and bound the flat, split side dry on to the wound. The pain was so severe I became delirious, but went to sleep and woke well.

During the fifty-two years I have practiced, I have tried it many times in punctures by rusty nails, etc., and never a failure, cured in a few hours, but painful. A number of years ago I had a patient badly bloated from uterine cancer. I steeped some dry pods of *Phaseolus nana* and gave it pretty fully. It greatly relieved the dropsy, but after a few days she screamed, "O, my head," and was dead. I had no idea then that the bean water produced the result, but now I fear it did, for not long after in another case of a middle-aged man, he said, "You must do something for my head, as I shall go wild." I stopped the bean water and the headache ceased. Now if the *Vulgaris* has the power of the *Nana* (and I don't believe it has), I don't see how Dr. Romm can give it in such large and repeated doses, without disastrous results. I think the resinoid of the bean is a deadly poison similar to atropine.

Physicians in your own building will tell you I have tried to practice "Homœopathy" for fifty-two years, and during that time I have probably proved more remedies upon myself than any other one living, and one of them was "*Phaseolus nana*." I had taken it a few days, watching the action of the kidneys, when my heart almost stopped, only a little feeble pulse. That stopped the proving, but I think that was all the scientific proving that has been made of the remedy.

Soon after I was called by an old school doctor to a case of confinement. The patient was 25 years old, with her first child, was badly bloated, the urine was loaded with albumen, there were vio-

lent convulsions and heart failure, which did not yield to the usual remedies. We gave a dose of that preparation from the vial. In five minutes the action of the heart was improved, in ten minutes it was normal, and the doctor was happy and wanted the vial.

Soon after I was called to see a gentleman, 44 years of age, so badly bloated that he could not wear his pants, he had to sleep on his knees, with his head on a bed or on a lounge, the urine was full of pus and albumen, hyaline and glandular casts. The pulse was but 28. In one week he was out of the city visiting friends, three months later he was working six days in the week. I gave him *Phaseolus nana*, the 15th attenuation, once in two hours. The next day he had such a violent headache that I had to omit the remedy. He took but little other medicine.

Some five years ago, a lady of 55 years came to me, with a report from an expert chemist, that she had Bright's disease. Her objective symptoms certainly pointed to it. There was general anasarca, with sacks under the eyes. I gave her *Phaseolus* 25x, once in two hours (I knew no better then). The next day I had to omit it on account of a violent headache. For two years she did not have a symptom of the trouble. Then she lost an only brother, and grieving over that brought on the symptoms again. I then gave her one dose of the 200 attenuation. The next day she said she had a busy night with her kidneys and bowels. She had no more trouble with her kidneys. Recently she has had a severe attack of pneumonia, and has recovered with no sign of the former disease.

A returned soldier has reported to me, whose pulse had been from 120 to 150 for thirty years; he was cured in a month. A prominent clergyman, given up to die from fatty degeneration of the heart, took the 25, and in three months he wrote me from Toronto, "I am all right." Two months ago, a minister, who had retired from active work several years ago, suffering from heart and nervous trouble, came to me. For two years he had been under the constant care of the homœopathic physician, and was suffering from constant burning pain, in the upper left arm. He was said to have neurasthenia. I gave him *Phaseolus* 200. In three days the pain was all gone, and there has not been any pain since. I report these cases to show how much better this is than to give it daily.—*Ellingwood's Therapeutist.*

SEVERAL OPINIONS ON TUBERCULOSIS.

You will never get rid of tuberculosis until you fumigate houses, hotels, cabs, cars, etc.

You will never get rid of tuberculosis until you make patients stop spitting.

You will never get rid of tuberculosis until you make people live in the open air.

You will never get rid of tuberculosis until you make people work less, eat wholesome food and live in bright, sunshiny rooms.

You will never get rid of tuberculosis until you stop vaccinating.

You will never get rid of tuberculosis until you free the milk and beef from it.

You will never get rid of tuberculosis until the social millenium dawns.

You will never get rid of tuberculosis.

HYOSCYAMUS AND MENTAL DERANGEMENT.

By Dr. R. Haehl, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblacter*, January, 1909.

Almost the only case in which *Hyoscyamus* is used in Homœopathy is in coughs, and, indeed, in a dry nocturnal cough, worse from lying down, and alleviated by sitting up, attended with titillation in the windpipe. For such cases it was recommended as far back as Hahnemann, and his successors have fully confirmed the efficacy of henbane in nocturnal titillating cough. But *Hyoscyamus* deserves consideration also in other cases, and especially in nervous disorders, as may appear from the cases of disease that follow:

I. On September 20, 1904, a woman was brought to my office accompanied by her husband and her father, and she at once gave the impression of mental derangement. She fumbled about in the air with her hands, made signs with her fingers, as if she was giving orders, and spoke almost uninterruptedly on all possible subjects, as if she was constantly conversing with several persons.

She had had her first child in March of this year. Everything seemed to be in perfect order both before and after her delivery. She nursed her baby more than two months, when suddenly symptoms of mental derangement appeared, setting in with insomnia and with states of excitement, followed by states of stupid brooding lasting for weeks. According to the directions of the family physician, she was taken to an asylum, but when no noticeable improvement appeared after several months, her husband on his own responsibility took her home, to have her treated homœopathically.

In addition to the symptoms noted above, there had appeared a morbid increase of sexual desire, attended with groundless jealousy, and this continued to the present time, though not in a striking manner.

I prescribed *Hyoscyamus* 4, and this was followed by results which were strikingly favorable. In a few days there were signs of improvement, and on October 1st her husband reported that she had become much more quiet and "rational," was not talking so confusedly and had a better sleep. On the 2d of November she had taken up again her house work, and from that period she remained free from any such ailment up to the end of the year 1908, when there was a relapse after another delivery; and for this she is being treated at the present time.

II. The second case is that of a girl fifteen years of age, who has been suffering for several years from occasional attacks of excitement. In her imagination she sees various persons and regions, demands in a dictatorial manner to have light, she cries out and abuses persons, while at other times she was wont to be modest and quiet. These attacks appeared mostly during her monthly period, which otherwise took a normal course. After these attacks the patient for several days is weak and frail. When a child she had frequently complained of headache, and her body was easily tired out; she has also for years suffered occasionally from palpitation of the heart, as also from constipation attended with futile urging.

I must confess that for a few minutes I was in doubt as to the choice of the remedy, as several of her symptoms pointed as much to *Stramonium* as to *Hyoscyamus*, especially the fact that her attacks were not attended with any rush of blood, but were merely

nervous. But the fact that her states of excitation came *in attacks*, then the prostration after her attacks, as also the attendant constipation pointed to *Hyoscyamus*, which I accordingly prescribed in the sixth attenuation. The effect was surprisingly favorable, as the next monthly period—for the first time in two years—passed without any sign of excitation.

To these cases from my own practice I would add a few from the older homœopathic journals:

III. In volume thirty-four of the *Allgemeine Hom. Zeitung* (p. 323), Surgeon Haustein reports the following case: A man, forty-eight years of age, had the misfortune of becoming deranged. He had been treated allopathically for three weeks without any relief, so they resorted to Homœopathy for help. The mania was so acute that the patient had to be tied to his bed, both as to his hands and his feet, as his relatives could not master him during his attacks. His sallow face had a strange wild expression; his tousled hair covered his forehead down to his eyes. He spoke continuously and chiefly on religious subjects; he thought he had been poisoned, or that his mouth breathed forth a fetid exhalation. At times he would scold and weep, and said that he was always hearing noises. After eighteen doses of *Hyoscyamus* 2, one dose in the morning and in the evening, he again became rational and could return to his work. The bodily symptoms that remained were cured with *Sulphur*.

IV. In the same journal, Vol. 44, page 122, Dr. Ganwerky reports the following interesting case:

The son of a merchant, twenty-four years of age, had been raving for ten days, and as the allopathic treatment brought no relief, he was to be taken to an asylum. His uncle also and the brother of his father were both insane. His mother had been terrified during her pregnancy by seeing the insane uncle. The patient had practiced onany from his fifteenth year, had always shown a great inclination for the female sex, and had early developed an inclination to marry. In the last year and a half he had shown capriciousness and irritability, and his memory, which had formerly been good, was enfeebled. His mental derangement in its full force first showed itself on July 8th, after he had undergone venesection on the previous evening. At first he was secretive, and wrote secretly about his love affairs. His speech became

confused, restless and insomnia continued to increase, there were attacks of raving with violent perspiration and violent, quick conversation, one idea overtaking the other. Love affairs also now again formed the center of his talks, he practices onany whenever practicable, and speaks obscenely. He continually talks and walks about, breaking up whatever he can, and spits in his nurse's face. At times there are intervals of a quarter of an hour during which he talks rationally, sees his vice and repents of it. His face is pale, distorted and sunk in, his gaze is penetrating and unsteady, his eyes shine. Having a vigorous constitution and a normal digestion, the patient has a good appetite. In the beginning of the disease as well as during its progress, the patient complains of severe pains in the neck and in the small of the back.

On the 18th of July he received *Hyoscyamus* in the 6, and in the 200 potency, six drops of each mixed together in sixty grams of water; every three hours a teaspoonful. In two days there was an improvement, and by the end of July the patient had recovered.

FACIAL NEURALGIA.

By Dr. Martens, Lueneburg.

Translated for the HOMŒOPATHIC RECORDER from the *Leipz. Pop. Z. f. Hom.*, Dec. 1, 1908.

From a lengthy article on this subject we excerpt the following concrete cases:

I. A young man, twenty-four years old, who, with the exception of some children's diseases, has always been in good health, has for the last three years been suffering with frequently recurring attacks of neuralgia. After sleeping well at night he awakes in the morning with slight pains in the face, or these appear soon after rising. Soon there is heat in the face, frequently also a burning redness. The pains start in the occiput and extend thence into the left side of the forehead, and even into the pupil of the left eye. At first the pain is as yet bearable, but the nearer it approaches to noon the more violent it becomes, and only gradually decreases toward evening. Stooping causes an increase in the pain. It more frequently appears during bad weather. There is ill humor from the long duration of the disease and the violent

attacks. He has received quite a variety of allopathic remedies, such as *Antifebrin*, *Antipyrin*, *Phenacetin*, also *Morphin* and various external applications. I first gave him *Belladonna* 4 to remove the heat, and succeeded in about two weeks; the attacks then were not any more quite so violent. Now I gave *Spigelia* 4, and in six weeks this long continued obstinate disease was perfectly cured.

II. B., a slim, lank man, forty-two years of age, in a clerical position, complains of constant tearing pains in the face; he is inclined to fretfulness and violence; there is aggravation from work and from every exertion. The pains generally have their seat above one or the other of the eyes; in the height of the attack there is often a sour taste in the mouth. B. has been suffering for two years from these attacks. *Nux vom.* 6, cured the case in eight weeks, one dose being given every other day, in conjunction with a proper diet.

III. Miss F., thirty-eight years of age, has been suffering for four years every week, generally on two successive days, from benumbing pain above the left eye, darting thence downward into the cheek bone and remaining there deeply in-rooted. After the cessation of the attack, there is a sensation of numbness and of going to sleep in all the left half of the face. At the time of the appearance of the menses, which otherwise are normal, there is always a herpetic eruption on the lips. I first prescribed *Mezereun* 3 D., five or six drops, two or three times a day. But the pains in the next attack were so much more severe that I was at once called in. Firmly believing that I had found the simile, but that there was a first effect of an aggravating nature, I now gave the same remedy in a high potency (30 D.). In the following week the attacks decreased in severity, and in five weeks they disappeared entirely, and they have not so far (three years after the cure) returned.

IV. A young girl, seventeen years of age, has been suffering for almost a year from boring and burning pains in the left side of the face, aggravated especially about midnight. When she rises and walks about the pains are eased; cold compresses, which have been frequently tried, aggravate the pains. There were no other symptoms. *Arsenicum album* 10 D. cured the case in a short time.

V. Mr. F., a traveling salesman, forty-three years of age, has been suffering for a year and a half from neuralgia of the head. The pains draw from the vertex to the forehead, accompanied with pressure on the vertex. Sensation of constriction about the forehead, as if a tight band was laid about it. Besides this F. suffers with the heart, palpitations with anxiety and fear, there is no organic disease of the heart. Relief by pressure and by tying a cloth firmly about the forehead. He has noticed that the pains appear especially when he cannot take his meals at the right time, or if he has to omit one. I first gave him *Argentum nitricum*, to which several of the symptoms, such as relief by a tight bandage and the nervous symptoms, pointed. This somewhat diminished the number of the attacks and their severity, but there was no cure. This was only reached by the use of *Cactus grandiflorus*. In Bœnninghausen's Manual of Therapeutics I found the symptom of "lack of the usual meals" with *Cactus grand.* alone as the remedy. In further study of the case I found in Farrington's Materia Medica under *Cactus grandiflorus* neuralgic and other pains which appear when the patient misses his usual meals. There were also other symptoms pointing to this remedy, such as the sensation of constriction, the pressure on the vertex, and especially also the heart symptoms. These have also much improved since from the use of *Cactus*.

VI. In conclusion, I would also mention a case communicated to me at the last meeting of the North German Homœopathic Physicians by Dr. Mueller, of Itzehoe, a case which occurred in his own family, and was cured with *Thuja*. The pains were on one side, extremely violent and unendurable, beginning in the cheek bone and extending thence to the occiput.

INTERESTING CASES OF MASKED INTERMITTENT FEVER.

By Dr. Wirz, in Durlach.

Translated for the HOMŒOPATHIC RECORDER from the *Leips. Pop. Z. f. Hom.*, Oct. 1, 1908.

We are often called on in cases, the obscure, deeply hidden causes of which are only discovered by lengthy observation and diligent study. Such cases are never cured unless we discover

their cause. This explains the fact that such cases may have been treated for years by three or four different physicians, before they come to us. In such cases a thorough-going examination of the original cause is necessary. When this has been discovered and removed, almost all diseases are amenable to a successful therapy. Our opponents are unable to discover some of these causes or to relieve them, *e. g.*, poisoning by vaccination, psora with the varied constitutional treatment; for they simply deny their existence. A frequently occurring cause of the most varied diseases is intermittent fever, especially when it appears under other symptoms. It is a monster which assumes a great variety of forms, and my late father, a physician of fifty years' practice, was wont to say: "If we are not able to tell what kind of a disease we have before us, it is usually intermittent fever."

I. So I was called to see a woman in An who had most violent pains in the stomach. *Pulsatilla* in alternation with *Dioscorea* 3, presently gave some relief. But after a few days I found the pains in the stomach somewhat improved, but on the right side there appear the symptoms of a dry pleurisy, the liver was inflamed and there was jaundice. I prescribed *Kali carb.* 30 and *Carduus marianus* in the tincture to be taken two or three times a day in water. At the next visit I found that the pleurisy had disappeared, as also the inflammation of the liver and the jaundice, but the pains in the stomach continued with the old violence, and she complained of thirst and burning in the stomach. There was evidently an ulcer in the stomach, from which the patient had now suffered for years, but the peculiar symptom was that every evening about nine o'clock the pains reached an unusual degree of violence, while in the pauses between they almost vanished. The patient at the same time had a pronounced hydrogenoid constitution; for years her symptoms had been worse during wet weather, and the patient was very much emaciated and worn down. She had been treated in various ways without effect. The intermittent, unusually violent, pains in the stomach reappearing at the same hour always in the evening, led me to think of masked intermittent fever, which founded on the above described constitution, ultimated itself in these paroxysms of pain; but the unusual fact in the case was that it appeared conjoined with ulceration of the stomach. I might here add, that when attacks appear in con-

junction with intermittent fever, they always appear with unusual violence. I gave her *Arsenic* 4 D. every two hours, five drops, and *Aranea diadema* 2 D. twice a day, five drops. Later when there was a decided improvement I gave her *Chinin. sulph.* ʒ, with the direction that she should take as much as would lie on the point of a knife, for two hours, always before an attack. Soon I found the patient sitting up out of bed, and in a few weeks this woman who had been so severely sick, and of whom hardly any one believed that she could recover, was quite well. I had chosen *Arsenicum* owing to the severe burning pain and the violent thirst, and also because it is the best remedy in ulceration of the stomach, and is also a great remedy in intermittent fever. *Aranea diadema* was given to improve the constitution; it is also indicated in intermittent fever, and has the following marked symptoms: *Colicky pains with rolling and gurgling in the abdomen, the hands go to sleep, as also the legs, the symptoms recurring always at the same hour, violent convulsive pains in the stomach, with anxiety and depression in the chest.* In Southern Germany a spider caught in the cellar and administered in cooked prunes, without the patient being aware of it, is a popular remedy in intermittent fever. At times cures are thereby effected of cases in which no other remedy has proved effective. With the patient the left lobe of the liver was particularly inflamed, and I found that Dr. Burnett assigns the left lobe of the liver in particular as the field of action to *Chelone glabra*. In Puhlmann I found that this remedy is frequently given by eclectic physicians in America in malarial cachexy. Surely a striking agreement in the views of different authors with my own observations and the relation between the remedy and the disease. For in malaria the spleen and the liver are very apt to suffer, but a liver thus diseased will not be cured by *Carduus marianus*, which only acts on the right lobe of the liver, but *Chelone glabra* will have to be called in to aid.

II. To take another case. This was the case of a woman in Durlach, 45 years of age, who was somewhat corpulent but had otherwise been always well. Two months ago she had influenza; I was called to see her a few days ago and find her in a state of acute failure of the heart; the heart beats are intermittent, and she complains of severe pains in the region of the spleen and of the back. This yielded in a few hours to the doses of tincture of *Nur*

and of *Spigelia*, which I prescribed for her. She had a sensation as if her heart was seized with the hand, then also violent pains drawing up the whole of the left side and down from the left side of the neck to the sigmoid plexus of the colon. Next morning exactly at seven the attack returned with extraordinary violence. I had to work for three hours before the heart returned to its normal activity. I laid an ice bag on the heart and used all imaginable means, but they all refused; but as soon as I gave her tincture of *Asafatida*, she improved. Since the attack had now for three mornings commenced at seven o'clock, I was compelled to think of masked malaria. So I gave her for several hours before the attack as much of *Chinin. sulph.* 1 as would lie on the point of a knife, every fifteen minutes. And sure enough, at the same time the attack returned, beginning with palpitation of the heart, and punctually at seven the pulse again became intermittent; but the attack was not as violent by far. Also this time *Asafatida* and the ice bag did good service. The next day the attack was still more moderate, and soon stopped entirely. Later I recommended her to take *Eucalyptus* 1. This patient had a hydrogenoid constitution. As to the rational of the case: The patient had had influenza two months before, but being treated allopathically, she had not received anything to counteract the poison of influenza, and this poison, therefore, remained, and circulating in the system, it greatly weakened the heart. On Pentecost she had taken a bath, for which her constitution was not strong enough, and then these peculiar paroxysms developed, which, without doubt, were only the ultimatum of a masked intermittent fever. I consider the bacillus of influenza as similar to that of malaria; as is well known *Eucalyptus* acts as well in influenza as in malaria. Every one may see how important it was to discover the cause of the disease, as the attacks on the heart would have become more violent every day, unless the malaria had been treated, and this would have doubtlessly ended in the death of the patient. It is noteworthy that if we desire to abort such an attack we must for several hours previously continue giving the medicine. *China*, which otherwise is a remedy which is not well endured in collapse of the heart, is in such cases well borne. But my practice has indicated to me *Asafatida* as the best tonic for the heart, and it is a remedy which seems indispens-

able to every practitioner. The interesting part of this case would seem to be the peculiar violence of malarial paroxysms, as they will hardly be otherwise met with, and then in the remarkably favorable action of *Asafetida*.

CASES FROM MY PRACTICE.

By Dr. Martens, Lueneburg.

Translated for the HOMEOPATHIC RECORDER from the *Leips. Pop. Z. f. Hom.*, Oct. 1, 1908.

Chronic Catarrh.

I. Shoemaker, N., thirty-six years of age, small of stature, feeble from birth. In his fifth year he had itch, which was suppressed in the usual manner with ointments. From his seventh year on he had always suffered every time he took cold, from bronchial cramps. In spite of the physicians these cramps kept recurring up to his fifteenth year, and at longer intervals up to his twentieth year. In this year, owing to a violent cold, he was taken with inflammation of the tonsils and catarrh of the fauces. The physicians used for some time internal and external remedies: there was at times an improvement, but no full cure. Next year he was seized with a more violent attack. The glands of the neck were much swollen; he could not swallow anything. After the application of warm and hot compresses for several days small abscesses on the tonsils opened, when he felt relieved, all but great weakness. But these catarrhs of the tonsils and of the fauces frequently recurred; they always left behind them an irritated state of the larynx, and of the bronchia, which compelled him to cough, by which a thick yellow mucus and also at times some blood were expectorated. In spite of the treatment by physicians he became continually weaker and worse. In this state, now thirty-three years of age, he came under my treatment. On examination I found: An emaciated man of pale complexion with hoarse voice; loud speaking was impossible except by extreme exertion; loss of appetite; frequent thirst; stools slightly constipated; frequently feverish in the evenings; the pulse small and irregular. The objective examination by means of the laryngeal

speculum showed a slight inflammation of the mucous membrane and a discoloration, mostly grayish white; the vocal cords have a dirty grayish-red appearance. Subjectively he has a sensation of scratching, burning and cutting in the larynx, and in the bronchia; these sensations are aggravated by pressure on the larynx by speaking and by coughing.

When coughing there is an expectoration of yellow, puriform fetid mucus, at times streaked with blood. In spite of the dubious and bad prognosis, trusting to the specific remedies of Homœopathy, I undertook the treatment, and began with *Sulphur* as the antipsoric. Of course, I expected a lengthy case. As there was no alteration from four weeks' use of *Sulphur* 10, I gave *Arsenicum album* 30. In a week after this there appeared an improvement, as the feverish state in the evening diminished, and the painful symptoms in the larynx and the bronchia from coughing diminished. After using *Arsenicum* I passed from it to *Hepar sulph. calcar.* in the decimal trituration, from which I had before obtained good results in diseases of the larynx, especially as *Hepar* has supersensitiveness when the diseased parts are touched. The result was favorable; in a few days there was a diminution of the cough and of the hoarseness. The expectoration became grayish-white; the pains diminished more and more, the sleep improved, also the appetite, so that the state in general was manifestly improved. The treatment with *Hepar* was continued for two months. I had hoped that *Hepar* would quite remove the local trouble. On a further examination I now gave *Nitric acid*, in high potency, as an antipsoric at intervals of three to four days. The cough as well as the expectoration now diminished, as well as the subjective symptoms in the larynx and the bronchia. After using this remedy, there was no more irritation in the larynx or the bronchia, except during prolonged speaking, and when breathing in the cold air. The mucus expectorated now was clear and white. The general condition was improved, and also the strength. As *Nitric acid* had not removed the last symptoms of the disease, I tried *Phosphorus*, *Carbo veg.* and *Causticum*. I tried *Iodum*, which has a pronounced relation to the organs of the throat, and this did not prove in vain. For *Iodum* in the 10 decimal potency used for five or six weeks, two or three drops given three times a day, removed the last local symptom. The general

weakness which was still present somewhat was removed by *China* in a low potency. Since his cure he has now for two years enjoyed such good health that he has been able to resume his business and to support his family.

II. The son of a farmer, twenty-four years of age, tall and thin, has now for five or six years been suffering from a chronic catarrh of the lungs. He was first treated with domestic remedies, later by a physician. But as there was no improvement, he determined at the advice of a teacher to call in my aid. When examining him he told me that he had caught the itch from one of the laborers, which had been removed in the hospital within two days. There was a sensation of tension of the whole of the chest, also of dyspnoea. There was cough, worse every time after meals, as also after lying down in the evening, when he gets warm. The expectoration when coughing is yellowish-white, often of bluish color; the mucus is tough and stringy, the appetite is poor; the stool slightly constipated. The strength is moderate; for some time he has noticed a steady though only slight diminution of weight. Supposing that the suppressed itch was at the bottom of his morbid state, I gave him at first *Sulphur* 3 D. three times a day, as much as would lie on the point of a small knife. By this the two symptoms mentioned above, the tension over the chest and the dyspnoea were improved, but otherwise his state remained the same. Owing to the weakness of his stomach and his constipation I gave him, after three weeks of *Sulphur*, every day, four doses of *Nux vomica* 3 D. In three days this caused an improvement of the appetite and of the constipation. The cough also improved, though only a little. I now did not hesitate, in order to remove it entirely, to give him *Kali bichrom.*, after which the cough and expectoration disappeared in four weeks. This remedy has the tough, stringy, often bluish expectoration as also aggravation after eating and by warmth.

The man of one book is dangerous, especially if he be a physician; the man of a hundred books may be useful; but the medical man becomes better the more medical journals he reads.—*American Journal of Dermatology.*

BOOK NOTICES.

Diseases of the Nervous System. By John Eastman Wilson, A. B., M. D., Professor Diseases of the Nervous System in the New York Homœopathic College and Hospital for Women, etc. 499 pages. Cloth, \$3.50; half morocco, \$4.50. New York: Boericke & Runyon. 1909.

Dr. Wilson writes in his preface: "The original purpose of this book was to furnish to the students under the writer's instruction a group of lectures upon nervous diseases which would be within their powers of comprehension, and at the same time, in moderate space, proved them not only with a somewhat dogmatic statement of neurological facts, but would also, so far as might be possible, give the reason for those statements. Having worked out the scheme, it has seemed that the general practitioner might be in a position to use such a collation to advantage, and so it is presented to the profession as an attempt to state existing facts more clearly rather than to make any sensible addition to them." The aim of the author has been to avoid the exhaustive and somewhat exhausting technical works on the subject and also the skeleton-like compends. The book contains a number of anatomical line drawings and a very excellent index.

FARRINGTON'S CLINICAL MATERIA MEDICA.

The following is an extract from a letter from the professor of materia medica in the Hahnemann Medical College, Kansas City, Mo., concerning the last, 4th, edition of "Farrington:"

"Farrington's *Clinical Materia Medica* seems never to grow old. Although I have had a copy now for over sixteen years, I am continually discovering something new in it. It is one of the works I refer to very often.

"The work of the printer and binder on this volume has certainly been good. I will continue to take pride in further recommending 'Farrington.' Accept my thanks.

"Very truly,

"A. H. STARCKE, M. D."

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EDITORIAL BREVITIES.

“MAKING US RIDICULOUS.”—Ever and anon some contributor to or editor of a homœopathic journal gets indignant at the contributions of a brother worker who claims to do things with medicines that “in the light of modern medical science” are “impossible,” and thereby holds up the homœopathic profession to ridicule, etc., etc. It is quite likely that homœopaths sometimes make assertions and report cases that might not bear close investigation, or even make palpable blunders in pathology, as that science is understood to-day, but why should this be holding up Homœopathy to “ridicule?” And, indeed, does it? The RECORDER has a pretty big allopathic exchange list but fails to find any evidence of it. They occasionally hold up Homœopathy itself in the old style way but mostly are silent on the subject. And then if it ever comes to holding up individual mistakes and pathological and other errors, the result might be a veritable Donnybrook affair in which the heads of even the elect might be cracked. And if homœopaths are to limit the reports of their cases to those that square with allopathic or “modern methods,” they would have to cease reporting them for the very good reason that those authorities very decidedly assert that the sole curative power in Homœopathy lies in “suggestion.”

The other day (and this incident is literally true) two physicians, strangers, were standing at the counter of a homœopathic pharmacy making purchases. One of them was buying tinctures and 1x triturations, and the other 30th and 200th potencies. When the one who was buying the tinctures saw what the other was getting he remarked in a pleasant manner: “I see you stick to the high potencies; I’ve got out of that, and use the stronger forms.”

The other replied: "Well, I use these because I get very much better results from them in my practice than I ever could get before. You know I'm what they call an 'allopathic' doctor," and with that he closed his grip and said, "Good day."

There is considerable that might be said, pro and con, on the subject of being, or being made. "ridiculous." The best treatment for the condition is the suggestion, "Don't be too sensitive."

HOMŒOPATHY AND TYPHOID.—The *British Homœopathic Review* for January contains an item to the effect that the Launceston Homœopathic Hospital, Tasmania, has, since its foundation, treated seventy cases of typhoid with but one death, and this case was "admitted in a moribund condition from perforation of the intestine." This seems to demonstrate that the homœopathic treatment of typhoid is considerably superior to the modern methods, which in London have an average mortality in that disease of 16.9 per cent. To be sure the results at the Launceston Hospital are exceptional, but still the averages everywhere show a very marked difference in favor of Homœopathy in the percentage of deaths, while, when it comes to the sequelæ of the disease, the difference is still more marked.

FRESH AIR FOR PNEUMONIA.—Dr. G. W. Morris reports in the *Am. Jour. Med. Sciences* his observations on the treatment of 445 cases of pneumonia in the Philadelphia General Hospital. There was no special change in the treatment except the innovation of constantly opened windows, and Dr. Norris is of the opinion that those who try the fresh air treatment will never abandon it. The great German philosopher, Emmanuel Kant, being a weakling, arrived at the conclusion that the breath is life, and when young put his belief in practice by walking a certain length of time every day in the open air and breathing deeply through his nose. His friends did not expect him to live to reach adult age, but he lived to be 83 years old. Dr. Norris's hint may be a most valuable one.

OLIVE OIL AND "THE CUP."—An English journal after stating that if a man drinks a quart of champagne and finds it getting the better of him will eat a pint of peanuts all will be well with him so far as a "jag" is concerned—though it did not use that word.

Then it adds that "a wineglassful of olive oil has the same effect;" better, we should say, for peanuts certainly give you a breath. This recipe, however, is not new. Some years ago a man in a service where there was plenty of drinking on festal occasions yet where it was regarded as very bad form to show it, told us that the knowing ones held themselves steady by drinking olive oil when the effects were felt to be getting too strong. Some time ago an item went the rounds to the effect that a good drink of vinegar would put "a drunk" on his feet quicker than anything else. Never heard of any verification of either of these methods.

AN "EXPLODED" IDEA.—A number of esteemed exchanges have been printing papers about the "bursting of the bubble" of the heredity of disease, the "explosion" of it and the like. Who pricked the bubble, or fired the mine is not very clear, as one quotes from another and the trail becomes mixed, crossed, or whatever happens to a trail not easy to follow. In the past, "from time immemorial," men, learned and unlearned, have observed or thought they observed, that certain mental and physical traits seemed to run, like veins of ore, now appearing and then disappearing, in certain families, and they called it "heredity," and some form of it "atavism." Breeders have even thought they saw it in animals and have paid money for it when they thought it good. But the idea is, or is said to be, "exploded," because disease is not the result of heredity, bolstered up by acquired traits, but is caused "solely and only" by the bacillus of each particular disease entering the system from without. This, the scientific view, is in full accord with the modern medical science and with our own Declaration of Independence which declares that "all men are born free and equal." To be sure Jefferson should have added to his words, "in Altruria."

THE NATURE OF THE BACILLUS OF TUBERCULOSIS.—In the *Southern California Practitioner*, January, is to be found a reprint of a leaflet by Dr. Geo. H. Kress, of Los Angeles, Calif., that at the International Tuberculosis Congress, Washington, was "awarded the silver medal." This fact gives it a certain authoritative standing. Concerning the bacillus said to be responsible for tuberculosis, it says: "Like other bacteria, it is a member of

the plant kingdom. This particular germ belongs to the class of parasitic plants. In common with other plants it grows best in soils adapted to its needs. The soil it seems to prefer above all others is the lung tissue of a person whose health or resistance is below par." Hereafter the ribald will do well to refrain from alluding to bacteria as "bugs," for they are not bugs but "plants."

AN X-RAY CAUTION.—J. F. W. writes as follows to *The Eclectic Review*, January: "The fact that those who are constantly exposed to the influence of X-rays should exercise much caution is not infrequently brought to the attention of the reader of medical literature. The recent death of one of the leading manufacturers of the Roentgen ray tubes furnishes still further evidence of the wisdom of employing every possible means of protection against a force which, although of great usefulness, possesses destructive power of great magnitude. The victim here referred to about eight years ago contracted the disease sometimes called X-ray cancer, and for the last two years has been under treatment in the hospitals of this city. Three weeks previous to his death his left arm was amputated, and a few days later the fingers of his right hand were removed."

IT IS UP TO THE PATHOLOGISTS.—"The pathologists will tell you that certain drugs and chemical substances have the power of producing fatty degeneration or fatty agglutination; such substances as phosphorus, arsenic, lead, mercury and pancreatic juice out of its normal channels will do this. Yet the same pathologists will ridicule the idea that drugs can change certain pathological conditions after they once exist."—*Dr. J. D. Robertson, Chicago Med. Times.*

DEATH FROM ANTITOXIN.—The following is taken from the *Journal of the American Medical Association*, January 16th: "The remarkable series of cases of sudden death after injection of antitoxin recorded in *The Journal* during the present year were without parallel in Great Britain until the following case, which has just occurred. A girl, aged 18, had a sister suffering from diphtheria, and the physician in attendance advised the injection of antitoxin in order to avoid the risk of her catching the disease

from which she had previously suffered. When the antitoxin was injected she complained of smarting pain, and added that she was suffocating. She became worse, and in a few minutes fell from her chair and died. For several years she had suffered from asthma, and the doctor thought death was due to asphyxia from an acute attack of asthma. Dr. Collier, of Oxford, ex-president of the British Medical Association, made a post mortem examination and found the lungs and cavities of the heart in such a condition as could only be brought about by sudden and extreme spasm, such as might be accounted for by an acute attack of asthma. In his opinion the injection of antitoxin started such an attack. He did not think that any one could have possibly anticipated such a result. As far as he knew no similar case had ever been recorded. In view of the great importance of the inquiry, he invited Dr. Dreyer, professor of pathology in the University of Oxford, to be present at the examination. The latter agreed with his conclusions. At the inquest which was held the jury returned a verdict that death was due to an acute attack of asthma started by an injection of diphtheria antitoxin which had been administered with proper care."

CANCER vs. TUBERCULOSIS.—"At present, I believe the best part of the facts established or made probable by these investigations, relate to the antagonism or incompatibility of cancer and certain other specific diseases. I think we cannot doubt that, as a general rule, cancerous and tuberculous diseases do not make active progress at the same time; and that, in this sense, they exclude one another, and are incompatible. . . . I believe, also, that I have seen at least one instance in which active tuberculous disease of the lungs was arrested immediately before the appearance of a scirrhus cancer in the breast; and we find, in so many of those who die with cancer, the remnants of tubercular disease from which they have suffered in earlier life, that we may believe that the recovery from the one has been in some manner connected with the supervention of the other. So, on the other side, the rarity of progressive tuberculous disease in those that are cancerous may be because . . . the cancerous diathesis excludes that condition of the blood in which tuberculous disease has its rise."—*From Clark's, The Cure of Tumors by Medicine.*

ACONITE AND ACONITINE.—“The active principle of *Aconite* is the alkaloid *Aconitine*, and as with other alkaloids, so with this, has been preferred by the orthodox school as being of more certain composition and constant strength. Homœopaths have, however, found the use of alkaloids rather disappointing, as they do not cover the whole activity of the drug, and, moreover, the provings were all made with the tinctures, and very few of the alkaloids have been at all adequately proved.”—*Dr. B. D. Wheeler.*

THE LATEST WORD ON VARIOLA.—Two South American physicians, Prowazek and Beaurepaire, contribute an article to the *Muenchener Medizinische Wochenschrift* (Nov. 3), which the *Jour. A. M.* thus summarizes: “This communication from Rio de Janeiro reports research which seems to indicate that the causal agent of small-pox is a symbiosis with a streptococcus, plus the presence of a certain complement. The scarcity of the virus in the circulation and the lack of antibodies in the blood seem to demonstrate that small-pox is predominantly an ectodermal affection of the tissues, and that the immunity is an immunization of the skin.” Possibly some of our readers may not on the instant recall the word “symbiosis;” it is defined: “Coexistence of individuals or organisms” and “symbion” from which it comes: “The living together of two animals or plants in harmony.” “Ectoderm,” needless to state, is the outer skin. If this be true then a bath will do more to prevent small-pox than anything else, and general cleanliness will abolish it. Clean body, clothing, food and air will make small-pox an impossibility.

ABOUT EDITORS.—Our estimable contemporary, the *New York State Journal of Medicine*, discussing “Medical Journalism,” writes—and the *italics* are his: “The office should not be cheapened. Above all, *the editor should be the editor in every sense of the word.* There has never been a medical journal that had enduring qualities that was edited by more than one man. A corps of figure heads, collaborators, and assistants, do no harm provided the actual editorial responsibility is vested in one individual. I have no hesitancy in predicting that State journals which are edited by committees will always lack bowels.”

GERMAN MEDICAL JOURNALISM.—The Berlin Letter of the

Jour. A. M. A., December 26th, says that in 1903 there were 240 medical journals in Germany, and since then "dozens of new organs have been founded," one of them being a journal on gynæcologic urology. One of the favorite methods of the promoters is to get the consent of well known men to allow their names on the title page editorial staff. "Mere vanity causes even scientists of wide reputation" to do this. Two years ago a journal was started with high sounding title, and on the title page were the names of Czerny, Erb, von Leyden, von Noorden, and von Strumpell. It seems that the journal was backed by the manufacturers of a "malt coffee," and its mission was to show up the "evils" of genuine coffee. The names of the title page were a *quasi* endorsement. There is some scandal over the affair, and the editor, a Dr. Zindal, is trying "to exculpate himself." A journal that will sell its reading matter pages to an advertiser is not like Cæsar's wife, or worth much to the subscriber.

PARASITIC SKIN DISEASES.—The following item is from the December number of the *American Journal of Dermatology*. It is rather interesting: "The treatment of vegetable parasitic diseases is constitutional with many of the disciples of Hahnemann. It is a fact that scabies is, at times, the cause of albuminuria, possibly by way of producing an intoxication through the absorption of pus."

THE SYNTHETIC DRUGS.—Ellingwood has the following to say of the laboratory synthetics, most of which are made in Germany:

"When looked at from a rational, unprejudiced standpoint, a standpoint not influenced by the prestige of foreign authority, I believe I am safe in saying there has been presented to the profession, at no time, anything that has had so few grounds for practical general adoption, or that has been so clearly dominated by commercialism, as the synthetic remedies. The general acceptance of these on the mere suggestion of the name of a new remedy is really in itself a shame to the profession."

"I have decried against this time and time again. No physician was more willing to look into the character of these remedies than I was in the early eighties, when we were getting some of

the best of them. A careless, superficial observer, even at that time, could easily see that a class of remedies with so little to recommend them, with so few fixed or permanent qualities exhibited in their influence on disease, could never have a fixed place in therapeutics."

NEWS ITEMS.

Dr. and Surgeon, Newman T. B. Nobles, is now the editor of the Cleveland Medical and Surgical Reporter. Dr. Nobles is author of that excellent work, *Minor Surgery*, one of the B. & T. publications. If Dr. Nobles will show the same deftness with the editorial quill that he does with the surgical instruments, the Reporter will be heard from.

Dr. F. A. Dudley has removed from Cerro Gordo to Decatur, Ill.

Dr. Chas. I. Newton has removed from Geneseo to Olean, N. Y., No. 111 Laurens St.

"The First Negro Congress on Tuberculosis" recently met at Tuskegee, Ala.

Dr. J. Antiga has removed from Mexico City to Havana, Cuba, P. O. box, 1052. Dr. Antiga is editor of *La Propaganda Homœopatica*.

Dr. F. W. Winter has removed from Liberty to Wymer, Neb.

Dr. F. V. Bryant is located at Thomas, Okla., having removed from Goya, of same State.

Dr. Chas. E. Holmes is mayor of Rahway, N. J. Dr. Holmes is a homœopathic physician.

Judge Thurmond says that the Missouri Statutes for the regulation of the practice of medicine do not apply to healing as performed by Christian Scientists, or prohibit the practice.

There are over 250 medical journals in Germany and more coming. One was recently started on gynæcologic urology. This specialty might be again split up into the married and unmarried.

Just as the copy is being sent to the compositor, the news of the death of Dr. H. C. Allen reaches us, but with no particulars.

PERSONAL.

"Don't pour hot oil into the ear to relieve pain."—*American Journal of Surgery*. Sure not!

Once not to curette was to be a back number. Now to curette is to be a little *passé*.

The man who can use other people's brains is the man who gets rich, *vide Andrew C.*

"Do we know anything for sure?" asks a "regular" editor. Doesn't look so.

And he follows it with "What is a dose?"

"Is tuberculosis communicable?" ask the *N. Y. Med. Exams*. Gee whiz! thought that was "science."

One of the head men of a sure-cure-for-consumption outfit recently died of that disease.

Death-hell, may be like an unpleasant dream from which we do not awake with relief but which continues without end.

"The seats of the mighty" are sometimes patched.

John D. says he got rich by "saving his pennies." And John D. teaches in Sunday School!

When a woman is indifferent man gets curious to know what manner of creature she is to resist *him*. Result—a diamond ring.

The boot-toe is often a great up lift.

An able medical editor writes of the dangers of "indiscriminate kissing." Engaged and married men especially should beware.

"When I don't know a thing I acknowledge it," said one man. "How monotonous," remarked the other.

Dr. Johnson intimates that it is pleasanter to josh a book than to try to understand it, which means work. The doctor didn't write "josh," of course.

When the Psychical Society begins to weigh souls the chief interest will be in the comparative weight of different ones.

Bad English is not altogether the result of ignorance, character shows in it.

The poor working girl in the toils of a rich man of other days is now generally reversed.

When a man proclaims "medicines are of little use," he should add "in my hands."

Remember that if you marry a widow you do not marry a miss; yet wedding Mrs. is sometimes risky though not bigamous.

A man rather likes being called "battle-scarred," but if you drop an "r" in the last word he gets grumpy.

Historical or contemporary greatness depends largely on the press agent. "Philadelphia chauffeur arrested for blocking traffic." *O Life!* venerable one!

The tramp is the man who won't work, and we all struggle for the time when we may do the same.

THE HOMŒOPATHIC RECORDER.

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FASHIONS AND HOMŒOPATHY.

Fashion is something we all joke about, but follow to the best of our ability. Some men, unlike the serious minded youth, are unable to keep up with the forefront, the vanguard, of fashion, to be strictly up-to-date, and we lag, halting a year or two in the rear, but we bravely hobble after the ever advancing and circling army. If we keep our garments and things long enough there is always the possibility that the advance guard may circle around and pick us up, thus placing us temporarily in the front.

Fashion, though often made light of by wise men, or men who think they are wise, which answers every purpose with the most of us, is a very serious thing. It requires a bold man to be openly, defiantly, unfashionable. Martyrs were unfashionable men; some of them were put to death for it, justly it may be in some cases. We all know, especially the feminine half of the race, what it means to be unfashionable in our personal trappings; if small potatoes we are "out of it;" if a large potato we are—eccentric, not as other men, interesting, like the other freaks, but not to be followed.

Fashion is domineering enough to be unpleasant in the matter of clothes though not physically dangerous, but when it comes to politics, religion, medicine, etc., it is another matter and the average good citizen, churchman or doctor will think twice, or oftener, before he becomes unfashionable. It is no longer, as it once was, dangerous to life to be unfashionable in these matters, but otherwise there is very little difference. All of these unfashionables are relegated to the mob of "cranks," where, indeed, the most of them belong. The greater part of the crank mob soon tires and creeps back into the great mass of the fashionables (re-

ferring here to opinions), and are swallowed up there and forgotten. But a few sturdily hold to their unfashionable principles of pure gold; these are generally stoned; if this does not dislodge them, cajolery is tried, the "we are brothers" act. If this fails to work, the great, honest, stupid crowd of fashionables rub their eyes and begin to range behind the stubborn ones and adopt their fashion—for a mass of men must have a fashion or degenerate into primitive anarchy where the strongest arm was the fashion—and ruled.

In the matter of personal trappings fashion is in its most fluid state, ever changing. Those who have the means follow its dictates to the best of their ability, while those who have not the money wear the cast off garments of the others and are thus marked as being of the tramps, unemployed and the proletariat generally. But fashionable man unconsciously recognizes the necessity of having something fixed; hence the court dress and the "dress-suit" which changeth not.

All this leads up to remarks so frequently heard, or read to the effect that Homœopathy, to live, must "progress," "keep up with the times," "keep abreast with modern ideas" and others of similar tenor. But, to revert the simile of fashion: Is not this like urging those who wear the court dress to "keep up with the fashions?" Can the courtier, the man of the army, the man who goes where the dress-suit is required, change its fashion? Can a man of science change a law of nature and bring "it up to date?" You may improve the texture of your cloth and the fineness of its make-up, as did the O., O. and L. Society, when they re-proved a remedy, but you cannot change its fashion for that is fixed. Those who urge Homœopathy to "keep up with modern medicine" it would seem, fail to realize that it is court dress in its realm.

THE SINGLE REMEDY.

By Dr. Eduardo Fornias.

("In the treatment of disease only one simple medical substance should be used at a time."—Hah., Section 272 of the Organon.)

All our remedies have been individually proven on the healthy

human organism, and the local, somatic or systemic effects of each one of them noted and conveniently arranged in order to study them with precision and profit, according to our methods. It is imperative that each remedy should be given alone, as ordained by Hahnemann. *Drug-proving* and *clinical observation* have amply demonstrated the individuality of each remedy. Each drug that we have proven has its own *specific sphere of action*, its *special affinity* for certain organs and tissues of the body, its *distinctive features*, its *peculiar characteristics*, and its *modalities*. Attributes all by which they can be distinguished and compared.

True enough, some drugs may agree with each other in more than one respect, and resemble each other in manner of action and effects, but not two of them are alike or identical, or can take the place of the other. Hence to alternate them under the supposition that certain syndromes are too complex to be met by the *single remedy*, is, as Carroll Dunham said, an unsound and irrational expedient.

The *single remedy* is and will continue to be a binding fundamental precept, for it springs from *pure experimentation*, which ordains the remedy should be given in its purest form and alone. The *symptomatic variations of pathological processes*, from hour to hour, or from day to day, must be met on the spot by a *corresponding similar*, and with great care not to make the essential subservient to the contingent.

Under our law any *a priori* suggestion is inadmissible; in fact, illogical. The elements of decision in the selection or rejection of a remedy are found in its own pathogenesis and nowhere else, but *individualization* here is a task which requires knowledge and discernment. Because one cannot cover satisfactorily every essential feature of a case, or does not know how to cover them with the *single remedy*, to jump at the conclusion that two remedies will better than one meet the difficulty, is, I think, an inexcusable tendency to introduce *polypharmacy* in our practice, which at once reveals a scanty knowledge of *Materia Medica*. And how much more fallacious and reprehensible still when *alternation* is undertaken with utter disregard to the mutual relation existing between drugs.

Remedies may *follow each other well*, may agree or disagree

with each other, or may be *complementary* or *antidotal*; but *similarity* in any case, can only be partial, demanding always an accurate study of their resemblances and differences. This is one of the tasks imposed on us by the *Law of Similars*, and whoever chooses to study the degree of *concordance* or *discordance* existing between remedies is in a better position to understand the *fallacy of alternation*.

If some of our remedies *follow each other well*, and others *disagree and even repel each other*, it is evident that a previous knowledge of these various effects is indispensable. This is a knowledge not only valuable to *confute alternation*, but to *guide sequence* to a favorable issue. Suppose there is an *inimical* or *antagonistic relation* between two drugs given in *alternation* and we should ignore this fact, what would be the result? The issue, I am sure, could not be a favorable one, for the *incompatible drugs* would repel each other.

Such certainly would be the outcome if we give in *alternation*:

SEPIA and LACHESIS.	MERCURIUS and SILICA.
RHUS TOX. and APIS.	CANTHARIS and COFFEA.
PHOSPHORUS and CAUSTICUM.	NITRIC AC. and LACHESIS.
CINCHONA and SELENIUM.	ZINC. and CIIAMOMILLA.
ZINCUM and NUX VOM.	AMM. CARB. and LACHESIS.
RAN. BULB. and STAPHYSAGRIA.	RAN. BULB. and SULPHUR, etc.

But worse still when the relation of the two drugs given in *alternation* is *antidotal*, as is the case between :

LYCOPodium and CINCHONA.	HEPAR and MERCURIUS.
AURUM and MERCURIUS.	NAT. MUR. and ARG. NIT.
CAMPHORA and CUPRUM.	ARSENICUM and FERRUM.
ACONITUM and NUX VOM.	RHUS TOX. and SULPHUR, etc.

When the relation is *concordant* or *complementary*, drugs are given in *succession*, which is not *alternation*. In *sequence*, every time a change is made to meet a new symptomatic development, a complication, etc., the symptoms of the patient should be studied anew, in order to replace the one that has ceased to do good, or that has been insufficient to accomplish the desired effects. "But *alternation*, as generally understood and

practiced, does not contemplate this new study of the case before a second remedy is administered, or before every change of remedy; and herein it fails to come up to the requirements of a true homœopathic prescription." This is, says Dunham, the kernel of the whole controversy. Even when drugs follow each other well or come to remove remaining symptoms, every change should be studied on its individual merits and as if it were a new case.

The following groups are examples of *concordant drugs* and of *complementary drugs*. Those that follow each other well are:

MERCURIUS and ACONITE.	SULPH. AC. and ARNICA.
MUR. ACID and RHUS TOX.	BRYONIA and ACONITE.
BRYONIA and RHUS TOX.	SPONGIA and ACONITE.
SPONGIA and HEPAR.	ZINCUM and IGNATIA.
ARSENIC and PHOSPH.	PHOSPH. and KALI CARB.
THERID. and CALC. OST.	THERID. and LYCOPOD.
THUJA and MERCURIUS.	NIT. ACID and THUJA, etc.

Some of the leading *complementary remedies* are:

RHUS TOX. and BRYONIA.	PULSAT. and LYCOP.
SILICA and THUJA.	PHOSPH. and CEPA.
PHOSPH. and ARSENIC.	NUX VOM. and SULPHUR.
NAT. MUR. and APIS.	LYCOP. and JODIUM.
SULPH. ACID and PULSAT.	SULPH. ACID and LYCOP.
MAG. CARB. and RHEUM.	STANN. and PULSAT.
SULPHUR and ALOES.	SULPH. AC. and ARNICA, etc.

In view of the above illustrations it seems advisable to bear always in mind those *various degrees of relationship* existing between our drugs, as the non-observance of this rule may bring about negative results, and explain, in some measure at least, the cause of some of our unexpected failures.

Under false premises, the *advocates of alternation* prescribe after a single examination of the patient, and of one single comparison of the symptoms with the *Materia Medica*, presuming, then, to cover better the totality with two remedies than with one, and often without stopping to consider the conflicting action of inimical drugs and the undetermined effects of intermixtures.

The *supporters of the single remedy*, on the other hand,

whether the remedies follow well each other or not; whether they are given to relieve remaining symptoms, whether they are called as intercurrents or antidotes, they make a careful, new study of the case every time a change is required, and in doing so do not overlook drugs mutually repellant. Any unexpected contingency, any morbid variation or aggravation, any complication or unfavorable issue is always met on the spot with the *single indicated remedy*, as enjoin by *pure experimentation*.

In *heart disease*, for instance, SPIGELIA follows well ACONITE (*endocarditis*), and may be followed well by DIGITALIS, KALI CARB., and ARSENIC. *Cactus* may become *complementary* to ACONITE, and DIGITALIS, STROPHANTHUS, and CRATÆGUS may be rivals in *asystolic conditions*, but only an sciolist would alternate them to obtain better results.

In *respiratory troubles*, especially *croup*, SPONGIA follows well ACONITE and HEPAR, and is often followed well by BROMIUM and HEPAR. JODIUM follows well after MERCURIUS, and is followed by KALI BICH. Given in *succession*, after careful study of the case and according to morbid changes, is admissible, for their action is nearly extinguished when replaced, and the new-comer, as elsewhere, will not conflict with them, at least, if one knows how to select a concordant or complementary remedy.

We may start to treat a case of ACUTE INDIGESTION with IPECAC., on account of the gastric disturbance and its *persistent nausea*, and follow it with COLOCYNTH, if *severe colicky pains* develop about the umbilicus, compelling the patient to bend double to obtain relief; or with VERAT. ALB., if vomiting become copious, with exhausting purging, cold sweat and extreme debility. But suppose, while COLOCYNTH is acting, the offending matter creates a severe inflammatory condition of the intestinal mucosa, in which the *stools are mucous and scanty, with prolonged and distressing tenesmus, would not* MERCURIUS be the proper remedy to supercede COLOCYNTH, instead of giving them in alternation?

A FEBRILE STATE of the simple, continued type, with great vascular disturbance, but without qualitative changes in the blood, without especial localizations and without periodical manifestations, will invariably call for ACONITE. But if the *febrile paroxysm* assumes the remittent type, the motor power becomes ex-

tremely lowered and the intellect blunted; the body feels sore and exhausted, and both brain and muscles refuse to do their work, no other remedy better than GELSEMIUM would suggest itself to us to replace ACONITE; and the consideration of ARSENIC, IPECAC., CINCHONA, NAT. MUR., CEDRON, EUPATORIUM, and even GELSEMIUM, would be in place, if the *intermittent type of fever* would develop. SULPHUR, however, may be used after ACONITE, when despite the use of this remedy, the dry, hot skin remains and there is no reaction or critical sweat leading us to suspect the approach of the *typhoid state*. But in either of these cases we must study and select the remedies on their individual merits, singly, and not on hypothetical ideas of combined effect or alternation.

A TYPHOID STATE, again, may call for BRYONIA, if there is *constipation*, or for BAPTISIA, if there is early *diarrhœa*, but from the moment the red-tipped tongue, the *critical stools* (pea-soup-like), and the *tympanitis*, announce the *increasing toxæmia*, no remedy deserves better our consideration than RHUS TOX., especially when difficult ratiocination with incoherent talk indicates that the mind is already in an extreme stage of depression. There is no room here, for such an absurd proposition as the alternation of RHUS TOX. and BRYONIA. Each of these remedies has its special sphere of action, its individuality, and if interchanged will interfere with each other, for there is a marked *antidotal relation* between the two. RHUS TOX., however, is complementary to BRYONIA, and if indicated, will follow this remedy well. But if the *toxæmic state* proceeds unabated under RHUS TOX., and the *stupor of muttering delirium deepens into coma*, very probably MURIATIC ACID will supercede this remedy, and invariably so, if the patient, overwhelmed by the poison, lies in *dorsal decubitus*, with the head dropped forward, the chin resting on the sternum, and the body fixed at the foot of the bed, all indicating the *profound prostration of the nervous system*. It does not only modify the evacuations, quantitatively but qualitatively, and I have seen it to *correct putridity* much better than BAPTISIA and LACHEISIS.

Should the condition, however, take still a worse turn, and the patient be brought to the last extreme by the ravages of the dis-

ease, we have to resort to CARBO VEG. as the only remedy left then to combat those *desperate states of putridity, adynamia and collapse*, in which PHOS. ACID, PHOSPH., ARSENIC, and even MUR. ACID have been of no avail, and which so clearly point to *impending dissolution*. It is that stage of the disease in which the *cerebral cortex*, with all its functions of perception, motion and sensation, is lowered and blunted, sometimes nearly to abolition.

What an ample field for *study and individualization* does not the *typhoid state* present. An evolutive disease with so many vicissitudes and *complications*, running so many different *courses*, with so many new tendencies and *variations*, and with so many final events or *issues*. And yet, a *self-limited disease*, when uncomplicated, characterized anatomically chiefly by *infiltration, ulceration, and cicatrization of the glands of the intestines*, morbid processes which coincide with the ascending, stationary and descending thermometrical fluctuations.

Who, acquainted with the outset, the ascent, the climax, the decline, the complications and sequelæ, the varieties, the relapses, and the duration and termination of this disease, would *suggest alternation*, without studying carefully the varying aspects of those stages and meeting them individually and opportunely.

Alternation, it seems to me, is a practice becoming only to a man unacquainted with disease and drug effects and only versed in *shot-gun therapeutics*.

The above examples, I hope, will suffice to show that *every morbid state*, whether enduring or fleeting, is an *individuality*, which, according to Homœopathy, must be met with *another individuality of medicamental origin*, rendered *unique* by our provings on the healthy human organism.

The selection of a remedy in Homœopathy is an important matter, for our success hinges on that, and Hahnemann prescribed the *single remedy* not only for proving, but for treatment. There is no rule or principle in our school to determine the administration of remedies in any other way.

Homœopathy teaches to observe and consider all, or any *symptomatic element*, no matter how trivial, that may enter into the syntexis of the syndrome, and it does this with the object of *individualizing* those drugs which may appear to fit a given case,

but Homœopathy does not enjoin, as said before, the necessity of making the essential subservient to the incidental, and much less to cover *series of phenomena* in a complex case by the *alternation of remedies*. To select the *similimum* properly and effectually, all that is required is knowledge of *Materia Medica* and of *Pathology*, as only so can we appreciate what is essential and what is contingent in disease.

Any morbid condition unaffected by a previously given remedy, calls for a change of remedy, just as any *symptomatic variation* during the course of a malady requires a change of remedy. But suppose two *alternated remedies* have given no result, or an unfavorable one, are we then to study the case anew, and prescribe correctly the indicated single remedy, or are we to fall into error again and give two other alternating remedies; and, if so, what shall be our guide for this *alternation*? I do not know, I am sure, but I surmise it is derived from a wrong conception of the combined action of drugs having similar effects. Or is there any concerted power in drugs, only known to the *advocates of alternation*, which urges them to this inconsistent and groundless practice? Or, is it on pathological bases that such prescriptions are made?

I am aware there are well-read, scholastic men in our school, who claim to have effected *wonderful cures by means of alternation*, and very probably they have, for this privilege is common to all sectarian schools, whether the cure be made by the single remedy, by a combination of remedies, or by no remedy at all. But who is the man in our day who can point out with precision the origin and means of a cure by internal medication? Can any one deny the reactive influence of the organic cell, its power of selection and rejection, and its natural defences: or determine if every favorable issue is a cure, obtained by the administration of drugs prescribed under so many different notions, convictions and difficulties?

Do not human beings in *savage countries* thrive, develop, reach maturity become ill, get well, and die of old age, without ever having any medical assistance? Has not our *mother school* obtained cures and more cures, centuries before we came into existence? Do not our enthusiastic friends, the *osteopaths*, with a

respectable following already, claim to cure all kinds of diseases, even infectious, without any internal remedy? And do not the *eclectic school, hydrotherapy, serotherapy, electro-therapy, mental-therapy*, even *mind-cure* and *Christian science*, demand a share of recognition in the general success of therapeutics?

Homœopathy has never claimed the absolute privilege of curing diseases. What we have maintained, and shall continue to maintain, is, that we cure our cases more swiftly, more pleasantly, and with better results than any other therapeutic system known. The *prerogative of curing disease*, then, belongs to all but we should not consider every case that gets well cured, for very frequently our intervention is useless. The organism can react and does react under the most serious circumstances, even when unprotected and unattended, but we cannot afford to wait for this reaction, and must aid it, even when we can predict a favorable issue, for there are in every human organism a body and soul to treat, and the latter especially demands always our care and solicitude. The *mind* is the spark of brilliant light which guides a tottering body through the darkness of life; and only *symptomatic therapeutics* can meet its aberrations and concern itself with its activity and depression. The *materialist*, whether an allopath or osteopath, is never at best as when a limb, an organ, a tumor, or a fluid, is the subject of his attempts and aims. He can then unfold his views, as to his old teacher's opinion, and apply his theories; regimen, and the natural defences of the organisms do the rest.

The *mind* seldom enters into his speculations and schemes. The opinion of those who have led him through the stormy path of pretention and empiricism, must be maintained and protected. The *alma mater* shall prevail, the old preceptor said so; and inferior intelligences will always find extreme difficulty in emancipating themselves from the old, enticing dictates, and bearable fetters, of a *dreaming* and *fickle therapeutics*, upheld only by those whose personal interests demand it, and which keeps on prolonging its existence under the protection of antiquated laws and official prerogatives, detrimental to progress, and in contrast with modern science.

But we are all making progress in this direction. We do not

find the tyro now so willing to be the speaking-trumpet of his preceptors. He has already commenced to think for himself, and his absolute emancipation seems to be approaching. Longstanding rust is difficult of removal, but *deeply rooted routine* is losing its hold, and ere long, we will all meet on common ground for the good of humanity.

To keep on the right track, however, and finally gather a good harvest, we must define our position correctly. We must *adhere to principle* and discard pernicious ideas and erroneous habits, which have nothing to do with Homœopathy. A bright future confronts us now, and under the best auspices for our vindication and apology. To reach these *desiderata*, Homœopathy must not be misunderstood; its basic principles should be known and discussed, and we should stick to them, if we wish to command respect. We are not worth existing if we do not throw open to the gaze of men the arts and practices by which we claim to work. Homœopathy can challenge the inspection of the world with confidence, its secret of power in *Similia*, and to this centre of action many opposite rays are converging now. It has nothing to keep back, and it never fears to submit to the fullest examination and to the severest test. It has ceased to be experimental long ago, and is to-day a fact, a reality, known all over the world; but to keep pace with progress, and attain its merited position, it must be purged of many false premises, the outgrowth of ignorance.

How unfortunate to contemplate those who lean towards *poly-pharmacy* trying to justify and uphold, a spurious practice incapable of defense. And, how censurable to break an essential precept of the school they have embraced and are engaged in supporting!

The *alternation of remedies*, I do not hesitate to say, is an anomaly, continually conflicting with experimental pathogenesis, and with the *specific effects of the single remedy*. It can be well called an abuse, which effectually thwarts our best directed efforts and deprives us of the only means we have to verify the individual and independent value of our remedies.

The ground upon which the *advocates of alternation* stand is so uncertain, that to support their contentions they have had no scruple to evoke the name and practice of Hahnemann, but

neither Hahnemann nor his disciples ever upheld the practice of alternation. They have misrepresented Hahnemann, and invoked his name, when there is really not a single remark in the *Organon* that could be taken up by these gentlemen to justify their claims. The only allusion to the subject I have been able to find in this remarkable book of the Master is in condemnation of this unhomœopathic practice, and reads as follows :

“Some homœopathic physicians have tried the plan of administering two medicines at a time, or nearly so, in cases where one of the remedies seemed to be homœopathic to one portion of the symptoms of the disease, and where a second remedy appeared adapted to the other portion; but I must seriously warn my readers against such an attempt, which will never be necessary even if in some instances it should seem proper.” (Paragraph 272. Page 221, of the Appendix.)

And Hahnemann is still more explicit in regard to the single remedy. In paragraph 272 of the *Organon* he expresses himself as follows:—*“In no instance is it requisite to employ more than one simple medicine at a time.”* In paragraph 169, we read: *“It may easily occur, on examining a disease for the first time, and also in selecting for the first time the remedy that is to combat it, that the totality of the symptoms of the disease is found not to be sufficiently covered by the morbid symptoms of a single medicine, and that two remedies dispute the preference as to eligibility in the present instance, the one being homœopathic to one part of the disease, and the other still more so to another. It is, then, by no means advisable after using the preferable of the two remedies, to take the other without examination, because the medicine given as the inferior of the two, under the change of circumstances, may not be proper for the remaining symptoms; in which case, it follows, that a suitable homœopathic remedy for the new set of symptoms should be selected in its stead.”*

In paragraphs, 257-273 and 274 of the same *Organon*, Hahnemann further extols the absolute value of the *single remedy*. In the first of these paragraphs he asserts that, the physician *“should never lose sight of this great truth, that of all known remedies there is but one that merits a preference before all others, viz.: that whose symptoms bear the closest resemblance to the totality*

of those which characterize the malady." In paragraph 273, he admonishes the breakers of his precept, as follows: "It is impossible to conceive why there should be the least doubt as to whether it is more natural and rational to prescribe a single well-known medicine at a time for a disease, or to give a mixture composed of several different drugs." And certainly, he is no less positive about the subject in paragraph 274, which reads as follows: "Perfectly simple, unmixed, and single remedies afford the physician all the advantages he could possibly desire. He is well enabled to cure natural diseases safely and permanently through the homœopathic affinity of these artificial morbid potencies; and in obedience to the wise maxim that—'it is useless to apply a multiplicity of means, where simplicity will accomplish the end,'—he will never think of giving more than one simple remedy at a time." . . . "It is equally certain, on the other hand, that a simple medicine, well selected, will by itself, be quite sufficient to give relief in diseases whereof the totality of symptoms is accurately known." . . .

Hahnemann even warns us, that the test or proving of drugs should be so conducted as to result in the acquisition of accurate knowledge of remedies, as well as to avoid mistake in using them in diseases; for, he says, "the unerring selection of remedies is the only condition for the speedy and permanent return of health of body and mind." (Section 120.)

Wherefrom then comes the encouragement for those engaged in *alternation* to insist upon this irregular practice? What is the excuse they offer for their conduct? What is the fundamental principle of this method? Let them come out and explain. Discussion brings light and I am open to conviction.

But before I close this paper it may be pertinent to inform the advocates of *alternation* that our opponents, aroused by recent researches, have already commenced, not only to extol *Similia* and the *minimum dose*, but to advise pure *experimentation* and the *single remedy*; and were it not that I have already trespassed the limits of my appeal, I would give *in extenso* the corroboration of my statements. As it is, I confine myself to the report of a few conclusions from inimical origin, viz.:

Dr. Henri Barbier, in his inaugural address before the *Societe*

de Therapeutique, of Paris, in its session of the 13th of January last, among other things asserted, that "when the phenomena of disease are more complex and their interpretation more delicate, as in infectious maladies, we should be able to demonstrate that *the therapeutic agent given*, favors the local organic defences, presses the general antitoxic and bacterial reactions, protects the glandular functions, removes the danger of complications and shortens the duration of the disease; and that only a *single, specific remedy* is capable of such a work." He frankly confessed that "*experimental medicine* has already supplied us with some of these remedies, and has allowed us to foresee others of the kind."

Prof. Hugo Schultz, of the University of Griefswald, in one of his lectures, also maintained that "before a drug can be used at the bedside at the fullest advantage, it is absolutely necessary previously to interpose the *experimental use of it, on healthy individuals*;" and that "the medicine must be rightly chosen, and be the one to arouse from the diseased organ the most definite reaction possible under all existing circumstances. (*Hahnemannian Monthly*, Jan., 1909, p. 7.)

But Dr. M. Howard Fussell, of Philadelphia, in his address on "*Simplicity in Prescribing*," before the Section on Pharmacology and Therapeutics of the American Medical Association, published in *The Journal of the Association* (Sep. 19, 1908), is the one who has most pertinently touched on various points of extreme interest to Homœopathy and related to the subject of my paper. He upholds the *individual knowledge of drug action, the single remedy, and the treatment of the patient rather than the disease, that is symptomatic treatment*, and he does it so explicitly as to put to shame some of our men. He claims, and justly, that a physician acts wisely when he uses only a single drug, and that no one can have the slightest idea of the effect of mixture of drugs when he is ignorant of the effect of any one of the ingredients of the mixture. The following axiom is worthy of reproduction: "The sooner our young men are taught and come to realize what the master minds for ages have always taught, that the practice of treating a disease according to the name, without minutely examining into each particular case and adapting the

appropriate remedies to the several indications which present themselves, can not be too strongly reprobated.”

Does not this sound familiar to our ears, and does it not seem as if our detractors are now engaged in giving us lessons on subjects some of our men have been neglecting and forgetting?

706 West York St., Philadelphia.

THEN AND NOW—SIMMONS.

The February number of the *Chicago Medical Times* prints a paper by Dr. G. Frank Lydston, which opens by reprinting a letter written by Dr. G. H. Simmons, now editor of the *Journal of the American Medical Association*, that was printed in the *Medical Brief* of April, 1883. Dr. Simmons wrote in this letter, among other things:

“Now, I am a homœopath.”

“Those who run Homœopathy down most know least about it.”

“Why should not allopaths counsel with homœopaths and eclectic?”

“We believe in giving the smallest particle of medicine that will have an effect to cure. The practice of an allopath is to give as much as the patient will stand.”

“Is there any objection to that” (calling on a homœopath)
“O, ye infallible allopaths?”

“Bah! I claim that the average homœopath or eclectic is just as honest, just as truthful, just as intelligent, is just as well versed in anatomy, physiology, diagnosis, pathology, surgery, or obstetrics as the average ‘regular.’”

“I believe in Homœopathy——”

“Why has the old school been so bitter against homœopaths and eclectic? If it is not because you want to kill us out what is the reason?”

“We ring the front door-bell of the avenue and boulevards, and number among our patrons the educated, intelligent and wealthy.”

All this, and much more to the same effect, was written by Dr. Simmons, editor of *The Journal A. M. A.*, when he was thirty-

one years old. Perhaps the allopaths have found the homœopaths who come to them so unusually capable (they must, to have made one of their officials editor and secretary of their great American Medical Association) that they want more of them, hence the brotherly invitations so numerous of late. The chief objection to accepting the invitations to "be one of us" is that it means the tacit acknowledgment on your part that you have strayed into error, that you now acknowledge your youthful error and are willing to accept the amnesty graciously extended to you. It must be said, however, that Dr. Lydston does not regard Dr. Simmons as a capable man, in fact, his words concerning him are rather vitriolic, as, for instance, questioning his degree with "Say, Simmons, what were the names of those journals you 'took' anyhow? In what 'regular' college did you take that 'course?' and of what did you 'take' a 'course?'" "And what a stigma he tried to put on the honest, conscientious homœopath!" There are columns of the like and worse. It looks like war to the knife and the knife to the hilt, "turned around."

One thing stands out clear, namely, that the man with a degree from a homœopathic college had better stand flat-footed in the homœopathic ranks where he has his rightful place. Let him follow Uucle Joe Cannon and stand pat.

THREE CLINICAL CASES.

By K. L. Gupta.

"A Case of Enlarged Prostate."

On the evening of 30th July, 1906, I was asked by my maid servant (she being the concubine of the patient), to see an adult named J—, who was almost dying of retention of urine. On asking her what the matter was with the man, my maid servant actually burst into tears and said that unless I took the case the man would die helpless. She said that the man all of a sudden could not urinate. During the first attack a native private allopathic practitioner was summoned and he immediately partially relieved the man of his suffering by passing a catheter. But soon after there was again retention, and the man this time was

taken to a private, charitable dispensary, the charge of which was in the hands of an assistant surgeon. The medical man in charge tried, as usual, to give the patient relief by passing a catheter. But this time, instead of urine, blood came out in gushes and in this skilful process the poor patient lost a large quantity of blood, without getting the least relief from his sufferings. The man was then brought back to his house and the native doctor who had relieved him during his previous attack was again called in, but, unfortunately for the patient, this doctor, too, failed to give him the slightest relief. He was then taken to the public hospital of the locality. The assistant surgeon thereby having failed, the civil surgeon came in to play his part, which he did most admirably. In his attempt to make the man urinate by means of a catheter, he made him bleed more than a seer of blood (so my maid servant said). A tube was inserted into the urethra through which the man made water every now and then only in drops. In this condition he was kept in the hospital for two or three days, after which he was discharged from the hospital (this being the version of my maid servant).

I took pity on the poor fellow and consented to try my so-called sweet medicines where heroic manœuvres proved quite futile. His present symptoms were: He had constant urging to urinate, passing only a few drops of bloody urine at one time, at another time none at all. There was violent cutting pain in the neck of the bladder. The pain was almost maddening when there was the urging to urinate. His previous history told nothing of gonorrhœa. The man was fifty-two years old, of a mild disposition. I suspected it to be a case of enlarged prostate. The symptoms stated above having clearly pointed out to *Cantharis* to be the present remedy, I at once decided to try it first, although Boenninghausen's *Therapeutic Pocket Book* told nothing about its action on the prostate gland.

After prescribing *Nux vom.* 6x to destroy the bad effect of allopathic drugs he had taken in the hospital, I gave *Cantharis* 6x, to be taken every two hours. After taking only two doses of the latter medicine the man began making water, though only a few drops at a time, the blood having quite disappeared from urine. The quantity of urine passed at a time went on increasing as time passed on.

The following morning, I went to see the patient and, on examination, I found the bladder quite hard, and distended with urine, although he had been passing urine (in drops) every ten minutes for the last four or five hours. The bladder was also painful to the touch.

This being the condition of the bladder, I ordered an application of a piece of folded rag, moistened with *Cantharis* solution, on the bladder and continued *Cantharis* 6x, internally, every two hours.

At about 1 P. M. the sister of the patient rushed into my office almost out of breath and besought me to go and see the man, as he had suddenly fainted. I went to the patient and found nothing serious about him, the cause of his sudden fainting I guessed to be the passage of a comparatively large quantity of urine, which gave the man a sudden respite from his almost unbearable suffering. The distension and hardness of the bladder having much lessened, I ordered the application of *Cantharis* solution to be discontinued. In the evening at 10 P. M. the man passed one stool after three or four days attended with comparatively easy flow of urine.

After this evacuation, he felt quite at ease, took some *halua* and went to bed. At 2 A. M. in the morning the urine was again retained. The next morning I was again summoned. I found the man on all fours, he being quite unable to rest in any other position. There was again violent urging to urinate, attended with severe cutting pain in the neck of the bladder. I again ordered the application of the *Cantharis* solution on the bladder and continued the *Cantharis* 6x, internally. I also ordered the attendants to hold the urine in a vessel and keep it for my examination. At about 8 A. M. in the morning the man passed about a chatak of bloody pus, after which the flow of urine started. This time the flow of urine, though in drops, was almost continuous. There was some pain in the neck of bladder. I gave three doses of *Clematis* 30 to be taken every three hours. The night following he had had continuous dribbling of urine, although he passed now and then larger quantities. The next morning I was consulted for the constant dribbling of urine which soiled all the clothes he wore and the bed lain on. I was also informed that the

urine was smelling like horse urine. A few doses of *Benzoic acid* 3x removed the bad smell, but the dribbling continued. The present complaint of the man being profuse urination and constant dribbling of urine, he got *Pulsatilla* 30 thrice daily. Under the action of which the man recovered perfectly within a fortnight. The man is quite hale and hearty now and is regularly attending his calling as a porter.

Cholera.

On the 20th of September, 1907, I went to see a boy, aged about three years, who had had an attack of cholera since three days. When I saw the boy he was in the following condition: Temperature of the body, 101° F. The whole of the abdomen was hard and distended. He lay on the bed covered from head to foot, with his eyes firmly closed. The boy was in a semi-conscious state. The tongue was nearly clean, but dry. He had little or no thirst and had wanted nothing to eat or drink for the last thirty-six hours. Alvine discharges per rectum were still going on, though in small quantities. There was much gurgling in the abdomen. The boy, at first, got *Phos. acid* 3x every two hours. Six doses of the remedy having brought no change in his condition I prescribed *Opium* 6x, which removed the stupor as well as the abdominal distension. The boy then having no appetite, got *Nux vom.* 30, three doses of which cured him completely. On the 23d he was discharged as cured.

Another Cholera Case.

On the 20th of September, 1907, I went to see a boy aged about ten years, at 7:30 A. M., who had had three purgings and three vomitings from the very sunrise. During my visit the boy passed a large quantity of colorless, watery stool, and along with the stool vomited clear water in a large quantity. There was no urine since the appearance of the first choleraic stool. The boy had cold perspiration on his forehead. His widely opened eyes seemed to clearly indicate some anxiety within, although he was not at all restless. He had much thirst and was only satisfied with large quantities of water. On asking the patient if he had any pain in the abdomen, he answered in the negative. The total

absence of pain accompanied with the other symptoms set me to much thinking. At last I decided to try *Veratrum album*, which was prescribed in the sixth decimal potency after each purging and vomiting.

At 12 A. M. I was informed by the father of the boy that the boy had had no purging since the administration of the first dose of the medicine, but had vomited thrice and was troubled with intense thirst. I was told that the boy had still some cold perspiration on the forehead. The pain in the abdomen was still absent. I again prescribed the same medicine, but in the 30th centesimal potency, to be used after each vomiting, so long as the vomiting would persist and every two hours after the cessation of the vomitings, provided, of course, the thirst would continue. The next morning I found the extremities of the boy to be much colder than the rest of the body, although the vomiting and thirst had subsided under the action of *Veratrum 30c*. He also did not like to have his coverings on. There were no cramps. The boy had not urinated as yet, although he had neither purged nor vomited since last evening. *Secale* was prescribed in the 30th centesimal attenuation to be given every hour so long as the normal heat of the extremities would not return. The temperature of the extremities improved under the action of *Secale* and the boy urinated after the exhibition of only two doses of it. On the 23d of September the boy was discharged as cured.

Veratrum album, according to Farrington and other authorities, is "useless in painless cholera."

But much benefit has been and is being derived from the drug in this country, where the abdominal pains are marked by their absence, provided, of course, the discharges both from the mouth and per rectum are almost simultaneous and profuse, and there is cold sweat on the forehead.

Sakrigali, Bengal, India.

A POSSIBLE RESORT FOR CONSUMPTIVES.

Some years ago, to be exact, October, 1894, the RECORDER published a paper by Dr. G. Hering, of London, one of a series entitled "Miscellaneous Notes on Medicine," and a most excellent series they were, in which he wrote:

"What curious discoveries are made by the observant! Witness the following remarks of Dr. Casanova, as recorded in the *Homœopathic Review* of over thirty years ago: 'I know of several localities in South America, Africa and Spain where the marsh miasma has unquestionably arrested and cured that fatal scourge of the human race, phthisis pulmonalis, without any other treatment or restriction in food or drink.'

To this Dr. Hering adds: "Now that I think of it, I can find some support to this statement of Dr. Casanova. I was once on board a Liverpool steamer which put into Aspinwall, on the swampy Isthmus of Panama, for nine days. Upon our return home several of the sailors, otherwise healthy fellows, were prostrated by what was called Panama fever, whilst I myself, who had formerly suffered from tubercular disease of the lungs, was totally unaffected."

In 1895 (December) the RECORDER published some notes on a curious drug with which that old homœopathic veteran, Dr. G. W. Bowen, of Fort Wayne, Ind., had been experimenting which he named *Malaria off.*, something about as near an approach to the poisonous miasma of a tropical swamp as is possible for man to produce. One patient, a woman, the last of five, the other four having died of tuberculosis, was given some of this tincture. It developed in her a severe chill and the fever succeeding lasted over six hours. To summarize: "She was cured of her tendency and the certainty of dying with consumption. She remained well for twelve years, when she was lost to my calls."

Now the re-hash of all this old matter, which, by the way, had been allowed to drop out of sight apparently, was caused by a paper by Dr. Walter V. Brem, Chief of the Clinic, Colon Hospital, Christobel, Canal Zone, in the *Journal of the American Medical Association*, January 30. The paper goes into minute details, but a concluding paragraph summarizes it, and the point we seek to make:

"In conclusion, from my study of tuberculosis at autopsy, I can not avoid the opinion that climatic and hygienic conditions in Panama are quite favorable for the arrest or cure of tuberculous infections, and my clinical experience also has supported this view."

Here are four observers, and there may be others, who practically agree in their observations of the effect of the tropical swamp miasm on tuberculosis. Since the timid, germ scared people of some of our western States have almost forbidden the visits of the unfortunates why might not they find a far better refuge in some of the regions where other persons fear to go and where the inhabitants are not educated up to the germ-terror point? It really seems worth looking into.

A REJECTED LETTER CONCERNING VACCINATION.

To the Editor of the HOMŒOPATHIC RECORDER :

Please find inclosed copy of a letter from Dr. Montague R. Levenson to the editor of the *New York Medical Journal*.

In a post-script to this letter Dr. Levenson wrote: "If you do *not* publish the above, please return my letter, for which purpose I inclose a 2c. postage stamp."

The letter was refused insertion by the journal to which it was addressed; and Dr. Levenson, believing that the "conspiracy of silence" in matters vaccinal is dangerous to the public weal, submits the letter to me with the request that I forward a copy of it to you, asking you to publish it, if possible, in THE HOMŒOPATHIC RECORDER.

Trusting that you may be able to comply with Dr. Levenson's request, I am, with kindest regards,

Very truly yours,

PORTER F. COPE, *Secretary*.

Office of the Anti-Vaccination League of America, 518 Crozer Building, Philadelphia, Pa., January 30, 1909.

To the Editor of the *New York Medical Journal*.

Dear Sir:

As one of the persons whose names were introduced by Dr. M. Clayton Thrush in the course of the love-feast of those who are partly supported by, and who not unnaturally support, the practice of inoculating poison into human beings, I hope you will have a sufficient sense of right to publish this protest against the ac-

curacy of Dr. Thrush's report of the proceedings of the convention of Anti-Vaccinators held in Philadelphia last October.

Such protest is needed lest silence should be hereafter construed into acceptance of the statements of the learned doctor as true. But there is more important reason in that (inadvertently, I hope), the learned gentleman has allowed himself to be misled (by some defect, probably, of his auditory apparatus), into a statement which is the reverse of true; in that he stated (as reported in your journal) that "the majority argued that vaccine was not a poison to the blood." The truth is that we unanimously agreed that vaccine matter is a poison to the blood, if it gets into the blood. I was almost alone in arguing that until it got into the life stream it could not be asserted that it was "without exception, poisonous to the blood."

Those who differed from me, however, can cite the two pronounced vaccinal authorities, Sir John Simon and Sir James Paget, on their side: as both of those learned physicians maintained that vaccination produces a "permanent morbid condition" of the blood.

I have the honor to be, dear sir,

Yours respectfully,

M. R. LEVERSON.

917 Grant Ave., Bronx, N. Y., January 27, 1909.

HAHNEMANN VINDICATED BY THE OLD SCHOOL OF SPAIN.

Editor of the HOMŒOPATHIC RECORDER:

It is with pride and satisfaction that I wish to call your attention to a transcendental vindication of Hahnemann by the Professor of Therapeutics of the Medical Faculty of Madrid and Ex-Minister of Public Instruction. The eventful acknowledgment was reported by my esteemed friends, Drs. Comet Fargas and Pinart, of Barcelona, in the "*Revista de Medicina Pura*, under the direction of the former physician. This chivalrous and fearless recognition took place during the National Congress of Tuberculosis, held in Zarasora, Spain, in October last, when Dr. Amalio Gimeno was developing his theme on "*New Orientations*

of *Anti-Tuberculous Therapeutics.*" Among other things, this eminent professor said:

"The problem of life is a problem of adaptation; to live is to adapt oneself to what is going on within and without us. It is to be refractory, insensible to the action of a multitude of surrounding agents. Notwithstanding our apparent weakness we live by adaptation, and the beings which attack us with most rage are the living beings, against which we are not capable of being adapted. A casual event gave us the key to an empiric measure, *Vaccination*. Which do you think would be more efficacious against small-pox? Isolation, disinfection or vaccination? Undoubtedly the last. The natural forces create these and prevent us from getting sick."

"It is for this reason that the prudent physician limits himself to watch and aid nature when the resources of this are insufficient."

"Life is no more than a problem of digestion. To live is to digest and prevail over the continual conflict of executioners and victims."

"For failing to understand this, therapeutics in general has followed misleading tracks, and that of tuberculosis, in particular, gave negative results, until the efficacy of tuberculine was demonstrated and its action graduated by means of the opsonic index, thus avoiding the accidents of anaphylaxis."

"We have entered, he said, into a new era, where we will obtain, thanks to the new routes taken by medicine, the cure of this terrible malady."

He pointed out the convenience of riveting the attention on the excelling merit of Samuel Hahnemann, whom he called "a genius, and, who, at the beginning of the nineteenth century, foretold the modern routes which science would take." He praised, likewise, the efficacy of certain infinitesimal substances, "for infinitesimal are the anti-corps created by the very individual affected, origin of the sera, tuberculines and other antitoxics evidently curative."

And he said more still. "What I have stated is so certain, that I, the author of a work on therapeutics, published in Valencia twenty-five years ago and a text-book in the Universities of

Spain, highly deplore to have had devoted in said work some depressive pages to Hahnemann and his followers, a wrong which modern discoveries are now committed to mend; *pages I wish I were able to tear from my book.*"

"In regard to *tuberculosis*, we draw out from the patient the bacillus origin of his malady, it is cultivated, then killed, and the residue, previously filtered and prepared, is injected *de novo* into the blood, if possible, of the same patient, and in this manner we obtain true cures. So is a creature immunized, so is humanity prepared to defend itself against aggression, not only of the tubercular bacillus, but of many other pathogenic agents, continually in wait to attack us."

"We find all these elements in a state of molecular division, which we can call infinitesimal, and consequently we owe veneration to the founder of Homœopathy, who anticipated what the course of events has come to sanction."

"The metallic ferments, whose action is undeniable, are also prepared in a similar manner, and so it is that they act on colloidal substances, which are the limit of organized matter with the mineral kingdom."

* * *

It is really a source of gratification to be enabled, through the alertness of the *Editors of The Revista de Medicina Pura*, to add another valuable name to the list of just, sincere men, who, like Koch, Behring, Lombrosa, Huchard, and Ferran, have fearlessly admitted the value of similitude and the efficacy of infinitesimals. Honor to the new-comer, Professor Gimeno, of Madrid!

EDUARDO FORNIAS, M. D.

706 W. York St., Philadelphia.

THE ERIE STATE MEDICAL COLLEGE,
1848-1849.

Such is the title of a pamphlet sent the RECORDER, it being the "Annual Address delivered before the Cleveland Medical Library Association, December, 1908." by Dr. D. H. Beckwith. Like all reminiscences, it is interesting, as witness the following, clipped from it:

"Over seventy years ago, my father, while cradling wheat on his farm, was bitten above the top of the bootleg. For a few minutes he felt a stinging pain in the leg. Retracing his steps, he soon found a large rattlesnake, coiled, his eyes sparkling and his rattles sounding the alarm to tell my father he was ready for the battle. The snake was soon dispatched, the leg ligated above the wound and suction applied to remove the virus."

"Hastening home, my father sent for Moses C. Sanders, the leading physician and surgeon in the county. Meantime the leg became exceedingly painful and enormously swollen. The doctor was soon at his bedside but all his skill and treatment were of no avail. He finally told my father that there was no help for him and bade him farewell."

"With a wife and small children about him and dependent upon him, my father did not propose to leave this world if he could help it. He sent a messenger on his swiftest horse to bring an Indian doctor who lived two miles distant. The Indian soon arrived, riding behind the messenger, and went to work."

"A decoction of the *Cimicifuga* was administered internally. Poultices of the whole plant were made and applied freely to the limb and to other parts of the body. The effect was marvelous. My father recovered and lived many years after that eventful day."

AN OLD TREATMENT OF TUBERCULOSIS.

Dr. Geo. R. Simpson, of Parkersburg, West Va., writes to the *Medical Brief* (Feb.) on "The Tuberculosis Question." After noting the meagre results, as far as anything practical is concerned, that came from the late Congress, he adds:

"A few years ago Engelhart published a small book by Dr. Waugh upon 'Diseases of the Respiratory Organs.' In this the application of drugs was discussed in detail. In the chapter on pulmonary tuberculosis I noticed the suggestion to empty the bowels and then disinfect them by giving sulphocarbolate of lime in full doses. The results then claimed seemed to be exaggerated. The anorexia, diarrhoea, indigestion and other gastric and intestinal symptoms vanished, the fever declined, and the general improvement was so marked that the author placed this one measure

at the top of his list, as affording more benefit than any other remedy at his disposal."

"Much of this I set down to the author's own optimism; but soon after I had occasion to put the suggestion into practice."

"Lime in some form is generally needed by these patients, and the sulphocarbolate might be as good as any other calcic salt. The patient said languidly, 'that if he had an appetite he would put it under a glass case and preserve it as a curiosity.'"

"But when his bowels had been emptied by the use of calomel and podophyllin, followed by salines, aided by colonic flush of normal saline solution, he declared he would believe anything possible in the way of evil being caused by the 'terrible stuff' he evacuated. The improvement following the use of lime was more if anything than had been predicted in the work mentioned. The patient's appetite was almost wolfish, the fever dropped, and the result was such as to justify a recommendation. The patient has considered himself a well man for years."

"As I intimated, these things may be so well known to every doctor that any mention of them here is superfluous. But, then, again, they may possibly be new to some of your readers, at least, and possibly the others may listen to the old tale for their sake."

CRATÆGUS OXYACANTHA.

The Eclectics have caught on to *Cratægus oxyacantha* and at the last meeting of their Ohio State Association a member read a paper on the subject that was discussed at some length. Nothing new was developed unless it might be found in the following from the discussion, reported in the *Eclectic Medical Journal*, February:

Dr. S. Schiller: I would like to say a word about *Cratægus*. It is one of the newer remedies, or, at least to me, it was unknown until within the last two years. The last year or eighteen months I have been using a good deal of *Cratægus*, and I confess that I have been experimenting, because in many of those cases of irritable heart action there is not a great deal of suffering, and we can experiment. I have been conscientiously trying to learn, if possible, what particular kind of nervous or functional heart

trouble is better adapted to it. I have arrived at a negative conclusion as to its value in the line of compensation, where compensation is given out in organic heart disease, and I have not been able to get any results; but in functional heart trouble, where the heart may drop a beat every second or third or ten beats, or in the tumultuous action of the heart due to various causes, in some cases I had exceedingly gratifying results.

I have been trying to reach some conclusion as to the particular indication for *Cratægus*. I am certain it will do good in certain cases, but I am not so sure of the case. In some I would give it for a week and then withhold it for a week and try to determine, with some degree of certainty, whether the improvement in the case could be due to the *Cratægus* or not, and I have been able to satisfy myself that it is a heart remedy and that some day we will learn how to use it, and when we do I think we will have gotten something that will be a positive benefit to us as an addition to our heart remedies.

Dr. Dwire: I agree with Schiller. I do not believe we know exactly what cases will be benefitted by *Cratægus*, but I am sure of one thing, there are cases many times that will be benefitted by *Cratægus*. In regard to the quantity given, I think the minimum dose is one drop; I don't believe a smaller dose than that will do much good. As far as the alcohol being a test in the use of five drops given by way of the mouth, I do not believe that five drops of alcohol would arouse a man's heart to action whatever in very many instances, unless he was very susceptible to alcohol. I have come to use *Cratægus* more than I have any other remedy, especially in functional heart troubles.

LOCAL USE OF CALENDULA.

In an instructive paper presented to the National Eclectic Medical Association, Dr. R. D. Hamsher in part says:

As you are aware, some drugs are of common and extensive use, others are used occasionally, while others are used and called for rarely. *Calendula* is the most in demand in my office. Wonderful claims have been made for it, time and again, but book writers, as a rule, give little credence to the reports except,

perhaps, the homœopaths, who use it quite extensively, and the Eclectics, who say more about it than any other class.

Dr. O. L. Potter's *Materia Medica, Pharmacy and Therapeutics*, ninth edition, London, says this of it: "The tincture 20 per cent. alcohol, is also official, and is exclusively used as a local application to promote the healing process in wounds, ulcers, burns and other breaches of tissue. Extravagant views of its powers as a vulnerary are promulgated by the so-called homœopathic surgeons, and serve as one of their excuses for proficiency, an exclusive position in surgery." That is all he says about it.

King's *American Dispensatory*, 10th edition, says of marigold: "Slightly stimulant, a diaphoretic. Used for similar purposes with saffron, but less active. Has been reputed useful in spasmodic affections, strenuous maladies, icterus, suppressed menstruation, typhoid febrile conditions, cancer, etc. Used in infusion, in form of an extract, from four to six grains, three or four times a day; also applied locally to cancerous and other ulcers."

Dr. J. W. Clary, of Monroeville, Ohio, writes me as follows in relation to this plant: "As a local remedy after surgical operation it has no equal in the *materia medica*. Its forte is its influence on lacerated wounds, without regard to the general health of the patient, or the weather. If applied constantly, gangrene will not follow, and I might say, there will be but little, if any, danger of tetanus. When applied to a wound it is seldom that any suppuration follows, the wound healing by first intention. It has been tested by several practitioners, and by one is used after every operation with the happiest effect. You need not fear to use it in wounds, and I would not be without it for a hundred times its cost. It is to be made into a saturated tincture with whisky diluted with one-third quantity of water. Lint is saturated with this, applied to the parts and renewed as often as it becomes dry."

As arnica is applied to bruises and sprains, this agent is also applicable; and in addition it is of much service applied to recent wounds, cuts and open sores. It is antiseptic, preventing the formation of pus. It causes the scar of cicatrix to form without contraction of tissues, and in the simplest possible manner. It hastens the healing of wounds, and materially favors union of coated surfaces by first intention. It relieves the pain

in wounds, and if there are bad bruises it quickly relieves the soreness and favors the healing process. It is also applicable to catarrhal mucous surfaces, to festering sores, local swellings, glandular inflammations and to epithelioma and carcinoma, to correct the fetor. It is especially applicable to severe burns, to promote healing and to prevent the formation of a contracting scar.

Calendula is a hemostatic of pronounced efficiency in all those cases involving a division or exposure of the integrity of the capillaries. If you use a dram or two to the pint of cleansing water, you will find the bleeding checked by the time the wound is cleaned, and have in addition a healthy condition, without the toxic effects you get from carbolic acid or bichloride solutions, when improperly used. This last effect is much desired and pleasant to contemplate. If the wound bleeds from a depth you can inject the tincture or dilution by any small or properly proportioned syringe into the deep cavity, always assured you will do no harm, but on the contrary will most always, if not always, get what you want and end the blood flow.

Calendula as a local anodyne is as positive as opium, if not more effectual. It apparently does not affect the sympathetic like opium. In this respect it resembles aconite, the most powerful local anodyne we have of that class. It also resembles belladonna in relieving pain, local congestion and inflammation, but is not so dangerous.

One nice and quickly prepared cerate is made by incorporating one dram tincture calendula in one ounce of vaseline, thoroughly mixing the two. This is useful for sores and painful conditions where lotions would not be so handy. In painful piles it is prompt, relieving pain and removing the piles in many cases. It is also ideal in rectal ulcers, relieving and curing them. In burns, if you will add a little boric acid you will find it satisfactory. Or by adding a dram or two of tincture calendula to four ounces of carbon oil, you have a lotion for burns that cannot be excelled. The scars will be soft if you have scars at all. Calendula covers all the demands for hamamelis, except the color. But it more than makes up for this as an antiseptic. It guards against infection and suppuration, besides relieving the pain of bruises, cuts,

sprains, contusions, extraction of teeth, and surgical operations. More than once have I relieved the bleeding and stopped the infection in a tooth cavity with tincture of calendula. Bleeding and painful gums it has always relieved promptly. I have used it in all painful conditions from a bruise to articular rheumatism, with good effect. It always helps. For gonorrhœal rheumatism try tincture calendula, salicylate of soda and water and you will be surprised at the result. It is scientific. Try the same for bromidrosis of the feet with soreness of the joints, or seat disease and you will be equally pleased. As a collyrium for an injured conjunctiva from a mote or scratch, what is handier and better than five to ten gts. of tincture of calendula to the ounce of water? Nothing that I know of is better or safer.

As a catarrhal remedy for mucous membranes, reached by hand or swab, or nebulizer, it is a most appreciated remedy.

In a three branched fractured cornea, discharging pus, lachrymal fluid, aqueous humor, all the contents of orbicular cavity inflamed and the mass bulging beyond the orbit, pronounced irremediable, and enucleation advised, calendula removed the unpleasant train of symptoms, healed the cornea, restored some vision and saved the eyeball. It proved to me the antiseptic local anodyne and healing virtues of calendula. Calendula is an antiseptic of great efficiency, working in such harmony with the natural laws of life, that one is constrained to call it a physiological antiseptic so compounded by the Almighty that given a proper vehicle and timely application, it seems complete. No suppuration occurs when promptly used. The drawback to the tincture is the rapid evaporation and this alone may account for its neglect. The wound would soon be unprotected. The addition of glycerine overcomes this objection so thoroughly that I predict calendula will become a very common and favorite drug. As soon as the inflammatory tendency was reduced or controlled, the glycerin was reduced one-half and water substituted, because I find at certain stages glycerin becomes as unsuitable as boracic acid, that is irritating.—*Eclectic Review*.

WILD OATS.

(The following is clipped from an article by Dr. G. Frank Lydston, on "The Social Evil" in the February issue of the *American Journal of Clinical Medicine* and every one can see that his picture gallery is but a sample of what is possible.)

Some Familiar Pictures.

Picture 1. A certain health-resort—the sink-hole into which a large part of the immorality, crime and disease of America is dumped—has a hundred-thousand visitors annually. Of these a large proportion go there to harvest their wild-oats crop. Visit one of the government "rale-holes," defender of wild-oatism, and tell me how you like the "harvest."

Picture 2. A hospital. Here is a group of locomotor ataxics; there is a group of deformed children; yonder a girl in her teens is nursing a child who is not wise, for it knoweth not and ne'er will know its father. More wild oats.

Picture 3. An asylum. Here is a case of general paresis; there a melancholic; in the next room a maniac can be heard shrieking. Wild oats a-plenty!

Picture 4. A jail, full of drunks, criminals, bums. Wild oats again!

Picture 5. Another jail. Here are wild oats of the striped, short-haired variety in abundance!

Picture 6. A foundlings' asylum full of children, cursed, before they were born, by society's cruel term, "bastard." Poor little wild oats!

Picture 7. A doctor's office, full of anxious men, and still more anxious women, who do not gossip much about ailments, even among their intimates, save where the women are told by the doctor a euphonious fairy-tale for home use. Wild oats growing in the dark!

Picture 8. A brothel. Around the "reception room" sits a collection of poor devils, many of whom were originally sacrificed in aiding our youth to sow its wild oats. They are now getting poetic revenge, as the doctor knows!

Picture 9. A beautiful girl found dead in the river one fine

morning. What was she doing there? Washing the wild oats out of her life!

Picture 10. A pistol shot rings out in a gambling hell—a man falls dead. The gun was loaded with wild oats!

Picture 11. A bank cashier flees to Canada. He is looking for a market for his wild oats!

Picture 12. A series of deserted babies are found in the snow. Who planted them there? Wild oats grow in the snow?

Picture 13. A wife, surrounded by hungry children, is sitting weeping, eating her heart out. John is on a drunk, he has whipped her, is in jail, or has deserted her. Wild oats are not a poultice for a broken heart; they are not food for babies; they do not buy coal nor cover nakedness!

SUNDRY CASES FROM PRACTICE.

By Dr. G. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from the *Leipz. Pop. Z. f. Hom.*, Oct. 1, 1908.

I. Chronic Congestion of the Liver.

"I have just come back from a long journey to the west coast of North America, and I have brought back from that or some other place an obstinate *liver disease*."

I was thus addressed by a patient about fifty years old, whom I had not seen for about two years. She also looked as if she had jaundice. A further examination showed she had congestion of the liver; the lower rim of the liver was swollen hard, and the patient had subjective symptoms sufficient to show there could be no error in the diagnosis.

"But," the patient continued, "I have, at the same time, brought back with me the remedy for my cure. The dwellers in the far west use it in all diseases of the liver fare well from it. They use it as a simple decoction. I might have done the same, but I thought it best to let you manage the cure under your direction."

The patient then showed me a lot of dried up roots, which I did not immediately recognize. As I do not like to use unknown remedies, I asked the patient to return next day during my office

hours, to which she willingly agreed. By that time I had found out that the roots were those of *Asclepias tuberosa*, and, as this remedy, according to our provings, is not indicated in congestion of the liver, I advised the patient against using it. But she was not to be deterred from her intention. "I am perfectly convinced of the efficacy of the remedy. Get a homœopathic preparation made of it, and try it on me. If the experiment does not succeed, I shall not blame you for it." A pharmacist of this place made a tincture of the dried roots; and I made from this the first decimal dilution and the patient took two drops of it in the morning and evening. The result was surprising. In three weeks all the symptoms had disappeared, and the patient was perfectly cured.

I will enter on the procedure in this case. It was not executed according to the pure homœopathic method, but proved, at the sick-bed, or, as we are accustomed to call it, *ab usu in morbis*. But it might be worth while to further examine the matter.

II. Concussion of the Spine.

An old lady, eighty years of age, who was not suffering from disease, but only from the debility due to age, had fallen on her buttocks. There was no lesion, only a slight contusion of the left buttock. Without calling in the doctor, she had contented herself with making compresses of *Arnica* on the part affected. But on the following day there were symptoms which, in an older person, were rather serious: photophobia, numbness, and disturbances in the motory organs and the kidneys. I was called in and prescribed *Hypericum perforatum* 6, and in four days everything was again in order.

IV. Nocturnal Enuresis.

This took place again in the family of my janitor, who has now given me his full confidence. The boy and the girl were both seized with it at the same time. At first the parent merely scolded them or gave them a more or less severe punishment. They were also waked up at night to urinate. But as all this proved of no effect, I was consulted. I prescribed *Belladonna* 6. and *Nux vomica* 6. in alternation, twice two pellets dry on the tongue. In a week the trouble was removed and has not since returned.

Dipsomania.

A man, fifty years of age, had gradually become a drunkard, and without really becoming entirely intoxicated, was, nevertheless, continually inclined to drinking wine, because, as he said, he was always thirsty. His wife, alarmed at this, consulted me privately. As this constant thirst seemed to me to be suspicious, I suspected diabetes mellifica, and I therefore had his urine examined. But there was not the least trace of sugar; nor were there any foreign constituents in the urine. A special treatment was not to be thought of, as the man would never have confessed his vice. In the meantime he continued drinking, until there were symptoms of digestive trouble. So he came to my office and complained of heartburn, which was very troublesome. Of course, I advised him to limit his consumption of wine, which he did more or less. With *Nux vomica* and *Graphites* I soon succeeded in checking the heartburn. As I had thus gained his confidence, I advised him in order to prevent a relapse, to take morning and evening, a dose of *Passiflora incarnata* in the tincture, twenty drops for a dose. He did not note my fraud and willingly agreed. The treatment, according to my advice, was to be continued for two weeks. In two weeks he returned and said: "I feel myself radically cured, and what is strange, I do not feel any more thirst; but have really a distaste to wine."

"I hope the cure will be lasting," I replied. As his wife reported to me, he has entirely overcome his vice.

PROVINGS OF CRATÆGUS OXYACANTHA.

Cratægus oxyacantha is the latest drug proved by the men of the University of Michigan, who are doing good work in that direction. The following concerning the *Cratægus* proving is taken from the *University Homœopathic Observer* of January:

"*Cratægus oxyacantha* is of the natural order—Rosaceæ—common name, Hawthorn, and is found in Europe and North America. The tincture is prepared from the fruit."

"The drug was started on December 1st, and continued for fourteen days. For the first four days the 3x preparation was administered, two discs every hour, then 2x in the same way for

two days, and for the remainder of the proving the tincture was given. For two days five discs every hour of the tincture were given, then increased to every one-half hour; the drug was then administered in liquid form in water. Thirty drops of the tincture in water were given four times a day, and finally forty drops for four doses, two hours, apart were administered."

"Under the administration of the 3x and 2x preparations no symptoms appeared. The pulse tracings were taken daily with no evidence of change in character or rate. The effect of the drug became apparent when the tincture was given. On the second evening of the administration of the tincture in five drop doses, every hour, prover No. II noticed attacks of dizziness, which came on only to remain for a few minutes and then pass off, and at the same time the pulse rate became lower with no apparent change in the character of the pulse, as shown by the tracing. Prover No. I experienced no dizziness, but the pulse became slower and firm."

"It seemed advisable to increase the size of the dose and allow a longer period to intervene between administrations of the drug. A marked decrease in the rate of the pulse was noted by both provers. This symptom came on in the evening, and provers suffered from lack of air so much as to make it necessary to open the windows. The pulse rate became as low as 56 per minute and much weakened. A pulse tracing could not be taken at that time, but undoubtedly would have been of value."

"Examination of the urine showed no deviation from the normal, and the blood examination was normal."

"From the two provings made it would seem that the action of *Cratægus oxyacantha* is exerted almost entirely on the heart muscle, and may be compared with *Digitalis*, *Strophanthus* and *Adonis vernalis* (the last named was proved in hospital last year). The action of *Cratægus* is less powerful than *Digitalis* or *Strophanthus*, and is much more prolonged in its effects than *Adonis vernalis*, which exerts its action through the nerves. It would seem to be best indicated in subacute or chronic heart cases where the effect upon the heart muscle is desired. The dangers attending its administration, as a palliative, do not appear great."

CLAUDE A. BURRETT, PH. B., M. D.

OBITUARY.

Henry C. Allen.

Dr. H. C. Allen departed this life on January 22. He came of the family that produced Ethan Allen, the commander of the "Green Mountain Boys" of the American Revolution. He was born at Brantford, Ontario, Canada, in 1836, and was in his 72d year when his death occurred at his late home in Chicago. The best obituary he, or any physician could have, is contained in the following lines, taken from a letter by Dr. Stuart Close, read at the Memorial Meeting held February 2:

"Never was there a man more free from petty professional jealousy; never a man more quick and generous in his recognition of the merits and attainments of his colleagues."

BOOK NOTICES.

Taber's Pocket Encyclopædic Medical Dictionary. Edited by Clarence W. Taber, Associate Editor Nicholas Senn, M. D. 418 pages. Gilt edges. Flexible. C. W. Taber, Publisher, Chicago.

A book of the standard "pocket size," and about one inch in thickness, compact with medical lore. The first part is the dictionary proper, in which the word is given, its pronunciation spelled phonetically, the Greek or Latin word from which it is derived with their definition, thus:

Sarcoma (sar-ko-mah) *Gr. Sark, flesh + oma, tumor.*

Following the dictionary proper are fourteen sections covering Electro-medical, Operations, Instruments, Poisons, Dislocations, etc., Wounds, etc., Emergencies, Diagnosis, Examinations, and other similar things. The words defined are numbered, the last one is 3,750. The chief criticism of the book is that there is no running heading; this is especially missed in the second part of the book. The book is a handy one and well arranged, though "treatment" appended to the definition of a word may seem out of place to some readers, especially as doctors sometimes disagree on the subject.

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EDITORIAL BREVITIES.

ONLY GOSSIP.—This is only gossip so thin and unsubstantial that a breath of virtuous indignation would blow it away. It was at a medical meeting not long ago where the weighty men read papers and the others of heft discussed them. One of these men had read his paper and resumed his seat, when his friend in the next seat remarked—gossip doesn't pretend to quote the exact words, only the substance—"that was perilously near Homœopathy wasn't it?" The other man indulged in as near an approach to a wink as a weighty man may indulge in, as he replied, "Yes, but you know we are going to appropriate it, we've got to, but we will not recognize Homœopathy, never!" At this point our medical Pepy's account of what was heard ceases.

HOMŒOPATHY AS IT APPEARS TO THE SCIENTIFIC.—Dr. Charles Wallis Edmunds, Professor of Materia Medica and Therapeutics in the University of Michigan, delivered an address on "Therapeutic Progress" at the opening session of that University that is reprinted in the J. A. M. A. (Feb. 13th). Sweeping down the ages he came to Homœopathy and said, "There can be no doubt but that this school performed a great service to medicine in clearly demonstrating of what recuperative powers Nature is capable, if she is not meddled with" and with this recognition of service rendered marches on to other and more important things. Sad for the would-be amalgamators, isn't it? But how much sadder to the shades of the "fathers of medicine," for it justifies Addison's wish that the doctors would give the people a rest for a few years so that the nation might be re-peo-

pled. The practice of that day was quite as scientific in the eyes of its practitioners as are the methods that hold the centre of the stage for the passing moment. Homœopathy remains unchangeable, harming none, helping many.

INFECTIOUS AND CONTAGIOUS.—Some one who signs himself "Student" asks the editor of the J. A. M. A. "What is the difference in meaning between 'infectious' and 'contagious?'" The learned editor gives over half a column of fine type in reply that may make "student" rub his head if he be a student or chortle if he be a wag. The editor tells him that dictionaries are "behind the times regarding these words," which is one on the dictionary makers. Also, that usage among "leading" doctors must be the "lexicographers authority." Goodness, what an opening for a scrap! Also, "infectious" is applied to diseases caused by "bacteria, certain fungi and the protozoa." What's left but the "peach with an emerald hue?" Also, "A contagious disease is one which is transmitted with greater or less ease from the patient to another person." Also, "'Infection is also used synonymously with infectious disease.'" Now, if you don't know the difference you can go to, some other authority, Noah Webster, for instance. "Contagion" comes from the same root as "contact." "Infection" in its Latin root is "to stain" to "dip into." Therefore, bedding may be infected by a small-pox patient and the contagion spread to others who afterwards sleep in that bed. Next!

OPIUM SMOKING.—Some years ago a British Commissioner reported on the effect of opium on the inhabitants of India. Their Report was not regarded favorably by many persons at the time, as it was so contrary to the preconceived notions of the Western races. In effect, as we recall it, the opium smokers enjoyed better health, were freer from disease and better workers, than those who did not use the drug. Now comes Dr. A. S. Rochester (J. A. M. A., Jan. 30), Medical Inspector, Philippine Islands, writing of the treatment of opium fiends, at the institution established by the Government at San Lazaro for that purpose. He writes: "One of the most interesting and surprising facts discovered in examining the new patients as admitted was the good physical condi-

tion of those who took the drug by the smoking method. Many of them, although giving the history of having been opium smokers for from five to ten years, were really of almost robust physique and had been doing hard manual labor every day up to their entrance into the hospital." Those who adopted the Western method of the hypodermic syringe were wrecks, a "decidedly different class," physically. Well, there are the facts, from British and from American sources, but what is to be done with them? One fact, though, seems to come near home and that is, the administration of a drug by the easy, quick acting hypodermic syringe is one to which the human body does not take kindly. Perhaps it holds true in the administration of medicine to the patient.

THE DEMAND EXCEEDS THE SUPPLY.—There are many places in the United States, Canada and the United Kingdom that are asking for homœopathic physicians: there are, probably, ten thousand or more comfortable towns in those countries where a good man could easily build up a very satisfactory practice and a respected place in the community. At the same time the country has a super-abundance of scientific physicians, indeed, our esteemed *British Homœopathic Review* writes on this point, "we are told, that in Chicago the average income of allopaths is less than 100 dols. a month." One hundred dollars a month to pay rent, expenses and living charges in Chicago is about rock bottom for a physician. It looks as though it would be good business policy for young men to cease vying with the scientific young graduate, who, it seems has largely over-stocked the market, and come out as homœopathic physician with his little pills, cleanliness, sunshine and air in the bed-room, and simple diet, with the gratifying success that always attends such practice. Pure Homœopathy is not an abstruse science or one difficult to learn. To be sure the Examining Board stands in the road with its host of practically useless questions, but once past this barrier the path to a simple, useful and respected career is assured to an honest man endowed with common sense. It is evident that the world is surfeited with what is known as scientific medicine and would welcome plain Homœopathy if it could get it. There may be more money in scientific practice (though fewer cures) than in plain Homœopathy, but there are not enough rich patients to go around.

"DAUD."—The snake at the Academy of Natural Sciences, Philadelphia, labeled by Hering "Lachesis mutus—Daud—Surinam—Hering" is the one whose venom was proved. Some inquiry has been made as to the meaning of the two middle words on the label. This, the official journal of the Brazilian homœopaths, "*Annæ de Medicinæ*" answers in its last issue, January. Lachesis mutus is the name given the snake by Dr. Daudin, a French physician. That particular snake was caught in Surinam, W. Dutch Guyana, or as we write it Dutch Guînea, where the snake is found at its best—or worst, if you prefer.

THE DIFFERENCE BETWEEN LACHESIS M. AND BOTHROPS LAN.—In a letter to the *Homœopathic World* (February) Dr. Nilo Cairo, editor of the *Brazilian Homœopathic Review*, makes a very clear cut distinction between the action of the *Lachesis lanceolatus* or *Bothrops*, whose venom was recently extracted at the Bronx Park, and the *Lachesis mutus* of Hering. "The venom of the *Lachesis lanceolatus*," he writes, "as it has been verified in Brazil in poisoning" (it has never been proved), "is like the *Crotalus horridus*—that is, it is a hæmorrhagic one"—"while the venom of the *Lachesis mutus* of Hering, our old *Lachesis*, is, as we know, not a hæmorrhagic one, but a neurotoxic one. Therefore the new drug—will not respond to the indications of the old *Lachesis* of our materia medica; it would respond better to the indications of the *Crotalus horridus*." This, also, disproves the idea held by many that all snake venoms are essentially the same.

QUARANTINE.—Writing on "Yellow Fever and the Mosquito," Dr. J. H. White, Surgeon, U. S. Marine Service, New Orleans, says, (*Jour. A. M. A.*, Dec. 26): "Broadly speaking, however, what we have as yet done to prevent yellow fever is little, save to quarantine our borders, a performance which, looked at logically, is on a parity with shutting up all honest people to protect them from thieves instead of eliminating the thieves." That goes right to the heart of quarantine as it is practiced to-day. Dr. White would clear away yellow fever and other malarious diseases, by exterminating the mosquito and this can be done only by clearing away all stagnant water, even to that contained in old cans

and in other refuse found on vacant lots. This procedure would do away with the mosquitos and the disease, but whether the conditions that breed the mosquitoes do not also breed the disease is one that need not bother humanity. It is as it is with tuberculosis—do away with the conditions and the bacilli will cease from troubling.

MERCURY AND TUBERCULOSIS.—Dr. R. Hayden, U. S. N., contributes a paper to the October number of the *U. S. N. Naval Med. Bulletin*, Washington, D. C., on the treatment of three pulmonary, and one pulmonary and glandular, cases of tuberculosis by mercurial injection. In one case there were advanced tuberculous lesions of both lungs when the mercurial treatment was begun. The patient had been given up, not only by his relatives and friends, but also by the hospital staff. He was bedridden, and the attending physician expected his death within a month; yet within two months all his symptoms had disappeared, he was able to walk around by himself, although eighty-three years of age, and had gained thirty-three pounds. He is now presumably well and Hayden expects him so to continue. Mercury seems to be coming into vogue again, for Dr. J. B. Nufield, *Indian Medical Gazette*, Calcutta, October, relates that the striking resemblance between secondary syphilis and small-pox induced him to give *Hydrargyrum, cum creta*, mercury, in ten grain doses with marked benefit.

CAUSES OF TUBERCULOSIS.—Dr. F. A. Pineles-Montague, of Drury, N. D., has never heard of the bacilli of tuberculosis, or of the late Congress of Tuberculosis, or, if he has, ignores them, for he writes to his editor, Ellingwood: "Sedentary habits, masturbation, sexual excesses, intemperance, want of proper ventilation and fresh air, breathing impure air, materially assist in the production of phthisis. Dampness of the soil, a sudden change of climate from heat to cold, excessive moisture in the atmosphere, are predisposing causes to phthisis. Severe mental depression from worry, grief, anxiety, or over-studying predispose to phthisis." According to the gentlemen who are urging the war against the Great White Plague "the sputum" of the tuberculous is the "one sole and only cause." Now, who is right?

THE "INVASION."—Hon. J. Sloan Fassett is quoted by the excellent *Monthly Bulletin, New York State Department of Health*, one of the few really readable Health Board publications (probably because our Dr. E. H. Porter has a hand in its get-up), on the "Suppression of a National Disease—Tuberculosis." He first pictures what would be done if the country were threatened by a foreign foe, and then continues, in the following blood-stirring, not to say, curdling, words:

"But we have such a foe, which has already made his lodgment in our midst, intangible in a way, invisible to be sure, but the ravages of his hostility are manifest everywhere. His battalions are massed in our slums; his masked batteries are parked in our theatres, our factories, our public thoroughfares; his videttes are on all our hills; his outposts are in all our meadows; his scouts and skirmishers are in every household. While there are no gleaming bayonets, while there are no flashing swords, while there is no roar of artillery nor rattle of musketry, the moans of the wounded, the groans of the dying, the mourning for the dead, are everywhere in evidence."

Pure air, plenty of good, nourishing food, pure water, sunshine and not too confining work, it is said, is needed for a cure and presumably for prevention. How may the country arrive at this state, Mr. Fassett?

STRAIGHT FROM THE SHOULDER.—The *Hahnemannian Institute* (January), published by the undergraduates of Hahnemann College, contains an address delivered to that body by Dr. Ralph Bernstein that is good reading. Here is a clipping from it: "I believe there are some of you who would possibly like to enter the allopathic school after finishing your course here, why, I do not know, I cannot possibly understand, but I do know that you might possibly think that you are nothing, cannot ever be anything, that you have no scientific standing, and that you are in the minority. Gentlemen,—there are some of us who fear to be in the minority even if they are in the right, but we are not in the minority, we are in the majority, because we are in the right, and 'Right is Might,' and 'Might' wins every time. If any of you wish to enter the old school after leaving here, you may do so, that is your privilege, but do not forget if you do that, that you

are retrograding, that you are taking up an old science instead of following the new, the tried and true."

Dr. Bernstein is a graduate of the University of Pennsylvania; no old school medical degree stands higher. Good for "old Hahnemann!"

ABOUT CURIOSITIES IN MEDICAL LITERATURE.—You tackle a very long, very learned and very dignified article in a medical journal that will only mention Homœopathy with a pitying shrug of the shoulders (a journalistic shrug, O, literal reader): you wander on and ever and anon you run across bits of science like "calcium phosphate," otherwise *Calcareæ phos.*, as being "useful in the case of wasting of bone, as rarefying osteitis" and similar things. Now one's curiosity is aroused as to whether this is borrowed plumage without credit, or have the feathers been cultivated and grown by the aid of gray matter and the midnight oil? That virtue in *Calc. phos.* is very old in homœopathic practice and the man who would gravely give it to his brethren as something new would be curiously regarded. Why cannot these men fairly acknowledge the source of so much that is therapeutically good instead of these undignified and absolutely unscientific methods?

DRUG STRENGTH.—The experience and methods of the Eclectic pharmacists do not agree with the rules that are laid down in our new *Institute Homœopathic Pharmacopœia* which prescribes a uniform 1-10 drug strength. Eclectic pharmacy inclines to the Hahnemannian pharmacy which in a manner individualizes plants and treats them accordingly. On this point Dr. Finley Ellingwood (*Am. Jour. Clin. Med.*), writes:

"The manufacturers long ago discovered that the use of an arbitrary amount of alcohol to a fixed proportion of water with which to extract the properties of all medicinal plants, was an error; that the menstruum must vary very materially with different plants, and with the same plant in different stages of its growth, and whether green or dry."

TOO MUCH ANTISEPSIS.—Dr. Maynard A. Austin thinks that there may be an "excess of surgical cleanliness" (*Clin. Med.*):

"I can look back," he writes, "and see many cases which I believe to have been infected directly by excessive cleanliness; that is, the excessive scrubbing produced a *locus minoris resistentiæ* and the digging in the skin opened up and stimulated to growth pockets of bacteria that would have been innocuous under other circumstances. It requires several minutes' contact for alcohol, ether or carbolic acid to affect certain pathogenic bacteria, and the time will undoubtedly come when our extraordinary manipulations will seem as crude as the application of iodoform. If we have an infected wound a little powder on the skin is not going to kill the infection. If we have an infected area on the outside a little ether or a little alcohol is not going to kill the germs in the time it is usually allowed to remain; that is, it is commonly poured on and immediately wiped off."

THE TWO CLASSES OF THE WORLD.—In his address to the medical graduates at the Middlesex Hospital, London, Rudyard Kipling began as follows: "It may not have escaped your professional observation that there are only two classes of mankind in the world—doctors and patients. I have had some delicacy in confessing that I have belonged to the patient class ever since a doctor told me that all patients were phenomenal liars where their own symptoms were concerned."

TO "STAMP OUT" CONSUMPTION.—New York has a glittering possibility of getting a windfall of twelve million dollars from some wicked corporation. The money is not yet collected but several eminent physicians of that State and City have suggested that it be turned over to some one to use in the war now waging against the coma bacillus of tuberculosis, because they believe "it would stamp out consumption in this country in a few years." They are very optimistic but then anyone could be so with the prospect of such a sum to handle. It would be a juicy peach but then it is not ripened yet and some pesky bug may eat into its vitals before it does, so what's the use of speculating about it?

THE "EARLY DISAPPEARANCE" OF TUBERCULOSIS.—Commenting on the prediction of "a distinguished physician" that "tuberculosis as a scourge of humanity" will soon disappear, our es-

teemed contemporary *The Journal of the American Medical Association* remarks that the present outlook hardly "warrants the confident expectation" in view of the fact that the whole civilized world is more or less infected, to say nothing of the animals. "The universal extinction of tuberculosis will evidently prove a gigantic task; but the limitation of its ravages by every possible means is none the less an imperative and profitable duty." The task bids fair to be something like that to which Sisyphus was set, which, at last accounts, was still unaccomplished. But then it is "imperative," etc. The danger it may be deduced from the bulletins of the generals who are conducting the campaign will not have passed until the very last bacillus has received its lethal bath, for one little coma would soon repopulate the world and the stone would roll down hill again. Right in the same issue of the *J. A. M. A.* is an abstract from the big English medical journal, the *British Medical Journal*, in which the following statement is made: "It is estimated that over 20,000 persons died in the United Kingdom last year of consumption caused by catarrh." Well, well! so catarrh is also a cause. Perhaps further investigation will show still other causes, poverty, for instance.

BLACK TONGUE.—The *Lancet* says that "the pathological condition known as 'black tongue'" has been discovered by a French doctor, M. L. Bizard, to be due chiefly to the use of hydrogen peroxide, as a mouth wash. "As hydrogen peroxide has now come into general use as a mouth wash these observations are of great interest and value. Apart from the blackening of the tongue which may result from too free use of this preparation the question arises whether the general employment of antiseptic mouth washes and dentifrices is advisable in healthy persons."

THE PROPRIETARY MEDICINE PROBLEM.—One esteemed exchange recently "exploded" several proprietary "cures," the ingredients of which resembled some of our "regular" friends' prescriptions, all save one "Catarrh Cure," which "consisted of sugar" only. Another exchange related the details of a meeting of physicians and pharmacists to squelch the proprietaries. Then comes a discouraged or cynical druggist who tells of the prescriptions calling for "proprieties," one he mentioned called

for four different ones. Surely our "regular" friends have their hands full in "putting down quackery." The troubles in Homœopathy, like the gentle "pharmacopœia question," are as zephyrs to tornadoes compared to those that rage among the good men of the old school.

NEWS ITEMS.

The members of the Board of Health, of Arland, Wis., have been fined \$25.00 each by the State Board of Health "in regard to communicable disease." Kind o' funny!

An English physician, Dr. H. B. Dickinson, of Hereford, was prosecuted by the National Health Authorities for not at once reporting a case of scarlet fever. He suspected the disease, took the needful precautions, but did not report it until certain of its nature. He "barely escaped with an acquittal." It is bad for the plain doctor when the medical high-ups get to feeling their oats too much.

Dr. Howard Powell has removed from Glenside, Pa., to 121 S. 51st St., Philadelphia.

Dr. Harvey Farrington has assumed charge of the practice of the late Dr. H. C. Allen, Chicago. He was associated with Dr. Allen for some time before Dr. Allen's death.

A bill has been introduced in the Illinois Legislature giving health boards unlimited power in the matter of vaccination, to vaccinate everybody whenever they please; also another into the Pennsylvania Legislature to forbid the marriage of consumptives. Let us hope they will receive decent and Christian burial in a deep grave.

The *Medical Councillor* and *The American Physician* have consolidated with Dr. Dale M. King as editor and publisher. The first number puts up a fine front and the RECORDER wishes it success and prosperity.

As everyone knows, the *Medical Century* has evolved into the *Journal of the American Institute of Homœopathy*, with the Medical Century Publishing Company as publishers and Dr. W. A. Dewey, editor. It is an improvement in shape and general get-up over its predecessor, a very handsome journal, indeed. Congratulations! Commodore.

PERSONAL.

"Pat, here's a dollar for a real big lie," said Mr. Fresh. "Sure, 'tis the fine gentleman ye are:" replied Pat, reaching for the money.

"Did the prisoner hit you with malicious intent?" "No, sir, he hit me wid a brick."

The sensible are ever ready to be amused, the others seek amusement.

Anyone can heave a brick-bat at Congress and feel virtuous—so, many do it.

"When woman is educated she is less inclined to marry," remarks Mr. Wiseman. Well?

You cannot eat your cake and keep it when you are sea-sick.

The N. Y. *Sun* sues *Life* for libel. *Gosh!* Or is it josh.

The philosopher thinks that a skeleton in the closet is better than one in the open.

"A place for everything and everything in its place." Enforcement of last clause would disturb things.

The Latin takes himself seriously, the Saxon doesn't—show it.

It is honest to smoke stogies but not to say "they are just as good," etc., etc.

"A ready flow of words is needed to be a successful palmist." Inside directions in the art.

"After you," remarked the Mephistopheles to Cupid in *Life*.

Cohen remarked that marriage to a rich girl is almost as good as a failure.

Many a business man who cannot hear the music in "Break, break, break, on thy cold gray stones, oh, sea!" could appreciate it if spelled "broke."

The Scotch widow chose for her second one who was not of the kirk, so she would not "ha' twa in heaven."

Which is right, "Talking through your hat," or "into your hat?" An English journal puts it the last way.

You will get more replies from a "Wanted, one to enlighten the world," than for "one to shovel ashes."

French *laissez faire*. English, "Let 'er rip."

"I have the pleasure of bringing to your notice a rare disease."

The world has great respect for the man, high or low, who really *knows* something.

Life says that the soul cannot be cut by the surgeon, dosed by the doctor or buried by the undertaker, but may be jollied by the preacher.

If doubtful whether the paint be dry touch it with your finger.

"After life's fitful fever he sleeps well." Sure?

The HOMŒOPATHIC RECORDER is only \$1.00 a year. Why not send in your subscription?

THE HOMŒOPATHIC RECORDER.

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No. 4

THE MAKING OF THE SMALL DOSE.

If one starts to consider the question of the infinitesimal dose from the point of view of the mathematician he soon arrives at the "Lake Superior" or the "Pacific Ocean" stage, or worse, which, while mathematically correct, is erroneous; a stage where figures tell the truth yet lie, a stage that would have delighted the old tricksters of logic.

Take that prince of remedies for the "rheumatism" that originates from damp conditions, *Rhus toxicodendron*, for illustration. The fresh leaves are collected when most poisonous, pounded to a pulp, and then, "two parts by weight of alcohol are added" and allowed to macerate for eight days, then poured off, filtered and you have *Rhus tox. θ*, of 1/6 drug strength.

Of this tincture one drop is put into a small vial and ninety-nine drops of alcohol added, the cork put in, and the vial held in the fist, which is then pounded with "twelve powerful succussive strokes" on a hard cushion. This pounding has done for the drop of *Rhus tox. θ* what the prolonged trituration with milk sugar does for an "insoluble," "potentized" it—made it into *Rhus tox. ι*. One drop of this is put into another vial (you may start with more than one drop of the θ , in which case you increase proportionately amount of alcohol), and ninety-nine drops of alcohol added, and the pounding, or "potentizing," process again repeated, and you have *Rhus tox. 2*. And so on up to the 30th or as "high" as you want to go. This is the process directed by Hahnemann. The whole process to the 6th potency has required one drop of the θ to 599 drops of alcohol.

If the matter be considered mathematically, and after the methods of the "Lake Superior" and "Pacific Ocean" reasoners,

the first decimal has required 100 drops, the second 10,000, the third 1,000,000 drops, and so on until in a very short time we are at their favorite *reductio ad absurdum*. To potentize every drop of a first decimal up to the 6th in the manner described above, allowing one-half a minute to each potency, and working twenty-four hours a day, including Sundays, would require the work of one man for about 9,610 years. This style of argument, while as accurate in figures as is the "Pacific Ocean," etc., style, is really no argument, though quite as valid as the silly attempt to discredit the homœopathic potency by arithmetical progression. The 6th can be made and made accurately in a few minutes.

But in their minds they see nothing but "dilution," and ignore the vital element in the matter, "potentization," the process by which the molecules, or ions, or whatever they are, of the one drop are absolutely united with those of the ninety-nine added drops, and the whole made homogeneous. When you reach the 6th you are in the trillions, an amount that the human mind cannot comprehend, and when you reach the 12th human language has no word for the amount, to say nothing of the 30th. Yet science has discovered the presence of the drug in the potency termed the 30th, and in some instances in the 50th.

If it were possible to find a reservoir big enough to hold the alcohol that would be required to potentize one drop of *Rhus tox.* θ to the 30th on the rule of those who use the "Lake Superior" method of reasoning, and were to drop the one drop of the *Rhus* into it, you would have what the reasoners say, namely, alcohol. In this reasoning they have left out the potentizing process and confined their attention solely to dilution by arithmetical progression, a process that mathematically leads to error even as it did Malthus. Hence, it is that "potency" is an exact term, and "dilution" an "inexact" term, as used in Homœopathy, though mistaken custom has made them synonymous.

The same line of reasoning applies to drugs prepared by trituration save that what may be done in a few minutes with liquids requires hours when the matter treated is an insoluble drug—hours and hours of careful grinding to make the molecules mingle as they should in a true trituration for prescription in homœopathic practice.

Another favorite line of the "Lake Superior" variety is the one

that asserts that a whole bottle of potentized homœopathic medicine may be taken at one time with no effect, or that children have eaten several vials from the family stock without any noticeable effect. This argument is quite as fallacious as the other. A man or child can experience no ill effects if you were to pour several buckets of water over the head, but if the same amount of water were suspended over the head and allowed to drop, drop, drop in one spot on the head, the "water torture" would drive the victim to insanity or death long before the water ceased to drop. Certain well potentized drugs would do the same if taken at regular periods for a sufficient length of time. And this is why the provings of the potentized drug are truer than those from the crude. Von Grauvogl, wasn't it, took *Arsenicum* 30th in this manner, and for a time couldn't account for the strange arsenic symptoms that beset him, until he recalled the little vial of pellets he had been constantly taking; the 30th is a veritable "Pacific ocean" in the lexicon of the men who treat Homœopathy from the arithmetical progression point of view.

A man may live through a sand storm unless the dose becomes big enough to bury him, but how long could he stand a teaspoonful from a sand-blast? It is like *Natrum mur.*; what a man shakes over his dinner would, potentized, make enough to supply the world and the planets for ages and ages. The "Austrian provers" did not believe that *Natrum mur.* had the sand-blast properties but an experiment proved that it had.

Again, a man picks up, say, the *Chronic Diseases*, and opening at random falls to reading a list of "symptoms" all set down to the action of one drug. He will find "gloominess," "melancholy," "anguish," "fear," "indifference," "equanimity," "calmness," "cheerfulness," "gaiety," "laughter," and many other contradictory things all attributed to the action of one drug, and he honestly exclaims "nonsense."

But has he never seen an average, quiet, well-ordered man take a drink of whiskey, and then another and another, and mount from cheerfulness, to hilarity, to boisterousness, to a desire to "lick" any and every one, to pathos, tears, wretchedness and gloom? One drug did it all, and the effect of that drug, owing to daily provings, are quite well known, notwithstanding the apparently wide divergence of the symptoms it produces. An ex-

pert may even differentiate between a proving of whiskey, beer, or wine, though at first glance the effects seem the same. So with symptoms-lists as they are written. At first they look monstrously similar and contradictory, but to the expert they soon stand forth as distinct as two men, each of whom may laugh or wail, fret or boast, in apparently the same manner.

It is well sometimes to go over the A, B, C's, of Homœopathy to freshen us up—to do the "lest we forget" act, for sometimes we do forget.

DIABETES MELLITUS.

By Dr. Agostina Mattioli.

Mr. P. D., tenor opera singer, 52 years old, came to me for the first time April 14, 1906, with the following history :

There was diabetes in his family ; he himself began to have the first symptoms of the disease some years before, and as he was then travelling through the principal cities of the world, he had consulted the best regular school specialists wherever he went, but with no improvement in his condition. He wished to try Homœopathy, though doubting that he could be helped at all. I say this because some of our regular school colleagues declare when a difficult case given up by them has been cured by Homœopathy that the case was cured by faith, and not by medication.

The patient looked very bad. Skin a dirty yellow color. He felt very weak and discouraged. There was thirst and polyuria. Urine frothy, pale in color, uric acid slightly increased, albumen present, but only in traces, sugar in proportion of 3.27 per cent.

After a thorough study of all the symptoms I prescribed *Sulphur* 200 (a dose every other day), and under its action he improved gradually, until February 7, 1907. At that time I found the indicated remedy to be *Phosphoric acid*, which I gave him (3d) morning and night. On the first of March he reported himself as feeling perfectly well. Urine examination, *normal*.

Since that time a complete urine examination has been made once a month, and it has been always normal.

May we speak of a cure in this case about fifteen months after the disappearance of sugar in the urine? I am inclined to think

so, considering that the patient has been working hard all this time without suffering any discomfort whatever, and considering that he has not confined himself to the usual menu of diabetic people, but has eaten also some starchy and saccharine articles of food, such as bread and potatoes, etc.

Rome, Italy, Jan. 20, 1909.

DIPHTHERIA.

By Dr. Martin Baltzer, Stettin.

The following is a summary of the whole of our literature treating of our homœopathic treatment in opposition to the use of the diphtheritic serum, with a resumé of a similar article which appeared in Volume XXVII, of the *Zeitschrift* of the Berlin Society of Homœopathic Physicians. I have summarized it under the following heads:

I. (a) The antitoxin serum is not a specific remedy in diphtheria; it fails to act in many cases.

(b) The serum not only acts injuriously with many patients that have diphtheria, but has directly caused the death of children where it was used as a prophylactic when the children were not sick.

II. (a) Many allopathic physicians are opposed to the use of the serum, and do not use it in their practice, not only because they do not believe it to be of any use, but because they believe that the serum inflicts severe injury on the living organs.

(b) The homœopathic curative method excels in its effect the serum therapy.

III. The allopathic methods of treatment of physicians who do not use the serum.

The whole system of Behring rests on the supposition that the Lœffler bacillus is the cause of human diphtheria. This supposition rests on the following assertions:

1. That the bacillus is present in every case of diphtheria.

2. That all cases of diphtheria where the bacillus is not found are altogether harmless and are not to be considered as real diphtheria.

3. That the cases of bacillary diphtheria in which the serum

fails to act, rest on a mixed infection of streptococcus against which the serum is ineffective.

4. That the bacillus is only found in the genuine diphtheria and in no other disease.

5. That only on the basis of a positive or negative declaration as to the presence of the bacillus are we in position to distinguish between the genuine diphtheria and the so-called scarlatina diphtheria.

All these theses have already been refuted and have been recognized as erroneous, and this by no means by intriguing opponents of the serum therapy, but by adherents of the same who are above all suspicion.

As to No. 1, Loeffler himself has not succeeded in finding the bacillus in all cases of clinically diagnosed diphtheria; he has not reached more than the assertion of the possibility that the bacilli represent the poison of diphtheria. The bacillus of Loeffler could not be found in 32.5 per cent. of the New York cases investigated by Roux and Yersin; nor in 36.2 per cent. of those investigated by Martin; nor in 23.2 per cent. of those by Baginsky; nor in 25 per cent. of those investigated by Loeffler and Struebing. The official report of the sanitary bureau of Prussia in the year 1902 had to admit that, according to the report of the Hygienic Institute in Koenigsberg, Prussia, out of 1,789 examinations only 864, thus not even 50 per cent. gave a positive result. All the reports which go into the sanitary surveillance of diphtheria with any minuteness, agree that the use of Behring's serum as a prophylactic or as a remedy is in no way able to overcome the disease; on the contrary, it is necessary to insist with all emphasis on segregation, disinfection and the other requisite protective measures.

As to No. 2. According to the report of the German investigation of cases, out of 1,059 cases of diphtheria where there were no bacilli, no less than 159 cases, equal to 15.7 per cent., resulted fatally, while the mortality in the bacilli cases amounted to 14.1 per cent.

As to No. 3. The other assertion of Behring that the putrefaction, gangrene and the septic character of diphtheria is not caused by the Loeffler bacillus, but by the joint action of the streptococci has been proved erroneous by the investigations of Heubner, Ranke, Riese and others.

As to No. 4. Loeffler's bacillus has not only been discovered in any number of diseases, but also with persons who were perfectly healthy.

As to No. 5. The investigations of Ranke, Stoose and others have shown that Loeffler's bacillus is found in scarlatina with a varying frequency, by Ranke in 55 per cent. of all cases, while its presence did not call out any of the clinic symptoms of diphtheria.

How, then, is it now about those statistics which should show the value of the curative serum?

Prof. Stoerensen declared in the year 1898 on the basis of his experience, "The serum is certainly not a miracle-worker which will entirely transform the course and the scope of diphtheria."

Prof. Koths (Strasburg) on the basis of his statistics came to the cautious conclusion, "The curative results from the use of the serum in the first two days of the disease show no difference from the results obtained without it."

The statistics from the Blegdam Hospital in Copenhagen show that there could not be found any statistical proof of the efficacy of the serum.

Prof. Baerget, of Lausanne, from the year 1899 till 1905 treated 547 cases of diphtheria in which the diagnosis was ascertained by bacteriology, and 365 cases were treated without the serum with two deaths, and 166 cases with serum giving fourteen fatalities. He does not consider the serum to be a specific.

Dr. Neumann, of Potsdam, has come to this result, that he has voluntarily more and more given up the injection of the serum, because he has plainly seen that there is no difference in the curative results obtained by the serum as compared with the results by the old methods, while numerous more or less unfavorable resulting symptoms had to be accepted with the use of it. He gives a detailed account of a case treated with serum, ending fatally, and says, "The application of this so-called thorough treatment with serum was not able to save this case."

Prof. Lahs, of Marburg, writes that since he has given up the use of the serum therapy he has not had to lament any more deaths from diphtheria.

Jessen introduced in the society at Hamburg a patient who for the last four months had been suffering from a chronic diphtheria. The clinical diagnosis was confirmed by the proof of the

presence of the bacilli. The serum had given no results or had even aggravated his state.

In Trieste the absolute mortality from diphtheria in 1888 was 89 cases; in 1889, 93 cases; in 1890, 118 cases; in 1891, 182 cases; in 1892, 182 cases; in 1893, 222 cases, and in spite of the serum treatment in 1894 it mounted to 394 cases, and returned under the same treatment in 1895 to 271 cases of mortality. In spite of the generally prevailing use of the serum therapy during the last three months of 1894, more persons had died of diphtheria than during the whole year.

The total mortality in St. Petersburg in the years 1892-1893 had always been below 400, but in the year 1894 it amounted to 1,027 while in the year 1895 with the beginning of serum therapy it receded to 807, but in the next year it mounted up to 1,118, and in 1897 even to the enormous number of 1,949, thus almost double the number attained before the serum. From this there was some recession to 1,096 cases in 1899, but followed immediately with an increase to 1,434 cases in the year 1901.

Dr. Ziegelroth, of Berlin, gives the following statistics: Without serum we note a recession from 2,400 cases of mortality from diphtheria in the year 1884 to about 800 cases in the year 1888. Such a recession, such an improvement in the statistics of mortality has never been witnessed in the period of serum, as happened before its use. In the full serum year 1895 the mortality from diphtheria was higher than in the year 1888 before the introduction of the serum. The statistics of the hospitals in Berlin also give throughout an unfavorable result, the mortality being 16.4 and 16.1 per cent. of mortality.

While these facts thoroughly disprove the claim of the diphtheria serum as a universal specific, we will now consider a little more closely the claims made by its inventor and his friends of the harmlessness of the remedy. Hansemann in his address before the Medical Society of Berlin in 1894 came to the conclusion that the diphtheria serum might under certain circumstances act injuriously, as it exerts a decomposing action on the blood and injuriously affects the kidneys. In the year 1896 there appeared from the "summary of the Imperial Sanitary Bureau" an account of the injuries which had been noticed after the use of the serum. There were noticed 267 cases of exantheas, 75 cases resembling

urticaria, 103 cases of exanthema similar to scarlatina, as also *erythema multiforme*, two cases of pemphigus, 24 cases of pains in the limbs and the joints, 22 cases of nephritis, 16 cases of paralysis, 5 cases of heart disease, and 6 cases of high fever lasting for several days after its injection.

We also find four cases of death which are without any doubt to be imputed to the serum, as the injection of the serum was made with healthy children as a prophylactic. There are also to be found in literature numerous cases of severe injury and occasional fatalities from the use of the curative serum. Of the numerous cases that I have introduced in my more lengthy article on the subject I will only adduce two: Bernheim, of Berlin, reports about a girl, nine years old, who was sick from a pretty severe case of diphtheria, who had injections of the serum made at once in the first day. The child did not get over its attack any sooner than her three sisters and brothers, who were taken severely sick immediately after her, and did not receive the injections. But with the child that had received the injections there appeared immediately after this sickness a very painful inflammation of the hip joint, at first on the right side, then also on the left side, so that the child had to keep her bed six weeks more, and for almost three months she could not walk without pains.

Krueckmann, of Neukloster, reports the following experience on himself: In making an injection a patient sick with diphtheria coughed in his face, on which account he at once injected about one-sixth part of the dose that he had been injecting, into his own body. About half an hour later he was seized with a furious itching on the hairy scalp. Half an hour later there was oppression at the heart, vertigo, humming in the ears, and such a prostration that he could merely seize on a few simple words and had great difficulty in undressing himself. Temperature 39° , while the arm injected swelled up considerably, but without pains; there was a sort of paralysis, so that he could not stretch his finger. After this there was a purple swelling of the face, and lastly all over the skin a thickly studded exanthem as of urticaria, with lively itching and pricking. The skin was dry, the pulse could not be felt. The abdomen was full and oppressed, only occasionally relieved by vomiting and the discharge of inconsiderable quantities of stool. His prostration was so great that he himself feared that the end

was approaching. Towards evening there was an improvement, a quiet sleep. The temperature next morning was still 39° , about noon the fever left. About twenty-four hours after the injection urine was discharged for the first time, being of a dark color and free from albumen.

Dr. Lee writes in his journal, *North Amer. Journ. of Hom.*, 1905: The assertion that cases which were promptly treated with antitoxin were cured, prove to be unauthenticated. The further assertion that cases treated with antitoxin heal more rapidly than those not so treated has proved to be erroneous. The assertion of the harmlessness of antitoxin is false, very many very severe cases prove the contrary. The human organism which undergoes such an attack needs much more a remedy to *strengthen* its resisting power than one that causes injury.

Prof. Braun (London) in his experiments came to the absolute rejection of antitoxin. Dr. Walch (Philadelphia) advises against the use of the serum, as also Dr. Winter, of New York.

These examples, of course, do not claim to be in any way exhaustive, yet they give sufficient proof that the harmlessness claimed for the remedy by its friends ought not at this day to find any credence.

From all this I have come to the conclusion that it is not a baseless and thoughtless following of routine or principle which has led me and many another of my colleagues to take a position antagonistic to the use of the serum, but it is the result of experience and study and the criticism of our own observations and those of others, and I conclude with a little variation of the dictum pronounced already in the year 1895 by Gottstein: That from my own experience I cannot satisfy my medical conscience in using with my patients a remedy of which after fourteen years' experience it has at least not been clearly proved that it is of any practical use, while acute injuries of the most severe nature have been proved against it, and while we are not even most remotely able to estimate its chronic toxic effects.

The Homœopathic Treatment of Diphtheria.

Dr. Grubemann, of St. Gallen, says in an article about diphtheria: Before the application of the serum the reigning school of medicine had a mortality of 40 to 50 per cent.; it lost all severe

and moderately severe cases, while I and many others of my homœopathic colleagues' had no more than four per cent. of mortality. Dr. Grubemann adduces a number of severe diphtheria cases of which he had not lost one. (*Allg. Hom. Zeit.*, Vol. 150, page 149.) In the *North American Journal of Homœopathy* (1898), Dr. Deschere writes: The serum which in the beginning was so enthusiastically praised already finds its opponents, and the assertion that it is a wrong to one's patients not to use it has already become obsolete. We Homœopaths have remedies which diminish the disposition of the body to receive the bacillus, and with respect to the weakness of the heart which attends the disease *Mercurius cyanatus* stands immeasurably above antitoxin.

Dr. Dermitzel (Charlottenburg) has as he reports in the *Berliner Zeitschrift* (1905) treated between forty and fifty cases of diphtheria, of which he has given an injection only in one case, and that was a severe septical diphtheria, which he took up under the image of a severe typhoid fever. The patient showed no traces of an effect, from the injection, though the patient outlived it for three days. Since that case he has not made any use of the injections, and in spite of very severe cases he has had only one to end fatally, and that one had first been treated allopathically.

Our statistics of diphtheria as found in the *Zeitschrift* of the Berlin Society of Homœopathic Physicians, contains striking proofs of the better results of our treatment. The results obtained even before the introduction of the Serum are far more favorable than those of the allopaths since the introduction of the Serum. So also since the time of the Serum it is found that the mortality among the diphtheritic cases treated homœopathically is less than of those treated with the Serum, so that we have no reason to give up our long proved method. I will add one more statistic, as given by Kroener: He has treated seventy cases of diphtheria, with a mortality of 8.6 per cent. He has treated a few cases with Serum, namely eight, four of whom died. Kroener says in conclusion: "First of all, I think that we have no cause to be ashamed of our successes in diphtheria, or to place the Serum above our well tried remedies."

Allopathic Methods of Treatment of Physicians Who Do Not Use the Serum.

As the method of treatment of our allopathic colleagues who do not use the Serum is of little interest to the readers of this journal, I will only state in brief, that there are many allopathic physicians who do not use the Serum, but use other treatments. In my longer treatment of this subject I have given fourteen other methods of treatment. Here I would only briefly state that I have written to some of the opponents of the Serum, and requested them to communicate to me whether they still occupy the same position as when they published their articles. On this I received the following answers:

Professor Dr. Kassowitz writes in his answer of December 14, 1907: "I occupy exactly the same position with respect to the curative Serum as when I wrote the article referred to; since all that has been so far made known as to the Serum, when viewed merely objectively, proves the complete inefficiency of this therapy." Prof. Dr. Bourget answers December 15, 1907: "I am convinced that the Serum is not the specific remedy. I use it neither in my hospital nor in my private practice. The last statistics (December, 1907) of the Cantonnes Lausanne gives the following: Cases, 660; treated with Serum, 186; of which 16 died, equal to 8.6 per cent.; treated without Serum 474, of which number there died two, equal to 0.42 per cent. "Dr. Ziegelroth writes: "I am a decided opponent of the Serum and *never* use it. In Berlin there died this year 800 children of diphtheria who were treated with the Serum."

Dr. Neumann writes under date of January 1, 1908: "I still stand today in the same position I have occupied in my articles on diphtheria, and am not convinced that the Serum is the cure-all. I am convinced that our remedies used locally or internally (especially *Merc. cyan.*), have an excellent action."—*Leipziger pop. Z. f. Hom.*, March 1, 1909.

AN OLD EXPERIENCE WITH GELSEMIUM.

In the year 1875 an English physician named Parsons was driving homeward when he concluded, for some reason, to learn the taste of *Gelsemium*. He took his bottle of the remedy and applied it to his tongue; as he did so his carriage hit a bad place in the road with the result that instead of tasting the drug he swallowed "about a drachm." He was not alarmed, thinking he had taken an ordinary dose, but a few minutes after reaching home he found that he was up against the drug good and proper. Here are his symptoms:

"I felt giddy and drowsy," but was able to eat a little of a sandwich.

"During this time strabismus gradually came on, with paralysis of muscles of mouth and throat, muffled speech, and drooping of eyelids, especially the left. These symptoms gradually increased, until the power of deglutition became impossible, and I had to remove the last morsel with my fingers, the voluntary muscles at this time being perfectly unimpaired, together with sensation of consciousness."

Naturally he now became "somewhat alarmed;" brandy and coffee were called for and a doctor sent for. This doctor tried to give an emetic, but the power to swallow was gone.

"I now stated with difficulty, that I thought the paralysis of the face, was subsiding, but feared it was extending to the muscles of respiration."

"Difficulty of breathing now came on, with oppression in the præcordial region."

The difficulty in breathing increased, a few short inspirations and gasping expiration, then respiration ceased, he became livid and in agony rolled from the sofa to the floor.

"Consciousness had not so far left me by this time as to prevent my feeling myself becoming rigid, and trying to say 'Over.'"

Then he became unconscious, the pulse was a mere flutter. During this time all sorts of things were being done by the attendant doctor. In about four minutes he began to see light again and was shortly able to sit up and speak.

The difficulty in breathing went first, then the paralysis of

throat. The pulse up to becoming unconscious had remained regular and full.

“Any movement,” after this partial recovery, “or touch of head (which seemed greatly enlarged), most intensely aggravated all the distressing symptoms, as did also the application of any fluid to the lips, the dread of which was nearly equal to that evidenced in hydrophobia.”

During all this there was no vomiting, passages of fæces or urine and little impairment of voluntary muscular action, or loss of sight, hearing or touch up to the moment of being unconscious. The left side seemed more affected than the right.

“Two hours and a half elapsed in this experience. The paralysis of the mouth and lid continued until the next day. During most of the time there was frequent struggling, and the face was flushed until lividness commenced, and during the latter action there was profuse perspiration; but the most marked symptom was a persistent numbness in occipital region, which lasted some hours after consciousness returned.”

The foregoing heroic proving is an abstract of what was published in *Lancet*, June, 1878, written by Dr. Parsons, and we found it in a monograph by the Hughes Medical Club, of Massachusetts, published in 1883.

Among other points found in the Monograph—*Gelsemium Sempervirens*—concerning the drug, aside from the provings, are the following:

It produces but little effect on the temperature, blood pressure, pulse or mind.

In one death from it the blood was found to be dark, fluid with no tendency to coagulation even after two hours' exposure, while in another it was clotted.

Artificial respiration is called for in cases of poisoning from the drug.

PROFIT SHARING.

Among the many schemes worked to “get the doctors interested” and at the same time to secure a slice of their money there is none more plausible than the “profit sharing” company. The representative of the would-be company, or its printed matter,

sets forth the claim that the promoters have a "good thing," a "safe thing," and they propose, as a special favor, to let the medical profession have a "limited number of shares." Often they limit the amount for which one doctor may subscribe so as not to let a few monopolize the "good thing." "Now, doctor, this article is something you can conscientiously prescribe and recommend. Look at the testimonials! See the names of the eminent physicians who have testified to its merits! You subscribe for this stock and prescribe our goods and you will be helping us, benefiting the public, and yourself sharing in the profits. *We* don't want to take all the profits like some houses, but are willing to share with our friends," and so on, and so on. Probably you know the patter.

You very likely go into it and take some of the stock. Next you get a circular letter reminding you to "work" for the Company. You get another stating that the Company has not received any orders from you lately, and others and yet others reminding you of your duty to the Company. And so things go but the dividends come not or else, if they have come, they stop, the stockholders growl a little and then charge the "investment" up to profit and loss and forget it. No one of them has enough money to justify a personal investigation and if a number combine to employ a lawyer they are up against an unknown expenditure. The wise stockholder pockets his loss philosophically and considers it a tuition fee.

The "Sanitol" is one of these companies. This is part of what recently appeared in the *Ledger*, of Philadelphia, concerning it:

"What we would like to know," said a stockholder, "is where the assets of the last ten years are and what has become of them?"

"An audit of the books is now being conducted, and I cannot discuss the subject further until I learn the result."

"The company was organized about 12 years ago. Its stock was then sold at \$10 a share. Since then the market price of the stock has dropped below \$2 a share. The decline in the market price of stock puzzled one of the local stockholders, who started an investigation into the company's affairs."

"This led to the alleged discovery that the corporation has assets of \$313,377, from which must be deducted liabilities of \$125,847, leaving a balance of \$187,530. It should have assets, according to the way the stockholders figure, of at least \$1,372,838, this total resulting from a sale

of \$1,000,000 treasury stock in April, 1908, and the net earnings after dividends of \$372,838 from the last two years' operation."

"The curious stockholder wanted to know who got the \$1,000,000 in cash for stock and \$372,838 in profits. It appears that he was unable to obtain satisfaction from the company, so he notified the other stockholders of this city of the result of his investigation."

We know nothing concerning this company further than what is contained in the newspaper article from which the above is quoted. The stockholders seem to be chiefly dentists and the product of the Company is, we believe, dentifrices of various kinds. The dentists seem to have worked hard recommending the products of the company in which they were individually small stockholders, but their stock has gone down to "less than \$2.00 a share," which means that there is no very extensive market for it at any price.

A million dollars is a pretty big capital for a tooth powder company. Probably the unsold and unpaid for shares figure as promoters' shares. They generally do. They generally share in the profits and draw the liberal salaries of the various officers which are based on the receipts. The small stockholder in such cases, as a rule, furnishes the money for everything. It may be that the alleged "melon," to use a stock market phrase, of \$1,372,838 is but a dream of the stock holder and it can be shown that it was all required for "expenses and salaries."

Be the case as it may we have merely quoted this newspaper report as a specimen of what doctors may expect who become stockholders in companies manufacturing things they prescribe or use. It isn't ethical and what is still worse it is rotten poor business. We do not mean to say that these schemes are deliberate swindles; on the contrary, we believe that many of them are started in good faith, but from their very nature they are foredoomed to failure. They may pay a few dividends, but failure is their fate. These companies, like private firms are generally dependent on the efforts of one man; when he dies, or quits, that is the end.

The RECORDER once took some stock in a square and legitimate company of this sort in payment for advertising. A few dividends were paid and then the Company vanished as completely as a burst soap bubble.

Put your money in standard stocks or bonds that can always be turned into cash and will pay you 4 or 5 per cent. Don't try to get rich quick, for in doing so you are playing against professionals at their own game, and in a game of which you know nothing.

THE BOOKS BY DR. H. C. ALLEN.

The following by Dr. E. B. Beckwith, editor of the *Hering Quarterly*, is taken from that journal. It relates to the books written by the late Dr. H. C. Allen :

"Dr. Allen was daily at his desk at 4. A. M., and spent his early morning hours in writing. Probably his greatest book is 'Intermittent Fevers,' which is a classical, and invaluable to every true homœopath. This was followed by 'Therapeutics of Fevers,' and 'Therapeutics of Consumption,' both exhaustive works; and 'Key Notes of Leading Remedies,' which has just been placed on the 'Council List of Books' for use in the Canadian Medical Colleges. He has lately revised 'Boenninghausen's Repertory,' which he brought up to date and arranged for rapid and practical work."

"When Dr. Allen proposed to his publisher, Mr. Forrest, that they bring out the 'Boenninghausen's Repertory,' Mr. Forrest remonstrated. 'Why, Dr. Allen,' said he, 'that would be a life work for a younger man than you. You would never finish the work.' Whereupon Dr. Allen answered: 'I promise you, Mr. Forrest, that I will live to complete the work.'"

"The work was actually finished only a short time before Christmas."

"Dr. Allen's very latest literary work was on the 'Symptomatology of the Nosodes,' the final proofs of which he corrected just a few days before his active work ceased. For twenty-five years, he told me, he had been proving and conforming the symptomatology of some of the nosodes, and his observations are there published for the first time. He probably put more thought and real work into this book than into any of the others."

To the foregoing it may be added that when the work, *Intermittent Fevers* was sold out the second edition was changed to the *Therapeutics of Fevers* and made to embrace all fevers, from intermittent to typhoid.

The *Therapeutics of Tuberculosis* forms the second part of Gregg's *Consumption*, "after the plan of Bell's Diarrhœa and Allen's Intermittent Fever." It was published in 1879.

Dr. Allen had concluded the final revision of the manuscript of the work on the *Nosodes*, but had received no proof of same, save samples for type and arrangement, on which he passed.

The publishers of the work, which is now in press, promise to faithfully follow the manuscript left by Dr. Allen. The manuscript bears evidence of careful and frequent revision.

The books enumerated by Dr. Beckwith embrace all ever written by Dr. Allen, his chief literary work being confined to the *Medical Advance*.

THE ORGANON.

Editor of the HOMŒOPATHIC RECORDER:

An allopathic confrere, whom I had the pleasure of meeting at a family reunion not long ago, asked me to inform him what Hahnemann meant by *Organon*, as a name applied to one of his works. I politely told the physician that I only would answer doctrinal questions by print. This practice I follow so as not to be misquoted. And here it is:

Organon, or *Organum*, (Gr. and Lat.) (Philos.) is a term of nearly the same signification as *method*, and implying a code of rules and canons for the guidance of the scientific faculty, either in general or in reference to some particular branch thereof; thus we have the "*Organon of The Art of Healing*," of the illustrious Hahnemann.

E. FORNIAS, M. D.

Philadelphia, Pa., Feb. 25, 1909.

WANTS THE SIMILIMUM.

Editor of the HOMŒOPATHIC RECORDER:

I should be pleased to have you or some one of your readers give me the similimum to the following cases:

(1) The sole of the foot is perfectly smooth, and yet the patient feels as if walking on a gravel, and the further he goes the extent of the sensation is enlarged to the size of a walnut.

(2) The patient never had any skin disease, and yet whenever he rubs his finger or fingers across his face or any part of his body, a large wheal is raised, which is followed by an intense burning. Rubbing the face with a towel causes the skin to get red and thickend, with burning. The swelling and burning continue for some time.

INQUIRER.

FICUS RELIGIOSA.

To the Editor of the HOMŒOPATHIC RECORDER:

I have read your editorial article entitled "*Ficus Religiosa. Is It a Fraud?*" published in your Recorder of November, 1908, with great astonishment and concern and in reply I hasten to write the following lines which, I hope, will be published by you in your much-esteemed journal.

I don't know why Drs. A. Mattoli, of Rome, and J. B. S. King found the tincture of *Ficus Religiosa* to be a lifeless drug.

It is to be borne in mind that the tincture of *Ficus Religiosa* is prepared only from the FRESH leaves of the plant. The tincture loses its healing properties and so becomes life-less if it be prepared from DRY leaves. Perhaps you will remember aright if I say that you asked Messrs. King & Co., of Calcutta, to send you some leaves of this plant, so that you could prepare the tincture yourselves. And accordingly the leaves were sent to you by King & Co. Possibly the tincture was prepared by you from DRY leaves.

Dr. Clarke's opinion can not but be respected. Dr. Clarke and some other renowned homœopaths found *Ficus Religiosa* to be *efficacious*—highly efficacious in the ailments mentioned in Dr. Clarke's *Materia Medica*. Had the tincture been prepared from FRESH leaves, there would have been gratifying results both at the time of proving and of clinical verifications. I know very well that *Ficus Religiosa* is not a fraud, but a genuine homœopathic remedy. It can stand upon its own strong feet and can bide its time. I shall be pleased if you will kindly dive deep into the bottom of the affair and make a sifting inquiry.

Those of your readers who are willing to try and prove *Ficus Religiosa* are requested to communicate their desire to me, so that I may send a supply of the same to them for their investigation

free of cost. If the tincture supplied by me be lifeless, they can publish their failures and then they can pass their unfavorable verdict.

Yours cordially,

SARAT A. GHOSE, M. D.,

Editor Indian Homœopathic Reporter,

1 Kidar Bais Lane,

Bhowanipore, Calcutta.

Reply.

The RECORDER published Dr. Ghose's original paper introducing *Ficus Religiosa* to the western world. Later when Drs. Matliolo and King published in other journals their experience with the drug, each having taken quite a large quantity of the drug without any effect, this journal also published their reports and asked the question to which Dr. Ghose objects. Later still, in January of this year, Dr. Yingling's communication was published, strongly defending the drug, asserting that it, like *Lycopodium*, must be potentized to get the curative effect. So the matter stands. As with all new drugs, we neither condemn, nor uphold them, but print the facts concerning them.

Dr. Ghose confuses the editorial management of the RECORDER with the firm of Boericke & Tafel. They are two different propositions. We sent the letter published above to the New York house of that firm and asked for the facts in the matter. Copies of the correspondence in the matter were returned showing that tinctures were imported from Calcutta and were made, presumably, by Dr. Ghose. Nothing but the imported tinctures or potencies made from them, were sold. Some dried leaves were received as stated by Dr. Ghose, but nothing was ever done with them; no tincture, or fluid extract was made from them and they were thrown away.

We are not surprised that Dr. Ghose became indignant when the results of his provings of the leaves of the tree of Buddha were questioned, but he should not blame this journal for giving both sides and thereby raising the question to which he objects.

POINTERS.

The indications (*Senecio aur.*) may be summed up as follows: Atony and relaxation* of the pelvic contents, with dragging, painful sensations; uterine enlargement, with uterine or cervical leucorrhœa and impairment of function; atonic amenorrhœa; vaginal prolapse; slight uterine prolapse; pelvic weight and vascular engorgement; increased flow of mucus or muco-pus from weakness; suppressed menstruation; pain, soreness, and bearing-down of the uterus; vicarious menstruation; difficult and tardy urination in both sexes. In the male tenesmic micturition, testicular dragging, and pelvic weight. In both sexes, dyspepsia, with flatulence after meals; cardialgia, associated with sour stomach and increased flow of gastric juice.—*Gleaner*.

Singultus. In this trouble *Magnesia phos.* has done more for me than all other remedies together. In a very old and infirm patient, almost in extremis, good results were at once seen. In one case of typhoid, with malignant conditions, the hiccough was most distressing, night and day, asleep or awake. All my tried remedies failed. I was only beginning the study of these remedies then. As a last resort, I turned to *Magnesia phos.* 3x, but with little hope of help. On my next visit the patient looked at me and said: "Oh, Doctor! Why did you not give me that medicine before?" When the spasmodic difficulty or pain is severe, I give in hot water.—*Fearn, Cal. Ec. Med. Jour.*

**THE CHOICE OF THE REMEDY ACCORDING TO
THE SENSATIONS OF THE PATIENT.**

By Dr. Jules Gallavardin, of Lyon, France.

Dr. Jules Gallavardin, always lucid and opportune, has given us in "*Le Propagateur de L'Homœopathie*" a short, but interesting article about the choice of the remedy according to sensations. After paying a just tribute of praise to the memory of Drs. Simon, grandfather and father, turns to the son, who, in his inaugural address before the *Societe française d' Homœopathie*,

among other things stated that in our studies of remedies and their application to the treatment of diseases, it is not sufficient to observe the temperature, to analyze the urine and to note other analogous objective signs, but we must attach great importance, as it was done by the early homœopaths, to the sensations felt by the patients.

And then Dr. Gallavardin in his exquisite manner, successfully shows how a morbid sensation may often decide the selection of the remedy, and the utility of having an intelligent patient to express his feelings. Some one may object that a sensitive or subjective symptom hardly can be enrolled after the actual scientific methods, and that a true savant should not depend upon a symptom, the value of which he cannot register. To this my answer is that if a patient goes to consult a physician, it is because *he feels he is sick*, and it is this first sensation what leads, we may say, the examination of physician. It is the same with pain localized in any part of the body. If homœopaths have popularized *Aconite* in the treatment of fever provoked by a cold, it is not because the first experimenters did experience an elevation of their temperature; up to that time the use of the medical thermometer was not known; but because the provers noted a sensation of fever.

The same may be reasoned about *Cantharis* in albuminuria. It is because the objective symptoms of one suffering from albuminuria indicate *Cantharis* as a remedy for his trouble that homœopathic physicians prescribe this drug, but not because albumin was found in the urine, for in old times no one knew how to reveal it

Certainly it will not do to scorn new complementary indications, particularly if they disclose a verification of the happy choice of any of our old remedies, for these facts plainly demonstrate the necessity of not rejecting remedies, which have not yet had a scientific confirmation, only because to select them our only guide has been the sensations of the patient.

Thus *Arnica*, which, even before the discovery of Homœopathy, enjoyed the reputation of being an excellent remedy against contusions, blows and falls, and was empirically employed, has been brought under the control of Homœopathy by pure experimentation on the healthy human organism. By its proving we have ascertained that it produces a *sensation as if bruised all*

over, a lassitude so extreme as to be unable to rest while lying down *for everything upon which the patient lies feels too hard*. Now, all these sensations indicate that the sensitive nerves perceive some trouble taking place in the muscles, and this while there may not be any circulatory disorders as pronounced as those seen in contusions, in lesions of the blood vessels, or even during a fatiguing walk. These divers sensations constitute subjective symptoms which allow the application of the Law of Similars. Now, what can *Arnica* do for the patient? If *Arnica* is well selected in cases of contusion or injury, it will relieve, first of all, the morbid sensation or pain, and the patient will sometimes express a rapid feeling of comfort, even when the objective lesion is not healed yet. If the patient believes himself cured, we may say, before being really so, it is not the work of the imagination, as our opponents have so often suggested, but because, in reality, he feels the approaching recovery, just as a hungry person feels the hunger disappear after he has eaten, or even before the food has been assimilated and converted into blood.

The first successes a homœopath can obtain with *Arnica* in injuries from falling, bruises and contusions naturally lead him to look for other indications of this remedy in other morbid states, and here are frequently again the sensations which become his guide. After a forced march *Arnica* may contribute, in a high degree, to make the sensation of fatigue disappear and also facilitate the return to the normal state. Let us imagine, for instance, a patient, suffering from heart disease, who, after the least effort, feels fatigued and exhausted, especially in the evening after walking, *Arnica* will certainly bring some relief to these cases. If Dr. Huchard should continue to borrow indications from homœopathic books, which he cannot find in the old volumes of polypharmacy, I would point him out *Arnica*, as the remedy he could frequently employ in heart disease, for a remedy able to relieve the sensation of lassitude of the fatigued muscles can also give very good results in alleviating the over-taxed cardiac muscle. It is also by the property of *Arnica* to reabsorb sanguineous extravasations that homœopaths have been led to administer this remedy in cerebral hæmorrhage, a condition the results of which resemble so well the effects of a *blow*, that the medical ex-

pression *ictus apoplecticus* is given as the Latin translation of the word blow. *Arnica*, moreover, responds to many other indications.

All these examples show plainly the very important role of sensation in the choice of the remedy. Even sensations which appear to be odd to the patient may guide the homœopathic physician in his treatment. An uninformed physician, to reject the subjective indications given by the patient, may say: "This is nervous," or, "it is the nerves," but in reality, if he does not concede any importance to these sensations, it is because he does not wish to confess his impotence in this direction. If the sensitive nerves are diseased, why not treat them? Should we not treat in the same manner the sensations of burning, of pricking or of swelling in a malady when there is no evidence of a burn, of a prick or of a swelling?

To treat any morbid condition, it is then necessary to individualize them; one should not treat the disease, but the patient, and as Hufeland used to say: "For a treatment to be correct, the physician should not copy or imitate, but invent anew." This was the conduct followed by Hahnemann, and if homœopaths wish to follow his precepts, they will not be routine-homœopaths, but will become creating homœopaths. Dr. Jules Gallavardin, Lyon (*Le Propagateur de L'Homœopathie*).

Translation by E. FORNIAS, M. D.

CASES FROM MY PRACTICE.

By Dr. G. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from the *Pop. Z. f. Homœopathie*, February 1, 1909.

I. Chronic Inflammation of the Fauces.

Since our porter has given me his confidence, he has become a good customer—at least, with respect to the employment he gives me.

Thus a while ago, his wife came to me in great alarm and said: "Please, Doctor, examine my husband carefully. • He coughs

every night so wretchedly, that I am afraid he is consumptive, the more so, as every fit of coughing is followed by copious expectoration."

So I had the patient come into my office, and according to the wish of his wife, I examined him carefully from top to bottom.

He is a well built man, thirty-seven years of age. There is no headache, no fever, no lack of appetite, a normal stool, no weariness, and his life is quite regular. The man complains of nothing except his severe spells of coughing, which also, he says, occur during the day-time.

An examination of his chest to my great astonishment, showed no results. But when I examined his buccal cavity I found on the posterior walls of the fauces very numerous puriform granulations extending downwards, which, of course, had caused a pronounced inflammation of the fauces.

I questioned the patient more at length and he confessed, that he thought the matter of no importance, and that in secret he is a smoker of cigars, and in order to satisfy his pleasure in smoking he was accustomed to swallow the smoke.

Now the whole matter became clear. It was an inflammation of the fauces caused by smoking. First of all I forbade smoking cigars. As treatment I prescribed atomizing the wall of the fauces with mineral sulphur water, and internally I prescribed twice a day four drops of *Arsenicum album* 6., to be taken in a tablespoonful of water. With this I prescribed a pretty strict diet. No salt-water fish, no pork, neither fresh nor smoked, no sharp cheese, no sausage, no alcohol.

The patient faithfully followed my prescription and in four weeks all symptoms had disappeared.

II. Treatment of Syphilis.

Lately I read in the "Therapeutical Review" an account of the treatment of syphilis by Dr. Winkler (Bad Nenndorf). The author emphasized especially the ill effects of alcoholic beverages and this reminded me of a case which I had treated some years before. The patient was a young wife who had been syphilitically infected by her husband, and in whom the morbid symptoms had developed with extreme rapidity and severity. I had especially

marked the presence of a deep seated ulcer on the left leg. The poor woman was in despair, she was afraid that she would never be freed from the infection. An appropriate treatment, however, removed all the symptoms so quickly that I could hardly believe it myself. When I examined the case more closely, the patient told me, that she had never in her life tasted a drop of wine or alcohol; and this explained why the cure had proceeded so rapidly. Nor has she had any syphilitic symptoms since. I have, therefore, come to believe with Dr. Winkler, that abstinence essentially relieves the prognosis. With all such patients I from the first forbid the use of all alcoholic beverages, and I would recommend all who are in this sad predicament, to follow this advice.

III. Abscesses on the Labiæ of the Pudendæ.

Whatever may be their origin, such abscesses are, as a rule, very obstinate, *i. e.*, hardly is one abscess healed up, before another appears, and the series is often a long one. Thus I was called in last spring to see a woman forty years of age, who had every year a recurrence of such abscesses. Domestic remedies, poultices, as also surgical incisions, had given no relief, and the patient then decided to call in a homœopathic physician.

There was a tumor the size of hen-egg on the right labia, attended with much fever, violent pains and complete failure of appetite. The tumor was near bursting open, and I prescribed cold water compresses, moistened with a solution of *Corrosive sublimate* 3. D. Internally I prescribed *Silicea* 6., two drops in a tablespoonful of water, morning and evening.

"I am quite sure that the tumor will burst open," said the patient. "But as soon as it is healed up another will follow, and what can your drops help me?"

"Just be patient and wait," was my answer.

The tumor actually burst open next day, and soon healed up under treatment; but that *Silicea* proved effective may appear from the fact that no other tumor has appeared since. The patient continued using *Silicea* for some time, and there does not now seem to be any likelihood of a return of these tumors. The cure caused her to become a warm adherent of Homœopathy.

IV. Psoriasis Linguae.

There is one ailment in which therapy has not usually been able to do anything, except where lues are the cause of the disease. Though I gladly give an account of the following case, I would not assert that the remedy used by me will in all cases prove effective. Nevertheless the case is too astonishing not to be reported.

A man, thirty years of age, consulted me on account of a congestion of the liver, which was readily removed. But on examining his tongue, I had found that there was psoriasis of that member.

There were numberless hills and valleys on this morbid member, so that I urgently requested the patient to tell me, if he had ever suffered from syphilis. But he denied almost formally my question, and added:

"You would do me the greatest service in the world, if you could free me from this ailment. I have had it now for many years, and have tried everything imaginable for it. I am ready for any remedial measure, but I do not want any caustics used, as these have in every case aggravated my ailment."

"After curing the liver we shall pass over to the tongue, without using any caustics," was my answer.

Immediately after the cure of the congestion of the liver, the patient asked me to treat his tongue.

But in vain I prescribed one after the other, *Arsenicum*, *Nitri acidum*, *Thuja*, *Lycopodium*, *Kali bichromicum*, *Kali phosphoricum*, and still other remedies, when I finally bethought me of *Castor equi*, since this remedy acts in a general way on the thickening of the skin and of the epithelium.

So I first of all prescribed *Castor equi* 3., one-fifth of a gram dissolved in two hundred grams of water, giving one tablespoonful every morning and evening. Although the patient showed impatience, I quietly waited two weeks. Finally, to our surprise, there appeared a slight improvement, and in two more weeks the right side of the tongue was quite free.

But now it seemed as if all progress in the case was at an end. So I made use of higher potencies, proceeding gradually to the 6., 12., and the 18. potencies, and gradually the hills and valleys

disappeared, so that there is not now anything of psoriasis left. The treatment from beginning to end lasted for four months, and there has been no appearance of a relapse during the last three months.

Of course, strict diet was observed; smoking, alcoholic beverages and irritating food were strictly prohibited.

FROM MY PRACTICE.

By Dr. Strohmeyer, Frankfort a. M.

Translated for the HOMŒOPATHIC RECORDER from the *Leipz. Z. f. Hom.*
February 1, 1909.

I. Scrofulous Inflammation of the Glands.

About five weeks ago the wife of one of the higher officials of the railroad here came to my office with her boy, three years of age, and asked me to treat him for a glandular swelling in the corner of the left jaw, about the size of a hen egg, and to endeavor to master the case without the knife, of which he was afraid.

The child had been under treatment from the first beginning of the swelling until a few days before it was brought to me; the Eclectic physician was acknowledged to be a good doctor; but in spite of the compresses, packings, teas, vegetarian diet, and the occasional prescription of cod liver oil, the symptoms had been aggravated, until they caused great anxiety to the parents. According to the opinion of the father the child had been perfectly sound and well up to the day when it was vaccinated; but some time after that it had been attacked with various eruptions, which at a later period were followed by frequent, very small glandular swellings.

I could still notice that besides the greatest swelling, there were, at least, ten small glandular nodules on both sides of the throat and in the region of the neck. On account of the hard swelling on the corner of the jaw, the boy was compelled to hold his head crooked, quite a depressing position for a boy fond of games and sports. I assured the mother that she need to have no fear as to any eventual disfigurement by an ugly cicatrice

from the swelling; I omitted all external applications, only ordering it covered with raw cotton and rubbing it with warm lard every evening; I continued the vegetarian diet and open air, and prescribed internally the never failing *Natrum phos.* in the 6 decimal trituration, a small quantity every three hours. In about three weeks the swelling was reduced to the size of a walnut and is now of the same size as the other nodules which showed no change from the use of the *Natrum phos.* But I am sure they will not long be able to resist the effects of *Kali chlorat.*, in alternation with *Calcareea phosphor.* From this simple cure it may be seen that it is no great thing to master certain diseases—if we have the specific remedies and do not depend on water alone.

II. Chronic Articular Rheumatism.

The cases of rheumatism which frequently come under our care, whether this be simple muscular rheumatism in its acute form, or the case has become constitutional, or the very severe form of chronic articular rheumatism, with the various forms of disease resulting from the so-called uric diathesis, requires great powers of observation and an extensive knowledge of remedies. Even an exact diagnosis in such cases at times offers difficulties and much more the treatment which at times is extremely complicated. . . .

The particular case in question was that of a lady from the neighboring city A. She came about a year ago to be treated for her chronic articular rheumatism, which had lasted already five years. She had tried pretty much everything, beginning with the simple baths in water containing Nauheim Salt, massage, moor-baths, packings with fango; she had been twice in Wiesbaden; then she had tried pills of Colchicin, baths in light, baths in vapor, Kneipp's tea for gout, and also the extremely painful injections of some unknown solution into the parts surrounding the diseased joints, as introduced lately by an authority in Wiesbaden.

The symptoms were, as usual, pains and stiffness in the joints affected, especially in the joints of the feet and knees, slight swellings of some of these, cracking during motion, improvement while at rest and in warmth, aggravation when the weather becomes cold and wet.

The anamnesis showed some noticeable points: The father had been healthy, but the mother had cicatrices from glandular swellings; her two brothers were healthy. As a child, she frequently had eruptions on the mouth and behind the ears; her eyes also had been affected; her swollen glands had been painted with *Iodine*. The menses were regular. She was married and had three healthy children. When thirty-four years of age, she, for the first time, had rheumatic wandering pains lasting for some time, caused by a damp, cold dwelling. There is also obstinate constipation without any urging, a considerable formation of piles, occasional heart-burn and sour eructation, sensation of fulness in the stomach, much accumulation of flatus, sensation of heat in the soles of the feet with burning at night in bed, lively itching and pricking of the skin everywhere, at times buzzing in the ears, acrid urine causing erosions, after the menses, sharp, itching leucorrhœa. The patient has taken laxatives and her stomach contained a small allopathic drug shop. . . .

The patient received *Sulphur*, in the form of Hahnemann's tincture, with the direction to take one drop in a tablespoonful of fresh water, morning and evening, for a week, then stop a week. The diet very simple, abstaining as much as possible from meat, and altogether from alcohol, tea, coffee and other irritating substances; frequent use of whole-wheat bread; every week two hot baths with the decoction of hay-flowers. Laxatives were forbidden with the exception of clysters.

After two weeks she had to acknowledge that the symptoms in her abdomen were somewhat alleviated, that the sensation of tension was diminished, as considerable flatus was discharged. But she stated that the stool still required clysters. There had been no change in the joints and the rheumatic symptoms. Prescription: *Sulphur* 30 D., every third evening seven pellets dry on the tongue, for three weeks. This prescription had a very decided effect, for after the second dose there was for the first time an urging to stool, and although this was unsatisfactory and hard, it made the use of further clysters superfluous. The sensation of heat in the soles of the feet had vanished, she feels easier in general, but sees no noticeable improvement in her joints. Prescription: *Sulphur* 200., one dose a week for four weeks. Her

condition after this time was as follows: The joints were about the same, the stools are regular every other day, appetite and sleep are good. There is still an aggravation of the pain in the joints during cold, wet weather; she is generally sensitive to wet weather, feels chilly and her body is cold. Prescription: *Calcarea carb.* 30., ten pellets every eight days for four weeks. At my next visit I was very much astonished to see the lady come into my office without the support of her friend, on whose arm she formerly had rested. She assured me that there was quite a noticeable progress in her condition, as she felt much lighter when rising from her seat, and generally more active; she could walk quite well for a while without help and did not suffer from the cold near as much as before. This was in the middle of January, the treatment having been begun in October. Prescription: *Calcarea carb.* 200., four powders, each containing ten pellets, moistened with the dilution prepared by myself. Her condition after four weeks was somewhat better, but, on the whole, the same; but the patient is satisfied. Now, finally, I gave her *Lycopodium*, a remedy above all praise. She received the 12. centesimal dilution, three drops in a tablespoonful of water every third evening; besides this I gave her four powders of *Lycopodium* 200., one powder dry every ten days. Five weeks later there properly was no more articular rheumatism, for the patient made an excursion into the mountains a few days before, walking over five miles. *Lycopodium* had acted not only on the joints, but also on the functions of the intestinal canal, as there is now a sufficient stool every day without any exertion. Such effects can be, however, only expected from *Lycopodium*, when other suitable remedies have preceded, and it is no accident that we read in almost every work on *Materia Medica* that *Lycopodium* unfolds its blessed and universal effects especially when it follows *Calcarea*.

I now prescribed a cautious advance from hot baths to cool sponging; no medicines, since the joints were free of pain, and only a slight occasional roving pain reminded of the former ailment. After a pause of six weeks the condition was the same. Prescription: For eight days every evening before going to bed *Natrum phosphor.* 6., as much as will lie on the point of a knife, then a pause of a week, then, again, medicine for another week

and so on. By this treatment the last traces of the disease vanished and she reported a short time ago by letter, that even the return of cold weather had not caused any return of the symptoms.

III. Chronic Bronchial Catarrh.

The little boy of a butcher here has been suffering since the third year of his life—he is now five years old—from bronchial catarrh. This, at first, consisted of detached attacks followed by periods when there was a considerable improvement; but within a year it has become stationary, and the little boy has been most of the time confined to the house. When he was examined, there were rattling noises all over the different lobes of the lungs, and these in most cases completely cover the natural sounds due to respiration. Occasionally there is some dyspnoea, the appetite is bad, the complexion pale, sallow, and he looks bloated. When undressing the boy, I perceived a disagreeable, musty smell, and this became somewhat intelligible when I saw that the whole skin of the body was in an unhealthy condition and showed a number of places where it had been scratched open. Being asked whether there was a severe itching with aggravation in the warmth of the bed, the mother affirmed this, and I naturally first thought of itch, but became of a different opinion when I heard that the other three children of the family, one of whom even slept in the same bed with the patient, had never been troubled with the eruption. But the matter was cleared up when, on further examination I found that the child had had in his second year an eczema all over the hairy scalp, also behind the ears, on the cheeks, and in the corners of the mouth; this moist eczema had been driven away violently by means of Zinc ointment and other salves. "It took the physician a long time before he had cured it all," said the mother. I had my own thought about it, and was glad that thoughts are still untaxed, and the "physician" could not look into the pigeon-holes of my mind. Prescription: *Psorinum* 30. C. in pellets; directing the mother to give him one for three days in succession every evening before he went to bed. After two weeks I again called on the child, and heard that there was much less of the irritating itching, and that the skin was

much cleaner; I could see this myself when I looked at the chest and the legs of the boy; I could also hear by auscultation, that the normal vesicular respiration could again be heard, and that the many painful, whistling noises had diminished in intensity. No medicine was given this time. In two weeks more, the skin was healthy, and the respiration had improved some more. Prescription: *Psorinum* 200., four powders, each with ten pellets, to be taken every two weeks dry. In the course of nine weeks the disease had disappeared, all but some minimal remains, and I advised the parents to let the boy go to the Soden Springs in springtime, and to take the treatment there, so as to confirm his health.

BOOK NOTICES.

Rademacher's Universal and Organ Remedies. (Erfahrungsheillehre). Abridged and Translated by A. A. Ramseyer. 104 pages. Cloth, \$1.00. Postage, 6 cents. Philadelphia. Boericke & Tafel. 1909.

This is one of the few books on therapeutics—perhaps the only one—by an author outside of the homœopathic ranks, that lives. Rademacher was a contemporary of Hahnemann and his book was published in 1841. Some one has said that he was the pioneer homœopath; he certainly was distinguished by the fact that he favored the one remedy and did little mixing. His idea was that there are “organ remedies” for diseases peculiar to certain organs like the liver, “epidemic remedies” that change with the recurring epidemics and “universal remedies” that might be described as constitutional remedies. The success Rademacher met with in practice was very marked, his book went through four editions and made quite a sensation in its day. Very many of the peculiar remedies that Burnett used he got from Rademacher and, like the true physician he was, gave credit to the older author. Dr. John M. Scudder, the great Eclectic physician was a student of this writer. In his turn, Rademacher was greatly influenced by Paracelsus, that bull in the medical china shop in his day. He was a plain, unpretentious country doctor

with no pretence at great learning, who wrote of his own experience and did not pad his book with matter that could be found in other works. What he wrote was original, matter that deserves to live and does live. The student who loves to go to original sources will delight in this book, and the man with brains will find in it, as did Burnett, a rich therapeutic mine that may repay the working in a practical manner. It is a book worthy of a place in any medical library.

The exploits of a Physician Detective. By Geo. F. Butler, M. D. 322 pages. Cloth. Chicago. Clinic Publishing Co., 1410 E. Ravenswood Park. 1908.

Dr. Butler has struck a new lead in literature, one with great possibilities in it. The various crimes, accidents and curious events that the hero doctor works are sufficiently interesting in themselves to hold the attention of the average reader, while the medical aspects of the various cases are of unusual interest to the physician. The book demonstrates very clearly of what exceeding value one highly trained in disease mentality would be in unraveling many of the details of what is known as crime. Insanity in some form enters into nearly every premeditated or unpremeditated crime, for it is doubtful if any sane and normal person was ever a criminal. But be that as it may, Dr. Butler has given the world a most readable book, one in which the doctor detective, when possessed of a few facts, works out the case often by his knowledge of the workings of the human mind.

700 Surgical Suggestions: Practical Brevities in Diagnosis and Treatment. By Drs. Walter M. Brickner, Eli Moschowitz and Harold M. Hays. Third series. 150 pages. Cloth, \$1.00. New York. Surgery Publishing Company, 92 Williams St. 1909.

Seven hundred short and clear hints on surgery that ought to be of value to any one who does surgical work.

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EDITORIAL BREVITIES.

MAKING MAD.—Festus remarked on an occasion, "Paul, thou art beside thyself, much learning doth make thee mad." Of a verity that often happens to the "earnest seeker after truth" who tries to ride on the crest of the flood of modern medical learning as she is taught by the contributors to the *Journal A. M. A.* Some will become hopping mad at it and others bug-house. In the March 6 issue Dr. W. J. Johnson, of Toronto, Ont., contributes to the flood by a remarkable article on the treatment of erysipelas by injections of its own dead, or, as he euphemistically puts it, "devitalized" bacilli. To make a long story short, if the case is a mild one they inject 20,000,000, if the case be rather severe, 10,000,000, while if it be very severe, 5,000,000. The rule is, he says: "The more severe the case and the less satisfactory the clinical response the smaller the dose." Why? Also why reverse the rule in diphtheria and preach ever larger injections?

Echo answers "Why" and the reader rages.

Perhaps, though, all is explained in the opening paragraph of the leading editorial of the same issue. "One of the most fascinating features of the study of medicine is the constantly occurring changes."

ONE MORE STRIDE.—For a short time men wrote learnedly of "antibodies," but now they bid fair to become, in base ball parlance, "has beens," for a leading journal editorially commenting on the latest discoveries announces that "substances that cause antibodies to form are called atigens." It is no use to look in the dictionary, "atigen" is not there. Hard lines for dictionary

makers! Whether the man who knows about this new creature will be better able to take charge of a case than he who does not is uncertain, like so much else in life and science as it is in medicine, but he can write more learnedly and wave the other aside, which is no little thing. "Opsonins" are altogether too common today to longer attract attention. The next arrival will be eagerly awaited by the learned, especially if it reveals to us who is the sire of the atigen.

METCHNIKOFF.—This gentleman, who is so much in the public eye, who is "the successor of the great Pasteur," is, at least, original in his ideas, though whether those ideas are anything more than original is open to discussion. His favorite hobby, or discovery—according to your point of view—is that nature, or the Creator—again, according to your point of view—made a mistake in the matter of the "large bowel," which it is the duty of men of his class to correct. This large bowel is a source of danger, and the cause of that disease (which an ignorant world has hitherto foolishly regarded as an inevitable condition) known as "old age." This bowel is the habitat of a numerous horde of microbes which "excrete poisons which are taken up by the circulation" and thereby produce arterial changes, *alias*, "old age." It is a brilliant specimen of what, with many, passes current for science. But nature has the whip-hand, for the present, and holds to her "mistakes." A disciple of Metchnikoff, a man of Indiana, U. S. A., recently determined to prove nature's error and incidentally circumvent old age, had his large bowel cut out. The operation was successful, but the man, who was a doctor, died. He escaped old age, however, and thus far proved the truth of his master's discovery.

"ONE AIM."—Every now and then some one reads a paper deploring the hostility that exists between the schools, condemning the "pathies" and urging brotherly love, and so on, because "all are animated by one aim," that of curing humanity. All that they say is true, in a general way, the sentiments expressed are Christian, but can hardly be termed scientific. In olden times the mariner steered by his knowledge of the coast line and largely by guess work when he got out of sight of land. Then

some one discovered the compass. It always pointed to the north, no matter who used it. It revealed a law of nature and revolutionized navigation. Probably the majority of the mariners at first refused to believe in it or even use it. They were honest old salts, as honesty went in those days, but the man who understands the compass would hardly let their conservatism influence him in navigating his vessel. He might meet with disasters even as did the mariners who stuck to the coast line, but this did not prevent the needle, always, in all hands, on all lands and seas, pointing to the north. A pirate might use it skillfully or a good man go on the rocks while using it, but always the needle pointed to the north. Hahnemann stumbled on, or discovered the compass of the drug law, and brotherly love, charity, oneness of aim and all that sort of thing bear on it just as they do on the sailors' compass. Neither has any one ever "improved" the power that points the needle.

THE INOCULATION TEST FOR TUBERCULOSIS.—Dr. Clemens von Pirquet, Vienna, Austria, was led to it by the fact that when a person is vaccinated for the first time "the effect is produced only on the third to fourth day," while the effect of a second vaccination "appears within twenty-four hours." Therefore, "from this early reaction we can diagnose a previous inoculation." Further on, he writes, "I tried the same method in tuberculosis and found that only individuals who had been infected previously with tuberculosis showed within twenty-four hours a local inflammation after inoculation with Koch's old tuberculin." The chief point of general interest here is the fact that an inoculation with vaccine so changes the system that a second inoculation will reveal the fact of the first to the operator even "if we are not informed of the history." Thus it is scientifically demonstrated that vaccine works a permanent change in the human system as also does an inoculation with tuberculin. This fact has been proved by Dr. Pirquet. By analogy we may conclude that all other inoculations do the same. From this it may be concluded that once inoculated the human system never regains its previous physical state. If the change wrought from the natural condition is beneficial the inoculations are beneficial

to the human race; if evil, then the ultimate state of a much inoculated, and hypodermically syringed race will not be enviable. It is worthy of the deepest investigations, for the effects are very deep and far-reaching. Dr. Pirquet's paper will be found in *Jour. A. M. A.*, February 27.

THE WORLD MOVES FORWARD OCCASIONALLY.—Apropos of something the editor of the *Iowa Homœopathic Journal* had written deprecating the reopening of the vaccination subject, Dr. E. N. Bywater replies that on the contrary it is well to discuss it further, as nearly all the homœopathic physicians are now performing internal vaccination wherever the matter is left to their judgment, and also says that many allopathic physicians have adopted it. Recently, in a lecture, Professor Henry Albert, Bacteriologist to the State Board of Health, stated that there are two methods of vaccination, the old method and internal vaccination. He concluded, "I believe that it will be but a question of time until there will be but one method and that the internal method." If the allopathic medical powers would be willing to allow the people the option of external, or internal vaccination, all their troubles in this matter would vanish. Wise rulers do not drive the people any more than is absolutely necessary. In this matter of vaccination a little liberty would be of as much benefit to the medical powers as it would be to the people. Furthermore, it would give better protection against small-pox with none of the dangers that attend the use of the crude vaccine virus. The universal adoption of the Iowa law would be a good thing for everybody but the vaccine farmers.

ANOTHER HERETIC.—Dr. Amos Sawyer, of Hillsboro, Ill., writes to *The Medical Times*, N. Y., like one who knew something about disease and its treatment, yet he says: "Understand, I do not deny the presence of microbes, differing with the various diseases, but claim that their presence is merely an effect, but not the cause. However, I may be like the colored student when he asked the negro superintendent: 'Fessor, when de tide come in dars mo water in all de oceans dan when de tide goes out. Now, when de tide goes out what comes of all de water in de oceans?'

'Um, ah, O. E., well, honey, dat's a question dat can only be answered in Latin: 'Humptus, dumptus, dixus digitus, riproarabus. Now dars whar all de water goes, but chile you'se not educated to de point whar you can understand dis kind of language.' There is too much humptus dumptus about many of these answers; there are too many physiological prevaricators." He also asserts that "The claim that pulmonary tuberculosis originates from the consumption of milk, taken from tuberculous cows, is a city conceived fancy; as a rule, milk drinkers are not tuberculous." Also he thinks that open air work is what is required, and not open air treatment. "I protest against exposing the patients in cots to extreme cold, or using this plan, under any circumstances, as they will derive more benefit by outdoor objective exercise; attending to a garden of some kind, raising poultry, etc., work suitable for both sexes."

Very heretical!

NOT "PROPERLY UP TO DATE."—Our very conscientious and generally excellent *Homœopathic Eye, Ear and Throat Journal* in reviewing Dewey's 4th edition of the *Essentials of Homœopathic Materia Medica*, etc., says: "There is no reference to the Institute's 'Homœopathic Pharmacopœia of the United States,' with its uniform drug strength (1/10th) of tinctures, hence the book cannot fairly be considered properly up to date." Oh, that term, "up to date!" No wonder some of our English friends balked at it a little. Dewey, it seems, started out to give the students the fundamentals, or the "essentials," of homœopathic materia medica and pharmacy, which he did in a masterly manner, giving as nearly as possible the preparation of the drugs as they were prepared by those who proved them. To have done otherwise would have been—well, let us say, unfortunate. Now to do so is to be not "up to date." Wonder if the provings of those drugs are no longer "up to date?" The old world is worldly wise and has seen so many bubbles arise that it instinctively holds fast to that which is tried and true even at the risk of being stigmatized as being not "up to date." The world is ever belabored by reformers from all sides, never more so than at the present day, so some allowance must be made for it, and some

charity exercised, for, indeed, the reformers pull and haul and belabor it from all directions and it gets confused at times. Dewey is evidently a worldly man so the world holds on to him as to one it understands. The world has proved the old pharmacy and now follows St. Paul's advice and "holds fast."

A GREAT PROGRAMME.—Dr. J. W. Kerr, of the U. S. Health and Marine Hospital Service, in an address at the Municipal Convention, Charlotte, N. C., outlined a grand campaign against death and disease. In brief, consumptives must be made to stop spitting, their sputum must be destroyed, unsanitary buildings must be pulled down, "soil pollution" must be stopped, mosquitoes must be eradicated, rats and fleas must be exterminated, all typhoid dejecta must be disinfected, all persons with "communicable" diseases must be isolated, everybody must be vaccinated and a number of other things must be done. All should be done by "trained" officials. If all this is done we will have enough officials to make Russia resemble 30 cents, and a pay-roll that will make effete monarchies of the world sit up and take notice. Wouldn't it be just as well—better—to quote the Scriptures to the people, "Wash and make ye clean!"

But then the end sought is State medicine under the allopaths and so, perhaps, this is the best way to work it.

AN OLD BUNCO GAME.—A correspondent of the *Medical World* who signs himself C. J. S. and hails from "W Va.," tells the following story on himself:

"— Weekly has a set of smooth young men working the doctors. One came to my office some time ago and said, 'Doctor, can I make you a present of a set of three beautiful books, absolutely free? I use them to advertise our paper and give them away.' He brought the books and asked me to sign a receipt for them, 'simply to show where he had left them.' Being in a hurry I did so, without reading some small printed part of the receipt, and afterwards learned that I was stuck for \$7.80 for the books and 18 months' subscription."

If you want to subscribe for a journal, buy a book, or anything else, it is better to write to some responsible house rather than put yourself in the hands of these smooth "agents."

AN X-RAY DECEPTION.—Dr. Julius Wesselowski, of Jewel, Kansas (*Med. World*), had a case of hematuria to treat and some one advised the patient to get “an X-ray picture taken” to see if it was not a case of calculi. “He had the picture taken by an expert, and I know he was a good man, and the picture showed a dark spot in the kidney, and the diagnosis was made, renal calculus. A surgeon made the operation, and when they got to the kidney and opened it, the supposed stone was a *clot of blood*. So you see, the X-ray does all right, but not as sure as some think.”

HYPODERMIC AND INOCULATIVE TREATMENT.—The following is clipped from a letter, by Mr. Arnold Lupton, Member of British House of Commons, published in the *Calcutta Journal of Medicine*:

“The inoculations for diphtheria, instead of reducing the number of deaths, have increased them. Many sad cases of children being killed by the anti-toxin inoculations have occurred. In the town of Hull, where the anti-toxin serum was distributed free of charge to the medical men, the result was that the number of deaths attributed to diphtheria increased four-fold. As a matter of fact, the poor people who are inoculated did not die from diphtheria at all, but from the poison that was injected into their blood. Similar results have followed the use of inoculations against hydrophobia. The number of deaths has been increased. There are two thousand recorded cases of death following upon inoculation for hydrophobia. As an eminent French doctor remarked: ‘Pasteur does not cure madness: he gives it.’ The anti-plague and anti-typhoid serums have also failed. In India the plague has been continued for eleven years by the use of anti-plague inoculations.”

Making full allowances for exaggeration in the foregoing there still remains the hard fact that you cannot continue to inject animal matter into the human blood without an effect. The medical scientists responsible for the ever increasing injection of this matter into human beings say the effect is curative but do any of them know of the after affect on the race? May it not be possible that they are merely changing the form of disease to one more deep-seated and far worse?

STOP MAKING DISEASE.—Discussing Dr. T. G. McConkey's paper on Psora, etc., Dr. H. C. Allen asserted that the statements that nearly all men are more or less tuberculous is but a reiteration of what Hahnemann showed years ago in *The Chronic Diseases* and then:

“Our friends of other schools are now trying to build and actually are building a sanitarium for the treatment of cancer, and are mapping out sanitarium for the treatment of other diseases, for instance, in New York a State sanitarium for the study of insanity. In Heaven's name, why not stop making people insane? Why not stop making cancers? We keep on punching vaccine virus into the healthy person to prevent a thing that may never happen, to prevent the disease that may never occur. Who knows what vaccine is?”

“I believe if we will stop vaccinating people and stop infecting women with sycotic poison, we shall stop cancer. If we will stop allowing our patients to eat quinine on every possible pretext we shall get rid of a large percentage of our cases of insanity very promptly. The superintendent of an insane asylum in New York, an allopathic physician of over thirty years experience said: ‘If we could prevent the popular use of quinine we could do away with one-third of our insane asylums.’ What does that mean? Suppressing diseases; they have no idea of curing, but suppression, and our advanced and liberal homœopaths are trying to follow in their footsteps, suppressing and palliating disease and then complaining of results.”

You will find this in the March *Journal of the American Institute of Homœopathy*.

THE RETURN OF THE PRODIGAL.—“The prodigal seems to be returning—at least we are anxiously waiting for him—and we must hurry up the fatted calf, so as to be ready when we see him afar off and run to him. In this case, however, it is not the anxious, heart-broken father who looks eagerly for him, but the elder brother, once, in the parable, so envious and sullen. Now it is that regular, elder brother who gazes down the road with tearful eyes and watches and listens for the tramping feet of the returning homœopathist. For this prodigal has, indeed, been

a roamer in far lands, where the high dilutions and potencies dwell, and he has been fain to fill, not his own belly, but the bellies of his clients, with the similia—the husks—indeed, which the wealthy swine have eaten all too eagerly. But all the time he is supposed to have longed for his home, and soon we think we will hear music and singing, and there will be feasts in the county medical societies. And is there not another prodigal, even many prodigals, to whose returns we can look forward as remoter joys, when they have come to themselves? Just now they may not be exactly perishing with hunger (for are they not the Eclectic, the Osteopath, the Vitopath, the Chiroprath?), and we must wait a little till their rations run out.”—*Edward Willard Watson, M. D., in Medical Notes and Queries.*

EXAMINING BOARDS VS. COLLEGE FACULTIES.—Dr. W. G. Tucker, of the Albany Medical Colleges, ventures to say:

“When I observe that candidates fail before some of our State boards who had recently passed the repeated examinations, and complied with the other requirements of the faculties of some of our best schools from which they have been graduated, I am greatly in doubt which judgment as to fitness is correct—that of the faculty which has trained and has personal knowledge of the character and capacity of these graduates, or of the examination board which has judged them by a single series of exclusively written examinations, perhaps poorly adapted to the end in view and possibly with an improper valuation of the papers submitted by the candidates.”

DR. H. C. ALLEN AND INDIA.—Dr. D. N. Banerjee concludes his contribution to the Allen Memorial, as follows:

“Thus it may be readily seen that the hold Dr. Allen has on the homœopaths of India will be a lasting one, and it will always be a source of thankfulness to them that they were so fortunate as to have come under the inspiration of his life and teachings.”

This influence can be seen in the contributions published from time to time by the RECORDER during the past years from Indian practitioners of Homœopathy.

ECHINACEA.—A correspondent asks the *Jour. A. M. A.* about

Echinacea and the editor replies, in substance, that it is no good, "like many discarded drugs." Was it ever taken up by the "regulars" and investigated? There are no evidences of it. The dispensaries mention it as something the eclectics make great claims for and that is all. But time works wonders.

BE CAREFUL WITH THE X-RAY.—A London letter says that "Mr. Cox, one of the leading manufacturers of X-ray apparatus in London" has lost the greater part of his right hand, the thumb and little finger remaining and part of his left hand is gone and another operation impending. Another man is mentioned who lost both hands. All this is the result of the X-ray, or, probably, the too frequent exposure to its action.

EXTRACTING SUN BEAMS FROM CUCUMBERS.—Dean Swift tells of a land where one earnest scientist worked for many years trying to extract sun-beams from cucumbers; what was to be done with them after they were found was not clear. Probably the process would have been named after the man. A French doctor is trying to graft ovaries in women. One case, as related in the *Archives Geneeres de Chirurgie* was of a woman of 29 with bilateral salpingitis for three years who had long suffered from irregular, overfrequent and painful menses. He removed both tubes and ovaries, leaving the uterus, and implanted an ovary taken from a woman of 35, who had undergone an operation half an hour before for uterine fibroma and one ovary had been removed. The graft was not successful in this case, and the patient still suffers from the disturbance of the postoperative menopause. In another case he tried to re-establish the circulation through the implanted ovary by anastomosis of blood vessels, and he is convinced that success will lie in this direction. In conclusion he quotes with approval Franklin Martin's assertions in regard to the feasibility and promising future of engrafting the ovaries. Like the question that once agitated the mice, "Who will bell the cat?" the question that will bother the "promising future" of this bit of human carpentering is, Who will furnish the ovaries?

SALT.—Dr. H. O. Beeson, Calcite, Col., contributes a paper to

the *Denver Medical Times* on the use and abuse of salt in which the abuse seems to lead, and the taste for it like for Katisha is "acquired." In excess, he says salt interferes with digestion, inhibits glandular action, retards secretion, lays the foundation for the reaction of succorhea and secondary infection and taxes the emunctories, thereby diminishing functional efficiency. He discusses its influence in delaying or perverting digestion and describes his experience in obtaining relief within a week from a ten years' progressive fermentative intestinal indigestion, by cutting out all supplementary salt. He concludes that the claim that salt is an aid to digestion is not founded on experiments or observations, but solely on perverted taste. The taste for salt with food is acquired. Infants do not get much of it. Wild animals never take it with food, and only those that eat vegetable food containing a minimum of salt ever seek it. All the same the world will go on using salt quite regardless of what faddists or scientists may say. The point about indigestion may be worth looking into.

DIED OF NEPHRITIS.—There was a case recently reported by a physician to illustrate the prophylactic power of antitoxin. A child was ill with diphtheria, while the mother who was shortly to be delivered of a child, and another little one of the same family showed traces of the disease. An immunizing dose of antitoxin was given; the mother and the other child escaped and the baby was born free from the disease. "The first child had a severe attack and three weeks later died from nephritis." It would be interesting to know what cause was assigned for the death on the saved from diphtheria by antitoxin though dying shortly afterwards from nephritis?

THE CONJUNCTIVAL TUBERCULIN TEST.—Judging from the "conclusions" to the article on this subject by Dr. B. R. Baldwin, Saranac Lake, N. Y. (*J. A. M. A.*, Feb. 20), this diagnostic method can well be forgotten. He writes that a single instillation has "some value;" but has little value when symptoms of tuberculosis are only suspicious; in distinguishing active latent from tuberculosis its value not determined; repetition has no advantages; repetition in the other eye not to be recommended; unreliable for prognosis; used with "precaution" danger is slight.

test should be restricted to adults. These conclusions are based on 1,087 instillations made by Dr. Baldwin and others.

SENSATIONAL MEDICINE.—Dr. Ethan H. Smith, a San Francisco surgeon, writes to the *Pacific Med. Jour.* concerning the sensational matter furnished the popular magazines by the men concerned in the doings of the Rockefeller Institute, N. Y., and incidentally remarks: "As a real test of the efficiency of the 'New Surgery' at the Rockefeller Institute, we have a suggestion to make. Now that the Sultan of Turkey is granting reforms and many concessions, let the eminent research workers, borrow a eunuch. The Sultan might have one to spare. The eunuch might be rehabilitated, say from a dog. It would be tough on the dog, but if successful, would be doubtless highly gratifying to the eunuch and fill a long felt want."

NEWS AND NOTES.

Dr. Mary Branson has removed to 4504 Locust St., Philadelphia.

Dr. S. J. Quinby has removed from Yonkers, N. Y., to 551 S. 26th Ave., Omaha, Neb.

Because, they say, Dr. G. A. Simmons, editor of the *Journal of the American Medical Association*, and the Big Boss, was once an alleged Homœopath, a water curer, and an advertising Specialist in men's diseases, the insurgents among the "regulars" are making fierce faces at him. The Boss, however, seems capable of taking care of himself. The Boss is determined to "protect the public against quacks," while the insurgents are bent proving him to be the arch quack.

The medical great ones of Europe no longer write "Dr. John Doe," but "Mr. John Doe," or, better still, "Doe." When it is quoted that "Doe says" it is more effective than "Dr. John Doe says."

That paper on Diphtheria in this number of THE RECORDER is worth the price of admission.

The three "universal remedies" of Rademacher are are salt-peter (*Natrum nitricum*), iron and copper.

Medical Notes and Queries has resumed publication, Dr. H. W. Catell, Philadelphia, editor. A good journal.

The Court has ruled that unvaccinated children at Sedalia, Mo., may attend the public schools.

There is said to be a good opening at Swannanoa, N. C. Letters may be addressed to Mr. P. Remington, for particulars.

Dr. D. C. Jerold, of Oscage, Iowa, died on February 6th. He was an 1879 graduate of Hahnemann, Chicago. About a year before his death he retired from active practice owing to failing eyesight.

Dr. B. A. Washburn, Paducah, Ky., tells of a case of neuralgia where an incision revealed a hair eight inches long "that had penetrated through the lymphatic gland and had coiled itself in the shape of a washer." The case then recovered.

Many writers append "(fluid extract)" after the name of a drug. A tincture of the fresh plant is much better. Fluid extracts from dead, and often decayed, plants are inferior to the fresh plant tincture in every respect.

Dr. P. E. Triem has removed from Manchester, Ia., to 6528 Fourth Ave., Seattle, Wash.

The Lord Mayor of London said, in a speech: "My children have all been homœopathically treated from infancy, and my wife ascribes their freedom from serious illness to that fact that they have not been dosed under the old system."

Our estimable friend, Dr. Eugene H. Porter, was reappointed Health Commissioner of New York State by Governor Hughes, and confirmed by the Senate without opposition or even referring the matter to the usual committee.

Dr. H. T. Dodge writes (*Jour. A. I. H.*) that some years ago he located in a Colorado town and let it be known that he practiced Homœopathy. "I had all I could attend to at once." That is an excellent hint for any one who will live up to his claim. There is too much competition in the other sort of practice.

The next annual meeting of the homœopathic societies of Ohio and of Michigan will be held together on May 4th and 5th at Toledo, O.

PERSONAL.

Many a hardy Senator has perished from exposure.

"Very little progress has been made in dancing," writes an esteemed, scientific contemporary.

Isn't it about time that the Emanuel Movement men were clamoring for an Examining Board?

Binks suggests that possibly women wear "rats" and things in their hair to conceal its scarcity. Naughty B.!

Since the days of Homer men have been cracking up "the giants of other days."

The keystone of the arch gets lots of credit, but if any other stone were to fluke it would go with the rest.

Many a young doctor practices more economy than medicine—and that's no jest.

A firm, long on science, recently advertised a "toxic constructive."

"Young men think old men are fools; but old men know young men are fools." *All Fools.*

"In style," saith Confucius, "all required is that the meaning be conveyed."

Doubtless the conservative and solid men of Babylon, Tyre and several cities told visitors that the town was "bound to grow."

When the jokes are all worn threadbare the world can have a rest.

"I would never use a long word when a short one would answer the purpose."—O. W. Holmes.

History: A sturdy people. A leader. A successful raid. A conquering race. An Imperial race. Degenerates and then—nix.

If you want a good dinner make up the menu from things forbidden.

Observe and you will learn that the man in the chair is more prone to talk than the barber. Another belief shattered!

China is the only nation that has always stayed at home and never tried to lick all creation.

Keeping the peace among nations is getting to be more expensive than war used to be.

Every man thinks his own religion is the sole prophylactic against hell—even the heathen do.

A Captain of Industry is a man who takes all the pie.

To Fletcherize is all right, but they say it makes the kitchen "help" rage.

A health board has prohibited the use of cracked dishes.

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No. 5

THE LION AND THE COUNTRY DOCTOR.

A certain estimable gentleman, who dwells at Sandpoint, Idaho, and signs himself Chas. S. Moody, M. D., recently lowered his visor, couched his lance-pen and rode a doughty tilt against the perfumed and curled medical knights who dwell in caves high up in the steel canyons of our large cities. The tilt is made in the arena of our esteemed, but irregularly regular *Medical Summary*. Sir Knight Moody is a country doctor, a hay-seed, and says so. This is the way he tilts at those in golden armour and silken hosen:

“The medical publications are stuffed full of ‘papers’ read by some ambitious medic at the County Medical Society meeting held in Podunk Corners. Now, I haven’t the slightest objections to John Henry Smith, A. M., M. D., impressing the assembled representatives of the healing art from the back districts with his wonderful erudition, but I do register a kick against the editors of journals that we pay our good money for, aiding and abetting the said John Henry in his nefarious attempt at impressing us with his superior knowledge. These days it seems the proper thing for county medical societies to invite some professional ‘lion’ to address them upon some important topic. The greater the ‘lion’ the better they like it. The ‘lion’ comes, shedding an air of importance, like an aura about him. He arises and pompously details some professional hodge-podge that is the same old story in a new laid gown, while the bucolic medics sit with mouths ajar and drink in the words of wisdom as though they were pure from the Pierian spring. The ‘lion’ does not say so, of course, for that would be telling, but the inference very strongly is that all the brethren from the wood’s pasture should send to him all

such cases as come under the head of the particular paper he reads. They do it, too. They remark unto themselves, 'What wisdom! What knowledge. How can one head contain it all?' In fact, the whole screed is nothing but a rehash, and generally a very poor one, of some chapter on the subject taken from one of the standard authorities, and not one of the 'lion's' auditors but could produce a better one with both hands tied."

He gallantly rides away from the joust with the cry, O tempora! O mores! O mama!

The RECORDER would suggest to "country doctors," that they set themselves to writing papers on any topic of professional interest, and send them in to the journals. They may not get into the pages of the heavy weight class, but there are other journals which, though of lighter weight, are read.

The "lions" at whom our friend Moody rides are not a bad sort; in fact, they are, the most of them, very good to meet. When not thundering from the forum they do not claim to know it all. They also have their limitations, as shown by a story told recently. A doctor of the country brand, and a star patient of his, travelled many weary miles to consult one of these lions. The consultation was long, thorough and very expensive. At the dismissing time the country doctor and his patient timidly asked what should be done to save the patient and the lion roared "Good Heavens, men! I don't *treat* disease!" When he had told what was wrong with the patient, which country doctor knew before, he had nothing further to do with him; let the country doctor do that! And right there is the suggestion of a golden nugget hidden for the country doctor.

This reminds us of another story. A friend, a mining engineer, whose duties take him to regions where the "chuck" is not of the tender and toothsome nature of that served at Sherry's, or the Bellevue-Stratford, said that his stomach went "back" on him, "dyspepsia," he termed it. Being of homœopathic antecedents, he tried the "indicated remedy" faithfully, but with no relief. Then he went to the "regulars" and took "gallons of stuff" and was no better; in fact, was worse. Then some doctor whose pathy was not mentioned, probably a "lion," told him he would never get better until he got some teeth—his being decided-

ly "on the bum." The next time he "came east," to get the money miners are always after to keep things going in their business, he went to a high up dentist, a "lion" dentist, and had a "first-class" set of teeth made; he paid much good Eastern money for them. On his return to the mines he carried them for six months, chiefly in his coat pocket, because he could not use them. On his next Eastward journey he had another set made by another man. The same result—"N. G." Then business took him to a town in a very remote region of the West. A little toothman was located there. Our friend asked him if he could make him a set of teeth. The dentist replied (of course), that he could—and he did. The teeth were a success, the "dyspepsia" was cured and the mining man is getting fat on camp fare according to the last reports.

Dentistry is not medicine. Sometimes the little man succeeds where the big man fails and, with Bunsbian profundity, it may be added, that there are times when the little man fails and the big man succeeds. In fact, there are things that "no fellow can find out." Even so. Do your best, and don't be too bigoted—or too biggotty.

"AN INEXCUSABLE INGRATITUDE."

Report of a Case by W. L. Morgan, M. D.

December 3, 1906. Through the influence of a lady that I had successfully treated for a very distressing chronic morbid condition a few years before, I was called in to see Mrs. X., a lady of affluence and influence, of fine physique and intelligence, who had been suffering from a large bone excrescence of the right knee joint, which was flexed so much as to be entirely useless for walking and very painful when attempting to straighten it or bend it in any way, and at the same time she was suffering with a very distressing case of La Grippe of a rheumatic character. She told me of having consulted about eleven of the most eminent physicians for the condition of the knee and I was the twelfth. She impressed it upon me that she had little hope for the cure of the knee condition. The last physician treating her was a Homoeopath and had given her *Nux vomica* tincture in five drop doses,

the lady showing me the vial so marked. This she had been taking faithfully for a period of several weeks, three times a day, in dose of five drops, as directed on the bottle. After expressing great anxiety to get well, and but little hope of saving the leg from amputation, she wanted to see what I could do for her. Taking all the symptoms, and especially those last appearing, with all the modalities I could find, the totality of symptoms pointed directly to *Arnica*, and this I gave her in M. potency, five powders, one to be taken every four hours, and this to be followed every four hours by a tonic, so-called, but which was only *Placebo*.

December 5th. Symptoms much changed, less soreness, more nervousness and tired feeling—a good picture of *Actæa rac.* I gave her *Actæa rac.*, 50 M., 12 powders, one to be taken every four hours, and again followed by the tonic (*Placebo*).

December 8th. All *Actæa* symptoms yet present, but much milder. Repeated the same, followed by the tonic.

December 12th. All Grippe symptoms disappeared, leaving a totality of *Nux vomica* symptoms in full force, such as had existed before the Grippe took possession of the case—a complete proving of *Nux vomica*. She had not taken *Nux vomica* for nine days, but the case now presented a most beautiful picture of the drug. Following the law that requires the selection of the remedy having the totality of symptoms, I gave her *Nux vomica*, C. M., four powders, to be taken every four hours and again followed by the tonic (*Placebo*).

December 16th. All symptoms much better—continued *Nux vomica*, C. M., five powders, and followed by the tonic.

December 22d. All *Nux vomica* symptoms disappeared. But still some pain in the knee when kept still, and this caused her to move it often, with much pain, but after movements relief in the new positions; with a general restlessness; must change position often and with but momentary alleviation—a complete picture of *Rhus tox.* Gave her powders of the M., one to be taken every four hours.

December 28th. Found her much improved, so much so that she had been going about her room on crutches, with no symptoms but in the knee and these were all found in the *Materia*

Medica, and pointed to *Natrum phos.* Gave her *Natrum phos.* 30, three powders, one a day, and six powders of S. L., one a day. She then told me that she saw no improvement in her knee, and that she despaired of being cured by any treatment, and had decided to go to the mountains a while in the hope that the air would benefit her and quit all treatment after exhausting my last prescription.

After three or four months she returned, the knee much improved, but did not come to see me, the information being imparted to me by the lady who introduced the case to me.

I dismissed the case from further observation and soon entirely lost sight of it, being engrossed in other work.

Toward the fall of 1907 I was agreeably surprised to see my former patient, Mrs. X., walking the streets without crutches or cane and in the pink of health. One mutual lady friend informed me some little time later that Mrs. X., after exhausting my last prescription (*Nat. phos.* 30) took absolutely no medicine of any description, having lost faith in all doctors now, I being the twelfth to undertake to cure her of the knee condition.

Mrs. X. will not admit that so little medicine could have caused so much bone absorption, and attributes her entire cure to the stay in the mountains. As she puts it, “Why, all the while I was taking your treatment the knee remained just as large and did not get one whit smaller until I had been in the mountains a while, and how could such little treatment of such small medicine possibly remove such a morbid condition; that I cannot bring myself to believe.” Of course, Mrs. X. cannot understand that, by the laws of Homœopathy, the last remedy given her cured the disease that caused the growth of the knee condition, and that then the healthy functions of the system caused the absorption of the morbid product—bone tumor.

As is evident, she knows nothing of the science of true Homœopathy and, pardon me for saying it, the homœopathic physician (so-called) who previously treated her knew or knows less of the science of true Homœopathy as given us by Hahnemann and the late masters. Hence, it is just such people as my described patient that are easy victims to the chicanery of interested advisers, M. D.’s of the old school (and some even of our school)

to their disadvantage and to the latter's profit. I am impelled for reasons given, to excuse Mrs. X. for the ingratitude and injustice to myself and Homœopathy. The healthy condition she now enjoys she owes entirely to Homœopathy, but I will pardon her for not admitting it.

This was the third case of similar condition that I have completely cured, and now have the fourth under way of recovery, and all treated by the same method.

Mrs. X. being the only one that denies Homœopathy full credit for the cure. Grave sickness and painful ailments may be cured, but pride and prejudice never.

Baltimore, Md.

VARIOLINUM IN THE TREATMENT OF SMALL-POX.

By Dr. Srish Chandra Basa, L. H. M. S.

At the present time small-pox is virulently raging in Calcutta, and is carrying off three to four hundred every week. Our government, as usual, is only insisting on the people to have themselves vaccinated, as if vaccination is the only means of relief from this dire calamity. But it has been found that persons who have been vaccinated more than once have not been able to escape its attack. There are also cases within my professional knowledge, where persons died from the effect of vaccination. Homœopathy, however, though now widely known throughout the length and breadth of India as the easiest and the safest means of combating with many dire diseases, has not been able to make its way among the small-pox patients, chiefly because there is an innate belief among a large number of people that all western mode of treatment rather spoils a good case than does any good. I have, however, been able to get hold of some cases, brief reports of which, appended below, will show how our system of treatment has admirably worked in some cases, even though spoiled by the administration of purgatives.

Case No. 1.

Patient, Mr. L. C. Datta, bookkeeper; Mercantile Bank, Calcutta; age, about 40.

Had a slight attack of fever on the seventh of February, 1909. As there had been some cases of small-pox in his family, he became afraid and called in a kabiraj (persons who practice native mode of treatment) for consultation. He gave him a purgative in the hope that it would cleanse off his bowels and remove all his ailments, but, unfortunately, the purgative acted so violently that the patient became very bad, and sent for me early next morning. On my arrival I learned that he had passed eight or ten stools, all watery, intermixed with mucoid substances. The last stool he had was bloody. Thirst exceedingly great and nausea very prominent. He was extremely prostrated, and was somewhat chilly. I prescribed *Nux vom.* 6, to be taken every three hours. On the next morning (9th) when I called on him, I learnt he had severe fever during the night, which was still then lingering in a considerable degree with nausea very prominent. On closely examining his body I found some spots resembling mosquito bites on his face and chest. To all appearance it was a case of pox, be it small or chicken. I gave him *Antim. tart.* 6, to be taken every four hours. On the 10th I again visited him and found the crop had fairly appeared on his body. I put him on *Variolinum* 30, which satisfactorily brought the case to a happy termination. I had, however, occasionally to give him a few doses of *Rhus tox.* 30, and *Merc. sol.* 30 to allay intense itching and to promote sup-puration.

Case No. 2.

Patient, a girl of six years, granddaughter of Bebu Bhuban Chandra Chatarji, a government pensioner, residing in Kansari-purah, Calcutta.

On the 20th of February last, she had an attack of fever. In consideration of the time, she was left unattended for seventy-two hours, when it was found that the fever had risen to 106°. The old gentleman was very much afraid and came to me with tears in his eyes, almost despairing of the life of his pet grandbaby. I hurriedly went with him and found the patient in almost delirious condition; the fever was high, pulse was thick and rapid; no thirst; incoherent talk at some intervals; eyes closed; eyelid somewhat puffy, dull. I gave her *Gelsemium* 30 every three hours. I also ordered her to be put on warm foot bath, at least three during

the day. This was strictly followed, and the result was that the next morning the fever came down to 105° , while all other symptoms remained the same. I followed the same prescription, which brought down the fever to 103° in the evening, with the appearance of a crop of mosquito bite-like eruptions all over the body. Next morning the fever further came down; it was almost normal, while the eruptions became very prominent. This patient, like the previous one, was put on *Variolinum* 30, and made rapid progress towards recovery in a few days.

Case No. 3.

Patient, a boy servant of Babu Bhut Noth Banarji, a pay clerk of the East Indian Railway in Calcutta, age about 18. On the 3d of February, 1909, I was sent for to attend on the above patient, who was then suffering from high fever with delirium and violent retching and vomiting. There was severe pain all over his body, and he was very restless. His thirst was very great, but drinking water, instead of allaying it, increases it more. All these indications induced me to try *Rhus tox.*, which I gave in the 30th potency. Next day (4th) when I visited the patient, I found slight improvement, but the retching and vomiting were as violent as ever. I prescribed *Antim. tart.* 6, to be taken every three hours. This had the effect of controlling the retching, which was very painful and also of reducing the fever to almost normal point. With the subsidence of fever there came a crop of eruptions over the body, which were soon diagnosed as small-pox. As usual with me, I put him on *Variolinum* 30, which brought the case to a favorable termination. Soon after recovery he began to have slight ailments, such as slight fever in the evening, swelling of the inguinal glands, and so on. After a dose of *Thuja* 30, a few doses of *Merc. sol.* 30 were given. This arrangement completed the cure.

Note.

There are other cases in my records which were treated in the similar way. I, therefore, refrain from giving a detail of them here as they are needless, but it should be pointed out that *Antim. tart.* has played an important part in the beginning, and latterly *Variolinum*, but it was *Thuja* which in many cases was necessary to be brought into recognition to complete the cure.

It should further be observed that *Variolinum* was not only necessary in the treatment of this fell disease, but also acted as a prophylactic, and this I have amply verified in this season. In way of illustration, I may mention that the head of the family in which the last case occurred, instead of following the usual method of having his whole family vaccinated, gave a trial of *Variolinum* among the members of his family, and the result was that while in the surrounding houses there were cases after cases of small-pox, his was entirely free from it, though some got fever. I have given similar trials of *Variolinum* in some other families with the same result.

Calcutta, India, April 2, 1909.

RADEMACHER.

By T. L. Bradford, M. D.

Notable among the figures medical, who have walked across the canvass of the world is Johann Gottfried Rademacher, contemporary with our own Hahnemann and heir of Paracelsus.

It has been said that Paracelsus had two interpreters and that each of them elaborated one of his dogmas. And each formed the basis of a school of medicine in the nineteenth century.

One of these interpreters is Rademacher. Born in 1772 at Goch, in the County of Mark, on the lower Rhine, a kindly man and an observing, and who says of himself: "Probably to the very end of my life I should, also, have been unable to attain the power of healing—having my understanding partially crippled by scholasticism—if a concurrence of circumstances had not determined me to read the works of Paracelsus with attention, and if he had not lighted for me a candle, which I sought in vain from other physicians." And the book in which Rademacher published the results of his experience was not issued until 1841 after he had been for forty-six years in practice. It was published in two large volumes each of about 800 pages.

The teachings of Rademacher are based upon a statement of Paracelsus: the "natural, genuine physician says, this is a morbus helleborinus, terpenthinus, not this is a phlegm, chorryzza, catarrhus."

Rademacher arranges diseases according to the remedies proven curative in each. We cannot distinguish the ultimate essence of disease or its origin in the body, but we can, by experience, learn to use and to understand the remedy that has caused the cure, and we ought to name the disease after the remedy.

Rademacher taught that there are three universal remedies: cubic-nitre, copper and iron, and also three primary diseases of the body, and these are called cubic-nitre disease, copper disease and iron disease, because, although the character of these diseases is not known, they are certainly cured by these remedies.

These three primary diseases, cubic-nitre, copper and iron disease, do not remain distinct, but often throw an organ into a condition of sympathy, and thus it results that an iron disease, may show itself as a consumption, or a mania a potu; or a copper disease may appear as worms, paralysis, jaundice, etc. Besides the universal disease and remedies there are also diseases of organs, diagnosed by the efficacy of organ remedies and showing as simply organ-diseases, or as sympathetic organ disease. These latter may become also primary organ diseases.

There are supposed to be four great groups: abdominal diseases and the corresponding abdominal remedies; head diseases and head remedies; chest diseases and chest remedies; diseases of external organs, the skin with external or skin remedies. There is also a special remedy for each internal organ or viscus.

Such in a word is the medical system of Rademacher, and for some years after its promulgation this doctrine had capable followers.

Recently an interesting book has been issued, entitled "Universal and Organ Remedies." This should be of interest to any one who finds it of interest to trace the development of medical thought from that great philosopher, and empiric, Paracelsus, who stands between alchemy and chemistry; between the old medical systems and the medical practice of the present. Dr. Ramseyer has condensed into this book of a hundred pages, a very readable and complete exposition of the rather curious notions of Rademacher. The organ remedies, each remedy being adapted to a particular organ, remind us somewhat of that fanciful doctrine of signatures. There is somewhat about this theory

of Rademacher that points to Schuessler and his tissue remedies. Rademacher used *Nux vomica* from 1816 to 1819 in diseases of the liver, he used *Chelidonium* for the liver. The book is divided into practically nineteen sections, each one devoted to a remedy, and the disease or organ calling for that remedy. The profession owes Dr. Ramseyer thanks for his very careful presentation of the doctrines of Rademacher and there is little doubt that these doctrines have served to modify more or less the practice of medicine during the latter part of the nineteenth century. It seems self-evident that the modern physician should devote an hour to this little book, if, with no belief in its dogmas, yet as a matter of education in the tenets of a notable medical system.*

1862 Frankford Ave., Phila., Pa.

FOR INQUIRER.

Editor of the HOMŒOPATHIC RECORDER:

"Inquirer" in RECORDER of April 15th wants the similimum.

I would suggest that he study *Cannabis Indica*, under which he will find similar symptoms.

Very truly yours,

GEO. H. CLARK.

Germantown, Pa., 66 W. Walnut Lane, 4/23/09.

HOMŒOPATHY VS. TOXINS.

Dr. E. C. Price, contributes the leading paper to the April issue of the *North American Journal of Homœopathy*. The title is: "Is the Work of Hahnemann, the Great Therapeutist Reformer Finished?" Dr. Price thinks it is not finished, though there are some followers of *Similia* who, no doubt, will not agree with him in what he considers some of the finishing methods. For instance, Dr. Price writes:

"While it is apparently true that in the comparatively near

*Rademacher's Universal and Organ Remedies. (Erfahrungsheillehre.) Abridged and translated by A. A. Ramseyer. Philadelphia. Boericke & Tafel. 1909.

future a large class of our most fateful diseases will be treated and cured by the products accompanying them, yet it is also true that there are probably many other diseases which are not due to toxins, and in this last field a knowledge of what drugs other than toxins will do to the healthy is also necessary."

Inasmuch as toxins are used in the cure of diseases which, at present, are said to be caused by microbes, and as pretty much every known disease is (said to be) caused by microbes, it looks as if there was but little room for Homœopathy in the lexicon or those who are carrying forward—or think they are—the reform begun by Hahnemann.

As Dr. Price reasons, Homœopathy was the first step in the great medical reformation, but there must necessarily be other steps, which, logically, will leave Homœopathy behind, even as a man leaves his own foot-prints behind. This view appeals to some, but to others it is fallacious, though it is so glittering, and so in accord with the "Spirit of the Times" as to cause mental confusion and bewilderment. They realize that man must advance or retrograde—or stagnate; hence when there come from the men who claim to be scientific, things like toxins, or anything else, dubbed as scientific, they see these are not in accord with Homœopathy, yet are asserted to be a "step" in the direction of which Homœopathy was the primary step, hence Homœopathy must be left behind. The confusion, it would seem, arises from the comparison with a man advancing towards a given destination by steps which further involves the necessity of having the things now called "steps in advance of Homœopathy," themselves, in turn, left behind by other future steps, and so on indefinitely—always "progressing," never arriving.

If one believes Homœopathy to be a Law the fallacy at once becomes apparent. A natural law is not a "step" it is a fundamental, a foundation on which true science is built. It is something fixed. The scope of every such Law is so vast that no man can ever hope to comprehend it all. There is ample room for expanding without leaving Homœopathy (the foundation) "behind."

In fact, if one thinks he has left it, or can leave it, behind, he

is—well, he is in error. You cannot ignore a natural law, or supersede it, for it is basic; it remains quite regardless of what any one thinks or believes. Toxins, or, as the men who discovered the curative power that resides in a product of disease termed them, "Nosodes," when they act curatively, act on the basic law of Homœopathy. The late Dr. H. C. Allen clearly saw this, and the danger of using nosodes blindly, hence the closing years of his life were devoted to preparing a materia medica of these toxins, or nosodes, made from actual provings on the healthy just as the other drugs are proved. He had no patience with the ideas preached, and developed, by the late Dr. Samuel Swan, the Isopathist, and now adopted, with frills and trimmings, by a part of the old allopathic school, as something new. Isopathy, Schuesslerism, and several other things are nothing but evidences of the great basic Law.

INSUFFICIENCY OF THE HEART AND SERUM ANGUILLÆ (EEL SERUM).

By Dr. Chiron, Paris.

This account is taken from an address delivered before the *Société franc. d'Homœopathie*, as published in the *Revue homœop. franc.*, No. 2, 1909.

I had lately an opportunity of gaining wonderful results with this excellent remedy in a case that seemed almost hopeless, and I think it of use to communicate it.

Mr. H., fifty-nine years of age, came to my office in May, 1908, on account of nocturnal attacks of dyspnoea, which made sleep impossible. He was tall, of pale complexion, normal as to corpulency, and produced the impression of weariness and senility. Formerly he had been in office, but since the last four years he had left office and did no work. He has been leading a life so far, free of care; was somewhat full-blooded, a good eater and drinker and smoker. No severe disease had disturbed the even tenor of his way, until in the year 1905 a congestion of the lungs confined him for time to his bed, and left some weakness behind.

About a month ago the trouble began, from which he is now suffering. They appeared unintermittently, increasing in inten-

sity, and now he passes his nights, sitting up in bed, laboring under a dreadful dyspnoea. In the morning he rests, exhausted for some moments, but disquieted by a dull and benumbed sleep. He complains of palpitation of the heart, of a sensation of a bar across his chest near the pit of the stomach, accompanied with a severe distention of the abdomen. As soon as he walks a little fast or goes up stairs, he is out of breath and is compelled to stop to take breath. His appetite is good, stools normal, and also the same with his micturition.

On examination, I found that the apex of the heart is in the sixth intercostal space; on palpation of the lower part of the sternal region, pulsations of the aorta were felt. During auscultation I perceived very clearly a sharpening of the second tick of the aorta with a metallic sound extending toward the collar bone. The pulse is full, leaping; the arteries hard and serpentine. The lungs do not show anything abnormal except some slight rattling sounds in the two bases. The liver is enlarged, sensitive, and extends a finger's breadth below the false ribs. Nothing is noted in the intestinal canal except that the abdomen is distended with gases.

My diagnosis was arteriosclerosis and chronic inflammation of the aortas and I prescribed a suitable diet. Among internal remedies the patient received successively as the symptoms appeared: *Arsenicum album*, *Cratægus oxyac.*, *Spigelia*, *Baryta carb.*, and *Carbo veg.*, which produced a progressive amelioration.

This improvement extended the whole summer to the middle of November. But at this time a slight bronchitis set in, which rapidly complicated the situation and the condition of the patient rapidly grew worse. The nocturnal dyspnoea appeared again with threatening violence. The heart quickly slackened its motion and the liver again extended down beyond the false ribs. At the same time the quantity of the urine diminished, while on the ankles there appeared a dropsical swelling, which increased from day to day. No prescription was able to stop these morbid disturbances, and all the remedies, no matter how well they seemed to be indicated, refused to act. *Arsenicum alb.*, *Cratægus*, *Apocynum*, *Spigelia*, *Apis*, *Digitalis*, produced only a partial improvement. Even the *Spiritus quercum*, which I tried for two days, had quite a negative result.

During this time the condition of my patient became ever more aggravated, and hopeless. There was complete insufficiency of the heart. The pulse mounted up to 120. The heart pulsated violently and galloping ticks could plainly be heard. The lungs were congested, with numerous rattling noises at both bases. The liver was painful and extremely sensitive to all pressure; it extended four fingers' breadth beyond the false ribs. Urination was much diminished, about 100 grams of a reddish, thick fluid of evil appearance; the analysis showed 0, 15 per cent. of albumen. The œdema had finally extended all over the legs and thighs, and extended half way up the back. The patient had no rest for even a minute; he suffered from attacks of suffocation. His nights were fearful; he was delirious, saw all manner of appearances and heard voices and outcries. Then I prescribed *Serum d'anguille*, (eel serum) 6. C., twenty drops in 200 grams of distilled water, every two hours a tablespoonful.

The effect was striking. In twenty-four hours the patient discharged about five quarts of urine and the œdema was much diminished. The delirium had disappeared and the night was pretty quiet. The dyspnœa being less severe had permitted the patient even to sleep for a few hours. The pulse had gone down to 100. The pulsation of the heart was less stormy and the galloping sounds were less perceptible on auscultation. I continued with the *eel serum*. Next morning it was found that the urine had again amounted to five quarts, and the œdema was scarcely perceptible on the ankles. The heart had regained its normal rhythm and the dyspnœa had altogether disappeared. The crisis was not protracted, and eight days after taking the *eel serum* my patient was up again. I saw him again last week (in the beginning of January, 1909) and his condition is quite satisfactory.

What was peculiarly striking to me in this case was the quickness with which the serum acted. This remedy usually acts more slowly, and frequently while the discharge of the urine increases in the first day, it yet only becomes copious after two or three days. But here the quantity discharged mounted from three hundred grams to five quarts on the first day. Whence this difference? It may be that the first trituration generally used is less effective than the sixth potency which I prescribed? Or may it have come

from the fact that the similarity between the symptoms covered by the *eel serum* and those in my patient was more perfect? I do not know which was the reason and am left to supposition. For we may readily confess that we are not yet sufficiently acquainted with the significance of this remedy. The great results secured by Dr. Pierre Jousset in the Hospital of St. James have given us the chief indications, which have been confirmed in practice.

But a complete pathogenesis of the remedy is as yet lacking, which explains a somewhat blind groping in the indications as well as in the dose to be given. It would, therefore, be very desirable to have provings made of the remedy on healthy persons. These would give us certain and reliable indications which would enable us to give to the *eel serum* its proper place in our *materia medica*.

VACCINATION IN THE SCHOOL CODE RECENTLY PASSED IN PENNSYLVANIA.

In an analysis of the "school code," over which there was such a bitter fight in the last session of the Pennsylvania Legislature, Dr. George M. Phillips, of the Normal School, West Chester, shows, among other things, its relation to vaccination. He says:

"Enforcement of the compulsory vaccination law will be in the hands of the medical inspectors, and not in the hands of teachers. An examination of the vaccination marks on the child's arm is provided for in case there is no certificate of vaccination. When children are physically unfit to be vaccinated the medical inspector may permit them to attend school until their health has sufficiently recovered to permit of vaccination, and he is required to vaccinate unvaccinated children free of charge with the consent of their parents."

"In case there is no small-pox in the district, or so near it as to endanger the community, the school board, by a three-fourths vote, may permit unvaccinated children to attend the schools, but if small-pox should appear in the district, or anywhere in dangerous proximity to it, the medical inspector must see that the law is strictly enforced."

This seems to be an improvement over the old rule, as it gives

the physician, and school authorities, some discretionary powers in the matter. The provision that children physically unfit to be vaccinated may be exempt until "their health has sufficiently recovered" is in itself a curious commentary on this old practice, so contrary to all modern ideas of hygiene. It is an admission that only strong, healthy children can be safely vaccinated; the thought is not unreasonable that it would be better to trust to the health and strength of the child to resist disease rather than to the disease producing virus from an animal.

The upholders of this practice of vaccinating never dwell upon, and apparently refuse to consider, its after effects on the one undergoing it, yet surely this is a question that should receive careful study by every one who cares for the welfare of humanity. Those who claim to have studied it declare that very often the effect is bad, resulting in life-long ill health. If gonorrhœic infection is one that can never be wholly eradicated from the system, as many learned men affirm, it seems not unreasonable to believe that the cow-pox infection may remain lurking also, obviously to the great detriment of the race.

This question, when raised heretofore, has been generally met with silence, which, indeed, is safest, or a contemptuous assertion that "all this has been settled" to the satisfaction of everyone save a few "cranks" or "fanatics."

The truth is the question never has been discussed, much less settled, save by the acts of the legislature passed at the instigation of men who it is charitable to believe did not understand that which they advocated.

THREE CURES.

By C. Assem, Prior.

Gelsemium in Insomnia.

When I met my friend, the pastor of K., he complained of a peculiar ailment of the head with vertigo, anxiety, nervous twitches and insomnia. The physician called it neurasthenia, but his remedies and advice have done no good. He is especially inconvenienced by his nose, which is stopped up and quite dry. The latter symptom caused me to send him *Kali bichrom.* 6. in

pellets. I did not hear from him for half a year, when he wrote me, that the homœopathic remedy had a very good effect and cured the stuffed cold in the nose, but the nervous twitching which prevented him from going to sleep, still continued and he also had gouty pains in the wrists. He writes: "Often it twitches through the whole body, as from an electrical stroke; often it flashes through the shoulders, the arms, hands and fingers and the feet and drives away sleep." He cannot find out what causes this intolerable condition. The patient is not alcoholic, his parish is not large, he lives without care and in peace, his dwelling is dry and healthy, though situated near the river, only his gouty pains raise a doubt as to a gouty diathesis. I tried him successively with *Causticum*, *Natrum sulphur.*, *Dulcamara*, *Cuprum*, *Lachesis*, but all without effect. Now the patient again turned to an allopathic physician, but all his directions: sweating, ointments, massage, electricity, etc., proved without effect; often he succeeds in falling asleep in the morning when he ought to get up. It may be supposed that his spirits were very much depressed. Finally he again came to me for a homœopathic remedy; I now gave him *Gelsemium* 6. in pellets, and in two weeks he wrote to me that the painful twitches had diminished and a few weeks later he wrote that the whole affection had disappeared on the continued use of *Gelsemium*, also the gouty trouble in his hands had disappeared.

II. Sulphur As a Peacemaker in the Family.

In the course of the spring a workman's wife came to see me, and asked me very shyly, that I should help her husband, who was given to wetting the bed; for she had heard, that I had not only helped school children, but also young people, who were given to wetting the bed. On my replying that I could not see how anyone could marry a man who had such an ailment, she replied, that she had not heard of the matter before, else she would have broken off the marriage, even at the last minute, but now she could not go back. After examining her somewhat as to her relations and circumstances, and had found that her husband was suffering from constant itching of the skin, and this ever since he had been a child, I gave her for the young, honest and honorable workman some homœopathic *Sulphur* pellets, direct-

ing that he should take three every day. After about six weeks she reported with many thanks, that her husband was freed from the horrible ailment and as she hoped for good; for the pellets had given out some weeks ago and nothing had happened since, and the itching also had passed off. It may be supposed that the wetting was put an end to by suggestion, and not by an imponderable dose of *Sulphur*,—but whoever heard of itching being cured by suggestion.

III. A Rare Case of Hysterics.

An intelligent farmer wrote me that his wife, now forty-nine years of age, has been troubled now for three months with a nervous ailment, which, in spite of the physician's medicines won't get any better. "It began with swooning, and when this passed off, there was a trembling in all the nerves, perceived only by herself and not visible without; with this she has no pains, but only angina and dyspnœa, so that often she is unable to leave her bed. The remedies which she had received had always quieted the insurrection of her nerves only for a little while, but the trembling was unabated. She can sleep but little, has no appetite, and her strength is visibly diminishing. According to the physician, this state may continue for some years; but the patient says she cannot stand it, as it is intolerable."

In this case it seemed to me that *Acid. sulphur.* 3 trituration was indicated, and this remedy also proved itself good, as in two weeks I heard that the vibration of the nerves had ceased and the woman was now only troubled with the angina; still she had been able to go to church. A few weeks later the husband wrote to me that the improvement had not been maintained, as his wife has of late been suffering from insomnia, loss of appetite, and even her attacks of swooning had returned, and the trembling of her nerves had increased so much that she had to keep her bed constantly. *Acidum sulphuris*, of which she still had some pellets would not help her any more, so I sent her *Cimicifuga* 6. in pellets. This American remedy which in its proving particularly showed the nervous trembling, made the whole ailment pass away in a few weeks, and since the last two years there has not been any relapse.—*Leipziger pop. Zeit. f. Hom.*, April.

CONSISTENCY THOU ART A JEWEL.

The radical, socialistic legislators of New Zealand, have recently, it seems, passed a law relative to medical advertisements by which law the publishers of a journal are held financially responsible for any false statement; he is "deemed to have published that statement in breach of this act, and shall be liable for an offence against this act accordingly."

Henry Labouchere, editor of London *Truth* highly endorses this act and our own *Journal A. M. A.* says that "Labby's" opinion will "meet with the approval of every physician;" it also says that such a law passed and enforced in this country "would put a large number of periodicals out of business." This, of course, is a gentle knock at its "esteemed contemporaries" and the newspapers.

An idle curiosity led to turning to the advertising pages of our virtuous contemporary to see what the world and the profession is offered there.

The first thing in the way of medicine offered is an unknown drug for "intestinal putrefaction" and "intestinal dyspepsia."

The next is a Mexican drug that strayed into medicine via the Eclectics. It is "a dependable remedy in acute and chronic forms of bronchitis, asthma, whooping cough and convalescence from pneumonia."

Of another unknown preparation "made in Germany," the reader is told that it "gives quick results in lumbago, rheumatic joints and sciatica." A "quack" would probably have written "cure" for the above "quick results."

A big house advertises the reader that "we do not lend the facilities of our laboratories to the preparation of nostrums"—the truth of which will hinge on the interpretation of the word "nostrum."

Powdered "Malted Clams" is offered. Why not sugared oysters?

Further on is an unknown preparation "the most efficient remedy for the treatment of gonorrhœa." The therapeutic virtues of another unknown drug is "vouched for by leading clinicians"—whose names are not stated. This last preparation will also

give gratifying results in "Peduci Pubis." It knocks Blue Ointment sky high.

Another preparation is "The Rational Treatment of Diabetes Mellitus," which it does in a strictly scientific manner by "re-establishing a nutritional balance." Of this feat no further information is given, but we are told that it "has proven of such indisputable value in thousands of cases of diabetes mellitus." It may be suspected that the adsmith who hammered out that last sentence is from Bonnie Scotland; indeed, it is almost "proven."

All the foregoing statements may be true and highly ethical—indeed, they come from the most ethical of pages—but they read so much like the "ads" to be found in the unethical *Cross Roads Patriot* that one wonders what a grouchy old New Zealand prosecuting attorney would do if they were brought before him. Suppose Brother Simmons were asked "What is a nutritional balance and how established?" What would he reply. Indeed, there are several possible questions that might be difficult to answer. Very few object to such advertisements; certainly not the RECORDER, but it makes one feel grouchy to read virtuous diatribes against other advertisers who are neither better nor worse.

FIGHTING TUBERCULOSIS.

Under the heading "The Tuberculosis Agitation," Dr. Geo. B. H. Swayze contributes a paper to the April issue of *The Medical Times*, in which he reiterates his contention that tuberculosis is the effect of unsanitary conditions and not a result of "contagion," as is so vehemently declared by the ruling medical powers. Concerning tuberculosis among cows he writes:

"Animal bodies, the flesh of fowls, suffer as much occasion to become tuberculous from dirty, densely filthy conditions of environment by day and by night, as, comparatively, as have human bodies. This problem is not half so much a matter of contagion as it is a fact of co-existing and compounding unsanitary eating and breathing—both of the human and of the flesh food makers. Because of identity or similarity of habits and environment, entire families may be crucified by tuberculous infection or degenera-

tion, self-developed. The most thoughtless argument that I ever heard of was advanced by a stranded talker at the late Tuberculosis Congress, at Washington, D. C., who proposed the theory that cattle had contracted tuberculosis from mankind, hence the disease was alike in both. He would have kissed the hem of truth if he had asserted, for argument's sake, that tuberculosis is auto-developed in both the animal and the human through circumstances of unsanitary or degenerating breathing-air."

Further along, after dwelling on the filthy food and fermenting mess of garbage that is often fed cattle and hogs, confined in pens reeking with their filth, he pays the following attention to the expensive "tuberculin" habit:

"Theorists talk about making cattle immune against developing tuberculosis. But under conditions that I have repeatedly seen, the pretentious inoculation of cattle with commercial serums to render them immune against natural results of unsanitary conditions must ever prove a conventional farce."

The burden of Dr. Swayze's preachments is cleanliness—sanitation. Clean up and there will be no call for hysterics about "germs."

SOMETHING ABOUT FRUITS AND THEIR JUICES.

A man who knows anything thoroughly is always rather interesting if you can get him started on his profession, or trade. Such an one dropped into the RECORDER'S shop the other day. He is a New Jersey farmer, and preserver of fruit juices, and has been at it for years. What he said has nothing to do with medicine, or the treatment of disease, but an abstract of it may not be amiss to some readers.

"Strawberries," he exclaimed, "the people don't know anything about them and won't take good ones, they want big strawberries and they get them. We used to raise a small, sweet, richly flavored berry, but the people wouldn't pay enough for them to pay us for raising them. They wanted big berries, and now we raise them, but they are sour, some a little bitter, often hollow in the center, and poorly flavored compared with the small berries, but they sell. When I buy strawberries to make fruit syrup I refuse all the big ones, and buy only the small kind, not because

they are cheaper, but because they make a better and more richly flavored syrup." In making raspberry syrup only the red raspberries are used, because the black ones have less juice and are not so well flavored. Peach, and red currant? Oh, well, a good quality; peaches, those that are juicy and sweet; as for red currants, there did not seem to be any specially marked varieties.

"How do you make these juices?" On the average, fourteen pounds of granulated sugar is added to each gallon of juice and simmered in a porcelain lined, steam-jacketed kettle. That amount of sugar is all a syrup will take: if more is added a cake of crystallized sugar will be formed as a sediment.

"I once went to" —, naming a certain city, "to see if I couldn't get my fruit syrups introduced as flavoring syrups in soda water, but they wouldn't go. I could not blame the druggists. They put certain artificial flavorings in their syrups which will keep indefinitely, while my fruit syrups will ferment in warm weather, after the bottle is opened, in a few day unless kept on ice."

Questioned about grape juice he made the following general statements: The grape, par excellence, is the "Ives' Seedling," sometimes called "Ives' Madeira." This grape was first grown by Henry Ives, of Cincinnati, O.—wasn't sure, but it was Dr. Henry Ives. This grape has a rather tough skin and is, therefore, not a favorite for eating, but its juice is rich, full bodied and has a lasting, genuine *grape flavor*. It must be gathered immediately when ripe else it dries up like a raisin. It has the peculiarity that it is not subject to rot or very susceptible to the attacks of insects.

"How does it compare with the Concord?" was asked, and the reply, boiled down, was that it compared like a full bodied, full flavored grape juice would with sweetened water to which a grape flavor had been added. The Concord, he said, is a larger, handsomer and more juicy grape, better for eating, bears bigger bunches, is more subject to rot and insects, but when it comes to making grape juice it, and all other grapes "were not in it" with the Ives' Seedling, which is pre-eminent for making full bodied, rich, red wine, or unfermented grape juice. So said our New Jersey farmer and fruit grower.

ACUTE INDIGESTION IN HORSES.

The automobile is pushing the horse out of his job of taking the doctor on his daily rounds, but as the horse is not yet a back number, perhaps the following may not be without interest. We condense it from a paper by A. von Rosenberg, D. V. S., Lansing, Mich., published in *The Veterinarian*. Dr. von Rosenberg, after stating that if the horse bolts his food it is well to put the feed box on the floor so he cannot eat so fast, and that where the appetite is changeable, dung hard and covered with mucus, *Nux vomica* is the remedy, he continues :

“If the horse exhibits symptoms of great weakness and is unthrifty, eats very little, in fact, almost nothing, coughs after eating and drinking, especially in those cases where there is a painless, watery evacuation of the bowels *Arsenicum album* will be found to be the proper remedy. When I commenced using this remedy, I gave it in the strength of mother tincture. Although I got results to a certain extent, it did not seem to give the desired results that I looked for. In relating this incident to one of our local homœopathic M. D.’s, he said, ‘You give it too low.’ Therefore the very next time that I had occasion to use the drug, I gave it in the first potency in ten drop doses. I was not only gratified at the results I obtained, but was surprised that a drug diluted should work quicker and be more effective than the drug in mother tincture form. A dose of the remedy should be given every two-four-six hours until relief is obtained. If, for some unaccountable reason, however, *Arsenicum* should not effect a cure, *Ferrum* should be given in its place. Where we find a case with considerable purging, flatulence, distention of stomach and bowels, ptialism and cough, *Carbo vegetabilis* in the second trituration in (10) ten grain doses every two to six hours will be found to be all sufficient. If the visible mucous membranes have a yellow appearance indicating thereby that the liver is deranged to quite an extent, from (5-10) five to ten grains of the (6) sixth trituration of *Mercurius vivus* should be given every three to six hours. For total loss of appetite, in cases where the patient has an aversion to any kind of food, (10) ten grains of the (2) second trituration of *Antimonium crud.* should be given

every four to six hours. Exposure to cold and wet weather is sometimes the cause of an attack of acute indigestion and in such cases I always start the treatment with a few doses of *Aconite* in the first dilution there being always more or less fever present. As the patient quiets down I discontinue the *Aconite* and give *Bryonia* every three-four hours; especially when there is an alternate constipation and diarrhœa. In some cases *Dulcamara* has given very satisfactory results in the latter condition. It is best to let the animals that are affected with stomach trouble abstain from food as much as possible until cured; whatever is given in the way of nourishment should be of easiest digestible kind and also of the best quality. The drinking water should also be as pure as can be obtained."

Dr. von Rosenberg, in the terminology of the day, has "no use" for the traditional cathartics of the "old vets," or their other "heroic" remedies with which animals were once tortured.

ORGANOTHERAPY.

"J. G. Rademacher, out of Paracelsus's doctrines and his own, constructed Organopathy, which Burnett praised, and adopted in his treatment of "Diseases of the Spleen" (published 1887), where he translates part of Rademacher's work, published in 1841. 'Organopathy is Homœopathy in the first degree. . . . Organopathy is included in the wider generalization known as Homœopathy,' writes Burnett. It is the doctrine of specifics, which act singly and directly on particular organs of the body, just as, for instance, *Ceanothus Americanus* and *Cinchona* act upon the spleen.

"Rademacher's disciples in Germany grew in number, and started a journal of their own which lasted two years, 1847 and 1848. It was discontinued because the homœopaths, more numerous and energetic, occupied the same field of experimental pharmacology. Dr. W. Sharp, of Rugby, I remember, in 1867, adopted a modification of Rademacher's organopathy, but it has passed away as a separate system."—*From address of Dr. J. G. Moore, Pres. British Homœopathic Convention, 1908.*

THERAPEUTIC POINTERS.

Dr. T. J. Burrage reports a case of Vincent's angina (J. A. M. A., March 20) cured by *Kali chloratum*. Patient complained of sore throat, difficulty in swallowing, enlarged glands, no fever. "The ulcer was not affected by local applications or by cleansing sprays, but promptly improved under the internal administration of *Potassium chlorate*." Throat regained normal in two weeks.

Dr. Owen F. Paget claims that pure olive oil is an excellent food in typhoid.

Gottheil (J. A. M. A.) in an exhaustive review of the X-ray leads the reader to the conclusion that, therapeutically, its uses are very limited since "its dosage is unmeasurable, individual reaction unknown and its results uncertain in any given case."

Senecio aureus is an old remedy that merits more attention than it receives. Where there is a generally relaxed, flabby and draggy state in the female generative organs, with or without discharges, this drug given continuously for a few weeks will often work wonders. It is usually given in five or ten drop doses of the θ .

Dr. S. H. Blodgett, (Mass. Hom. Hospital) contends that in pernicious vomiting where there is acetone and diacetic acid, *but no sugar*, in the urine, carbonate of soda in five grain doses will be followed by a speedy recovery. The treatment by bicarbonate of soda is as old as Rademacher, but Dr. Blodgett has given its definite outline for the first time.

Xanthoxylum—the prickly ash—is lauded as a stimulant for old age; for the chilly, sluggish, stiff, rheumatic conditions; promotes cell activity. Used in material doses. How much truth there is in this can be ascertained by a trial. It will not hurt the old people. For the trembling weaklings of old age *Avena sativa* in material doses is recommended.

If the syphilitic doesn't improve on the big doses of *Mercury* or *Potassium iodide*, try him for a week or two on a mixture of *Phytolacca* and *Echinacea* tinctures 4 to 1 in water. It has been found good. Stop the other drugs, of course, while this is being given. This from the Eclectics.

There are many cures for colds. Here is one with friends. Give patient twenty drops of *Avena sat.* θ in hot water every two hours and the trick is done.

If one is bothered with a case of vomiting of pregnancy, or morning sickness, remember that *Symphoricarpus race.*, or snow-berry, brought to notice many years ago by Dr. E. V. Moffat, is a remedy to be considered. Use tincture, or low dilution.

To get the best results from *Apocynum can.* in dropsy the decoction should be used. It is extracted by heat from the fresh, green plant and fixed by a percentage of alcohol.

Dr. A. J. Perkins (*Med. World*) says that "two cents' worth of *Cyanide of Mercury* will cure any case of diphtheria." The doctor should have added "in the 3x trituration," for the pure drug comes close to being sure death.

"A syphilitic suddenly became deaf and was suffering from a terrible pain through the cerebrum, must hold his head tightly between his hands and move rapidly up and down his room." *Sepia* 200 gave complete relief, which was permanent (*Dr. J. C. Nottingham in Progress*).

"Patient contracts cold in head upon the least exposure; watery eyes and watery discharge from the nose. Perspires easily about head and neck; feet moist, may be very slightly." "*Calc. carb.* 200th, one dose, will cure, and render patient with above symptoms 'immune.' Try it." (*Dr. J. C. Nottingham, Progress*.)

Hering's *Condensed Materia Medica* gives a symptom of *Phytolacca*. "*Urine*: Albuminous, scanty," etc. This Alfred J. Pierce (*Hom. World*) considers valuable and relates a case of albuminuria cured by the drug and adds "I have found *Phytolacca* very useful in cases of dropsy following scarlatina."

Dr. W. B. Church says that half an ounce of the tincture of *Digitalis* in one dose will rarely fail to cure a case of delirium tremens at once. Certainly a heroic dose, 30 drops is the maximum dose in the dose tables.

A contributor to *Leip. Pop. Z. f. Hom.* tells of a case of ischias in a man aged sixty-nine years, of long standing that was permanently (it was four years ago) cured by *Ferrum phos.* and *Rhus tox.* given in alternation.

BOOK NOTICES.

Leaders in Respiratory Organs. By E. B. Nash, M. D. Author of "Leaders in Homœopathic Therapeutics," "Leaders in Typhoid," "Leaders in Sulphur" and "How to Take the Case." Regional Leaders. 188 pages. Cloth, \$1.50. Postage, 8 cents. Philadelphia. Boericke & Tafel. 1909.

Following his custom of the past Dr. Nash devotes little or no space to anything else concerning the diseases he covers in this book than their homœopathic treatment; he is writing for physicians, and assumes that they know all about diagnosis, prognosis, etiology, etc., etc., of these diseases, and so he goes right to their homœopathic treatment, something always welcome to the most experienced practitioner. Taking the "Table of Contents" we note the following diseases in the order in which they are considered; catarrh (nasal), laryngitis, croup, bronchitis, asthma, pertussis, pneumonia, pleuritis, pulmonary tuberculosis and cough. Now if anyone wants to have at hand the gilt-edged homœopathic treatment of any of the foregoing diseases he will find them compacted in this little book as in no other; it is compressed to the smallest space, every word counting. Under "Catarrh" the author includes influenza or grippe, "colds" and chronic catarrh. Dr. Nash, by some, is considered to be an exclusive "high potentist," but this, like many other things in the world, is an error. He does sometimes advocate high, very high, potencies, but not always, as, witness the following: After describing the *Camphor* "cold," he advises drop doses of the spirits of *Camphor* on a lump of sugar. Generally he leaves the potency to the readers, giving the name of the remedy only. Under Laryngitis, after the treatment, we read:

"So far as local treatment of this affection is concerned, the specialist may come in for his share of the work; but even here an understanding of homœopathic therapeutics will enable him to do infinitely better work than his allopathic neighbor, who depends almost altogether on local measures."

Some casual readers may comment on the absence of a special section on "diphtheria," but you will find the treatment under

"croup," which, our author contends, and backs his opinions by very eminent authorities, is one and the same thing, though of varying intensity. Some may object to this classification, but as the treatment is given the rest is of not much moment.

The book is rounded out by a repertory in which not one remedy appears that has not been verified. We think you will find this to be an unusually useful book.

The Machinations of the American Association. An Exposure and a Warning. By Henry R. Strong, St. Louis, Mo. The National Druggist. 1909.

The writer of this 129 page paper bound book is the editor of *The National Druggist*, St. Louis, Mo., and, as no price is given, or anything said about the matter, presumably it is free for all who are interested. It is a strong arraignment of the leaders of the American Medical Association, who seem to be bent on making of that body a compact trades-union rather than an association of learned men working for science and the welfare of the human race. It is not probable that the association can succeed in their aims, even if they get the laws passed for which they are striving, because the American race will not tolerate medical, any more than they will religious, domination. The book is interesting and worth reading.

Parcimony in Nutrition. By Sir James Crichton-Browne, M. D., LL. D., F. R. S., Lord Chancellor's Visitor in Lunacy, London. 111 pages. Cloth, 75 cents. London and New York. Funk & Wagnalls Company. 1909.

"Parcimony," dear reader, is the archaic spelling of "parsimony," meaning in the text "frugality." The man for whose scalp the book goes is Mr. Horace Fletcher and his numerous followers. Men who like to eat a full, square meal, will hail Sir James's book with joy. Reduced to its bare outline: Mr. Fletcher asserts that if you chew your food sufficiently you can reduce the amount you eat to half, or less and still be amply nourished. Sir James says you cannot do it. Fletcher's book shows you how you can do it; Sir James's book why you cannot. "Not only by their fruits, but by their follies, shall ye know

them," writes Sir James, "and it is instructive to follow Fletcherism a little way and see how, like Falstaff's rogues in buckram, it grows and grows, as it rolls on—"becoming smaller and smaller until, like the Dutchman's horse (though our author does not use this illustration), a man may come to live almost without food if he will chew enough—789 bites on a young onion, for instance: "Life is really a little too short for Fletcherism." Those who seek solid information—scientific terms, names, experiments, dates, and what was proved, or disproved,—will find a fund of it here. It is certain that if nature needs a certain amount she will have it or there will be trouble. The whole question, probably, sifts down to "individualizing your case;" there are freaks enough among men to prove any theory.

A Guide to the Twelve Tissue Remedies of Biochemistry.

The Cell-sats. Biochemic or Schuessler Remedies. By E. P. Anshutz. 91 pages. Cloth, 75 cents. Postage, 5 cents. Philadelphia. Boericke & Tafel. 1909.

In this little book the theory and practice of Schuessler have been followed faithfully; he complained during his life-time that his system was bent to Homœopathy, whereas it is, he claimed, distinctively biochemic; the remedies are not to be prescribed symptomatically but pathologically. This manual is based on his *Abridged Therapy*, and arranged in a much more convenient form.

The Sex Cycle of the Germ Plasm. The author of this 40 page pamphlet is Dr. Thomas E. Reed, Middletown, Ohio, who, some years ago, wrote a little book on the influence of the tides on disease—for, according to Dr. Reed, the influence of the tides is quite as potent in the interior of a continent as on the sea-shore. This pamphlet shows how they influence sex determination and a boy or girl may be the result of marital union. It is a reprint from *The Medical Times*. Probably Dr. Reed can let you have a copy on request. Beyond the fact that it is interesting the RECORDER must be non-committal.

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EDITORIAL BREVITIES.

THE REAL OBJECT OF THE BILL.—A newspaper editor in commenting on the bill that the allopaths seek to have passed by the Pennsylvania Legislature, says:

“The only intelligible ground of opposition to the medical examiners’ bill, which has been so confusingly handled at Harrisburg, is to be found in the objection of various practitioners to the establishment of a high standard of qualification.”

This particular editor then proceeds with the usual patter about “protecting the public” from the “ignorant practitioners” and so on, and so on. Curious as it may seem, right here is that same old principle that has racked the world from its beginning; a few or many, set up a “standard” which they think is the proper thing and then seek for power to enforce it. If they obtain the power they wield it mercilessly. A good standard, such as was given to Moses, or is embodied in the golden rule, meets with no open opposition. It is the other kind that seeks power, and therein lies the secret of the opposition to this, and similar medical bills advocated by the allopaths. When they say they are seeking to “protect the public” from “incompetent practitioners” they are begging the real question by assuming that *they* are the only competent practitioners. Are they? *That* is the real point at issue.

VIVISECTION.—A certain emotional woman anti-vivisectionist is reported to have said that she would rather have a hundred persons die rather than that animals should be tortured to save them. This, it seems to us, is blind, but well intentioned gush.

The *Journal of the American Medical Association* thinks so highly of a leading editorial in a daily paper that it quotes it entire in the issue for March 27. Here is a paragraph from it:

"A hundred weeping mothers; a hundred children gasping vainly for breath, the hope of a hundred mourning homes dead in the cradle—are we to count these nothing beside a rabbit which has to receive a little blood of a dog into its abdomen?"

This also is gush, result of that assumption of a "high standard" made by the allopaths in their endeavor to obtain political-medical power influencing an otherwise well meaning editor. If the practice of vivisection resulted in the good to humanity claimed for it there would be no real opposition to it, but the truth is that its results are a muddle, or a positive injury to man. They pump a dog or a rabbit full of poison and then pump in something else; if the animal lives, why, then, behold a "discovery," an antitoxin! If this "science" were put on the world's witness stand and questioned by a clear headed lawyer how long would it stand? In practice, even though backed by authority and the "high standard" it is shrivelling up when put to the test. The fruits of vivisection are bad, and that is its real condemnation.

THE MIDDLE AGED MEN AND THEIR TASTES.—Perhaps—nay, certainly—that ought to be changed to "some middle aged," etc. What started it is a paper, by Dr. A. S. Burdick, printed in the "Proceedings of the American Medical Editors' Association." Dr. Burdick says he is a frequenter of book auctions and "at a sale which occurred in this city (Chicago) only week before last, a little good-for-nothing dictionary of erotic words in all languages sold for \$5.70, while one of the most beautiful sets of Thackeray, an edition de luxe, brought 30 cents a volume."

"The men who buy these erotic, 'scientific' books are usually professional men, and in nine cases out of ten past middle life. Now, mere devotion to scientific study does not impel a man of this character to pay twenty to fifty times as much for a book on the worship of Priapus as for one on biology. Nor is it true that the average physician stands in great need of instruction on sexual perversions and anomalies. He *likes* this stuff—that's all there is to it!"

Now, will you be good! However, nearly all men have, more or less, a touch of that tar, so let no one feel superior because he did not buy that dictionary for, quite likely, he'd take a peep into its pages if he had the chance.

ALLOPATH AND HOMŒOPATH.—In those same Proceedings is a paper by Dr. Hills Cole (*N. A. Jour. Hom.*). In the discussion of it Dr. J. J. Taylor (*Med. Council*) said, among other things: "When, in our pages we do give credit to a treatment brought out by a homœopath, what do they do? They take it up and sneer and say 'Ho! the allopaths are coming our way.'" This seems to be a wee bit twisted. No homœopath objects to a man in the other school using his remedies, and, indeed, will generally tell him all he knows concerning the use of any of them, but what homœopaths do object to is for some one to announce an old homœopathic measure as his own discovery. Such an one gets a deserved pounding sometimes, though not always.

A TALE TOLD TWICE.—Early in the spring the newspapers told it. Small-pox in Haddonfield, a town near Philadelphia. Family sent to small-pox hospital! "Energetic officials order house burnt," etc. Later, we met a Haddonfield man, and this is the gist of the story he told: "Jim," a negro, had been around for three weeks with a breaking out on his face. One day a companion jokingly remarked, "Jim, you has de small-pox," whereat there was a laugh. The health officer heard of it, saw Jim and hustled him and his family off to the pest-house. Then, by orders, they set fire to his shanty and burned it with its contents. "Jim's wife," said our informant, "was a washer woman, and he went for and delivered the clothes every day up to the time they run him in. He didn't deliver the last wash, for they burnt that with the house."

"Any one for whom the woman washed take the disease?"

"No, none of them."

FALSE LABELS ON MEDICINE.—"In an address before the German Pharmaceutical Association, Mr. H. Thomas condemned this form of dishonesty," writes an editor, or reporter. Mr. Thomas

showed that "Arhovin, claimed to be diphenylamin thymylbenzoate, is a mixture of diphenylamin, thymol and ethyl benzoate." That "Formurol is a mixture of heramethy lenamin and sodium, neutral and acid citrate." That "Asperophen' contains "63 parts of monoacetylphenocoll." As these shameful practices prevail, it would seem that homœopathic physicians would do well to stick to their old remedies, for, no conscientious physician wants to give an over, or under, dose of monoacetylphenocoll, when he aims to be scientific, according to the "made in Germany" plan.

WHAT WOULD HAVE HAPPENED IF?—The consideration of what would have happened if something else had been done in a given event than what was done is, perhaps, a profitless thing but all men are given to indulging in it sometimes. Here is a case in point related in *J. A. M. A.*, April 10, by two physicians. A young man with sore throat was given an injection of 2,000 units of antitoxin; he at once became cyanotic,—gasping,—cold sweat—"the picture of suffocation," until a rash broke out when his breath again came easily. Then, and later, he received Morphin, Atropin and Strychnin, hypodermically, besides many other things, needless to mention. The next day he was injected with 4,000 units of antitoxin and again the dyspnœa, and relief following a rash. The man did not get diphtheria and "completely recovered." Now you see the opening for speculation on what might have happened.

"COMING EVENTS CAST THEIR SHADOWS BEFORE."—This is from a book by a "regular" recently published. The author is Dr. R. W. Allen. "The medicine of the future is the medicine of vaccines and sera. The empiricism of the past will give way to methods based on scientific knowledge, and the public will no longer look on medicine with a skeptical eye, and dose themselves with ineffectual nostrums." There is an undertone (read it again) in the foregoing quotation of imitation of the old prophets, but then "whom the gods would destroy they first make mad," and if there isn't lunacy in the foregoing, what is it? With one sweep the whole past of allopathy is condemned as empiricism, "but

NOW we are SCIENTIFIC!" Just as always before! The ultimate of medical science is reached (again) and the end of it all (at present) is the putting of the products of disease into the blood as a means of restoring health. Curious that these men should regard these ceaseless turnings about and self contradictions as "advances." Whither is such an advance headed?

WAR IN THE A. M. A.—The Homeric row going on in the Western Babylon, yclept Chicago, between Dr. G. H. Simmons, the big one of the A. M. A., and "recreant homœopath;" Dr. W. C. Abbott, medicine manufacturer, and "ditto;" and Dr. G. Frank Lydston, a "regular" free lance, has become so uproarious as to attract outside attention. A cartoonist has taken it up and dragged in that slow Philadelphian, Professor Munyon, who calmly stands in the midst of the fierce warriors, holding up his forefinger, and announcing his famous dictum, "There is hope." It is hard on the Professor, for all he wants is peace, and that the public should ask for his medicines "and take no others;" but then, in its finality, that is all the others want.

INCOMES OF MEDICAL MEN.—Commenting on the fact that the income of the average practitioner, from fees, in France, is only about \$500.00 a year, and in England from \$900.00 to \$1,200.00 a year, and that a letter had been issued by a committee warning young men of this fact, the *British Homœopathic Review*, April, says:

"We do not believe, however, that homœopathic practitioners are suffering to the same extent as others. A conscientious and capable homœopath can always work up a practice, in a sufficiently large locality, in the face of the keenest old school competition. Good work always pays in the long run. Short illnesses, quick cures, and especially the curing of other men's failures, cannot remain hidden, but bears fruit after a reasonable time. This is especially the case in working-class districts. The intelligent mechanic is far quicker in grasping the value of a treatment than many in the higher grades of society; these are frequently blinded by prejudice against what is at present not 'in fashion.' Whilst these cries about overcrowding are in our ears is the psycho-

logical moment for capturing the discouraged young graduate, and persuading him to inquire into a method of treatment which offers not only an honorable stipend, but the still greater distinction of utilizing to the utmost the curative properties implanted by a beneficent Creator in the products of Nature."

The gentlemen who have a leaning towards abandoning the name and practice of Homœopathy would do well to deeply ponder this, for the day may come when homœopaths will want examining boards to protect them from outside physicians who would assume their distinctive name.

DON'T BE A WOBBLER.—"A recent writer in *Success*, says: 'There is one sort of man for whom there is no place in the universe, and that is the wobbler, the man on the fence, who never knows where he stands, who is always slipping about, dreaming, apologizing, never daring to take a firm stand on anything. Every-body despises him. He is a weakling.'"

"There are some homœopathic physicians who ought to read, learn and inwardly digest these words. We mean the men who are always making excuses for being graduates of homœopathic institutions and for their connection with the homœopathic school. The fawning and cringing attitude that men of this type adopt toward the old school is disgusting to any man who has a grain of self-respect in his make-up. A mere crumb of recognition, an invitation to an old school medical gathering or an intimation that he might be received into one of their societies if he renounces his homœopathic views, fills the heart of one of these wobblers with great joy and he almost imagines that it is his superior medical attainment that has won him this distinction (?). Little does it occur to him that he is simply used for a 'good thing' and that he is as much despised by his perverters as he is by all true-hearted men."—*Hahnemannian Monthly*.

WHAT WE ARE UP AGAINST.—There is a man, an officer in an old financial institution, whom we have known for many years. He is a typical "solid citizen." He has been doctoring for what he calls "catarrh" from earliest recollection. He has "tried" pretty much everything without success. The last time we saw him he said he was under osteopathic treatment; had already paid

\$125.00 in fees and expected to pay more, for it was the only thing that had done him "any good." Now suppose the law is passed that "protects" this man against the "charlatan!" He is only one, there are many others, who believes that he has been benefitted by this manipulation. He *believes* it and that is enough for him. This is one reason why it is hard to pass medical bills; this man is a voter; so are others who believe they have been "cured" by this, or the other, fad.

"SECTARIANISM."—Our estimable "regular" friends, when law making times come around, grow hot against the outside medical barbarians, the "sectarians," and they do most fiercely strive to exterminate them from off the face of the earth. If you inform the people that you treat those who come to you according to *Similia*, so far as drugging goes, you are anathema with the "regular," but if you get inside his fold you can use any old treatment you please,—be an "electro-therapeutist," a man of "suggestion," or of "serums," calomel, bleeding, anything, and be a "regular physician." Curious, isn't it? Looks as though the real thing at issue was the "recognition of the union" rather than the "welfare of the public." The people do not object to unions but they do not like monopolies.

BERNARD SHAW AND THE DOCTORS.—Those who have read Mr. Shaw know what he is, or think they do, which is quite sufficient; those who haven't will have to go to his books if they want to find out what it is all about—we would recommend as a sample *Man and Super-Man*. Lately he addressed the London Medical Legal Society and this is an abstract of a part of his address, as given in *Medical Notes and Queries*:

"Mr. Shaw considered the doctor of the present day to have been practically driven into the position of a private tradesman selling his ware for what he can get, and this notwithstanding that so to do was alien to his own instincts as a professional man. The average doctor of the present day was appallingly and humiliatingly poor, and a poor man was always dangerous to society at large. The doctor's poverty at the present time thus drove him necessarily into doing things which he would not do if he were independent. He was—like most men—as honest as he

could afford to be. He could not afford to be scientifically honest. The carrying out of all the various hygiene measures which doctors knew to be scientifically necessary would be enormously expensive, and the slightest attempt to enforce them on patients or to let patients know that the absence of them was dangerous would cost a man his practice and his livelihood. If they took the great mass of patients that doctors had at the present time, what they wanted was not really medicine or operations, but money. They wanted better food and better clothes and more frequent changes of the latter. They wanted well-ventilated and well-drained houses, but what was the use of prescribing those things to unfortunate people who could hardly keep body and soul together? The patient, not being able to afford scientific treatment, demanded cheaper cures, and the result was that the doctor had to gratify him in a way, and, having no other means of livelihood, he prescribed cheap cures and thereby became a swindler."

THE POTENCIES."—No observing man who has had any experience with homœopathic medicines in their potentized form will deny the remarkable power they possess over many abnormal physical and mental states that beset man, and are given names by nosologists. The vehicles containing the potency—power—of the drug show no evidence of it nor, after a few removes from the crude state, can chemistry detect it, yet observation shows that it is there and is potent. What is it? How does it act? Who knows! A faulty analogy may be drawn by the death of man. One we know, full of "life," is stricken dead. There he lies little changed as to appearance—bloodless, with a certain calmness unknown before, but otherwise unchanged. You may call to him, taunt him, torture him, as he lies there, and the profound calm is unchanged. The man is no longer there, only his shell. That which has disappeared was what suffered, loved, hated, lived. May it not have been also that which was really subject to the attacks of disease? May not Hahnemann be literally and scientifically accurate when he attributes a "spirit-like power" to the potency of a drug? Like to like.

MATERIALISM.—If you consider the spirit that has committed

this country to the examining board system in all its phases you will find it to be purely materialistic. It treats man as an animated machine. It treats him, and tests him, the same as metals, stone and wood are treated and tested. A certain number of questions are selected, by the machines that passed the test. Those who can answer, say, 75 per cent., or more, of the questions, are considered to be fit machines; those who can answer but 74 per cent., or less, are pronounced unfit, and are rejected. It is a test of memory only. Men at the head of big affairs, where they are left at liberty, do not employ that test in selecting others to occupy responsible positions; they look for brains and ability. A huge majority of the successful men, the men who do things, would have been heavily thrown down if subjected to the examining board tests. However, these tests cannot keep men with brains down, or much exalt those who are deficient. The old tests still rule—and always will.

THE “BEE-STING CURE.”—Our “regular” brethren continue to be very much interested in what they term “the bee-sting cure,” even so weighty an authority as the *British Medical Journal* taking up this, to them, “new” cure. The case was one of “acute arthritis” of the right hip, “suddenly succeeded by sciatica of the same side.” Burton, who relates the case, was his own patient. The usual orthodox methods having failed to give relief, he procured a lot of live honey bees, and, true to his hypodermic training, he had seven or eight applied to the course of the sciatic nerve. The next morning he was able to get out of bed, and walk, for the first time in three months; again true to his traditions, he, at once, had half a dozen more bees sting him, and again at 12 o’clock the same day; also another application of the bees was made the next day, and Burton was well and remained well. If our “regular” brethren would get some homœopathic *Apis mel.*, or better, perhaps, a trituration of *Apis virus*, they would have all the virtues of the bee-sting cure at hand all the year ’round and could give it without the pain experienced by the sting, to which many patients object.

Homœopaths are apt to claim, and rightly, that this is one of their remedies, but, reader, get down your text-book, or books, and search under “rheumatism” and you will, perhaps, be sur-

prised to find *Apis* missing, or playing a very subordinate part in one or two of them. After reading what is said by Burton in the matter we examined a number of such text-books but could only find *Apis* given its place in the treatment of sciatica and rheumatism in one of them, *i. e.*, in Bartlett's *Treatment*. To be sure the homœopathic prescription is guided solely by the patient's symptoms, but when remedies are grouped under the names of diseases—well, it seems that *Apis* should be among them. Father Lilienthal, needless to say, gives it, in his *Homœopathic Therapeutics*, as he does everything else.

GERMS TO CURE GERMS.—The March 27th issue of the *Journal A. M. A.* contains a long and learned paper by F. M. Pottenger, A. M., M. D., of Monrovia, Cal., on the "Intertransmissibility of Bovine and Human Tubercle Bacilli." It is largely technical and therefore of not much interest to the general practitioner, but there is one point brought out that contains the bacillus of great possibility for future legislation of a drastic nature. It is this: Cattle are protected against tuberculosis "by inoculation with human bacilli" (so the alleged scientists tell us) and it is hinted, not assured, as having been demonstrated, that the inoculation of human beings with the germs from the tuberculous cow will protect the human being from consumption. Indeed, our learned writer goes a step further and asserts that "immunity can be and, doubtless, is conferred * * * by children taking in human bacilli in small numbers." One of the curious things about this kind of science is its infantile and ingenuous disregard of consistency. Has not the world been worked up into an unprecedented panic over the "danger" from the same bacilli that this writer now contends will make you "immune?" Let us all earnestly hope that these gentlemen will not undertake to stampede the law makers into passing acts compelling all to be inoculated with the germs of tuberculosis in order to be protected from tuberculosis.

THE CALMETTE REACTION.—The *S. Cal. Prac.* (March) prints a paper by Dr. W. Warren Watkins, Phoenix, Ariz., on this test by tuberculin in the eye as a diagnostic means for detecting tuberculosis. His conclusion is that "in the vast majority of cases" it

is not needed; in doubtful cases "a reaction is only presumptive;" "a reaction after a second instillation cannot be depended upon;" "as general practitioners we cannot safely use the test indiscriminately," and, finally, "We should be assured of the absence of any disease of the eye before proceeding." Of what earthly use, then, is this much talked about "test?"

BENZOATE OF SODA.—This article, benzoate of soda, has been holding the center of the stage lately in Legislatures, and with some sensational newspapers, the latter representing it in cartoons as Death. It is used in preserving certain canned, or bottled, vegetable foods from "souring," or fermenting. Why it should have been selected for special attack is a question that no one, perhaps, can intelligently answer, because salt, nitre and creosote, and other things, have been used for centuries to preserve meats, and an over-dose of any of these would be more disastrous than one of benzoate of soda. "Cold storage" is also a red rag to certain reformers, even though every house-holder has a diminutive, and often none too clean, little cold storage plant in his house, called his "ice chest;" but without cold storage, both in transportation and in warehouse, the question of feeding the immense multitudes in our cities would be a difficult one, unless the people would be content with a very plain diet. Something that would separate true reform from the brummagen article would be a blessing.

GET BACK TO FIRST PRINCIPLES.—The practical workings of the principle that every disease is a "communicable" one and that the official doctor must boss the job is beginning to pinch. There is a row on in Matteawan, N. Y. There was some small-pox there and "the health officer claimed \$10 a day for treating single cases, and \$25 a day when several cases were treated." The city fathers kicked at the bill and the case is in the courts. What's the matter with letting the family doctor treat the cases of "communicable" diseases, even to the point of saying when quarantine is necessary and when not, and relegating the health officer to his proper duties—sanitation?

NEWS AND COMMENTS.

Dr. Reed, who was the A. M. A. candidate for Senator from Ohio, failed to even have his name presented. The President, who had sent in his name for Lieutenant in the Army Reserve Medical Corps rather emphatically withdrew it, for "good and sufficient reasons." The effort to make a medical body a political one has, so far, failed. It is best that the effort should fail.

An influential newspaper recently served notice that medical organizations must let politics alone. Individually doctors may be as active in politics as any other citizen, but not collectively. Trades unions have failed in politics; so, probably, will medical unions.

Annual Report of Middlesex Hospital shows that since the year 1900 ten pathologists have been "constantly working at cancer research, at a cost of \$12,500 per annum." The sum of the nine years' labor announced is that cancer "is not hereditary." Why cancer occurs is a question to which "no positive answer has been given."

An epidemic of typhoid prevails in the army and navy, at Cherbourg, France, which the authorities are unable to trace, so far. Have they been using typhoid inoculations?

An epidemic of cerebro-spinal meningitis prevails among the troops at Evreux, France, and the disease is spreading in Germany. Death rate 63 per cent. Too much serum?

Pennsylvania Legislature has passed the bill establishing a board of examiners for the Osteopaths. Now for corn doctors.

King and McClintock, *Journal of Infectious Diseases*, advocate the giving of antitoxin by mouth as a prophylaxis against diphtheria, and intimate that by mouth may come to be the treatment, "because of the absence of danger."

The dangers of serums are beginning to be appreciated.

Writes a medical editor: "There has been simmering in the minds of experimentalists a conviction that diabetes should be included in the list of curable diseases." A wise man of old wrote "there are no incurable diseases given."

Dr. Geo. W. Dunn has removed from Champaign, Ill., to Palacios, Texas.

According to *Public Health Reports* (official) there were 6,583 cases of small-pox, with 23 deaths, in the United States during the year 1908. To April 16, 1909, there were 7,590. Deaths, 27. Looks as if the fear of the disease was chiefly cosmetic.

The same authority credits Germany for first three months of 1909 with 47 cases of small-pox and Austria with 16. Vaccination is not compulsory in the latter country.

Dr. E. A. Krusen has removed his offices to Rooms 32, 33 and 34, Boyer Arcade, Norristown, Pa.

In an obituary of the late Dr. A. C. Clifton, of Northampton, England (*British Hom. Review*), it is said of him: "What he practiced was the art of healing, and to cure was even dearer to him than to understand." Dr. Clifton was one of the HOMŒOPATHIC RECORDER'S oldest subscribers, having been one for 24 years. He was born on December 22, 1825, and departed this life on February 16, 1909.

The editor of *Revista Homœopathica Brasileira* is most politely ironic concerning the "new supply of *Lachesis*," hailing from the Bronx, and on that widely published "open letter" concerning it. However, we have said enough on the subject.

A correspondent of the *Jour. A. M. A.* says that "Lysol" caused a severe sloughing of the skin in a case he treated, and the editor asserts that in Germany this preparation has taken the place of carbolic acid as a means of suicide. Homœopaths had better stick to *Calendula*, as it is absolutely safe, is cheaper, and far more efficacious, than any of these old school preparations from chemicals.

Apropos of the expensive and Herculean efforts of the A. M. A. to get laws passed to "protect the public," H. R. Strong, in his pamphlet "Confiscatory Legislation," quotes Lord Halifax: "It will never be a natural thing for men to take extravagant pains for the mere sake of doing good to others."

Dr. R. P. Strong, of the Biological Laboratory, Bureau of Science, Manilla, is quoted to the effect that there "has not been

one death during the past year" from small-pox, this being due to thorough vaccination." Government, *Health Reports*, give for last quarter of 1908, Manilla, "38 deaths" from small-pox. Dr. Strong's statement is found in *Monthly Bulletin*, N. Y. S. Department of Health.

The *Maritime Medical News*, January, cites two cases of severe asthma immediately following the injection of antitoxin, one proving fatal, autopsy showing "the heart and bronchi in a marked state of contraction."

The *British Medical Journal*, December, finds "Mamorek's Antituberculous Serum"—well, as it were, you know, "unsatisfactory"—in other words, a fizzle, like the rest.

Dr. Wm. Lawrence Woodruff, Hahnemann, Phila., '82, Long Beach, Cal., has issued Vol. I., No. 1, of *Sunlight*. Its message seems to be that vibration is the beginning and the end—"vibes," slangy Elbert Hubbard calls them. The journal is to be published quarterly.

At Barbadoes the officials, owing to the presence of yellow fever there, have issued an order making it "a penal offence to harbor the larvæ of the *Stegomyia*," *i. e.*, of the yellow fever mosquitoes.

Some idea of the virulence of "the plague" may be formed from the Government Report for the week ending February 20, in which 3,803 cases of that disease were reported with 3,162 deaths. The report for the whole world for 6 months ending December 25, 1908, shows 37,282 cases and 29,370 deaths, or a mortality of close to 80 per cent.

In the days of Emperor Justinian it was ordered that syphilitics, they called it "the sow disease," should be sewed in a bag and thrown into the river or sea.

The American Pharmaceutical Association propose letting their members vote by mail. Why should not the A. I. H. do the same?

A Havana physician, Dr. Carlos Finlay, according to Dr. W. C. Gorgas, maintained for 20 years that the *Stegomyia* was the transmitter of yellow fever and really to him is due the discovery.

A North Dakota physician recently received the severe sentence of 10 years in the penitentiary for "criminal malpractice."

The Chicago Health Board has been "studying the high death rate from diphtheria" and are reported as saying that the reason is that the case is not seen early enough; the doctor does not give enough antitoxin and does not repeat it often enough. What about all those peans of antitoxin once chanted so loudly?

Once upon a time, when a man died they said he had not been bled often enough.

When a Philadelphia vet. gave a horse some medicine the horse expressed his opinion of it by biting the vet. and then giving him a kick. The vet. was not seriously injured.

The "one board bill" of medical examiners, so strenuously advocated by the allopaths of Pennsylvania, is dead. "Reconsidered" we believe was on the death certificate.

The validity of "homœopathic vaccination," *a la* Iowa, has come before a Court in Western Pennsylvania. If the allopaths would not oppose it their vaccination troubles would largely disappear. The contention is that the State recognizes Homœopathy and therefore should not refuse to accept its practices as valid.

A wise regular exchange informs the profession: "All tuberculin it must be remembered is poisonous. It is injurious if improperly controlled." All which is true, so unless one knows how to "control" it he had better let it alone.

The riot in the A. M. A. grows fiercer. We have received a neat circular, list of the "Officers of the American Medical Association, 1908-1909" and below the list (in which the name of Dr. G. H. Simmons, Chicago, appears underlined as "General Secretary" and also as Chairman of the "Council on Pharmacy and Chemistry") are reproduced two advertisements from a newspaper, of different dates: in one "G. H. Simmons, M. D., stands out as "Specialist in rectal diseases"—"cure guaranteed"—and in the other the same physician appears as "Specialist in Diseases of Women." All this, presumably, is to horrify the orthodox and turn their votes away from Dr. Simmons. He will probably win, for this sort of campaigning is never popular.

Dr. John H. Clarke, writes *The Daily Mail*, London: "The mistake made by the British homœopaths in the past has been in giving all their attention to efforts to make the predominant allopathic sect reasonable. Dr. Smith's letter shows what a hopeless task this is." It is altruistic to wish to share a good thing like Homœopathy with others, but if they will not the loss is theirs.

Dr. F. H. Whitney has returned to his old location, La Crescent, Minn.

The New York State Department of Health advises consumptives to look for a cure to "the doctor, sunlight, out-door air, good food and rest." This is good advice to follow—if you can.

The Indiana Health Board wants a law by which the health officer shall have power to cancel marriage licenses, or forbid their issue. Good in theory, but mankind will not stand for it. Paternal government cannot be revived. And if the license was refused—well, the most of them would do without it, most likely.

Dr. A. C. Cowperthwaite has resumed practice, in Chicago, after a long visit to the far west.

The Clinique (April) contains a long "open letter on the *Institute Journal*" from Dr. C. E. Fisher, which concludes, after a thorough review of the legislation and contracts concerning that publication, "And it is this contract that we are to be asked to make good at Detroit! Shall it be done?" Dr. Fisher is opposed to the whole plan of the *Journal*: he says that the other homœopathic journals would have gladly published the papers and discussions without charge to the Institute; that the legislation did not warrant the contract, and several other things, that concern the members.

Dr. Clifford Mitchell, author of *Urinary Analysis* and other books, has been located at his present office, 70 State St., Chicago, for over twenty years—and is still there.

The work has begun on the 10th edition of Cowperthwaite's *Materia Medica*. It will be out in ample time of the next term of the colleges.

The Detroit meeting of the American Institute of Homœopathy ought to be a big one. Detroit is a fine old city, easy to reach, interesting, and can give you first-class hotel accommodations.

The American Institute of Homœopathy will hold its sixty-fifth annual meeting in the Y. M. C. A. building, Detroit, Michigan, June 21-26, inclusive. Institute headquarters will be at the Cadillac Hotel; O., O. and L. at the Tuller. J. Richey Horner, M. D., Secretary.

The daily press reports an operation by Dr. Wm. Tod Helmuth, assisted by Dr. Dieffenbach, for internal malignant tumor, in which radium was employed, that promises definite results as to the use of this remarkable substance. Dr. Helmuth, needless, perhaps to add, is the son of our great homœopathic surgeon of other days, whose *System of Surgery* is still a landmark in surgical literature.

Only the very rich or the charity patient can afford the operation for appendicitis. At a trial to collect a fee all the experts testified that a reasonable fee was from three to five thousand dollars. One lone general practitioner thought otherwise. Let mankind pray for a continuation of the high, or even higher fees.

Dr. Biggar in a letter to the Cleveland papers concerning some troubles in the Cleveland Homœopathic Hospital, said that Homœopathy "is one of the most valuable assets of civilization." That is a good saying worth preserving.

Dr. Jose Congosto has been appointed General Consul for Spain—*Consul General d'Espagne*—at Paris, France. Dr. Congosto, when in this country several years ago, took a course at Hahnemann College, Philadelphia.

Dr. H. C. Leonard announces his removal from Duluth to Aitkin, Minn.

A New York druggist convicted of illegally selling cocain was sentenced to one year in the penitentiary and to pay a fine of \$500.

One of the staff of the Institute of Preventive Medicine, London, became infected with the plague and died. Was taken down with the disease on February 1st, and died three days later.

PERSONAL.

Mr. Taft is "a safe man," so few citizens read his message. Did you?

The funny man overcomes the law of gravity, and, therefore, the people regard him as a light weight.

A great man under oath said he thought he was the greatest man. He was honest.

Some reprobate, afraid to sign his name, asks, "Did anyone ever see a good looking W. C. T. U.?"

An exchange writes of rats becoming "mutually canabalistic." They must have caught it from the Kilkenny cats.

"Human nature is pretty much the same everywhere." Well, what is that "same?"

"Shake, old pard," said the Anophele as he met the Earthquake.

In his heart no man is a hero to himself any more than he is to his valet.

The worst knock yet at the suffragette is the picture of a hen with a rooster's tail feathers.

Apoplexy is long suffering and only hits where greatly provoked.

The punster is the yokel of humorists.

The most flourishing industry at present is the manufacturing of goods for "special sales."

When asked what motives moved most men the stolid boy replied, "Locomotives."

"Helmitol" is the name of a scientific drug. Sounds like a German cussin'.

Tennyson's Northern Farmer says the virtuous are "Them as has coats on their backs and takes their regular meals."

After a man has attained every luxury he yawns.

No one wants a shady family tree.

"He shrinks from the thought of spending money" is euphonious.

The only successful prescription for a broken heart is a heroic dose of long green.

A quitter is sometimes preferable to the one who won't let go.

If you want it straight write "Ill wind which blows no man to good."

Some hold that the world needs instruction rather than education.

"When shall we use alcohol?" asks an esteemed. Some use it whenever asked.

The old fake concerning wifey buying the bum cigar is a weak subterfuge—you were out for a "bargain" and got stuck.

Dress coats cover a multitude of—ah, what you please.

When a woman cannot boss a man she tries to boss mankind. Right, that's nature!

We can change "protecting the infant industry" to "respect those gray hairs."

Little Johnny thought the leader of the orchestra was threatening the soprano with his stick because she screamed so loud.

"Father died suddenly; nothing serious," is one of the life insurance applicant's statements; also, "applicant has never been fatally sick."

THE HOMŒOPATHIC RECORDER.

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MORTALITY STATISTICS.

The eighth annual report of mortality statistics (1907) issued by the Bureau of Census is a quarto volume of 538 pages, heavy physically, because of the solid paper and heavy mentality for all save those who find vast areas of figures to be entertaining. The text matter with tables, ends at page 86, and from there on is nearly 400 pages of figures in small type, and very naturally one wonders of what earthly use it is. Why not digest this mass and give it to the nation in an understandable form?

The first 86 pages are more interesting and will repay reading. For instance, we find the (estimate) population of the United States for 1907 to be 85,532,761, and of these 48.8 per cent. come under medical registration, hence these statistics do not fully cover the country.

Medical terminology comes in for a rap; a specimen is quoted from Prof. Geo. Dock giving no less than 21 varying terms for exophthalmic goitre. This, from Dock, is preceded by the statement: "That the unscientific and extremely individualistic, even anarchistic, license in the nomenclature of diseases has a very definite retarding influence upon the progress of medicine must be apparent." Too much effort is "wasted upon mere terminology." But then the census editor should remember that such terminology is needed to clothe some things that otherwise would be rather forlorn; everything has its use. Also it is well to bear in mind that diseases do not lend them to entomological classification; you cannot bunch them together like bugs, or like metals, or other material things. Officially a few pimples on the face may be "small-pox" just as is a black, bloody mass of scab covering the whole body, yet there is a difference, quite a difference, between them.

"The total number of deaths recorded in the registration area" (48.0 per cent. of the total) was 687,034, a death rate of 16.5 per 1,000, which may be taken as the normal. Of the total, 375,990 were male and 311,044 females. These figures (save the ratio 16.5) must be about doubled to get at the total, registered and unregistered. One thousand three hundred and eighty persons passed the 95th year of age, while 131,110 never saw the anniversary of their birthday.

Among the States in the registration area (14 omitting South Dakota), Indiana has the lowest average death rate, 12.5, with Michigan next, while California heads the list with 18.6, with Rhode Island a close second. California may say, with some justice, that many people go out there when doctors fail them, and die there.

Among the 37 larger cities New Orleans heads the list with a death rate of 22.6, with San Francisco second. St. Joseph, Mo., is the lowest with 7.7; these figures being an annual average. New York has 19., Philadelphia 18.4, while Chicago has 14.3 for same period, 1901-5.

The diseases which show the most marked increase from 1900-7 are, in their order, heart diseases, which is given thus "(+30.5)." The others are, broncho-pneumonia, +18.5; Bright's disease, +13.1; railroads and street car accidents, 11, and cancer, 10.1.

Typhoid shows a decrease over preceding year of 490 cases. The mortality of the "United States from typhoid fever is much higher than that of the United Kingdom, Germany, Sweden, Switzerland, and a number of other European countries." This is a mild statement, for the U. S. is put at 32.1 as compared with 5.2 for Austria, the other European countries being somewhat higher. Pittsburg heads the list among cities, for this one year 1907, with 130.8 per hundred thousand inhabitants. In contrast stand London, England, with 4 and Vienna 3. The difference is due to the water. Pittsburg isn't the only sinner in the matter of typhoid by any means, but it happened to be the chief one for the year 1907. Among the States Colorado heads the typhoid list with 63.7, with Vermont the least, 10.8. This is a dreadful showing of the United States when compared with that of densely populated Europe. It looks as if a war on typhoid would bring quicker victories than one on other diseases.

Deaths from malarial fever shows a "marked diminution"—1,166 deaths in 1907 against 1,415 in 1906.

There were 74 deaths from small-pox in 1907.

Measles, 5,087 for 1907. Colorado led the States with the highest mortality, and Mount Carmel, Pa., the municipalities.

The death rate from scarlet fever rose over the preceding year. Leadville, Col., heads the list of death rates from this disease with Gardner, Mass., a close second.

In "diphtheria and croup" the first thing of interest is the assertion that these two diseases "would be more properly represented by the single word 'diphtheria,' there being no difference according to the census doctors. The average death rate in the "registration area" per 100,000 inhabitants was 29.7 in 1901 to 1905, in 1907 it was 24.3. The highest in the years since 1905 was in the year 1903, when it was 31.8, and the lowest in 1905, when it was 23.8. In this disease New Jersey, New York and Pennsylvania led the States in the order named, with but a fractional difference between them; Vermont was lowest. Among the municipalities Worcester, Mass., led, with Washington, D. C., lowest. Among the "minor cities" Pittston, Pa., led; seven cities report no deaths. Taking it as a whole, it doesn't look as though the disease were "conquered."

Influenza made a big jump from 10.5 in 1906 to 24.1 in 1907. In this disease Vermont leads with South Dakota last; New Jersey is a close contestant of South Dakota for last place. Among the cities New Haven, Conn., leads with St. Paul, Minn., last.

"The total number of deaths reported from all forms of tuberculosis for the year 1907 was 76,650, an increase of 1,138 over the number returned for the preceding year." "Tuberculosis is easily the first in importance among all the causes of death." The number of deaths from tuberculosis in the registration area steadily advanced from 61,487 in the year 1903, to 76,650 in 1907. Why?

In that twin disease to tuberculosis, cancer, the total number of deaths rose from 29,020 in 1906 to 30,514 in 1907. It is intimated that the number exceeds these figures, as many of the cases of death from "tumors" were really due to cancer. The deaths from tuberculosis and cancer by States and cities show a creeping increase from year to year. Maine which heads the list increased

from 85.0 per 100,000 in 1903 to 101.3 in 1907. Every State except Michigan shows an increase in cancer. Michigan shows 67.5 in 1903 to 66.7 in 1907. It is practically the same in the cities—a steady creeping up. Again, why? The report intimates that it may be due to ‘improved accuracy of diagnosis.’ A lame answer.

“Like cancer, diabetes shows a constant tendency to increase in recorded death rate from year to year, some part of which apparent increase is perhaps due to, as with cancer, improved accuracy of diagnosis.” The increase was from 5,331 in 1906 to 5,801 in 1907. Again a lame answer.

The rather vague “diseases of the nervous system” deaths rose from 70,322 in 1906 to 73,298 in 1907—pretty nearly as bad as tuberculosis. “Among the individual diseases or affections included in this class the most important is apoplexy, which caused 31,500 deaths in 1907, followed by meningitis, which caused 11,109 deaths.”

Pneumonia shows a high but fairly steady level; 67,324 deaths in 1907, which seems to be about the average, the percentages running 1903, 122.3; 1904, 135.7; 1905, 115.7; 1906, 110.8, and 1907, 120.8.

Diseases of the digestive system “were responsible for 84,800 deaths,” a “decrease of 1,478 from the preceding year;” probably due to “hard times” and plainer living. In the matter of diarrhoea, which is included in this class, Rhode Island heads the list of States with California last, while among the big cities Fall River, Mass., is far ahead of all others, being 460.8, while its nearest competitor is 206.4.

The deaths from Bright’s disease show a steady gain each year.

The deaths from violence, which include suicide, homicide and accident, show a regular and heavy increase from a total of 35,542 in 1903, to 52,548 in 1907, an increase that will jar the optimists who think the world is becoming better.

The man who can do without a repertory to the homœopathic materia medica is like the man who can do without an index to a text book.

THE MINIMUM DOSE.

By Dr. Eduardo Fornias.

There has never been a time better suited than the present to approach and discuss the subject of *infinitesimals*. Unlooked for discoveries, here and there, have compelled our opponents, not only to investigate, but to acknowledge the therapeutic power of those imponderous, imperceptible atoms of medicamental substances called *infinitesimals*. So we can now proclaim the value of these atomic particles of matter with perfect confidence and without fear of contradiction. The sarcastic smile of the unlearned zealot does no longer meet us in our route. There is now exhibited on his face a shade of acquiescence blending into resignation about those processes by means of which the cohesion of medicinal substances has been broken, and its molecular components liberated.

We all know that when discouragement and doubt had brought Hahnemann to the verge of inaction and expectation, and he was obliged to translate scientific works to gain his daily bread, was when he, for the first time, conceived the idea of *Similia* as a therapeutic principle, and at once concentrated all his attention to this important subject. No other therapeutic guide before his times had offered guaranties of stability and success, and he undertook his task with indomitable energy and unshaken faith.

When Hippocrates wrote, "*Vomiting is cured by vomiting,*" he initiated *similia*, but it was Hahnemann who first thought of the general applicability of this law of cure, and who built up the pillars upon which the superstructure of his new method could only rest.

The analysis of a theory which although already mentioned had been neglected, naturally unveiled to him the imperative necessity of two elementary essential propositions, namely, *pure experimentation* and the *attenuation of remedies*.

To put the first of these propositions into practice he associated himself with some of his fellows, who, faithful to their trust, started one of the most meritorious, self-sacrificing series of *experiments upon the healthy human organism*, a step never taken before by any medical man. Of these provings or trials he noted the effects and methodically arranged the remaining phenomena, both

objective and subjective, thus creating a *Materia Medica Pura*, unequal in its character, scientific in principle and positive in its results.

The conception of *attenuation* was also so logical, so indispensable to the accomplishment of his purposes, that, aided by his knowledge of chemistry, he selected carefully those *vehicles* (sugar of milk, alcohol, distilled water) which he knew would not interfere with the medicinal effects of those drugs, whose *atomic dissociation* he had commenced to obtain by the mechanical processes of *trituration* and *succussion*. And as a consequence we have that Hahnemann was not only the first to experiment with drugs on the healthy human organism, but the first also to break the *molecular cohesion* of medicamental substances. No wonder that after a successful conflict with the enemy he attained a position from which he could command respect, reform therapeutics and mark out the routes others would have to follow to do away with polypharmacy and correct *Galenic errors*.

Moreover, his operations of atomic dissociation gave rise to other discoveries. He found out that by the mechanical processes he employed he had developed in the drugs an increased medicinal power which he called *dynamic*, and unfolded latent properties in many substances which were till then considered inert.

Hahnemann then established a scientific *scale of attenuation*, which would not only permit of a medicinal adaptation to individual cases of disease, but avoid the baneful effects of overdosing.

With mathematical inborn proclivity he adopted the *centesimal scale of subdivision*, in order to gradually ascertain the therapeutic virtues of his *triturations* and *dilutions*, and the repeated verifications obtained by himself and his disciples created among them an unanimous and positive conviction of the value of those minute doses when given in accordance with the *Law of Similars*.

It is unnecessary to give here in full the *technique* of his two processes of attenuation, for they are well known to us. It suffices to say that at the start of his eventful career Hahnemann first employed the lower attenuations (3 to 6), which were later followed by the middle (12 to 18), and he finally extended his scale of dosage to the 30 c., which was the limit he placed to his dilutions. Limit with which he gained his great reputation and surprised his enemies.

Hahnemann gave us very distinctly his views as to the *vehicles* we should employ in the preparation of our remedies, and never is he as emphatic as when he speaks of purity and genuineness. He ordains that any kind of medicinal influence capable of causing a disturbance in the constitution of a remedy should be avoided, and that the physician should have at his disposal only genuine and unadulterated remedies. He even warns us of the damage of deterioration, and calls our attention to the necessity of preserving our remedies in well corked bottles, protected from sunlight. Pollution and adulteration are then incompatible with *homœopathic pharmacy*; in fact, the strict purity of the drug and of its vehicles is of much greater importance than posological doctrines.

Unfortunately for Homœopathy the master's limit as to dose has been overstepped by some of his followers, who, through ignorance or extravagant enthusiasm, have disregarded the rules laid down for this class of work, thus creating a situation difficult to defend and protect. This simple transgression has done, I think, more harm to our school than all other infringements put together, and this not so much on account of the endless scope given to their ultra-potencies, but on account of the senseless and *faulty technique* employed. They have devised automatic graduated apparatus, which, connected with a water spigot, supply them with all the liquid required for their *unlimited potentizations*. This vehicle is neither *alcohol* nor *distilled water* as ordained by Hahnemann, but *polluted river water*, or water allowed to pass through beds of gravel, charcoal, alum, etc., and which to reach its destination has to pass again through *iron pipes* and *lead tubes*.

Can any one point out to me what guarantee of purity can such operations give? Let any intelligent man analyze these debatable procedures and tell us if they are in harmony with homœopathic precepts and progress. It is to be hoped, indeed, that our ultra-dilutionists, so devoted to Hahnemann, so well posted in other respects, will soon drop their spurious and useless machines, and become more loyal to the master by attenuating their remedies with the vehicles and the *technique* he recommended.

To raise a dilution to the 10,000 c., the 20,000 c., the 50,000 c., the 100,000 c., the 500,000 c. is an absurd proposition, in fact, an impossibility, if one employs *Hahnemann's technique*. Only an

irresponsible, self-acting machine could accomplish the wonderful act and satisfy a wandering mind.

The advocates of the *very high dilutions*, of course, endeavor to demonstrate the efficacy of these preparations by clinical observations, but, as Dr. P. Jousset has very recently said, these observations have never convinced us because, as a whole, their wording is so defective as to deprive their writers of all scientific standing. Moreover, I must again repeat what I have said elsewhere, that *getting well is not always curing*, and that the osteopaths and mind curists claim also wonderful results without any remedies.

But suppose these *ultra-dilutions* could be made by the *technique* of Hahnemann, has any of the advocates of this practice ever stopped for a moment to consider the enormous amount of vehicle required, even for a single series of these preparations, as well as the centuries of labor such task would impose?

It has been computed by one of our most enthusiastic Homœopathists of South America (Fontela, of Montevideo) that calculating two minutes are necessary for each degree of attenuation of a series and that eight hours of work are daily required for potentizing during 300 consecutive days. The result would be as follows:

In one hour he would raise a drug to the 30th c. pot.

In a day and eight hours to the 240th.

In 100 days to the 24,000th.

In a year of 300 days to the 72,000th.

In ten years to the 720,000th.

In 100 years to the 7,200,000th.

In 1,000 years to the 72,000,000th, and

In 7,000 years (approximately) to the 500,000,000th. that is, D. M. M. pot.

The *famous potencies* of the no less famous Swan are offered for sale under the following graduation: 1 M., 50 M., C. M., M. M., C. M. M., and D. M. M., equal to the 1,000, 50,000, 100,000, 1,000,000, 100,000,000 and 500,000,000 potencies. These dubious preparations are said to be made by hand and a machine of great power of succussion, but there is no doubt that the vehicle employed is of debatable origin.

I do really believe that Swan and others like him would have acted differently if they only had known what natural waters may

contain. In the first place, the mineral salts present in natural waters are absent in *distilled water*, and filtered water, if not heated, is not free of germs. Then, again, *filtered water* may become contaminated by the use of filthy containers, funnels and stoppers, and the greatest caution is required in attenuating drugs with this vehicle. We should also bear in mind that *filtered water* passed through a Pasteur-Chamberland filter, is as clear as *distilled water*, but clearness does not necessarily prove that there are not microbes present. In a general way it may be stated that the number of microbes per c.c. of water is proportioned to the percentage of organic filth present. Dr. A. Schneider (*Pac. Pharm.*) has examined distilled water used for pharmaceutical purposes and found from 5,000 to 15,000 microbes per c.c. If this was the result in contaminated distilled water, what would have been that of river water?

As stated above, years of assiduous, unremitting labor are required to obtain even acceptable dilutions, and we must not accede to any claims that are not supported by those scientific principles which have always governed our practice.

Even Jenichen's potencies, while they are said to be made by hand, do not offer any guarantee to the prescriber, for his remedies are potentized by repeated succussions, which do not alter or increase the proportionate power of the dilution. He endeavors to raise their power by the occasional addition of a few drops of alcohol, a procedure which is not in conformity with Homœopathy, but which is much more preferable to Swan's, who is very unscrupulous about purity. Jenichen employs the right vehicle, but in an arbitrary proportion, and relies more on the force of his hand than on the systematic operation ordained by the master. In this way, if a prescriber thinks he is administering the 30th, for instance, he may only be giving the 6th, or less. It seems indeed as if Jenichen was trying to avoid spurious vehicles, and yet surpass Hahnemann in the solution of remedies.

But we must admit that what we have lost in this direction has been compensated a thousandfold by the daily evidences of appreciation and acknowledgment of our basic principles by those formerly engaged in annoying us with paralogisms and diatribes. The ordinary man of the day dares not deny what is admitted and indorsed by the *leaders of knowledge*. Their

only revenge seems to be to ignore completely the source of the information, and so they parade unconcernedly and unconsciously wearing borrowed garments. But for our part they are welcome to them. Let the principles prevail. Remember that we are meeting now with honest, fair men, not afraid to acknowledge *Similia* and vindicate our cause, and that the numbers of such men is increasing daily.

Going back to the subject of the *minimum dose*, let none of my assertions be misunderstood; it is not the *infinitesimals* I condemn, but the absurd, unreliable machines and the spurious, bogus vehicles of our deluded confreres. To the irreconcilable I would merely say: Drop the nonsensical proceedings, follow strictly the master, and you will not be sorry long, for a new era has begun in which *Similia* and the *minimum dose* have ceased to be the object of a baseless terror for our opponents.

Wonderful discoveries have been made, and as they are favorable to us, we should not hesitate to endorse them. They have come to revolutionize the fickle therapeutics of the old school and convince its followers of the necessity of expanding their knowledge as to the therapeutic value of *infinitesimal doses*. The atomic cohesion of medicamental substances have been broken by various methods, and the *ions* obtained, have been already introduced as remedies into the human organism, and it should be our task to find out how they compare in effects with the minute dose of the *similar*. Let us approach the subject with confidence, for it is the *Law of Similar* which will carry us out victorious in the contest. "It is true that former prejudices are gradually disappearing, but yet for a large number of practitioners Homœopathy is still a sectarian school, without any bonds of union with tradition, and characterized by singular practices of which they have no conception. This is an error which must be persistently combatted, and this is the opportune time to do it, now that clinical and laboratory works have resolve, and are resolving many problems many of them very obscure and undecided three decades ago. These labors and researches have supplied us with facts that broadly allow the exposition of an experimental and positive therapeutics." (Jousset.)

The history of *infinitesimals*, we may say, started with the discovery of the microscope, but before the utilization of this won-

derful instrument we were acquainted with many *physical and chemical phenomena* constantly revealing to us the existence of an invisible and imponderable world. We knew the *odorata, miasmata and effluvia*. We can assert, for instance, that a *grain of musk* diffuses an odor for hours and days without apparently losing weight, and emitting not millions, but billions of atoms (300,200,000,000,000,000) (Granier). It has been calculated that a *grain of assafatida* evaporates in 11,781,000 scented molecules. The *vapors* arising from putrefying substances were held as malignant enough to produce such infectious diseases, as *plague*. We are warned against the danger of *Marsh gas* (CH_4), a gaseous hydrocarbon frequently occurring in nature, without taste, smell, or color, and no reaction on test paper. It is the *fire damp* of mines, and frequently rises from the earth in marshy districts. The apparatus for *Marsh test* are so sensitive and the quantities of *Arsenic* they reveal are so infinitesimal that the medical legist becomes every day more prudent in his conclusions.

We were formerly taught that the propagation of many *contagious diseases* was effected by *fomites*, but now the *miasms*, the *effluvia* and the *fomites* are replaced by *microbes* or *bacteria*, and even the *culx mosquito* has entered the ethiological arena with marked prerogatives. According to Vignal and Suckdorf an adult man passes daily in his *fæces* from 30,000,000,000 to 50,000,000,000 of *bacteria*, and yet Metchnikoff has demonstrated that man is born free from *microbes*, and that their first implantation occurs in the act of parturition, for soon after birth the skin and mucous membranes become infected with them from the air or from the water with which the infant is washed. Later in life the penetration, even of the *Koch's bacillus*, takes place not only through the lungs and bowels, but through the skin. This new route of invasion has been amply demonstrated by Babes (1904), who produced an *experimental tuberculosis* in a guinea pig by a simple rubbing with the Koch's bacillus without the least eroding of the skin. This invasion is from without, but there is another from within. Bouchard, in "*Autointoxication*," clearly indicates that man is constantly standing, as it were, on the brink of a precipice; he is continually on the threshold of disease. "Every moment of his life he runs the risk of being overpowered by poisons generated within the system. Self-poisoning is only

prevented by the activity of such excretory organs as the kidney, and the watchfulness of the liver, which acts the part of a sentinel to the materials brought to it by the portal vein from the alimentary canal. Disease is not something altogether apart from the individual. The patient and his disease are too often found living under identical conditions."

Let the materialists and those who are always ready to deny what they cannot comprehend, enlist in the study of these invisible enemies and try to ascertain their size and power. Let them stop to consider the routes of penetration and elimination of these hostile elements, and the means with which the organic cells count to restore normal conditions and bring about nutritive equilibrium. Do not reject what it seems impossible to you without experimentation and observation. We have passed the age of assumption and arrogance. We must emancipate ourselves from tradition and habits of thought and keep up with progress. It is not so important to-day to know that the *culex mosquito* is provided with a *proboscis* for piercing the skin, but that by means of this *proboscis*, not only makes a wound, but injects into it an infinitesimal amount of dangerous poison. In this respect is it not strange that our detractors should have found, at this late hour, that the poison of the bee (*Apis mellifica*) is a good remedy for rheumatism, when, since the time of Brauns down to Hering and Humphreys, the first experimenters with this animal poison, we have been using this remedy, not only in *rheumatism* and *nephritis*, but in *acute hydrocephalus* and other fluid effusions. (See *Amerikanische Arzneipruefungen*. Hering. 1857.)

But this is not all, experiments drawn from many sources do give us clear evidences of *molecular subdivisions*; for instance, we know that *gas molecules* actually exist, and starting from certain well established facts, physicists have been able to calculate the *absolute number of molecules in a given space, their absolute weight, size, velocity and the spaces between two neighboring molecules*, and so what at first was held as a mere hypothesis is fast becoming a demonstrated fact.

"According to these calculations a cubic centimeter of air contains twenty-one trillions of molecules, and according to the law of Avogadro, all other gases must contain the same number in the same volume. Ten trillions of air, or 144 trillions of hydrogen

molecules, will weigh one milligramme. The mean velocity of the molecule of air at 0°C. (32 F.) is 485 metres (1,591 feet) per second, and of a molecule of *hydrogen gas* is 1,844 metres (6,050 feet) per second. Of course, with this inconceivable number of molecules in the small space of one cubic centimetre, and all moving at the velocity mentioned, no one molecule could move long in one direction without colliding with another molecule. The number of shocks that each molecule receives, in the case of *hydrogen gas*, has been calculated to be 9,480 millions per second, while the mean distance a molecule moves in its path before colliding, is about .0001855 m. m., which may be taken as the distance between two molecules. The diameter of the water molecule = .00000044 m. m. Free path = .0000649 m. m. Although these numbers give us no real conception of the magnitude they represent, they are given here to show the tendency of research, and the advances being made. These numbers, of course, apply to gases only. (Bartley.)

Heat is the first physical force which plays an important part in many *chemical phenomena*, and *distillation* is a process in which Homœopathy is very much interested. When water containing solid matter in solution is evaporated, the solids remain in the vessel, while the water only is given off. As I have said before, it is by means of this operation that we are able to prepare *pure water* for our dilutions. The power of *water* to dissolve substances is one of the most familiar of its properties, and although all liquids possess the same power to a greater or less extent, none surpass water in solvent power, and none offers a better guarantee of purity than properly *distilled water*.

More interesting still the subject of *light* and *sound*, the study of which gives us an idea of the *infinitesimal constituents of these physical forces*. Let those imbued with corporeal ideas stop to think for a moment of the *luminiferous ether*. That this *ether* really exists, pervading the spaces between the molecules of all bodies, so many times more elastic than air or light that it offers no appreciable resistance to the earth moving 1,100 miles a minute through it, may be a hypothesis, but it has been advanced to explain well known facts. That *light* passes from the sun and stars to the earth, no one can doubt, and yet without some such assumption we cannot conceive how it does pass unless we hold to a

former view, which taught that light was in itself a form of matter without weight given off by luminous bodies, and which is able to pass through glass, water, rocks, etc. And how about the rapidity and amplitude of the oscillations and their effects upon the organs of vision?

In *sound* we have analogous effects. Here we can more easily demonstrate the truth of the fact that the *intensity of the sound* depends upon the amplitude of the molecules, while the *pitch* depends upon the number of waves or pulsations which reach the ear in a given time. From well established data we are also able to calculate the rapidity of the oscillations which produce the different sensations of color, and the corresponding lengths of the *ether waves*. Some of these results are expressed in the following table:

Color.	Lengths of Waves in Fractions of a milli- metre.	Number of Oscilla- tions in one Second.
Red,	650 millionths,	477,000,000,000,000
Orange,	609 "	506,000,000,000,000
Yellow,	576 "	535,000,000,000,000
Green,	536 "	577,000,000,000,000
Blue,	498 "	622,000,000,000,000
Indigo,	470 "	658,000,000,000,000
Violet,	442 "	699,000,000,000,000

Spectrum analysis, as well as the *chemical effects of light*, are subjects occasionally related with our pharmaceutical processes. For instance, many substances in solution absorb certain rays from a beam of white light passed through them, and the portions of the beam absorbed are peculiar to each substance. We thus have a means of detecting the presence of a few substances which cannot be rendered luminous by passing a white light through the solution suspected to contain them. Then, again, many *crude chemicals* from which we make our dilutions if kept in the light are in time sensibly changed. *Silver* and *gold* solutions especially are altered by the action of light. The chemical effects of light is so marked that if a mixture of *pure hydrogen and chlorine gases* be prepared in the dark and kept there no combination takes place, if the mixture be brought out into a light room a gradual

combination takes place and *hydrochloric acid* is the result; if the mixture be placed in the direct rays of the sun instead of diffused light the combination takes place with an explosion. The electric light and other intense lights produce the same action.

Radium is our last arrival, and since discovered, it has been continually evolving light and heat without the least perceptible loss of its activity and weight. When in a free state, especially if dissolved in water, unfolds a gas called *Radium emanation* capable of imparting temporarily to other bodies, with which it comes in contact, the property of emitting the same rays as *Radium*. To this property the name of *radio-activity* has been given. No element ever discovered has a more limitless power, and we know today that the irradiations from the different salts of *radium* possess all the general properties of the *X-ray*, and that they emit rays 2,000,000 times more active than *uranium*. We know likewise that the *radium emanations* exert a mortal action on micro-organisms, and their therapeutic application is presently engaging the attention of many savants. But a word of warning as to its abuse and misuse has already been given.

In spite of all the striking advances made in the field of *X-ray therapeutics* we cannot deny that the subject of *electrolysis* has lately come into prominence again by the *introduction of drugs into the system*, and also perhaps for the withdrawal of injurious chemical bodies from the system. It was Leduc, of Nantes (1903), who first introduced medicaments in the form of "*ions*," and the practice has rapidly gained ground, and many applications of the principle are now in vogue. It is unnecessary to dwell long on the *technique* of this practice, it suffices to say that in the application of this treatment the *basic ions* move from the positive to the negative pole, and consequently the medicament must be introduced at the opposite pole. Acids move in the opposite direction.

Ionic medication, then, is a term employed for the method of *introducing drugs through the unbroken skin* by means of the electric current. "But we should bear in mind that the process of introducing these *tiny electrified molecules* has its limitations, for *ions* travel very slowly and a prolonged application, possible under chloroform, would be required to reach very deep parts."

Dr. Edwin A. Neatby, in his presidential address to the British

Homœopathic Congress, spoke as follows on the subject of *ionization*: "The grinding up or dissolving of a medicinal substance subdivides it, and the finally divided particles are brought into contact with living cells which act the part of liberators of the latent *intra-atomic energy*. Such libration of energy goes on every where, under all circumstances. How much more favorable when subdivision renders possible *ionization* by the tissues. As regards the preparation of *homœopathic medicines* by trituration and solution, it is not contended that the drugs are *ionized*, but that their minute subdivision renders them capable of *ionization* by the tissues. Nor is it necessary to suppose that before administration drugs are *ionized*. * * * Our knowledge of cellular physiology and cellular pathology demands a cellular therapeusis, and in this domain bulk gives place to speed. Herein lies the scientific justification of the clinical use (long verified by experience) of minute doses of finely subdivided substances." The adaptation to our doctrine could not be more perfect.

And how about the dogmatic assumption of Prof. Wright, of London, as to the existence in the serum of the human body of principles which have the power of so acting on any invading bacteria as to render them an easy prey to the phagocytes? This principle or substance Wright has named opsonin—from *opsono*—I cater for. It is claimed by this authority that there is a distinct opsonin for every variety of micro-organism, and if this is really the case, we have once more a good chance to exhibit our arithmetical ability. The genesis of the *opsonic form of treatment* is said by Allen to be found in *Jennerian vaccination*, and the *vaccines* used in this unusual practice are sterilized watery emulsions of bacterial cultivation, diluted to contain 500,000,000 to the c. c.

It is not in the scope of this paper to discuss the *opsonic index* in both health and disease and its negative and positive phases, and consequently we let the subject go by, only saying that it has not reached the practical point necessary for the busy practitioner to undertake its application. Only if in touch with a laboratory and laboratory workers especially equipped, could any one appreciate how laborious and time-consuming is the *technique* of this process, still in its infancy.

Dr. R. S. Copeland in his paper on "The Mission of Homœop-

athy" (*Hah. Month.*, Sep., 1908) very pertinently observes that "Wright did not only rediscover the *Law of Similars*, but also, strange as it may seem, he hit upon the century old conclusion as regards the size of the dose. "*One ten-thousandth of a milligram* (6th x. D.) is the dosage recommended by this scientist."

There are yet many other examples confirming our claims. For instance, in 1891 we had authentic reports on the laboratory labors of Loew and Rokorny, which were the starting points of later observations. Raullin succeeded in showing that *Silver nitrate* in the proportion of one part in 1,600,000 parts of water would inhibit the growth of the *Aspergillus niger*, and he still further discovered that this organism would not live in water placed in a silver vessel, although no silver could be detected in the water with the most sensitive reagents. But to the botanist Carl von Nagali we owe the interesting verification of their researches. He calls the unknown force of bacterial destruction *oligodynamia* (*Ueber oligodynamische Erscheinungen in lebenden Zellen*, Zurich 1891). His first observation revealed the fact that in the presence of the most diluted solution of *Silver nitrate* the filaments of the *spirogyra* could not live. He found that death occurred in three or four minutes in a solution of 1-1,000,000,000,000,000. This solution could contain no more than one or two molecules of this salt per litre. *Mercurius sublimatus corrosivus* gave even more pronounced results, the micro-organism died in a solution of 1-1,000,000,000,000,000,000,000,000. In such a solution there could be no more than a trillionth of a molecule per litre. He even discovered that many substances hitherto reputed insoluble in water, such as the metals *gold, silver, iron, copper, mercury, lead, and zinc*, could render the water toxic by their mere presence there. He was able by employing coins placed in vessels of water to vary the amount of toxic power, according to the number of coins immersed in the water, and according to the time these coins remained there; and as if to substantiate our precept relative to the purity of the vehicle, his next step in the investigation revealed the fact that this *oligodynamic power* could be neutralized by addition to the water of such powdered substances as flour, salt, soot, carbon, cellulose, etc., results showing also much of the absurdity of polypharmacy.

Colloidal metals offer us another proof of the power of *infini-*

tesimals. We know that *colloidal silver* and *colloidal copper* destroy bacteria, but very few are aware that if *copper vessels* are used to destroy bacteria in water, they must be kept highly polished, or the bactericidal properties will be greatly reduced. Stewart asserts that sterile drinking water in *clean copper vessels inoculated with typhoid bacilli* invariably showed that these microorganisms had all perished in one hour. Water similarly treated in *tin vessels* invariably exhibited living organisms at the end of twenty-four hours. Water similarly prepared in *aluminum vessels* showed a disappearance of the typhoid germs in three hours. The quantity of *colloidal copper* given off from *one litre copper vessel* in three hours, is one part of the fourth millionth. This infinitesimal amount killed off the added typhoid organisms in from one and three-fourths of an hour to two and a half hours.

These *colloidal metals*, says Lamatte, present the best type of substances capable of breaking the ordinary laws of chemistry. They exert an energetic action on the organic cell at the small dose of 1-300 of a milligramme per litre. Filtering cannot separate the atoms, which remain invisible to the microscope, and yet they have been obtained from the fluids of the body by the spectrographic method; three or four drops of blood being sufficient for the experiment. *Colloidal silver*, for instance, when injected into a vein, has been known to remain in the blood twenty-four hours after its introduction, and Gompel and Henri found atoms in the liver, spleen, kidneys and heart of a rabbit after having been received by the mouth.

We should also bear in mind that *colloidal metals* possess properties which have no analogy with those of the metals in solution. They seem to come near to the *oxydases*, and in them we certainly have substances which do change their character and increase their energy by agitation. They are *neoproducts* which in certain infections have brought about remarkable results by increasing the organic exchanges with over production of urea and uric acid. No chemical reaction known can explain their properties, and the manner in which they are produced conclusively shows that they contain the *dissociated metallic atom*. They are not radio-active, for radio-activity is only produced during the separation of the atoms. Is the protoplasm perhaps a mixture of *colloidal substances*? Probably it is.

The *diastases*, the *toxins*, the *enzymes* have reaction next to those of the *colloidal metals*. They act in extremely small, imponderable doses. *Toxins* and *soluble ferments* are all ferments capable of producing effects outside of the organisms that created them." And is it not strange than when deprived of the infinitesimal quantities of mineral, which they contain under a form next to the colloidal state, these substances become inactive? All these reactions, says Lamatte, are produced in the presence of water, magic combination without which no organic manifestation can result. The study of the *metallic ferments* may perhaps give us the interpretation of these *hydrations*, *dissociations*, *analyses* or *syntheses* which have as a result the organization of our tissues and the manifestation of our vegetative life."

Let any one make a retrospective review of the above illustrations, analyze well the subject, and frankly state if any one to-day could so easily afford to deride and ignore our *higher attenuations* and discredit their therapeutic powers!

Fortunately while our contentions about *dosage* have been going on intermittently for years, the critical eye of the scholar has been doing, unaware, a valuable work for us by following with the microscope the development, segregation and behavior of the *algæ*, *protozoa*, *infusoria*, *vibrio*, *microbes*, *bacteria*, and *other organisms*, thus enriching *etiology* and those methods of *treatment* and *diagnosis* which seem to have already overpowered the empirical remedies of our opponents. These researches certainly have over *tradition* and *polypharmacy* the advantage of being made by precise, scientific processes, allowing the practitioner the opportunity of extending his resources and of foretelling the nature and course of many diseases.

Without fear of contradiction we can call Pasteur the father of *pathogenic microbiology*, just as Jenner was the discoverer and introducer of *vaccination*. Initiated by the works of Pasteur his disciples undertook with remarkable success the *inoculation of attenuated bacterial products*, thus conferring *artificial immunity* against the ravages of microbes and inducing *prophylaxis*. *Pasteurian microbiology* gave, in consequence, not only origin to *bacteriotherapy* and *toxinotherapy* but to modern *vaccinations* and *serotherapy* distinct methods, bound, however, with each other by numerous intermediaries and capable of being combined.

Though it is unquestionable that to Koch belongs the honor of first attempting to cure infection by a specific remedy, the names of Kleb and Loeffler, Eberth, Nicolaier, Roux, Chamberland, Metchnikoff, Calmette, and others are so inseparably connected with these subjects that they always deserve opportune recognition. Unfortunately the excessively large doses administered at the beginning of these practices were not conducive of good results, and the specific remedies obtained, especially *tuberculin*, fell into discredit. But things are gradually mending, and mending to our advantage, for every successful trial has been the issue of *infinitesimal doses*, and has carried with it the imprint of *Similia*.

And to close a subject which has been the cause of so much unnecessary controversy and dissent, one can well ask if the fact that our drugs produce the symptoms they cure is not sufficient for an intelligent man to know not only how far he must keep away from their *toxic effects*, but even from their *physiological action*, which necessarily would produce *aggravations*. Of course, all this implies that a prescriber must know well *pharmacodynamics*, and above all, the degree of *tolerance* and of *toxicity* of each drug. And no less important is that he should always bear in mind that the therapeutic doses of our opponents do frequently produce *slight and serious, acute and chronic intoxication*, which in some form or other often come to our notice, sometimes so blended with the phenomena of the disease we are treating as to demand a great deal of discernment and knowledge to appreciate and combat the condition.

Who with even an ordinary experience has not had the opportunity of observing cases of *cinchonism, mercurularism, bromism, saturnism, morphinism, cocainism, heroinism* and other morbid states, the result of the *misuse or abuse of drugs*, often, I am sorry to say, with professional consent.

The employment of massive doses in our practice is an *indefensible transgression*, and the introduction of improperly prepared remedies is a *profanation of principle*. Hahnemann expressly recommended for the *attenuations of our remedies* those vehicles which he knew would preserve their purity and maintain their efficacy. A *homœopathic dose*, on the other hand, is any one above the scale of disturbing action, applied according to

Similia and with reference to age, sex, occupation, idiosyncrasy, etc., which I think are more important subjects than attenuations carried to extremes. I have found the *acute conditions* do well under the lower potencies, while *chronic states* seem to do better under the higher potencies.

706 West York St., Philadelphia.

THE FOOT AND MOUTH DISEASE AND VACCINES.

The report of Drs. John R. Mohler and M. J. Rosenau, of the results of their investigation of the recent outbreak of foot and mouth disease in this country puts the official doctors up against a very serious proposition. Here is the story, in part, taken from the Washington dispatch of the Philadelphia *North American* of May 17th:

“When, therefore, the disease was traced by inspectors of the Bureau of Animal Industry to calves that had been used for vaccine by a Detroit establishment—Parke, Davis & Co.—and the cases of longest standing were found among these calves, these facts caused Secretary of Agriculture James Wilson and Dr. A. D. Melven, Chief of the Bureau of Animal Industry, both of whom had gone to Detroit to make a personal investigation of the outbreak, to suspect that the vaccine was contaminated with the virus of foot and mouth disease.

“The main facts regarding the outbreak, as brought out in the report, are as follows: The H. K. Mulford Company, of Glenolden, Pa., imported certain small-pox vaccine virus, which was contaminated with the infection of foot and mouth disease. In May, 1908, some vaccine of this strain was procured by Parke, Davis & Co., of Detroit. Calves used by the latter firm in propagating vaccine were sent, October 16, to the Detroit stock yards, and thence, on the same day, to a farm near Detroit.

“On October 20, three carloads of cattle from points in Michigan reached the Detroit stock yards, and were put into the pens that had been occupied by the vaccine calves four days previously. Some were sold for slaughter at Detroit, while the remainder were shipped to Buffalo, and some were reshipped to Danville and

Washington, Pa., where the disease was first observed, some days later. The disease spread to various places in Pennsylvania and New York, and to one locality in Maryland.

“Three separate series of experiments were made by Doctors Mohler and Rosenau. Young cattle and sheep were inoculated with vaccine virus, obtained from both firms. Foot and mouth disease was produced in experimental animals by the use of vaccine of the same strain obtained from both sources, while other strains of vaccine tested gave negative results. The disease was also transmitted from one animal to another through several series, in two instances by natural modes of infection.

“The investigation also indicates that the outbreaks of foot and mouth disease in New England in 1902-3 were probably due to contaminated vaccine of Japanese origin from the Mulford Company.”

The portentous fact that confronts the world in this is the determination that disease that may be lurking in the body of man or animal furnishing vaccine virus is latent in that virus.

The cow, we are told by those in authority, is pre-eminently tuberculous; so does not this investigation point to what may be the cause of the tremendous spread of the “white plague” in vaccinated Christendom? True, all calves are tested for tuberculosis before they are used for producing the virus of vaccine. They are tested by having tuberculin, itself the very essence of tuberculosis, injected into their blood; does not this act make them more or less sources of danger? Danger not quickly apparent as was that of the foot and mouth disease, but latent, only awaiting the proper condition to slowly develop into a case of the “white plague.” There is possible disease lurking in every vaccine point or tube. Some years ago fifty-eight soldiers in a French regiment were vaccinated from virus obtained from an “unquestionably healthy child,” yet every one of these fifty-eight men developed syphilis in a very bad shape from this vaccine; the fact was not disputed but the practice was continued.

A good many men would like to know what that substance is which the vaccine farmers import from foreign countries to produce sores on the bellies of the calves. Whence comes the vaccine virus used in this country?

Another curious feature in this affair is the statement that these

calves poisoned by the imported animal or human disease product were sent to the market "to be slaughtered!" Do our health boards sanction this?

The time has surely come when the Government, the health boards and the doctors should adopt the homœopathic method of vaccination. Their fees would remain the same, the protection would be far better, and they would never be in danger of having to face the many ugly complications, or even the death that so often follows the old, crude and unscientific vaccination of the former century. It might give professional pride a jar but remember "pride goeth before a fall."

LINES TO HAHNEMANN ON THE ANNIVERSARY OF HIS BIRTH, APRIL 10, 1755-1909.

Translated from the German of Br. Heine, *Leipziger Zeitschrift für Homœopathie*, April, 1909, by P. W. Shedd, M. D.

Ye think, because in alien land
The elements long, long ago
Dispersed his mortal frame, that he
Is dead, with none to love and know!
Ye err. His work, his spirit great,
His potent words are consecrate;
Nor longer shall ye mock him.

In his achievement still are traced
The ardors of a puissant soul
That fled no conflict, and whose glaive
Still driveth, flame-like, to its goal.
Who shall compute the myriads, who
With us give laud where laud is due,
And gratefully extol him?

Close upon truth, though knowing not,
Great Science plods its rugged way;
At each turn finding guide-post placed
By him long dead, ere it saw day.
That ragged jest of ancient schools,
The magic power of molecules,
They're now assimilating.

Why fear ye, then, the simile,
Why teach ye its abhorrence?

Your sera are but isons tagged
 With modern science warrants,
 Ay, ye are close to truth. Proceed
 Courageously in word and deed,
 And ye shall know your master.

Till then, with hate and witless quip
 Scorn not instruction from the seer;
 Ye, whom Hippocrates hath sworn
 To use all means to cure and cheer.
 In equity, prove ye a law
 That fears no test. Seek ye a flaw,
 And bide by the conclusion,

He is not dead, for in the hearts
 Of grateful men he ever lives.
 His therapy, law-governed, gave
 Relief and health,—and ever gives.
 Think ye that those drawn from death's gate
 By Hahnemann shall prove ingrate
 Or e'er forget their saviour?

So, in his spirit let us bide;
 In steadfast hope unshaken,
 The victory shall yet be won,
 And truth at last shall waken.
 Though hard beset with many foes,
 By each new foe the honor grows,—
 And ours the final triumph.

HOMŒOPATHIC REMEDIES HYPODERMICALLY ADMINISTERED.

Editor of the HOMŒOPATHIC RECORDER:

For the application of remedies the practitioner can utilize any of the well known routes of the organism without renouncing his scientific convictions. At present a marked disposition is noticed to hypodermic and intramuscular medication, and we see our colleagues of the old school always ready to use their tiny syringes and of extolling the introduction of remedies by this means. Individualization of their cases does not seem to concern them much, and they rather deal with the general ideas of nervous prostration, debility, denutrition, etc., applying such remedies as *Arrhenol*, *Medullary* and other products offered to the trade by unscrupulous druggists.

If the abuse of subcutaneous medication without previous individualization is censurable, its judicious application, on the other hand, is worthy of our study.

It is my intention to demonstrate that with the hypodermic introduction of some of our drugs we can obtain splendid results without breaking any of Hahnemann's precepts.

During my practice in this city I have had the opportunity of treating many cases of *pernicious malarial fever*, and contrary to what our ultra dilutionists advise (Nash, Kent, etc.) I have been compelled to use massive doses of *Quinine* instead of the high dilutions recommended by them and with better results.

We should bear in mind that Homœopathy does not consist either in the small doses nor in the infinitesimal ones; and, although in the larger number of remedies physiology demands dynamization in order to avoid hardships to the organism we intend to cure, there does exist, on the other hand, a small number of substances which seem to act better in the lower dilutions and even in massive doses. Dr. Nash himself, in a paper on the dosage of remedies published in the *North American Journal of Homœopathy*, refers to a young lady under his care who having contracted syphilis in a dental office received *Asafatida* high without result, but who was finally cured by this remedy by going gradually down to the mother tincture.

In cases of *pernicious fever of malarial origin*, abundant vomiting and purging are common symptoms, and the former especially is often so severe as to become an obstacle to the administration of the indicated remedy by the mouth. A hypodermic injection of 1x dilution of *Quinine sulphas* will almost always control the febrile process, for between the morbid and pathogenic symptoms the relation of similitude is correct. Of course, as we always individualize our cases, in many instances, others will be the indicated remedies, such as *Ant. tart.*, *Ars.*, *Verat. alb.*, *Camph.*, etc.

I have used in *pernicious malarial fevers* the hypodermic injections of *Quinine sulphas*, both the officinal preparation and the 1x dilution with identical good results. However, as the special conditions of this method of treatment are such as to make us always fear the *development of tetanus*, the employment of *sterilized ampullæ*, containing remedies prepared according to our pharmacopœia, becomes an imperative necessity, and it is to be

hoped that our colleague and friend, Dr Boericke, of Philadelphia, whom we recently visited, with his ample resources, scrupulous methods and fine laboratories, may study the subject and present to the homœopathic profession in the form indicated, some of those remedies which we could call of *urgency*.

I have used also *Berberis vulg.* (10 drops θ in 10 grammes boiled water) hypodermically for the atrocious pains of renal colic with marked relief. The dose injected should be 1 c.c. or 2 c.c., according to the susceptibility of the patient.

Other remedies which could be employed *hypodermically* are: *Millefolium* 1x in urgent cases of hemoptysis, threatening death; *Thuja occ. θ* in certain forms of warts; the injection being made under the growth; *Amyl nitrus* 1x in dyspnœa and angina pectoris if indicated. Experience would likewise confirm the value of *Colchicum*, *Digitalis*, *Hamamelis* and *other remedies* when given subcutaneously and according to the Law of Similars.

In the *National Homœopathic Hospital of Mexico* Dr. Manuel Narro, chief of service No. 2, for men, has at my suggestion undertaken a series of experiments with the hypodermic injections of our remedies when indicated. In February of the present year I had the opportunity of seeing in his ward various cases under this treatment, one of them of hemiplegia was relieved by *Causticum*.

Dr. Narro believes that our remedies employed in this manner develop much better their specific action.

The *hypodermic method of treatment*, with strict asepsis, does not offer any danger whatever. Those who claim that our doses are destroyed in the stomach by the gastric juice have here not even a pretext for this absurd conclusion.

I invite herewith Dr. Boericke and the homœopathic pharmacists of Philadelphia to resolve this question, for it is our most ardent desire to see our school soon provided with *ampullæ* containing our remedies, so as to be able to use them hypodermically in emergency cases.

DR. RAFAEL ROMERO.

Calle 64 Sur, 581, Merida, Yuc. Mexico, April, 1909.

A LETTER TO DR. H. C. ALLEN.

12 August, 1907.

My Dear Dr. Allen:

I hope that you will get out your new book this fall, as I am anxious to have all your writings on the Nosodes.

For a few years I have had the conviction borne in upon me that therein lies an indispensable part of our homœopathic armamentarium, and I sometimes wonder seriously whether a very large portion of mediocre or even mongrel practice is not to be referred to ignorance of remedies like *Psorinum*, *Tuberculinum*, *Pyrogen*, and others.

I have had a large number of patients from a certain family—brothers and sisters and their children—who at one time or another, for at least one time during some severe illness, require *Psorinum*. It would seem that in their blood (heredity) there is some reason for a demand for this remedy. What the reason is I cannot discern except through the symptoms at the time, and I am not able to cure the patient till *Psorinum* is given. Even then the case is not always finished, but it is so far raised to a more normal plane that perhaps even a mild remedy completes a perfect cure.

By the way, is there something wrong here? Should the *Psorinum* cure? I have often speculated about it, and as to the possible mistake in following with another remedy through seemingly demanded. As a rule, however, I believe this practice is almost an invariable one with me, for the reason that it seems imperative.

Another item. I have lately given *Tuberculinum* in two important cases wherein seemingly indicated, but the vitality of one case was low. Seemingly the last stages of pulmonary phthisis were reached. There was nothing else to do, but could she stand it? The 10 m. was given, one dose. The *immediate* outcome was an improved appetite, which had been at the lowest, and to-night I have a letter from patient and nurse in which the progress of four weeks is recounted with the fullest gratitude. The patient now complains only of a rough throat from the morning cough.

It makes me question whether we are ever to withhold the homœopathic remedy when indicated, provided we select the suitable potency.

I am doubtful what to give next when further medicine is imperative, but it occurs to me that at that time a higher potency may be suitable.

In another case, the appetite was first improved also, and the other advantages are marked.

I hope soon to send you some conclusions of mine in a different field, and though they will not be of much value to you, I venture to depend on your interest.

Very sincerely yours,

JOHN HUTCHINSON.

New York, August 12, 1907.

A CAUSE THAT IS DOUBTED.

The following under the side title, "Bacteria as the Cause of Infectious Diseases," an editorial appeared in the May number of the *British Homœopathic Review*. It looks as though the scientific ones were preparing to dethrone the ancient "germ theory:"

"There is an interesting leader in the *Lancet* of March 20th, under the heading 'Bacteriology Tested by Epidemiology,' commenting on a paper recently read by Dr. W. H. Hamer, before the Pathological Section of the Royal Society of Medicine. Dr. Hamer discusses the question as to whether the so-called causal organisms are truly causal, or only 'secondary invaders.' He shows that in many instances the 'causal organism' is not of itself capable of producing the disease, and that a *tertium quid* must be assumed, and thinks that the 'causal' bacteria are often normal inhabitants of the body and only become important in disease. For example, the swine fever bacillus is generally a normal inhabitant of the pig's intestine, and in diphtheria and enteric fever the organisms generally considered to be the causes of those diseases are widely prevalent in healthy people. He finds a point strongly in favor of the existence of some third factor to be 'the fact, as a rule, emulsions prepared by grinding up some of the *tissues*, or organs, of an infected animal are far more virulent than *cultures* containing approximately an equal number of bacilli. For instance, in the ox the smallest fatal dose of a culture contained some 20,000 million of tubercle bacilli, whilst the smallest fatal

dose of emulsion prepared from the tissues of an infected animal contained only 5,500 bacilli. There is evidently some other factor which has to account for the greater activity of the emulsion which contains portions of tissue in addition to the bacilli.' This fact should be borne in mind by us in the preparation of our nosodes. It seems that we are likely to gain more powerful remedies by triturating diseased tissues and making our potencies from them than by using cultures of the bacilli for that purpose. According to the above figures they would be nearly four million times as powerful. The methods of Swan and Burnett in the preparation of nosodes are, it seems, justified by the latest experiments."

The day of the "germ" is waning.

HYPODERMIC INJECTIONS OF MERCURY.

Concerning the injections which are among "the latest," the *American Journal of Dermatology*, May, says:

"But even this sweet dream has been ruthlessly shattered. We find that Dr. W. Bartsch, of Breslau, has published several cases of poisoning which resulted fatally. In the cases related there were three females and one male. The first, a young woman aged twenty-three years, had been treated with injections of salicylate of mercury in a 10 per cent. suspension of liquid vaseline, the total amount of the salicylate of mercury given to her, within five weeks, being 1.15 grams. The patient was discharged suffering with a vaginitis. About two weeks later she was again admitted suffering from a necrosis of the vagina and vulva and also diarrhoea. She died fourteen days later. On post-mortem examination it was found that there existed an ulcerated colitis, parenchymatous nephritis, and myocarditis. The second case observed involved a young woman of twenty-four, who had had four injections of salicylate of mercury and then developed diarrhoea and fever. In two weeks she died, and at the autopsy there were found fatty degeneration of the heart and of the aorta, parenchymatous nephritis, mercurial colitis of a necrotic character, and erosions of the stomach. In the third case a woman, of forty years, she was given injections of 10 per cent. calomel in oil of vaseline. In all, she received 0.7 gram of calomel. After the

fourth injection, she had diarrhœa, which stopped upon the exhibition of opium. She died suddenly, and, on post-mortem, she was found to have suffered from mercurial colitis and intestinal hæmorrhages. The fourth case, a man, fifty-seven years old, was treated with injections of calomel in liquid vaseline. After 0.35 gram of calomel had been injected, diarrhœa made its appearance. Two weeks after this the patient died. At the autopsy, degeneration of the heart and mercurial colitis were found. In addition to these atrophy of the kidneys was present."

"Ring out the old, ring in the new" seems to be the rule of action among the modern medics, they forgetting that as soon as they, individually, settle down to make use of their knowledge their "new" will soon be "rung out" and with it themselves. Constant hopping to and fro isn't necessarily "steps in advance."

A CIRCULAR LETTER.

My Dear Doctor:

Perhaps the circular letters have been more of an annoyance than a benefit to you, but you can rest assured that they were sent only in the interest of Homœopathy and her institutions with the hope that some enthusiasm and interest would be aroused by the physicians of the State.

You well know that the A. M. A. is using every effort to gain power and control. In this she will not be successful as long as we remain true to our system. It seems strange that the older school, which at one time could not find adjectives offensive enough to describe homœopathic physicians, and which heaped ridicule and sarcasm upon the system, should now almost bow to the profession in beseeching tones, and asking us as individuals to join their societies. Why is this? They tell us it is in the interest of medical progress. It is not. It is in the interest of medical tyranny and medical usurpation, the control of Homœopathy and homœopathic institutions. Are we so willing to enter a camp from which every concession we received had to be fought for? Their changed attitude should set us thinking, for the motive is surely impure.

We ought, in this State, to stand as one man against the common enemy, and also to unite as one man in our own cause and own interest. We will need the support of all, of every man,

in our legislative battle, which is sure to come the approaching session of the Legislature, and we will win if every man is true to his profession and belief. Awaiting the pleasure of greeting you at the spring meeting in May,

I am very sincerely and fraternally,

A. P. STAUFFER.

Hagerstown, Md.

CALENDULA AS A SURGICAL DRESSING.

S. T. Von Martinetz, M. D. A. M., Cedar Rapids, Iowa.

I desire to add my testimony to the action of *Calendula* in the treatment of severe lacerated wounds. At one time, when in a distant city, I was called to see a young man, who had had a very severe injury to the elbow joint from being caught in a thrashing machine. All the usual antiseptics had been tried by the physicians in attendance. Suppuration had set in, in spite of the treatment, and the pain was extreme. The attending physicians demanded an immediate amputation. The father insisted on my seeing what could be done, by conservative methods.

I made a lotion of *Calendula*, and instructed that it be kept applied by means of wet dressing, for from twelve to eighteen hours. If there was no benefit at that time, the attending physicians were to proceed with their amputation. But to the delight of all concerned the benefit was so pronounced, when the dressings were removed the next day, that they desired to continue the treatment I prepared then a quantity of the lotion, and advised them as to its continued use.

I left the town on that day, but I learned subsequently that the cure was a very satisfactory one, with the exception that the joint was stiff from adhesions. Later, he fell on the stiff arm, breaking up the adhesions by accident, and at the suggestion of his physician he kept up motion in the arm, until almost the entire normal action was restored.

At another time I was consulted for a young lady who had been thrown from a cart in a runaway, and had been dragged a long distance, on the shoulder and arm. The shoulder had the skin and deeper tissues torn away so that the joint was bare and there was laceration on the side of the body, beneath the axilla, leaving the axillary artery bare and in plain view.

This wound was thoroughly cleansed, and was kept dressed with *Calendula* for a number of weeks, and notwithstanding its extreme severity, the restoration of the torn and lacerated parts was very satisfactory. It was especially noticeable that the skin which formed over the denuded surface to the extent of at least twelve square inches, was very natural, and there was but little scar tissue and no deformity.

My last case is that of a young man whose hand was lacerated in a leather cutting machine. The skin was torn from each finger, from the tips to the palm, so that the hand resembled that of a skeleton. I washed the fingers with the *Calendula* solution, and made a persistent application of this dressing. The hand was redressed daily, healing took place slowly, but all the fingers were movable to a degree, the scars interfering with the movement only to a limited extent. He is now an attorney and makes no complaint about the hand, which would probably have been amputated, but for this treatment.

I generally use this remedy in the proportion of one ounce of the tincture to a pint of water, but I prefer the single remedy in surgical cases to any mixtures, though I often give internal treatment as a tonic or restorative.

I use this remedy also in burns, but in these cases I combine it with a small proportion of *Arnica*, and with powdered alum. In the treatment of simple forms of sore eyes, I use *Calendula* in very weak solution and the results are the very best.—*Ellingwood's Therapeutist*.

THINGS DOING DOWN SOUTH.

President Dr. Edward Harper, of New Orleans, La., and Secretary Dr. Wm. A. Boies, of Knoxville, Tenn., have sent out the "Announcement" printed below. Doubtless inquirers can obtain any desired particulars by addressing either of these gentlemen. "The South" is a vast region, homœopathic physicians are few in it, so they should, in lieu of State societies, unite in the association even if they cannot all attend the meeting. To be a member of such a body adds strength to that body, and, in turn, to the member. The strength is intangible, but for all that, real. A man should not unite with these general organizations with a sole view of benefit to self, but for the common weal.

ANNOUNCEMENT.

The twenty-sixth session of the Southern Homœopathic Medical Association will be held in Hot Springs, Ark., November 15, 16, and 17, 1909. We earnestly urge every homœopathic physician in the Southern States to become a member of the Association and aid in the work of propagandism now being carried on all over this country with more vigor than ever before in the history of Homœopathy.

Organization and propagation are more imperative now than ever, and it is a duty each one of us owe to the system of medicine we practice to support our national, sectional, State and local organizations, if we are to maintain our rights before legislative bodies and secure the representation to which we are justly entitled in medical departments of State universities and other medical institutions of this country that are supported by taxation of the public. This can be done if we will all join together and work with this purpose in view.

The benefit of good and successful meetings for the propagation of Homœopathy in the South are already apparent, and aptly demonstrated by the results of the last meeting of the Southern in New Orleans, as quite a number of letters have been received from several different States making inquiry in regard to homœopathic treatment, and in every instance they came from places where we have no homœopathic physician. From this it is but reasonable to suppose that where there were representatives of our school, others consulted with them. This also renders invalid that old excuse, "I can never attend the meetings, so can derive no benefit from the organization," which we so often hear as a reason for not becoming a member of the Southern Association.

The last meeting of the Southern was one of the best held in many years, and there is no reason why the next session at Hot Springs should not be even more successful if we will only work to make it so, but we must all work together with this purpose in view. Spasmodic efforts and occasional good meeting will be of little avail in the work of propagation, they must be continuous, we must have good meetings every year to accomplish our purpose and obtain lasting benefits, else the good one may do is lost before we hold another.

Let us again urge every Southern Homœopath to support the Southern by becoming a member, give it his moral as well as financial support and contribute his mite to the cause. "In union there is strength."

EDWARD HARPER, *President*;
W. M. A. BOIES, *Secretary*.

THERAPEUTICS NOTES.

A man, whether doctor or under doctor's orders, being unknown to our informant, bought some *Succus cineraria maritima* and some tablets of *Calcareo fluor.*, and remarked to the clerk who waited on him that the combination, the one externally and the other internally, was the best procedure known for cataract.

In the case of a man, he is dead now for some years, who was bedridden for a long time, nearly ten years, it was found that *Arnica oil* was the best remedy for the inevitable bed sores. By the use of this agent he was kept quite free from those troublesome sores during that long period.

A contributor to *Therapeutist*, Dr. J. L. Myers, Hiawatha, Kan. "*Phaseolus nana* is a grand remedy for heart troubles, but be a Homœopath in its use, not under 6x or you will have trouble." This is the remedy proved by Dr. A. M. Cushing; its effect on the heart was so very marked as to seriously frighten the prover.

An unknown writer says that *Gaultheria* (*i. e.*, wintergreen) will give great relief in severe cases of asthma, though it may not permanently cure the case. He gave 15 drops for a dose.

Dr. Wirz, Durlach, Germany, details a case that turned out to be tape worm and not anæmia or chlorosis. "I gave her my old reliable tape worm medicine, homœopathic *Cuprum oxydat.*, and when the patient returned in a week all her symptoms had vanished; she actually had had a tape worm.

"I consider *Stramonium* the best remedy for suppression of urine during the course of any eruptive disease," writes Dr. George Royal in the *Iœva Hom. Jour.*

Dr. M. E. Fuller, Wauconda, Ill., writes (*Chicago Night University Bul.*) how he had a severe fall on the ice and the result

was unusual absentmindedness, would forget in a few minutes what he had done. He took *Caladium* 3x, with the result that he lost all taste for his cigar, which previously he had much enjoyed. Some of the remedy was given to a heavy smoker, but he refused to continue it because it was taking all desire for smoking from him.

“Dr. C. E. Walton, Cincinnati, I would like to call attention to one use of *Bisulphide of carbon*, that is, the local. Some physicians who practice Homœopathy also make local applications for the control of neuralgia. They may be tempted to use chloroform liniment. If they will take *Bisulphide of carbon*, put it on cotton, put it in a morphine bottle and lay upon the skin, they will get the most intense heat without any vesiculation. There are some things that will respond quickly to their treatment; facial neuralgia, sciatica, etc. It is a great relief.”—*Journal A. I. H Trans.*, 1909.

In an old pamphlet is the statement that for ecchymosis that lingers long *Ledum* is the remedy; not externally but internally. This particularly recommending *Ledum* 30. If any one has any old “black and blue” marks let him give this drug a trial and note results.

Dr. Wallace McGeorge (*Hahn. Monthly*) reports a case of heart disease where “*post-mortem* revealed calcified coronary arteries and a calcareous deposit on the aorta” in which *Magnesia phos.* in hot water so relieved the paroxysms of pain and lessened their duration that the patient begged for “those powders.”

Dr. W. H. Phillips (*Med. and Sur. Rep.*) reports a case of increasing deafness for two years, buzzing and whizzing, increased in damp weather, in which massage, electricity, etc., had been employed with no special results, that was cured by *Petroleum* 6x, given on the aggravation from damp.

The same (Dr. W. H. Phillips) also reports the case of a man suffering from pachydermia laryngis, had been hoarse for years and had almost lost the use of his voice. *Thuja* 30x caused temporary improvement, and *Thuja* θ , 5 drops daily, caused an almost complete cure. Local treatment had been previously unsuccessfully employed.

“My temperature stayed around 103° to 104° for about two weeks, and, although I attended to business, I was the sickest pa-

tient of them all. I felt as if I was reincinerated in a wooden walking machine, as all ordinary sensations were lost, and I didn't care particularly if they stayed lost," writes Dr. I. V. Cole, Seattle, in *Ell. Therap.* A teaspoonful of *Achillea Millefolium* in a pint of hot lemonade at bedtime produced a profuse sweat, and with it the fever disappeared. Later, in practice, he found this drug, *Millefolium*, would relieve these cases of continued high temperature.

A solution of *Calendula* and water, externally, with *Arsenicum* internally, according to Helmuth, will quickly relieve carbuncles.

SUGGESTIONS CONCERNING THE NOSE.

Every now and then the *American Journal of Surgery* sends out a sheet of printed "Surgical Suggestions" which you will find filling the little blank spaces left at the bottom of the page in medical journals. The last lot concerns the nose. Here are some of them that may be useful: "Polypi are not merely cystic tumors—they often spring from a base of diseased bone. Removing the polyp*i* does not cure the disease; the affected bone necessarily must be removed." Another and pleasanter way would be the homœopathic remedy for diseased bones of which there are several.

"Pain and swelling of the tip of the nose, is often caused by an infection of the hair follicles in the vestibule."

"'Nose-picking' may result in a perforation of the septum."

"An infection of the hair follicles of the nose is quickly relieved by the application of a 1 per cent. salve of yellow oxide of mercury."

"A foreign body in the nose of a child is often suggested by a discharge of mucus from one side only."

"Small clinging pieces of adenoid tissue which have not been removed by the curette will very likely set up an inflammatory reaction on the posterior pharyngeal wall which is more distressing than the adenoids themselves."

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EDITORIAL BREVITIES.

FICUS RELIGIOSA.—After reprinting the note that appeared in the November (1908) RECORDER, concerning Drs. King and Mattoli's experience with *Ficus religiosa*, which note seems to have angered Dr. Ghose, who is responsible for the remedy—he wrote a letter to every homœopathic journal on the matter, and the most of them published it—the *Calcutta Journal of Medicine* makes the following comments:

“In Dr. Clarke's ‘Dictionary of Materia Medica’ we see the name ‘Pakur’ has been given to *Ficus Religiosa*. But *Ficus Religiosa* is not Pakur; it is Peepul, or *Aswatha*. Pakur is *Ficus venosa*. And neither Pakur nor *Aswatha* belongs to the specie *Moracon*. Both of them belong to the sub-order Ficacæ, which belong to the natural order Urticacæ. The botanical and the native name of the tree could not have been so mistaken by Dr. Clarke had he not implicit reliance upon Babu S. C. Ghose. About the proving of the drug there is grave doubt because *Ficus venosa* (the Pakur) and not *Religiosa* has the virtue of stopping hæmorrhage from the bowels and the lungs. This is known to every *Kaviraj* of our country. Proving of drugs according to the method of Hahnemann is not an easy affair, and the future compilers of our materia medica will do well to exercise their judgment in sifting the chaff from the grain, because medicine not well proved placed in the pages of a high authority is calculated to do more evil than good and ultimately disgrace is brought upon our profesison.”

THE PHILOSOPHY OF BILL COLLECTING—A good many doctors

worry and are short of money because they cannot collect what is due them. A doctor's or lawyer's fee is essentially no different than the bills of the grocer, coal dealer or any other tradesman's. In one case the commodity delivered was professional service, in the other goods, in both the buyer owes the seller money that in normal cases should be paid. The grocer first duns and then sues; let the doctor do the same, for it is not "unprofessional" to demand your own. If the man owing you money is really unable to pay you are stuck and must make the best of it. If he is unfortunate, but of the right sort, even increasing the debt may be wise, generous and noble; help the man. If he be the other sort go thy way in peace. If he is well able to pay but shifts, dodges and adopts the ways of the typical dead beat, sue him—or give it to a lawyer for collection. "But the effect on the neighborhood and the public?" It will, first, either amuse them to know that so-and-so has been sued for his "doctor bill;" or second, it will make them think your services must be valuable because you do not hesitate to press your claim. But above all else *send in your bills promptly*, and if you haven't time to make them out hire some one to do it. Lastly set a good example by paying your own bills.

WHAT SHALL BE DONE WITH THE NEW PARIAH?—Having discovered that the consumptive is a "pariah," and proclaimed the fact to the people, the gentlemen who did it are now worried about what they shall do with him. Dr. Albert E. Roussel discusses the subject in the pages of the *Bulletin of the Medico-Chirurgical College*. He writes:

"The anti-tuberculosis propaganda has achieved marvelous results in diagnosis, prevention and treatment of the disease, but has made no provisions or outlined no directions for the welfare of the discharged or semi-invalided tuberculosis patient. The odium attached to the disease is sufficient to brand him as a pariah, and he drifts around as a social outcast until a relapse occurs and he again becomes an inmate of some charitable institution, meanwhile having produced other infection in his downward course."

That the public has been worked up into a panic about the danger of contracting this disease by contact with those afflicted with it is apparent from the various laws passed by several State

legislatures excluding persons suffering from tuberculosis. The panic is a foolish one, but that does not take away the serious condition it has caused. The men who caused it ought to be held responsible for its possible consequences. There are with us a huge army of men and women who are every day becoming more of a pariah class, avoided more and more and the doors shut in their faces, all because of the teachings so sensationally preached by a certain body of men. What shall be done with them? Dr. Roussel advocates putting them to work on farms. But the farmers do not want them, and even if they were received on a farm its produce could not find buyers if it were known to be worked by those afflicted with tuberculosis.

Perhaps, however, it is not altogether fair to blame any set of men for what logically follows the germ theory; that is the root of the trouble. So long as it is taught that tuberculosis (and other diseases) is due to a specific germ and not to the manner of living so long will the error prevail.

TWO RATTLE SNAKE BITE CASES.—The March issue of the RECORDER for this year, page 121, contains the treatment of a rattle snake bite with prompt recovery, related by Dr. H. D. Beckwith; the remedy was *Cimicifuga* internally and externally. Patient out the next day. Now a case of a similar bite is given in the *Jour. A. M. A.*, May 5th. On the thirty-third day the patient was far enough along to be discharged. The scientific treatment consisted of cauterizing and then, either externally, internally or hypodermically, he received potassium permanganate, strychnine, whiskey, salt solution irrigations, bichloride of mercury, Calmette's antivenous serum, ichthyol ointment, Blaud's pills, and on the twenty-second day the finger was amputated. The case related by Dr. Beckwith was treated by a native Indian doctor, whose like would quite properly be hustled to jail if he attempted his ignorant practices to-day.

ANOTHER REGULAR ROW.—The famous Council on Pharmacy and Chemistry, set up by the bosses of the A. M. A., a sort of proprietary inquisition of proprietories, on the one side, and a certain "Chemical Co." with Dr. Henry Beates, Jr., President of the Pennsylvania State Medical Board, on the other have come in conflict. The Council threw out the chemical company's product

as unethical, hence no good, and that company, backed by Dr. Beates, replies by pamphlet that the Council is ditto. To this the Council comes back heavily, and among other things says:

"So far as the referee can judge from his letter, Dr. Beates has confused his hostility to various persons, including some members of the Council on Pharmacy and Chemistry, with his belief in the products of the — — Mfg. Co. In no other way can the referee explain his dark hints as to politics, conspiracies, persecutions and bribery, or his unqualified approval of the slanderous pamphlet issued by the manufacturer of the products, or his failure to recognize that loose and irrelevant suggestions of fraud could not do the products any good in the eyes of any competent referee."

We omit the name of the company and its product as being irrelevant, because the advertising pages of journals swarm with similar things, neither better nor worse whether "recognized" by the Council or condemned by it. About two years ago Dr. Beates in the pride of his heart and office tried to ride down "dying Homœopathy." Now he is up against giants. Such is life! Once mighty, and then, punk.

THE CUMULATIVE EFFECT OF SERUM.—The *Jour. A. M. A.*, May 8th, contains a letter from Dr. H. D'Arcy Power, of San Francisco, relating his personal experience with serum. In 1902 he gave himself an injection of antitoxin as a prophylactic with no inconvenience. A few months later he received an injection of Haffkine's prophylactic against the plague, to which there was a severe reaction and malaise. This year, 1909, he again had a prophylactic dose of antitoxin, an interne at the same time receiving one. A very decided and serious state followed it.

"Now the main interest of the case lies in the fact that in 1902 I was not susceptible to the toxic action of the serum; in 1909 I was intensely so. The serum of the latter date was not toxic in itself, as shown by its lack of action in the case of both patient and interne—ergo it would seem as though I had been activated by the first dose and remained so after a period of seven years. We clearly need the aid of a careful investigation into the question of time limit. It may well be that my experience was not so exceptional as it appears."

And while investigating the time limit it might be well to look into the permanent changes for the worse wrought in the body by those injections of brute serums into human beings. The fact that it happens to be the "correct" thing to do at the present stage of the game does not guarantee its being harmless. It may be laying the foundation for another kind of poison.

HOMŒOPATHY IS TABOO.—In a letter to the May issue of *Brit. Hom. Review*, Dr. E. A. Hawkes relates his part in a certain case before a court of law, the particulars of which is not to the point. He writes, among other things: "I volunteered to give evidence, and on reading extracts from the article on 'Agaricus' in the 'Cyclopædia of Drug Pathogenesy' I was told that, as the book was not a recognized one, my evidence was valueless. I, however, read some of Ringer's remarks from the same book, and these were accepted." This item is quoted for the benefit of those gentlemen who, though holding degrees from a homœopathic medical college, nevertheless long for affiliation with "regular medical men." If a book like the *Cyclopædia* is refused recognition how would J. Smith, M. D., of the ——— Homœopathic Medical College, stand? He wouldn't stand, he would sit in a far back seat—if he kept quiet.

TYPHOID BACILLI.—The learned *Journal A. M. A.* devotes an editorial in its May 8th issue to "Typhoid Bacilli Carriers; Their Importance and Management." It is said that 5 per cent. of all individuals who have suffered from typhoid, and many "who have never had an illness clinically recognizable as this disease, may carry typhoid bacilli in their excreta for years." "It might seem theoretically feasible to form colonies of bacillus carriers as we now do of epileptics, but * * * the public would not stand for" it. The effect of purgation is nil, "the bacilli remaining as before." Intestinal antiseptics have proved useless. "The conception of Forster that the gall bladder is the site of constant production of typhoid bacilli" points to the "extirpation of the gall bladder," but it is doubted if the public would stand for "so dangerous a major operation," and this the more so as later observations show that in such cases "also the smaller bile passages are infected." Further than this deponent saith not. It is up to the scientific ones to find a way of disposing of those "bacilli

carriers." Probably their one measure, as in all similar cases with other diseases, will be "isolation." How the bacilli get into the gall bladder and flourish there for years is not stated. Quite likely if this new "menace" were to receive constitutional treatment by homœopathic medicine the bacilli would soon cease, also, and this is more than likely, the individual remedy will not be allowed to take part in the matter.

"THE MINIMUM DOSE."—Under this title we publish a paper in this issue from the pen of our learned friend, Dr. Fornias. Some of the readers will not agree with it, while others will welcome it. The RECORDER aims at being a homœopathic journal, and whether a man prescribes the tincture as Hahnemann did in the illustrative case he records in the preface to the *Materia Medica Pura*, or the 30th potency as he advises later, or whether it be the D. M., so long as the drug is given according to the law of similia, is not considered by this journal. The potency and size of the dose is a matter of individual judgment. If any one wishes to dispute the matter with Dr. Fornias these pages are equally at his disposal.

CURIOUS REASONING.—With the regularity of the seasons almost come the gentlemen who tell the world that many of the reproaches Homœopaths suffer at the hands of "physicians" is due to their ill considered attitude. He tells us that Hahnemann lived in another century, and that while we all do him the utmost honor for what he did and for his great learning, still, you know, we have advanced since then, and it is not reasonable to expect us to be bound hand and foot to the past; let us throw off our shackles and go forward! and so on. A speech or paper on these lines is almost sure to obtain a round of applause and a tolerant reply from the allopathic brother who—indirectly, of course,—tells the company to persevere, and in time they may become physicians, which is to say, allopaths. The reader of such a paper, or the speaker, is usually so full of cordial love for the other man that every one is moved to a sense of good fellowship. However, when the effects wear off things take on a different look. The law discovered by Newton is unchanged; it has not "advanced" a bit. So it is with the deeper and more subtle law discovered (not created) by Hahnemann; it has not advanced or changed.

What the man Newton or the man Hahnemann wrote and taught is worthy of respect but is not binding on any one, but the laws they discovered are things no man can "advance;" a whole congress of scientists, big and little, cannot budge them. If any gathering of scientists pooh, poohs, the law discovered by Hahnemann, so much the worse for that bunch. Get your ideas straight on this thing of "advance" and then you can judge them rationally and go forward with those that are really advancing in an understanding of the application of the universal therapeutic law.

CURE MUST STAND FIRST.—Our amiable neighbor had its war-paint on in the beautiful month of May. It says there is a baneful influence in the "indiscriminate State aid to hospitals," and there are too many hospitals and medical schools in Philadelphia. On this latter point it says, among other things: "And why should there not be appointed a professor or professors to teach the history of Hahnemannism and the therapeutics of *Rhus tox. θ*, of 1-6 drug strength and of further potentizing as far as your conscience will permit, in the University of Pennsylvania?" The chief objection would be in the making of the master thing in medicine the subordinate, which is a disorderly proceeding. The end of medicine, strange as it may seem, is the cure of disease, and Homœopathy is the Law by which men are scientifically guided in the administration of drugs for the cure of disease. The cure of disease must stand first in a real medical school. The "amiable neighbor" is *Medical Notes and Queries*.

ONLY LIKE TO LIKE GOES.—Under the very appropriate heading, which is also a reply, the *Iowa Homœopathic Journal* publishes a letter from a subscriber which runs as follows:

"How can I get back home?" "Will the Hahnemann Medical Association of Iowa admit to membership one who is a member of the A. M. A.? The society of which I was a member voted to go into the A. M. A., and I was taken along. I want to go back into the fold. I thought there would be an opportunity to discuss homœopathic principles and homœopathic remedies if I joined the county and national societies of the old school, and so put some leaven into the lump. I find, however, that I was counting without my host. Such discussions are not permitted, so I am coming back." "We were warned at our last meeting about consulting with irregulars."

The best way to leaven the lump is to practice plain common sense Homœopathy and keep with your like. When incompatibles are mixed there is only a mess resulting.

COLOR IN TINCTURES.—Professor John Uri Lloyd contributes a paper on Chlorophyll to the April issue of *Ellinwood's Therapeutist*. He says that this substance (the green coloring matter) is to plants somewhat as the lungs are to an animal. It is the same in all plants, and in itself is absolutely inert. It is this substance that causes tinctures to sometimes change their color with age. For instance, a doctor who has had a lot of a given tincture for several years may notice that it is of a different color from the fresh lot he may have received. The change in the chlorophyll by age is the cause of the difference; therapeutically, there is no difference in properly made tinctures. We may add to this that at one time tricky pharmacists would subject dried plants to strong alcohol, which extracts the chlorophyll very effectually from dried plants, and then point to the markedly increased green color resulting as an evidence that the plant was a *fresh* plant tincture, whereas it was not a fresh plant tincture.

PROGRESS OF THE YEAR.—An estimable "regular" exchange prints a paper headed, "The Medical Progress of the Past Year." A goodly portion of it is made up of the consideration of the numerous new "tests" for diagnostic purposes. These do not seem to have been pre-eminently successful, but even had they been so, the question would have naturally arisen, What are you going to do about it? Your old ways of curing disease are condemned by your leaders, and your new ways, with serums and vaccines, are, when put mildly, of "doubtful value," "uncertain," and the like. Where is that "progress?" Truly the honest allopath had better get him a few homœopathic books and a modest stock of the polychrest homœopathic remedies and take refuge in them until his Oslers and the kindred scientists can discover something that will cure the sick baby and other members of an ordinary household that come under the care of the average family doctor. Now this is really and truly excellent advice, for while the prevention of disease is a noble work, it is not all a family doctor is called upon to do.

"SCIENTIFIC" DRUGS.—Herman Weller is a member of the New Jersey Pharmaceutical Association. At a recent meeting he read a paper, and this is a clipping from it: "I have learned from good authority that the majority of coal tar preparations are not used in Germany, but are manufactured expressly for the American market. Our friends from abroad have erected at our expense many monuments upon our shelves to commemorate to future generations the shrewdness of the German chemist. I have also heard it whispered that some coal tar preparations have been the means to have caused many tombstones to be erected ahead of time." But bless your heart, man, isn't the aim of the elect of medicine to (first) stop pain, and (second) cut out the disease? Go to!

"AN UNLAWFUL COMBINATION."—There be those who say that the American Medical Association is "an unlawful combination for the suppression of trade;" if that be true then the powers at Washington should proceed against it as they have against sundry other unlawful would-be monopolies. Its enemies—good allopaths, too,—say that it, the A. M. A., has fallen into the hands of a few political doctors and medicine factories, and they are bent on a monopoly. Their Council of Pharmacy says what a journal may advertise and a doctor prescribe outside of the domain of the U. S. Pharmacopœia. On this an esteemed allopathic exchange hotly asks:

"Who gave this council the right to dictate to the press what shall and shall not be advocated? This is the most insolent, high handed and outrageous act of all the brazen acts of the political machine that controls the American Medical Association and its organ?" Why, dear sir, the "right," like most rights of that nature limiting the personal liberty of man in things he has the God-given right to enjoy, was simply taken, assumed, and is to be fortified by medical laws bullied from bewildered law makers. The companion scheme is to dictate which colleges are "scientific," and, therefore, O. K., and which are N. G. With the sought-for law to "protect the public," and endorse these schemes, they will have as tight a monopoly as ever that good man, John D. Rockefeller, created. May be "Standard Oil" will take "them under cover" as it does most things.

AN OPTIMIST.—Dr. Woods Hutchinson said recently that twenty million dollars would render New York City free from consumption. Dr. Hutchinson is a cheerful optimist. New York has about five million people, so the twenty million dollars would give only four dollars per head, which isn't enough. Even omitting "the 400" and Wall Street from the count, it isn't enough, for tuberculosis is not like a marsh that can be drained and filled in once for all times. A glorious "fight" could be put up with twenty million dollars, but whether there would be no more consumption in the city after it was spent would be another question. Sin and disease, even when scientifically considered, seem to be in a manner synonyms.

NEWS AND CURRENT ITEMS.

Hering Medical College, Chicago, has conferred the Honorary Degree of Doctor of Medicine on E. P. Anshutz in recognition of his work for Homœopathy. The honor was unexpected, and is most highly appreciated by the recipient.

Mr. Anshutz was also recently elected Corresponding Member of the Societe Francaise d'Homœopathie.

Dr. Samuel G. Dixon has a rod in pickle for all doctors who fail to report births. A bunch of them have been arrested. The penalty is a fine anywhere from \$5 to \$50.

Dr. W. C. Abbott, scientist and medicine maker, informs the world in a purely scientific paper that "Arnica is one of the American plants that came to us from the Indians." Live and learn!

Dr. Ward has removed his office to "The Galen," 391 Sutter street, San Francisco, Calif. Needless, perhaps, to add that Dr. Ward is the great surgeon of that city.

Dr. John Strothers Gaines has removed to the Sherman Square Hotel, 71st street and Broadway, New York City.

Dr. H. M. Richardson (Boston *M. and S. J.*) laments the lack of "intelligent history taking" in both medical and surgical cases, both before and after. A good deal could be learned by following the after history especially.

Dr. H. D. Andrews (*Buffalo Med. and Surg. Jour.*) writes:

"As to the clinical value of the ophthalmo-tuberculin reaction for prognosis clinicians are being impressed with its limitations." Very gently put.

The committee on the bill enacting compulsory vaccination on the children of Illinois gave its opponents just thirty minutes' hearing and treated the opposition as a joke; the bill's advocates had all the time they wanted and were treated with the respect due those who occupy the seats of the mighty. Latter day politicians in Illinois are evidently out of date, or are hypnotized by the allopathic big ones. Bright politicians know that wherever the voters get a chance to-day ancient and feudal laws are kicked out with vigor.

Dr. H. W. Schwartz in a letter to *Medical Advance* says he is to read a paper on Homœopathy to the Sendai Medical Society, Japan, of which he is a member. He writes that the Japanese, many of them, have never even heard the word Homœopathy. A few years ago they knew little of battle ships. They learn fast.

An old, responsible newspaper recently said, editorially, and concerning medical "experts:" "Now it looks as if the wise doctors can make any man insane if they get the fees." The sting of truth makes this all the more bitter for the honest physician.

The *U. S. Labor Bulletin* (No. 79) asserts that 49.2 of deaths among the grinders is from tuberculosis caused by the dust. Tut, tut! You mean bacilli.

"According to the latest estimate there are about 400,000 lepers in India. This estimate does not include those tainted with leprosy, but covers only those who have developed the disease sufficiently to be easily recognized as confirmed lepers."—*Public Health Reports*.

For third quarter, 1908, *Public Health Reports* give for the Phillipines 18,292 cases of cholera and 11,573 deaths, a death rate of a fraction over 63 per cent. Why should not the Government employ *Cuprum* as a prophylactic for those exposed, and according to indications *Camphora*, *Veratrum alb.*, *Arsen.* or *Cuprum* for the cure. This quartette has kept the death rate down in other places to 6 per cent.

PERSONAL.

An advertising journal seriously tells the world that "heroes" have been made by advertising. Sure!

One of the suffragette journals now writes it "the British lioness." Poor old lion!

Beecher said he never let grammar get in the way of an idea.

Some scientists say there are no people in Mars and others talk about signaling Mars.

"Hot air therapy." Well!

"Homœopathy will wake up some morning and find itself dead."—*Ill. Med. Jour.* Ah, there, Pat!

A new thing has been added to medical science and the new thing is impulsive insanity.

Some men are so charitable that they damn any one with a belief.

What shall we say to Mars when signaling?

A pure mental food bill has been suggested.

"That blessed and comforting word 'scientific!' Like charity it covers a multitude of sins—of empiricism."—*Brit. Hom. Review.*

"We may therefore assume" means fight if you question it.

It is said that man is a reasoning animal, but he doesn't exercise the faculty—much.

"Thousands of professional men are starving," says a contemporary. Well, "the people demand competition," don't they?

"Alcohol in hot cross buns," says the *Lancet*. Alcohol goes with a bun in this country, too.

Dr. Wiley says mixed drinks are dangerous. Many citizens will agree with him.

Dr. A. Gordan: "The attempt to draw dividing lines between sanity and insanity is unreal and unscientific." Well?

Dr. W. S. Hall: "Alcohol is a waste product of tissue metabolism." Very profound.

"What shall we teach the general practitioner concerning the treatment of abortion?" Title of recent paper. Why not the truth, O superior one!

"The increasing interest in serum poisoning" begins an article.

"Every family should . . . not produce more children than they can love," etc.—*Depecer, N. Y. Health Board.*

"No family should raise more than four children."—*Depecer, Health Board.*

"Every married family should have a family physician whose duty it is to space the children."—*Depecer, Health Board.*

"Healthy criticism is invited."—*Depecer, Health Board.* The other sort, presumably, need not apply. Great age!

"We have broken the chains of authority." "Regular" editor. That's news!

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SOMETHING ABOUT PRESCRIBING, MATERIA MEDICA AND PROVINGS.

Hahnemann was a somewhat testy gentleman, as witness what he said to those persons who asked him for "exact directions" for homœopathic prescribing. He wrote, (and this you will find in the "preamble" of his *Materia Medica Pura*):

"Many persons of my acquaintance, but half converted to Homœopathy have repeatedly begged me to publish still more exact directions as to how this doctrine may be applied in practice, and how we are to proceed. I am astonished that after the very particular directions contained in the *Organon of Medicine* more special instructions can be wished for."

Here it is, put as sharply as is allowable in a formal work of this nature, that if you will not read the *Organon*, where all this and other relative matters, is fully explained, you can go—elsewhere, for all he cares, for he does not intend to again repeat the instructions.

An "organon" is "a method by which philosophic or scientific investigations may be conducted." The *Organon* written by Hahnemann is the instrument by which Homœopathy may be investigated, and applied in practice, in all its details. If one aiming to be a homœopathic physician has not, or will not, read it, so much the worse for him, according to Hahnemann—but he will not re-write, or re-explain the matter for the benefit of lazy, or impecunious, enquirers.

"Get the book and read it," he exclaims in effect, "if you want to know what Homœopathy is."

Here is another swipe at that class who would know and practice Homœopathy without comprehending its fundamentals. He

writes: "I am also asked, 'How are we to examine the disease in each particular case?' As if special enough directions were not to be found in the book just mentioned!" And then he goes on to testily state that Homœopathy is not directed towards imaginary or "invented" things, or to man-made names of the ailment, but to the disease as it manifests itself in each particular person by the complex, or "totality," of its subjective and objective manifestations or symptoms. *Treat the patient.*

"Now we can neither enumerate all the possible aggregates of symptoms of all cases of disease that may occur, nor indicate *a priori* the homœopathic medicine for these (*a priori* indeterminate) possibilities." Hence each case of the same disease must be individualized. It is not a case of so and so but of a sick human being.

Nevertheless, after the general all-round scolding outlined above, Hahnemann proceeds to give an illustrative case, the famous "washer-woman case" to which he gave *Bryonia* θ and made a striking cure.

In this "preamble" he touches on the subject of proving and says that every homœopathic physician should make provings, using the "dynamized drug" for that purpose. "It is somewhat too much to expect us to work merely for the benefit of selfish individuals, who will contribute nothing to complete" the *materia medica* and enlarge the knowledge of it.

There is a point here that is well worth considering. We do not think that Hahnemann meant that the men should push provings to the limit of poisoning, or disability, but until they can feel for themselves the "sphere" of the drug. A very slight electric shock will give any one the "feel" of electricity as indelibly as though he were nearly killed by it. Similarly, if a man takes continuously of any of our well known drugs—*Arsenicum*, *Aconite*, *Rhus* or any other—until he feels, as it were, the first shock of the drug, he will have a clearer idea of that drug than will any other man who has not experienced it. If the general effect of these slight provings are sent to the homœopathic journals and published they will go to make up the great *materia medica* of the future.

Provings of this sort, it is said on good authority, Hahne-

mann for instance, and others, not only do one no harm, but are really beneficial to the general health. This was certainly true of Hahnemann himself. Select some one of the polychrests, or any drug, in the 6th or 30th potency, put a vial of it handy and take it repeatedly until you feel the first undoubted shock of the drug effect, or try it on some willing layman and report.

Proving of this sort might be compared with the provings of massive doses, as the gradual dawning of light on a scene is compared with a blinding flash in the darkness.

All the foregoing is old, very old, but still it is interesting to sometimes go over the old "open road" again "lest we forget."

CONCERNING A CERTAIN BRAND OF "SCIENCE" TAUGHT IN OUR COLLEGES.

The colleges here referred to are not our generally excellent homœopathic colleges, but the great universities and seats of learning stretched from Massachusetts to California. The "science" referred to is that outlined by Mr. Harold Bolce in his three papers published in the *Cosmopolitan* for May-July.

True science, as we understand it, deals with matter, with that which can be demonstrated to the senses, with that which can be handled, controlled and put to use. On the old standard that a man, or thing, is to be judged by its fruits, this science can be pronounced good, for its fruits are good, and its works are marvelous. But there is another realm into which matter does not enter, once termed meta-physics—above physics, or matter. Now the corps of professors who deal with this realm in the universities seem to have assumed that they are to treat things there as their brethren in the other realm treat matter. The result is curious; also sad, or amusing, according to your temperament.

They teach that "the Decalogue is no more sacred than a syllabus," even though it is the basis of all civil law. From this naturally follows the teaching that "there are no absolute evils;" that "moral precepts are but shibboleths" and "immorality is merely a departure from the accepted standard of the time." These are but a few of the many similar teachings that lead up

to the final one that men are gods—though some of them say that God is something that can be demonstrated in the laboratory (therefore, a chemical) and their pupils try to create life, or God.

Some of them tolerate the Bible, but want to re-write it. Perhaps it would be better for them to understand it. The greatest powers are least in evidence; the tornado, the volcano, the earthquake are noisy but nothing to the power that forever carries the earth around the sun and keeps the fire of the sun forever burning. Christendom dominates the world for good—and for bad. Before the advent of Christianity the people of Christendom were primitive barbarians and had been so from the beginning. Christianity came without apparent force and lo, the mighty change! Now they would “re-edit” that which raised them from barbarians.

In medicine they seem inclined to sweep away, with a Podsnapian wave of the arm, all of the old medicine. They seem to incline to Christian Science, or things like the Emmanuel Movement; one of them in the most ultra scientific center recently resigned his professorship and became a Christian Scientist. Medicine from the days of Aesculapius, like Christendom, remained in a species of barbaric chaos until Homœopathy was given to the world. Then there followed a mighty change. The majority of men said the sudden change was due to “progress” and “science;” but those are mere terms explaining nothing and so, though coming from very scientific centers, are quite unscientific, for they explain nothing. The medical world was in chaos until Homœopathy came. Then there was a change, for the power was mighty; it was a truth—therefore, fixed and unchangeable, though many would “re-edit” it also.

“Little tin gods” is of the people’s slang, but Oh, so expressive!

“SEPSIN.”

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

Since the days of Hahnemann and his immediate followers, there has been (if we exclude drug pathogenesis) little or no research or laboratory work or even utilization thereof bearing the

hall-mark of the homœopathic branch of medicine. And the newer provings, with few exceptions (such as the pathogenesis of *Gelsemium*) do not figure prominently as therapeutic assets. The great polychrests are legacies from the old masters, and excluding them, what has been accomplished in any line of research?

The moderns go about masticating, Fletcher-like, what Hahnemann considered the *alpha* of his therapy, and which they hold to be the *omega* of effort and investigation.

* * * * *

Over in Germany (whence Hahnemann came) and in France (where Hahnemann died) there is being done an enormous amount of research work, particularly in the biochemic, biologic and bacteriologic laboratories, from which, however, no exceeding great benefit has been derived in the line of therapy. For example, much energy has been expended in the hope of finding a specific for tuberculosis, and almost daily a new tuberculin is put upon the market. An inherited homœophobia, however, prevents accurate individualization and there is a quiet but continued transit of carbolized or otherwise disinfected tuberculins into innocuous desuetude. The guinea-pig and the rabbit grow fecund with a working-knowledge of the various tuberculous toxins, and in the clinics they are tried upon the sick poor.

We have mentioned tuberculin merely because it is popular, and to illustrate the point of view.

* * * * *

With another view-point in mind, it is proposed to introduce into homœotherapy a series of pure toxins of the chief morbi-facient bacterial products composed only of the microbic virus, aq. dest., and sp. vini (95 per cent. Tralles). As a matter of fact and history, the homœopathic school was the first to utilize the so-called nosodes, whose essences were bacterial toxins; bacillinum, medorrhinum, anthracin, etc. With betterment in bacteriologic technic, such toxins become feasible by the author's method of preparation, and, furthermore, are in conformity with the requirements of homœopharmacy.

The series, as planned at present, will be derived from the following pathogenic micro-organisms:

Proteus vulgaris.	Pneumococcus.
Staphylococcus pyog.	Streptococcus pyog.
Bac. diphtheriæ.	Gonococcus.
Bac. tetani.	Vibrio cholerae.
Bac. coli.	Tricophyton microsporon.
Bac. typhosus.	Tricophyton megalosporon.
Bac. tuberc. hominis.	Achorion Schonleini.
Bac. tuberc. bovis.	Microsporon furfur.
Bac. tuberc. avis.	Bac. pertussis.
Bac. lepræ.	Bac. influenzae.
Bac. mallei.	Bac. pyocyaneus.
Bac. botulinus.	Bac. enteritidis.
Bac. anthracis.	Micrococcus tetragenus.
Streptococcus intracellularis.	Actinomyces bovis.

The difficulties impeding such work may be realized if we state that of the two prominent firms in this country dealing in biologic and bacteriologic products, which were asked to furnish pure cultures or suspensions with which to begin the preparation of the toxins, one refused absolutely to undertake it; the other sent contaminated cultures. Hence, the writer has had to grow his own cultures, for, on pharmacal and clinical principles, only pure toxins are permissible.

Proving of such toxins upon the healthy are requisite, but if we have pure (*i. e.*, non-disinfected) toxins of the pathogenic bacteria, we have also their pathogenies, *viz.*, the morbid states in which the micro-organism is the exciting factor and whose chief symptoms are due to its toxin. We trust this view-point and its therapeutic applicability will not be confused with those of the "old school." The difference is material.

Since the analyses are still at odds concerning the chemical nature of bacterial toxins, and since the chemistry of such products is immaterial therapeutically, we shall proceed with a consideration of the proteus vulgaris, whence "Sepsin," the first of the toxin series, is derived.

Its prototype, pyrogen (evolved in the pre-bacteriologic era) was an extremely impure product. Drysdale (*cf.* Clarke's Dict. of Mat. Med.) put some chopped lean beef in water and allowed it to stand in the sun for two or three weeks and decom-

pose. From this rotten beef, with its swarming menagerie of bacterial life (including the omnipresent and putrifacient proteus vulgaris), pyrogen and its dilutions were made. A partial proving plus numerous clinical observations have demonstrated its value in certain conditions. The pure toxin of its essential element, the proteus, should be a much more efficient and dependable remedy.

* * * * *

Proteus, herding the seals and other marine live-stock of Neptune, was a sea-god, capable of assuming any form that pleased him, and in the well-named proteus vulgaris we have a micro-organism of like erratic morphology: slender rods, long tenuous threads, isodiametric forms, spiral evolutions. Hauser observed that by filtration through clay filters (thus freeing the fluid of bacteria), extremely toxic metabolic products were got from the proteus (*Centralblatt fur Bakteriologie, VIII., Nr. 768*) and other biologic and bacteriologic data concerning this micro-organism are available in German literature for those interested not only therapeutically but also bacteriologically.

As regards proteus distribution outside of the human body, it is found in putrid meat, in foul water, and is the commonest cause of malodorous decomposition. Like the bacillus coli communis, it inhabits the digestive tract of healthy persons, and like that micro-organism may become pathogenic, either alone or in symbiosis with the coli communis, and is capable of developing severe cystitis with ammoniacal urine and other affections of the genito-urinary tract. Booker found the proteus in 18 cases of cholera infantum, none being present, in the fæces of healthy children (*Centralblatt fur Bakteriologie, X., Nr. 84*), and according to Jager (*Zeitschrift fur Hygiene, XII., Nr. 525*) Weil's disease or infectious febrile icterus with muscle-pains, enlarged liver and spleen, is caused by the proteus vulgaris.

* * * * *

It may be asked: Why not develop a proteus antitoxin rather than a toxin? The reason for not so doing embodies a fundamental differentiation betwixt the allo-antipathic and the homœopathic schools in dealing with bacterial (or nosodic) products. Antitoxins are obtained by subjecting an animal (usually

the horse) to gradually increasing injections of toxin which cause the formation in the animal blood of an antitoxic body. The existence of this antitoxic body is demonstrable *in vitro* and *in vivo*, and Ehrlich's side-chain theory is an attempt to explain its action. When, for example, diphtheria antitoxin is thrown into the blood-stream of a diphtheritic patient, there supposedly develops a sort of physio-chemical union with the toxin thrown out by the living bacteria, leaving the body-cells of the patient unattacked: in other words, we have an antidotal or neutralizing effect, which should permit the return of the body to health. The very theory of antitoxin eliminates any possible action thereof in dilution or potency upon the morbid syndrome of diphtheria.

If, however, we take the pure toxin and potentize it, we are able, by reason of its similarity to put it to clinical use, doubtless more often as an intercurrent remedy. Its action, expressed in the technical terms of the laboratory, forces the body to manufacture within itself its own antitoxin, even as the body is probably compelled, in the indicated case, to elaborate an antitoxin correspondent to the protoidide or the biniodide of mercury or to lac caninum, etc. In other words, the homœopathist works, essentially, with dynamic and similar quality rather than with gross and dissimilar physio-chemical quantity. Furthermore, we apply here the principle of individualization, whilst by the other procedure we are limited to generalization alone.

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We shall intercalate here Sections 25-33 of the Organon translated directly from the German:

Section 25. In all carefully executed tests, pure experiment, the sole and infallible oracle in therapeutics, has positively demonstrated that the drug which, in its action upon the healthy body, developed the greatest number of symptoms similar to those noted in the morbid case to be cured, will, when administered in suitable potency and adequately minimized dose, remove quickly, thoroughly and permanently the totality of symptoms present in the case, *i. e.*, the entire morbid syndrome, and return it to health, and that every drug, without exception, cures those cases of disease most similar to it in symptomatology, and leaves none such uncured.

Section 26. This rests upon that natural law of similars, the ever-existent fundament of all true healing, hitherto not unsurmised, it is true, but until now, unrecognized:

In the living organism, a weaker dynamic affection is permanently removed by one stronger, if the latter (though differing in kind) is very similar to the former in its symptomologic expression.

Section 27. The curative power of drugs rests, therefore, upon their symptoms, similar to, but more powerful than, those of the disease, so that each morbid syndrome is most thoroughly, quickly and permanently annihilated and removed by a medicament capable of engendering (in the human economy) in the most similar and complete manner a totality of symptoms simultaneously stronger than those of the natural disease.

Section 28. Since this natural therapeutic law is evident in all fair tests and genuine experimentation (the fact, therefore, existing) the scientific explanation of how it happens is little needed, and to such elucidations I attribute small value. The following concept, however, seems most probable, inasmuch as it is based upon purely experimental premises:

Section 29. *Since every disease (not purely surgical) is due only to a particulate morbid derangement of our vital force in its sensations and functions, so in the homœotherapeutic return to health of vital force (affected by natural disease) through the administration of a drug accurately chosen according to the similarity of symptoms, there is engendered a somewhat more powerful, similar, artificial morbidity, which is, so to speak, thrust into the place of the weaker, similar natural disease and against which the instinct-like vital force (now drug-sick alone, but more intensively) is compelled to exert greater energy, but, because of the briefer action of the morbifacient drug, soon overcomes it, and thus, as it was first freed of the natural morbidity, so it is now rid of the artificial (drug) disease and enabled to carry on the life of the organism as in health.*

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In a pure artificial toxin of a bacterium we probably have the most similar drug to the average case of disease caused by that bacterium or, to the average of all cases of diseases caused by

that bacterium; hence a specific in the broadest sense of the term, the variations from type, being due to that other, neglected, factor in bacterial affections, viz., the constitution or predisposition of the patient. This positively precludes the discovery of any specific, in the accepted sense of the term, for any disease whatsoever, and these be the reasons why our old school friends and the industrious, earnest laboratory workers go about with sore knees, bruising the one against faulty technic and the other against a faulty nosologic theory.

And, here is where the constitutionally, the personally indicated remedy, the proto- or bin-iodide, the lac caninum, etc., comes in as adjunct to the curative action of a pure diphtherin, for example.

* * * * *

Delving into that mine of accumulated homœotherapeutic knowledge, Clarke's Dict. of Mat. Med., we find:

"Pyrogen is one of the germinal remedies of the materia medica. When once the idea of its essential action is grasped, an infinity of applications becomes apparent. As Drysdale put it, 'The most summary indication for pyrogen would be to term it the aconite of the typhous or typhoid quality of pyrexia; and wherever poisoning by bacterial products (*e. g.*, in the hectic of phthisis) is going on, pyrogen will be likely to do good. Sepsis is the essence of the action of pyrogen. H. C. Allen gives this indication for its use in septic states: 'When the best selected remedies fail to relieve or permanently improve'—analogous to the action of psorinum and sulphur in other conditions. Also: Patent pyrogenic process, patient continually relapsing after the apparent simillimum. As pyrogen is a product of carrion, the carrion-like odor of bodily secretions and excretions is a keynote for its use. [The effluvium from a flourishing colony of proteus vulgaris would drive a dog into a tanyard. P. W. S.] Other leading indications are: Restlessness; must move constantly to > the soreness of parts. Constipation, from impaction of fæces in fevers; stool large, black, carrion-like." "Chill begins in back, between scapulæ." "Severe general chill of bones and extremities." "Pulse abnormally rapid, out of all proportion to temperature."

SYMPTOMATOLOGY.

1. Mind.—Loquacious; can think and talk faster than ever before (s). Irritable (s). Delirious on closing eyes; sees a man at foot of bed. Whispers; in sleep. Sensation as if she covered the whole bed; knew her head was on pillow, but did not know where the rest of her body was. Feels when lying on one side that she is one person, and another person when turning on the other side. Sensation as though crowded with arms and legs. Hallucination that he is very wealthy; remaining after the fever.

2. Head.—Staggers as if drunk on rising in morning (s). Dizziness on rising up in bed. Pains in both mastoids, < r.; dull throbbing in mastoid region (s). Great throbbing of arteries of temples and head; every pulsation felt in brain and in ears; the throbbings meet on top of brain (s). Painless throbbing all through front of head; sounds like escaping steam (s). Frightful throbbing headache > from tight band. Excruciating, bursting, throbbing headache with intense restlessness (often accompanied with profuse nose-bleed, nausea, and vomiting). Sensation as if a cap were on. Rolling of head from side to side. Forehead bathed in cold sweat.

3. Eyes.—L. eyeball sore, < looking up and turning eye outward (s). Projecting eyes.

4. Ears.—Loud ringing, like a bell, l. ear (also r.) (s). Ears cold. Ears red, as if blood would burst out of them.

5. Nose.—Nose-bleed; awakened by dreaming it, and found it was so. Sneezing; every time he puts his hand from under covers; at night. Nostrils closing alternately (s). Cold nose. Fan-like motion of *alæ nasi*.

6. Face.—Face: burning; yellow: very red; pale, sunken, and bathed in cold sweat; pale, greenish. or chlorotic. Circumscribed redness of cheeks.

7. Mouth.—Tongue; coated white in front, brown at back; yellowish brown, bad taste in morning (s). Tongue: coated yellowish gray, edges and tip very red; large, flabby; yellow brown streak down center. Tongue clean, smooth, and dry; first fiery red, then dark and intensely dry; smooth and dry; glossy, shiny, dry, cracked. articulation difficult. Taste: terribly fetid as if mouth and throat full of pus (produced by dose of *Pyro.* c. m., Swan); sweetish. Breath horrible; like carrion.

8. Throat.—Diphtheria with extreme fetor.

9. Appetite.—No appetite (s); or thirst. Great thirst for small quantities, but the least liquid was rejected instantly. > drinking very hot water. Thirst and vomiting (dog).

10. Stomach.—Belching of sour water after breakfast (s). Nausea and vomiting. Vomiting; persistent; brownish, coffee-ground; offensive, stercoraceous; with impacted or obstructed bowels. Vomiting and purging. Vomits water when it becomes warm in stomach. > by vomiting. Urging to vomit; with cold feet. Stomach feels too full (s).

11. Abdomen.—Full feeling and bloating of abdomen (s). When lying on l. side bubbling or gurgling sensation in hypochondria, extending back to l. of spine (s). Pain in umbilical region with passage of sticky, yellow stool. While riding in a buggy aching in l. of umbilicus; < drinking water; > passing flatus downward. Soreness of abdomen so severe she can hardly breathe, or bear any pressure over r. side. Very severe cutting pains r. side going through back, < by every motion, talking, coughing, breathing deep; > lying on r. (affected) side; groaning with every breath.

12. Stool and Anus.—Feculent and then mucous, and finally bloody diarrhœa and tenesmus (dog). Two soft, sticky stools 8 to 8 A. M. Involuntary escape of stool when passing flatus (s). Profuse, watery, painless stools, with vomiting. Stool horribly offensive, carrion-like. Stool very much constipated, large difficult, requires much effort; first part balls, last part natural, with streaks of blood; anus sore after (s). Constipation; hard, dry accumulated fœces; stool large, black, carrion-like, small black balls like olives. Congestion and capillary stasis of gastrointestinal mucous membrane, shedding of epithelium, bloody fluid distending intestines (dog). (Sweat about anus removed; fistula relieved.)

13. Urinary Organs.—Urine scanty; only passed twice in twenty-four hours (s). Urine: yellow; after standing, cloudy with substance looking like orange peel; red deposit on vessel hard to remove; deposits sediment like red pepper (s). Got up three times in night to urinate (s). (Bright's disease of kidneys.) Urine albuminous, containing casts; horribly offensive, carrion-like. Frequent calls to urinate as fever comes on. Intolerable tenesmus of bladder; spasmodic contractions, involving rectum, ovaries, and broad ligaments. [Cured in case of Yingling's with *Pyro.* c.m., Swan (and higher); patient's next period came on naturally and painlessly, whereas before menses had been painful and extremely offensive.]

14. Male Sexual Organs.—Testes hang down relaxed; scrotum looks and feels thin.

15. Female Sexual Organs.—Puerperal peritonitis with extreme fetor; a rotten odor. Parts seriously swollen (Bright's disease). Menses horribly offensive; carrion-like. Menses last but one day, then a bloody leucorrhœa; horribly offensive. Hæmorrhage of bright red blood with dark clots. Septicæmia following abortion; fœtus or secondines retained, decomposed. (Has cured prolapsus uteri, with bearing down, > by holding the head and straining, as in the act of labor.) Abscess of l. ovary. acute throbbing pain, great distress, with fever and rigors (*Pyro.* c.m., Swan, produced an enormous flow of white creamy pus with general >). Lochia: thin, acrid, brown, or fœtid; suppressed, followed by chills, fever, and profuse fœtid perspiration.

16. Respiratory Organs.—Wheezing when expiring (s). Cough; with large masses of phlegm from larynx; < by motion; < in warm room; cough = burning in larynx and bronchi; = pain in occiput; = stitching

in small of back, only noticed in the chair; coughs up yellow sputa through night (s). \ Cough > sitting up, < lying down. Expectoration; rusty mucus; horribly offensive.

17. Chest.—Pain in r. lung and shoulder, < talking or coughing. Neglected pneumonia: cough, night sweats, frequent pulse, abscess had burst discharging much pus of mattery taste (rapid recovery under *Pyro*, c.n., three doses). Chest sore, purple spots on it. Severe contracting pain within lower sternum, sometimes extending to rib-joints and up to throat, as of œsophagus being cramped. Ecchymoses on pleura (dog).

18. Pain in region of l. nipple, as if in heart; increased action; pulse 120 (s). Heart tired, as after a long run; increased action < least motion (s). Every pulsation felt (painlessly) in head and ears (s). Sensation as if heart enlarged; distinct consciousness of heart (s). Sensation as if heart too full of blood. Feels as if heart were pumping cold water (Yingling). Violent, tiresome heart action. Palpitation or increased action without corresponding increase of temperature. Palpitation < by motion. Loud heart-beats; audible to herself and others. Could not sleep for whizzing and purring of heart; when she did sleep was delirious. Cardiac asthenia from septic conditions. Ecchymoses on heart and pericardium (dog).

19. Neck and Back.—Throbbing of vessels of neck running in waves from clavicles. Weak feeling in back; stitching pain on coughing (s).

20. Limbs.—Aching: in bones; all over body as from a severe cold; with soreness of flesh, head feels hard; > motion (s). Cold extremities. Numbness of hands, arms, and feet, extending over whole body. Automatic movement of r. arm and r. leg, turned the child round from r. to l. till feet reached pillow; repeated as often as she was put right (cerebro-spinal meningitis).

21. Upper Limbs.—Pain in shoulder joint; in front, passing three inches down arm (s). Hands and arms numb. Hands cold and clammy. Dry eczema of hands.

22. Lower Limbs.—Aching above knees, deep in bones, while sitting by a hot fire; > by walking (s). On going to bed aching in patella; > flexing leg (s). Aching above l. knee as though bone broken (s). Aching above knees in bones, > stretching out limbs (s). Tingling in r. little toe as if frost-bitten. Feet and legs swollen (Bright's disease). Numbness of feet.

23. Generalities.—Cannot lie more than few minutes in one position. nervous, restless (s). Aching all over, bed feels hard. Great muscular debility; rapid recovery in few hours (dog).

24. Skin.—Skin pale, cold, of ashy hue. Obstinate, varicose, offensive ulcers of old people.

25. Sleep.—Slept awhile; woke to roll and tumble in every conceivable position (s). Unable to sleep for brain activity and crowding of ideas (s). Restlessness after sleep. Cries out in sleep that a weight is lying on her. Whispers in sleep. Kept awake by purring of heart. Dreams: of various things; of business.

26. Fever.—“In all cases of fever commencing in the limbs” (Swan). Shivers and begins to move about restlessly; temperature rises gradually and as gradually subsides (dog). Temperature rises rapidly to 104° F., and sinks rapidly from heart failure (dog, fatal dose). Chilly at times and a little aching; a little feverish (s). After dinner, ache all over, chilly all night, bed feels hard (s). After getting into bed, chilly, teeth chatter; woke 10 p. m. in perspiration on upper part of body; > motion (s). Feels hot, as if he had a fever, but was only 99° F., feels like 105°. Cold and chilly all day. No fire would warm; sits by fire and breathes the heat from it; chilly whenever he leaves; at night when the fever came on he had a sensation as if lungs on fire, must have fresh air, which gave >. Frequent calls to urinate as soon as fever came on; urine clear as water. Every other day dumb ague. Perspiration horribly offensive, car- rion-like; disgust up to nausea about any effluvia arising from her own body. Cold sweat over body.

.. * * * * *

The above review of the pathogenic and clinical data known of the older remedy, pyrogen, will serve as outline of the power latent in the clean-cut, pure, unchemicalized toxin of the proteus vulgaris: Sepsin.

RANDOM NOTES ON THE DETROIT MEETING.

This isn't a formal report, but just an informal letter to our readers. *The Journal*, or one of the big homœopathic publications employing stenographers, doubtless, will give you the formal reports of what was said and done.

We went with Dr. J. B. Garrison's party, requiring two Pull- mans, from New York. Here is a hint worth something: Go with Garrison if you can. To do so saves much bother, insures good railroad service and, what is better, good company. Time did not hang heavy on the trip and much wisdom and learning was heard in the smoking room, and in Dr. A. M. Cushing's "club room," as he called his end of the car.

The chief thing of general interest at this Detroit meeting was "*The Journal* question." There was strong opposition to that publication and strenuous defense.

It was argued that there are 21 homœopathic journals pub- lished in the United States, which have borne the heat and burden of the day in building up Homœopathy and the Institute; that

these are equally entitled to consideration; that a journal must have advertising to live; that the fact one of them had been selected as the official journal was already telling on the advertising patronage and subscriptions of the others; that the new journal would create discord because the other journals would not tamely submit but fight for their existence. So ran one line of the opposition.

Another line was that the cost of the new organ was excessive, though this did not "cut much ice," as the exponents of the newer English would put it, with the members, who had faith in the integrity of the committee, who made the contract. The members realized that competent men cannot be secured at bargain-counter prices. They also knew that the price paid in money was not the real issue.

It was also pointed out, and this was rather telling, that the Institute did not own or control its own journal, or editor; nor the advertising or editorial pages.

To be candid, it must be confessed that we are somewhat in the dark as to what was determined in the matter beyond the fact that the Journal Committee were sustained. In the near future the whole matter is to be taken up by the committee and put on a satisfactory basis, the matter being in a tentative stage at present. That this report of what was done is not very clear is as apparent to the writer as to the reader, but without printing the resolutions, etc., or going into details, we cannot make it clearer. Like many other tangles in deliberative bodies, it was "referred" after many of the deliberators had expressed very varying opinions of divers colors.

The *Journal*, like the young bear, has its troubles ahead of it, and many things may happen before it is put on a generally satisfactory basis. The RECORDER has no fears that it will be crowded off the earth by the official *Journal*. We do not think the editor of that journal will repose on a bed of journalistic roses; we can imagine him sighing as he is compelled to give space to some paper that, as an editor, he would not covet and turn down for lack of space the juicy and readable stuff that might otherwise be run in. He may get a fair financial return, but he will earn it.

The RECORDER wishes him and the *Journal* all prosperity and

success. As Uncle Toby said to the fly, "There is room enough for us all in this world."

A good many persons make a habit of speaking of the leaders in any deliberative body, political, or anything else, as "the bosses," "the ring," "the gang," "the clique," and so on, and on. This has often seemed to us to be rather unjust. Such men, in bodies paying no salaries, do a great amount of work, some of it actual drudgery, and get very little out of it save knocks. "The bosses" are not always right, but it may be safely believed that in the vast majority of instances they are animated more for the good of the body for which they work than for self glory. Some men get an office and won't work, or work unsatisfactorily; they do not become "bosses."

And while on this topic let us touch on another kindred one: why should not all agree to cut out "mongrel," and similar terms? They sometimes may express a speaker's, or a writer's, feelings, but they do not advance the science of the great therapeutic law in the least.

We met many of the men who alternate, prescribe compound tablets and mother tinctures, use hypodermic syringes; who do lots of homœopathically reprobate things of that sort, but, one and all, they had a good, healthy belief in the great Law and, what is more, they very largely practice it.

The LAW is the thing. We all (and the RECORDER among the rest) often accuse the allopaths of stealing our thunder. Well, after all, have they not as much right to this LAW of nature as we? It is a universal law. To be sure the men of Homœopathy proved many drugs and have built up a great materia medica, and good literary etiquette requires acknowledgment, but, after all, the world has not reached the limits of the LAW by a very long ways; we are only on its threshold, as Hahnemann intimated when he urged his followers not to rest in the provings he gave the world, but carry them on and on.

This reminds us of a very pleasant chat with Dr. S. M. Schell, of Hamilton, Ohio, who, after speaking very highly of the book, *New, Old and Forgotten Remedies*, (that mention is a sly advertisement of our book), got to talking of this class of remedies that need proving. He said that *Skookum chuck* was one of

the best general remedies we have for hay fever. Now this bears out the partial proving Dr. Gentry made when he brought the drug to notice twenty years ago. "The first effect produced," he wrote, "was a profuse coryza with constant sneezing, as in hay fever." This is also further confirmed by the men who handle the salts, who say they produce a burning in the nose with sneezing and hay feverish symptoms. Dr. Schell also spoke highly of *Latrodectus mactans*, introduced by Dr. Samuel A. Jones, for angina pectoris. He also said that in *Eupion* we have a fine remedy for those who have cramps in the legs when they go to bed. Then, too, each decade, as Rademacher learned, may need new remedies. There is plenty of work to do for all.

This reminds us of another story, on olive oil. Dr. Blackwood, who has a big clinic among the poor in Chicago, was speaking of the good results he got from hypodermic injections of olive oil in tuberculous and other cases (he ought to write it up for the RECORDER) when "The General," otherwise known as Dr. M. O. Terry, happened along and was jollied a little on his advocacy of olive oil in appendicitis. This brought out the following story by him "guaranteed to be true:"

An Irishman came to him suffering from a pretty bad case of appendicitis, a disease which the patient had been subject to, off and on, for several years. He had been told that an operation was simple and safe, but had seen too many pine boxes leaving the hospital to believe it. So he hunted up the "ile doctor," as he termed him. Dr. Terry had him cleaned out, gave him olive oil, hot water, etc., and told him he would operate on him in two days. "Indade ye'll not do so, I'll carry me appendix to the grave. I want the ile." Well (we cannot give Dr. Terry's inimitable imitation of the brogue nor the full details) the Irishman, refusing an operation, was given the "ile threatment." Several years passed, when a strapping big man of brawn and muscle, called on the doctor and said: "I want to see ye'r father." He was told that the father has been dead for many years. "Well, I want to see the militihary man, the ile docthor." Terry told him he was the man, but had shaved off his beard, which was the cause of his changed appearance. "And how is the appendix, Mr. O——?" was the query. "Sure ye cud hit it wid a hammer and I'd not fale it," was the reply. That is the story baldly related.

Dr. Falmestock, of Pipua, O., told us he had a small work up his sleeve, on rectal diseases. It ought to be a good one. There is room for it. It won't be a rehash of artificial surgery.

Here is another item picked up that is worth knowing in order to prevent possible misunderstanding of the get up of H. C. Allen's *Boenninghausen's Repertory*. There are four values, designated by different types, given in the original *Pocket-book*. These do not correspond in all cases with the value given on the long slips of the H. C. Allen edition. The changes are not proof errors, but were made by Dr. Allen because, from his experience, the values amended, or added, by him, are more nearly correct than those found in the original work.

In reporting the meetings when "the Journal question" was discussed, a Detroit newspaper had a sensational headline, "Doctors Verge on Real Fight," etc., and told of how interference averted, "the danger of a real allopathic bout in a homœopathic meeting." This was a yarn, for, while the discussion was hot, there was no evidence of danger of fisticuffs.

The visitors were liberally half-toned by the papers and a bunch of them cartooned. The latter group showed President Foster, who reminds one of an Episcopalian Bishop, with his gavel; Carmichael, with his fist clenched as though to annihilate those who oppose the pharmacopœia so dear to his heart; Ward, looking like a Pacific coast pirate, in fierceness; "a member from Arizona" looking at the Y. M. C. A. placard "No smoking;" he is smoking, but who he is, is doubtful—built on the monitor model; two sweet little ladies, one saying, "This is the dearest amputating saw I ever used;" Frank C. Richardson inspecting "the newest thing in nerve jolters;" Hensley, the man from Oklahoma, with the Mormon whiskers, and Runyon, "the snake charmer," gazing in the eyes of a serpent he clutches like Hercules and, doubtless, learning wisdom. All save Richardson and the ladies, have sweat in great drops pouring from their brows. The caricature was good humored.

The newspapers printed Dr. J. C. Wood's paper on the marriage of the unfit; President Foster's rap at therapeutic nihilism; Dr. Hills Cole's "Death In the Feather Duster" and it may be others that escaped our notice.

The officers elected were :

President, Dr. James C. Ward, San Francisco, Cal. ; First Vice President, Dr. Herbert Dana Schenck, Brooklyn, N. Y. ; Second Vice President, Dr. Sarah M. Hobson, Chicago, Ill., Treasurer, Dr. T. Franklin Smith, New York ; Secretary, Dr. J. Richey Horner, Cleveland, O. ; Censor, Dr. J. B. Garrison, New York.

The Institute also elected E. P. Anshutz, Honorary Associate Member, a compliment most highly esteemed by the recipient.

The next meeting is to be held at Los Angeles, California.

Detroit is a fine city on the Detroit river which is really a strait connecting the great fresh water seas. The only kick we could register was the absence of ice-water ; it was difficult to get it unless especially ordered. Dr. Richards was general overseer of things, a very busy, but very courteous host. The meetings were held in the Young Men's Christian Association Building, a very large, new, fire-proof structure—at least near-fire proof. The exhibitors were on two floors, as were also the rooms in which the various meetings were held. During one of the meetings it was proposed to change the code of ethics so that physicians at their discretion might give information to prevent, or warn against, the marriage of men with venereal diseases—it was brought out by Dr. Wood's paper. Some one pointed out the fact that ethics, or no ethics, the doctor informing might run up against a libel suit. Dr. Romero, of Waukeegan, called out that the law compels the reporting of "communicable diseases" so why not obey? Another member, though not for the meeting, whispered, "and lose all those cases." During this discussion Walton got off the *Waltonian* "An honest lie is the noblest work of—man."

Dr. T. Franklin Smith wanted the Institute and not the local committee to have charge of the exhibits, but this was voted down. He said an offer of \$1,000 had been made for the privilege of leasing the exhibit space. There may be a point in space prices at which exhibitors will balk. As they are a part of the show they should be encouraged wherever possible and not discouraged by too high rates. Their room is where you naturally go to meet old friends and make new ones, a sort of common meeting place where every one goes after sessions, so it would

seem wise to provide roomy quarters wherever possible in the same building in which the meetings are held, and at reasonable rates.

There were something over 400 members present, though the generous reporters gave the attendance at 1,500.

Reader, you ought to become a member of the American Institute of Homœopathy, if possible. Don't get the notion that it is "nothing but" this, that or the other thing. It is really cosmopolitan. At its annual meetings you will meet the man who uses the D. M. M. potency and the man who doesn't; the man who can cure cancer and leprosy and the man who doesn't believe him; the man who uses tinctures, the lower potencies or occasionally a 30th or 200th, and the man who uses vaccines, combination tablets and advertised medicines; specialists of every field; many men with fads and some with grouches; men who tell funny stories and men who discuss grave matters; men who attend all the sessions and men who attend none; men who attend to the routine drudgery ("the bosses") and men who go sight-seeing; men who are having "a good time" and men who want to go home; men from all over this country; men from foreign countries and "the isles of the sea;" Beau Brummels faultlessly attired and the country doctor in his Sunday suit—but don't fool yourself on the latter, for he is an all-round man, general practitioner, surgeon and everything else; in fact, you meet all sorts. You can talk high potency, low potency, or no potency; Hahnemannian Homœopathy or Scientific Homœopathy, or anything else you please. It is all broad gauge. You ought to go.

E. P. A.

P. S. On reading the foregoing over it does not seem to give much information and many sins of omission loom up, but—let it go, for what it is worth.

WEST VIRGINIA HOMŒOPATHS.

Editor of the HOMŒOPATHIC RECORDER:

The meeting of the West Virginia Homœopathic Medical Society was held on May 18, 1909, at Wheeling, W. Va. Dr. W. R. Andrews, of Mannington, W. Va., President; Dr. A. A. Roberts, of Wellsburg, W. Va., Secretary. Papers by Dr. John McCall,

of Wheeling, W. Va., on Pseudo-Bulbar-Glossopharyngeal Paralysis, and Tetanus Treated Successfully, were well received by the Society. Dr. W. B. McClure, of Martin's Ferry, Ohio, presented a bone, which he had wired over six years ago with perfect union.

The Society was banqueted by the physicians of Wheeling, and in the evening was addressed by Dr. W. A. Dewey, of Ann Arbor, Mich., on the Advancement of Homœopathy.

The Ohio Valley Homœopathic Medical Society was reorganized at this meeting with a large roll in attendance. Dr. A. A. Roberts, of Wellsburg, W. Va., was elected President; Dr. J. M. Fawcett, of Wheeling, W. Va., Vice President; Dr. H. L. Wells, of Cambridge, Ohio, Secretary; Dr. W. T. Morris, of Wheeling, W. Va., Treasurer. Much enthusiasm was manifested, as this opens a large field of Homœopathy to organization; much of which has been without any local society, and excellent meetings are anticipated twice a year.

Resolutions were adopted declaring it the sentiment of the Society not to consolidate the American Institute of Homœopathy with the American Medical Association. And for the members of this Society to maintain their dignity and individuality as Homœopaths.

The next meeting will be held October 5, 1909, at Wheeling, W. Va.

H. L. WELLS, M. D.

Cambridge, O.

(This interesting report was received too late for our June number.—EDITOR H. R.)

ODD CASES IN PRACTICE.

G. W. Harvey, M. D.

Every physician in the active practice of medicine runs across things that are not only odd, but strange and seemingly unnatural.

In the fifteen years of my professional life, I have met some freaks, but only within the last year have I seen any really worth recording.

The first one was a woman of forty-five, who has had the measles more than a dozen times. Every time they come into her neighborhood she gets them unless very careful to avoid all possibility of contagion. The attacks, if anything, are more severe with each succeeding one, until she is as scared of measles as the devil is of holy water.

The second is a case of alopecia capitis, and alopecia pubes, in a woman of thirty-five. The funny part of it is that the alopecia is complete and constant since the birth of her first child, up to which time she had a beautiful head of dark hair, except when she becomes pregnant. During the whole term of pregnancy her hair grows as natural as any one's, but soon after delivery it all comes out and stays out until she becomes pregnant again, and by this sign she knows positively whether she is pregnant or not.

This has happened four times and at the present time she is wearing a wig, as her last child is a couple of months old.

Now if some brother M. D. will give us a remedy that will make the hair stay when she is not pregnant, or tell us how to keep her in that condition all the time I will greatly appreciate the favor.

Ripon, Col., June, 1909.

THE KNIGHTING OF A HOMŒOPATHIC PHYSICIAN.

Editor of the HOMŒOPATHIC RECORDER:

I thought you would like to have for publication in the RECORDER the following notice of the Knighting "de moto proprio" of our esteemed confrere, Agostino Mattoli, of Rome, Italy. The letter of notification from the Prime Minister, reads:

ROME, March 11, 1909.

The President of the
Counsel of Ministers.

Dear Sir:

It is with pleasure that I give you the news of your nomination to Cavalier of the order of the Crown of Italy by Royal Decree in date of today.

In congratulating you for this most merited distinction, light recompense of your work, so truly meritorious, for humanity, I wish most sincerely that you may long continue your fertile studies always assisted by the iron will and tenacity of purpose that have already conducted you, young in years, to the best results a scientist could desire.

With a cordial shake of the hand,
Your most affectionate

GIOLITTI.

To the learned Cav. Dott. A. Mattoli.

* * * *

Yours,

SPENCER CARLETON.

72 W. 50th St., New York City, June 26, 1909.

BARCELONA ACADEMY.

Editor of the HOMŒOPATHIC RECORDER:

Permit me through the estimable columns of your journal to express to Drs. Pinart, Comet, y Morgagas, of Barcelona, Spain, my hearty thanks for the unexpected honor of unanimously electing me Corresponding Member of the "*Academia Medica Homœopatico de Barcelona*," honor I value very highly.

No less grateful am I to the other members of the Academy, who, with their votes, contributed to the distinction with which I have been honored.

The handsome title already occupies a selected place in my office and there shall remain, as long as I live, as a memorial of my good friends of Barcelona.

EDUARDO FORNIAS, M. D.

Philadelphia, Pa., June 16, 1909.

SYMPHORICARPUS RACEMOSA.

Editor of the HOMŒOPATHIC RECORDER:

Your Therapeutic Pointers, on Page 219, speaks *Symphoricarpus Racemosa*, as being introduced by Dr. E. V. Moffat. Dr. S. P. Burdick lectured before our class in N. Y. Homœopathic

Medical College in '74-5, and had proven, I am sure, this remedy; if not proven it, he has given it for nausea of pregnancy and told us of it; I have used it with great satisfaction in many severe cases of nausea accompanying pregnancy.

Believing this correction right, would be very glad to have you make a note of it.

Yours very sincerely,

H. D. BALDWIN.

Elyria, O., May 27, 1909.

LETTER FROM ARKANSAS.

Messrs. Boericke & Tafel, Chicago, Ill.

Gentlemen:—I am moving to this place to practice. My removal from Pine Bluff, Ark., leaves that place without a homœopath and there are many patrons there who want homœopathic treatment. My long and hard fight against allopathic ignorance, and hence prejudice, has opened that field for some progressive man who has the courage of his convictions and is not afraid of allopathic "spooks."

I would be pleased to correspond with any such man who may contemplate taking that field and will place him in touch with many reliable people, whom my experience of ten years' practice there has discovered.

This is another new field for our system of practice that I am attempting and the initial signs augur well. Being a man of peace rather than war I hope this may prove less "strenuous" than that. If necessary, I guess there is, at least, one more good fight in me.

I am conscious of the fact that my ability to "make good" in a tight place has very often been due to the reliability of "B. & T." remedies.

With kindest regards to all my friends, both in and out of the profession, I am

Very respectfully yours,

WELLS LE FEVRE. M. D.

Huntington, Arkansas, May 25, 1909.

SOME QUESTIONS.

To the Editor of the HOMŒOPATHIC RECORDER:

I want to ask how Dr. Romero reconciles his statements on pp. 246-266 of the June number of the RECORDER with Section 235 to Section 244 of the *Organon*, especially the footnote to the latter.

I would also like to know how Dr. Fornias gets over what is said on p. 380 of the Aphorisms of Hippocrates by Boenninghausen about Section 276 of the *Organon*.

C. M. BOGER, M. D.

Parkersburg, West Va., June 25th.

OLIVE OIL IN HYPERCHLORHYDRIA WITH AMYXORRHŒA.

By E. Fornias, M. D.

Recently I read in a French journal (*La Presse Medicale*) an interesting article on the therapeutic value of *Olive Oil* in some distressing *affections* of the stomach which I consider worthy of reproduction.

In this article attention is called to the well-known protective action of the *gastric mucus* on the mucosa of the stomach. Once this protection ceases to exist we must expect aggravations in the course of such pathological changes as *hyperchlorhydria*, *with or without ulcer*. There is no doubt that the symptoms of *hyperchlorhydria* proper are worse when there is insufficiency of the mucous secretion, which is a more or less accentuated form of *amyxorrhœa*.

It is in many cases of this kind where Dr. Schaliij, of Rotterdam, has found *Olive Oil* such a useful remedy. According to this authority it should be *given before each meal*, from the moment the analysis of the stomach reveals the existence of *amyxorrhœa* (absence of mucous secretion).

The examination of the contents of the stomach is very simple. The mixture withdrawn with a sound or tube, after a test-meal is placed in a jar, and by stirring the liquid one will at once perceive that, in case of *amyxorrhœa*, the particles of the residual debris

rest detached and mobile, not blocking or arresting each other; while, if the *mucous secretion* is normal, or the stomach-contents hold mucus, the *alimentary residuum* in the jar, will form a coherent, glairy mass. If one attempts to filter the glairy liquid, the filtration is hardly successful, a mixture of food remnants and mucus will be found floating on the filter; but if there is no mucus in the mixture, filtration takes place readily, leaving only the alimentary debris on the filter.

When *amyxorrhæa* complicates *hyperchlorhydria* or *ulcer*, and its presence is established, we must at once prescribe the proper regimen and the indicated remedy. But the treatment will be highly benefitted by the administration, *before each meal*, of an increasing amount of *pure Olive Oil*, for instance, first, from 1 to 5 cubic centimeters (16 m. to 80 m.) and raised after some time to from 10 to 15 cubic centimeters (2.71 f5 to 4.06 f5). Dr. Schaliĵ also recommends *almond oil*, but it is inferior to *Olive Oil* in many respects, principally on account of the difficulty of obtaining it fresh and pure and the high price of the article.

Administered, as above stated, *before each meal*, *Olive Oil* takes the place of the absent mucus and protects the diseased mucous membrane, not only against traumatic lesions, but against the fatal action of the *hydrochloric acid*. Moreover, we know well that *Olive Oil* possesses the property of diminishing the acidity of the *gastric juice*.

As shown by his observations and remarks, Dr. Schaliĵ has repeatedly verified the incontestable efficacy of this treatment, both in *hyperchlorhydria* and in *gastric ulcer*, and is convinced that the beneficial effects obtained in these gastric troubles have been due to the replacement of the absent mucus by the oil. He claims to have employed this treatment with the same favorable results in all cases of *amyxorrhæa*, even when the acidity was normal, or below normal (*hyperchlorhydria*).

Oils pressed from unripe, green olives, or bleached by ether, permanganate of potassa, bioxide of nitrogen, or by electricity, are not good substitutes for internal use.

Few nations can color the oil and preserve its taste and transparency. Often taste and quality are offered up for looks (Prof. Aloĵ L' Olivo—e l' Olĵo).

HOMŒOPATHIC VACCINATION IN PENNSYLVANIA.

(The following is taken from the Pittsburg Despatch of April 23d and is self explanatory; the reason for printing it here is the fact that the daily press, outside of Pittsburg, paid no attention to this important decision. It may be carried to a higher court, or the authorities may act the wiser part and leave the people in freedom as to which form they will choose.—Editor of the HOMŒOPATHIC RECORDER.)

Judges Frazer, Shafer and Haymaker yesterday heard arguments in the equity suit of Dorothy M. Lee, by her father, Harry E. Lee, against W. E. Borger, principal of the Edgewood Public School, involving the question as to whether the allopathic method of vaccination by scarification and a resulting sore shall be the only method of vaccination or whether the homœopathic method of giving pills or triturated vaccine virus administered inwardly shall be accepted by the school authorities. The bill in equity was filed by Attorneys Herman L. and Frederick C. Grote last December.

The question arose on the form of certificate given to Dorothy M. Lee by Dr. W. R. Stephens, a homœopathist of Wilkinsburg, who had certified that he had administered the internal treatment to the child and that she was successfully vaccinated. Professor Borger notified her that she could not attend school until she had been vaccinated and a certificate presented in form as prescribed by State Commissioner of Health Dr. Dixon; in other words, she must have a properly scratched arm or leg as prescribed by the allopathic system and produce a certificate to that effect.

Had Doctor's Certificate.

The certificate given the principal by Dr. Stephens, reads:

After personal examination of Dorothy M. Lee, aged 7 years, residence 124 Elm street, — ward, I hereby certify that she has been successfully vaccinated.

Mr. Lee filed a bill in equity to test the question as to whether or not the State Commissioner of Health can prescribe the form of the certificate, alleging that it is not in his power to exclude any school of medicine from its practice in the State.

The question of anti-vaccination does not enter into the litigation.

Attorney Grote argued that it was not in the power of the State Commissioner of Health to prescribe the form of the certificate of vaccination, and denied that the Act of Assembly of April 27, 1905, creating a department of health and defining its powers and duties conferred authority such as was used in this case. He rested his case on the case of Cousins against the school district of Warren Borough.

Physician is the Judge.

In this case the Court decided that the school authorities could not go beyond the physician and take other evidence of the fact, because when the certificate was given it was sufficient authority under the act to admit the child to school. In other words, the Court decided that the physician and not the board of teachers is the judge of the fact.

Attorney John D. Myers defended on the ground that the act did confer the power upon the Health Commissioner to prescribe the proper form, so that the certificate should state that scarification or a resulting sore took place. He contended that under the police powers of the State this authority was given.

Before Mr. Myers had proceeded very far in his argument the Court intimated that from the present facts as admitted in the bill and answer it would have to decide for the plaintiff; that the child had a proper certificate under the requirements of the act, but thought the question of such great importance that it would give the defendant time to amend his answer if he wished to do so. The hearing is, therefore, postponed for the present. Physicians of the different schools will be called to give their testimony on the different methods of vaccination, the defendant contending that the child has not been vaccinated at all.

ECHINACA AN INTERNAL ANTISEPTIC.

The following is taken from a communication by Dr. A. D. Hard, Marshall, Minn., published in the June *Medical Summary*:
“*Echinacea* has been one of the most valuable internal remedies

that I have ever used in practice. I have very carefully studied its action on the component parts of the human body, and am satisfied that it counteracts the effects of toxins which have entered the circulation. It may do so by stimulating the natural antitoxins or it may be antitoxic in itself. In cases of infectious wounds where there is systemic disturbance due to infectious material being taken into the circulation, where the heat center is over irritated, the heart action fast and weak, the excretory organs all burdened, the mind itself showing evidences of toxic effects, *Echinacea* will very promptly show its beneficial effects on the entire system if taken freely internally, and the infected wound and surrounding tissues kept soaked with a 50 per cent. solution of the tincture. I have saved human lives with *Echinacea* and I am a willing champion of its virtues. It comes as near being an internal antiseptic acting in the blood itself as one can ask for in such cases as I have mentioned. The physician who does not know *Echinacea* is unacquainted with one of the doctor's best friends."

HYPODERMIC INJECTIONS OF HOMŒOPATHIC MEDICINES.

Editor of the HOMŒOPATHIC RECORDER:

The article anent hypodermic injections of homœopathic remedies, by Dr. Rafael Romero, of Mexico, makes much of allopathic methods; such procedure is wholly unnecessary and would give much trouble and be very inconvenient.

In the first place, medicines administered in that manner would *not act any quicker or better*, for the effect of a homœopathic remedy administered per orum, takes place immediately it strikes the tongue, and is through the whole system in twenty-three seconds. I have many a time cured a toothache and headache and other pains in one minute with one dose of the correct remedy on the tongue. Many times the effect is noticed immediately by the patient when the remedy is correct.

What a bother it would be to have a set of hypodermics for all our remedies and for the different potencies, for surely Dr. Romero would not always be prepared to clean his hypodermic and bake it after using it, and would not be so unscientific and crude as to use the same hypodermic for the different remedies?

He surely knows that a hypodermic needle and barrel never can be freed of the medicinal effect by merely washing it, and that if not boiled and baked he would soon have a great mixture of medicines represented in his hypodermic syringe, and could not do accurate work.

Besides this such methods are painful and not gentle. They, no doubt, would impress the patient and his friends.

Yours truly,

DR. POMPE, A. A.

Vancouver, Wash., June 29, 1909.

A REMARKABLE CASE.

Dr. H. A. Watts details the case of the death of his brother, Dr. Pliny R. Watts, in the June issue of the *Pacific Coast Journal of Homœopathy*. The patient himself determined that an operation was necessary. Here is the description of the condition presented:

“The usual incision was made, and while the abdominal wall was quite vascular it presented no unusual features. Upon taking out the intestines, in searching for the appendix, we immediately saw we were confronted with appalling conditions. We probably saw altogether about two feet of the intestines. They, and especially the mesentery, were dark, livid, highly congested, and necrotic. Absolutely nothing was cut inside but from the mere handling of the mesentery most alarming hæmorrhages appeared. An ordinary ligature would tear through. Hæmostats were useless because of the great friability of the tissues. Mere sponging would start new foci of hæmorrhage, and as soon as one point was closed new ones would appear and when one side of the mesentery seemed quiescent another alarming hæmorrhage would appear on the other side. I believe that no case could present a more profuse and more alarming hæmorrhage. It literally boiled and spurted, was very dark, and I believe, wholly venous. It was finally controlled by long continued hot compresses. However, the color of the bowel and mesentery was not brightened nor improved in the least. With such conditions it would have been folly to attempt anything further. In anticipation of secondary hæmorrhage, and sepsis from gangrenous sloughing, the wound was closed with drainage.

* * * * *

“We would like to know the cause of this very unusual condition, but so far every explanation seems woefully inadequate. Some believe it was the result of poisoning from the constant absorption of bichloride of mercury, an idea that does not appeal to one at first, but after more study it may seem possible. If there is one surgeon, even in a thousand, with such a mercurial idiosyncrasy in whom this thing might occur we ought to know it at once.”

“THE DECAY OF FORTUNES.”

Some medical journals are readable, others are not, though they may be very profound, so much so, indeed, as to be unfathomable by the average reader. One of the RECORDER'S exchanges, *Medical Notes and Queries*, is not very profound, but it is frank, well written and readable. It discusses “the decay of fortunes” in its July issue, medical fortunes, though in reality the decay is in the incomes of the “eminent” or “prominent” physicians. The public, it seems, has taken them at their word and are looking elsewhere. Here is a quotation that speaks for itself—the *italics* are in the original:

“The corner druggist has his theory, which is not so bad after all. ‘It is the fault of the doctors themselves; they did it. They began by running down all the time-honored drugs, whose value they had never taken time to study; they dropped them all and pursued the will-'o-the-wisp “serum cure” and the ignis fatuus “fresh air,” and when they did prescribe anything else in bottle or capsules they showed so much uncertainty and lack of faith in their own formulæ that their patients had none at all.’ We might add that, with Osler leading, they laughed at prescription writing, which, by the way, was a lost art with them, and generally ordered some proprietary remedy about which they knew little or nothing. While they laughed, the public never laughed with them, though sometimes at them, but it took to thinking, and discovered in certain sects, quite irregular, the *lost jewel of belief in themselves and their methods*, or, perhaps, the assertion of belief only, but they weighed it against our general skepticism and found us wanting.

“Has anybody studied the statistics of homœopathic success

in recent years and compared it with ours? Have their incomes and clients fallen away, too? If they have, perhaps they too have lost faith or ceased the assertion of their faith, for faith is one of their simples, breaking the rigid law of the separate administration of remedies." etc.

If any of our readers lust after the "serum," "vaccine" and other "scientific" medical flesh pots—empty pots, it seems—let them re-read the foregoing quotation and honestly stick to the time-tried law.

Elsewhere, though, this is another story, having, it may be, a remote bearing on the above topic, this same journal asks:

"What is the reason for the increased number of ear cases recently? Some regard it as a manifestation of gripe, but in the first years of gripe it was not noticed to the same extent."

Do you remember, during the great epidemic, that the stock of quinine was exhausted? That it is to-day the popular remedy for "colds?" You may get on the trail of the answer by investigating the action of quinine on the human body.

CHRONIC INFLAMMATION OF THE OVARIES.

By Dr. K. Kiefer, Nuremberg.

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

A lady, thirty-two years of age, consulted me on account of violent ailments appearing during the menses, and also in the interval between the menses. The menses, indeed, appeared at the right time, but with their appearance there also appeared regularly severe pains in the back, accompanied with a pressure downwards. At the same time she is much depressed, everything looks doleful, and she is inclined to lament her fate. A nervous unrest does not allow her either to sit down or to lie down in quiet; she has to walk about, but after a while her pains compel her to seek rest and recuperation in sitting down. The flow is copious, with dark lumps. Also when the menses are over, she has a dull pressive pain in the small of her back. In company she cannot remain sitting any length of time for a lengthy conversation, but has to get up and combat the sensation of discomfort

by walking about. She has for years been compelled to secure her stools by artificial means.

On examination I found the right ovary much enlarged and painful when pressed upon. The lady now remembers, that after her last delivery—she has three children—she had fever for several days, and pains in the abdomen. It was evidently a case of chronic inflammation of the ovaries, which occasioned her nervous irritation, which especially affected the spinal marrow. I gave her *Platina* 6. and the result was that her violent symptoms during the menses were much relieved; during her next menses she could remain for a day in bed, without being driven about by her nervous irritation, and on the second day she could follow her usual occupation. To counteract her morbid tormenting symptoms, I prescribed *Kali carbon.* 6. The ailment was slow in yielding to the medicine, but it was always pressed back for a time through its influence. I then gave her frequent doses of *Calcarea carb.* 6. and before the appearance of the menses I transitorily substituted *Platina*; until the flow became bright and almost painless, and the general condition of the patient was such that she declared herself to be in good health. The swelling of the ovary also had become less and more compact; still it did not altogether disappear during the two years that the patient remained under my observation. This is a new proof, for the fact frequently proclaimed by Homœopathy, that in morbid changes in the sexual organs of women, the ailments that appear are not only to be attributed to these changes, while also other causes may contribute. It is in this respect as with infectious diseases and the receptivity for the same; as also with the tendency to disorders of the digestive and the respiratory apparatus. The causes which lead to diseases and, indeed, to severe cases with one person, leave another untouched; his organism being in an equilibrium which enables him to throw off the morbid causes or to make their effect inoperative. Thus also the female organism frequently helps itself and endures without any trouble considerable changes, large but innocuous tumors, changes in position of the uterus, chronic inflammatory indurations and growths in the uterus, the ovaries and their surrounding parts. But where the organism is not in this enviable equilibrium, the homœopathic law of similars enables

us to remove these disturbances, and even without surgical operations, secure a tolerable state and even the sensation of perfect health.

PRACTICAL AND THEORETICAL SUGGESTIONS.

Several writers contend that sweet milk is not good in typhoid as it is a culture medium. Buttermilk is better when relished. Whether there is anything in it is the question. Depends, as usual, perhaps, on the individuality of the patient.

Phytolacca is claimed as a specific, by some doctors, in epithelioma—skin cancer. The cerate of *Phytolacca decandra folia* is especially commended in this disease as dressing. As its name indicates, it is a cerate medicated with the juice of the *leaves* of the plant, which the old herb men claimed was far better in this ailment than a preparation made from the more poisonous roots.

Echinacea, *Kali phos.*, and *Lachesis* seem to have a similar thread running through them, infection, bad blood, malignancy.

Nymphæa odorata suppositories have been termed the “vegetable curette.” They will do no harm to the most delicate and often give the greatest satisfaction to patient and doctor.

The extract of *Phytolacca* berries is used for its claimed anti-fat properties, it being claimed a better preparation for fatty heart than a preparation from any other part of the plant. It is also claimed valuable in membranous croup. Steeped in gin or brandy the berries form a popular home remedy for chronic rheumatic affections. The inspissated juice from the leaves is preferred for local applications, but the recent fall-gathered root carefully dried is the part usually employed.—*Dr. M. T. Bellencourt, Gladwater, Texas, in Ellingwood's Therapist.*

THERAPEUTIC NOTES.

They say that you will not find the pneumococci in the rain or the cold blast that develops pneumonia. They appear after the disease.

South American homœopathic physicians found *Tarantula Cubensis* to be not only the best remedy for the bubonic plague,

but a prophylactic against it. Dr. Nilo Cairo writes this to the official journal of the French Society.

This verification of *Silicea* was related verbally. The patient had never suffered from constipation before, but recently, for two or three weeks, constipation had been rather bad, the stool starting and then having a tendency to go back, only prevented by strenuous straining. Half a dozen *Silicea* 12x tablets were taken and that was the end of the trouble. There was no change of diet during, or after, this. Whether the remedy did the trick must be a matter of individual opinion. The patient thought it did.

Eryngium aquaticum was first brought to the attention of the profession by a Dr. Parks, of Cincinnati. It was brought into Homœopathy by Thomas, in his *Additions*, 1855. It is the remedy for the inordinate, and weakening, involuntary seminal emissions. He used it in the 3d potency, but it can be safely used in the θ .

Enanthe crocata is mentioned by the old medical writers as a remedy for epilepsy or "fits." One of them describes the effect on those eating it: "Of a sudden they fall down backward, and lie sprawling on the ground; their faces soon turn ghastly; they foam at the mouth."

Dr. G. H. Moser, Arcola, Ill. (*The Clinique*), writes of a case of tetanus from stepping on a rusty nail. The first physician called used two tubes of antitetanic serum and other measures and pronounced the case hopeless. Dr. Moser was then called and as a sort of forlorn hope gave *Echinacea* θ , 15 drops, every two hours, and 40 drops of *Passiflora* θ , every two hours. The patient recovered.

Dr. Palmer, Beardstown, Ill. (*Therapeutist*), says, good, quick results can be obtained in acute piles by applying a mixture of glycerine and *Echinacea*.

There are as many remedies for hiccough as for warts. One of them is "give a hot infusion of *Capsicum*."

BOOK NOTICES.

Vital Economy or How to Conserve Your Strength.

By John H. Clarke, M. D. 96 pages. Paper. London.

T. Fisher Unwin. New York. A. Wessels Company. 1909.

"I hold," writes Doctor Clarke, "that a medical man is either a fool or a philosopher at fifty." This is a safe saying, for every man of fifty or more, doctor or not, feels that he is in the last named class, and he is not averse to seeing his fellows mildly roasted. Dr. Clarke gently roasts and stews many a medical bit of folly that passes for hoary wisdom among doctors, and their patients. Perhaps some readers will think our amiable Dr. Clarke is mouthing folly; that, however, is a question our reader must settle to suit himself. This little paper-bound book, printed on light, thick paper that would do duty as blotting paper in a pinch, takes a shy at many current ideas concerning breathing, fresh air, exercise, stimulants and other things of a like nature. Now as for bathing, he writes, "I once lost a very good patient—one who was always ailing, though not dangerously ill—by cutting off his daily morning tub." The man got well. Foul air breeds disease, but so does a surplus of fresh air, that is so strenuously advocated by many doctors. A healthy body is needed for a sound mind but, says Dr. Clarke, "A healthy mind cannot comfortably dwell in a body which is too much developed in any one direction." Old age is not nice for your over-trained man. Also chew on this: "When we come to analyze it, nine-tenths of the power of worry for mischief is derived from an exaggerated sense of self-importance." It is an entertaining little book, and instructive—if you believe it. Men with pronounced health fads will, perhaps, be jarred by it.

The Primitive Fundamental. By William Colby Cooper. 63 pages. Paper. 50 cents. Cleves, Ohio.

Editors of medical journals, readers of medical periodicals, and subscribers to the old *Medical Gleaner* will remember how bright and readable that publication was when Cooper was its editor;

It was one of the first periodicals we selected from the pile of exchanges because it was *readable*—an excellent thing in journals. There were many, many things in the *Gleaner* with which the RECORDER did not agree, but there is no reason why, if a man's hobby-horse does not trot as yours does, you should not give him a friendly hail as you both trot down the long, dusty road. Cooper retired from the editorship of the *Gleaner* and failing eyesight has caused him to retire from too active practice, but he has sent, probably, a last message to the world in this curious and interesting (for several reasons) little book, with which, by the way, we do not agree. Its refrain seems to be "What is it all when all is done!" It is to us a pessimistic book. It says: "We are here, and this is now. We are like rats in a trap. We did not do it; we cannot help it. We do not know." There is optimism and pessimism. The one founded the church, the other says, "What's the use!" And the book concludes with a quotation from the highest authority, revealed to man, one which teaches far otherwise. 'Love ye one another.'

Now, reader, if you want a curious bit of literature, "a sign of the times," send for it to the author, to the address given in the title.

International Homœopathic Directory. 1909. London
Homœopathic Publishing Company, 12 Warwick Lane, E. C.
London, England.

This is the 14th year of the publication of this excellent and useful little work. It embraces the homœopathic physicians of England and her colonies, European countries and those of South America, including Mexico and Central America. Only those physicians of the United States, who are subscribers, have their names entered, probably because a complete list would require a book many times the size of the present volume, which contains 159 pages. If you want your name in the "International," write to the publishers at address given in the title.

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EDITORIAL BREVITIES.

LEARNING TO CURE DISEASE.—Discussing the “Davis Bill,” an act “to prevent cruelty by regulating experiments on living animals,” the *Post Graduate* says: “The only way to learn what a disease is, how it is caused and how it may be overcome, is by animal experimentation.” Also, to take away, or interfere with the right to experiment on animals “will greatly hamper the progress of medicine.” The *Post Graduate*, from its name and aim ought to represent, and express the sentiment of the leaders in what is termed Scientific Medicine. The statement that only by experimenting on brutes can the disciples of this branch of medicine learn to treat human beings is significant of the vast difference between it and Homœopathy. To them disease is “a plant” (that is the last definition of bacteria), which takes root and grows in an animal organism; whether it be dog, rat, guinea pig, or a human being, it is the same. The vital part, the man, is not considered. Disease to them is a vegetable.

STRONG ON “FITS.”—The skill of the surgeon today is great; he can almost take a man apart, clean him and put him together again, even as a watchmaker does with a watch. To be sure many a man is taken apart and cleaned that would have been better under homœopathic treatment, not a few refuse to “go” after being put together again, but this does not detract from the skill, the great usefulness, of the true surgeon who does not make “a case” of everyone presented. Sometimes there is a bit of humor in the work—though not, perhaps, humorous to the patient, or, indeed, to the surgeon. For instance, the *Scmaine*

Medicale relates the case of a man who was relieved of "incontinence of the anus" by a surgical operation; it concludes the account with the statement that "the anal sphincter had become paralyzed after several operations for prolapsus of the rectum." Weil, yes, the humor is a bit sardonic.

BEYOND THE GERM.—Commenting on the recent spread of the foot and mouth disease among cattle by means of vaccine virus propagated for use in vaccinating human beings to protect them from small-pox the *Journal A. M. A.*, editorially, says:

"Discovery of the actual agent of foot-and-mouth disease in contaminated vaccine by any other method than animal experiments is out of the question, because it concerns an agent that is not visible or cultivatable by our present methods. Being a filterable virus, that is, passing through filters that hold back ordinary bacteria, it is commonly spoken of as an ultramicroscopic virus. Hence the presence of the virus of foot-and-mouth disease in vaccine lymph can not possibly be detected by the routine methods ordinarily employed to test the purity of vaccine lymph. Under the circumstances it was a matter of good fortune that human beings are relatively but little susceptible to foot-and-mouth disease and apparently not at all when the virus is applied as in vaccination; were it otherwise there surely would have resulted a large number of human cases."

There are two points in this worth noting. The first is the fact that after the bacilli, or germ, has been filtered out and the disease "cannot possibly be detected," it is still present in a most virulent form. It is contended by some men that the bacilli secrete or generate the poison of the disease, but this is not very sound reasoning; in fact, it would be more reasonable to believe that the function of the bacilli is to absorb in a measure the virulence of a diseased tissue acting as a maggot does in diseased flesh. Indeed it looks as though the world would be about as near right as it is at present if it were to adopt the term "miasm" in place of bacilli. As to the assertion that this miasm of the foot and mouth disease had no effect on human beings that is made very likely at random. We know of one doctor who said of a patient at about the time the cattle plague was raging that if a human being could have the disease that man had it. There was no sen-

sational epidemic, but an investigation, were it possible, of the trail of that vaccine might show some interesting things.

INFANTILE SCURVY.—The following is taken from a paper by Dr. W. H. Smith, of Cincinnati, describing two cases of infantile scurvy, published in the *Medical and Surgical Reporter* for July. The last paragraph is worth noting: "A diagnosis of infantile scurvy was promptly made and the patient put on orange juice, raw milk, properly diluted, and beef juice almost raw. In a week all symptoms had disappeared. The mother had been feeding this child on almost pure top milk thoroughly sterilized—too much fat—insufficient proteid, and then she cooked the life out of it."

DIAGNOSIS OF SMALL-POX.—Dr. J. M. Armstrong (*Archives of Diagnosis*) writes that the diagnosis of small-pox must rest almost wholly with the eruption on the skin. "The small-pox papule has characteristics which make a positive diagnosis possible within a few hours of its appearance. The papules appear first on the exposed parts, particularly the forehead and flexor surfaces of the wrists. They are under the epidermis hard, round, flat-topped, umbilicated, rose-pink and waxy appearance. All these characteristics are usually present. In general the entire course of evolution of the lesion from papule, vesicle, pustule, to scab formation, is regular and characteristic. The lesions vary in number. They may be few, or so numerous as to become confluent, but the individual characters of the lesion are present in all cases."

WHO'LL BE THE FIRST?—"Wouldn't it be wholesome to read articles about cases that have been wrongly diagnosed? Wouldn't readers learn more from the chronicle of these errors than from the perusal of the present multitude of articles on the successful outcome in diagnosis and treatment?"—*Medical Brief*.

"DELAYED HEALING OF WOUNDS."—A correspondent of the *Journal A. M. A.* asks "what is the reason that in some persons the healing process in cuts, abrasions, etc., is so slow?" The editor answers that it is because of "a lack of resisting power on the part of the general system and some local condition in the skin

unfavorable to healing." If the enquirer is satisfied with such an answer he must be blessed with a very contented mind. A homœopath who is tinctured with the teachings of *The Chronic Diseases* would probably suggest the wide reaching psoric taint as the cause. The remedy "for small wounds heal slowly" is not hard to locate—*Hepar sulph.* But then the enquirer probably has no use for Homœopathy.

AN OLD FRIEND.—It has been some weeks since we met our old friend, "the search light," but here he is again with Dr. Herbert Smith, who thus introduces the familiar one in the *London Daily Mail*: He says that Homœopathy "is effete and powerless before the search lights and methods of modern medicine, which meets both trivial and grave diseases." One would like to know what Dr. Smith, and others like him, who have the search light habit, mean by that term? To be sure "modern medicine" meets "both trivial and grave diseases;" sometimes the cases get well and sometimes they die; but, then, so does old saddle-bag medicine, the modern Osteopath, the Christian Scientists and any other, when called, and their patients sometimes die, and sometimes get well. Once in a while, after glancing over the vast areas of words that go with that "search light" one is tempted to believe that it is a phonograph.

SOMETHING ANENT PSORA.—The *American Journal of Dermatology* runs a very interesting department, headed "Musings In Historical Paths." From the June number we clip the following: "It may not be uninteresting to our readers to learn that scabies or the itch, so widely disseminated in Europe, seems to have been unknown to the ancient Greek and Roman medical authors. It has been iterated and reiterated as well as repeated again and again, that the Greeks described the disease we know as the itch, under the name of psora. This assertion is one that is incorrect. By this word they designated scaly diseases in a general way, and by no means a vesicular eruption susceptible of transmission by contagion." Now Hahnemann writes: "Psora is that most ancient, most universal, most destructive, and yet most misapprehended chronic disease," etc. It is true that Hahnemann included itch under psora, but it was but one of this

ancient miasm's manifestations, even though it did have a bug in it, which fact was known to the medical world before Hahnemann wrote. It looks as if this misapprehension of the Greek work was the cause, or one of the causes, that have influenced men to reject *The Chronic Diseases*. They reasoned that the book was based on an error whereas the error was their misunderstanding of Greek.

A QUEER QUERY.—In a recent meeting of an allopathic society one of the members told of two cases of blindness (amaurosis) caused by quinine; one of them had received, by mouth and needle, 690 grains in ten days and the other 410 grains in eight days. The cases were brought forward to get the views of the members as to the maximum dose. We would suggest the 6x two 1 grain tablets a dose, because it will not cause blindness; between that condition and malaria, the average man would choose the latter, the more especially as the huge drugging in these cases does not seem to have even cured the malaria. There are some curious things in "regular" medicine, more to be dreaded, perhaps, than the disease. In the report of another society in same journal one prominent physician said that he had employed polyvalent vaccines "without benefit," but homologous vaccines "proved effective," though several patients whose disease had been controlled by the latter subsequently died "from such complications as tuberculosis or pneumonia, which, as yet, are beyond the influence of vaccine treatment." For ever they are just on the verge of putting salt on the bird's tail!

THE MOSQUITO-MALARIA THEORY.—This theory is generally accepted by scientific physicians, but Dr. Amos Sawyer, of Hillsboro, Ill., doubts its truth and bases his doubts on grounds that always trouble the man who is guided by theory. He writes in a letter to *The Medical Times* that when his father first settled in that part of Illinois malaria was so thick there that "you could cut it with a knife;" every year in September it became epidemic; now, with the soil under cultivation, and drained, the disease occurs only in isolated instances, while the mosquitoes are still there. Perhaps in time the old idea may come to the front again, that malaria is due to decaying vegetation, like typhus is to decay-

ing animal matter. Certain it is that when new soil is turned up malaria, or "chills and fever" follow, but with continued cultivation, the disease ceases. There are a goodly number of things left for man to comprehend, and this mosquito-fever question is one of them.

MALARIA AND MOSQUITOES.—It looks as if another "triumph" has gone the way of many others. According to *The Lancet*, April 3, London, for the past six years, efforts, in which no expense has been spared, have been made to exterminate the mosquito and thus malaria in Mauritius, but the result has been absolute failure. During this time it is reported that the percentage of parasites in the blood rose from 37 to 81 per cent. and enlarged spleen from 52 to 69 per cent. However, if the authorities can exterminate the mosquito they will have done a good work, provided some worse pest does not arise. Such things have been known to happen.

CONCERNING OLD BOOKS.—The demand is ever for "the latest;" but did it ever strike you that, if you have never read them, the works, say, for example, of Hippocrates, of Plato, of Hahnemann, not to mention several old worthies who were epoch men, are as new to you as they were the day they were written? You have them all in "the latest?" In a degree, yes, colored and altered as they are from passing through the minds of various other and generally lesser men. If you are a homœopath and have not read Hahnemann's works, especially *The Organon* and the diadactic portion of *The Chronic Diseases*, which is obtainable now in a separate volume, you are not as capable of judging Homœopathy as the man who has read them. You are in the position of a man who has heard men talk about foreign countries compared with a man who has visited them. Don't be a hear-say!

THE ACHIEVEMENTS OF MODERN MEDICINE.—If any one will scan the medical journals of the past decade he will see that the only advances in medicine that justify themselves are those made by the surgeons and the sanitarians. With a trifling exception here and there, every change in surgery has been for the better; the death percentages have decreased, while the good results have

increased. Take up a volume of a medical journal printed ten years ago and you will realize what changes have been made since then; but who can say that there has been any of the same sort of progress as is apparent in surgery. Antitoxin is the prize-winner among the therapeutics, but it is a very uncertain quantity in the hands of a physician, for it may cure or it may kill; its doubters are growing. Homœopathy is about where it was ten years ago; it has not "advanced" much, for the reason that there is not much room for advancing in its treatment of the ordinary run of human ills. The man who grasps the full scope of *similia* and knows the indications of the remedies is well fitted to combat disease, none better. There is ample room for the advance of the individual in his knowledge of the Law and its application, but this is a different matter from advancing or changing the Law itself. The others are wandering aimlessly in a therapeutic wilderness. The only road out of it is *Similia*.

"UNREST."—A great many writers dwell on the state of unrest prevailing in medicine, the seeking for something better, the breaking down of "sectarianism" and so on. It is a peculiar fact that the school that is especially denounced as being ultra sectarian, the homœopathic, does not experience that state of unrest, unless it be the unrest of those who would avoid the hard study often necessary to find the remedy that is the similar, or who seek the easy proprietary highway—that old broad and easy highway. The Homœopaths are not sectarian. They have the therapeutic key. They see the fallaciousness of most other means, and, therefore, refuse to seriously consider them, thereby incurring the unjust reproach of sectarianism from those who know no better, as they restlessly wander about pursuing the phantoms of what they curiously call their science. Much of their science is genuine, is of real value, but, having no chart, they cannot make constant use of it. It would be a wise thing for their men to stop their cry of "sectarianism" and learn what it is that holds a great body of men together in a practice that has not changed, only enlarged, for nearly a century. Let the restless ones read the homœopathic *Organon*. It is an old book, but, like the gods, is ever young.

A COMPLAINT THAT WON'T HOLD WATER.—Dr. Hawley in the *Journal of Animal Therapy* writes: "The average medical paper

could be cut one-half by eliminating useless verbiage, circumlocution, tautology, redundancy, and unnecessary bibliography, statistical details and axiomatic truths. As regards results, a majority of medical contributions are a waste, either of wind or space. A time limit on papers, and an intelligent, snappy editorial blue pencil, would doubtless popularize the two greatest means of post-graduate education." That reads very well, and at first one is tempted to say, good! but second thought causes a doubt. True, there are many papers that could be blue penciled to advantage, even to extinction, but remember you cannot study astronomy in a popular ten cent "manual."

THE INDICATED, OR THE, SPECIFIC REMEDY.—Our esteemed *Medical Gleaner* says: "No medicines should be given for which there is not a direct or specific indication. This ground is now so well covered by the specific medicationist that he need have little trouble in selecting a safe and rational remedy. Study *Aconite*, *Ipecac*, *Rhus*, *Belladonna*, *Nux vomica*, *Rheum*, *Epilobium*, neutralizing cordial, glyconda, and similar medicines, and prescribe them only when clearly indicated, and we believe you will excel the less careful though equally conscientious physician who prescribes for cases after a routine fashion." There does not seem to be very much difference between the "specific indications" for a remedy and the "totality of the symptoms," save such difference as exists between a charcoal drawing and a finished drawing of the same object. The difference between the eclectic and the Homœopath widens rapidly when it comes to dosage and pharmacy. The true homœopathic trituration stands by itself in pharmacy as does the fresh plant tincture containing as it does the very life of the plant.

WHAT SHALL BE THE OFFICIAL CAUSE?—Dr. Frederick N. Brown, of Providence, R. I., discussing old age and its consequences, touches upon the question of what shall be the cause on the death certificate. "Played out" would be about the truth, but it would not do officially. "If old age, inanition or arteriosclerosis, etc., be given, I am inclined to think that after a time a note bearing the seal of Rhode Island will come to hand saying essentially in very polite language that if the doctor would be a little more explicit as to the real cause of death, the State statistician would

be extremely obliged. But, certainly, it is that there is degenerative process which is persistent, though gradual, and with the tired heart, the sluggish digestion with accompanying mental lassitude and general inanition, it is contended that, in the face of these facts, the term old age as a cause of death may be entirely appropriate."

In time it may be recognized that men die because their time has come, they are played out, "Tired he sleeps and life's poor play is o'er."

"SLEEPERS."—Dr. Wiley writes concerning the Pullman sleeping cars:

"We have taken samples of material breathed by the sleepers in these cars, and we are analyzing it to find out what it is. We don't know what it is; all we know is that it isn't air." It is germs, dangerous germs of infectious diseases. This item is a good thing to pass along for it will stir up the company to extra cleanliness and scare the timid into the coaches, so that it will be easier for the reckless ones to secure lower berths.

NEWS AND COMMENTS.

Everyone will have to carry his own cup in Kansas after this, for the Health Board has forbidden the use of the usual tumblers and cups in depots, hotels, etc. What will the limit be?

An English gentleman has left an estate of \$58,000, the income of which is for the benefit of surgeons who contract blood poisoning from post mortems, etc. A vial of *Lachesis* would do them more good. That remedy made Dr. Carroll Dunham a homœopath by curing him of such poisoning.

Dr. E. Fornias has been elected Corresponding Member of the Homœopathic Medical Academy of Barcelona, Spain.

Dr. J. B. Sullivan has removed to 1513 Lincoln Ave., Pittsburgh.

In the bills passed by the last Legislature of Pennsylvania and signed by the Governor the American Homœopathic Pharmacopœia was retained as the official authority in the State on homœopathic drugs.

Dr. V. T. Giltman has removed from Oneonta to Gloverdale, N. Y.

"The thing that was quite noticeable in the attendance of the State medical meeting was the number of men returning to the Association who had been misled by the bombastic and wilfully leading invitations of certain allopathic physicians that the medical millennium was at hand, and that all schools would be welcomed into the allopathic profession, with full fellowship. Such has not proven to be the case. Our men, who have been misled and believed that they would be taken into full fellowship, find themselves like a 'strange cat in a strange garret.'"—*L. E. R., Eclectic Medical Journal.*

Dr. J. Duncanson has removed from Long Cay, F. I., Bahamas, to Ruatan, Bay Islands, Spanish Honduras.

From July 15th to September 15th, Dr. Byron G. Clark will be in his office, 25 W. 74th St., New York, on Tuesdays and Fridays of each week.

Dr. C. I. Swift has removed from Auburn to Castle Creek, N. Y.

Dr. J. G. Maeder has removed to 123 W. 121st St., New York.

Venezuela has passed a compulsory vaccination law and established a vaccine plant. Foreigners will do well to take their vaccination certificates with them when visiting that country.

"The International American Congress of Medicine and Hygiene of 1910 will take place in the City of Buenos Aires, Argentine Republic, in the month of May, 1910." "Adhesion can also be obtained by the payment of \$5 in gold."—*Public Health Reports.*

Dr. O. R. Gregg has removed from Nemaha, Iowa, to Alva, Oklahoma.

In a personal letter Dr. Leon Vannier, of Paris, France, writes that certain physicians and surgeons there have established a model Homœopathic Dispensary which will be a centre of observation and labor for the cause of Homœopathy and devoted to the welfare of the poor.

Dr. L. L. Danforth, New York, sailed for Europe on June 30th, to be gone until September 1st. Dr. F. W. Hamlin will attend to his practice in the interim.

Dr. John L. Moffat, of Brooklyn, will be at 476 Main St., Orange, N. J., from Aug. 1 to Sept. 7.

PERSONAL.

Speak to a mule to his face.

When a doctor tells a man to go to a warmer climate it not always meant as other men mean it.

Some persons pronounce oleomargarine "butter."

"Man was made to walk," writes a sapient editor. He'd rather ride, though.

When the Homos who shout with the "regulars" for "one board" get it, they will find their name to be Dennis.

"By whom is Homoeopathy opposed? Principally by the ignorant."
—*Granier*.

Science has concluded that animals do not reason. The animals are not alone in this.

The poet remarked, "the world is lying still." It is old enough to know better.

Some autists credit men and animals with more observation than they possess.

Johnny thought the giraffe the highest form of life.

"Mary had a little lamb, and mint sauce on her plate," answered the waiter, with a pained and bored look.

No one can tell to-day whether a hero will windup on the vaudeville stage or Congress.

A suffragette is generally a lemon—when not a peach.

Say what she pleases no suffragette wants a broad outlook in these directorate days.

When you advise a man and things go punk, he throws it on you—"I followed your advice."

When you advise a man and things go right, he is a far-seeing man.

"His facts seem to have been obtained from standard authorities, and are, therefore, reliable." Caustic medical reviewer.

Isn't it lucky for some that people never suspect their medicine!

Emerson taught that men are gods playing the part of fools. True, in part.

A subscriber asked the editor of a "funny paper" to give a "humorous number."

No man wants to be permanently reformed, says the cynic.

What is "the sex problem" anyhow?

A muzzled dog on a hot day has reason to be mad.

If some women got the credit they think they deserve the old man would go broke.

"Save the perineum!" Who wants to destroy it?

"Too many doctors are living in rented properties," says an esteemed contemporary. What's the answer?

Bread is still 5 cents, but the loaf is not so cumbersome as formerly.

The man who can supply stationary cooks will make a hit.

THE HOMŒOPATHIC RECORDER

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A DISCOVERY CONCERNING CANTHARIS.

La Tribune Medicale is an English reprint, New York, of the French journal of the same name. In the June issue is a paper by Dr. M. E. Lancereaux, Paris, read before the Academy of Medicine of that city. The title of his paper is "The Treatment of Epithelial Nephritis With the Tincture of Cantharides." It opens:

"In the course of a discussion on nephritis, I announced before the Academy, in 1892, that I had obtained good effects with the use of the tincture of cantharides in the treatment of epithelial nephritis which rebelled against the administration of diuretics. To my great surprise, several members present objected that this treatment was irritating and that cantharides which produces nephritis could not cure this disease. I answered my critics that by admitting the action of cantharides upon the kidneys, they admitted that I had been right, for a drug which does not act upon these organs remains inefficient in nephritis.

"Since then, I have used with success tincture of cantharides in quite a large number of cases, not in all types of nephritis, but in those which are particularly localized in the epithelia or the urinary tubules, and which are characterized by an almost complete anuria. For this anuria is the result of the obstruction of the tubules by altered and swollen epithelium, and it seemed rational to me to combat this condition by administering a substance which acted upon these epithelia. Cantharides, which in certain doses has the faculty of destroying the renal epithelia, when given in smaller doses, modifies the epithelial elements to great advantage. Whatever may be the explanation of its action, the clinical effects are undeniable, and everybody who is not prejudiced knows that cantharides is unquestionably useful in the treatment

of epithelial nephritis. This is proved by the cases which we have reported previously, as well as by those which we are about to relate."

The first case was that of a girl eight years old "with an epithelial nephritis threatening her life," which followed an attack of scarlet fever. One drop of the tincture of cantharides mixed with a mucilaginous syrup was prescribed; this was continued for five days, and the case made a fine recovery.

The other cases, three, were young men who received somewhat larger doses, and recovered.

Dr. Lancereaux remarks: "It should be noted that we always took care to use a freshly prepared tincture as the old tincture loses much of its strength." He concludes his paper with the following statement:

"It has been said too often formerly that pathological anatomy does not give any clue to therapeutics. This is an error which is easily refuted, for if instead of a nephritis localized in the epithelia, we are in the presence of a nephritis affecting more especially the arteries or the connective tissue, cantharides will remain without effect, as we have convinced ourselves repeatedly. In such cases, diuretics will give better results. What remedies shall we use in this class of cases to combat the anatomical lesions? We must use an agent which is capable of affecting the connective tissue and the vessels, for example, potassium iodide."

All humane men will be glad, for the sake of sick humanity, that the "regulars" of Paris, or one of them, has made the discovery that Hahnemann made about one hundred years ago. If they will confine themselves to the dosage given by Dr. Lancereaux, the action of which he says astonished him, or even materially decrease it, all will be well, but the chances are that they will go their old road giving ever increasing doses until nature rebels; then some learned man will discredit and sweep away this discovery with the statement that he had given cantharides in twenty, or even thirty, drop doses, with no relief, but, instead, with actual harm to the patient. These gentlemen, like the public, cannot shake off the common notion that if a little is good, more *must* be better, and apparently cannot believe that there is any power in the potentized drug. But that does not affect the LAW,

**THE DISINTEGRATION OF THE HOMŒOPATHIC
PROFESSION ; THE CAUSE AND THE
REMEDY SUGGESTED.**

By W. L. Morgan, M. D.

The object of this paper is to point out wherein our profession, as a whole, is on the brink of complete disintegration, and dwell in a concise manner on the causes leading up to it, and then in an humble spirit suggest the remedy.

It is not my purpose to go into a lengthy discussion at this time, as time will not permit, and I might add that perhaps patience (that of my fellow physicians) will not permit it either.

However, dipping deep into the whys and wherefores of the conditions that our school finds itself in at the present time, the causes for our alarms are very apparent, and do not require the assistance of the microscope. The many and oft repeated expressions of intelligent allopathic physicians in discussing the pros and cons of Homœopathy as compared to allopathy will form the extrinsic basis of the cause. The intrinsic basis of the cause is entirely another matter, and will be touched on a little later. The expressions we hear, and we have all heard them directly or indirectly, and have probably taken part in such expressions and discussions, run something like this :

Dr. D. P., for instance, a very amiable and intelligent old school man, will say to us, or to the laity, "I would like to recognize and consult with the Homœopaths, but I seldom find any that have confidence in their own system of medicine, for when they get a bad or troublesome case to treat they invariably resort to allopathy, and then give larger doses than we do in most instances; this shows to me that they know nothing of their own system and less of ours."

Another old school man will remark: "Their colleges (Homœo.) turn out physicians that profess to practice Homœopathy, when in reality they know nothing about the true science of Homœopathy, or else are afraid of it, have no confidence in it, and at once go into allopathy with a restlessness bordering on abject ignorance; they belie their pretensions, they belie the founder of the system."

Another old school man will say: "The State should pass

some law to get rid of your (Homœo.) impostors; you profess to be Homœopaths and practice allopathy with more daring and restlessness than we do; you are dangerous to the community; if your system or science were well founded you would not resort to our school remedies."

We have all heard such expressions in our time, and the laity even have added their quota of ridicule, and strange to say they are right. Their ridicule stands as a monument—of what shall I say—perfidy? No, I shall not make it quite so strong, and yet on a strict construction it savors very much of it, though begotten more in ignorance than in intention.

When these things are so it is little wonder that the lines of discrimination are fast disappearing, and the old school see their opportunity of giving a final death knell to our system, or science, of Homœopathy, and this may be done by any one of several methods.

A dean of one of our homœopathic colleges was telling me some little time since what great things his college was doing for Homœopathy. When I asked him who was teaching the *Organon* and *Repertories* he scornfully said: "We don't have anything to do with them; they are out of date and impracticable; we are teaching modern Homœopathy."

And that college sends out alumni to practice Homœopathy who never have read a section of the *Organon*, and don't know the meaning of *Repertory*, and could not begin to write the anamnesis of a case. Is it to be wondered at that our profession, as Homœopaths, is on the threshold of a downfall? These same alumni can spatter about 3x and 6x without knowing the meaning of it, and can talk fluently about microbes, bacteria, antiseptics and disinfectants and not know how to make a potency. And these alumni parade as Homœopaths.

Another dean of a homœopathic college publishes over his signature that the "greatest fad of the present time was Hahnemann's teachings of the totality of symptoms in prescribing." The latter, one of the fundamental principles of Homœopathy, and this "wise one" rejects it, teaching students that the dose cannot be effective without demonstrable presence of the drug, diabolically contrary to the true principles of Homœopathy and all its teachings.

When these principles are so presented in our schools, it is not so amazing that our students are so quick to resort to allopathy. They know no better, they know nothing about Homœopathy. They are in most instances taught no better, by men rejecting the fundamental and vital principles of our system. Calmly reviewing these facts we at once see that we ourselves furnish the ammunition for our destruction. Can anything be expected otherwise? Are these facts not the intrinsic basis for our fears? Can we not see the handwriting on the wall, "Thou hast been weighed in the balance and found wanting." Yea, and who has furnished the material for the past twenty or thirty years, and especially more recently, for the indelible inscribing of this judgment? There is but one answer, and that very apparent. Sowing to the wind we are about on the eve of reaping the whirlwind. Can it be so surprising that so many see the inevitable, see their own weakness and absolute inability to defend the cause of Homœopathy (and this for obvious reasons), and in abject desperation join the enemy's camp and constitutionally turn "State's evidence?"

It is now claimed that there are more Homœopaths joining the A. M. A. than there are joining the A. I. H. The present situation was more fully and better explained in the HOMŒOPATHIC RECORDER of October, 1903, in my paper on "How to Train a Physician to Practice Homœopathy." This was followed up by Dr. Guernsey Waring, who, with others, instituted a crusade against the frauds upon Homœopathy, and organized a large association in Chicago, called "The Regular Homœopathic Society." The latter society is still in existence, and has effected a reorganization of three colleges, which are now teaching the true science of Homœopathy, and their alumni are doing well. Whether it will be necessary for the Homœopaths following the true principles of our science and teachings to form an association in contra-distinction to the so-called modern, or up-to-date Homœopaths, as was done in Chicago, remains yet to be seen.

However, there must at some time, unless conditions radically change, be a parting of the ways, for the Homœopaths following the true principles of their system, as laid down by Hahnemann and exemplified by Bœnninghausen, Lippe, Hering, and others of our present day, are not content to be dragged down to the level of those imposing a fraud upon Homœopathy.

Now I will crave a further indulgence for a few words on the remedy for the situation as presented.

Hahnemann says: First remove the offending cause, the offensive odors from the room, the belladonna pains from the stomach, and the splinters from the flesh; what in the present situation appears impossible except through the making of very radical changes. This would require trustees of our colleges to engage as professors and teachers men well grounded in the fundamental principles of Homœopathy, men who are in full sympathy with the *Organon*, *Repertory* and the system of dealing with chronic diseases, and assign them sufficient time to enable good students to become thoroughly versed in homœopathic philosophy. Teach the student what is curable in disease and what is curative in drugs. Teach him less of microbes, bacterias, antiseptics, disinfectants and demonstrable drug doses, etc., but teach him how to apply the true principles of *similia similibus curantur*. Then we, as a profession, will be better able to demonstrate to the laity (never mind about the old school as a profession) that our science is true and exact, and superior to any other system for the curing of sickness and ailments, whether acute or chronic.

By following the outlined precepts we will demonstrate that our science of treating disease is separate and distinct from any other; that it stands alone; that our science is based on natural laws, not man made, but God given though man discovered. Another suggestion that might prove of importance would be a systematic method of educating the laity by public lectures, circulating instructive literature under the auspices of some society or clinic and demonstrations of the fundamental principles of our science and the advantages to be gained in every aspect, by the use of our medications over the crude drugs, antiseptics, etc., of the old school. One subject alone followed and treated religiously according to our *true principles* would be the beginning of a revolution in the medical world, and would heap such praise and glory upon our profession as we can at this time but little anticipate, and I refer to tuberculosis. Following these suggestions, I venture to say, in five years Homœopathy would dominate and there would be lucrative business for five times as many M. D.'s as now, and in turn the allopaths would be writing and reading papers on the disintegration of their profession.

Let the spirit of Hahnemann, Bœnninghausen, Lippe, Hering and others of the departed masters be born anew in us.

Respectfully submitted, and for the time and attention given me, I thank you.

Baltimore, May, 1909.

Read before Homœopathic Society of Maryland.

TISSUE BUILDING.

Many years ago a German naturalist, physician and all round enthusiast, thus wrote of tissue remedies:

“It was here in Philadelphia, in 1834, that a wealthy old man broke his thigh bone, and as it had not healed it was to be operated on some weeks later, by surgeons of high standing. No phosphate of lime being on hand, a strong dilution of pyro-phosphoric acid was added by drops to the lime water of the shops. The gelatinous deposit, formed by two or three acid combinations of the two, was pressed out in filtering paper, and about one grain, in five doses, handed to the sufferer, with the advice to put off the operation. Several weeks later he came in his buggy to see the doctor. The callus was felt by the surgeon about ten days after the powders were given. The callus contained certainly fifty or sixty times more phosphate of lime than had been taken. The man having not allowed the two ends of the bone to be rubbed together by the surgeons, there was no doubt in the conclusion that the phosphate of lime given him as a nutritive remedy had acted as a functional one. Drs. Gideon Humphreys and S. Green, coming at the same time for instruction in Homœopathy, were recommended to make provings, and as they knew of this cure, were requested to prove the rest of the preparation, which they did. To give them a right idea of our law, it was said to them that as they would not break their bones in pursuance of their provings, so they should never look for diseases to be produced by any drug. *Belladonna* never caused scarlatina; there are no diseases produced, only similar symptoms.

“Soon afterwards the basic phosphate of lime, prepared from bones by a skillful chemist, was proved; it was of great use, not only in such cases, but also in open fontanelles of children, hydrocephalus and tedious dentition, particularly in the important period of second dentition.

"In 1832 it had been written: 'All the essential component parts of the human body are great remedies.'" *Stapf's Archives*, XXII, No. 3, p. 34.

In 1846 as a result of numerous careful provings during twenty-two years, there was published the following in Stapf's Archives:

"All constituents of the human body act on such organs principally where they have a function.

"All fulfill their functions when they are the cause of symptoms."

"Nobody took any notice of it except Grauvogl in his text-book, and now it is made the basis of a new system."

So wrote Dr. Constantine Hering of the tissue remedies fathered by Dr. Schuessler and best known as Schuessler's tissue remedies.

In the text-book of Homœopathy, that profound and philosophical thinker, Von Grauvogl, thus mentions the tissue remedies:

"The determination of a remedy towards a given locality, and in this case of a remedy of nutrition, is that which impresses upon it its specific character, and on this observation of qualities with the co-operation of quantities, which latter merely carry the degree of intensity up to an injurious chemical action, rests one entire half of the art of observing at the sick bed, which, for a therapie to be conducted according to natural laws, hence a practical one, is of prime necessity."

Now is it true that with the twelve tissue remedies of Schuessler, viz.: *Kali phos.*, *Natrum phos.*, *Calcarea phos.*, *Magnesia phos.*, *Ferrum phos.*, *Kali sulph.*, *Natrum sulph.*, *Calcarea sulph.*, *Kali mur.*, *Natrum mur.*, *Calcarea fluorica*, *Silicea*, one can cure all diseases?

And if so, how do these remedies cure disease?

But can we cure all diseases with the twelve biochemical compounds so-called? I fancy most physicians who have any practical knowledge of the action of the tissue remedies will answer this question with a no. But if they are frank will also tell you that the Schuessler remedies are of very great usefulness when they are properly indicated.

Now I do not suppose that when we give *Calcarea phos.* to a baby in order to make the baby develop bone we think that we are

actually causing any deposit of phosphate of lime in the system from the medicine itself. But the tiny electrons of *Calcareo phos.* seek their like and find their way through the blood channels of nutrition to where the poor, tired out lime cells are in a feeble, half-hearted way trying to build teeth or bone, and not doing their work correctly. And this electron of lime stimulates into an activity of proper cell building the bone parts, and the lime is then attracted from the blood as it ought to be and the cell building becomes healthy. It would seem that thus Dr. Hering interpreted the cure of the rich old man who broke his leg.

From personal experience the writer knows that the tissue remedies are of great value. He has been using them for many years and relies upon them. He knows that *Calc. phos.* will make a forgetful person remember his words; that it will make the backward child develop more normality; that *Magnes. phos.* will stop many a toothache; that *Kali sulph.* will help diseases of the epidermis; that it will often cause liver spots to disappear from the skin; that *Natrum phos.* will assist in co-ordination of muscles, and that *Ferrum phos.* will help many a hoarseness. The little repertory of Schuessler's remedies, edited by Hering and issued in 1875, is used almost daily for reference by the writer. And he has been taught by glad experience to depend upon these remedies.

There have been many editions of Schuessler, and one large repertory which includes Schuessler and several other things.

Recently the worthy editor of the RECORDER has taken some pains to compile a small guide or text-book of the tissue remedies, which, in some ninety 12mo pages, well covers the doctrine of Dr. Schuessler, and must be of great value to the physician who has used these remedies or intends to try them.

And this old doctor takes great pleasure in saying that the tissue remedies are all right and will well repay studying, and that this small book of Dr. E. P. Anshutz contains the needful information for student or practitioner.

It is a little book with a plain preface. Part 1 in a few words introduces us to Wilhelm Heinrich Schuessler, of Oldenburg, and his one work on abridged biochemistry. The proper dosage is given, the preparation of the remedies, selection of the remedy, duration of treatment. Part 2 contains the materia medica, with a list of the remedies and an outline of the action of each one.

Part 3 contains the therapeutics of the biochemic remedies.

In this the common diseases are given in alphabetical order with the name of the proper biochemical remedy. There is also a very complete index.

It would seem that the secret of the action of Dr. Schuessler's twelve remedies is governed by the selective action of cells. The blood takes along on its journey the elements all the different parts of the body require. The healthy body gets of each element just what is needed.

But when improper matter is introduced into the circulation, and when the cells take up not enough or too much, in a word, the equilibrium of health is disturbed, then by the introduction of the carefully and minutely subdivided chemical element that the body is crying out for, healthy cell action is made possible and the organs all cry out together with joy, and, as Carlyle says, we ought to forget that we have a stomach.

T. L. BRADFORD, M. D.

Philadelphia, Pa., July 15, 1909.

SOMETHING ABOUT EPIDEMIC REMEDIES.

(The following, translated from Vol. IV, of the *International Homœopathic Press*, may prove interesting to the readers of my translation of Rademacher's *Universal and Organ Remedies*. A. A. R.:)

First, I will quote some remarks from Dr. Motin, professor at the University of Vienna, who says: The epidemic pathological constitution may be recognized by the difference of pathological forms. But I believe that the homœopathic physician can recognize it in another way. As is well known, every pathologist makes up the picture of a disease, not from one single symptom, but from a larger or smaller complex of symptoms which he finds in one and the same individual. The homœopathic physician gets his picture of the drug disease not from the complex of symptoms found in one and the same individual, but he makes up the picture of his drug disease from the detached symptoms which he meets one after another in different individuals along with one constant main symptom.

I have often had occasion to notice, especially towards the end

of the last cholera epidemic, that the epidemic constitution, as well as the homœopathic drug, causes diseases, the single symptoms of which can be found along with a constant one, either segregated in different patients or follow each other, alternate, so to say, in one and the same individual. The pathologist cannot bring such diseases, taken alone, under any pathological forms. But when the homœopathist has obtained the picture of the drug disease, after putting together the single symptoms, he finds the proper remedy and easily accomplishes the cure. We will illustrate this by an example: An intestinal catarrh is not always the same disease for the homœopathic physician. According as it causes stools of different forms, is or is not accompanied with vomiting, colic, fever or headache, etc., it offers a different pathological picture which must be met with a different drug, viz., sometimes with *Opium*, or *Phosphorus*, or *Mercurius solubilis*, or *Veratrum*, or *Ipecacuanha*, or *Rhus*, etc., although this brings us in conflict with morbid anatomists.

I firmly believe that Homœopathy can find out remedies which cure a disease appearing under different pictures, as soon as all these different pathological pictures can be brought together so as to form one single drug disease picture. But since this remedy is the only one among its cognates which cures different pathological (pictures) forms, it corresponds that there must be a single cause producing the different pictures. And as this cause can be no other than the epidemic disease constitution, then the remedy also must be an epidemic remedy.

The importance of finding such remedies will appear from the following:

1) The physician can cure acute diseases speedily, prevent the disease, and prevent morbid products and chronic diseases.

2) He may find sure remedies for pathological conditions for which he cannot give a sure diagnosis, yea, even for diseases against which he cannot find any remedies recorded in the text-books of special therapeutics.

3) As soon as he has found the epidemic remedy he need not wait for the full development of the disease before giving the curative remedy, since he can cut the disease short at the appearance of the first symptom.

4) Finally, by proving itself really efficacious, where allo-

pathic physicians are impotent, since they cannot even furnish a diagnosis, the homœopathic system can celebrate its greatest triumphs and prove to the anatomical pathological schools that it alone is a curative science, since it has to do not only with morbid products, but also, and this pre-eminently, with pathological processes.

Proofs. In the second half of the month of October (1872?), while the cholera epidemic was rapidly decreasing, I had occasion to observe in my private practice some intestinal catarrhs which I considered as a modification of the not quite extinct epidemic disease. For the characteristics of the vomiting and of the very frequent diarrhœa (often twenty or thirty times per hour), the cyanosis of the hands and of the face, the cadaveric coldness of the arms and of the cheeks, at first the complete apyrexia, the total prostration, and the apathy of mind presented the picture of cholera even to a beginner in the medical art. To complete this picture there were only lacking the suppression of urine, the cramps and the aphony. I could not consider the disease acute intestinal cararrh, for it lacked at the first the main symptoms, viz., fever, which appeared the third day only, and then only in a small degree (hardly eighty pulsations per minute), and that in a young patient.

But the treatment of my patient was a harder puzzle than the diagnosis. All the remedies employed, according to the principle "*similia similibus*," and selected after mature consideration, failed to cure until the unexpected appearance of two symptoms led me to use a remedy which not only cut short the whole pathological process in a wonderfully short time, but proved efficacious, too, in all cases. It was only after using the drug two or three times that I began to compare its effects with the single symptoms appearing in the different patients, and this comparison forced me to the conclusion, first, that the cholera epidemy, while dying out, underwent a peculiar modification, and secondly, that while treating intestinal catarrh under the influence of the cholera epidemy, I came upon a really epidemic remedy, as will appear from the following:

CASE I.—Miss Marie Z., 19 years old, a quiet, robust, well developed blonde, was attacked with diarrhœa on the evening of the 12th of October. During the night she slept quietly, awak-

ing twice only on account of the diarrhoea. On the 13th the stools were pretty frequent, and accompanied with tenesmus and a high colic, the patient keeping to bed without appetite, but otherwise well. In the night she slept quietly, and the stools were much less frequent than during the day. On the morning of the 14th, right after awaking, the stools were very much more frequent, the patient became very sad, was anxious about her condition and very weak. While visiting her at 8 A. M., I found the temperature and the respiration normal, the pulse free, regular, strong but not hard, with 72 beats to the minute; the chest was free, the abdomen somewhat bloated, but soft, painless under pressure, but with fluctuation; the tongue coated a little at its root, otherwise normal. The patient gave the information that she had had a passage almost every five minutes, but in small quantity; I could not ascertain their color, as they never were inspected, but they were without smell, and were driven out as if coming out of a pump. I gave her a drop of *Opium* I , to be taken every hour. At 1 P. M. the condition was the same, but the arms and the cheeks were cold, and the patient was thirsty. The passages were perfectly liquid, of a greenish color, with flakes of dead epithelium. I ordered her to continue the same remedy, to be taken every half hour, along with a clyster containing three drops of *Opium* I , to be repeated in three hours, if needed. At 7 P. M. the condition was the same, only the last passages were nearly white. I now gave her *Veratrum* I , one drop every quarter of an hour. Under its influence the passages were less frequent, and had a darker color, and a stronger smell. She went to sleep at 10 and slept till 7 in the morning of the 15th without any passage. But she was hardly awake when the diarrhoea returned, and a quarter of an hour later vomiting appeared; the stuff vomited was liquid, greenish-white and slimy. At my visit at 8 A. M. I found her pretty much the same, only more spiritless, and complaining of headache and increased thirst. I ordered *Ipecac.* I , one drop every hour. At 12 I found that the vomiting had returned once more, the greenish-white, stinking, but liquid stools had been pretty frequent, the headache was still present, the cheeks, the forehead and the arms were cold as marble, and the fluctuation in the abdomen was caused by incarcerated gas, not by fluids. But strangely I found a feverish pulse, which was very full, and

numbering 80 beats to the minute. This symptom in connection with the others induced me to select *Rhus* 3. I put ten drops of this remedy in half a pint of water, and had the patient take a teaspoonful of this every five minutes. (See *Mat. Med. Pura*, symptoms 900, 901, 902.—A. A. R.)

I never saw a drug act like a charm as did this one. After the fourth dose, viz., in one-quarter of an hour, the pulse had fallen to 72, the temperature was normal, the thirst and the insipid taste were gone, the headache diminished, the mind was brighter and she had no nausea, no desire for stool. I ordered the same remedy to be given three more times at ten minutes' intervals; the pulse descended to 66; the headache disappeared almost entirely; the patient called for the chamber, but only passed urine, which was dark colored. Before leaving I bade the patient take two more doses of the drug at intervals of a half hour, then of an hour, till evening. At 8 P. M. I visited her and found her bright and entirely free from headache. The appetite had returned, the tongue was entirely clean, the pulse was 60, the whole surface covered with an agreeable moisture, the abdomen was sunken, the palms had a normal heat and moisture, there was no nausea, no diarrhœa, no tenesmus. During the afternoon fetid wind was often passed. She had a very quiet night's rest. On the 16th early menstruation appeared; the general condition of the patient being the same as the evening before. She felt very well, only a little weak, and complained of hunger. As she had had no opening as yet, I bade her keep to bed, take *Rhus* every three hours, and allowed her a weak tea with a little bread for breakfast, a rice soup and some chicken for dinner, and two soft eggs for supper. The night was perfectly quiet. On the 17th early she had no opening, but she felt quite well, only a little weak, and complained of hunger. The menstruation took its regular course, the abdomen was not hard, the pulse 60. I stopped the medicine, allowed the patient to be up for a few hours, let her have her regular fare with a little red wine. During the day she had a well formed passage, and on the 18th I dismissed her cured.

CASE II.—Mrs. Mary G., 55 years old, a widow of robust constitution, quiet temperament, with black hair and a brown complexion, suddenly got an attack of diarrhœa in the afternoon of the 16th. The stools were not copious, but very frequent, five or

six times per hour, accompanied by slight colic pains, very fluid, greenish, smelling but little. The temperature was normal, the tongue coated at its root, the abdomen a little bloated, not painful under pressure but fluctuating on account of water. The pulse was 74, which was the normal beat for this lady. She only complained of thirst. I gave her *Opium* 1, one drop every hour. During the evening the stools were less frequent, and the patient slept quietly during the night. On the 17th the condition remained unchanged, but the thirst was greater, and she had no appetite whatever; she felt very faint, did not like to speak, and laid in apathy the whole forenoon. The stools were not so frequent as the day before, but much more pale, almost white, and without smell. The same remedy was continued. When I visited her at night she told me that she often passed stools without being aware of it; therefore, I changed *Opium* for *Veratrum* 1, one drop every half hour. She slept pretty well during the night, awakening only twice on account of the diarrhœa. On the 18th early I found her in the same condition as on the day before, only that the back of the hands appeared cyanotic, and the forehead, the chest and the arms felt cold to the touch. The stools were very liquid, but bad smelling, and of the color of chocolate. The patient suddenly vomited during my visit: the vomited stuff was a white liquid mixed with slime. The vomiting and the modified stools caused me to change *Veratrum* 1 for *Ipecac.* 3, in dilution, two teaspoonfuls every hour. At 7 P. M. I found her cyanotic, her face, hands and arms cold, her features remarkably changed, the abdomen soft, but filled with rumbling gas, the pulse was 74 but small, no vomiting; the stools did not pass unaware any more, but were frequent, almost every hour. The patient had lain apathetic all day on her back; she shuns speaking, complained of exhaustion, thirst, tenesmus, confusion in the head, and sometimes noises in the ears. This array of symptoms made me feel really uneasy. But remembering the brilliant results I had obtained in the preceding case, which seemed to me to be similar, I decided to try *Rhus* before preparing the family for the worst. I dissolved ten drops of *Rhus* 3 in half a pint of water, and gave her myself a teaspoonful every ten minutes. In this case, too, the remedy proved wonderfully efficacious. After the third or fourth dose the pulse decreased to 70 and became fuller, the features

grew brighter, the cyanosis began to disappear, the face and the arms became warmer, and she passed wind. The amelioration continued steadily. After the fourth dose I administered the remedy twice at an interval of twenty minutes, then from half hour to half hour. At 10 P. M. the pulse was 60 and full, the thirst and the cyanosis had entirely disappeared, the body had its natural heat and moisture, the patient could raise herself up, and felt so well that she said if she were not sleepy she would like to get up and play at cards; no trace of nausea and diarrhœa. I left her to sleep, with the direction to give her two teaspoonfuls of the *Rhus* solution if she awoke. She awoke only once during the night to pass water, which looked like thick brown beer.

On the 19th early she was entirely well. The pulse was 60, the tongue clear and the appetite had returned. I ordered to continue to give *Rhus* every two hours, and in the afternoon every three hours, and allowed her light nourishment with a little red wine for dinner. She had no stool during the day but urinated often; the night sleep was calm. On the 20th the pulse was still 60, and the appetite stronger. I kept the patient in bed, bade her continue to take *Rhus*, but only every four hours, and allowed a more nutritious diet and red wine. On the 21st early she had her first passage; as it was well formed, I allowed the patient to get up and dismissed her cured.

CASE III.—Dr. H., a veteran of the homœopathic physicians of Vienna, sent me an urgent call at 9 A. M. on the 21st. I found in bed a very vigorous man of seventy, who told me that he had had a violent attack of diarrhœa three weeks ago, which had disappeared in a few days by merely keeping to bed and dieting himself; a constipation of several days followed the diarrhœa, whereupon the normal conditions had returned. But in the afternoon of the 19th he got, without cause, a diarrhœa, which so increased during the night that he decided to keep to bed on the 20th and to diet himself. Nevertheless the diarrhœa was so frequent during the day that he felt very weak towards evening, and he sent for another celebrated homœopathic colleague, who, being sick himself, and living in a distant suburb, begged to be excused, but from the description of the disease sent *Veratrum* 1. He promised to call next morning, but recommended me, if needful, since I lived not far from the patient. The diarrhœa did not give

way to *Veratrum*, which was taken all night long. He purged twenty times, at least, during the night, and vomited early on the 21st. Shortly after this, at 7:30 A. M., the colleague in charge had visited him and given him *Ipecac.* 3 instead of *Veratrum*, recommending again to send for me if he did not soon get better, since on account of his large practice, he could not see him before evening. But as the diarrhœa rather increased than decreased under the action of *Ipecac.* 1, and as the patient felt very weak and nauseated, he decided to send for me. I found the following status præsens: Head clear, features not changed, temperature and color of skin normal, only the arms and the cheeks cool, voice normal, tongue covered almost to its point with a thick, yellowish coat, the abdomen tense, painless, fluctuating, the pulse 80 and full (patient claiming that a pulse of 80 was normal with him), tenesmus, bad taste, no appetite and a violent thirst. The stools were bad smelling and painless, but the patient could not describe their color, as he always went to the closet.

The two preceding cases had put me on my guard, hence I soon had made up my mind after eliciting the above complex of symptoms. I considered this case as one of those peculiar intestinal catarrhs, which, as the two preceding ones had developed under the influence of the still prevailing cholera epidemy, and no other remedy than *Rhus*, which I considered the epidemic remedy, could cure it. As it happened that the physician in charge of the case was one of my intimate friends, I told the patient that I would change the remedy, and take it upon me to justify the change with my friend. I related the success I had had with *Rhus* in similar cases, gave him ten drops of the third dilution in half a pint of water, to be taken at first every ten minutes, and later at longer intervals, and promised to visit him again in a few hours. At 1 P. M. the patient told me that during my absence he had felt only once a desire for stool, but that he had no passage, only some wind. The face and the arms were of normal temperature, the pulse was 70; the edges of the tongue were already getting clean and rosy, the gas was rumbling in the abdomen, but the lack of appetite, the bad taste, the nausea and the thirst were still present. I bade the patient continue to take the *Rhus* solution, but only every hour. At 7 P. M. I visited him again. He had urinated, had passed much wind, the tongue was clean along

the edge, the pulse was 60, the abdomen not so tense, and the thirst was less, but the appetite was still lacking, and he had had no passage. I told him to take *Rhus* every two hours. The night was very good. On the 22d the tongue continued to get clean towards the root, the pulse remained 60, the abdomen was not tense any more, the bad taste and the thirst had disappeared; the patient had had no passage, but felt hungry. I kept him in bed bidding him take *Rhus* every three hours. On the 23d the tongue was entirely clean; the other symptoms were unchanged, but no passage; the patient complained of hunger. He now got *Rhus* every four hours, and was allowed soup and chicken. On the 24th he had the first passage, which was well formed. He got up and began to eat more and quit taking medicine.

CASE IV.—On the 26th of October, about noon, the father of the girl mentioned in my first case, sent for me. He was a strong, vigorous man of fifty, living very regularly. He told me that the evening before he had purged suddenly twice, and after sleeping well had purged four times again during the morning. The passages were accompanied with light colic and had color and odor, the pulse was 66, the tongue clean, the abdomen tense, the temperature of the skin normal. The patient claimed that the diarrhœa was caused by a perturbation of the mind. Being satisfied that this catarrh was connected with the prevailing epidemy, and that *Rhus* was the present epidemic remedy, I gave it at once in solution in hourly doses. The same evening all traces of the disease had already disappeared.

OTHER CASES.—During the month of October I had to treat nine more similar cases of intestinal catarrh, which were all cured by *Rhus* in a wonderfully short time.

Conclusion.

The epidemic character of these catarrhs is proven by their sudden appearance within a few days in different parts of a very large city.

From the description of the first case it is clear that I was led to *Rhus* only by the appearance of the feverish pulse. (In his Lesser Writings, p. 847, Hahnemann recommends *Rhus* in alternation with *Bryonia* in the consecutive fever of cholera.—A. A. R.) But by comparing the four cases described above, it is clear that

the symptoms of *Rhus* were not conspicuous in their total complex in every case, but came out singly in the one or the other case. From these considerations I believe that I am justified in my conclusion that *Rhus* was really an epidemic remedy in those epidemic intestinal catarrhs.

The following is translated from an article of Dr. Steus, of Bonn, published in the Vol. II of the *International Homœopathic Press*:

I was treating a drunkard for delirium tremens. After being cured of this trouble he suffered from a violent sciatica, which had its paroxysms at 4 o'clock every morning. At the same time the cholericine was prevailing, with its time of aggravation at the same early hour, and for which *Veratrum* was the specific remedy. This opened my eyes, and since I found a similar characteristic sciatica in the symptom picture of *Veratrum*, I was the more convinced that the sciatica was merely an effort of the *causa nocens* laying at the bottom of the epidemy, which in one case caused vomiting and purging, in another vertigo or confusion of the head with general weariness, but in this patient attacked the weaker part, the sciatic nerve, and caused the sciatica, but with the characteristic of the epidemy. I must here remark that he had long suffered of sciatica before, and, therefore, there was a disposition to this trouble on his part. This induced me to give him a drop of the 9th dilution of *Veratrum*, the remedy which had proved efficacious in the epidemy, rather than to give him *Nuxvom.*, which has a very similar sciatica, and which drug his intemperate habits might have indicated. He did not get another attack.

Dr. Rau mentions a case of dropsy, the sequel of a previous scarlet fever epidemy, against which he gave without success all the remedies usually employed against this disease, but which he cured with *Belladonna*, the remedy corresponding to this previous epidemy.

On the other hand, the unsuccessful employment of an epidemic remedy during an epidemy should cause us to look for other noxious elements at the bottom of the diseases.

For instance, Dr. Steus was treating a man of forty for chronic syphilis, which manifested itself in big, loathsome ulcers on his legs. These healed up gradually, leaving large bluish brown

spots with some small pimples of suspicious character appearing here and there. Suddenly, says Dr. Steus, he who had a pretty robust constitution and very good lungs, is attacked with a violent pneumonia, the cause of which was unbeknown to me. I gave him the remedies used at that time, at first *Aconite*, then *Antim. tart.*, but without the least success; on the contrary, he was getting worse from day to day, and the copious bloody expectoration with fever, general prostration, profuse sweat became so ominous and the disease was progressing so rapidly that the patient was in the greatest danger. What could be done? After considering the case from all sides, I became convinced that this was not a pneumonia caused by the prevailing epidemic influence, but that here the syphilitic poison remaining in the body was the noxious agent, although the epidemic influence may have played its part. After giving a few doses of *Mercur. corr.* 1 in trituration, a prompt amelioration followed, and in a few days he was completely cured of this dangerous disease. Bearing this precaution in mind, the consideration of the epidemic constitution and the search after the corresponding epidemic remedy is of the highest value for the therapeutics. This procedure is bound to increase our knowledge in regard to pathological causes and the effects of drug action.

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SOMETHING WE MAY NEVER KNOW.

The pathogenesis of *Natrum mur.*, by Hahnemann, in the *Chronic Diseases*, presumably obtained from the 30th potency, evidently excited skepticism when it appeared. "This substance," salt, writes Dr. Richard Hughes, a man who took nothing on faith, in his *Sources of the Homœopathic Materia Medica*. "This substance was reproved under the supervision of Dr. Watzke, a most competent observer, and with all his prejudices the other way. But he writes, 'I am, alas! (I say alas! for I would much rather have upheld the larger doses which accord with current views.) I am compelled to declare myself for the higher dilutions. The physiological experiments made with *Natrum muriaticum*, as well as the great majority of the clinical results obtained

therewith, speak decisively and distinctly for these preparations.'” The experiments referred to by Dr. Watzke were the provings by Austrian Homœopaths who doubted the pathogenesis of Hahnemann’s last work, the *Chronic Diseases*.

Probably no man did more to cast doubt on this book than did the late Dr. Richard Hughes, an honest man and a student. You can read between the lines that this book worried him; he had a very great respect for Hahnemann, was a staunch believer in Homœopathy, did great and valuable literary work for it, but it was necessary that he should be able to understand before he would accept. This position, indeed, is the one that at first sight every man will say is the only one to take, but if any one will reflect a little on the proposition, he will see that it is untenable; that as a matter of fact every man believes more things that he cannot understand than things he does understand. Every man believes that his heart beats and his lungs breathe but does he understand it? Does he understand whence and how comes the power of that perpetual motion continuing while life lasts? And life? Science has been chasing life as a kitten chases its tail from the days of the alchemists, and has not caught it yet—and never will. So you see there are things we see and know, but cannot understand or explain.

Hughes (Lecture II) relates how Hahnemann left Leipsic in 1821, and retired to Cœthen, where he remained until 1835, when he went to Paris to end his career. In leaving Leipsic he left his old life and methods. There followed years of silence. Then appeared the volumes of the *Chronic Diseases*, so different in many respects from Hahnemann’s previous work, that honest Hughes shakes his head. Before this, in the *Materia Medica Pura* days, drugs were commanded to be proved on the healthy, and nothing but the pure drug effects were to be recorded or accepted. Whence come these strange provings, if they be provings, of strange drugs? Hahnemann doesn’t answer. There they are and they worry the practical English follower of similia. Mostly the pathogeneses “are introduced without a word of explanation, and no fellow-observers are acknowledged.”

“He,” Hahnemann, “was between seventy and eighty years old, and it is hardly likely that he did anything in the way of proving upon his own person.” Hughes is, therefore, compelled to the

conclusion that Hahnemann drew these symptoms from observation of their effect on the many chronic sufferers who flocked to Cœthen in those years. How else? He may be right in this; who knows? Who can decide? If so, it is not the Homœopathy previously given, argues Hughes, and he reasons correctly from the premises.

Among these pathogeneses are many "strange drugs" but cut these out of your practice and what would happen? Yet they were introduced by an old man, without any explanation. What are we to make of them? There you are, up against what Hughes, the honest and careful student, was up against. The contributions in these pathogeneses "must be collateral effects of the drugs observed on the patients to whom he gave them. They must all, moreover, be supposed to have resulted from the 30th dilution; for since 1829 Hahnemann had urged the administration of all medicines at this potency."

And yet—and yet—"we are not justified, I think, in rejecting symptoms purporting to be obtained by infinitesimal doses of drugs." A correct conclusion for these have been tried and found true, as Homœopaths can attest every day in the year.

There is an unexplainable difference between genius and science. A man of genius once wrote the line—

The light that never was on land or sea.

Science would say "the only light we have is from the sun and stars. It cannot shine on any place but land or sea, for the earth is so divided. Therefore, the light above referred to is nothing." Yet this "nothing" haunts humanity and they see it, it deeply moves them, yet scientifically it is "nothing." Read the riddle.

Another man of genius wrote about "sermons in stones, books in running brooks." Science says: "Clearly an error; it should read, 'Sermons in books and stones in running brooks,' to be accurate." But the world laughs at this. Why? Science is quite correct, why laugh? You can see it but you cannot explain it.

There are many things in this world that we cannot know and among them is the method by which Hahnemann obtained the long symptom lists contained in his *Chronic Diseases*, which later provings, as far as they have gone, confirm. We know they are there and we know that "the test at the bedside" demonstrates that they are reliable.

FLUXION POTENCIES.

Editor of the HOMŒOPATHIC RECORDER:

In reply to a question directed to me by Dr. Boger in the HOMŒOPATHIC RECORDER for July last, I must frankly admit I do not know what parallel does he wish to draw between paragraph 276 of the Organon and any comments Bœnninghausen might have made on the Aphorisms of Hippocrates. Were he more explicit, or had I Bœnninghausen's book at hand, I might be able to give a satisfactory answer; as it is, I must content myself with saying that I have always found, not only paragraph 276, but 275 and 277, sound in principle; in fact, we all could be perfectly satisfied if every declaration of the master was as acceptable as those made in these sections. Much as I admire the labors of Bœnninghausen, in doctrinal questions, I only consult the Organon.

I hope, however, that Dr. Boger does not mean to say that in the paragraph he mentions Hahnemann is indorsing anything like those *pseudo-potencies*, prepared and compounded by means of graduated kettles, and diluted with impure vehicles, capable only by their constitution and character to create a mass of valueless application. Of course, one may choose to call a dog Napoleon, or a cat Cleopatra, but the name will not change their nature.

The student who may read this brief reply should bear in mind that in paragraph 277 of the Organon, which may be said to be the complement of the preceding ones, Hahnemann simply refers to those remedies of acknowledged therapeutic value, capable of influencing disease in a gentle, curative manner. His declaration here is plain and needs no explanation. The more we break the molecular cohesion of drugs the easier can we reach the damaged cells. All intra-atomic energy is derived from the demoralization of matter, and only the atom can penetrate the cellular plasma to become its component. But to try to raise higher in the scale of graduation already attenuated remedies of recognized merit by such spurious means and vicious technique is nothing but the delusions of a shattered brain or the manifestation of perfect ignorance.

"To attempt to prove, says Le Bon, that matter, formerly considered inert, is a revision of enormous energy, and the probable source of most forces of the universe, must be still shocking to

certain minds; just as it is offensive to all preconceived ideas to endeavor to show that the atoms of all bodies thought to be eternal are far from being so."

But "gods and dogmas, says the same authority, do not perish in a day."

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**A COMPARATIVE STUDY OF A FEW OF THE
COMPLEMENTARY REMEDIES NECESSARY
TO CURE, AFTER PULSATILLA HAS BEEN
WELL INDICATED AND PROPERLY
ADMINISTERED.**

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The study of *Pulsatilla* and a few complementary remedies will be of greater interest and far more useful to the trained physician, the Hahnemannian Homœopath, than to those who substitute one or more varieties of the palliative practice so common in modern medicine.

The allopath, or the so-called Homœopath, who prescribes like the allopath, will see little or nothing in this paper of value.

The eclectic, or the Homœopath who treats his cases like the eclectic, may also be unable to appreciate the fundamental truth so important in this discussion.

The surgeon, the X-ray electro-specialist, the osteopath, or the eye, ear, nose and throat specialists who largely give local and mechanical treatment to remove or correct malformations—the end product or results of disease—will regard this study as a "back number," and prefer something more "scientific."

However, the doctors who really want to be Homœopaths, and desire to give curative rather than palliative treatment, by selecting the remedy best indicated in each individual case, will naturally become the most interested auditors during the next ten minutes. The remedy "best indicated" for permanent curative results must be based upon the constitutional, individualizing symptoms more than upon the pathology and symptoms of the local disorders. The latter lead more often to palliation only by the removal of disease results, while the former lead toward a cure and the removal of the causes.

Pulsatilla is a peculiar and interesting remedy. Peculiar because presenting such a diversified and contradictory pathogenesis, and interesting because when well understood it ranks high with the drugs in the homœopathic materia medica for usefulness and curative results.

Pulsatilla being more superficial in its action than many other medicines will often be well indicated as the first prescription, and if properly used, and not abused, as it often is, will bring prompt and pleasing results to the patient as well as the physician. However, when the constitutional condition, presented by the symptoms, shows deeply seated disorder, whether due to a bad inheritance, an intemperate life or faulty environment, then the skill of a well trained, closely observing homœopathic physician is needed to select the complementary remedy required to complete the cure so well begun by *Pulsatilla*.

This is the place where the doctor, often thoughtlessly, brings discredit upon a good remedy, upon himself and upon Homœopathy, by the careless remark that "The remedy has failed." An indicated remedy does not fail in curable cases, when its sphere and limitations are understood, but the doctor often fails by expecting a remedy to do work not warranted by its nature and pathogenesis.

Pulsatilla has been thus abused by unskillful prescribers because when indicated in the beginning of the case they continue to give the medicine too often or too long, producing an aggravation and greatly confusing rather than curing the case. To know when a remedy is indicated is of great importance, but to discontinue giving when its limitations have been reached is quite as important, especially in chronic cases.

There are many peculiar and characteristic symptoms of *Pulsatilla*, but in this limited paper only three will be considered.

FIRST.—*Great sensitiveness.* Morally so sensitive that the *Pulsatilla* patient is easily shocked by wrongs done to a friend, a nephew, a neighbor, a community, a state or a nation by unjust treatment or legislation, hence a large majority of the ministers, prohibitionists and socialists are *Pulsatilla* patients, who are so sensitive to wrong doing that their sympathies are expressed in active reform work.

Mentally, this same nature is full of weeping, sadness, melancholy, etc., so sensitive to personal wrongs, pain or suffering.

Physically, so sensitive that the tissues of affected parts cannot sustain long pressure without causing discomfort, nervousness and pain. This is why the *Pulsatilla* patient will not endure the clothing tight about the neck, waist, wrists or ankles, and prefers to go without high collars, corsets, cuffs and high laced shoes.

SECOND.—The changing, wandering, diversified and often contradictory nature of the symptoms which so often puzzles the physician who sees only the pathology and tries to select a physiological remedy. Gross's "*Comparative Materia Medica*" gives more comparisons with *Pulsatilla* than any other remedy because of this well known characteristic.

THIRD.—The aggravation by heat and the amelioration by cold so pronounced in the remedy—fresh, cool air, cold drinks and food, cold bathing of the entire body or affected parts are demanded by the *Pulsatilla* patient. They make up the class most benefitted by open camp life, but sometimes the reverse of this is true of *Pulsatilla*. There are other prominent characteristics belonging to this drug, but the above will be taken as a basis for comparison within the limitations of this paper. These characteristics form a so-called "three-legged stool" for *Pulsatilla* in this study, and must be kept in mind while considering a few complementary remedies.

Attention will be first called to the remedies not commonly regarded as complementary to *Pulsatilla*, leaving *Lycopodium*, *Silica* and *Sulphuric acid* until later, if time permits, as they are recognized by all and well understood by most homœopathic physicians, as sustaining such a complementary relationship. Only a passing reference can be made to each remedy which will be more suggestive than exhaustive, and, I trust, be introductory to a profitable discussion.

Cyclamen is like *Pulsatilla* in that both are suited to anæmic and chlorotic patients, with almost identical menstrual irregularities, accompanied by similar mental states of melancholy and also mental derangement during the climatic period. Hering says: "The concurrence of these two remedies is very remarkable, want of thirst, nausea in the throat, disgust for fatty things, disagreeing of pork, sensation of fullness in internal parts, sore, bruised pain in external parts; both have the same aggravation at rest and

improvement when rising from a seat, when walking and from motion generally."

Some distinctions are well marked between these two remedies. *Cyclamen* has more thirst, is aggravated in the open air and ameliorated being indoors; in nearly all complaints the opposite of *Pulsatilla*. Farrington says: "The *Cyclamen* patients suffer from a peculiar kind of debility and torpidity, both of the mind and body with languor. They cannot think but are better when aroused and forced to exercise." This is true of *Cyclamen* in the morning, passing off through the day, while *Pulsatilla* is commonly worse during the afternoon, continuing into the night. Hering says: "*Cyclamen* lacks the over-sensitiveness of *Pulsatilla*, and generally also the sensation of numbness in suffering parts." *Cyclamen* differs in two of the characteristics previously named, great sensitiveness and the open air modality.

Stannum is a deep acting metal and is often indicated when the *Pulsatilla* patient is suffering from acute or chronic *sore pain*, especially of the chest, when the soreness spreads or extends from above downward. Instead of great sensitiveness like *Pulsatilla*, *Stannum* has intense soreness of affected parts where the tissues have been injured by inflammation or wounds. The mental state is like *Pulsatilla*, there being much sadness and weeping, and when present, with great *weakness* and *soreness*, will cure serious chest symptoms which will not be reached by *Pulsatilla*. The general weakness and soreness of affected parts will often suggest *Stannum*, especially in the *Pulsatilla* patient, who is developing pneumonia or tuberculosis. The two points of difference noted are, instead of the wandering pains of *Pulsatilla*, there are the sore spreading pains of *Stannum*, and instead of the general over-sensitiveness, the soreness of affected parts.

Lac caninum is to be thought of in *Pulsatilla* patients where the changing, wandering pains in rheumatism and kindred complaints are only palliated by *Pulsatilla*; especially is this true if there is a shifting and alternating from side to side. Many of our best prescribers have observed that *Lac caninum* follows *Pulsatilla* in rheumatism" where the characteristic wandering pains predominate.

The affected parts like *Pulsatilla* are very sensitive to touch and relieved by cold applications, thus in this remedy there is a

marked degree of agreement upon all three characteristics of *Pulsatilla* noted in the beginning of this paper.

Kali Sulphuricum, known mostly because it belongs to the group of Schuessler's remedies, is often well indicated after *Pulsatilla* has done good work, but the chronic state of the patient has not been changed to permanent health. This medicine has two deep and long acting drugs combined and potentized together, and when suited to a chronic case it becomes remarkably curative in its action if given at *long intervals* in *single doses*. Not being a well proved drug, but having more of a clinical record, it should be used with care and caution.

Like other combined metals and minerals not thoroughly proved, much confusion in chronic cases and harm to the patient may result if given when not well indicated, or too often, or for too long a time. This I know by testing some of them myself as well as to observe the effects upon others.

Dr. J. H. Clark, in his dictionary of *Materia Medica*, says, "*Kali sulphuricum* is Schuessler's *Pulsatilla*." Kent has written, "It takes up the work and finishes a complement to *Pulsatilla*."

While this newer unproved remedy has many symptoms like *Pulsatilla*, perhaps the most characteristic likeness is the modality, *warmth aggravates*, better in the cool, open air. "All complaints better in the open air," says one authority. It also has in a more moderate degree over-sensitiveness, especially to noise, with wandering sticking pains, conforming as much as any other remedy to the three selected characteristics of *Pulsatilla*.

However, unlike *Pulsatilla*, the patient is more irritable, apprehensive and anxious. Impatient, always in a hurry. Dreams of falling and of ghosts. I have been successful in a few cases where constitutional gonorrhœa, or sycosis, has been well marked, by the use of this medicine where the above symptoms predominated. For instance, the young married *Pulsatilla* woman who has been the victim of the young man who, after giving attention to his "wild oat" crop, has been cured of acute gonorrhœa by injections. When *Pulsatilla* does not cure such cases, think of *Kali sulphuricum*.

Thus far remedies have been considered which agree with the cold and warm modality of *Pulsatilla*, but other drugs having the reverse of this peculiarity are prominent complements. The *Pul-*

satilla patient so changeable and contradictory, as before stated, when in a condition of lowered vitality and faulty reaction becomes chilly and cold for a time; then, after the indicated remedy has prompted good reaction and the vitality has been restored, there will be a return to the original warm condition. It is not unusual for a patient under the influence of a deep acting medicine to shift back and forth in this modality for the reasons just stated and *Pulsatilla* does this very often.

In this cold state,—a lack of reaction,—is where *Lycopodium*, *Silicea* and *Sulphuric acid* will be needed, according to the symptoms, to complete or advance the cure started by *Pulsatilla*.

If, after one of these remedies has been administered, followed by a good response, the patient changes to a warm subject, then *Kali sulphuricum* or some warm remedy may be needed to complete the cure. The modalities as much, if not more than any other part of the symptoms picture, will guide the careful prescriber in the selection of the remedy.

There is one other condition of the *Pulsatilla* patient calling frequently for a complementary remedy, which will meet the chronic effects of mercury. This sensitive patient very often is made sick or continually ill, by this enemy to the human race. Even the presence of mercurial fillings or the pink (colored with mercury) plate in the mouth will sometimes prevent a cure until removed and antidoted as the symptoms direct. *Hepar*, *Natrum sulph.*, *Nitric acid*, *Lachesis*, *Sulphur* or some known antidote to the vicious poison of mercury may be called for by the symptoms. These are hard cases to cure and usually cannot be unless all mercurial exciting causes are eliminated.

Another condition, similar to the one just mentioned, is where the *Pulsatilla* patient has syphilis, in the later stages, and has been heroically treated with mercurial preparations until symptoms of rheumatism, neuritis, locomotor ataxia, etc., may have developed. In these cases mercury causes more of the complaints than syphilis, but both combined present a complication which taxes all the skill of the best prescribers. *Kali iodatum*, *Aurum metallicum*, *Phytolacca* and *Asafetida* may be added to the list given above because of the drugging by mercury more than the syphilis. Hahnemann observed this nearly one hundred years ago, and wrote exhaustively upon the subject, the same being compiled and published in his "Lesser Writings."

As before stated, this paper is more suggestive than exhaustive, and I fully expect the comments and the discussions to follow will add much of interest to this interesting study.

Chicago, June, 1909.

KALI PHOSPHORICUM; AN ANALYSIS AND A CHALLENGE.

By E. R. McIntyer, M. D.

A careful analysis of the provings of this remedy as far as may be, would seem to be of interest to the real student of materia medica, though it may not to him who sees no need for more than key-note symptoms, so-called.

The time of appearance of but few symptoms is given, but we find that on the second day there was increased appetite, which lasted until the fourth day. This was followed on the fifth day by loss of appetite, which lasted for thirty days, or throughout the proving. We are not told whether this was a real increase or only a sensation. This leads to the inquiry, what is appetite as applied here? Literally it would mean a desire for food, hunger. Then what is hunger? It is an outcry of the tissues for more nourishment. The sensation of hunger is in the stomach, but is reflected there because the stomach is the receptacle for food.

These two symptoms, following each other as they do, form the key to the whole action of the remedy, *lack of proper nutrition*. This points to the beginning and ending of its action. If hunger is a call from the tissues for better nourishment, and its sensation is sent to the stomach, it must have some means of reaching that organ, and this can only be by nerve fibres. Nutrition can only take place in the cells of the body. So far as nutrition is concerned, food is as much outside of the body when it is in the stomach as it was before entering the mouth. It must reach the cell and be incorporated into it before it can nourish. If the cell sends its call to the stomach, it must have a nerve connection with the stomach.

Then the second symptom, loss of appetite, must depend on one of three conditions: (1) Lack of ability on the part of the cell to make the call; (2) lack of power in the nerve fibres to convey

the call, or (3) lack of ability in the stomach to receive it. That is crippled cell action, interrupted nerve action or loss of tone in the stomach. If we were to consider the symptoms of the stomach alone we would be led to the conclusion that here is the seat of the primary trouble. But this would be misleading, because all the other symptoms point to loss of rhythmical action in the cells. And the primary increase of appetite points to irritation that causes a temporary increase in cellular activity. Now what controls cellular activity? That part of the nervous system that controls all action connected with nutrition, the ganglionic or vegetative. Then we are forced to look for the primary disturbance in this system, and in the cells of the central ganglia of it. This being true, the disturbing action cannot extend any further inward, and must extend outward toward the periphery.

That the loss of appetite, on and after the fifth day, was the result of lack of nutrition is shown by the fact that the provers lost in weight, one as much as ten pounds. What would we expect to result from the primary irritation and consequent overwork of the cells but depression and loss of function? This is just what we do get, as expressed in the loss of appetite. The cells composing the tissues are so disabled that they cannot send out the call for nourishment.

Since the cell function depends upon the sympathetic nerve supply of the cell the primary action must be in this system. And since the solar plexus and semilunar ganglia constitute the center or brain of this system, we are not unprepared for the other gastric symptoms, such as "gaseous eructations, sour liquid eructations after breakfast, gaseous eructations with nausea, relief from belching," etc., all of which indicate defective or deficient gastric secretions. If this constant irritation to the stomach continues for some time, the "soreness and tenderness of the stomach" is a necessary result.

With such disturbances in the great center or solar plexus, it requires no very fertile imagination to get the symptoms of the liver and spleen, since it can be sent out over the cœliac and hepatic plexuses to the liver, and the splenic to the spleen. And, while there is no record of jaundiced skin, this would be a necessary condition following the *continued* disturbance of rhythm in the hepatic cells. Neither is there any record of fatty stools.

But since the pancreatic plexus is so intimately connected with the hepatic; the function of the pancreas must be disturbed. And, therefore, it is altogether probable that the absence of this condition in the record depends upon the fact that the stools were not examined. And this leads to a very important deduction, namely, that if we know the anatomical and physiological relations of parts, we may be able to cure patients of symptoms that do not appear in the recorded provings of the remedy given, and know the reason for the same.

When we know that the superior mesenteric and aortic plexuses are formed of fibres which come directly from the solar, the latter receiving some fibers from the dorsal ganglia, and sends out fibers to form the inferior mesenteric, and that from the two mesenteric plexuses are derived Auerbach's plexuses, which control the peristaltic action of the intestine, and that Billroth-Meisner's plexuses, which control intestinal secretions, are but a continuation of the latter, we are not surprised that the intestine is "distended with gas" and the provers had "colicky pains in the hypogastrium, with constant rumbling in the bowels." Indeed these with all the other bowel symptoms are but necessary results of the loss of rhythm in these plexuses of nerves. The regular peristalsis is changed into a spasmodic contraction of portions of the intestinal walls, causing the pains, and the normal secretions are changed in quantity or quality or both, which permits fermentation, the consequent formation of gas, with the "offensive, noisy flatus," etc. The light colored pasty stools tell us of absence of bile in the stool, owing to hepatic disturbance.

The urinary symptoms are such as we would expect from the primary disturbance in the cells of the semilunar ganglia, if we remember that the renal plexuses are derived from the solar, that is, irregularity in quantity and quality of the urine as shown by the provings. The sexual symptoms follow the same rule of irritation, then depression, as expressed in primary increase of desire in the male followed by cessation or impotence, and in the female too early and prolonged menses and intense desire or delayed menses. The delayed menses should follow the other symptoms, and probably did, but were not so recorded. The disturbed rhythm in the solar plexus is transmitted over the other abdominal plexuses as already given to the pelvic, from which it

travels over the uterine and ovarian to the automatic menstrual ganglia in the uterus and ovaries, whose rhythm it disturbs, first by increased activity, and secondarily by depression of action.

This same disturbance in the solar plexus is sent out over the abdominal splanchnics to the dorsal and cervical ganglia, and from here over the cardiac splanchnics to the automatic cardiac ganglia in the walls of the heart, as indicated by the "palpitation of the heart with vomiting of blood." The last part of this symptom indicates disturbed action of the blood vessels of the stomach, permitting their rupture from overflowing consequent on increased cardiac action. We would expect to find this followed by a slow weak cardiac action, but this does not appear in the record.

With all these disturbances in the circulation, and the other indications of crippled cell action, we are prepared for "loss of memory, lassitude and mental depression, mental sluggishness, exhaustion after moderate mental effort, lack of attention, confusion" and all the other mental symptoms. But the mental symptoms could not be very early in making their appearance. We would expect them to follow the disturbances in other organs. And if they were recorded as appearing early I should be inclined to the belief that imagination played no unimportant role in the proving. Indeed almost the entire symptomatology given by one prover is the result of a fertile imagination. Symptoms that could not appear early are given as appearing in a few minutes after a young lady held a powder of a high potency in her hand. And no record is made by any one of the constituents of the excretions from the body, fæces, urine, perspiration, etc., before, during or after taking the medicine.

It requires one of two conditions to see the mental symptoms of depression during that stage of drug action when all other faculties are in a state of irritation, viz., a fertile imagination or ignorance of physiological action.

With the contents of the stomach in a state of fermentation and decay, we could hardly expect to find the mouth and breath in a very pleasing condition. And we read: "Offensive odor from mouth, tongue white, slimy tongue, putrid, bitter, sour taste, stinking breath, like rotten cheese."

The throat symptoms are the result of disturbed rhythm in the organs of circulation, with final loss of tone, which permits a

passive congestion with consequent changes in quality and quantity of secretions from the glands.

The symptoms in the back and extremities follow the general rule, stitching, severe pains during the stage of cellular irritation, followed by dull aching, soreness, stiffness and creeping sensations, numbness, etc., when the secondary depression appears.

The statement, "Lymphatic glands on back of neck swollen (fifth day)," is of doubtful importance, since if they were swollen at that time they were probably swollen before taking the drug.

The fever symptoms point to disturbance in the circulation in the caloric centres in the base of the brain. The highest temperature recorded was 102° . The time of this is not given, but it is recorded that it was 101° on the nineteenth day. And on the fifteenth day the record says: "Chills ran up the spine in the evening, continued after retiring, could scarcely get warm in bed." But we are not told whether the temperature was normal or otherwise at that time. Therefore, the question arises, was that chilliness simply a sensation, or was the prover really cold?

We are told that there was "general itching" from the fifth day throughout the proving; that the skin was dry, with little or no perspiration; that pimples and small boils appeared. But we are not told the time of their appearance. It is reasonable to suppose that the itching came first during the stage of irritation, and the pimples and boils appeared later as a result of loss of tone. The record tells us that the itching was worse from the sixteenth to the twentieth day, but whether there was any eruption at that time we are not told.

It is not unlikely that if we had a complete record of the symptomatology of this drug, we would find its indications occupying a much broader field than we have heretofore attributed to it. But from the very incomplete record we have, we are justified in classing it with our deepest acting remedies, because the first shock of its action is in the cells of the ganglion of the sympathetic symptoms, and its action extends from here toward the periphery.

I do not know whether any one reads the papers I write or not, or if they do, what they think of them. If they are not read or are of no use to those who do read them, I see no reason for

writing them. Therefore, I would be pleased to have some kind of expression from members of the profession, either condemning or commending them or rather the ideas I have tried to present. This in the form of published expressions in the RECORDER. Friendly criticism is always profitable. If I am in error I want to be convinced of it.

Chicago.

APOCYNUM CANNABINUM, AN ANTIDOTE FOR ALCOHOL POISONING.

By D. E. S. Coleman, Ph. B., M. D.

“Twenty drops of *Apocynum cannabinum* decoction in a tumbler of water will put an ‘old soak’ on his fee quicker than any other remedy.” (Elements of Homœopathy,” Boericke and Anshutz.)

This was my introduction to the use of this remedy in alcoholism, and my results with it have been gratifying to the extreme. Lately I have given larger doses than recommended above.

When I first see a patient suffering from acute alcoholic poisoning, I give him a teaspoonful of the decoction in a glass of water. Then I put three teaspoonfuls in a glass of water, and order two teaspoonfuls of this mixture to be given every half hour until I make my next visit. I repeat the teaspoonful dose in from six to twelve hours if necessary. I diminish the quantity of alcohol at the beginning of the treatment, mixing liquid peptonoids and water with the whiskey. In this way I am able to satisfy the craving and diminish the quantity of alcohol more rapidly than when whiskey alone is given. The liquid peptonoids act as a food also. Of course, the patient must never know of this substitution, and I have fooled some of the wisest and most experienced toppers in New York.

Briefly, the results are these: Patients who formerly took from three weeks to as many months on each spree, now are brought around in a few days. *Apocynum* also seem to stop the physical craving. If any craving does exist after the patient has sobered up I give teaspoonful doses of the decoction in a glass of water from two to four times a day until no desire remains. About a dozen cases so treated is my clinical record.

What is the *modus operandi* of *Apocynum* in this condition? *Simply antidotal*. It is a chemical antidote to alcohol as well as a physiological. This is proven by the fact that the decoction is much more efficient than the tincture, and dilutions run in alcohol are of no value.

I believe that the action of an antidote to the primary effects of a poison is in perfect accord with the homœopathic law. (See "Physiological Antidotes and the Homœopathic Law," read before the International Hahnemannian Society, June, 1907. HOMŒOPATHIC RECORDER, November, 1907.)—*The Chironian*.

CLINICAL EXPERIENCE WHERE HEART IS INVOLVED WITH *KALMIA LATIFOLIA*.

By Dr. Stiegele, Stuttgart.

The close relations existing between *Kalmia latifol.* and affections of the heart caused by rheumatism or connected therewith have long been recognized and are continually meeting with clinical confirmation. I myself have also had several opportunities lately of testing the efficacy of *Kalmia latifol.* in articular rheumatism with endocarditis. I would like to submit some proofs of it here. Altogether I have somewhat more than ten cases which by the prescription of *Kalmia latif.* were quickly cured. As there is a certain degree of uniformity in these clinical cases I shall submit only a few.

I. The first case which caused me to thoroughly prove the efficacy of *Kalmia* in similar cases was that of Mrs. C. M., who came to my office on the 26th of November, 1902. Two years before she had had an attack of acute articular rheumatism, and had received *Salicylic acid* in large doses without any effect. When she could not bear the remedy any more, *per se*, she received clysters of *Salicylic acid* also without any effect on the rheumatic fever. But now there appeared maniacal attacks which made it necessary to take her to the insane asylum at Tubingen, where these attacks were pronounced to be effects of salicylical poisoning. In the clinic these psychical and rheumatic symptoms gradually disappeared. Since that spell of sickness the patient has suffered from frequent violent attacks of palpita-

tion of the heart. Since the last two months they have appeared with greater severity. The hands and feet are swollen, she complains of violent pains. The palpitations are attended with severe dyspnoea, the appetite is diminished, the thirst augmented. The stools and menses are normal. The urine is dark with acid smell, free of sugar and albumen.

An objective examination shows a doughy swelling of the right side and the left hand, extending over the whole dorsal surface; so also both feet are painfully swollen in the region of the ankles; the dorsum of the feet has an œdematous shining appearance. In the heart are perceived loud diastolic bubbles; the right ventricle is dilated about three fingers' breadth. Prescription, *Kalmia latifol.* 2, five drops four times.

The patient reported that during the first two weeks while taking the medicine the swellings had disappeared, the palpitation of the heart and the dyspnoea also had much diminished, and the urine turned a lighter color. In the last week of the year (the Christmas pressure in the business) she overtaxed herself, her hands swelled again, but still she can attend to all her work. Also this relapse quickly yielded to *Kalmia* 2, three times a day, five drops.

This form, which was rather subacute, was followed in the summer of 1903 by an acute attack of the disease.

On the evening of the 29th of May I was called to see the patient, as she was attacked with renewed arthritic pains. Both the knee joints, the right shoulder, the right elbow and the right wrist were attacked. The urine was of a deep color. The heart symptoms were as they had been before. Prescription, *Kalmia* 1, three drops every two hours. The curve of the temperature gradually receded and with it the rheumatic symptoms, and this at a rate which, in comparison with its course during the former attack, was very striking. Since that time the patient has been well. By having some regard to the muscle of her heart she has not to complain of any trouble.

II. The second case was that of a man twenty-seven years of age, who came to my office on October 9, 1906. For the last six years (after passing through a siege of articular rheumatism while in the army) his heart has been affected. Within the last year he has noticed an aggravation; there is palpitation of the

heart after exertions, the pulse is very much accelerated, and it takes a long time before it comes to rest. The general health is good.

An objective examination showed a dilatation on the right side and a striking diminution of the sounds of the heart at the apex, especially in the first mitral sound. Prescription, *Kalmia* 3, five drops three times.

The patient appeared again in my office on the 10th of January, 1907, and reported a considerable improvement. The palpitation of the heart has altogether disappeared; he can undergo bodily exertions as formerly.

In April of the same year he was again taken sick with articular rheumatism. It was especially the right knee joint, the left ankle and the right shoulder joint which were affected. But after taking *Kalmia* 1, these rheumatic symptoms quickly yielded.

III. On August 15, 1902, I was called in to see a young woman. I found her left knee joint, the right hip and the joints of the left foot swollen. From the anamnesis it appears that she had had arthritical rheumatism already three times before, and from the last attack there remained an affection of the heart. Her former attacks had lasted six to eight weeks each. An examination of the heart proved a mitral insufficiency. On *Kalmia* 1 she was able to resume her work in two weeks.

IV. I was able to make quite a noticeable observation lately. A young lady who had for years suffered from a recurring tonsillitis, was taken sick in the beginning of May with an extensive and very painful swelling of the left tonsil and the peritonsillar tissue, which, after a few days, subsided again. A week later there appeared violent pains in the joints, first in the joint of the right foot, later in both the hips, both the knee joints, and the joints of the right arm. At the same time there appeared a systolic-distolic bubbling in the mitral valve with a sensation of oppression, a sensation as if the heart was too large and a slight dilatation toward the right side—the patient is suffering from a slight degree of congenital pulmonary stenosis. There was no improvement from the medicines prescribed on the first two days. It was only when owing to the frequent symptoms (tongue, etc.) *Kalmia* was given in alternation with *Bryonia* that the fever quickly subsided with an abatement at the same time of the

clinical symptoms. A parallel case I observed within the last two weeks.

V. A case of angina followed by arthritical rheumatism with septic complications ought to be described in connection with this. Mr. V., twenty-six years of age, was taken sick November 19, 1906, with severe trouble in swallowing, attended with fever. On examination there appeared a considerable redness of the tonsils with a veil-like coating, hardly visible, attended with a most profuse salivation. The general health from the very beginning was very bad. There was great prostration and sleepless nights.

On the 22d of November he was removed to St. Mary's Hospital. The pains in the throat were very slow in mending, so that we had to acknowledge that the use of the indicated remedies (*Belladonna, Mercur. bijod.*) had been ineffectual. On the right tonsil I found a great epithelial deficiency. Violent pains in the right shoulder joint and the joint of the left foot. In the following days, while the arthritic pains continued, endocarditis developed, an anxious sensation in the cardiac region, slight sounds in the mitral valve and the aorta.

November 25. The sounds in the heart could not be any more distinguished, only large bubbles were audible, there were stitches in the cardiac region and great oppression.

November 26. The inflammation communicates itself to the pericardium. On the base of the heart a considerable frictional sound is audible. The general health is very bad, the tongue much coated, it quivers as it is protruded for examination. The arthritic symptoms are unchanged.

November 27. The friction sounds are weaker, the dulling of the sounds extends on the right side to the right border of the sternum on the left side, two fingers' breadth beyond the mamilla; exudation.

From the 29th of November there was noticed a recession of the exudation and a diminution in the dulness of the sounds of the heart. The sounds of the heart are again audible, though not clearly. From this time on the arthritic symptoms were again more prominent, there also appeared puriform coatings of the tonsils. The curve of the temperature enables us to follow the alternations of the clinical symptoms, the times of relative relief

and the days of infectious relapses. The final recession of the temperature with the cure was simultaneous with the giving of *Kalmia* 1.

Now it is well known that slight attacks of arthritic rheumatism may heal in a very brief time, in the course of a week. But all the cases here reported were relapses, and the primary disease and the whole character of the attacks did not point to a rapid cure. Then, again, the reaction on this remedy was so strikingly prompt that I could draw but the one conclusion—these cases confirm the old indication of *Kalmia*—arthritic rheumatism with complication of the heart.

This specific relation to the changes in the heart may be shown, however, not only in an acute case, but it may be recognized in a much more striking manner where there is some relation of the ailment with preceding inflammatory symptoms of the heart separated by great interstices of time and rendered more difficult to trace. Thus Proell, who is acknowledged to be a close observer, relates an interesting case: A boy, 13 years of age, with mitral insufficiency, was suffering with headache and weakness of memory, so that he was about to be taken away from school. Proell cured him with *Kalmia* 1-3. There was in this case probably a disturbance in compensation, which was removed through the tonic effect of *Kalmia*.

In several cases in practice I have observed that *Kalmia* has an extraordinary effect in cases of muscular insufficiency which was due to awakened arthritic effects. American authors generally mention retardation of the pulse as one of the indications for *Kalmia*; but I found the remedy useful also in cases where there was an acceleration. If retardation of the pulse should be established as a characteristic for *Kalmia*, it may be that the endocardiac localization on the valve of the aorta (stenosis of the aorta) may be the organically specific characteristic. It may also be mentioned that the frequency of the pulse varies in diseases and in provings according as the primary or the secondary effects are considered. In the severe case last described, the relatively low number of pulsations throughout the disease was striking, it hardly ever rose above one hundred.

The original article is accompanied with a number of illustrations showing in all the cases the curves of temperature.—*Translated from Allg. Hom. Zeit.*

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EDITORIAL BREVITIES.

HOMŒOPATHY AND MYSTICISM.—A correspondent of the *P. C. Journal of Hom.*, who attended the recent meetings of the State Society, writes that he is not sure whether he is awake or in a dream, this state being caused by the numerous and marvellous results ascribed to homœopathic remedies reported in papers and conversations by the members, which cannot be explained on rational or scientific grounds; if these results cannot be so explained, the correspondent wants to know "where is the difference between Homœopathy and Christian Science or any other psychological cult, which thrives on the ignorance of its followers by infusing them with mysticism." He does not write in a hostile spirit, but he wants to know. Well, what is "mysticism?" It is something we do not understand; when we do understand any part of it that part becomes science. From this science we are apt to judge other things we cannot comprehend. Very simple tricks give a man the reputation of being a magician among primitive people. We are of the same stock, but we have mastered a little elemental "mysticism" and call it "science." Some scientific men are inclined to be skeptical and haughty, which, in view of the history of science, is rather absurd; the greatest scientists rather, and naturally, incline to mysticism, or rather take an affirmative and inquiring state towards it; they realize there are things undreamt of in our philosophy.

A man may not know how some of the apparently marvellous homœopathic cures are effected, but that they are is certain. If you take too much whiskey over a period of time you will see some curious things that others cannot see, and will say they are

all imagination. If you take too much *Phosphorus* you may see ghosts and other things. If you take too much *Aconite* you will be in horrible fear of death, and so with many other drugs. Sick people get into these curious states without the aid of drugs and by the great LAW, the similar drug will cure them—sometimes, not always. The whys and the wherefores are to the wisest largely a matter of mystery. “Whereas I was blind now I see,” said the one whose sight had been restored. He did not know how it had been done, but he knew the fact.

The science of allopathy is that of the microscope and the test tube, plus much vain theory. The science of Homœopathy is all this plus much that we know but cannot “scientifically” explain. Homœopaths report many cases that will not bear the light of critical examination, but there are countless other cases that will bear it, yet which cannot be explained; they are cases like those of the blind man. We see an enormous lot of effect in this world but deuced little of cause, yet we know there is no effect without its cause. To deny an effect because we do not know its cause is unscientific. In reality Homœopathy is a vast and, as yet, but little comprehended science. A large part of it is still super-science, but some day we will know.

A QUESTION.—The *Critic and Guide*, a journal with considerable red pepper in it, suggests a lot of questions for “a practical state board examination paper.” One of the questions, or orders, is “Give the address of a ‘homœopathic’ physician who practices Homœopathy.” Look in Polk’s Directory and you will find about 10,000 who do. The fact that a man gives a hypodermic for pain sometimes, or clears out overloaded bowels, or is led astray once in a while by some of the glittering, ephemeral, “strictly scientific,” or highly “eth-pharmaceutical,” products of the advertisers does not exclude him from the followers of the Law of Similars—every man makes mistakes at times. Some day, let us hope, learned men will learn what Homœopathy is; until that occurs what is popularly known as “medical science” will remain something of a mole—very industrious but not seeing much save that immediately before its eyes.

THE NEW LIVE STOCK ACT IN PENNSYLVANIA.—The last legislature passed an act amending and defining the powers of the

State Live Stock Sanitary Board. Section 4 prohibits any person from injecting or administering any substance "containing pathogenic or disease-producing germs" without "special permission" from the board or its agents. If the board will refuse all such permissions and abstain from such injections itself it will justify its existence. It is provided, however, that such substances may be injected into cattle for the purpose of producing vaccine virus for inoculating human beings. The same section also requires that all tuberculin sold for testing cattle must be reported to the board by the seller; also all such tests must be reported by the one making them. This indicates apparently that the board now realizes that such tests are dangerous. It might be very beneficial to the Commonwealth to abolish these "tests" and compel veterinarians to rely on some less harmful method of diagnosis. The injection of this product of a disease into the blood of any animal must be more or less harmful.

A NEW SPECIALTY.—If medical progress keeps up its pace there soon will be a crying need for word specialists, else last year's graduate will be writ down a back number by this year's man. At the meeting of the A. M. A. many changes were made in the make-up of medical terms. For instance, you must write "meiosis" for "myosis," unless you prefer "contraction of the pupils." You must write "sclopeticum" for "extormentorem pilis;" "aponeurosin" instead of "aponeurosim" and "pediculosis" for "pitheiriasis" (unless you prefer "lousy"). Change "Rigg's" to "Riggs's;" "morbus Bright" to "nephritis;" "rachitis" to "rhachitis;" "fracture non solidata" to "fractura perstans;" "united" to "persistent" (not "persistent we stand"); "Hamburyi" to "Hanburyi," and many more. Whether this is an emerging from bum Greek and Latin, or an evidence of advance, is a question you can settle for yourself.

A HEAVY DEATH RATE.—Probably there never was a medicine on which opinions differed as widely as they do about antitoxin. With many it is a specific. "I no longer fear diphtheria; I can cure every case with antitoxin," is often heard and read. Others, like Dr. G. F. Thornhill, view it differently. He writes (*Med. Advance*), July: "There is no doubt in my mind but what antitoxin kills more than it ever cured." He quotes the figures,

in part proof, given by the State Health Department of Texas, wherein it is shown that the death rate in that State from diphtheria was 66 per cent. last year. There is something about this queer thing that does not appeal to the average human being. To make it you must disease an animal, then nearly bleed him to death, and then squirt the product from this diseased blood into the blood of the patient. It doesn't seem nice, or really scientific. More like pow-wow.

THE TROUBLE.—“The trouble really comes from the fact that the honest practice of medicine is such a beastly poor graft. It is hard to make money out of legitimate practice, and some doctors with a genius for high finance simply can't 'stand for it.' For such as these there are various resources. A favorite one is to lay hold of what is valuable in homœopathic therapy and try to syndicate it. This has been done sometimes without the name and sometimes with it. Dear old Munyon long ago tried it, using the name, and he had his picture taken. (See daily papers.) A man named Abbott about ten years ago somewhere learned what Homœopathy could do by any other name, and he formed a stock company. He sells the stock and he sells the medicine, and he sells the journal that advertises both the stock and the medicine, and he sells them all within those precincts where the name of Homœopathy is eschewed by written agreement. He sells 'aconitine' and 'calcidine' and 'gelsemine' and 'colchicine' and 'vertine' and many other 'ines' in minimum doses to be given for the identical symptoms found in every homœopathic text-book. (See Abbott's advertising literature.)”—*The Clinique*.

A GENTLE HINT TO THE OLDER PRACTITIONERS.—One of these complained in an old school journal recently that the young men with autos and “fine fixtures” are displacing the older men; their success is attributed to this show. One of the young men comes back next month in a letter which, after citing a number of cases, concludes: “The older physicians will not be displaced on account of autos or office fixtures; but if they treat patients without examining them; if they are not up to date in asepsis; if with old age come sloppy offices, careless dress, lack of display of sympathy and interest in their patients; if they fail to keep up to date through journals, books, and occasional visits to colleges, then they shall and ought to be displaced.” He might have added,

Don't be too economical in subscribing to medical journals; they keep you in touch with things.

THE MODERN MINOTAUR.—“The public never has and does not to-day appreciate the real gravity of the venereal peril. Physicians themselves have only begun to appreciate it. The truth of the matter is that both by the laity and the profession the whole matter has been treated as a joke. We do not crack jokes about cholera, or yellow fever, or plague. The survivors of Messina, as they sat among their ruined homes, found nothing to joke about in that awful catastrophe, yet grown men are perfectly willing to crack jokes about a subject which involves the future of the race. They are satisfied with the most futile precautions against diseases whose ravages far exceed that of all the plagues of the world. We joke with death, but our children and our children's children pay the price. Is blindness a joke? Is permanent sterility a joke? Is the chronic and incurable invalidism which overtakes many a fair bride a joke? Are mutilating and disabling operations jokes? Is it a joke to bemire the very fountain of life and turn a sparkling fountain into a sullen and seething mud hole from whence shall issue all sorts of creeping and crawling deformities, and misshapen things of disease and woe?”—*N. Y. S. Jour. of Med.*

SWEET OIL IN SURGERY.—“Dr. J. F. Lee, of Rochester, N. Y., read a most interesting and instructive paper upon peritoneal adhesions and post-operative obstruction of the bowels. He related his experience with the use of sterile olive oil applied in the peritoneal cavity at the time of operation in these cases, and reported two instances where he had used it successfully when all other measures appeared to be hopeless. Prompt recovery followed in both cases. Since that time Dr. Lee has had experiments made which seem to show that sweet oil destroys bacteria or at least renders them inert. He strongly recommends the use of olive oil in the cavity in cases of tubercular peritonitis.”—*Clinical Reporter Notes on Detroit Meeting of A. I. H.*

DESTRUCTION OF SWEAT GLANDS BY ROENTGEN RAYS.—“The reports which we receive concerning the action of the X-rays on the skin are not always flattering and encouraging. Among the latest we must not omit that of A. H. Pirie, in whose experience

the use of the X-ray in its application to areas of skin over which the sweating is excessive resulted in the destruction of the sweat glands. We learn that six sittings are all that are required to accomplish this result. One each month and the use of the maximum dose that the skin will stand is all that is necessary. The sweat glands are the ones most easily affected by these rays in the entire body, and, in addition, are the ones most readily destroyed. By making efficient applications to the axillæ, not only are the glands destroyed but the hairs as well."—*American Journal of Dermatology*.

LEARNED WRITING.—A skin man recently wrote that "peliosis rheumatica resembles several forms of purpura and perhaps hemophilia, but these conditions have an absence of the pruritus and cedema." The skin editor commented on this. "The more we read on skin diseases the less we know." He politely failed to add, as A. Ward used to, "N. B.—This is sarkasm."

"QUACKS."—A doctor, J. L. Field, Jeffersonville, Ind., writes a letter to the *Medical Summary* on this subject from which we clip the following: "Quacks are getting to be numerous. We have 'Christian science healers,' 'osteopaths,' 'magnetic healers,' 'suggestion treatment,' 'faith doctors,' 'medico-physic' doctors (whatever that means), and not to forget 'eclectic' and 'electric' doctors." We are pleased to note that Dr. Field does not include the ancient and honorable order of homœopathic physicians in his list of quacks—for this is July and the weather is hot enough. He also pays attention to some in his own ranks, as follows: "Quacks are not found among men who honestly practice that system [allopathy]. It is only when some arrant quack uses it as a cloak to hide his impositions from the public. We have quacks enough who call themselves 'specialists,' and who are no better than any other well equipped physician." Dr. Field makes one strong true point: "While there is no profession about which men know so little as that of medicine, yet there is none on which men profess to be so well informed."

"TRAUMATIC NEUROSIS" QUESTIONED.—In discussing a paper on this subject at the A. M. A. meeting held at Atlantic City, Dr. A. C. Brush, Brooklyn, said: "I object to the term 'traumatic neurosis' as it implies a form of nervous disease due to injury,

and does not tell the real history. The use of such a term in medicine is proper, but when we come, as Dr. Gaver has said, to deal with the legal side of the question, it impresses both court and jury with the idea that there is a distinct disease due to trauma, and this leaves the claimants and their counsel at liberty to play on the fancy and increase the severity of the case in the eyes of the jury. In dealing with such cases in court, I absolutely exclude that term and characterize the condition at once as hysteria or neurasthenia. The jury all know what hysteria is, and they all know what nervous prostration is; but they do not know what traumatic neurosis is; and the result is that that term has done more to rob corporations, city railroads and others, than anythings else in the world."

BLEEDING.—Dr. W. H. White in a paper published in the *Clinical Journal*, London, on "Venesection" contends that there are still cases in which it is useful. He quotes Wilks's picture of the typical patient who needs it: "You see your patient sitting up in bed, the face, tongue and lips blue or purple, and the jugular veins starting out of the neck and often visibly pulsating, the heart beating quickly and perhaps a tricuspid bruit, indicating the gorged right heart and obstructed lungs; the veins of the body are full to bursting." Such is the old time picture of the patient who needs blood letting, and needs it badly, according to the leaders of medicine in the early part of the last century. If confronted by such a case the Homœopath might be puzzled—*Belladonna*, *Veratrum vir.*, *Glonoine*, *Opium*? but the right remedy would be better than venesection.

NEWS ITEMS.

Dr. C. Sigmund Raue, of Philadelphia, author of *Diseases of Children*, now in its second edition, is at present in Europe where he will spend three months chiefly in the study of his profession.

Dr. Robert Ray Roth has removed to Smyrna, Del., as assistant to Dr. Thomas C. Moore.

Dr. J. T. Biddle has removed from Monongehala to Washington, Pa.

Shedd's *Clinic Repertory* is being translated and published in Spanish.

PERSONAL.

If animals are "our lesser brothers" then we are all cannibals excepting the vegetarians.

Man laughs at the terrors of night when the sun shines again, but he hasn't changed.

"I stand in my place with my own day here."—Walt Whitman.

If the homœopathic organization becomes disrupted, the "regular" phalanx will sweep it away like an unorganized mob.

When a man proclaims his disbelief in drugs it proves that he does not believe in them, but nothing more.

A "quack" has been defined as "one clothed in a cloak of hypocrisy." Rather far-reaching!

John D. says happiness consists "in doing good to others." Binks says delete, three words, and you have J. D.'s idea.

They say it is wise to see your children as others see them.

Some say ptomaine poisoning is said to have largely increased since the enforcement of the Pure Food Law. Others say, "taint so."

"Don't make a nuisance of yourself by prating about modern science advancing," remarks an allopathic journal in a caustic mood.

Don't gas about medical science, demonstrate it, he means.

"I consider them beautiful from a scientific standpoint, but disastrous from a practical one."—Writer *J. A. M. A.* A perspicacious distinction between scientific and practical.

A writer asks "Is immortality desirable?" Don't fret, Mister.

The climate of Arizona is healthy for those who mind their own business.

If others do not appreciate you, pity them from the Olympian heights. It doesn't matter much, though, one way or another.

A "regular" says calomel will cure a broken heart.

The "typhoid carrier" is the latest scare of the microscopic doctors.

Those who write accurately write it "low," instead of "high," finance.

"Friend," after cheap advice. "What do you do for itching, Doctor?" Doctor, "Scratch."

"The syphilitic should have no rights."—*Exchange*.

"First remove the skin," says a recent author in treating of infantile ichthyosis. Heroic!

A man who wrote on "How to train children" recently bailed his son out of the pen.

A philanthropist advises the dwellers in the congested slums to buy 10 acre farms and move.

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“IMMUNE.”

Webster doesn't give this word, though he gives us “immunity,” from the Latin “immunis,” meaning “free from a public service.”

The Century gives the word, and marks it “rare.”

Dunglison says it comes from the Latin “immunis” which he translates “safe.”

Medical journals, and the newspapers now, use the word freely, so the foregoing authorities are “out-of-date” in the matter.

Well, we all know what it means, or think we do, which is quite sufficient.

But, after all, what does it mean?

The common idea in medicine is that if a certain thing has happened you won't “catch” a certain disease. The people have an idea that every one must have measles, whooping cough and the mumps, once, and after that are forever “immune” from those diseases. They once thought that every one must have the small-pox, hence to get it over and done with they had themselves inoculated with that disease. From this proceeding was evolved vaccination in which you have the disease in one spot on the arm (if you are lucky and it doesn't spread) and are then “immune.” This very old idea of making yourself sick, to keep yourself from getting sick of a certain disease, has spread lately, very rapidly among our allopathic brethren who now pronounce the practice “scientific.”

The science on which they base it is essentially just the same as that on which our forefathers based their inoculation of small-pox—you must have it, so get it while you are healthy and can bear it. Get the matter over!

The learned say that one attack of typhoid makes you "immune;" so they inoculate, or vaccinate, you for that disease, just as the people once did for small-pox. Not only for typhoid but the cry is for inoculating for all diseases; also the prevailing practice is to inoculate, or vaccinate, in about the same way for the cure of disease. Put the dead matter of disease into the blood to get well and keep well!

Whether there is anything more in this than there was in the old inoculation practice is a question. On the surface they look the same, though the modern instruments are more highly polished and sterilized, to prevent bad things getting into the blood. What happens when the "pure" stuff alone and undefiled gets in? What does "immune" mean? Is there such a thing as scientifically immunizing a human being?

The "pure," whatever it is, of typhoid, is put into the blood of a healthy man. We know it does not immediately make him more healthy and thus capable of resisting disease for those who perform the operation warn the patient that he must not be frightened if he feels so and so. Still the operation is said to make him "immune" to typhoid. Does the immunity consist in the departure from normal health caused by this, and other similar, operations? If so, a return to normal health will put him just where he was before. That seems to be inevitable.

Some one sent us a clipping the other day describing the operation of immunization against typhoid. It explained that it was "well known" that one attack of typhoid made one "immune" against further attacks and that the operation took the place of the one attack of typhoid. This is precisely the theory on which the old small-pox inoculation was based. The sender of the clipping penciled on the margin "I have had typhoid three times."

The whole matter really narrows down to the question: Is the old belief that one attack of a certain disease prevents any future attacks, true or false?

If it is true it follows that there must be something inborn in every one that must come out in the form of a certain disease, in which the artificially produced disease may answer the purpose as well as the naturally acquired one does. If it is not true, the artificial disease is a hurtful, useless burden put on humanity.

Taking it all in all it looks as though the homœopathic was the only scientific physician. He can read the remedy in the signs of the disease. He does not go about making his patients sick in order to keep them well.

HOMŒOPATHY THE OLDER SCHOOL.

Address As President of the Homœopathic Medical Society of Maryland, May 19, 1909. By A. P. Stauffer, M. D.

What Is Homœopathy?

“Homœopathy is the simple art of healing, unvarying in its principles, and in its methods of applying them. The principles upon which it is based, if thoroughly understood, will be found to be perfect and unassailable,” says Hahnemann.

Homœopathy is the science of therapeutics. It is not an uncertain and variable rule of practice, dependent upon clinical experience. Homœopathy is the system that cures more swiftly, more pleasantly and with better results than any system known. It is a science resting on the law of nature. It is a method of procedure which is invariable, certain and positively correct. It works in harmony with nature. It is the guide post that leads unerringly to the cure of disease, that which one can trust and depend upon in the moments of need. It is an empiric law—known as the law of similars—likes cured by likes.

The contention as to whether it is a law or rule of practice matters but little, for its working is not changed by the theories of men.

There is a law, no doubt, of healing. That law is the law of similars, but it gives no theory of drug action, but simply notices that what a drug will produce in the healthy, it will also cure in disease if the symptoms are similar. It does not differ, therefore, from other laws. No one can explain why the object falls to the ground due to the law of gravitation; neither can one explain the force of electricity—chemical affinity, or why the magnetic needle points to the pole.

How is it known that Homœopathy is a scientific system—a law of nature? In the same way that all scientists know their

working rule. The rule or law of Homœopathy is that likes are cured by likes, and this has been demonstrated clinically since Hahnemann's time.

While clinical demonstration is proving the law of similars, the bacteriologist is also demonstrating the law of similars. Dr. Wright by the opsonins has established the law by biological methods. He observes that in using bacteria of a diseased organ, especially tuberculosis, and after diluting by injection into a number of animals in succession to dilute it, and using this serum in a small quantity by injection into the patient cures the lesion. He observed that the serum, if given in too large a quantity produced aggravation or symptoms similar to the disease. He also observed that the minimum dose, 7th or 8th dilution of Homœopathy, not too often repeated, once or twice a week, produced the best results. His observations, therefore, reveal the law of similars, the single remedy, the minimum dose and the aggravation of a drug.

The minimum dose is the distinctive feature of Homœopathy. Hahnemann says: "The true physician will prescribe his well selected homœopathic medicine in a dose so small as to be just sufficient to overcome and extinguish the disease," and this dose must be so small as not to produce any ill effects to the patient. "For this reason," says Hahnemann, "too large a dose of medicine, though homœopathic to the case, will be injurious." The remedy, or dose, must, therefore, not be repeated, says Hahnemann, "until the remedy ceases to produce improvement."

With the small dose, goes the single remedy as another corollary of Homœopathy. It is reasonable that since each drug is proven singly, it must be used singly to cure. Alternation of remedies is not compatible with homœopathic dosage. "Combination tablets" have no place in the materia medica of Homœopathy. They are unproven, an unscientific commodity, and, therefore, worthless as a homœopathic prescription. They discredit the school.

The doctrine of individualization is another important tenet of Homœopathy and distinguishes it from all other systems of practice. This, with the totality of symptoms, is the link that forms the complete chain and is the foundation upon which all prescriptions are based.

Hahnemann says: "The totality of the symptoms must be regarded by the physician as the principal and only condition to be recognized and removed by his art in each case of disease, that it may be cured and converted into health."

What is Homœopathy? Homœopathy is not the practice of the careless or indifferent man. It is inconsistent with the clinical plan. Its followers believe in its philosophy, but are not dogmatic enough to believe there may be no other methods of cure. "Many lights thou hast kindled; by any of them may we find the path." Perhaps there are other laws of cure, but the homœopathist believes it is the only true and correct method of curing disease by drugs. Homœopathy is the law of nature recognizing the dynamic action of drugs. It is the mild and gentle, though elaborate and difficult system of treating diseased humanity. Homœopathy is the subtle force based upon the law of similia; its successful application depends upon the single remedy, the minimum dose, the totality of symptoms.

Homœopathy has no relation to pseudo science. It is the system that remains steadfast and unchangeable, not guided by the uncertain experiments on animal organism.

It is the system that believes in the power of the ion, the infinitesimal, or "the dynamic derangement of life." It does not sanction the fallacy that disease is an entity, a something to exterminate from the body with ponderable doses. It believes that disease is the manifestation of an inward process, a disturbance of the vital force. In curing disease it is the conservator of nature's powers and holds no communion with the method that depletes the system and interferes with the harmonious process of nature. It is that system of medicine that does not take the life before the kindly hand of nature bids the time.

What Has Homœopathy Done for Mankind?

To fully understand the beneficial influence of Homœopathy upon mankind, the medical condition prevailing at the time of its announcement is the best answer. Inhuman and heroic treatment served the day. Nature was never aided, the system was never fortified, but abused, tortured and robbed. Before the two last decades every patient was the victim of depletion; heartless cruel

and irrational treatment served the day. Such was the condition when Homœopathy appeared. It grew and broke down the opposition to it and undermined the impregnable school, and traditional medicine was compelled to recognize its power and influence. It stands, therefore, the champion of scientific medicine in the medical world and triumphs over the changed therapeutics of the dominant school. "It left its impression on the medical thought and raised the standard of medical practice in all schools today." "It gave impetus to other lines of investigation to benefit mankind." Science in all fields of knowledge recognizes the beneficial influence of Homœopathy and readily ascribes the meed of praise. It has greatly mitigated the suffering of mankind, softened the bed of sickness quickly, agreeably and pleasantly; shortened the convalescence, lessened the death rate, and for countless thousands made life worth while.

Homœopathy has taught the older school the worthlessness of its methods. It compelled them to relinquish human depletion and to forsake the cup, the leech and the blister. It compelled them to relinquish the large and poisonous doses in treating disease and to save the strength of the organism so that its function would be unimpaired in its performance. It compelled them to simplify their practice and to discard the heroic doses and get nearer nature in treating the sick. This fact alone, even if Homœopathy becomes a tradition in medicine, will immortalize Hahnemann.

Homœopathy instituted new methods of obtaining knowledge of drugs and in this Hahnemann was the pioneer and was the first, therefore, to require exactness and completeness in the minutest detail, antedating the exactness of laboratory methods many years. The system Hahnemann established requires the knowledge of the action of drugs on the healthy. No such knowledge existed at this time and he therefore undertook the stupendous task of proving drugs upon himself. This was a new therapeutic field and, without a chart or compass to guide, he led the way alone, giving himself a sacrifice for the cure and suffering of mankind, and though, notwithstanding the criticism his drug provings received, it was so well done that his followers have found but little to improve, save what chemistry and the microscope adds to the symptoms of drug provings.

Had Hahnemann done nothing more for humanity than this, it alone is sufficient to give him a place as the greatest medical genius and benefactor in the world.

Homœopathy has been foremost in dietetic and hygienic regulations in health and disease. Hahnemann lays great stress on these important adjuncts, who was the first in the therapeutic field to inaugurate them, and his followers have trodden in his footsteps. In these later days the dominant school regard these measures as their strongest aid in dealing with diseased humanity.

Homœopathy also gave to the world a long list of useful remedies that have stood the test of time and are curing conditions today that the same remedies cured 100 years ago. Therapeutically, Homœopathy occupies the highest position in medicine, and because of this fact its remedies are gradually being incorporated into the medical practice of all schools without due acknowledgment.

Dr. Dyce Brown, in an address before the British Homœopathic Society, in 1902, says, "That he found 71 remedies in the therapeutics of the dominant school that are used on the principle of similars."

If Homœopathy, therefore, is not a truth—a law of medicine—how could it be such a mighty force and tremendous power in medicine and benefit to mankind and be able to resist the tremendous forces that were used to destroy it? The persecution of Hahnemann and his followers is scarcely paralleled in history, and though, notwithstanding this persecution, they stood by their principles and time demonstrates their truth and great worth to mankind.

"In the beginning everything was against it: the college and pharmacy united to destroy it;" and yet today it is stronger than ever. There are more homœopathic physicians prescribing the single remedy than ever before; there are more patrons of Homœopathy than ever before, and a more determined effort to propagate its principles than ever before. It cannot be destroyed. "Measured by what it has resisted," says Sutherland, "it stands among the mighty. It is a truth that stands tested, unshakable in public and private esteem in honorable recognition."

What is the Therapeutics of the Dominant School Today ?

The therapeutics of the dominant school is in the most unsatisfactory and chaotic state. It has been so before and since Hahnemann's time and nothing was done to "elevate it to a science or to even dignify it as an art." The advent of Hahnemann, who announced new principles and methods, should have modified more quickly the whole field of therapeutics, but it did not. It is still the empiric school without a law to guide it. The dominant school has not found the road, therefore, has made very little progress during its 2,500 years of existence. They are still blind leaders of the blind. Dr. Osler, who but voices the authorities of his school, says: "He has faith in but four drugs," and these he'll not mention, for he is not absolutely sure of them.

What is the Status of the Dominant School ?

It is best answered by uncertainty and disbelief. In the great field of medicine, it has not kept pace with science along all other lines, and while they have accomplished much in the way of sanitation and hygiene, and make places unfit for habitation the abode of luxury and refinement and added greatly to methods of diagnosis and dietetics, etc., yet in the therapeutic field they have accomplished very little and have not met the expectations or requirement of the people, and this has caused, therefore, a growing distrust in drugs, a diminished confidence in the ability of physicians to cure diseases.

This distrust in drugs by the laity has developed in the country "a state of erethism which leads it to adopt any new therapeutic movement, no matter how illogical."

That accounts, therefore, for the growth of Christian science, the growth of the hygienist, the growth of physical culture, the growth of Emanuelism, and the growth of osteopathy. This growth is an expression of revolt against drugs, against the dominant school; and this revolt is growing notwithstanding the claim of scientific medicine.

There is growing, too, among the medical men a therapeutic agnosticism; a disbelief and rejection of drugs.

This agnostic spirit is manifest in every book of practice in the

older school, and every page is marked with discouragement, uncertainty and doubt. This disbelief in drugs, therefore, comes as a natural sequence.

Is it not a fact apparent to all observers that, with all the elaborate methods of scientific medicine (so-called) in the laboratory and clinical field, that the death rate in some diseases is on the increase, and that cancer, consumption and Bright's disease, the dreaded diseases, are more prevalent than ever? These facts are given in the last census reported by the Government.

What is the Hope in the Therapeutics of the Dominant School?

There is no hope for the people in the therapeutics of the dominant school. The endless experimentation with drugs all the years of its existence is practically useless. Their time and talent has been given to experimentation on the animal organism and while the results seem favorable and satisfactory from a scientific standpoint, when the same procedure is applied to the human organism the results are disappointing and most unsatisfactory. And as long as the dominant school ignores the human organism the mental and the moral forces in the study of drugs and depends upon pharmacist to elaborate a semi-proprietary therapeutics instead of using the large clinical field open to them, the death rate will increase and chronic invalidism multiply. There is scarcely anything in their system that has stood the test of time and what benefit the world reaps from their therapeutics is in accordance with the principles of Homœopathy. The mercurial treatment, which is greatly praised for specific diseases, is strikingly on homœopathic line. The same can be said of the anti-toxic, anti-tetanic and anti-rabic serums. There is a tendency, however, to forsake the failures of the past and to turn from 2,500 years of medical darkness.

What is the Trend of the Dominant School Today in Medicine?

Simpler medication is gradually changing the whole field of their therapeutics. The prescription of a dozen or more remedies is a relic of the past, and traditional medicine will soon be but a memory.

The trend of the old school is more and more toward Homœopathy, and little by little, slowly and surely, here and there, are absorbing the practice and principles of Homœopathy, and are advocating the doctrines that Hahnemann announced in the *Organon of the Healing Art*.

Century after century, the disease with which the patient suffered had to be known to be treated scientifically (so-called), but now that is less potent, and much more attention is paid to the patient. The uncertain knowledge of drug action which was obtained on the lower animals, by accidental poisoning of the human and by observation on the sick is gradually giving way to experimentation with drugs on the healthy human organism.

The Philadelphia Medical Journal says: "Many modern physicians have fallen into the habit of giving a single remedy and depending upon it."

Prof. Schultz, of the University of Griefswald, in speaking of the use of a single drug, says: "Before a drug can be used at the bedside at the fullest advantage, it is absolutely necessary to interpose the experimental use of it on the healthy individual."

Dr. Howard Fussell, at the last session of the A. M. A. in 1908, says: "That physicians should study their cases and not prescribe for the name of the disease."

Dr. Huchard, of Paris, says: "The organism profits and derives much benefit from the infinitesimal dose, our cells are more sensitive to the small dose."

Thus many quotations could be produced bearing evidence of the turn of the therapeutic tide toward Homœopathy, but this is enough.

We observe that the thinkers and the scholars of the dominant school advance the single drug, the proving of drugs on the healthy, the individualization of cases, and the minimum dose. Thus the spirit and influence of Hahnemann is shaping the thought of the medical world, and is cleansing and purifying and enlightening the path and pointing to the road that is leading to therapeutic light and success.

The tremendous forces back of the changes in the so-called rational school, a complete reversal of former position, is but the forerunner of a complete evolution of the therapeutics of

the old school. This force is the intellect of the school, students of Hahnemann, on the road to Homœopathy.

Dr. Cabot, of the Harvard Medical School, and Dr. Trudeau, of Saranac Lake; Von Behring, Koch, Roux, Huchard, Pasteur, Robin, Trousseau, all of Europe, recognize Homœopathy and some of them announce it to the world.

If homœopathists are not careful and hold fast to their mooring, many of them will be sitting at the feet of the dominant school learning lessons in the doctrines of Homœopathy.

The serums, anti-toxins and vaccines, of the older school, are similar to the nosodes of Homœopathy. They are isopathic in their action and are engaging the attention of the dominant school more and more, clinically. They are, therefore, working for the first time on a law of cure. The immunity treatment, of which we are familiar, is almost a complete appropriation of Homœopathy. It is so intertwined with its principles that their action cannot be explained on any other basis.

What of the Serums ?

The serum treatment of the dominant school, the product of a disease to cure a disease, is of vital concern to us. They are similar to the nosodes of Homœopathy, which antedates the serum treatment a number of years.

Dr. Clark, of London, says: "Homœopathists are untrue to their trust, if they allow the so-called orthodox party to exploit their principles, make use of them in a violent manner, and carry off the credit of such result as they obtain. The injection of animal solution called serums into patients' blood current is to my mind a violent proceeding, and it is quite unnecessary since the use of homœopathic infinitesimals is open to all. The curative effects of the nosodes can be obtained without violation of the organism from which they are obtained."

Drs. Burnett and Clark, of London, have demonstrated beyond the shadow of a doubt the efficacy of the nosodes, especially in tuberculosis and cancer, and if homœopaths believed less in material and ponderable doses and more in dynamics and infinitesimals, the experience would be similar.

If energetic and ambitious efforts are not exerted by our able

men of our hospital staffs all over the country, where clinical material is available to demonstrate the power of the nosode, it will be done by the older school and will, therefore, reap the honor.

Dr. Inman, in the London Lancet, says: That *Tuberculin* given by the mouth, rectum or subcutaneously, and though the dose is dissimilar, the opsonic curve and temperature charts show that the same effects are produced.

It remains, therefore, for the homœopathists, to press the internal treatment in these so-called bacterial diseases and thus replace the method that is fraught with so much danger to the organism.

In conclusion, let me ask: Is Homœopathy true to its principles and tenets? It seems that while the dominant school is getting tired of drugs and leaning our way, homœopathists are beginning to stray out of the field into strange pastures. What has caused this mistrust and disbelief in Homœopathy which is as perfect and unassailable as the day it was given to the world? Polypharmacy, the combination tablet, has crept into its therapeutics and has absolutely displaced the *Materia Medica* of many of its members and made it a sealed book to the man when he needs its truth the most. Polypharmacy has made him an indifferent and unsuccessful prescriber, and he blames it, therefore, on the system when the fault lies in the lack of knowledge and he thus floats and flounders on the waters that lead to failure and despair.

The time is here, therefore, for homœopathists to get back to the simple principles, follow the footsteps of the masters and practice pure Homœopathy. The time is here to strike hard for its principles and practice and to quit apologizing for being a representative of the system. It is time to give up the combination tablet and the semi-proprietary medicine of the pharmacy. It is time to drive from the field the vendors of combination tablets and to crush out these foes who corrupt the young men with false doctrine and damnable hope. It is time to study the *Materia Medica*, the best—though not perfect—in the world. It is time to study the *Organon*, the soundest medical doctrines ever announced. It is time to recognize the totality of the symp-

toms upon which to base a prescription. It is time to assert that a disturbed vital force is the cause of disease. It is time to prove that an infinitesimal will set it right.

If we do this, Homœopathy will be the leaven of all therapeutics; will be the light of all medical paths; the hope of all mankind. Will we be true to our philosophy, true to our traditions, true to our founders?

Then Homœopathy will reign and the victory and reward will be ours.

COMMENTS ON HOMŒOPATHY.

By E. Fornias, M. D.

Homœopathy Under the Hammer of Allopathy.—"It is too late in this day of scientific medicine, says Osler, to prattle of such antique nonsense as is indicated in the 'pathies.' We have long got past the stage when any 'system' can satisfy a rational practitioner, long past the time when a difference of belief in the action of drugs—the most uncertain element in our art—should be allowed to separate men with the same traditions, the same hopes, the same aims and ambitions. It is not as if our homœopathic brothers are asleep; far from it, they are awake—many of them at any rate—to the importance of the scientific study of disease, and all of them must realize the anomaly of their position. It is distressing to think that so many good men live isolated, in a measure, from the great body of the profession, the original grievous mistake was ours—to quarrel with our brothers over infinitesimals was a most unwise and stupid thing to do. That we quarrel with them now is solely on account of the old Shibboleth under which they practice. Homœopathy is as inconsistent with the new medicine as is the *old-fashioned polypharmacy* to the destruction of which it contributed so much. The rent in the robe of Aesculapius, wider in this country than elsewhere, could be repaired by mutual concessions—on the one hand by the abandonment of special designations, and on the other, by an intelligent toleration of therapeutic vagaries which in all ages have beset the profession, but which have been mere flies on the wheels of progress." (*Counsels and Ideals*. Carnac., p. 116.)

NOTE.—Good for Osler, but how about the others. Read the following :

* * * * *

The great scholar, Lander Brunton (*Effects of Drugs*), asserts, that a small dose may have an entirely different effect from that of a larger dose. For example, he says, a very small dose of *Atropine* may slow the pulse, a very large dose may quicken it and will quicken it, and an enormous dose may slow it again, but the effect of the drug in these three cases is different. The first slowing of the pulse is due to stimulation, probably of the vagus roots, and the second quickening to paralysis of the vagus ends in the heart, while the third slowing is due to weakening of the cardiac ganglia. He gives as a general rule, however, that while small quantities of almost anything may stimulate, large quantities will paralyze, and this holds for food, for exercise, for mechanical stimuli, and for drugs. So that you may say that if a drug in very full doses has any effect, quite small doses will have a different effect, very often the opposite, what does not hold good for *Atropine*.

“It has been formulated by Hahnemann—and the rule is known in homœopathic parlance as *Similia Similibus Curantur*. If any drug produce symptoms similar to those of a disease, that disease, said Hahnemann, will be cured by that particular drug if administered in doses smaller than those that would produce the symptoms of the disease. You see, however, that practically this rule comes to the same as *Contraria Contrariis Curantur*, and that he was simply in administering the smaller doses giving drugs which produced an opposite effect to those caused by the disease, because the drugs in different doses produced different and contrary action.”

Speaking of *constipation* (p. 431, *Actions of Medicines*), he claims that *Belladonna*, in very minute doses is sometimes efficacious. “I believe it is in such cases as these that homœopathic practitioners have a great advantage, because they begin with such exceedingly minute doses that they are not likely to overdo the effect of the drug, and so they may work up and get the bowels to act regularly.”

NOTE.—Is this not inconsistency in a man who claims so much. Fortunately things have wonderfully changed since Brunton made these assertions. Every recent research carries with it the imprint of Similia, and small doses of the single remedy are no longer subject of derision.

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Speaking of *Suggestion* the distinguished Brunton comes out with other weak remarks about *Homœopathy*, which he classes with *faith-cure* and *Mattei System*. He says: "Another plan of treatment, which may be regarded as in great measure one by suggestion, is *Homœopathy*, which is exceedingly good, especially for supposititious diseases." "Homœopathy is practically, in many instances, a method of faith-cure. But it is not always so, for some of the homœopathic drugs are excessively powerful. Some of these preparations and more especially those of *Aconite*, are not things to be tampered with." (Is this ignorance or malevolence?) "But some of their drugs, such as *Carbo vegetabilis*, which is simply vegetable charcoal, so much attenuated by admixture with sugar of milk that there is practically no charcoal in it, can have no action except through the imagination."

It would be pertinent here to ask this savant: What has become of the charcoal during the process of attenuation? He himself claims *Charcoal* to be a useful remedy in *dyspepsia*, and more efficacious in the powder form. Why in the powder form? He states, "how it acts one really does not know, but at all events charcoal very frequently serves to give relief to a patient who is suffering from dyspepsia, especially when this is associated with a large amount of flatulence."

NOTE.—Brunton does not tell us in his work, "*On the Action of Medicines*," anything about polypharmacy, the put-up and cramming of drugs of different effects, and I think he could have done better for himself and the school he represents by letting Homœopathy alone and giving the student of therapeutics the origin and actual value of polypharmacy.

* * * * *

But the most nonsensical outburst of Brunton against Homœopathy, is the following: "The great objection to Homœopathy is that it gives you, as a rule, to be universally trusted,

a rule which is false, and which will not hold in every case. The best way of convincing oneself of the insufficiency of any such rule as this is to take one of the largest homœopathic text-books and look through it. When I was a student I thought homœopaths were badly treated. I was rather fond of working at *Matéria Medica*; I read a good deal about it, and thought that, as many drugs did actually cause in larger doses different effects from what they produced in smaller ones, there might be a good deal of truth in the homœopathic doctrines. At one time I proposed to read a paper before a students' society in defence of Homœopathy, and if I had only read the books that abused Homœopathy I have no doubt I should have read the paper. But, unfortunately for my purpose, I began to read up some homœopathic text-books and one of the things I came across was this:

Treatment of a Stillborn Child. Take a small bottle of "some particular tincture—I forget the name" (but not the fact, wonderful!) "and put 5 drops of the tincture into a glass of water, and put 5 drops of this mixture upon the tongue of the child every 5 minutes until it recovers." This reminds me of my students days in Germany, when, for the first time I heard the saying: "I am the Doctor Eisenbard, I cure the people according to my art, I make the blind walk and the lame see." Dr. Brunton is certainly joking, for he could hardly afford to accuse any homœopathic physician of such fallacy—unless he belongs to the class of infallible allopaths who think grey matter can only be obtained by following the precepts of tradition and empiricism.

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"If you wish to convince yourself of the defects of Homœopathy," says Brunton again, "I recommend you to read *Duncheon's 'Cyclopædia,'* in which you will find pages and pages devoted to a description of the symptoms produced by *Aconite*. You will there see that it simply produces all the symptoms under the sun, and that you can choose it for any disease or for any group of symptoms, and you can also use it for the opposite group of symptoms, because it not only produces one set of symptoms, but also their exact opposite."

NOTE.—Is this erudition or ignorance? We can assure the critic that when his book "On the Action of Remedies" be buried

in obscurity, and the age of arrogance and assumption has ceased to exist, Homœopathy will still be found resting upon the solid pillars of Similia, the single remedy and the minimum dose. "Truth," says Jousset, "has an attraction to which, finally, all the most tenacious prejudices must yield."

I cannot help thinking that only ignorance of our system could have led an otherwise well-read physician, like Brunton, to make the silly assertions he has made about Homœopathy. Dungeon's Cyclopædia, Hahnemann's *Materia Medica Pura*, in fact, all our *Materia Medicas* contain *verbatim* the expressions of the provers, but there is not one tyro of our school who does not know how to extract from the symptomatic polyformisms of our records what he may want or need to individualize his cases, for we treat patients and not diseases. There is not one either who cannot outline the leading features of the proven drugs, who cannot separate the essential from the contingent, and thus ascertain, study and apply each one of our remedies to the treatment of disease.

Was Brunton not aware that we have condensed *Materia Medicas*, where he could have found what he wanted, without being scared at the magnitude of our records and compelled to drop the subject, he says, he had at heart?

However, Dr. Brunton can still learn from one of his compatriots the reason why we keep the original records of the provers.

"Every thoughtful physician," says Schofield, "knows the real illuminating value of letting a patient describe his symptoms in his own language, however quaint, and how he learns thereby more of the inner working of the disease than by the most cunning phrases which he puts into the patient's mouth." I wonder if Dr. Schofield knows that homœopaths have been doing this for the last hundred years.

* * * * *

"The curious thing about it," persists Brunton, "is that Homœopathy was founded upon observed facts erroneously interpreted. The way it came about was this: Hahnemann suffered from ague at one time. He had not had an attack for some years, but one day he thought he would prove the effect of *cinchona bark*

upon himself. He took a whole tablespoonful of *cinchona bark*. Other people have taken a tablespoonful of *cinchona bark* and found it act as a very active irritant to the stomach, causing violent vomiting. Hahnemann apparently did not vomit, but he got a violent rigor and well-marked ague fit." (All this is incorrect and shallow.) "This return of ague after it has been absent for some time is a thing that is well known to every one who has had to do with the disease. An ague fit in many patients may be brought on by any strong irritation, and if Hahnemann had taken mustard and water or anything else equally irritant the result would very likely have been the same. But having taken *Cinchona*, he said, "*Cinchona* is a remedy for ague, and in me it has brought on the disease; therefore, *Cinchona* being the remedy and having brought on the disease, a small dose of a drug which produces certain symptoms will cure the same symptoms when they are caused by disease."

NOTE.—The singular thing about it is that Brunton, a man writing on drug-action, could have lost his balance so easily. His assertions reveal either ignorance or malice. He has cunningly combined truth with sophism to confuse his readers. It is pure sophistication, a corruption by mixture of facts and inventions. Even his confreres must have taken his remarks as a joke, for certainly many of them know the history of *Cinchona*, and how this plant is connected with Homœopathy. He would have served a better purpose if he only had told us why *Calisaya* was called *Cinchona*, and what is the origin of this name.

It is a historical fact that the name *Cinchona* was given to *Peruvian bark* in honor of the Countess de Chinchon, wife of the Viceroy of Peru, who was the first prominent person who was cured of ague by the use of this bark, in Lima (1638). For many years, long before Pelletier and Caventon discovered *Quinin*, the *Cinchona bark* was medicinally used in the form of a powder, which being sent to Europe by the South American Jesuits was commonly known as *Jesuit's bark*, or *Peruvian bark*, and also as *Quinquina bark*, from the tree being called *quina-quina*, or bark of bark, by the Indians, by whom its virtues were communicated to the Spaniards. A great deal of nonsense has been written about these virtues, but only in the Spanish Archives

is a reliable history of this plant to be found. A historical fact, very important to Homœopathy, is that the Indians, when exhausted by toilsome labor or drudgery, in order to get a needed rest without suspicion, prepared and took a decoction from the bark, with the result that a morbid state was always produced similar to an attack of ague which gained for them the desired rest. It was this early practice, published by Cullen and others, that gave rise to a revelation for the working out of a doctrine that had been occupying Hahnemann's attention for some time. He compared results, made analyses, and finally came to the conclusion that *Cinchona* really overpowers and suppresses *intermittent fever*, chiefly by exciting a fever of short duration of its own.

Cinchona, then, came to him with the reputation of curing *ague*, so he naturally proceeded to verify the claims others had made by pure experimentation on the healthy human organism, thus laying the corner-stone for the "*Temple of Similia*." The proving of this drug is one of the most thorough Hahnemann ever made, and the pathogenesis, with valuable prefatory remarks, appears in the "*Materia Medica Pura*."

But how things have changed since; even among our opponents, are now ardent defenders of the *small doses of Quinin* in place of those usually used to combat severe cases of *malaria*.

Dr. Fuster, of France, and Dr. Bertin, of Algiers, claim that one can successfully treat severe cases of malaria with *small doses of Quinin*, without exposing the patient to drug intoxication, such as have resulted from large doses, especially when prolonged. And no less an authority than Prof. Plehn, of Germany, considers large doses capable of producing serious results. He has called the attention of the profession to a *toxic neurosis of the heart*, characterized by frequent and irregular palpitations, and resembling that produced by the abuse of tobacco, and observed sometimes in malarial patients returning from tropical countries. Then we should remember the action of *Quinin* on the liver, spleen, brain and blood, and the fact that when given in *large doses* alters the blood-globules, while, when given in *small doses*, it only kills the parasite.

No less unreliable and debatable are the last assertions of Dr. Brunton in his tirade against Homœopathy (*page 37, Action of Remedies*), for he says: "Hahnemann next went on to develop the homœopathic doctrine in the form of giving not only smaller doses, but further preached reduction and reduction until the dose was reduced almost *ad infinitum*. In favor of this he brought forward the fact that if a small quantity of *Mercury* be triturated for a length of time it becomes more and more powerful. He had not taken into consideration the fact that if you triturate mercury (*which salt of Mercury?*) for a long time you alter it, and you produce instead of the mercury a mercurious and afterwards a mercuric oxide; so that upon those two errors he founded the whole of his system."

After reading all this, one cannot help but say, without fear of contradiction, that Dr. Brunton's series of unfair declamatory abuses are full of inaccuracies and absurdities, incredible in a man of his ability and standing—unless, of course, his jabbing was destined to humor vasculating students and prejudice them against Homœopathy. What has become of innumeral predictions of our end made by our enemies since the time Hahnemann, who, like the old man of Cos, was persecuted and tormented, not only by the rival schools of those days, as it was the case with Hippocrates, but by a host of ignorant druggists, who saw, in self-prescribing, the ruin of their much disputable prerogative and business?

If Dr. Brunton, while addressing his students, had said: Homœopathy is a system of therapeutics, one hundred years old, claimed by his followers to be based on the *Law of Similars* and to have as unavoidable precepts: *pure experimentation in the healthy human organism, the single remedy, and the minimum dose*, he would have told them the truth. And, had we been invited to say something more in behalf of our system, we, of course, would have told the students, that what constitutes the homœopathicity of a remedy is not its bulk, but the symptomatic relation it bears to the disease, to which it is applied; also that as our remedies produce the symptoms they cure, we are obliged to avoid unwelcome aggravations, to give them in doses beyond the scale of disturbing action, and finally that the precepts men-

tioned are with us imperative, and stand and will stand as solid pillars to support the superstructure of our imperishable doctrine. *Homœopathy*, like all sciences, has its limitations, but it has eternal life. For the sake of truth we could have told more things worth knowing, but we would not have been understood by untrained brains.

And now it behooves us to tell Dr. Brunton the kind of man he has been criticising, either through ignorance or preconception, for he seems to know very little of Hahnemann.

Every educated physician acquainted with the history of medicine, knows quite well that Hahnemann was a chemist of reputation and held official positions in his country as a chemist, and no one could doubt his medical knowledge and education. He was the only one living, at his time, who practically undertook pure experimentation on the healthy man, and the self-sacrifices he made to obtain a knowledge of the *action of drugs*, are the most brilliant gems of his crown. These labors alone make of him a superior man; but he was also the first to break the molecular cohesion of remedies by his processes of trituration and succussion, to establish *Similia* in practical solid bases, and to point out the routes modern science should take to keep on progressing and reach its destiny. And, certainly, Osler knew what he was doing when he said that Homœopathy has contributed so much to the destruction of *polypharmacy*.

It is not possible that a man with such stock of knowledge, especially chemical knowledge, could not have known what to do with a drug himself discovered, for I have no doubt that the *Mercury* alluded to by Brunton is the *Mercurius Solubilis Hahnemanni*. But this remedy was not prepared by Hahnemann by trituration and solutions, as the other twelve salts of *Mercury* used in Homœopathy. Sugar of milk and alcohol did not enter into its composition; it was made as follows: He first dissolved the *Mercury* in *Nitric Acid* in the cold. The difference of solubility of mercury in heat and cold was not as yet known to chemists. Professor Hildebrand even wrote in his exhaustive treatise, "*On the Solution of Mercury in Nitric Acid*:" "A saturated solution can only take place with heat." "Hahnemann tried to obtain *pure metallic mercury* from a solution of

the sublimate by means of metallic iron. The mere mechanical process of refining by squeezing through leather did not content him. He dissolved *mercury* thus obtained by *Nitric Acid in the cold*, allowed the salt to crystallize, washed the crystals with a very small quantity of water, and dried them on blotting paper." He thus obtained a *pure nitrate of the oxide of mercury*, which is the salt proven on the human healthy organism and which is still retained in the German pharmacopœia. Even 'Hahnemann's proportions, the constant excess of mercury, solution in the cold, washing the crystals with a very small quantity of water, drying on blotting paper, without heat, are retained, because all these details are recognized.'

"Hahnemann treated these crystals with a certain quantity of water and precipitated the solution by means of specially prepared ammonia free from carbonic acid, for which he gives directions. The precipitate, after having stood six hours, forms a black paste, which is then dried without heat on a filter of white blotting paper."

"Hahnemann did not neglect to weigh the amount of the mercury obtained by means of sheet iron from the sublimate. One part of the sublimate contains 0.625 of *Mercury*. Hahnemann says 0.624, which, considering the instruments then used, certainly shows the accuracy of his work." Professor Gren wrote of this preparation: The problem of Herr Macques, to obtain a preparation of *Mercury* which is at once very soluble (in the acids present in the body according to the views and intentions of those days, here in *Acetic Acid*), and yet free from corrosive properties, is fully solved by Herr Hahnemann's "*Mercurius Solubilis*." "According to my opinion, *Mercurius Solubilis* is to be preferred to *Mercurius Dulcis*" (Calomel). "He even wished this preparation to be used for making Ugt. Neapolit. And Gren was no blind eulogist, as was shown by his previous attack on Hahnemann in the matter of his test for metals—a contest which was decided by Professor Gottling and others in Hahnemann's favor." Physicians, says Ameke, considered that "science had to thank the well-known, and for this immortal, Hahnemann, for one of the most effectual and mildest preparations of *Mercury*."

Kurt Sprengel, the historian, stated that Hahnemann's *Mer-*

cury was an excellent and mild preparation, the usefulness of which has been proved.

We could fill many pages, continues Ameke, with the acknowledgments which Hahnemann received on account of his *Mercury* from non-homœopathic doctors.

Hahnemann never claimed that *Mercury* could become more powerful by trituration. What he claimed, and we claim it also, is, that by *successive triturations and succussions* we break more and more the molecular cohesion of our drugs, thus rendering them more efficacious in treatment. There is in *Homœopathy* a knowledge of hidden power that only of late has commenced to be appreciated and studied by the most progressive men of our days. Even drugs formerly considered inert have unfolded, by our methods, new therapeutic powers which Homœopathy has been successfully applying for many years. The ordinary laws of chemistry have no control here. We have found them valueless in some of our processes; and in the reduction and attenuation of such drugs, as *Lycopodium*, *Silica*, *Carbo veg.*, *Graphites*, *Sepia*, or such metals as *Gold*, *Platinum*, *Silver*, *Copper*, *Zinc*, and *Tin*, we have discovered the type of drugs capable of breaking these laws. We know positively that after the 6th trituration they become soluble in alcohol, and that filtering does not exhibit the separation of the atoms. We do believe that dilutions so obtained possess properties of their own, which have no analogy with those of the original substances from which they were derived. They change in character and increase in energy, exactly as it happens with the *colloidal metals*. No chemical reaction known can explain the properties of these neo-products, but the manner in which they are produced conclusively proves that they contain the dissociated atoms.

Hahnemann never reduced the dose *ad infinitum*, but as far as the 30th centesimal dilution, which was the limit he allowed to his reductions. A high gradation which certainly should not astonish anyone today that our opponents are leaving us behind in the race for reduction, with their *ionization*, *sterilized diluted emulsions of bacterial cultivation*, *oligodynamic dilutions*, *colloidal metals solutions*, and who knows what will come next. By all this one can see how far in advance of his chemical con-

temporaries was Hahnemann, for he was the observer who, for the first time, undertook to break the molecular cohesion of drugs, so as to give them a greater power of *osmotic penetration*.

Every educated physician of our school knows well the degree of oxidation reached with time by the *mercurial product* alluded to by Dr. Brunton, even when the ordinary precautions are taken, but there is something in connection with our remedies that our critic and all his confreres seem to ignore, and that is, that any substance already altered by oxidation or otherwise, if proven after the change has taken place, is considered by us a *neo-product*, retaining the name of the original drug only for convenience's sake. But altered or not, the effects of our proven remedies in the healthy man, are properly recorded, and their pathogenesis will always remain in our *Materia Medica* to supply indications for the treatment of our patients.

And, finally, nothing Dr. Brunton ever wrote appears to us as senseless and frivolous as his remarks about the two errors upon which Hahnemann founded the whole of his system, and we prefer to leave them unanswered. We may only say we hardly did expect such absurdity from a man of his intelligence and knowledge.

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STILL AND OSTEOPATHY.

Fra Elburtus has a characteristic essay on Dr. Still and Osteopathy in the August number of *The Fra*. He met Dr. Still who, dressed in a flannel shirt with his trousers tucked in his boots, was burning brush on his farm. "Dr. Still thinks he is a back woodsman. That is where he plays to the gallery of his psychic self." He is, instead, a brainy, earnest and successful man who plays the part of Tolstoy. "When I wanted to talk to him about medicine, he changed the subject. He swore with an oath that he knew nothing about medicine—had never really read any books, was absolutely uneducated and was only a mechanic." Here, again, he plays to that gallery for he has built up a school at Kirksville that has from five to six hundred students a year. "He probably knows nothing about his financial affairs." "I

have a suspicion that Dr. Still's indifference to finances arises from a firm faith in the ability of his wife and children to look after these things for him." His son, Dr. Charles Still, and his son-in-law, Dr. George Laughlin, run the school. The old doctor's mantle (he is 80) will probably fall on the latter, the son being general business manager.

Fra Elburtus thinks that the secret of Dr. Still's success lies in the fact that "he has the Healing Touch. What is the Healing Touch? Bless my soul—I do not know." "All good doctors have this ability to awaken hope and help in the patient to cure himself."

Osteopaths do actual good in some cases, but have the further advantage in that "they impress the patient with the fact that something is being done for him."

"Dr. Still was almost alone when, thirty years ago, he lifted a stern, warning voice against drugs, calling attention to the fact that while the drug had a direct primary effect that was known, it had also a secondary effect which could not be foretold. And this reaction often causes other diseases, and brings about sore complications which require further drugs." And so on and on to the grave.

The Osteopathy of Still seems to be a little manipulation of the body of the patient plus a vast amount of plain, right living; in other words, the application of common sense to living. But, remarks the Fra, "there is a Pauline Osteopathy, practiced by the wiseheimers who claim to have discovered the secrets of life and death." That must be the class we meet in our large cities—and other places. An Osteopath of the Still variety would be an honest and useful member of a community. But the "wiseheimers!" They are the men who take a basis of common sense and build on it "a sturcture of metaphysical clap-trap."

THE WAR ON TUBERCULOSIS.

An exchange, *The Interstate Medical Journal* for August, publishes a long paper by Dr. S. Adolphus Knopf on this subject—"The Hopeful Outlook," etc.—but after reading it one inclines to the belief that the hopefulness in the matter resides chiefly in the eminent gentlemen who are conducting the campaign. Dr. Knopf writes:

“According to the annual report of the National Association for the Study and Prevention of Tuberculosis, the year 1908 saw the most successful organized campaign against tuberculosis in the history of medicine. Measured in money, the report says, the fight against ‘the great white plague’ in the United States cost more than a million dollars during the last year.”

This is a goodly sum of money, and while Dr. Knopf and the other specialists in tuberculosis may be hopeful about the outlook, the analysis of the U. S. Census report of mortality published in *THE RECORDER* for June does not lend any aid, when it shows a steady increase in the disease year after year.

The “Tuberculosis Exhibit” displayed at Washington, and other cities, required 50,000 feet of floor space, 11,000 feet of wall space, 1,200 packing cases, and 10 special cars to transport it. \$30,000 were expended in removing it from Washington to New York. A good many persons visited the exhibit—the number is given—but whether they learned anything from it is not stated; probably about as much as the average man gets from viewing a collection of geological specimens.

The paper bristles with many eminent names and many figures. Among the latter are some that are startling. For instance, the money value of each one who died of the disease is put at \$8,000, which makes the total loss from tuberculosis in the United States for one year \$1,100,000,000. In truth a staggering sum. With beautiful optimism we are told “An effort to reduce the mortality by one-fourth would be worth, if necessary, an investment of \$5,500,000,000. We wonder if these worthy gentlemen realize what the financing of five and half billion dollars means?

“Tuberculosis is a preventable and curable disease,” we are told; also that the work of the Emanuel Church people, “clergymen, physicians and laymen,” in curing tuberculosis is “astonishing.” Indeed, this is so, for we are told that “the tuberculosis class of the Church, reports as much as 80 per cent. of cures of pulmonary tuberculosis, composing all stages of the disease.” It was a Chicago class, which may account for the marvel.

All that is needed in carrying on this war is plenty of money.

SEPSIN.

"The *Sepsin*," writes Dr. Shedd, "is a pure *toxin*, not an *antitoxin*. Antitoxin cannot be used homœopathically; *e. g.*, in diphtheria, but is supposedly a physico-chemical horse serum antidote to the toxin of the *b. diphtheria already* circulating in the blood. *Sepsin* is a toxin and its action is to so stimulate the organism that it begins to manufacture and pour out into the bloodstream its *own* antitoxin. In other words, *Sepsin* is a stronger artificial drug disease, substituted for the weaker, natural disease, but directly under control of the physician (*Cf. Organon*). Thus where *Rhus* is indicated in typhoid we are using a botanical toxin, similar in symptomatology to the typhoid syndrome present and forcing the organism to evolve a *Rhus-typhoid* antitoxin. If *Rhus* be clearly indicated but *Baptisia* given, we then have a dissimilar toxin used and a dissimilar antitoxin (to speak bacteriologically) created, which, of course, is utterly useless in the case. Hence *Sepsin* is not similar to antitoxin. It should be prepared in alcoholic dilution from the 3d centesimal up."

SYMPHORICARPUS RACEMOSUS.

Editor of the HOMŒOPATHIC RECORDER:

On pages 311 and 312 of the HOMŒOPATHIC RECORDER for July, 1909, is a correction on *Symphoricarpus Racemosus*," by Dr. H. D. Baldwin of Elyria, O. I want to corroborate what Dr. Baldwin says concerning Dr. S. P. Burdick and his mention of the *Symph. race.* to his classes. I remember that he mentioned the drug in lecturing to the class of 1883. Moreover, in looking up dear old Dr. Samuel Lilienthal's "*Homœopathic Therapeutics*," edition of 1879, I find it there mentioned, p. 612, under the head of "Morning Sickness and Vomiting of Pregnancy." Evidently this ante-dates Dr. E. V. Moffat. I think I am correct when I lay claim to being a subscriber of the H. R. since its first issue.

Yours truly,

LAWSON ALLEN,

Class of '83, N. Y. Hom. Med. Col. and Hos.

Worcester, Mass., Aug. 10, 1909.

THE FOOT AND MOUTH DISEASE.

Editor of the HOMŒOPATHIC RECORDER:

I am afraid I do not quite follow you in your comment on a paragraph quotation from the *Journal A. M. A.* on page 327 of the July 15 issue of the *HOM. RECORDER.*

You say, "after the bacilli, or germ, has been filtered out," etc. But do you not understand that the quotation on which you comment makes the statement that it is one peculiarity of the foot-and-mouth disease virus that its bacteria or germs *cannot* be "filtered out" owing to their "ultra-microscopic" minuteness which enables them to pass through all filters yet devised?

It may be, of course, that I misinterpret your expressions rather than that you overlooked the point of the quotation.

Very truly yours,

A. H. TOMPKINS.

Jamaica Plains, Mass., Aug. 7, 1909.

The term "ultra-microscopic" means "beyond the microscope," or invisible to it. The *Journal A. M. A.*, we take it, assumes that nevertheless there must be germs else how can there be disease? If germ diseases can be transmitted, or acquired, without germs, then the whole *theory* of what is known as modern scientific medicine, falls as a house would with its foundations removed.

We believe that the different germs, or bacilli, found in various diseases have nothing to do with the cause of the diseases, and so believing tried to point out (rather obscurely it seems), that here was a virulent disease transmitted without the germ. Diphtheria, according to some men, may be contracted from sewer-gas, and sewer gas, according to other men is entirely free from germs, or any organic matter, yet the Klebs-Löffler get the credit. The day may come when it will be seen that what we now term, generally, "germs," and credit with being the cause of disease, are nothing but changes wrought in the before healthy tissue by the real cause of the disease—"dynamic change," "miasm," "bad living," or what not.—Editor of the HOMŒOPATHIC RECORDER.

HOMŒOPATHY AND CANCER.

By Dr. Schlegel, Tuebingen.

The following interesting cases are taken from Dr. Schlegel's work on Cancer :

I. Miss P. B., of T., forty-nine years of age, came under my treatment in April, 1900. She is psychically not quite normal, and some years ago she made an attempt to poison herself with *Phosphorus*, and after that showed symptoms of acute yellow atrophy of the liver, but she made a perfect recovery, with the exception of great emaciation. She now has an indurated gland on the left breast, the nipple being drawn in. She received *Hydrastis* 3, which caused the induration gradually to disappear, and the nipple became quite free again. In August of that year nothing could be seen any more of the swelling. It is possible that the former poisoning with *Phosphorus* helped to develop the cancer, and there may have been less of a constitutional cause, and the case may have been more amenable to treatment owing to this reason.

II. Mrs. M., from T., forty-six years of age, appeared in my office in 1903 with an induration above the left nipple, which was drawn in. She was treated from January till June. Her exhausting periodic hæmorrhages had caused an anæmic condition which only improved in the course of time. Also she received *Hydrastis* 3, and on June 28th nothing could be seen of the former induration, and the nipple was again normal.

III. Miss L., from this place, forty years of age, came to me, February 15, 1906, because she had some time before noticed a knot in the left breast, slightly above and toward the outer side. It is a hard lump of a gland, half as large as a plum, projecting somewhat, causing no pain. The patient is the more anxious about it as her sister had her breast excised owing to a similar affection. Prescription, *Conium* 30. On the 17th of March the hardness was entirely removed, and a careful examination on April 20th, and again on November 15th, showed a normal condition.

IV. C. Sch., forty-eight years old, unmarried, from K., came under my treatment on October 30, 1886. She was in the hospital, where they wanted to excise her breast. Some weeks ago she

noticed a knot in her breast. There is now an induration of the size of a nut in the upper half of the left mamma. The glands in the axilla are noticeable, there is a noticeable murmur in the swelling, extending under the arm. She received *Conium* and *Bryonia*. I did not see her again till the year 1888; in the meantime she took homœopathic remedies of her own accord at various times. There is no sign of a swelling. I saw the patient again in the year 1894, when she stated that after influenza she felt a pain in her left breast, but objectively nothing was noticeable. Finally I saw her again when she was seventy years of age in October, 1907, when she complained of catarrh and headache, but was otherwise healthy. I enumerate this case because of the long time it was given me to observe her, and which extended so long beyond the time of the formation of the swelling.

V. Miss K. Sch., seven and forty years of age, from B. Came under my treatment December 3, 1891. Fifteen weeks before she had noticed an induration in the right breast, which rapidly increased, and was operated five weeks later, and the whole breast was excised. The wound did not heal at once, and was finally closed by transplanting skin from the arm. The patient is much afraid of a relapse. She is very weak and the skin is unusually dark. Her symptoms caused her to continue for some time under homœopathic treatment until 1908, and under it she grew strong. There is no symptom now of cancer.

VI. Sister Sch., forty-eight years of age, from St., came to me in November, 1892, with an induration of the left gland of the mamma on the inner side. She has already consulted three physicians, and they all declared the swelling to be cancer, and advised her to be operated on. The patient has been something of an invalid, having had hæmorrhage of the stomach, and offered a fair chance for homœopathic remedies. She received *Bryonia*, and later on *Mercurius*, *Hepar*, *Conium*, *Lycopodium*, *Belladonna*, *Arsenicum*, *Phosphorus*, and other remedies, which resulted in a complete cure of the breast and many years' ability to work. I personally saw the patient again in the years 1902 and 1905. In the meantime she had suffered several attacks of disease, also hæmorrhage from the stomach, but her breast had remained sound.

VII. Mrs. St., from K., twenty-eight years of age, came under

my treatment in October, 1901. Some weeks before she had noticed a swelling on her breast, on the periphery of the left mamma, with an uncomfortable feeling as if something there was enlarging. There was an induration as large as a cherry, easily moveable. I treated the patient, who is very thin, but looks healthy. I treated her homœopathically till February, 1909, and only then it could be said that the swelling has disappeared all but a slight thickening of the glandular tissue. A striking feature were the nipples, which showed strong crusts. Cleanliness was of no avail, the thick, scaly epithelial crusts did not become loosened. In the year 1904 she became pregnant, her breasts swelled up and loosened their remnant of scales, and there is no trace of the former hardness. The courts around the nipples show a remarkably dark pigmentation. In the year 1908 the nipples again became encrusted, while the breast remained well, the same in the years 1907 and 1908. The various symptoms that appeared gave occasion for the employment of various remedies, which I herewith enumerate, and under their influence, the constitution of the young woman and her health gradually improved. She nursed for a considerable time, and her little boy was well. The remedies were: *Hydrastis*, *Nitric acid*, *Thuja*, *Natrum mur.*, *Sulphur*, *Calcarea phosph.*, *Conium*, *Causticum*, *Graphites*, *Lycopodium*, *Murex*.

VIII. Mrs. M. L., a widow in H., forty-two years of age, is much disquieted on account of an induration in the left breast, exhibiting lancinating pains and soreness from the pressure of the corset. She is especially anxious also because her sister was operated for cancer of the breast. On the inner and upper periphery of the nipple there is plainly to be felt an induration, which, as she says, has existed for some time. She is very anxious and loses sleep. The patient received *Bryonia*, *Belladonna*, *Sulphur*, *Pulsatilla*, *Conium* and *Arnica*. The treatment began June 9, 1903, and on June 13, 1904, the gland is free and there is no more hardness to be felt. This good result also held good till March, 1906, when the patient sought my advice on account of another ailment.

IX. Miss H., from P., sixty years of age, came to me on October 29, 1903. Two years before her left breast had been excised, and last April the glands under the axilla were removed by

a secondary operation. The swelling, owing to which the left mamma was excised, was no larger than a filbert, but it was indubitably cancerous, as was shown by the relapse. This case is of value because under steady treatment for five years there has been no further recurrence, of which there had been a strong probability. The patient had many morbid symptoms when I first took up her treatment, and was very anæmic; her chief complaint was a severe headache, besides her justified dread of cancer. She received in turn the homœopathic remedies indicated, and I saw her last in April of this year for struma. Her breast then was well.

X. Mrs. St., sixty-seven years of age, came to me on September, 1899, and showed me a carcinoma on the right eyebrow somewhat larger than a cherry. It had grown from a wart in the few years. She said that on the 10th of October she had received a severe blow, causing a considerable hæmorrhage from the swelling. Prescription, *Nitric acid* 30. In November she complained of severe pains in the back, while her general health was reported better. *Natrum mur.* 6. In February, 1900, the swelling was reported to have diminished in size, and now has a peduncle, whereupon she again received *Nitric acid*. In July the patient came herself, and there is nothing to be seen but a trace like a wart. *Chelidonium* 3. Accidentally I received to-day, July 24, 1908, a report about the patient on another matter, and I found out by inquiry that for years there has not been a trace of the swelling.

XI. The wife of Deacon K. here died lately, 74 years of age, from heart disease and dropsy (in R.). About ten years ago she was seized with a cancerous swelling on the left cheek, which started from a wart on the face. A brother of my patient had died some ten years before from cancer of the fauces, another brother was then lying sick with cancer of the glands of the neck after an operation on the same, and died soon afterwards. I treated Mrs. K. with various homœopathic remedies suitable to her total condition, according to the law of selection. The swelling was cured without leaving a mark. An external remedy was also applied, consisting in moistening the excrescence and the surrounding parts with the freshly expressed juice of the housewort (*Sempervivus tectorus*), which showed good results.

XII. Mrs. R., a widow in F., sixty-seven years of age, not able to journey to see me, requested me in July, 1907, to prescribe for her a homœopathic remedy. She stated that she had a malignant excrescence in her fauces, so that she could not swallow anything solid, and even liquids she could swallow only with much trouble and pain. Great emaciation. The patient received *Hydrastis* 4 and *Naja tripudians* 30. She quickly improved, and could swallow solid food, receiving in the meantime *Argentum nitric.* and *metallicum*, always with *Hydrastis* between. In October she wrote me a grateful letter with the significant words: "I would be glad if you could look into my throat, but I cannot travel, nor is it necessary, for that you know perfectly well my situation is manifest from the fact that I am better, yea, astonishingly better. . . . My appetite is better, I have again some taste when I eat, and the swallowing has proceeded quite well since, only to-day at dinner I had to eat more slowly, but then it was fried dumplings and endive salad. Vegetables, cabbage and stewed fruit I manage very well." In December the patient had a severe hæmorrhage from the bowels of red clotted blood. The physician found a tumor in the abdomen from which the bleeding was said to proceed. She received *China*, and she improved; she reported that she could be up again, her fauces were quite well and her swallowing proceeded quite freely. Later she yet received *Mercurius* and *Lachesis*. In the beginning of July, 1908, thus a full year after the beginning of her treatment, she was quite well, and wrote that she at present needed no more medicine.—*Translated from Hom. Monatsblætter*, May, 1909.

PSORIASIS.

By Dr. J. T. Tessier, Paris.

Since the time of William we understand under the name of psoriasis a cutaneous disease which is characterized by groups of dry shining scales, which form small pointed elevations, or larger round scales, which rest on a well defined red basis which bleeds easily. (Kaposi.)

I do not intend here to enter on any extended discourse or investigation of psoriasis beyond this simple definition. Any dermatological treatise will supply all that I here omit. I simply intend

to show that homœopathic treatment, whether supported by local treatment or not, may succeed in curing an affection, concerning which such a master as Besnier uses the following expressions: "Go to the hospital of St. Louis and ask all the patients suffering from psoriasis who return to it periodically every five or six months, to seek their old quarters in our halls, how they have been treated. You will find among such as have already been treated by Biettani who have since then pinned their faith on all the physicians who have since that time followed him in this hospital. With many of these disappointed patients skepticism has reached its limit. They only request us to allow them a bed in our hospital, some baths and sufficient lard to enable them to anoint the diseased parts twice a day with lard."

We would not deny the palliative effects of lard, but I believe that we can add to it more of a medicinal and effective treatment.

CASE I.—M. C., a merchant, twenty-three years of age. The disease began with him when he was fifteen years of age, appearing first in the head, then on the body, and lastly on the extremities. All treatments tried failed. Entirely discouraged the patient turned to Dr. Escathier, an old physician for internal medicine in the hospital of Paris. On August 15, 1903, he received *Sulphur* 24.

September 10. No effect, but rather an aggravation. Prescription, *Nitric acid* 10, twenty drops in 300 grams of water, two teaspoonfuls a day.

October 12. A very perceptible improvement, which had first appeared on September 20. *Nitric acid* 15, twenty drops in 300 grams of water, two teaspoonfuls a day.

November 3. No spots can now be seen on the upper part of the body; very few on the lower part of the body; the scaling off of the hair is less. The trunk is clear. *Nitric acid* 10, one spoonful a day.

December 6. In spite of a journey and several breaks in the manner of living, the improvement continues.

March 1. The cure is complete. The treatment had been interrupted in December, and in January, owing to a disturbance in the bowels and of bronchitis, which returned twice. One year later this cure (from a trouble with which the patient had been afflicted for eight years) still held good.

CASE II.—M. L., a janitor, forty-eight years of age, had for several months been suffering from psoriasis, which would not yield to any of the remedies which he used. He came to me in the hope that a homœopathic treatment would give him an immediate relief. He had extensive spots on the body, on the legs and the arms, and, as is usual, especially on the elbows and the knees.

August 5, 1886. I prescribed for him *Arsenicum alb.*, first trituration, 20 grams in 250 grams of water, one tablespoonful three times a day.

September 5. In one month the cure was effected under the use of three prescriptions like the one above. I must remark that the remedy caused some dry colic, which was not, however, of any import, and which did not cause the patient to discontinue the prescription.

CASE III.—A man, twenty-eight years of age, had been afflicted with psoriasis since his puberty. The first trituration of *Arsenicum* effected his cure, though he used besides the following ointment: *Juniper oil*, 10 grams, and *Vaselin*, 30 grams.

To those who may object that the cure was effected by the *Juniper oil*, I would answer that the patient had often before used the *Juniper oil* as also *Chrysophanic acid*, but without the internal medication, and that he had not received from these the benefit received when the internal medicine was added to the local treatment.

Among the homœopathic authors who have treated of psoriasis I would mention Kafka, who begins with a dose of *Sulphur* 6 every morning, so long as the itching continues. I may here remark that the itching is frequently lacking. After this preparatory treatment he gives *Scpia* 6, one dose a day for a week, then he leaves the patient for four days without medicine. Then he begins again with *Scpia* 5, which he gives in the same manner. Then a pause followed by *Scpia* 4, and so on to the first dilution. If the eruption by that time has not quite disappeared, he returns again, step by step, to the sixth dilution. According to him it takes three to four months to cause the most inveterate psoriasis to disappear. No acids, no sharp or spiced food must be taken during this treatment. He prescribes alkali baths (lukewarm baths in water in which soda is dissolved, half a pound of carbonate of soda to a full bath) twice a week with an interval of

three days, and the spots of psoriasis to be washed every morning with soap water. After the bath in the water with soda, and after washing with the soap water, the patient must stay in a warm room until the body has cooled off. (Cfr. Kafka, Therapy, Vol. II.)

Hughes (in his Therapeutics) has seen the disease disappear in its early stage, and chiefly as *psoriasis palmaris*, on the use of *Mercurius sol.* We should not forget that psoriasis palmaris or pseudo-psoriasis is a frequent concomitant of syphilis, which may explain the action of this remedy. *Arsenicum* will often be found necessary to complete the cure. Nankivell (*Hom. World*, IV, 74) reports a severe case which continued for a year, with chaps on the hands which bled easily. This case was cured with *Petroleum* 3 and *Sulphur* 30. Betet, an old assistant physician in the hospitals of Paris, has recommended *Nuphar luteum*. Fredault, also an old assistant physician in these hospitals, has cured two cases with *Ipecacuanha* 6. I confess I cannot well comprehend the indication for this remedy, in the pathogenesis of which we find only the following cutaneous symptoms: "Eruptions like millet seed; violent itching on the skin of the leg and arms; during the disease one is forced to scratch until vomiting sets in." This may be as it will, Dr. Fredault was a physician of too much experience for us to discredit his report.—*Translated from Leip. pop. Z. f. Hom.*

THERAPEUTIC ITEMS.

You occasionally meet a man who cannot urinate while standing, must sit down to it. *Zincum met.* is reported to have relieved such a case.

The *American Journal of Surgery* devotes five pages to the treatment of the itching anus. *Ratanhia* 3 with an internal application of an ointment, or suppository, of the same drug would, according to Dr. A. M. Cushing, prove effective. Certainly it would be cheaper than a surgical operation though, perhaps, not so impressive.

Dr. Harvey Farrington (*Med. Advance*, Aug.) gives in detail three cases of agonizing pain in the rectum cured by *Ignatia*. The paper is headed "Ignatia As a Rectal Anodyne."

Dr. J. R. Etter, Crawfordsville, Ind. (*Med. Summary*), writes that a thorough cleansing of the alimentary canal at the beginning of a case of typhoid will always prevent it from running the typical course. "I have never had a fully developed case of typhoid in my practice." The same rule he claims holds good in malaria.

Dr. J. A. Ward, of Troy, Mo. (*Med. Summary*), tells of the good effect on an old gentleman of 80 who was suffering from partial paralysis of the legs, of a warm bath in which 1 pound of sulphate of magnesia, or Epsom salts, had been dissolved. Body rubbed dry afterwards. Two baths put him on his feet all right.

Dr. Sieffert was called to a case of a man of 70, who, the preceding night had suffered severely from an attack of gall-stone colic and who "felt as though he should have a new attack. An examination showed an enlargement of the liver and I could feel the filled and tense gall-bladder." *Calcarea carb.* 30 every hour had a very favorable action. Hughes (*Pharmacodynamics*) speaks highly of this remedy and potency in gall-stone colic.

It is said that an application of olive oil as hot as can be tolerated will, over night, almost clear away a "black eye," or any form of ecchymosis.

The physiological effect of *Avena sativa* is a pain at the base of the brain.

The International Journal of Surgery says that blowing tobacco smoke in the ear is a good, and usually available means, of killing insects that sometimes get in the ear in summer time, though a piece of cotton saturated with chloroform is better. "Maggots are best removed by injecting sterilized olive oil."

CHIPS.

"The use of repertories and the study of repertories frees the mind from the bondage of fixed ideas about symptoms, and the tyranny of a few important remedies. The student should be encouraged and instructed in their employment and the art of using them should be a very prominent part of the curriculum."—J. B. S. K., *Medical Advance*.

Dr. James B. McElroy tells us that "Schandin's discovery of the pathogenetic cycle of the macrogametocyte in the blood of the vertebrate furnishes a long desired explanation of the relapses which so frequently occur in this disease." *i. e.*, malaria. Very satisfactory, no doubt, if understood.

Another good old "superstition" is gone up the flue. Dr. G. T. Jackson says that boils are due to "local infection with staphylococci." Constitutional condition has nothing to do with them. Boils are contagious. Great!

A Philadelphia editor (of a big daily paper) wrote: "We have studied every debate, every address, every resolution presented at the Atlantic City meeting." Did any one else?

"Writers on leprosy give the incubation stage from 3 weeks to 27 years."—*Gov. Health Reports*. Must be a hardy egg.

As it was in the beginning and ever will be. "One last word. The men whom you now see sitting on the bank left behind while the boat of progress swiftly glides away with fresh winds and under fresh sails were themselves in their youth passengers of similar boats and cut faces at others who were left behind."—*Dr. S. J. Metzler, in Jour. A. M. A.* Where is that boat headed?

BOOK NOTICES.

Diseases of the Personality. By Professor Th. Ribot, Paris. Translated (with homœopathic annotations), by P. W. Shedd, M. D., New York. 142 pages. Cloth, \$1.00. Postage, 7 cents. Philadelphia. Boericke & Tafel. 1909.

This work is a correlation of one of the branches of modern science and research with homœopathic—psychology and the mental operations and effects of drugs—translated from the concise French of Prof. Ribot, one of the greatest of modern psychologists, into the succinct, forcible English of Dr. Shedd.

We get here down to the beginning of things, to the biologic cell, and when the reader gets through the book, he has a solid scientific basis for all the mental symptoms in the *materia medica*.

The physician with any predilection for thinking, will find the book as absorbingly interesting as a novel to the average reader.

For students in medicine, beginning their course in mental and nervous diseases, the book will prove invaluable, not because it teaches mental and nervous diseases, with their accompanying psychic transformations, but because the student will see things from the beginning, from the birth of the cell to its downfall and disintegration, and furthermore, the application of his therapeutic knowledge will become "a living thing," a process of growth and understanding, for he also has acquired a scientific or "known" fundament for his prescription.

The annotations by Dr. Shedd are elucidative and historic. They evidence Hahnemann still up to the century-mark (1909).

Confessions of a Neurasthenic. By William Taylor Marrs, M. D. With original illustrations. 115 pages. 12mo. Cloth, \$1.00. Philadelphia. F. A. Davis Company.

"The pursuit of health is like the pursuit of happiness in that you do not always know when you have either," is one of the happy phrases of this interesting little book, which purports to be an autobiography, but which Dr. Marrs tells his readers is made up of the, to others, absurd vagaries, that beset the habitual neurasthenic more or less, which he has met with in his experience. Ever and anon the reader can see that the neurasthenic stops talking and the author does it instead, as, for instance, where it is indicated that cases of appendicitis are very rare while there is plenty of belly-ache. The homœopaths come in for a sly dig, for the hero who is really a healthy man who imagines he has every ill he hears of, consults them all. The homœopath gives him some pills of a very "high potency" and the invalid in a fit of despondency takes them all at a dose to commit suicide. The osteopath pulled his leg literally and metaphorically. While reading this entertaining little book we wondered whether it would open the eyes of the class for whom it is intended; whether the neurasthenic hero would not have run after it for a little time as he did after everything else, and then have dropped it, as he did the others. We are what we are. Still we fancy there are many patients who would be the better for reading it.

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EDITORIAL BREVITIES.

"STOMATOLOGISTS."—Dr. Edmund C. Briggs in his address before the Section on Stomatology, by which in popular tongue is meant dentistry, said: "I venture to say we suffer much from the term 'dentist.'" and he urged his hearers to shake off the name as the surgeons have shaken off their birth name of "barber." Later on he says "we, as stomatologists;" so, presumably, that is to be the title for those we now know as "dentists." Incidentally he rakes his brethren for trying to make money by patenting devices, and by going into stock companies vending things of their profession in which too often they lose in reputation and financially. Like the doctors, they would be wise if they put their little piles in *safe* securities and would leave the glittering "companies" alone.

IS IT A PLAGIARISM?—We had a talk the other day with a doctor whose degree hails from Europe. In the run of the talk he said, "I see you Americans credit Oliver Wendell Holmes with the saying that if all the medicines were thrown in the sea it would be better for men but worse for fishes. That was said, long before Holmes flourished, by Broussais, of Paris, a contemporary of Hahnemann." Broussais tried desperately to cure a friend and when his friend died, bitterly admitted that he had drugged him to death; then followed the assertion about it being better for man but worse for the fishes if all drugs were to be thrown into the sea.

ARTICLE WANTED.—A subscriber in his letter of remittance, says: "Could you ask some of your correspondents to write a good plain article on malaria and its treatment?" If any reader has a few helpful things to say on this subject the RECORDER will take pleasure in printing them.

A CONIUM SYMPTOM.—In his lectures on *Conium*, Hughes, in his *Knowledge of the Physician*, tells how Dr. Edward Curtis, after taking a half drachm of the drug "could not walk across the room *with his eyes open* without giddiness, reeling, and feeling as he would vomit; but directly he closed his eyes all the symptoms passed off and he could move safely. This explains the benefit obtained in threatened sea-sickness from shutting the eyes, or, at any rate, not looking at the swaying boat and waves."

PAPAYANS (BELL).—This ethical remedy which is largely advertised in medical journals "for the treatment of dyspepsia, flatulence, nausea, vertigo, hyper-acidity, palpitation and other symptoms of indigestion," has been analyzed by the A. M. A.'s Council of Pharmacy who "find that the tablets consist essentially of Sodium bicarbonate and charcoal, with a little flavoring matter." It seems that advertising can make a preparation go among many doctors as well as among the laity. Indeed *The Journal* prints a parallel column of the Bell Company's advertisement to the profession and those of the "Father John" to the people and the wording is practically the same. However, if the Bell Company (and others, "Father John" included) will continue to advertise the Council will not hurt them in the least. An "Ad." can go before the reader every month—as long as it is paid—while "the Council's" fulmination will appear but once and is forgotten before the end of the month. The Mephistophelian advice is, Keep on Advertising.

CORRECTIONS.—Several very annoying errors crept into the letter from Dr. Fornias, published on page 359 of the August number of the RECORDER. On 20th line from the bottom of the page for "mass" read "mess;" on 10th line for "demoralization" read "dematerialization" and on 2d line (all counting from bottom) for "revision" read "reservoir." While on the subject, and

in order that the doctor may not be held responsible for the errors of the RECORDER's type-setters and proof-readers, we would mention that in the paper by him, July, page 314, 7th line from the bottom, "hyperchlorhydria" should read "hypo-chlorhydria."

THE MEDICAL FADDISTS.—The *N. Y. State Journal of Medicine* is allopathic, but level headed. In its leading editorial for August it touches up the "germ," "microscopic" and "bacteriologic fiends" with their scare methods and supreme contempt for anything but their own very limited wisdom. Concerning tuberculosis, it says :

"Look a moment at what is being done about the 'white plague,' so-called. How foolish, unwise, wrong, a great deal of it all really is. Is tuberculosis contagious, or rather transmissible? Yes, slightly so, under certain conditions, but these can very easily and with very little expense, relatively, be absolutely guarded against in many instances. In numerous other instances, alas, it will make practically very little difference how careful we are, because sooner or later, given the soil and conditions which are unsanitary, or unhealthy, the disease will almost inevitably develop. A few germs, with the real noxa which some of them carry, will be encountered and they will begin their work of destruction, simply because the opportunity is offered for their attack and development."

"Therefore, treat people in their own homes as far as may be, and make these homes as far as possible, what they should be, and cease spending large amounts of public funds building sanatoria in a vain and senseless crusade against tuberculosis."

One thing is certain, and it is, that as long as money can be scared out of the public this "senseless crusade" will be whooped up for all it is worth.

SERUM.—Serum is regarded by many as one of the new, but fixed stars in medicine. It may be but one may also be pardoned for doubting. Dr. James Dundas recently had an article in *The Hospital* in which he states that "certain sequelæ" may follow its exhibition; even some deaths have been observed. These se-

qualæ "may be surprising and very alarming unless one is prepared for it." Among those most common is: making the patient very sick; a general rash; enlargement of the glands; local œdema; albumen in the urine; joint pains that "might suggest acute rheumatism;" lethargy; somnolence. Against these and other manifestations "it is well to safe-guard oneself by warning parents of their probable occurrence." "50 per cent. of the cases" will show these bad effects more or less. With such sequelæ, with an occasional death, following the use of an healing agent one may be pardoned for harboring a "reasonable doubt" concerning its efficacy.

HOMŒOPATHIC DOMESTIC BOOKS.—After mentioning the names of three English publishing firms, Dr. T. W. Burwood, in his Address to the British Homœopathic Congress, says: "These three firms alone have published over 2,031,000 copies. It is by such publications that Homœopathy is promulgated, and I for one am glad when I find such works on the bookshelves of the people. It is one of the greatest factors in the spread of Homœopathy among the very public we want to reach, and is a form of propagandism bound to succeed."

THE GERM THEORY.—This theory is receiving some quiet knocks these days. Dr. C. S. Grulee, of Chicago, recently read a paper on the summer diarrhœa of children, or cholera infantum. He does not think that the *bacillus dysentericus*, or the *b. acidophilus*, *b. enteretidis*, *b. pyocyaneus*, or *b. coli communis*, are any of them the cause even though the learned bacteriologists have so asserted. Dr. Grulee said: "Usually, although the onset apparently is very sudden, still if we inquire more closely we will find that there have been present for days, weeks and even months, symptoms which point more or less directly to derangement of the gastrointestinal functions and the normal metabolism of the child. Why should we resort to infection to explain a condition which is more easily explained by a graver error of the same sort or a continuation of the same error past the point of tolerance?" Also: "At present it seems to me that the infection nature of summer diarrhœa has not been proved; in

fact, quite the contrary." Probably the same thing will some day be said of all the germ diseases, *i. e.*, that the "germ" has nothing to do with the cause of the disease.

MEDICAL EXAMINATIONS.—In a paper read before the "Nineteenth Annual Convention of the National Confederation of State Medical Examining and Licensing Boards" Dr. W. T. Councilman, of Harvard, said of the Examining Board questions of the past four years, as found in a recently published book: "The first impression on going over the questions is that they are rarely so framed as to bring out any exact knowledge in the answers." They are compiled from text-books "which are themselves compilations." "Many of the questions would really demand rather a discussion of the subject." Dr. Councilman closes with the usual apology for his temerity in advising so learned a body and then adds: "But it has seemed to me that by a somewhat radical change in the method a very much greater amount of good can be accomplished." This looks a little like what the men who have a turn for the classics would term "a Parthian arrow"—with a sharp business end.

"SERUM DISEASE."—Dr. G. H. Weaver has an article under this title in the *Archives of Internal Medicine*. He prefers the term "serum disease" to other expressions that are used to designate this new form of sickness. The interval between the injection and the appearance of the disease varies from a few minutes to three weeks; the majority appear before the eleventh day. Dr. Weaver thinks that for the protection of other members of the profession "all fatal cases should be reported." This would lead one to infer that such cases were not reported as being due to the serum.

ERRATA.—In the paper by Dr. W. L. Morgan, August RE-CORDER, p. 339, 4th line from bottom for "restlessness" read "recklessness;" the same also on p. 340, 3d line from top. Page 341, 1st line for "presented" read "perverted;" same page 18th line from top for "constitutionally" read "constructively." Page 342 4th line from top "belladonna pains" should be "belladonna berries;" same page 5th line for "what" read "which."

NEWS ITEMS.

We have received from Mr. Jacob Hertzler, Belleville, Pa., a paper signed by forty-one citizens of that place who would patronize a homœopathic physician if he would locate there. Any inquiry may be addressed to Mr. Hertzler.

Germany is credited with 15 cases of small-pox, June 1-19, of this year.

Dr. C. E. Fisher is at work on the transportation question to Los Angeles for the next meeting of the Institute. Dr. T. E. Costain, the Secretary of the Committee, sends us a circular letter containing details of what has been done so far.

Dr. George Francis Shears, President of the Homœopathic Medical College of Chicago, died on August 27th, aged 53, his birthday being September 16, 1856. His death was the result of a nervous disease centering in the spinal cord. Dr. Shears was born at Aurora, Ill., and received his degree from the college of which he was president, in 1880.

The Homœopathic Medical Society of Pennsylvania will hold its 46th session at Scranton on September 21, 22 and 23.

Los Angeles, Cal., July 11-16, 1910.

The Transportation Committee, through its Chairman, Dr. Chas. E. Fisher, has called on all the railroads going West from Chicago, and all are anxious to do their best in equipment, time, etc., to take us West.

We have had tentative plans of the trip offering all sorts of schedules, etc. As yet the committee has made no choice of road, and will not do so until a rate is made, but in order to show the members what we have in mind we present a tentative schedule handed in by one of the roads. This is given solely because it gives all details more fully than some of the others:

"My Dear Sir:

Referring to our recent conversation in reference to the above meeting to be held in Los Angeles during July, 1910.

I beg to submit herewith itinerary of special train for the accommodation of your delegation. You will note same is to be scheduled to accommodate all delegates who will arrive in Chicago during the day, July 6th. It also provides for a five hour lay-over at Denver and about the same lay-over at Salt Lake City, and is so scheduled to take in the principal scenic points of interest through scenic Colorado.

Schedule as follows:

Via Chicago, Rock Island and Pacific railroad.

Wednesday, July 6th, leave Chicago, 9:15 A. M.

Thursday, July 7th, leave Rock Island, 1:20 A. M.

Thursday, July 7th, leave Davenport, 1:35 A. M.

Thursday, July 7th, leave Iowa City, 4:35 A. M.

Thursday, July 7th, leave Des Moines, 7:10 A. M.

Thursday, July 7th, leave Omaha, 11:30 A. M.

Thursday, July 7th, leave Lincoln, 1:55 P. M.

Friday, July 8th, arrive Denver, 6:30 A. M.

Stop at Denver from 6:30 A. M. until 11:30, noon. Via Denver and Rio Grande railroad.

Friday, July 8th, leave Denver, 11:30 A. M.

Friday, July 8th, leave Colorado Springs, 2:00 P. M.

Friday, July 8th, leave Pueblo, 3:10 P. M.

Saturday, July 9th, leave Salt Lake City, 4:50 P. M.

Stop at Salt Lake City from 4:50 P. M. until 9:30 P. M. Via San Pedro, Los Angeles and Salt Lake railroad.

Saturday, July 9th, leave Salt Lake City, 9:15 P. M.

Sunday, July 10th, arrive Los Angeles, 9:00 P. M.

Special train to consist of the highest class, modern, up-to-date equipment, to include buffet-library car, dining car for all meals, with sufficient high class standard Pullman sleepers to comfortably take care of your party, also to include observation sleeper to be used for special purposes.

You will appreciate that it is a little early at this time to advise what fares will be authorized for the meeting, however, it is safe to say that the fares authorized will be such as to induce a large attendance.

The diverse route privileges authorized on California tourist tickets are such as to give your delegation an opportunity of going one route and returning another. For instance, going through Denver, Scenic Colorado and Utah, direct to Los Angeles via the San Pedro Route and returning optional, either via San Francisco through Utah and Colorado or via San Francisco, Portland, Seattle and the Canadian Rockies via St. Paul, or via San Francisco, returning again through Los Angeles and the Grand Canyon of Arizona. For those desiring to take in Yellowstone Park at the time of your meeting, tickets may be so routed as to bring them back via Livingston, Mont., or Yellowstone, Mont., for the side trip through the Park.

At a later date when the rates are settled, I will be very glad to quote you further details regarding your special train arrangements and will issue the necessary itineraries or any other printed matter to circularize among the members of your association, advising them in detail conditions of rates, diverse routes, etc.

There comes to our mind the question whether the profession prefer to remain in Denver so that an excursion can be made

to Moffat Road. If so, now is the time to acquaint the Committee with your views.

Does this schedule meet with the approval of the Eastern members? If not, now is the time to make your views known. You see we want to go on a special train, and we are anxious that you shall enjoy the entertainment on the way out that is being arranged between the profession of the various cities and the Committee.

Does the date of leaving please you, or would a day later, or a day earlier, be better? Remember, the Committee wants to please all and are anxious that all go, together.

T. E. COSTAIN,

Secretary of the Transportation Committee.

Now, reader, it is up to you to write. Address Dr. T. E. Costain, 1404-42 Madison St., Chicago, Ill.

CONSTIPATION WITH INFANTS.

The worst cases of constipation are found in infants and sucklings. Many children suffer unspeakably from this cause, especially as the ordinary treatment with laxatives only aggravates the situation. A considerable improvement may often be attained by dietetic measures, but an actual cure is usually only attained by the use of the specifically acting remedy, selected according to the laws of similars, and this will then not only act upon the intestines but also on other morbid symptoms of the body. Children who suffer from glands in the abdomen tend to the most obstinate constipations. These cases are usually cured by *Plumbum*, and especially by *Plumbum acet.*

With a delicate child suffering from an obstinate constipation and prolapsus of the rectum, *Silicea* gave immediate relief.

Another case, that of a little girl, two and a half years of age, who first suffered from bloody evacuations, and afterwards with constipation attended with a white coating of the tongue and lack of appetite, *Lycopodium* brought great relief.—*Translated from Hom. Monatsblaetter*, May, 1909.

PERSONAL.

The fact that fish are brain food may account for the heated imagination of fishermen.

Many a self-made man marries and is then made over by his wife.

It took a doctor to discover that pole.

They wouldn't admit the skunk to the animal's circus because he only had a scent and that a bad one.

The foot ball candidate was rejected for the bad habit of studying.

It is said that hash is the connecting link between animals and vegetables.

When your blood boils it is not necessarily sterilized in consequence.

"Good habits in America make any man rich," wrote John Jacob Astor. How about it, you men of bad habits?

A lemon is merely a melon with letters misplaced.

Advice to authors: If you do not want your story returned do not inclose stamps.

When a bookkeeper takes a bite of his sandwich it has been called the bite of an adder.

Hiram, at the hotel register, refused to sign his name until he had read the document.

If it were known that "all neurasthenics are constipated" perhaps that ill would no longer be fashionable.

It would hardly do for a doctor to say he takes life easy.

The Manayunk man gave a piece of his mind and then was held to keep the peace.

What is that word to the wise that is sufficient?

Whisky improves with age, but it is seldom given the opportunity.

Well, we are to try again to make every one rich by taxing him heavier. A professional man should never turn farmer until he has enough money to decently support the farm.

The sinecure is the cure all men want.

Man wants but little here below—only the earth.

Bacillus fusiformis, know him?

It isn't proper to say "cream," say top-milk.

The average man thinks sin isn't so bad if indulged in with moderation.

A reform doctor won't believe in God because He created tobacco, something fit for hell only.

Another doctor said "the fragrance of real Havana rests and refreshes me." Lucky to get the real stuff.

The new pennies look like foreign coins.

Now look out for "germ carriers" which bid fair to be the next fad.

Also subscribe for the HOMEOPATHIC RECORDER.

THE HOMŒOPATHIC RECORDER

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PESSIMIST OR OPTIMIST?

In a conversation not long ago one of the talkers said that the "old school," "allopathic," "scientific physicians," as you please, were all, and by various roads, converging to Homœopathy. He demonstrated his point by many statements of what this, that, and the other laboratory worker had done or was doing. The other talker denied that they were approaching Homœopathy, whereat the first said that the second was "a pessimist."

If the deductions the first drew from his statements are correct the second is a pessimist, or, at least, a poor observer. If otherwise he is not a pessimist. The solution depends on the answer to the question—Are they (the aforementioned medical bodies) converging towards Homœopathy?

The optimist cited an allopathic author to the effect that large doses of *Ipecac* will cause nausea while a minute dose will cure it; that Dr. So and So "recognizes" the power of the "small dose." He thinks this means a "converging towards Homœopathy," while the pessimist regards it as merely one of the passing vagaries of those who deny the Law. He who denies the Law cannot be a homœopath any more than a man could deny the Koran and be a Mahommedan. "They are scientifically demonstrating the truth of Homœopathy in the laboratory." There is the microbe under many names and aliases; there is the toxin he secretes that causes the disease and, by some means, an anti-toxin is evolved, that is somehow homœopathic (in the eyes of the optimist) to the toxin and—there you are.

The pessimist contended that the alleged scientific fact that the microbe, or "bug," is the cause of the disease is a theory and not a demonstrated fact. At first he, the microbe, was said to be

the cause, but now it is not he, but the toxin, that is said to be the cause. This, too, is but a theory and not a demonstrated scientific fact, even if it is quite generally believed and acted upon as though it were a mathematical truth. When pneumonia strikes it is said that the cause is the pneumococcus (if that is the right name)—the pneumococcus having landed on “susceptible soil.” This proviso would cause some men to think that the “soil” was the cause, especially as it can only be proved that the pneumococcus “invaded” the lungs by the theory that he *must* have done so, as otherwise how did the disease originate?

The whole thing rests on the assertion, that the microbe secretes the toxin causing the disease, for which an anti-toxin must be found. But the assertion that he produces the toxin is nothing but theory; it is not science; neither is it Homœopathy. It is quite as reasonable to say that the disease produces the toxin and the microbe is merely present as bacilli always are in decaying matter. An animal killed by a bullet and left to decay will develop in his carcass, perhaps, quite as many bacilli as one that died of disease.

The researches of Prof. Karl Pearson recently caused *The Journal of the American Medical Association* to write concerning tuberculosis “——and further, we may, perhaps, consider the advocacy of the infection theory as somewhat prompted by ideas of expediency,” etc. Pearson favors the older idea of heredity being the dominant factor in the disease. If tuberculosis is not caused by its microbes it is safe to assume that neither are other diseases.

From all this, and more, the pessimist argued that there is not the least approach to Homœopathy in the laboratories, where disease is regarded as a foreign body that enters into the human organism and is so treated, which is to say: The foe must be expelled, or killed, for it is the all and all of disease, the patient being merely the battle-field. That is not even an approach to Homœopathy.

HIGH POTENCIES.

By B. C. Woodbury, M. D.

I have chosen this subject as the basis of a paper, not that I am an exclusively high dilutionist, but having witnessed the wonderfully curative power of these medicines, when administered according to the law of similars, I feel it a duty to give the profession the result of my experience in their use.

My first acquaintance with high potencies was while a student at the old Homœopathic College of Pennsylvania—since become the Hahnemann Medical College of Philadelphia,—in the years 1864-5 and 1865-6. Among the professors at that time were Constantine Hering, Adolph Lippe, H. N. Guernsey and C. G. Raue, all high dilutionists. At that time my faith in such small doses was very small, indeed; I may say that it was only after I had seen a number of cases successfully treated that came to our clinics after they had been the rounds of hospitals and doctors, that I was convinced against my will, but not “of the same opinion still.”

One case that I remember very distinctly was that of a man who came to Dr. Guernsey's clinic with chronic diarrhœa, from which he had suffered three years. He stated that he had been to several hospitals and had been treated by a number of doctors without benefit. After a brief examination, the doctor found the “keynote” of the case, which was, if I remember, chilliness during and after stool, and gave him a dose of *Arsenicum* 8,000 on his tongue, and sent him down stairs to the dispensary for powders of *Sac. lac.*, sufficient to last a week, at the end of which time he was to call again and report. At the appointed time he appeared and reported some improvement. He was given more *Sac. lac.* and told to report again at the end of another week. The same process was gone through with for six weeks with steady improvement until when, the last time he came, he reported himself well. As he turned to go out the doctor said to him, “When will you come and see us again?” He replied, “When I get sick.” This “brought down the house.”

I will now give some cases that occurred in my own practice:

CASE I.—On my return from Philadelphia, and before I had

decided where I should put out my shingle, I stopped for a short time in Bangor. While there, a lady of my acquaintance applied to me for treatment for some of the remaining effects of an abortion which had occurred a short time previous. At the time I saw her, she was having some hæmorrhage of dark, stringy blood, with the sensation of bounding in the abdomen as of something alive. I put a single dose of *Crocus* 200 on her tongue and her troubles disappeared "as if by magic," as she told me afterwards.

CASE 2.—Shortly after this I went to the town of Bradford where I practiced for awhile. Soon after I arrived there I was summoned to see a lady who had a very severe attack of colic. She had been taken sick early in the morning, and I was called at about 2 P. M., but as I was staying at some distance from where she lived, I did not arrive until about four o'clock P. M. When I stepped into the room where my patient was lying, it smelled as though I was going into a doctor's shop. They had used every sort of bath that they could think of or their neighbors could suggest, without any relief to the poor woman who was suffering the most intense agony.

Upon examination I found a swelling of the transverse colon "like a pad." This was the "keynote" for *Bell.*, and I accordingly gave her a dose of the medicine in the 200th potency on her tongue and sat down by the bedside and waited. Her relief was apparent as soon as the medicine touched her tongue, and in not more than ten minutes she was entirely relieved and asleep. I left her a solution of *Sac. lac.* in half a glass of water with the directions to give her a teaspoonful once in two hours after she awoke. I did not repeat the medicine, nor did she need more, but when she awoke she was entirely free from pain and had no further trouble.

CASE 3.—This was a case of mastitis. The lady had been confined about a week previous and mastitis followed. I was called at about four A. M., and found her walking the floor and suffering intense pain in the breast, which was inflamed and swollen to nearly twice its normal size and extremely tender to the touch. The axillary glands were also very sensitive and painful. She told me that the only relief she could get was by walking the floor, which she had been doing all night. *Rhus* was evidently

the remedy, and our Professor of Obstetrics had taught us that when the deep seated glands of the axilla were involved, *Rhus rad.* acted better than *Rhus tox.* I accordingly put a dose of *Rhus rad.* 200 on her tongue, which was followed by immediate relief, and in about ten minutes she was entirely relieved and asleep. The next day the abscess opened spontaneously and soon healed and she had no further trouble from it. I did not repeat the medicine as there was no occasion for it.

CASE 4.—This was the case of an Irishman who came to me with an ulcer on his leg. He told me that the ulcer had been there for three years and that he had tried various remedies and consulted several doctors without relief. It looked like a very unpromising case. The leg was swollen to twice its natural size, and the ulcer, which was, at least, two inches in diameter by a half inch or more in depth, was in a highly inflamed and irritable condition. He had been at work on a railroad, and was then engaged in threshing with a flail for parties who had threshing to do, and travelling about in the cold from one town to another; add to this the fact that he was at least seventy years old and in the habit of getting drunk every time he could get enough cheap whiskey, and I think it will be admitted that it was not a case that promised much glory to the doctor. I had seen similar cases treated in a hospital, and the limb was kept bandaged and the ulcer supported by adhesive straps, while the limb was kept in an elevated position; with these helps, the progress towards a cure was extremely slow. I concluded that I did not want anything to do with the case and told him that I could not do anything for him. He insisted that I could, and said that the "old woman said I could cure his leg." I had treated his wife the previous spring for constipation and some other troubles, and she had great faith in my ability to cure her husband. He urged me so hard that I very reluctantly put up some medicine for him, more to get rid of him than with the expectation of doing him any good, which, in fact, it did not. He came back, however, after he had taken up the medicine and reported no improvement. I was not disappointed any. He went on to tell me that the ulcer would apparently almost heal over and then suddenly break out again worse than ever. This symptom, according to Guernsey, was a "keynote" for *Kreosote*, and made me

prick up my ears. I thought to myself, "if there is anything in the keynote system, here is a good chance to test it." I accordingly put a dose of *Kreosote*, in the 200th potency, on the man's tongue, and gave him plenty of blank powders to last two weeks and sent him away. I ordered no change in his diet nor mode of life, no bandages nor adhesive straps; did not even forbid his drinking all the cheap whiskey he chose, but simply gave him the single dose of *Kreosote* 200. I saw no more of him for two months, when, one day, as I was driving through the village, I saw the old fellow sitting in a carriage. He hailed me with "Ah, dochtor, that last medicine you gave me raised the divil wid me!" "Did," said I, "what did it do to you?" "It cured me leg," he replied. To say that I was astonished would hardly describe the effect his words produced on me. He told me that before he had taken all the "powders" I gave him his leg healed up sound. It continued so during the remainder of his life.

To think that a single dose of such a highly potentized medicine could accomplish so much under unfavorable conditions was almost too much to believe.

CASE 5.—Mrs. C. was a lady eighty years of age and had suffered for a long time with pruritus vulvæ, and whose husband applied to me for some medicine to relieve her. He stated that the itching was so troublesome that it deprived her of sleep and that her health was breaking down in consequence. He told me also that he had consulted a number of physicians and that she had used all kinds of washes and salves without relief. I called to see her and questioned her as to her general symptoms and decided that *Sulphur* was the remedy. I left her three powders of *Sulphur* 55 m, with directions to take one powder every six hours until she had taken them all and to report in one week. At the end of that time she reported that she took only two powders, as they made her sick, that she could not take the third one; "vomited all night after taking two of the powders," but that the pruritus was gone and that she could sleep all night in comfort, which she had not been able to do for years before. I met the old gentleman, her husband, about two months later, and he told me that he and his wife were about going away and that if either of them were sick, he should send for me and wanted me to promise to come, no matter what expense. He

praised so warmly what I had done for his wife that it made me blush before the crowd in the post office. He said that he had consulted nearly all the doctors in his section of the State, and after paying out five hundred dollars, he had been unable to get any help for his wife until he consulted me; that I had given her three little powders that had made a well woman of her.

It is incredible that the medicine could have acted in the manner above described, but I give it as it was reported to me. I left the place soon after this and never heard anything more from them. I wish to add in conclusion, that the medicines used in all the cases I have cited here were the so-called Jenichen high potencies, which have always been regarded with distrust by the homœopathic profession. Without attempting a defense of the genuineness of these medicines, I have only to say that if they are not what they purport to be, but are only the third or sixth dilution with an extra number of succussions, as some suppose them to be, and inasmuch as all the cures that I have here recorded were, with one exception, made with a single dose, it is evident that, as a rule, we give too much medicine, as no such brilliant results follow where the dose is repeated once in one to four hours, as is the practice with the majority of physicians. We can take whichever dilemma we choose.

I am aware that it requires a large amount of credulity on the part of physicians who have not witnessed such marvellous results from such infinitesimal doses, and when I remember my own skepticism and the amount of practical demonstration it took to convince me of the power of such minute doses, I cease to wonder that they are inclined to doubt the truthfulness of those who claim to have witnessed such cases. I can only say in defense of what I have written that it is true, and if anyone is inclined to doubt, let them try these medicines faithfully in their own practice, and they will be convinced of their wonderful power.

As stated at the beginning of this paper, I am not an exclusively high dilutionist. I have seen good results follow the administration of the potencies from the first decimal up, but from my experience I am convinced that if we carefully study our cases we shall get better results from the higher dilutions.

Houlston, Maine.

THE PURPOSE OF NATURE AND THE LAW OF CURE.

By E. R. McIntyre, M. D.

Nature does nothing without law. It knows no anarchy. All its works are definite; begun, carried out and completed according to fixed purpose. It never employs different means to perform a single task; but the same thing is always done in the same manner. It has a definite beginning, course and ending. I take it that few will deny these statements, notwithstanding our friend, Dr. S. W. Lehman, of Dixon, Illinois, tells us in his article entitled "From Rationalism to Law. A Step Higher in Therapeutics, or The Homœopathic Law of Nature and Its Philosophy," published in *The Advance* for June: "Nature has no aim nor art, and makes no products, and has no aim nor art in its formations and transformations. Nature does not purpose anything. It acts according to environment, *not to purpose*, always in mathematical precision." If there were no other statements in his article that are contradictory to this (and there are many), it is contradictory to itself. Because Nature could not act "always in mathematical precision" and not at the same time be acting according to a purpose. Even chemical affinity, of which he speaks, is part of Nature, and always unites elements in definite proportions, according to a purpose; and this purpose is the resulting compound.

He said many things that were valuable, but spoiled it by knocking out the only prop that supports the Law, thus rendering it but a chaotic jumble without any purpose, seemingly having forgotten that the law which he is discussing is more rational than the rationalism of old school medicine.

If he will look at the flower on the geranium in his garden, and study its structure, he can scarcely escape the conviction that it lives according to a purpose or object of Nature. Formed in all its beauty, it lives that another geranium may live. If he will go into the forest, and study the old oak tree, he will find the purpose of Nature, as demonstrated in it, is the growth of acorns for the production of other oak trees. Come with me, doctor, down the old lane. Let us study that wild rose flower. It is a

most beautiful flower, and helps to beautify the place; but that is not its most important office. It fills the air with fragrance; but that is not its main object. It contains a drop of honey to feed the insects; but that is a means to an end. Now look carefully at the bottom, and behold a most beautiful casket full of seeds. The bright color and fragrance tell the insects where to find the honey. And as they stoop to sip the nectar, they deposit the pollen which has adhered to their legs from other wild rose flowers. This enters the casket of seeds through a microscopical opening to fertilize the seeds in order that other rose bushes may grow. This is the purpose of Nature in forming that flower. Indeed, Nature is all object or purpose.

Then every morbid agent that we introduce into the human body as a medicine must act according to a definite and fixed purpose. It must have a definite point of beginning, a definite route of extension and a definite mode and place of ending, or final result; or else we have no law of drug action at all.

Each medicine must have its own individual mode of action. It must be as much an individual as is each group of symptoms that may appear in the same disease, or as the different persons who are sick. There can be no place in the art of healing for mere generalizations. Every prescription must have its own definite object, just as all things in Nature have their objects and purposes.

Our remedies have been divided into two great classes known as chronic and acute, or deep and superficial, according to their action. But so far as I know no one has ever attempted to find the reason why they act as they do. No attempt has been made to trace the action of either class. Indeed, the teaching has been that such tracings are impossible. While speaking to a professional friend of the direction of action of the different remedies, he said, "that is the rule with exceptions." On being asked to state an exception, he said, we are not always able to trace drug action. Perhaps I am somewhat obtuse; but I confess that I cannot see the logic of confusing our inability to learn the lessons of Nature with the works of Nature themselves. If we are not able to trace out her works, it certainly could not be an exception to her laws.

During more than a quarter of a century of experience I

have observed many cases of cutaneous eruptions in which *Sulphur* or *Arsenicum* was the curative remedy. But I have never seen such a case where a careful examination would not reveal weeks, months, or years of bad health before the skin symptoms appeared. I have also seen many patients in which the cutaneous symptoms called for *Rhus*, *Bell.* or *Bry.* But never one in which these were not among the first manifestations of disease. I have seen many cases of intestinal trouble calling for *Psor.*, *Sil.* or *Calc.* But never one in which the intestinal disturbance was an early symptom. I have also seen many in which *Acon.*, *Bry.*, *Nux v.*, *Bell.* or *Pod.* was curative. But never one of them but the gastro-enteric symptoms were among the first to appear. I refer to these remedies, simply as types of the two great classes of remedies. The same applies to all other remedies. In my experience, it has been an invariable rule that the patients requiring our so-called antipsoric remedies have been sick long before the symptoms showed at the peripheral endings of the sympathetic nerves. And those calling for the acute remedies, the earliest manifestations were at the periphery, the more central symptoms appearing later. In other words, the antipsorics begin their action in the cells of the central portion of the sympathetic system, and extend toward the periphery, while the acute remedies first disturb the periphery and extend toward the center.

This leads to the question, what is meant by peripheral and central? If we refer to the cerebro-spinal system the brain and spinal cord are central; but these are peripheral with regard to the sympathetic system.

Sickness is disturbed nutrition. And since nutrition depends upon force, it is primarily disturbed force. All functions of nutrition are the result of ganglionic rhythm. Therefore all sickness and all remedial action must come through the ganglionic system. True, bacteria are present in many kinds of sickness. But they are also present in those who are not sick. It is not uncommon to find the characteristic tubercle bacillus in the sputum of healthy individuals. And the same may be said of the Klebs-Loeffler bacillus of diphtheria. But their presence is temporary. In a little while they disappear, and the patient does not sicken with tuberculosis or diphtheria. Why? Because the

so-called disease bacteria cannot live in the healthy secretions of the body.

This being true, and no one denies it, should be a lesson to us. We should learn from it that while certain characteristic bacteria are found to be present in, and are peculiar to, certain diseases, they are rather *a result* than *the cause*; the *real cause* being active before they can live in the secretions. If this were not true, all persons in which the bacteria are found would sicken with that peculiar disease to which the germ belongs. But they don't do so.

Then the logical treatment of the patient is toward establishing normal nutrition in the organs involved. But in our attempts to establish normal nutrition in organs we must never lose sight of the fact that it is not merely local manifestations with which we have to deal. But in order to effect a cure of these we must cure the whole patient. A purely local disease is an impossibility, except in *very recent* cases of traumatic injury. This must be plain to every one who has investigated the intimate relationship existing between each organ and tissue and all others. Because of this relation, any disturbance in one part must affect all other organs and tissues; as in a chain of telegraph instruments. Close one and all others in connection with it are disturbed. But the one first closed receives the first shock, and the wires connecting them remain as they were before the disturbance.

A short time since the question was asked me where the first shock is received in sickness resulting from bad news. When I replied in the brain cells, he asked how it reaches them? I replied that if the news is heard it is over the auditory nerve; but if it is read, over the optic. He then asked what effect is left on the nerve that conveyed it. And when I told him none whatever, he did not seem to understand it. In fact, I doubt if he believed it.

Let us study a case of this kind. A strong, healthy lady about thirty years of age, with a quick, active mind, and all her organs in the best of health, action of heart regular and normal, menstruation regular. In fact, she was the perfect type of a healthy woman until she was told of the death of a very dear friend. She was at once seized in the grasp of the most profound melan-

cholera; could not bear the consolations of her friends, but wanted them to let her alone. She constantly brooded over her loss; could not concentrate her mind or attend to any duties requiring mental effort; had dull, heavy pains in the head and neck, with intense prostration of the whole muscular system and tremor of the whole body. The heart became irregular, slow and so feeble that its beats could not be felt; pulse, soft, weak and hardly perceptible, intermittent, with a sensation as if the heart would stop beating if she did not keep moving. Nervous chills, but the skin remained warm. Menstruation, which had just begun, suppressed; but in its stead severe pains of a spasmodic nature in the uterus. This was accompanied with vomiting and bearing down pains which seemed to begin in the uterus and bowel and extend up the back. The urine was profuse and clear, and urinating seemed to afford temporary relief to the head symptoms. Jaundiced skin with clay-colored diarrhoea stools.

Her hearing was not impaired. The function of the auditory nerve was in no way disturbed, notwithstanding the profound disturbance in other organs. The impulse had left no trace in the road over which it travelled. But its first shock was received at the termination of that road in the brain cells. These were so profoundly disturbed that they were disabled from performing their normal functions, as indicated by the change in mentality. Yet I take it no one would claim that there was any perceptible organic change at this time, in the cells. Neither would any deny that these cells are in a pathological condition. There is pathology but no morbid anatomy; perverted function but no change of structure.

Now let us see if we can get at the reason for the other symptoms. This irritation of the brain cells disturbed the rhythm in the ganglionic endings of the sympathetic nerves controlling the nutrition and circulation of the cells, and this disturbed rhythm was communicated to the cavernous and carotid plexuses, thus interfering with cerebral circulation, and consequently nutrition. From these plexuses it travels down over the cervical and dorsal ganglia and abdominal splanchnics to the greater center or brain of this system, the solar plexus and semilunar ganglia. But part of it was deflected from the main route, to the cardiac splanchnics, over which it reached the automatic cardiac ganglia in the walls

of the heart, as indicated by the disturbance in the action of that organ. After reaching the solar plexus, it is reorganized and sent to other organs, whose rhythm it disturbs, the gastric plexus to the gastric ganglia in the walls of the stomach, as indicated by the vomiting; the hepatic plexus to the hepatic ganglia, checking the secretion of bile, as shown by the jaundiced skin and clay-colored stools; the renal plexus to the renal ganglia, as shown by the profuse secretion of urine; the superior mesenteric, aortic and inferior mesenteric plexuses to Auerbach's and Billroth-Meisner's plexuses resulting in the spasmodic pains in the bowel with diarrhœa. From the inferior mesenteric over the pelvic plexus to the automatic menstrual ganglia in the uterus and ovaries, disturbing their rhythm, thus producing the spasmodic pains in the uterus and suppression of the menses. But in every organ or part whose rhythm was disturbed nutrition was also disturbed.

Gelsemium is the curative remedy. But suppose there had been some latent miasm or chronic disturbed force, I care not what you call it, that had reduced the power of the cells of the central ganglia, and interfered with that force we call nutrition in them, and it had extended toward the periphery before she heard the bad news, and the acute symptoms were the same. Would anybody expect to cure that patient with *Gelsemium*? If he does, he is doomed to failure. He can only hope for temporary relief. It could not cure. *Kali phos.* would be the remedy, provided history revealed no indications for some other deep acting remedy. In any case it must be a remedy whose action begins where the original sickness began, extends in the same direction, and over the same route, as indicated by the course of the symptoms, and is capable of producing similar disturbances.

Masonic Temple, Chicago.

WATER AS A VEHICLE IN HOMŒOPATHY.

By Dr. Eduardo Fornias.

If we are to follow the advices of Hahnemann as to the purity of our remedies, we must admit that the only water fit for our purposes is the one obtained by the *chemical process of distilla-*

tion. *Distilled water*, as every educated physician knows, does not contain any mineral substances, organic matter, or animal organisms, present, invariably, in all *natural waters*, even when boiled and filtered. Were these substances and organisms to remain in the best selected water, we could never expect any pure remedy from its use, for these impurities would necessarily alter its character and constitution. *Distilled water* is obtained by rapid evaporations and condensations. When water containing solid matters in solution is evaporated, the solids remain in the vessel, while the water only is given off. By means of this fact we are able to prepare perfectly pure water by *distillation*.

Owing to its great solvent power, *pure water* is never met with in nature, and this is the reason why, when we are in need of this vehicle, we have to resort to the *process of distillation* to obtain it. It is, however, by no means an easy matter to prepare absolutely *pure water*, even by this process, unless we take great precautions and care. Even its keeping and handling after it is obtained, if improperly done, renders this vehicle unfit again for our pharmaceutical purposes, for there are comparatively few substances which are totally insoluble in water and contamination is thus often unavoidable. Think for a moment of the filthy containers, funnels and stoppers used by unscrupulous hands, and the great caution required in attenuating drugs with this vehicle. No less important is the *atmospheric medium* or place where the process is conducted, as we know well how certain substances exhibit a marked tendency to combine with water, or to absorb it from the air, and which often arise from materials used in laboratory work, either as drying agents or for other purposes.

Then, again, we should not endeavor to obtain *chemically pure water*, but from the most reliable sources. Bear always in mind that *filtered water*, passed through a Pasteur-Chamberland filter, is as clear as *distilled water*, but clearness, as I have stated somewhere, does not necessarily prove that there are not impurities present. All that heating could do in this case is to destroy the germs contained in the water, but this water would remain still impure. In a general way it may be stated, that the number of microbes per cc. of water is proportioned to the percentage of organic filth present. Examination of *distilled water* used for

pharmaceutical purposes has shown from 5,000 to 15,000 microbes per cc., and there is no doubt that *contaminated distilled water* would give the same, or nearly the same, results.

In our pharmacies *distilled water* is used, either to dilute the *alcohol* with which the lowest solutions are made, or to replace the *alcohol* in the preparation of the higher dilutions. Some of our *ultra-dilutionists*, on the other hand, called into requisition the *natural waters*, which are all *contaminated*, either at their sources or in the channels of supply, and the *contamination* is effected by absorption or by coming in contact with substances of vegetable, mineral and animal origin. As seen above, neither boiling nor filtering can render it suitable, and yet they use it and claim impossibilities. I think it is time to correct this error and be more consistent with *Homœopathy*.

And in order to support my assertions, I proceed now to analyze those *potable waters*, so indiscriminately used by men, who, though falling often into error and ignoring certain precepts of the Master, would feel highly offended if you call them anything but *Hahnemannians*.

Chemistry, as we all know, divides *Natural waters* into *potable* (or drinkable), *mineral* and *saline*; none of them are ever free from dissolved impurities. They contain gaseous, liquid and solid impurities, varying according to the source from whence derived: the temperature, the nature of the soil or rocks over which they have flown or the state of the air at the time have a marked influence in their constitution. However, we are concerned here only with *potable waters*, which include *well* and *spring waters*, *river water*, *lake water* and *ice water*. But the purest natural waters are *rain* and *snow water* from mountainous and country districts. Of course, the purity of rain water varies with the locality where it falls. In the neighborhood of large cities, where the air is charged with the products of large factories, etc., it will contain whatever of these can be washed out of the air. *Sulphuric acid*, for example, is comparatively abundant in the air of large cities. Its source is mostly from the combustion of coal containing *Sulphur*. The Chlorides in *rain water*, principally *sodium chloride*, vary with the distance from the sea coast. *Ammonium nitrate* and *nitrite* are also found in small quantity; they are derived from decomposing organic matter and

from the combustion of coal. Another source of these compounds is the oxidation of a small quantity of nitrogen of the air by *ozone* generated by lightning in its passage through it.

Rain water also contains more or less dust and organic matter, which it washes out of the air in falling. The gases found in *rain water* are carbon dioxide (CO_2), nitrogen, oxygen, and sometimes, in cities, *Sulphur dioxide* (SO_2) and hydrogen sulphide (H_2S). Finally *rain water*, as ordinarily collected on roofs of houses, is very much contaminated with both organic and mineral matter washed from the roof on which it falls. It is very liable to become putrid from the decomposition of this organic matter, and to breed the larvæ of certain insects.

Rain water is sometimes stored in cisterns, covered in and protected from heat and cold. Being fairly pure and soft for drinking purposes, it should not be stored in leaden cisterns. The waste water pipe of cisterns should never pass from the cistern to the drain, or sewers, unbroken; as, if the communication is unsevered, at some point or other *sewer gas* is apt to find its way into the cistern.

Melted snow furnishes a water even purer than *rain water*, especially if we collect that which falls toward the end of a storm.

Ice water varies very much in purity, according to the purity of the water from which the ice is obtained. Ice, of course, is always purer than the water from which it is formed, and when obtained from clear lakes or rivers it is often the purest of natural waters, owing to the fact that in crystallization of water, or freezing, it leaves part of the dissolved solids and gases in the remaining water. The absence of the usual gases, however, renders *ice water* flat to the taste.

Spring and *well waters* are simply *rain water* which has been filtered through a more or less thick layer of soil. The nature and quality of the dissolved matters, of course, will depend upon the nature of the soil and rock through which it percolates or over which it flows. In large cities, where the soil is saturated with filth, the *well waters* are *very impure*; while in well-drained and mountainous country districts they are much *purer*. Dangerous organic matter may filter through many feet of soil and poison the water of a well or spring. *Shallow wells* usually con-

tain much more organic and less mineral matter than *deep wells*, and are, therefore, more likely to contain dangerous or unwholesome matters. *Shallow wells* are essentially a pit for the reception and accumulation of the drainage from the surrounding soil. For convenience they are usually situated near the dwelling, where the soil receives more or less household waste of various kinds, and are often placed near a cesspool or privy vault. The effect of the geological character of the soil is almost entirely obliterated by this local impurity. Such waters are very deceiving, for even when disgustingly impure, are usually bright, sparkling and palatable, and are often much approved by those accustomed to their use. *Deep wells* may be regarded as *artificial springs*, as both are subjected to the same conditions. Water derived from *artesian wells* is determined by the nature of the rocks in which it is found.

I have left the discussion of *river water* for the last, because it is the vehicle usually employed by the ignorant, and the one which offers the poorest guarantee of purity in laboratory work. As we all know, *river water* is, like *pond, lake* and *sea water*, a surface water, and, like them, consists of *spring water*, and *rain water*, which has fallen upon a considerable surface of country. We know, likewise, that the chief water supply of large cities is taken from this source. Public hygiene is more concerned with *river waters* than with any other waters known, and this on account of their frequent contamination by the discharging of sewage and refuse into them, principally from *city drains* and from *manufactories* along the river banks. There is no other class of water containing a larger proportion of organic and mineral matters than *surface water*. Surface water, draining from a cultivated district, contains more organic and mineral matter than that from uncultivated regions, and the character of it is considerably influenced by the application of fertilizers to the land.

River water, of course, is more or less pure, according to the soil and watershed from which it is derived. If from peat it is dark and unpalatable; if from mountains it is usually clear and fairly pure. If it rains heavy, especially in arable districts, the water which falls as rain and percolates through the soil becomes highly charged with *carbonic acid*, which makes it fresh

and sparkling. Where it runs over lime or chalk it becomes extremely hard by taking up *carbonate of lime*. The hardness is removed by boiling, the lime salts encrusting the kettle or pan; and in persons liable to vesicle calculus and gravel, such boiling is necessary. Exposure to air also relieves hardness. But in general, we may well say that *river water* is the most *impure water* we have. Even when filtered and carefully manipulated, the softer and purer it becomes, the more deleteriously it acts upon lead pipes.

From wherever water is collected, it is usually conducted into large water works, and there exposed to the air in settling ponds, where any *impurities of a solid character* may fall: after which it is filtered through filtering beds, and then distributed *through iron and lead pipes* to the different divisions of towns. But even with all these precautions *zymotic poisons* are there in sufficient quantity to cause febrile affections and diseases of the intestinal canal, and there is not the least doubt that these poisons are distinctly associated with the question of *sewage* and the contamination of the water by *animal excreta*. *Filtration*, then, has only a relative value, and is important from a sanitary point of view, but no *filtered water*, even boiled before or after filtration, is suitable for *chemical and medical purposes*. The handling and care of filters and filtration beds is moreover a matter for serious consideration: the filters become clogged up and filthy, and the *chemicals* usually employed for the purification of these apparatus increase the difficulty. However, while not concerned here with the *character of good drinking water*, nor with *water analysis*, one word may profitably be said of each one of these subjects.

In regard to *chemical analysis* we may assert, without fear of contradiction, that while it can tell *pure* from *impure water*, it cannot detect the *disease-producing element*. Only the biologist, armed with a *microscope*, has been able to follow the evolution, behavior, and reproduction of *minute organisms and germs* of poisonous character, chiefly the unicellular type, known under the name of *protozoa*, found in all waters polluted or not.

The *pollution of rivers*, we all must admit, is a most serious affair, bearing heavily on the matter of public health, especially in manufacturing districts like Philadelphia, where town follows town along the banks of the Schuylkill and Delaware, and where

the sewerage of one town, almost of necessity, pollutes the water supply of the next. Then comes *drainage*, which also affects rivers with *waste* and *excreta*; and it must be borne in mind that waste includes not only our excreta, but those of our domestic animals, the refuse of our food, and the disposal of the water requisite for domestic uses.

By a careful review of all the preceding facts any intelligent person can readily see, that there is much difference in the water derived from various sources, that all potable waters are more or less contaminated, and that the only pure water fit for chemical and medical purposes is that obtained by the conversion of water into steam and then its recondensation by cooling.

This is a résumé of the history of *distilled* and *potable waters*, which I hope will prove sufficient to convince my critics of the errors in which they have frequently fallen, by employing *noxious vehicles* in the preparation of their *neo-potencies*.

Moreover, why run such risks, and waste precious time in the preparation of our *high dilutions*, when we have pharmacies like those of Boericke & Tafel, that are better prepared and know better than we do what a pure remedy is, and what vehicles are the appropriate ones. Shoemaker, to your shoes.

706 W. York St., Philadelphia.

AMPUTATION vs. CALENDULA.

For an outsider to chip in where the modern surgeon works is, probably, a case of the fool rushing in where angels fear to tread, but still the haunting idea persists that even the great surgeon might sometimes have done better had he used simple means. It will do no harm, however, to anyone to take a look-in.

Dr. G. Paul La Roque writes (Jour. Am. M. A., Sept. 4) of a hand crushed, "infected with gas-bacillus," amputation and recovery. He writes: "Were it not for the fact that the patient recovered from an infection which is alleged to be almost uniformly fatal, a single case report of an extremely rare infection would scarcely be worth while." He had only seen one case before so infected, in Philadelphia, a young woman with compound fracture of the ankle, who died within three days "in spite of amputation at the hip joint."

The case reported that recovered was that of a colored man whose hand had been crushed in a machine. A diagnosis of gas-bacillus was made from a smear which "showed the characteristic organism of malignant edema, together with some mixed infection." "Amputation of the middle forearm was at once performed." The next day the stump was examined and the same bacillus was found. A higher amputation was at once considered but as the patient's general health was good this was not performed, the stump was dressed and—the patient recovered.

The query arises whether in this case, and similar cases, too much faith is not put in the microscope and the alleged fatal effect of this or that bacillus? Do these things come from without or within? Would not this case have fared as well if the hopelessly damaged parts had been cut away and the remaining parts washed with *Calendula* and water and dressed with the pure juice of the *Calendula*—the *succus Calendula*? The great Hel-muth wrote in his *Surgery* that pus cannot live in the presence of this agent and if pus cannot neither, probably, can the gas-bacillus.

This treatment with *Calendula* is nothing new, or untried; it has been successfully employed in a countless number of cases in the past. It is not a poison, while the agents largely employed in its place are deadly poisons.

In a sub-rosa talk the other day with a man who does much surgical work it was said that the bichloride was applied in order to say, in case of things going wrong, that it had been employed, but the main dependence was on *Calendula* "because it is a better antiseptic, and is also healing."

Fashion—custom—authority—rules with an iron rod in medicine, as in hats; if you do the "proper" thing you are held blameless though the patient dies. Do the unsanctioned thing and though you save fifty in consequence, should the fifty-first die you may be pilloried for not following "the plain teachings of modern medical science."

Man must of necessity, in his youth, be guided by the experience of his elders, but in medicine he should remember that each age rejects the practice of the preceding age and sets up a new fashion, or authority, to be, in turn, discarded and kicked aside by the succeeding age and so on: this is the rule, save in Homeopathy, which, being truth, changeth not.

THE SEAMY SIDE OF ANTITOXIN.

The report of a death from diphtheria antitoxin which had been administered with a view to benefiting a case of asthma, that was published in *The Journal A. M. A.*, Jan. 4, 1908, led Dr. H. F. Gillette, of Cuba, N. Y., to make an extended investigation of the "untoward results from diphtheria antitoxin." The results of this investigation he embodied in a paper read before the Medical Society of New York. It was published in the *N. Y. State Journal of Medicine*, September. The following is a summary of its contents:

The number of cases investigated was thirty; of these sixteen died, while the others came so near dying as to give their physicians a very bad half hour.

The death seems to come from asphyxiation in the majority of cases, or, as Dr. Gillette puts it, "twenty-two of the cases give a history of respiratory distress." "The human subject dies from respiratory crisis. He ceases to breathe and the cessation is final."

"He has but a momentary warning of the crisis, and, as a rule, the subject is dead in ten minutes after receiving the injection."

In patients subject to asthma, asthmatic condition, hay fever, bronchitis, acute or chronic; angino-neurotic edema and neurasthenic subjects, "we should inform the subject who is to receive the serum and persons interested in the outcome of the case, and avoid its use, if possible."

The thirty cases given in more or less detail are very interesting. A composite picture of the "untoward effects" of serum would show: Gasping for breath, protruding eyes, cyanosis, frothing at the mouth, face ghastly or purple, bloated, convulsions and the like.

One of the cases that recovered was that of a physician who injected into himself 2,000 units of antitoxin in hopes of relief from asthma, from which he suffered. In ten minutes he experienced terrible dyspnoea with an over-shadowing feeling of impending death. He was able to reach an easy chair and remained in it unable to leave it for seven hours. His throat was so swollen that he could hardly swallow or talk. A severe urticaria broke out. (This is probably nature's means of giving relief.)

“He says nothing would induce him to take another dose of antitoxin, nor give it to anyone with asthma.”

Taking everything into consideration it looks as if the old “indicated homœopathic remedy” was still preferable to this product of modern scientific, and laboratory, medicine concerning which so little is known. Indeed, Dr. Gillette says of the sera in general, “it must be understood that there are many problems concerning them which are unsolved and that we are still in the experimental stage of their use.”

“Still in the experimental stage,” says he, but when one reads the many learned papers published monthly on the subject one would be led to the belief that serum was one of the few things in therapeutics about which we are on firm ground.

THE PHARMACOPŒIA QUESTION.

Editor of the HOMŒOPATHIC RECORDER:

Pursuant to making the *Homœopathic Pharmacopœia of the United States* official with the Government, a bill was introduced into and passed by United States Senate and it now lies in committee in the House.

From his report, given on page 360, August number of the *Journal of the American Institute of Homœopathy*, it will be seen that Dr. Carmichael, chairman of the Committee on Pharmacopœia, ascribes the opposition he has met with to improper motives.

As a typographical production the Homœopathic Pharmacopœia of the United States is first-class. In its arithmetical as well as in its pharmaceutical aspects it is discreditable. There is not an alcoholic preparation provided for in the work that corresponds to what it is professed to be,—not one. Because of these faults I requested the Hon. J. R. Mann, who has the bill in charge, to withhold action until the Institute could act upon it. My suggestion to Dr. Carmichael to bring the situation before the Institute brought his repeated request for my endorsement of the work. I then suggested to the late president, Dr. Foster, to do so. He turned my letter over to the secretary, and the secretary turned it over to Dr. Carmichael, which were proper

and correct proceedings. That Dr. Carmichael turned the matter, in the aspect that I presented, over to the Institute I am not able to affirm.

Using the work for the good that is in it is one thing. Adopting or endorsing it as a whole is quite another affair.

Cleveland, O., Sept. 6, 1909.

L. H. WITTE.

THE *FICUS RELIGIOSA* CONTROVERSY.

Editor of the HOMŒOPATHIC RECORDER:

Sir:—I have perused the lines which you have written in connection with the controversy relating to *Ficus religiosa*, and also the lines which you have quoted from the remarks of the editor of the *Calcutta Journal of Medicine*, in the "Editorial Brevities" of HOMŒOPATHIC RECORDER of June, 1909. In reply, I hasten to write the following lines which will, I dare say, dispel the mist of misconception that prevails in the minds of both of you regarding this plant:

(1) I have proved *Ficus religiosa*, but not *Ficus infectoria* (Pakur). It is quite true that the native name of *Ficus religiosa* is *Ashwatha*, but not Pakur. In Dr. Clarke's "Dictionary of Materia Medica" the name of the plant has been published to be *Pakur* through mistake, for which I was alone responsible. This mistake was rectified by me in all of my subsequent articles and writings dealing with *Ficus religiosa*.

(Vide HOMŒOPATHIC RECORDER, June, 1904; *Medical Advance*, August, 1904; *Journal of the British Homœopathic Society*, July, 1904; *Indian Homœopathic Reporter*, edited by me, April, 1904.)

The first volume of Dr. Clarke's *Materia Medica* was published in 1900. At the request of Messrs. Boericke & Tafel, I wrote an article dealing with this plant which was published by you in the RECORDER of June, 1904. It will be found in that paper that the name *Ashwatha*, but not Pakur, has been given to *Ficus religiosa*.

(2) The present editor of the *Calcutta Journal of Medicine* has also stated that *Ficus religiosa* does not possess the virtue

of stopping hæmorrhage from the bowels and the lungs. I don't know how to characterize this statement on his part. I cannot but confess that I have read it with a good deal of surprise. It becomes all the more reprehensible when I see that he has gone astray from the path of duty and has ruthlessly sacrificed truth before the Moloch of ignorance. He has published this amazingly erroneous statement without having consulted the General and Aymvedic Medical Works of India regarding this plant.

Sabdakalpadruma is the most learned and comprehensive Sanskrit Encyclopædia of India, and was edited by the late Raja, Sir Radhakanta Deb. If we consult the word *Ashwatha* in this book and translate the sanskrit text, we shall find that it has the virtue of stopping hæmorrhage, not only from the bowels and the lungs, but also from the uterus and the bladder.

Biswakosa, another Encyclopædia in Bengali, attributed the same virtue to *Ashwatha*.

Rajniirghanta, *Vabaprakasha*, *Charaka* and *Susruta* are the foremost Aymvedic medical books, and their names are known to all of us, and specially to every *Kaviraj* of India. In these great medical books of our country we can very easily find that *Ashwatha* has been recommended as a remedy of great value for stopping hæmorrhage from the bowel, lungs, uterus and bladder.

In *Banasadhidarpana* or the Aymvedic Materia Medica, by Kaviraj Biraja Charan Gupta Kavibhusana, Vol. I., p. 55. and also in the Materia Medica of India, by R. N. Khory, Part II., p. 559, we find that the above-mentioned virtue is attributed to *Ashwatha*.

These conclusive and authoritative opinions will, no doubt, silence him and will go a long way to prove that *Ashwatha* is a valuable remedy of Aymvedic Materia Medica possessing marvellous anti-hæmorrhagic properties. I challenge him to quote a single verse or sentence from any of these text-books to prove the contrary of what I have asserted in this letter.

(3) The editor of the *Calcutta Journal of Medicine* has written that Pakur is *Ficus religiosa*. But in spite of my laborious search of this most Latin name of Pakur, I could not find it in any of the standard books dealing with Indian plants.

David Prain, in his "*Bengal Plants*," Vol. II., p. 981; Rox-

burgh, in his "*Flora Indica*," iii, 550; Sir Dietrich Brandis, K. C. S. I., in his "*India Trees*," p. 602; Sir Joseph Hooker, in his "*Flora of British India*," V., 515, and Dr. George Watt, in his "*Dictionary of the Economic Products of India*," F. 216, have published the Latin name of Pakur to be *Ficus infectoria*. It will thus be apparent that the editor of the *Calcutta Journal of Medicine* has committed a sad error in publishing this false name of Pakur. We are sadly eager to behold the mote in our brother's eye, and don't pay the slightest possible attention to our own condition. This carping propensity should not be displayed by any self-respecting member of our profession. It is not possible for me to enumerate all the cases that have been radically cured by me and by other homœopaths with the help of *Ficus religiosa* in this short letter. I have a mind to do so later on. I don't know why the editor of the *Calcutta Journal of Medicine* has tried to mislead the minds of my colleagues by the totally erroneous remarks.

He, who has the audacity to write anything disparagingly against a known remedy, must not do so without rhyme or reason; but should substantiate his statement with well-authenticated and authoritative opinions. In a serious controversy vague statements are of no avail and they generally fall flat on the ears of those for whom they are intended.

I am fully conscious of the responsibility of my position and know very well how to prove drugs.

No one can fail to read between the lines with which he has concluded his article without detecting his deliberate purpose to pour ridicule upon the head of a tried remedy and his admonition to the future compilers of our materia medica is not only ill-timed, but also ill-conceived.

In conclusion, I request my colleagues to rise to the height of their responsibilities, to dive deep to the bottom of the matter and to arrive at a true conclusion.

SARAT CHANDRA GHOSE, M. D.,
Editor of the *Indian Homœopathic Reporter*,
Bhowanipore, Calcutta, India.

THE TREATMENT OF MALARIA.

Editor of the HOMŒOPATHIC RECORDER :

In the RECORDER of the 15th inst., page 425, you ask for helpful things on malaria.

If it will help, I am willing to state my experience in treating intermittent fever.

I cannot arrest a paroxysm or prevent recurrence with any potentized remedy, and after long and disappointing efforts along such lines I have given up trying.

Massive doses of sulphate of quinine will not (neither will anything else) break up a paroxysm after it sets in, but it certainly will *prevent recurrence* if given at the *golden moment*. This "*golden moment*" is as important as the remedy itself. It comes *first* after the whole paroxysm—chill, fever and sweat has been completed. Just then—when the storm is entirely over—give ONE DOSE, the size of which I will indicate later.

The GOLDEN MOMENT comes again three (3) hours before the next paroxysm is due; always remembering that the recurrence—in a tertian or quotidian—is to be expected *one* hour earlier than the last attack. If the last attack occurred at 12 M., the next may be expected at 11 A. M. Therefore, to ward it off, it is necessary that the dose be given at 8 A. M. Now, as to the size of the dose: If your patient has not habitually used quinine, give 3 capsules of 5 grains each. If he is a user of the drug—moderately—give 25 grains. If he has used a *great deal* of it, give him a dose of 40 grains. Don't be afraid of it. The intensity of the malarial toxæmia will prevent marked physiological effects of the quinine, and should such physiological phenomena—as tinnitus aurium—follow, combat it by the physiological use of any bromide, preferably the bromide of sodium in 5 or 10 grain doses.

The paroxysm itself never arrives. The patient is thankful. You are happy. Perhaps your conscience accuses you of a departure from the straight road of the LAW; but a moment's reflection will reassure you that you have done nothing of the kind; sulphate of quinine being homœopathic to the disease, malarial intermittent fever, beyond a peradventure.

Following such treatment, when fully assured that the acute

condition has been pretty positively blotted out. I put the patient on *Arsenicum* 30x, two or three times a day for a week.

By this course I have never yet failed to break up "chills" in *regular, typical* cases; whereas, by the system of trying to find the potentized similiad, my patients usually left me after repeated failures and took up permanent relations with my "regular" brethren, who *could* and *did* "stop the chills."

If one wants to be doubly sure that the seizure will not recur, I do not know that any harm would come from availing yourself of *both* of the "golden moments:" giving—say—15 grains at the one following the attack and 20 grains at the one preceding the expected attack.

This I once did when I myself was the patient, with satisfactory results and not a recurrence in now over ten years.

As to the treatment of *irregular* forms of this disease, *made so in every instance by the careless use of quinine at wrong times*, may have something to say later.

JOHN F. KEENAN, M. D.

Brentwood, Md., Sept. 22, 1909.

CONCERNING DR. MCINTYRE'S CONTRIBUTIONS.

Editor of the HOMŒOPATHIC RECORDER:

I have just finished reading the article on "Kali phos." by E. R. McIntyre, M. D., Chicago, Ill., in which he expresses discouragement in writing papers for our journals, and would like an "Expression from members of the profession," etc.

Allow me to say, that, while I have not the honor of acquaintance of Dr. M., I have always read his articles, whenever I have met them, with great profit and pleasure. I, for one, sincerely hope he will continue in his excellent, thorough work of analysis and detail.

Prescriptions made under the law of Homœopathy are so peculiar, and, when accurate, are so reliable, and the younger practitioners seem to be so absorbed in the spectacular modalities outside of our particular field of work, that there cannot be too many articles written (and I hope, read), and printed, that shall have *materia medica pura* for their subject and exposition.

Let no one, then, who is able to expound our homœopathic drugs, ever fail to express in writing his fullest knowledge and experience to the profession at large, and, through it, to humanity. The older I grow and the more I practice, the firmer believer I am in the efficacy of drugs homœopathically administered. I admire the aids we have in Roentgen ray, high frequency, static electricity, leucodescent lamps, vibrators, etc., etc., and at the same time my admiration for the accurate homœopathic prescription grows apace. I pray Dr. McIntyre to continue his excellent studies and writings.

LAMSON ALLEN, M. D.

20 Elm St., Worcester, Mass.

DR. McINTYRE'S PAPERS.

Editor of the HOMŒOPATHIC RECORDER:

I just finished reading Dr. E. R. McIntyre's paper in August number of RECORDER, and will say I always read them with interest and profit. I have two volumes of the *Hahnemannian Advocate*, in which he has a number of good articles. Don't get discouraged, doubtless there are a great number of physicians who turn to articles with your name attached.

Yours Frat.,

DR. B. L. GORDON.

Roanoke, Ind., August 20, 1909.

CONFUSION OF THE LAW OF SIMILITUDE WITH THE CHANNELS OF INTRODUCTION AND DOSES OF THE REMEDIES.

A Reply to Dr. C. M. Boger, of Parkersburg, and Dr. Poinpe,
of Vancouver.

Editor of the HOMŒOPATHIC RECORDER:

In the July number of the RECORDER, pages 317, 318 and 313, appeared a few objections and questions relative to a paper of mine published in the previous number of the same journal *On the Hypodermic Injections of Remedies Selected in Accordance With the Law of Similitude.*

Dr. Pompe starts his criticism by saying, without giving a reason why, that my procedure savors much of allopathic methods, appearing to ignore that Homœopathy does not consist in the material act of introducing a remedy by the mouth, neither any other outlet of the body, but in the relation of similtude existing between the pathogenic picture of a remedy and the complex of symptoms of a given disease. And so we have that, either if we administer a remedy by olfaction, as Hahnemann so frequently did, or by the mouth, rectum, or hypodermically. such a secondary matter would not altar its homœopathicity. What is an indispensable condition in Homœopathy is strict individualization, as stated in my anterior papers.

Commenting on the methods employed by Hahnemann for the administration of remedies, Dr. Leon Simon, Sr., says: "These various ways of administration to which *many others can be added, and will be added with time*, constitute a series of experiments and trials, *indispensable experiments* in a new therapeutics, *unavoidable trials*, when we endeavor to establish this therapeutics with the precision demanded by the truth it involves. (*Commentaries on the Organon*, page 600.) Of course, it is unnecessary to mention that Leon Simon was one of the most illustrious homœopathic practitioners of Paris.

It is routinery, indeed, to pretend that only one way or channel is the scientific one for the administration of remedies. And here, I repeat, the way of medicinal penetration has absolutely nothing to do with the governing law of Homœopathy. *Amyl nitrite* is, in its individual cases, homœopathic, whether it is introduced by the *mouth, by olfaction or hypodermically*. *Baptisia θ*, *Chininum sulph.* and *Hamamelis 3x* are homœopathic to various morbid processes, whether they are administered by rectal injections or by the mouth. Hahnemann says that Homœopathy does not prescribe medicinal enemas (*Preface of the Organon*), although he recommends the endermic method, for he asserts that remedies by friction, together with doses by the mouth, cure more rapidly than only by the mouth. (*Doctr. and Treat. of Chronic Diseases, Preface*, page VII.)

When we introduce a remedy in the organism (*mouth, intestines, skin*) we do no more, no less, than to bring it in contact with an absorbent surface, and, according to my views, Homœop-

athy can follow its law and remain always immaculate, whether the remedy is given by the mouth or subcutaneously. Why could not the one who gives remedies by olfaction and friction administer them in *enema* or *hypodermic injections*? Are the buccal and pituitary mucosae and the skin better absorbent surfaces than the intestinal mucous membrane and the subcutaneous tissues? I do not believe there is a physician who would dare to support this position. If Homœopathy does not reject *olfaction* and *friction*, why should it be so illogical as to repudiate *enemas* and *injections*? Moreover, as I have already stated, Homœopathy has nothing to do with manner of penetration of the remedy.

Our colleague, Dr. Pompe, asserts that the remedies introduced subcutaneously do not act as rapidly as by the mouth, and although he gives no reason for such an assertion, neither he tells us if he has already experimented with the injections of our remedies, only way of being able to judge of their value, I will mention here a rigorous scientific fact which appeared in the *Hahnemannian Monthly*, December, 1908, pages 887-888: It refers to a lady who entered the homœopathic hospital of Massachusetts suffering from chronic diarrhœa. Her index to colon bacillus was .45. Being relieved by *Natrum sulph.* at the beginning of the treatment it was decided to repeat the remedy, which continued indicated. It was administered by the mouth. She was a month under observation without any change in the opsonic index. Upon June 16th she was *given, hypodermically, Natrum sulph. 200x*, and upon the 22d this dose was repeated. June 26th index was found to have risen from .45 to .7. June 28th it was .88. On this day a third dose of the same medicine was given. Upon July 1st the index was .96, and upon July 4th 1.6. At this time one dose of *Natrum sulph. 30x* was given in water and so repeated at intervals of a few days thereafter. The index upon July 12th, was 1.3; July 24th, .6; July 29th, .9. Here again one cannot draw conclusions from a single case, but it seems that the drug given *hypodermically* in the indicated strength exerted a more potent effect upon the index than when it was given in another potency by the mouth. In August the patient was sent home cured.

And I summon now Dr. Pompe to state if this is Homœopathy or allopathy. (This datum was taken from the excellent paper of

Dr. Watters, of Boston, entitled "*The Law of Immunity and Homœopathy.*")

The rest of Dr. Pompe's paper is too puerile to be seriously refuted. Any physician knows quite well that before using syringe and needle these must be sterilized with alcohol first and then by boiling. Even in the most urgent cases this can be accomplished and without fear of admixtures.

And I now pass to reply Dr. C. M. Boger, of Parkersburg, by saying that only the note of paragraph 244 is in apparent opposition to what I say in my paper referring to the administration of *Quinine* in massive doses. Textually, the note says: "Larger and oft repeated doses of *Peruvian bark* and of *Sulphate of quinine*, may indeed rid such patients of the typical attacks of marsh intermittents, but those who were deceived in this respect will remain diseased in another manner *unless relieved by antipsoric remedies.*"

Now, Hahnemann says that *unless antipsoric remedies are administered*, the patient does not get well; but we know also that any remedy may be antipsoric if it has a relation of similitude with the malady, or better still, with the patient, and if *Quinine* or its *sulphate* are administered without being indicated by the totality of the symptoms there is no doubt that instead of curing the case it will be spoiled, just as it would happen with any other remedies, whether given in strong, feeble and even infinitesimal. What is said of *Quinine* is applicable also to *Arsenicum*, a drug so much abused by the old school in the treatment of malaria.

From these statements we infer that there are cases of intermittent fever needing *Quinine* for their cure without the aid of any other remedy, and if indicated, the question of dosage or attenuation is exclusively under the domain of experience. A homœopathic physician does not cease to be such for giving strong doses, just as a disciple of Galen will not become a homœopath by using infinitesimal doses, if not guided by the *law of Similitude*. For, although the attenuation of our remedies is a general consequence of pathological physiology, there are a certain number of drugs which act better in the lower dilutions and even in the mother tinctures. *Bryonia* can be used from the lowest to the higher attenuation, *Berberis vulg.* is only used in the mother tincture, *Hamamelis* is chiefly employed in the mother tincture, and *Mercury* is administered in ponderous doses in syphilis.

Clinical experience teaches us that dosage should vary with the remedies and with the diseases in which they are employed. For instance, *Mercury* is given in ponderous doses in *sypphilis*, but in *dysentery* it should be administered in dilution. *Sulphate of quinine* should be prescribed in massive doses when we intend to combat malaria. *Nux vomica* and the poisons when indicated here act much better in infinitesimal doses. Moreover in the *Nouvelles Lecons de Clinique Medicale*, page 13, by Dr. P. Jousset, we may find the clinical demonstration of the selection of the doses. No one has given us so far a law to choose the doses, and *clinical experience* only can relatively solve this difficult problem.

It is a sign of obstructionism to pretend to impose on us a single mode of administering remedies. *Homœopathy* will never prevent its followers to employ the way they may judge more conducive to good results. But this fact does not make a homœopath a follower of Galen, or *vice versa*, for the manner of introduction of the remedy in the body does not exclusively belong to any school of medicine. Neither does the bulk of a medicinal substance determine the methods of any school of therapeutics. What characterizes our school is the *observance of the law of Similars*, when selecting the remedy.

Commenting on the pretensions of certain homœopaths to dictate to their confreres the only way they claim to be proper for the attenuation of our remedies, our illustrious friend from Lyon, France, says: "It is singular, indeed, to observe that under these circumstances, some of our colleagues, while rejecting the name of *Hahnemannians*, become *Hahnemannians* at once, and invoke the authority of Hahnemann when they wish to reproach other homœopaths, who, for following the example of the master, are under other circumstances called *Hahnemannians* without disdain. Did not Hahnemann accept certain modifications proposed by his disciples, and did he ever recommend his followers to remain inactive, and sunken in routine." (*Des vrais caractères de la thérapeutique expérimentale*, pag. 67-68.—J. Gallavardin.)

This can equally well be applied to the administration and dosage of remedies.

DR. RAFAEL ROMERO.

Merida, Yuc., Mexico, 64 Sur. 581.

A NEW ITCH AND POSSIBLY A NEW REMEDY.

The following is taken from the *N. Y. Medical Times* for October. It seems to be a good proving (externally) of cement. Whether a good trituration of cement would possess any virtues in certain skin diseases is a question that trial alone can solve. Here is the paper in full:

“Cement maker’s itch is a new disease of occupation, entirely distinct from ordinary itch; being neither parasitic nor contagious, but produced by the chemical or mechanical action of the cement upon the skin. Some physicians have attributed the corrosive action to calcium carbonate and to sulphuric acid. Fresh cement, however, does not contain calcium carbonate; and it is questioned whether slaked lime or even partly slaked lime will produce this effect, for masons working with lime mortar are seldom if ever attacked with cement maker’s itch. The quantity of sulphuric acid in cement is very small. Possibly the effect may be explained by mechanical friction between the skin and very fine but hard particles of cement. Briquette makers, observes *Scientific American*, are subject to a similar but less serious annoyance. Cement maker’s itch and ordinary itch have one symptom in common—intense itching, especially at night. The itching appears to be increased by the heat of the bed, and is also more annoying in summer than in winter. Scratching may produce infected wounds and swelling. Cement maker’s itch is an occupational disease; true itch is seldom such. The latter can be cured comparatively easily, but not so cement maker’s itch, which is likely to be followed by eczema and other complications. The managers of cement works should always require their workmen to wear cotton gloves and garments tightly fastened at the neck and at the wrists. Cement workers on arches or ceilings should wear masks. Both gloves and masks should frequently be washed.”

At the request of the editor Messrs. Boericke & Tafel have made a trituration of *Cement* up to the 3x. If you have any intractable skin cases it might be useful to see what it will do for them and report.

THERAPEUTIC POINTERS.

At a hotel this summer one of the guests mentioned the fact that he was very subject to nose-bleed; the landlord spoke up and said, "Rag weed will cure every case." A few days after hearing this comes the *Medical Summary* (Sept.) with an article by Dr. J. A. Ward, of Troy, Mo., in which he claims that *Ambrosia artemisiaefolia* is a specific for nose-bleed. "When up against a dangerous case don't stop to plug up but make a decoction of the rag weed, if it is handy (or use the tincture), and give it in strong doses internally." Several clinical cases are given; one which had been going on for forty-eight hours was stopped with the second dose.

"I want just here to condemn the increasing list of laxatives with fancy names, all of which are the same old racket—*Aloin*, *Strychnia* and *Belladonna*. *Aloin* does great harm to folks who have tender rectums or piles, and it will give tender rectums to those who have tough ones in a short time. The *Belladonna* simply paralyzes peristaltic energy, and adds to the constipation in time. The *Strychnia* is not needed at all, so the whole formula is bad; but there is a big profit in the thing, and the manufacturers keep right on doing harm instead of good.—Dr. H. R. D. Blackwood, *Phila.*, in *Med. Summary*.

Dr. L. Merch (*Hom. E., E. and T. J.*, Sept.), of Brussels, Belgium, finds *Chromo-kali sulphuricum*, in the 1x, 2x or 3x trituration, a good remedy for hay fever, both as a cure and preventive. He gives nine cases, in eight of which it proved to be more or less effective, while the one in which it failed was a woman who for years had used a strong local application of cocain. Some slight provings by Dr. Merch and a colleague developed red, swollen mucous membranes, sneezing and pricking sensations in the eyes.

"*Calcarea* is a more universally needed remedy, perhaps the most valuable of all the general remedies for tuberculosis, especially in pretubercular conditions—the fat, flabby, pale children with tonsils and adenoids, and enlarged glands, with cold feet and sweating of the head at night, with the dyspepsia that is so often the first symptom of phthisis, with its dislike of fat and milk, sour eructations, the aggravation of symptoms from cold and damp.

dislike of open air, desire for warmth."—*Dr. B. D. Wheeler, British Hom. Review.*

The *Indian Homœopathic Review* (May, '09) tells of a case of diabetes cured, remaining so for six years, by *Picric acid* 30.

Dr. P. C. Majumdar (*Indian Hom. Rev.*, May) relates four cases of very severe small-pox, one confluent and black, that made brilliant recovery under *Malandrinum* 200th.

"For the pain of orchitis give five drop doses of *Pulsatilla* every two hours," is a floating item in our esteemed "regular" journals. Now where did they get on to that?

Drs. Comet and Pinert at the First National Congress of Tuberculosis, at Saragossa, Spain, said: "After a careful review of all the chiefly accepted *Tuberculins* we consider ours (the homœopathic) the most useful."—*Fornias' Hahn. Monthly.*

BOOK NOTICES.

A Text-Book of Materia Medica and Therapeutics. Characteristic, Analytical and Comparative. By A. C. Cowperthwaite, M. D., Ph. D., LL. D., Professor of Materia Medica and Therapeutics in Hahnemann Medical College and Hospital of Chicago, etc. Tenth edition, with an Appendix, enlarged, including new remedies. 864 pages, 8vo; canvas, \$5.00; half morocco, \$6.00; postage, 28 cents. Philadelphia: Boericke & Tafel, 1909.

In its make-up—paper, printing and binding—this is a fine, satisfactory book. The paper is the light, spongy "rag" variety, the paper favored by the publishers of England. It is strong, binds well, takes a good type impression, and, above all, is very easy on the eyes of the reader. The "cloth" binding is what is known to the trade as "canvas," pleasing to the eye and exceedingly durable.

As for the book itself nearly everybody knows about "Cowperthwaite's *Materia Medica*," this is the tenth edition, a fact that tells the tale of the usefulness of a medical work. The "Pronouncing Index" requires eight pages, embracing in the neigh-

borhood of three hundred remedies. In this Index the name and pronunciation of each drug is given in full, with, of course, the page on which it is found. This part is credited to Dr. Gross. The book is rounded out with a very useful "Clinical Index," where, after the name of each ailment, or organ of the body, will be found the drugs used or indicated.

As for the text matter the author writes in his "Preface to the First Edition: "Up to the present time even the most condensed works on materia medica present to the mind of the student only a vast array of unmeaning symptoms, with nothing to point out their comparative value, or to assist in their practical application." So the student is apt to be discouraged. Cowperthwaite starts in by giving the general, or physiological action of each drug, which, being easily mastered, gives a firm foundation for the detailed, and intelligent study of its homœopathic symptomatology. This symptomatology our author, in general, divides into two groups. 1st. Those symptoms which occur very often in the provings, and which have been verified beyond question in practice, these, the "grand characteristics," are printed in *italics*. The second group are those symptoms which occur less frequently in the provings, but have been equally positively verified in clinical work; these are termed characteristic, and are printed in the regular type of the book. The remaining symptoms of the materia medica, he holds, have their place in the encyclopædia, or unabridged materia medica, but not in a practical, working book. "In presenting the therapeutic range of each drug, only those diseases or morbid conditions have been named in which the symptoms of the drug are most apt to occur, and in which clinical experience has most often verified its use, yet it must ever be remembered that diseases are not treated by name, and that it is only when the totality of the symptoms presented by the patient corresponds to those of the drug that its use becomes homœopathic." In subsequent editions, notably the 6th, the entire work was carefully revised and largely rewritten, though there was no deviation from the plan outlined in the first edition. The chief change made was that of enlarging the brief "therapeutic range" of the earlier editions to the "Therapeutics" as they now stand, which cover the entire therapeutic action of the drugs so far as they have been discovered up to date. The author has endeavored to include everything reliable in therapeutics, as found in homœo-

pathic literature; in this he has drawn on all books and current literature.

The whole book is a masterly summary of what is verified and practical in Homœopathy, so arranged as to be of the greatest convenience to the man who has to treat the sick. That the author hits the bull's eye with his literary arrow is proved by the fact of this, the Tenth Edition, being now before us. The world knows what it wants.

The Scientific Reasonableness of Homœopathy. By Royal S.

Copeland, A. M., M. D. 57 pages. Cloth, 50 cents.

This monograph is, as it were, the active principle of a number of addresses delivered during the past few years by the author and presented in one brilliant whole. The monograph is true to its title. It places Homœopathy and its Law in the same category with the isms that are accepted as science in medicine; demonstrates to the unprejudiced that by the same rules it is quite as scientific as the best of them, while to the esoteric it is plain that it is far ahead of all of them as a real science. It is a good book to read to gather therefrom data with which to rout the ultra and smug men who flout Homœopathy and say they are very scientific.

BARTLETT'S DIAGNOSIS.

The RECORDER is indebted to Dr. Fornias for the following interesting translation from the *Revista Hom. Brazeleira*:

"In a controversy between the *Gazeta Clinica* de S. Paulo (allopathic) and Dr. Faust von Ebeling, of Brazil, a homœopathic physician, among the many good points made by our confrere in defense of homœopathic medical knowledge, he extolled highly the Text-Book of Clinical Medicine (Principles of Diagnosis) of Prof. Clarence Bartlett, stating, that if the critic of the *Clinic Gazette*, of S. Paulo, had reviewed and consulted this work, he certainly would not have dared to say that the homœopaths do not know how to diagnose a case, and completely ignored the A, B, C of contemporaneous semeiotics. Dr. von Ebeling also says that a conscientious allopath of Rio had declared that in regard to the semeiology of the blood he did not know a better book than Prof. Bartlett's *Diagnosis*."

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EDITORIAL BREVITIES.

PROGRESS.—The leading editorial of the *Journal A. M. A.*, September 11th, is noteworthy. It is on "Infant Mortality." It opens as follows: "Probably nothing is more fatal to real progress than a mistaken idea that such progress has already been accomplished." Many cherish the belief that medical science has greatly lessened infant mortality, but what little decrease there has been seems to be due "chiefly to the improvement in general living conditions." Figures are then cited in proof from many countries. Take our own country by decades, the death per thousand under one year of age run: 1860, 207; 1870, 200; 1880, 231; 1890, 234; 1900, 191. In the years intervening they have risen and fallen. In Europe the countries run about the same save in Switzerland and Italy, especially the latter country, "the last one from which it would be expected," as it does not enjoy the benefits of modern medical science so much as the others. Prussia, the home of that science, shows but little change, *i. e.*, 205 against 199. The chief hope that the *Journal* sees is in hygiene and "the proper instruction of mothers." etc. Why not try plain Homœopathy? We heard of an eight month child this summer who had unlimited money and a very highly educated and scientific physician, called in June, in September the kid was still under treatment. This proves nothing. Neither does the fact that infant mortality is about the same as it was in the medical dark ages of 1860. But it makes one think that there is a screw loose somewhere, or else this age is not as "brilliant" as it says it is.

TUBERCULOUS "LITERATURE."—After reading some of the condescending matter sent out by learned bodies for the "education of the public" on matters pertaining to consumption one is inclined to the belief that the spirit of "Sanford and Merton" must have been reincarnated. For instance: "What is pulmonary tuberculosis or tuberculosis of the lungs?" Answer: "Tuberculosis is a very common and fatal disease of the lungs, which is given by the sick to the well." The first part of the answer is Sanford and Merton, the second part is balderdash. The cause of tuberculosis is "a tiny living germ." To avoid the disease you must "keep strong and healthy." Bully! Avoid "eating candy or chewing gum which other children have had in their mouths" is commendable advice, as is "go to a doctor" when a cough persists. If you accidentally spit where you should not, gather up the sputum and burn it with fire, or cover it with "lye and water." Don't kiss or shake hands. "Don't spit," or "let others spit." The last bit of advice should be qualified, for the spitter might be a scrapper. There are good intentions in all this literature, but its style leaves much to be desired. There is too obvious a "writing down" to the public. Writers should use care to conceal the fact that they are a superior race to "the herd."

WHY IS IT?—Year after year, year after year, we read of the discovery of this, that and the other agent, or substance, or what not; its chemistry cannot be questioned, and theoretically its action must be scientific. Disease should cease in its sphere of action. Year after year, year after year the list of these chemically scientific things increases—increases so greatly that no man can compass them—yet disease holds its own, giving way to sanitation and better living only. The only things in medicine that disease has to fear are the remedies of the homœopathic physician: the others come and go and change, are discovered and forgotten, while disease pursues its unruffled way. Why is it that the world does not accept Homœopathy?

A HINT, MERCURY AND IODINE.—A European professor, Yvert, warned his hearers not to use an ointment of yellow oxide of mercury, or calomel, in the eyes, or elsewhere, on patients who are taking iodine in any form, else violent irritation will result. Fortunately homœopathic physicians have no need for using these drugs in material quantities.

MORE VACCINATION.—The anti-vaccinationists are working like beavers to put an end to cow-pox vaccination—and succeeding to a considerable extent—yet here are the “dominant” ones breaking out in a new, in many new, vaccinations. Russell, in the *Military Surgeon*, dwelling on the great things to be expected from typhoid vaccination, says that about 35,000 men in the army have been treated to this new form with “magnificent results as regards protection” and with no untoward results. At present no one can dispute these claims, but sound reason will not assent to them. It is not reasonable to believe that the blood of a man can be inoculated with vaccine after vaccine without “untoward results.” The effect is not superficial, but sooner or later it will crop out and it will not be pleasant.

SAUSAGES.—In the August issue of the *Medical Review of Reviews* we find an abstract credited to “Signer” (*Annali d’ Igene Sperimentale*, Vol. XIX, 1909), “On the viability of certain micro-organisms in sausage,” which might be rendered into street lingo, “On the ability of bugs to live in sausages.” The conclusion is gratifying to all lovers of this sometime ridiculed edible. To make a long story short it was found that the anthrax bacillus, the pneumococcus, the glanders bacillus, the staphylococcus pyrogenes, the bacillus prodigeosus, the streptothrix, and the bacillus of pseudo-tuberculosis, all succumbed when caged in the sausage. The hardiest held out for twenty-two days, while some of the frailer gave up inside of two days. Thus it seems that the sausage may be regarded, scientifically, as a culinary harbor of refuge from the bacilli.

MORE NEW WORDS.—In a communication to “The Journal” Dr. T. L. Hazzard, of Pittsburg, states that in writing a paper he wanted a word for diseases that give immunity from a second attack but finding none in the dictionaries had recourse to “sem-elincident,” meaning “happening but once.” It is not to be found in the dictionaries. To this the editor suggests that in his humble opinion the word “immunifacient,” also not in the word book, would be better. Words are used to conceal your meaning; to express your meaning; also to reveal your feelings, and for some other purpose; for instance, to convey the impression that you

are very learned. It seems to us that "happening but once" would be clearer to the average doctor than "semelincident" or "immunifacient," even though it does not give the vague impression of profundity. However, Drs. Hazzard and Simmons have quite as much right to coin new words as the men of the past. If the verbal dance gets much faster it will require all the student's gray matter to master the words alone leaving none for weightier things. Then another von Hohenheim will be needed.

IS IT WORTH THE PRICE?—The Proceedings, Transactions, etc., of the late Congress on Tuberculosis have been printed—7,000 sets of eight volumes to the set. They are printed in English, German, French and Spanish. It required seventy-five tons of paper to print this stuff, and \$5,000 for distribution in the United States alone. What the cost of composition, press work, binding, etc., was is not given in the report before us, but it must have been a goodly sum. Whether the money could not have been expended to better purpose is a question the reader can answer for himself. With a few literary exceptions this mass of printed matter very likely will soon be sold for waste to the paper mills, for no one will read it or preserve it. Probably the next Congress will prove that it is all bosh anyway, for thereby is an advancing tendency most easily demonstrated.

SMALL-POX AND ITS ORIGIN.—On this point the *Monthly Bulletin* of the New York State Health Department tells us that: "Small-pox is not caused by impure water supplies, bad drainage, uncleanness, or any insanitary condition; it is a disease which develops only in susceptible persons, who catch it from small-pox patients directly or indirectly." If this can be verified then it follows that small-pox is an entity, as much so as the potato bug or the gypsy moth. Undoubtedly every case of disease has a cause, and the question is: Is the cause of disease an entity or result of the violation of the laws of nature?

THE VERBALIST ABROAD.—The verbalist has broken loose in medicine, and if he is not caged soon he can have a merry time, for few can escape him. The following letter from "The Journal," September 11, tells the tale:

To the Editor:—I agree with Dr. Keen's contention in "The Journal" (August 14, p. 572) that the use of "data is" is a violation of an obvious rule of grammar; yet I doubt very much whether this practice prevails on a larger scale than that of the unwarranted promiscuous use of "ought" and "should," of which Dr. Keen himself is guilty, when in the closing sentence of his second paragraph he says, "But it ought never to occur." "Ought" is a defective verb and denotes a moral or a personal obligation; and "should" is the imperfect form of "shall," and may, though it does not always, imply a social obligation. Thus, we ought to obey the laws; but we should not give offense. We should be good grammarians; but ought to be honest. Besides, the use of the neuter impersonal pronoun "it," in connection with the verb "ought," is an incongruous combination, and the sentence referred to should, therefore, read, "But it should never occur."

THOMAS J. MAYS, Philadelphia.

JARRING THE SPECIALISTS.—Dr. Burdick relieves his feelings (perhaps some will say "amen!") as follows: "I have often wondered, what mental process leads the specialist to write a paper upon some unheard of subject, when attending a medical convention in the country, and who strolls out into the ante-room, or holds a conversation with some acquaintance, while some country doctor is laboring with a paper on some practical, everyday disease. Is it superior wisdom, or would he have the convention believe that he is so well posted upon common topics, that they no longer interest him. Why the patronizing air that he assumes in meeting country physicians or in debate? Possibly the specialist knows it all; but there is a well-grounded suspicion that the country physician knows more in one minute about the real theory and practice of medicine than this gentleman will in his whole life." Down at the root of the matter it will be found that there are specialists and—"specialists." It is also to be noted that Dr. Burdick not being a homœopath is not referring to our homœopathic men.

THE "EMMANUALS."—Dr. F. F. Casseday thus lets go at the "Emmanuals," or one of them, in the *Wisconsin Medical Re-*

corder: "A recent addition to the ranks of the cult is a clergyman and his methods are typical of those of a majority of the practitioners of this latest mind cure fad. He is evidently out for the coin as he charges good stiff prices, and expects the poor as well as the rich to pay for his valuable (?) services. He has no license to pay, has never expended any time or money on a medical, anatomical or physiological education, has never studied psychology, has sneered at Christian science and its votaries, has no office rent to pay as he uses the church for his work, and all things considered has a nice, fat, juicy graft, in addition to his salary from church for ministerial work. He is so flushed with success that now he is treating abdominal tumors by his peculiar (?) method, and continues his treatments as long as the patient's money, faith and credulity hold out." "What fools these mortals be!"

A PATHOLOGIST ON HOMŒOPATHY.—Dr. W. H. Watters in his paper read before the American Institute of Homœopathy (*New England Med. Gazette*, Sept.) states that at the beginning of his career he was very skeptical towards Homœopathy. Twelve years of laboratory work (he is professor of pathology, Boston University), however, has wrought a change: "The result is that the skepticism has entirely disappeared to be replaced by a firm and steadfast belief that the statements made by Samuel Hahnemann scores of years ago are in their essential features not only true but are now becoming capable of actual laboratory demonstration. In other words, I have by laboratory and allied study become convinced that the phrase *similia similibus curentur* stands for a great principle not only in connection with drug therapy but probably applicable to many other remedial agencies as well. I believe that the production of immunity, that goal so ardently striven for by the dominant school in medicine, has been, is now, and will be in the future attained largely, if not entirely, by application of the same principle that underlies the homœopathic faith." Young men heading toward allopathy ought to re-read the foregoing, indicating, as it does, that the very acme of "modern scientific medicine" consists in old Homœopathy, the science of therapeutics.

TRICHINOSIS.—The *Chicago Medical Times*, September, con-

tains a paper on this subject by Dr. C. N. Brown, of Fairmount, Ind., who recently attended four cases, one of which died. Autopsy revealed the cause of the death, trichinæ. Before her death the girl confessed to eating a little raw sausage that the family, farmers, were making. Further inquiry revealed the fact that numerous rats had been caught and were disposed of by feeding them to the hogs. This is a point worth noting by any reader having a country clientele. The hog, contrary to the common belief, is by nature and preference a cleanly animal, but he is often given a raw deal in his food, and the result is trichinosis, or some other disease for which man is responsible.

THAT TUBERCULIN TEST.—This test seems to be universally accepted by the “regular” profession, yet if you were to ask the next man whom you meet who practices it what are the scientific grounds for its acceptance he would probably be unable to give a satisfactory answer; he accepts it on—tradition. Dr. Franz (*Weiner Klinische Wochenschrift*, July 15) relates seven years’ experience with it on 1,000 soldiers: 575 positively responded. “Only a small proportion of those giving a positive response have shown any signs of tuberculosis during the years since.” He advocates bigger doses for the “test.” Oh, you scientific medical world!

ARE IDIOTS ALL BLONDES?—In a letter to the *Medical Record*, August 21, Dr. Bertha C. Downing, of Lexington, Mass., writes that in the past twelve years 3,000 feeble minded and epileptic children have come under her observation. “The congenital feeble minded in this 3,000 were, with few exceptions, blondes, and those exceptions were not true brunettes.” Another peculiarity is that in many the forefinger is longer than the third finger. It does not follow from this that every blonde is feeble minded or that every brunette is strong minded.

MORTALITY.—Dr. G. R. Turner, *The Lancet*, July 24, advises early operation when a diagnosis of appendicitis is made, and attributes “the present mortality of operations during attacks almost entirely to delay.” From this it might be inferred that there is considerable mortality. “*Itis*,” we believe, stands for inflammation, and there be men who think that inflammation belongs

rather to medicine than to the operating table. Then, too, it is said that unless a man is a good diagnostician he may mistake old fashioned bellyache for the more formidable disease, which some men say is of rather infrequent occurrence. There is so much to learn in this world that all have their limitations, though not all will admit it.

ANOPHELES NOT IN THIS EPIDEMIC.—The London letter of the *Journal A. M. A.* tells of official reports received from the Governor of the Seychelles Archipelago, 750 miles northeast of Madagascar, describing an outbreak of an epidemic of malaria which was remarkable from the fact that the closest investigation failed to reveal a trace of the anophele mosquito. The epidemic started in the dry season. "Further search for the anopheles during and after the rainy season was made for five months, but it could not be found." Apparently a conservative skepticism is desirable towards the too much heralded discoveries of to-day, which are too often a confusing mixture of fact and hasty theory.

TESTING THE PATIENT.—One of the leading papers in the *Medical Record*, August 7, is devoted to the "Ocular Tuberculin Reaction." For four days the patient's face is washed with soap and water three times a day and a 1/8,000 solution of bichloride of mercury is dropped into the eye after each washing. After six days a culture is taken, and if any bacteria are found the operation is resumed for two days; after this the eyes, or eye, is irrigated for two days with a saline solution to wash away the bichloride and any organism remaining. Then another culture is taken, incubated for twenty-four hours, and if no organism is found, the eyes are bandaged for an afternoon, and "the tuberculin test is made in the usual way." This procedure is probably very satisfactory if the patient be rich and confiding. The actual value of the tuberculin test is generally placed in the "doubtful" category after it is made.

DR. W. OSLER AGAIN.—The *British Medical Journal*, July, has for its leading paper "The Treatment of Disease," by Dr. Osler. It is chiefly advice to students. Among the many things the student should do is to personally give a syphilitic baby daily inunctions of mercury and "he should give deep injections of calomel." The homœopath naturally asks, "But how about the patient?"

MEDICINE AS SHE IS PRACTICED.—One of our esteemed contemporaries has opened its pages to a discussion as to how to give painless injections of *Lobelia*. One correspondent has solved the problem. He takes twenty minims of *Lobelia* and to it adds five drops of a 4 per cent. solution of cocaine. "This injection is followed by no pain whatever in ordinary cases." Why not chloroform the patient before injecting the twenty minims of the *Lobelia*?

SOME GENTLE IRONY.—President Foster in his address at Detroit noted the fact that in the decade ending 1900 "bacteriology made a brilliant record. The antitoxins and specific serums were all highly exploited," but during the same period, according to the United States Census Bureau, "the death rate materially increased in the United States." We'll bet a Pedro Murias against a Pittsburg stogie that the increase did not occur in the practice of our practitioners who stick to plain Homœopathy, without too many frills thrown in.

THE POT AND THE KETTLE.—For years English physicians have been kicking with British obstinacy against pharmacists prescribing medicine. Now the members of the British Pharmaceutical Conference have made a united kick against the doctors for dispensing medicine without the intervention of the pharmacist. While this kicking match is going on patients are wandering off into other fields, where he can be "amused" at lower rates, and, in many cases, quite as effectively. If homœopathic practitioners would stick to their distinctive pellets and "powders" they would display the wisdom of the serpent.

THERE'S MUCH IN A NAME.—"The truth is that we Americans who have not travelled in foreign countries are apt to 'kow-tow' to some foreign Von Bang der Schlam and attribute great weight to his words and deeds when some ordinary Dr. John Smith, of Texas, or Montana, is really a better operator and one who has already 'delivered the goods.'"—*E. P. S. Miller, M. D., in Wisconsin Medical Recorder.*

CONCERNING NAMES.—The following from *The Zoological Bulletin* of the State of Pennsylvania expresses the sentiment of so many men that we give it unchanged, only adding that the best

way is to have printed letter heads: "It again becomes necessary to call attention to the remarkable ease and rapidity with which every person can write his own name. He is so familiar with it that he knows it whether he sees it upside down, backwards, or otherwise distorted. We are good at guessing and at reading poor writing, because we have experience with our own, but it is impossible to guess correctly a proper name when poorly written. We desire to be courteous and send replies promptly and in such way that they will reach the inquirer, but owing to insufficient or careless address, this is not always possible."

THE OLD DOCTOR.—It is now said that the first physician of whom we have any knowledge and precious little of it, was named I-em-Hetep. He was an Egyptian who lived and practiced anywhere from 4,500 to 6,000 years B. C. After he died he became a god. His revenue was probably next to that of the king. Probably he mixed religion with his physic as our present day Emmanuel movers do. Doctoring was evidently a profitable occupation in those days, and will become so again in the future if it can be combined, or reunited with its original D. D. part. Mrs. Eddy shows the financial possibilities of the combination. When reunited the doctor can tell the patient to do thus and so or be damned.

NEWS ITEMS.

At the meeting of the Board of Trustees of the American Institute of Homœopathy held at Washington on October 6, the contract with the Medical Century Company was annulled. After the end of this year there will be no official journal of the Institute.

The Medical Century Co. announce removal of their N. Y. office to St. James Building, 1133 Broadway.

Dr. A. B. Caro, Hahnemann, '08, has located at Merida, Yucatan, Mexico.

Since the filtration system of Philadelphia was put in operation cases of typhoid have decreased nearly 80 per cent. Score a big point for filtration.

Dr. Thomas G. Roberts has changed his residence from 229 to 814 E. 42d St., Chicago. Office, 72 Madison St. 1001.

PERSONAL.

The civilization of any country could be measured by the number of its homœopathic physicians, said Dudgeon.

The real reason why men assemble is to have a good time.

"—uric acidæmia, a polite scientific nomenclature that really means gluttony and gonococci."—*Z. T. Miller.*

Health boards ought to insist on "individual oceans for bathing," says a sarcastic writer.

"Properly vaccinated persons cannot become a care on the counties," says an optimistic Montana health board.

A contemporary has an article on "Team Work by Clergymen and Physicians." The signals are not revealed.

They say there is a demand for the "untrained nurse."

Many a prejudiced man bitterly laments the prejudices of his fellowmen. It has come! To "typhoid carriers" now add "diphtheria carriers." It will only stop at the end of the disease list.

Surgery is being "cut up into little pieces," they say.

That downward revision. "Liners lose in race to avoid Aldrich tariff's high duties." "Will lose \$100,000." Head line in daily paper, August 6th.

"An income tax is unfair to the rich; make 'the people' pay." Sarcastic proletariat.

The Society for the Suppression of Noise should turn its attention to the piano.

No poet uses the gas meter more than he can avoid.

Wagner's *Gotterdammerung* has a familiar sound to the western steam-boat mate.

The papers report a detective in Chicago who was buncoed by a crook.

"The lad died of respiratory failure."—Dale.

"Psychasthenia" ranges from excentricity to dementia. Most men must have it.

"Yes, dear, go to the Thousand Islands and stay a month on each." Accommodating husband.

A short sighted man recently mistook a shredded wheat biscuit for the whisk broom.

California Examining Board question: "What is meant by 'typhoid carriers?'"

"'Prosperity' means the gathering of many little \$ piles into a few big ones." Grouchy one.

When a writer tells you "how to succeed" put him down as a writer-fakir.

There is no East, no West, no North at the Pole—it's all Dixie-ward there.

Not all progress is commendable—in counterfeiting, for instance.

The small boy defined ground-hog "sausage."

"If the shoe fits" some women (and men) won't wear it; want a smaller

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A VERY REMOTE SIMILITUDE.

Strange as it may seem, to some, man has his limitations. He cannot violate the law—the law not made by man—with impunity, nor fully know its innermost working.

Man cannot create, or change, or fully comprehend, what for want of a clearer term, is called a “natural law.”

If man follows its known workings, it is well with him; if he goes contrary, it is ill with him.

The remote similitude it is here sought to sketch is shadowy. Some readers may think it fantastic—perhaps it is. Either way the thing is worth considering.

* * * * *

Not long ago (where, and who, they were, is immaterial) some men were talking “shop.” There was no dispute, or argument. One of them referred to the *Organon* as authority for something he had said; another replied, a little regretfully, one could imagine, that he had never studied the book, or even read it. He was a very busy man, he said; it required all of the little spare time he had, to keep abreast of modern medicine; he feared that he even fell short in that respect, for he could hardly keep up with the numerous advances in modern medicine. “Really I have no time to read ancient literature, though I have no doubt but that the *Organon* is excellent, and was very useful in its day.” This was about all that was said on the subject.

* * * * *

A good many years ago there lived a herdsman named Abraham. If we were to meet his near-kind today probably we would regard him as a barbarian, one on whom we should have to keep a wary eye, and we would not be very wrong in doing so. The times in which Abraham lived were primitive. The law

of physical might prevailed. The same law prevails today, but in a more refined manner. It prevails among nations rather than among individuals: a good police force makes it powerless among the people. In Abraham's day if a man wanted his neighbor's property he went and took it, if he were able. If he wanted his neighbor's wife he killed her husband and took her. This is evident from the accounts of the misrepresentations made by Abraham on various occasions that have come down to us in the books of Moses. In a general way every man took what he could with safety to his life. It was the standard of the time to do so. It was an evil time.

The people created their own gods out of wood, stone or metal. All of the intelligence of these gods necessarily came from their creators. It was not very remarkable. One god, Molech by name, had a sort of fiery adjunct. He was worshipped by casting men into the fire appertaining to him and there letting them writhe in agony and roast to death. Some of the ultra worshippers cast their own children in the fire of Molech. This is historical fact. They were not a very high-grade people: in fact, it might be said (save by the very tender hearted) that the world would be better if they were put away, which, as there were no penitentiaries, could be done only by the prevailing, primitive and direct method of killing them and their progeny. This may seem to be cruel, but the people were like animals in that the young possessed the characteristics of their sires when they grew up.

God appeared to Abraham, told him certain things and made conditional promises to him. Our most learned present-day medical scientists reason that Abraham, and many men who had similar experiences after him, were epileptics. That is a matter which never can be scientifically settled. It must rest on surmise. If it was epilepsy, then that disease is one on which the medical profession should bestow great study, for wonderful things followed it. Perhaps thence arose the saying "Genius is akin to insanity."

In time the descendants of Abraham dwelt in Egypt. We are now where "fable," or "revelation," (choose for yourself), and "profane" history meet. This people were surely there, many of them working as slaves in the brick-yards of Pharaoh.

Another cattle herder (though he had been raised in the Egyptian court), Moses by name, had an experience similar, or somewhat akin, to that of his then remote ancestor, Abraham. God appeared to him—or he had an epileptic fit—according to your point of view.

Then Moses led these people out from Egypt—some say they were driven out as pests, but this is immaterial. They left Egypt. They were a people without a country.

At a place called Mount Sinai there was revealed to Moses a code of laws that were summarized in what we know today as the “Ten Commandments,” or the Decalogue. The world had nothing like them before. They were new. They were vitally different from the old rules of life.

The people who followed Moses, were told that if they obeyed the Book of the Law it would be well with them and they should possess the country promised to Abraham—the “promised land,” but if they disobeyed they would be dispersed and made slaves again. The effect would follow the cause. Their history has long been before all who care to read it. With many fallings away, with the attendant evil consequences, these people, after about the time that would reach from the landing of Columbus to our day, became, under King David, a great and strong nation, the most powerful existing at the time. They possessed the “promised land.” David’s son, and successor, Solomon, aided by Hiram, Tyrian, “a widow’s son,” (of whom some readers have heard), built the great Temple. That was the zenith of the nation. But in their power they forgot what had led them to it. One can imagine the men of Jerusalem proudly pointing to the city and Temple, as the “work of our hands”—which in one point of view they were with a profound difference. One can fancy the solid men smiling at the “fables, and ancient literature of our forefathers,” and busily “investigating” the gods of their neighbors which they did with great assiduity, even Solomon joining in as we read.

In time the nation split into two kingdoms, Israel and Judah. The Assyrians carried away the first named and there is no record of their coming back. They are “the lost tribes.” Some men say their descendants are the Afghans who bother the English so in the East today. Years later the King of Babylon,

Nebuchadnezzar, carried off the remaining nation, Judah, of the descendants of the herder, Abraham.

The Book of the Law had been completely ignored by them in their power. Its existence was forgotten. We read that in the latter days, when Josiah was King of Judah, the high priest (offices are things that men never forget) was searching one day in the lumber rooms of the dilapidated Temple. He found there the book, the Book of the Law. He took it to the king, and his councillors, and it evidently was a curious old thing, to them. They knew nothing about it. But it was too late. They had turned completely away.

In time the Book, the Ten Commandments, with "a new commandment" added, passed to the barbarians who roamed where Paris, London and Berlin, now stand. These men had remained barbarians from the beginning. Afterwards they grew as did the descendents of Abraham, when they were custodians of the Book of the Law. This, broadly speaking, is history. A latter day psalmist wrote something that momentarily arrested the attention of all of us living today. The burden of it is:

"Lest we forget."

It seems that in the slow moving drama of the nations Effect follows Cause quite regardless of what man would do to have it otherwise. It is so in everything.

* * * * *

In the medical dark ages, not long since passed, men sacrificed their fellows on the altar of venesection. Was not one, George Washington, taken ill? The doctor was called, and bled him; getting no better, greater doctors were called, and they bled him until there was no more blood left in his veins and then he was gathered unto his fathers. They had other rites, that of mercury, for example, in which the sufferings of those sacrificed were lengthened.

Into this dark age came a book called the *Organon*. It did not come as did the Book of the Law to Moses, but it came. Some men followed the teachings contained therein. The results they obtained were close to the borderland of miracles. Here was a new Law. The great pest came from Asia and was upon the people, and they died in greater numbers than ever fell before

an armed Asiatic horde. Where the pest was met by obedience to the new Law of the *Organon*, it was stayed, and became as other diseases. So with many other pests and physical iniquities. The devotees of venesection raged, but they prevailed not. Yet it was not religion, nor was it miracle. It was the immutable working of a "natural law," of effect following its cause.

A mighty medical nation, as it were, grew up, with great buildings, and ever increasing power, acquired by following the teachings of this book, the *Organon*. Without those teachings there would have been no medical nation, or temples. Logically, if those teachings are forgotten the reason for being of the nation, and the temples, (or, less figuratively, colleges), ceases. The law will go to others. It remains regardless of what men do.

Does not this limit progress? That may be answered by another question. Does the following of the Ten Laws of the Book of Moses limit progress? Those who followed the Book of the Law, saw the Temple of Solomon. Their posterity turned to more up-to-date gods and the unchangeable working of cause and effect made them slaves, for a turn-coat can never be as to the manor born. Man may rise to higher things, with added freedom, but he cannot descend to lower things without loss.

The medical gods of the other nations today are changed so rapidly that those who try to keep tab of them become bewildered and are derisively dubbed "back numbers." The philosopher, however, has but to glance at the "rubbish heap" to see the god of yesterday, whom all men were compelled to worship, lying there, forgotten and dishonored, yet probably he was as potent as the god of today, or the god of tomorrow. It is grim comedy. It has been played since the days of Moses. It ever and always reeks of fresh paint. It is always "the latest." That seems to be its name. Science steadily builds the great temple of knowledge and it is permanent, but the therapeutic gods are ever being changed.

* * * * *

Perhaps to some all this may seem but a fantastic lot of comparisons; to some may appear a remote similitude; to others it may loom up very large. But, if we forget, and our book is lost

in the lumber rooms of our temples what will be the reply to the wayfaring man who in days to come asks "Why were these temples built?"

BOVINE TUBERCULOSIS NOT TRANSMISSIBLE TO MAN.

By **W. B. Clarke, M. D., Indianapolis.**

Consumption, as we used to call it, is now more fashionably termed tuberculosis. It is also poetically or imaginatively designated or fantastically misnamed "The Great White Plague," an unscientific appellation, for the gay denizens of "The Great White Way" are nowhere near such sufferers from it as the dwellers of the slums, and as Indians and Japanese are freely dying of it, and it is about twice as prevalent and fatal, statistically, among the blacks as among the whites.

Discovery of the Bacillus Tuberculosis and Tuberculin.

The cause of tuberculosis is now by pretty general consent considered to be an infection by the absorption of an infinitely small object called the bacillus tuberculosis (though a respectable minority state that here the cart is placed before the horse—that the disease causes the bacillus instead of the bacillus causing the disease).

This bacillus was discovered by Dr. Robert Koch, of Germany, who first announced the discovery on August 10, 1882. This bacillus (a rod-shaped body) had long been looked for, and its smallness (10,000th of an inch in length, requiring a magnifying of nearly 500 times in order to see it) was not what had prevented its earlier discovery; it is transparent under the microscope, and so was overlooked. The great secret of Dr. Koch's discovery was that he devised staining fluids, one of which he found colored the bacilli, but not its surroundings, thus enabling them to be seen.

Dr. Koch, in honor of this discovery, was then taken under the patronage of the German Government, with orders to discover a cure for the bacillus or the disease it caused, being granted all the funds and assistants he needed in the work. Eight years after, November, 1890, he announced his "cure," but would not then disclose its composition or source.

I was interviewed on the subject by the Indianapolis *Sentinel* of November 17, 1890, in which interview these words appear: "The Koch injection will be proved to be animal matter, probably tuberculous matter itself, since its introduction causes increased temperature, which is not likely to happen from medicinal agents." This probably was the first opinion published in the United States regarding the actual composition of the remedy.

The newspapers of the United States first published the telegraphic news of the actual composition of the remedy two months later, on January 16, 1891, on Dr. Koch's authority, with his apology that the announcement of the "cure" was made prematurely, before its perfection, by especial order of the German Government, in response to popular interest and demand. And the "perfection" has not yet arrived.

Soon after this a small vial of the "precious fluid," as the Indianapolis papers called it, came to the Indianapolis City Hospital, contributed by the then President Benjamin Harrison, and was kept locked in the safe until used with great eclat on the few misguided patients who would voluntarily receive it via hypodermic injection.

The natural hope among the bugologists after the germ of tuberculosis had been discovered and the nosode tuberculin introduced was that the latter would prove the "sure cure" for tuberculosis, but it soon degenerated to the position of diagnostic agent only, and in many cases in this role acted as the lighter-up of quiescent disease that otherwise might never have developed. Its danger to human beings soon became apparent, and its use was abandoned on them. To cite one instance of its unjustifiable use I may say that Franz tested with it two Austrian regiments in good health, with the result that 61 per cent. of the regiment in first year of service, and 68 per cent. of the one in second year service "reacted."

Boards of Health Monopolize Tuberculin.

The boards of health of the country were quick to see the great utility and advantage the official use of tuberculin as a diagnostic agent would have in continuing their "police power" hold on the people along the line of "State medicine," brass-buttons medicine, somewhat analogous to their manipulation of the valueless, odious and dangerous vaccination-for-smallpox scheme, with which they

have so long pestered communities the country over (except where the people have learned better and will not submit).

It was new and mysterious enough to be attractive to the public, and served admirably as one of the great "scares" which the "health" boards, for "business" reasons, are so fond at regular intervals of catering to the public, and, incidentally, manufacturing patronage and "honor" for its own favored few.

So they began—with their usual official tendency to false enthusiasm and magnify their own importance and exaggerate necessities, and without the brains, judgment and experience necessary to intelligently use it or correctly interpret its effects—the really unwarranted practice of forcibly "testing" dairy cows with this tuberculin and condemning to instant death all that "reacted."

Through this action valuable dairy herds were exterminated (\$30,000 worth from one herd, forty cows from another), businesses abandoned (one in which \$100,000 was invested), and by it, in some cases, "the richest blood of heredity forever lost, though it had cost lifetimes and fortunes to obtain"—and with no resultant benefit to the human race.

But, thanks to the vigorous onslaughts and remorseless exposures of a few able and determined men and newspapers in regard to this unjust and unreasonable tuberculin practice, and the rebellion of the farmers, resulting in some States in relieving legislation—to apply words of a great late lamented practical politician—this "pernicious activity" is fast falling into "innocuous desuetude," and the people are beginning to better understand the "true inwardness" of the situation.

The People Frightened.

The professional alarmist and "health board" side of the tuberculosis-from-cattle question was so often and so oracularly presented that public confidence was rankly abused, and many confiding people became afraid to eat beef or drink milk, for fear of "catching" tuberculosis, something that no one ever can do in that way, for reasons that I shall later show. Add to this the health boards' terrifying announcements regarding the virulent contagiousness of tuberculosis, and their proceedings and onerous requirements and crude and arbitrary rules in consonance with that idea.

The result of this constant cry of "wolf!" is that the general public was kept in a constant state of alarm, nearly a panic at times, and a consumptive person (who now must be reported to the board of health, like a smallpox case) is now being regarded with great dread, as a sanitary pariah of society, one to be ostracized, Oslerized, or entirely avoided, whose very breath is poisonous and death-dealing. And in many instances positive cruelty, neglect and consequent injury follow, instead of the sympathy that is the peculiar right of this class of unfortunates, some of whom have in the past been veritable angels of sweetness and light at the bedsides of others in many cases of these and other kinds of sickness and suffering.

True, "compared with tuberculosis, all the pestilences that send nations shivering to their prayers are but the mild pastimes in which Death indulges when he has nothing serious on hand." But if you want to avoid or resist tuberculosis the best way is to develop the ability to eat and dispose of and assimilate twice as much beef (au jus and fat) and milk as you are now doing, regardless of all health board talk to the contrary, and also remembering that the United States Government maintains an extensive and expensive system for a thorough microscopical and macroscopical examination of beef at the abattoirs, inspecting ten billion pounds last year.

Dr. Knopf and Dr. Huber, tuberculosis essayists and lecturers of great repute, declare that one tuberculosis patient could spit seven billions of tubercle bacilli in one day. So we have enough human bacilli to look out for instead of hunting up and dragging into the question the immaterial bovine kind. For, according to the State Board of Health reports, 16,570 human beings died of tuberculosis in New York State in 1907, and 4,522 in Indiana, and about 150,000 in the whole United States.

Dr. Koch's Voice of Warning.

Dr. Koch, seeing or foreseeing the dangers threatening the people through his medical Frankenstein, then made a special study of the relation between human and bovine tuberculosis, and found that they were separate and distinct diseases, and that individuals or products of one race were incapable of transmitting the disease to the other race. For instance, he inoculated many

cattle with human tubercular virus, with the result of producing only slight local sores, soon healing, without other effects. He made this momentous announcement before the Tuberculosis Congress in London in July, 1901. This announcement served as a bombshell in the ranks of the alarmist breed of tuberculinists, and strenuous exertions were made by them to repair damages. But Dr. Koch has steadily and repeatedly maintained this position against all opposition, the last time in his paper at the Tuberculosis Congress at Washington October, 1908, and at the national conference at Washington last spring. He explained that of late years he is paying the most attention to other diseases, notably in Africa, but will be prepared with a full exposition of our immunity from bovine tuberculosis for presentation at the next Tuberculosis Congress. A part of the intervening time will be spent in Japan studying tuberculosis—in a country now severely affected, but where cow's milk is not used as food. Whose word had you rather take—that of Discoverer Koch or that of a place-holding "health" officer?

That the human and bovine bacilli are coincidental only, independent of each other, and each incapable of transmitting tuberculosis to the other race, is now the opinion of many skilled investigators working along bacteriological and microscopical lines (to say nothing of many practical cattle men of great observation and experience, but who modestly pretend to know little of the "science" of the thing, but do know and assert that cattle, meat or milk do not transmit tuberculosis); and their bacilli are morphologically and microscopically much unlike.

For example, in description, the human bacilli are twice as long as the bovine, slenderer, often curved and beaded, while the bovine are short, straight, plump and without beading, and their degrees of virulence are much unlike. And the human bacilli and tubercle have acquired individual characteristics that unfit them for more than temporary foothold, much less existence, in the cow. And while the bovine bacilli may very rarely and accidentally gain simple, temporary foothold in man, its results are only localized, soon becoming encased or encapsulated as quiescent nodules, and hence harmless, never becoming generalized (scattered in the blood) or dangerous unless reinforced by the human germ, or when some animal injection, directly into the blood, is afterward used, like tuberculin or fresh cowpox vaccine.

Darwin observed that man has given rise to many races, some so different that they have been marked by naturalists as distinct species, from monkeys up, differing in constitution and liability to certain diseases. By this same principle micro-organisms are modified by conditions.

Again, the bovine and human races are so different. The human is omnivorous, the bovine herbivorous; the human pulse is 72, the bovine 40; the human temperature is $98\frac{1}{2}^{\circ}$, the bovine $100\frac{1}{2}^{\circ}$. All these and other elements and race peculiarities that could be mentioned make up a condition protecting each race from the other in the matter of tuberculosis, just as we know that the tapeworm affecting fowls and certain animals are harmless to man. Then, too, the disease in man is almost always in the lungs, and in the bovine rarely.

And so we can confidently declare that of the millions of cases of daily exposure of human beings to bovine tuberculosis itself or the products of the bovine race there is no positive and direct evidence of a generalized (scattered in the blood) case of such infection, the slight evidence even of a mild and harmless case being only indirect and negative. Anything more than that is invariably caused by the simultaneous or accidental mixture of the human germ with the bovine germ, a proceeding easy of accomplishment but difficult and expensive of plain proof.

Heat and Lactic Acid Kill the Bacilli.

Even granting, for the purpose of argument, that the bovine tuberculosis bacilli could be capable of causing true generalized tuberculosis in human beings, it would yet be impossible to so transmit the disease by the way of the ordinary use of meat or milk. For no fact in sanitary science is better known or established than that heat for a short period will destroy the life of the bacillus tuberculosis, and not a high degree of heat is needed, 170° being enough. Meat usually gets two or three times that much heat, and for a long period, and milk gets that much heat in pasteurizing.

But pasteurization for milk is objectionable in many ways, as it injures the food value of milk, depriving it of some of its nutritive powers, destroying, decomposing or weakening some of its inherent digestive elements, coagulating the caseine, and may dis-

solve the fat globules by too much heat, and makes it harder of digestion and assimilation; consequently babies do not thrive on it as they would on fresh, pure and clean milk.

But milk has a much better safeguard within itself, for *lactic acid attacks and kills the bacillus tuberculosis*. This lactic acid is produced in the process of digestion from the fermentation of the sugar of the milk. This fact has been conclusively proved by my friend, Charles H. Gage, in his extensive San Francisco bacteriological, microscopical and chemical laboratory, by bacillus culture and microscopic photographs of the cultures every six hours for seven days. This is probably the first medical society presentation of the important intelligence that milk contains within itself this effective weapon of defense against tuberculosis. For the purpose of reference I append the chemical composition of milk, which shows the base of lactic acid to be more than any other element:

Milk sugar	4.70
Casein	3.65
Butter	3.55
Salts80
Water	87.30—100

Tuberculosis Described.

Tuberculosis is, after all, purely a disease of nutrition, or malnutrition, rather, and generally follows physical excesses, wrong living, indoor life, grief, and a run-down condition; in short, almost any letting down, neglect, or animal poisoning of the system, which renders it susceptible to the infection. It comes in protean forms, though usually settling in the lungs because of the delicacy of their make-up and abundant blood supply. Its approach is insidious, and its advance relentless, while the majority of its victims are, as a rule, persons of superior mental and moral character. Its development is slow naturally, the organs often being able, by immediate and intelligent fortifying measures, to reject and expel the infection (even if the natural fluids have not previously neutralized it), on account of their strength and high health.

Indeed, with all the learned talk about germs, bacilli, infection,

etc., few have yet told us how or why the disease has taken hold of a certain person, why the expert is taken and the ignoramus left—in short, the real causes for the operation of the infection. The tuberculosis sharps are very insistent on their claim that the bacillus is quickly killed by sunlight and fresh air, and that the disease is often curable in human patients by plenty of sunlight, out-door pure air, perfect rest, and abundant food and sleep, etc., etc. Now let them pay more attention to antecedent conditions, and insist on reversing the operation, securing all these before the disease appears, and watch the improved results. As in all diseases, statistically, the watchword must be, "keep your eyes on the death rate," so in tuberculosis we must watch for the bacilli, for their appearance can safely be regarded as always a late manifestation, as they are never ejected until destruction of tissue has occurred.

Often the trouble is localized in even a single gland, or as a quiescent nodule, or a caseation, where it may remain undisturbed through life—a powder magazine that is harmless until touched off by the injection of some fulminating animal tuberculin, serum, cowpox vaccine, or what-not, and the resultant explosion blows the ship out of the harbor. For, in strict accordance with the old utterance of Cohnheim, the great German army physician, surgeon and pathologist, after many years' experience in post-mortems, and verified by the best men of to-day in their dissecting experiences: "Jeder Mann is am ende ein bischen tuberculose" (every one is some time or other a little bit tuberculous).

For when the "testing," "diagnostic" or "preventive" agent is forcibly introduced into a system already quivering on the balance by subcutaneous inoculation or intravenous injection the latent disease is stirred into activity, the glands and organs nearest are severely shocked and the lymphatic system always deeply affected, a necrosis is caused, and the resisting powers often overcome because the protection barriers are broken down.

Omitting these blood assassinations, the bacilli may freely and harmlessly obtain entrance to the body (in fact, are always there, even in health), and yet by the liquids of the body be neutralized or prevented from doing harm. In normal good health there is no danger from these floaters, this flotsam and jetsam, as the

nasal and stomach secretions will destroy all bacilli breathed or so swallowed. Suppose there are tubercle bacilli in the air and in dust? They are not really in the circulation of the body, even if inhaled or swallowed, for the bronchial mucus will entangle and expel them, and digestive secretions will destroy them if the body is normally healthy. If this were not so we would all die of the disease. Normal nerve tone and natural resistance must be maintained if health is to be secure.

Thus we see the variegated foolishness of a board of health law that makes a man a tuberculosis victim and a criminal, subject to a \$500 fine, because he spits, as far as a real sanitary repressive measure is concerned. For the spitter is free to spit in the street or when crossing at intersections, but not on the sidewalk. As the germ is killed by ten minutes' exposure to strong sunlight, the chances are that the "gob" would be safer if flattened out on a dry sidewalk, in the sunlight, than in the moist and filthy condition of the street, as it must dry out sometime somewhere. So the board's vaunted tuberculosis "protective" measure resolves itself into a mere protective of cleanliness of dry goods trains.

The cause of anti-vivisection, now becoming more popular, and the prevention of disease, animal and human, as well, would, it seems to me, get its strongest impetus by securing an absolute interdiction of all animal injections, inoculations and vaccinations of all animals, human as well as others. Who shall say that many of the newer and severer diseases of cattle (of which tuberculosis is the worst) are not really caused by the "fooling with" they have been subjected to by "vaccine," "tuberculin" and "serum" makers? And the human race is suffering physically and financially as a consequence, of course.

The latest exemplification of this point was made in the spirited discussion in the United States Senate last February to regulate the transportation and sale of cowpox virus, on account of the demonstration of the fact there made that such virus was the cause of the great epidemic of foot-and-mouth disease among the cattle of several States, the eradication of which had cost the government hundreds of thousands of dollars, and which led to the introduction of a bill in the Pennsylvania Legislature prohibiting the manufacture of cowpox virus in that State.

Relation of Vaccination to Tuberculosis.

A phase of this subject that the people are or should be much interested in is that of the "State medicine," brass buttons medicine, control of their children in the way of vaccines, serums and tuberculin. While, for the reasons above given, I do not believe that in any ordinary way we contract tuberculosis from meat or milk, can we not do it by direct inoculation, those assassinations of the blood, where the natural resisting powers of the body are circumvented and the very citadel of life, the blood, is attacked direct, as we see oftenest exemplified in vaccination, then in serum therapy, "Detre tests" and others? Even now it fairly makes one dizzy to with the mind's eye even attempt to follow the mad flights of these indirigible medical aviators along their unobstructed pathway of animal matter injections.

And the official tendency, even in "health" board lines, is undoubtedly toward the compulsory introduction of "preventive" and "curative" animal matter inoculations of many kinds, for many diseases, and for all people, young or old—and any further trampling upon of our cherished personal rights should be resisted at once before it is too late to prevent the wholesale and "epidemic" poisoning that is sure to follow. The latest of these is thus outlined by Dr. Ravenel, one of the men "honored" at the last Tuberculosis Congress at Washington, Oct., 1908, and who addressed an audience in this city last May, viz.: "The vaccination of cattle against tuberculosis may be looked upon as an accomplished fact, and the importance of this achievement cannot be too much magnified. Is it too much to hope that a similar process will be devised for the protection of mankind?"

If our "health" and school boards adhere to their seeming belief that the bovine race's main mission in life is to transmit tuberculosis to human beings, are they not particeps criminis, or, at least, inconsistent, in enforcing their superstitious abracadabra or fetish, vaccination, on our children? For vaccine is nothing but pus, or near-pus, from a sore on a cow's udder or calf's belly!

The danger of contracting tuberculosis through vaccination was officially recognized by the International Congress of Hygiene and Demography (vital statistics) at its Madrid session in the following resolution, as published in the *New York Medical Record*: "Inasmuch as tuberculosis is easily transmitted by vac-

cination when it is done directly from the calf, we ask that in all nations represented at this meeting the practice should be adopted of using only the lymph of calves which have been examined post-mortem and pronounced to be free from tuberculosis." Only the lack of time and space just now prevents the adducing of abundant testimony along the line of the production of tuberculosis through vaccination. And as for other troubles caused, it is sufficient only to quote the report of the health committee of the New York State Medical Society at its annual meeting of 1907 at Albany: "It is a matter of common observation that the impurity of vaccine virus obtained in the market is the source of great suffering and danger."

Talk of the Boards of Health.

The health boards are not necessarily the sole repositories of all the knowledge regarding health and sanitary matters. The whole subject of the powers and duties of the boards of health ought to receive journalistic ventilation and legal disinfection. For the peculiar, politically-made-up organization called board of health easily becomes despotic unless closely scrutinized by a higher power, the people. For all power comes from and abides in the people, and whatever is right, true and honest for and on behalf of the people must be done by their trustees and agents in the conduct of their affairs. The State cannot make war upon the man, and if it does he would be justified in repelling violence by violence.

If there is anything in this world that a man really owns it is his own blood, and who shall deny him the right to resistance to all onslaughts against it, from the highwayman's butcher knife to the vaccinator's lancet, or that of his children, whose natural protector he is? No man, not even a "health" officer, has the right to disease another against his will. And the child's right to pure and uncontaminated blood should not be disputed by his education purveyors, nor his natural right, privilege and duty to education in the public schools.

Our health boards may well ponder these words from the *Medical Review*: "In any contest between the health board and the people, the people are sure to win, and such conflict must be avoided by a careful consideration of all phases of the question under discussion."

SOME IDEAS OF MATERIA MEDICA.

By A. M. Cushing, M. D., Springfield, Mass.

From thirty to forty years ago or more I took some part in nearly every meeting of this Society (Massachusetts), but for a number of years I have been a silent member. I am glad of an invitation to come here to say something on the most important branch of medical and perhaps of any science, "The Homœopathic *Materia Medica*."

It is made up mostly by proving remedies upon healthy human beings. Still it is imperfect and incomplete. Some remedies are too dangerous in any attenuation and others so unpleasant in their action we cannot bring out their whole range of symptoms in that way and must rely much upon clinical experience. To illustrate this, I shall confine myself to personal experience.

About fifty-six years ago one of the doctors with whom I studied asked me to take a small glass-stoppered vial labeled *Glonoine* and prepare some of the second decimal attenuation. He wanted it for educational purposes, which were needed in those days. As I poured some from the vial a little ran down upon the outside of the vial and curiosity led me to touch my tongue to it, and I was so surprised at its sweetness I asked a classmate to taste it. He did so and said it was very sweet. Within two minutes we were suffering such severe headache we dared not taste it again. That developed a fascination for proving remedies knowing I could have a pain and not be sick. Try it and be happy.

A case to illustrate the quick action of *Glonoine* well attenuated. I was called to see a middle-aged lady suffering from a severe, throbbing headache, had been unable to leave her bed for several hours. Both *Belladonna* and *Glonoine* seemed indicated, but *Belladonna* is worse lying down. I prepared some *Glonoine*, the two-hundredth attenuation, in water, and gave her one teaspoonful, requesting her to take one teaspoonful once in fifteen minutes till relieved, then take no more. Later, she told me when fifteen minutes had expired and she raised up to take the medicine the pain had disappeared and did not return.

Then we got characteristic and clinical symptoms. I should fear to attempt a thorough proving of that remedy in any attenuation.

In proving *Artemesia abrotanum* there soon appeared symptoms of paralysis of arms and limbs, which stopped the proving. I have seen it do surprising work in that line. Dr. J. T. Kent, of Chicago, has written me that it is a valuable remedy in affections of the lower limbs.

When I made a proving of *Dioscorein* I began with five-grain doses of the first decimal, several doses a day, increasing to twenty, thirty and eighty a day for a number of days, then raising it gradually to the eighth, when I took six to eight ounces prepared in water at a dose. Later I made a proving of *Dioscorea*, taking five-drop doses of the mother tincture, then ten-drop doses of the second decimal, then ten and twenty drops of tincture for a few days, followed by doses of twenty-five and fifty drops of first attenuation; then the second; then twenty-five-drop doses of the tenth and twentieth.

At another time I made a similar proving of *Dioscorea*, recording the symptoms of each proving for six weeks, the record taken from *The Homœopathic Observer* covering about thirty-five pages, I believe, in Allen's *Materia Medica*. Many of the symptoms were corroborated by short provings by Drs. Burr, Paine and Nichols, and verified thousands of times by physicians. In all the provings of this remedy I did not notice one apparently immediately dangerous or frightful symptom.

When I made a proving of *Rhatania* it soon produced such an itching of the rectum I was obliged to stop the test, but clinical experience proves it to be our best remedy for rectal troubles.

In proving *Verbascum*, called *Mullein Oil*, it produced involuntary and sometimes unconscious urination (an unpleasant condition for a busy doctor), and it has cured similar cases which had resisted both schools' treatment.

I was called to see a middle-aged lady suffering from uterine cancer, bloated the worst of any patient I ever saw. I had no hope of even relieving her with any remedy I had ever given. I had read of steeping the pods of the common field white bean (*Phaseolus nana*) and giving the tea for dropsy, so I steeped

some and gave the tea and the effect in relieving the dropsical swelling was surprising, but in about three days she died suddenly from supposed apoplexy.

A little later I had a patient, about sixty-five, suffering from dropsy, badly bloated, and I gave him the bean tea, which relieved the dropsy but he soon complained of headache, saying, "You must give me something for this headache or I shall be crazy." I stopped the remedy and the headache soon disappeared.

This led me to make a proving of the remedy. I triturated the whole bean with Sugar of Milk, believing that better than made in tincture, and took the fourth decimal attenuation. I expected urinary disturbance and headache. I had no headache, but considerable urinary disturbance, but in a few days I found myself nearly pulseless. For once during a proving I was frightened.

The Professor of *Materia Medica* in one college has told me two other Professors have written me. They have told their students of its surprising work in diseases of the heart. The first time I gave it was in consultation with an old school doctor in a case of confinement, patient badly bloated, urine full of albumen. I delivered the child during a frightful convulsion. An hour or two later the doctor informed me the patient's heart was failing rapidly and his medicine did no good. We gave her a dose of *Phaseolus*, ninth attenuation, and in ten minutes the patient's pulse was beating to the satisfaction of us both. She had no more convulsions. The albumen quickly disappeared.

That led us to give it in *Albuminuria* and Bright's disease. That was clinical experience and I doubt if any one will ever dare make a thorough proving of it, for I never gave a remedy that would as quickly produce headache in any attenuation I have ever given it.

I have told you all this to show that provings have not been fancied illusions as I wish to call your attention to a remedy I hope you will be interested in,—*Homarus*,—the gastric juice of the lobster, believing it will prove one of the most important remedies in our *Materia Medica*.

Noticing that a crab is taken to designate cancer in the signs of the zodiac, I tried to learn why: The German name for Crab

is Krebs and lobster is Krebs sickness, cancer, gangrene, etc. I decided to test the substance; first, to learn why lobster and milk when eaten together has caused sickness and deaths have been reported. Added to cold milk its action is slow, but with warm milk (as it would be in the stomach) it is soon curdled. If any alcoholic liquid is added, it becomes almost solid. I believe there is where most of the danger lies. In preparing it for proving I mixed it with Sugar of Milk and triturated it to the fourth decimal, which I used in my proving.

I will take your time only to mention two symptoms: a sore throat that looked much like diphtheria and a heavy, dull pain in stomach that nothing relieved.

I was called to see a middle-aged lady that was expected to die soon following two operations for cancer of the breast. She was very weak; wounds had not healed; complete loss of appetite—unable to eat but little; constant, dull, heavy pain in stomach; liver extended near to navel; her whole skin a yellowish-brown color. Medicines had given no relief; neither did mine. On account of the dull, heavy pain in stomach I gave her *Homarus*, the fourth trituration, and every symptom was relieved; the appetite returned and she ate three good meals each day for six weeks, and the skin turned to its natural color, but she died from general debility and ascites.

Dr. S. H. Sparhawk, of St. Johnsbury, Vermont, a specialist in chronic diseases, became interested in the remedy and had such surprising success with it in stomach troubles he prepared some of the two-hundredth attenuation and sent me. Being badly troubled with indigestion, I took a dose on two successive days and it gave me great relief. And I believe if properly diluted, on account of its digestive power, it will prove to be our best remedy in dyspeptic cases, cancer and ptomaine poisoning. But here is the result. Some four years ago there appeared over the center of my left scapula a tormenting spot that increased in size till it was about the size of a teaspoon bowl and about as deep, filled with a scurfy substance, and the itching was exceedingly annoying. If I scratched or rubbed it, it would burn like a coal of fire. I did not dare touch it and feared it might *prove* to be a cancer. *Homarus* and nothing else was taken or done but in ten days it was as smooth as any part of my body, and not an itch or burn for a year.

Investigation and experience led me to wish to try it in cancer hospitals, internally and locally, but an injury nearly four years ago that was expected to prove fatal has prevented.

Trypsin has been recommended for cancer on account of its digestive power, but it cannot be compared with *Homarus* in that line.

When lobsters are first caught the stomach is often found full of sea-weed, shells, etc.; examined a few hours after being caught, it is all digested. *Trypsin* cannot do that. To find it in any quantity we must wait till they have been caught three or four days.

As I am now over eighty years of age I cannot expect nor be expected to do much more in this way, but I hope the younger members will carefully test it, for I believe it may prove to be a wonderful remedy, and I want to live to know that the homœopathic physicians of Massachusetts have brought out a remedy superior to all known remedies for the cure of cancer.

INTERNAL VACCINATION AND THE PA. LAW.

The following which explains itself is from the columns of the *Pittsburgh Times Gazette* of October 15:

“Judge J. J. Miller, in the equity suit brought by Harry S. Lee in behalf of his nine-year-old daughter, Dorothy M. Lee, against Prof. W. E. Berger, principal of the Edgewood schools, decides that the State Board of Health has the right to regulate vaccination of students in the public schools of Pennsylvania.”

“The suit was filed by Lee after Prof. Berger had refused to admit his daughter to the school, alleging that her vaccination certificate was not sufficient and did not show scarification. The pupil presented a certificate signed by Dr. W. R. Stephens, stating she had been successfully vaccinated. She had been vaccinated by the internal method of the Homœopathic school of medicine, which Prof. Berger declared did not meet the requirements of the State Department of Health.”

“The Department of Health requires a certificate to be issued containing this clause: ‘I find a resulting sore which, in my opinion, means a successful vaccination.’ The certificate issued by Dr. Stephens merely stated she had been successfully vaccinated.”

“Judge Miller did not go into the question as to which was the proper method of vaccination from a medical standpoint. He merely decided the matter from a legal standpoint, and held that the law requiring a certificate showing scarification was valid. The Court in its opinion said:”

“We are not concerned with difficulties that may exist in theories or modes of vaccination as held or practiced by different schools of medicine. The great merits of the various schools are well recognized by all thinking persons. If the Department of Health, under its present powers as defined or reasonably inferred from the Act of 1905, had adopted regulations requiring successful vaccination to be performed by the internal or ingestive methods, it would be our duty to sustain the regulations.”

“It is the duty of the local Board of Health authorities to furnish principals or other persons in charge of the schools and to physicians the necessary certificates for the purpose set forth in the law. The rules and regulations adopted by the Department of Health are within the powers conferred upon it by the act creating it.”

“The suit was dismissed at the cost of the plaintiff.”

The law is that children must be vaccinated before they are to be admitted into the public school, but it says nothing of the method by which that operation is to be performed. From the wording of the Court's decision quoted above it would seem that the judge recognized this and threw the responsibility on the Board of Health. What they say, goes, to use non-judicial phraseology. If they say there must be a sore arm, well. If they permit internal cowination (that is the English of the word vaccination), well. So it stands, apparently. 1st. There must be vaccination, whether you want it or not. 2d. The Board of Health can interpret the word to suit itself.

THE CHIROPRACTIC.

If you ask the first doctor you meet “What is a chiropractic?” he will reply that he is “a fakir,” some may even say “a — fakir.” But this, while it may be quite true, does not answer “Anxious Inquirer” who writes to his journal for information,

or asks you in person. Probably the best way to answer the question, or to get at the truth of the matter, is to let the chiropractors answer first. Here is their official definition taken from their official journal—at least that is where the *Critic and Guide* takes it and we clip some from their pages:

“Chiropractic is a philosophy of biology, theology, health, disease, death, the cause of disease and art of adjusting the relations between them to harmonious quantities and qualities, by hand, thus correcting all subluxations of the three hundred articulators of the human skeleton frame, more especially those of the spinal column, for the purpose of re-establishing the normal current through impinged nerves, as they emanate through intervertebral foramina, which were formerly excessive or lacking, named disease.”

“All movements, whether normal or abnormal, of, or in the body (including blood circulation) are but the personification of mental equivalents—mental functions guided by Innate Intelligence, creating physical expression. An ache or pain is but the Intellectual Inherent interpretation placed upon impressions received from the periphery proving the abnormal physical conditions.”

The chiropractic ('tis an awkward word) then, is a person who with his hand corrects your theology, disease, death, etc., or establishes “harmonious quantities in you.” Truly, according to this definition, if he is not a pretender, he is a wonder. The idea of correcting theology by hand is especially fascinating, though it is not new, Mahomet having tried it on a very extensive scale, though his correction of theological faults is open to argument.

The origin of the disease is a question that has been much discussed by wise men and by men who thought themselves wise. It was first attributed to man's disobedience; afterwards to various causes, the last being bacilli of many names, summed up by the modern sons of Belial as “bugs.” The chiropractic incidentally explains it as follows: “Diseases are caused by a lack of current of Innate mental impulses.” This definition may not be very lucid to the average hard working M. D., but doesn't he know that when a thing is clear to the human mind it generally ceases to attract, which is disastrous, financially speaking?

There is one point in their definition to which we would respectfully call the attention of the high priest of chiropracticity (oh, that word!), namely, the reference to "innate impulses." "Innate" means "inborn." How, then, can they supply the innate?

To us the real problem is to determine whether the originator of this absurdity was a man beset by fantasies or whether he was merely an ordinary medical impostor.

SOMETHING ABOUT PELLAGRA.

This comparatively old disease, that is very prevalent in certain sections of Europe, seems to have gained foot-hold in the United States, and of late has been reported from various sections, especially in the South.

The word "pellagra" does not give much information in itself being compounded from two Greek words which, translated, stand for "skin" and "seizure." It is defined as "a scaly affection of the skin, with severe constitutional symptoms." Dunglison seems to come nearer the truth when he gives as a synonym "Italian leprosy," though he says it is "of toxic origin."

Better, however, than dictionary definitions is a description of an actual case of the disease. This is given in detail by Dr. J. H. Hewitt, of Lynchburg, Va., in the *Journal A. M. A.*, October 2. Here it is—the patient aged 56, white and a widower:

"Present Illness.—The patient is now a very poor man and for the last three years has been living in cheap boarding houses or keeping bachelor's quarters in which he did his own cooking. During the latter part of last fall, owing to the scarcity of work and the high price of flour, he was compelled to eat more and more corn meal. About the middle of last December his present diarrhœa began, very mild at first, but slowly and steadily increasing in intensity till about six weeks ago, when he had from ten to twelve movements per day, with agonizing tenesmus and distressful abdominal pain and nausea. For the last month he has ceased to use corn meal in any form and the diarrhœa has considerably abated. Since December he has lost about thirty-five pounds in weight, and has been reduced from a robust, virile workingman to a puny, weak, sickly individual, to whom life

itself is almost a burden. About ten weeks ago, while picking strawberries, the back of his neck became red and burned, as if sun-burnt. At the same time he suffered with intense headache which was confined to the region "behind his ears and extended across from ear to ear." This continued for about ten days. During this period the skin on the back of his neck began to peel off. About the same time the skin over the bridge of his nose and the side of his face, after having been red and painful, likewise began to desquamate in small and large dry scales and bran-like particles. About six weeks ago the skin on the back of his hands began to look as if they were blistered, being swollen, red and painful, and scattered vesicles filled with serous exudate were formed. The surface then became quite dry and hardened, cracking at all the joints and in between the fingers. Both hands were similarly affected and about the same extent of surface on each involved. In about a week the skin on the back of the hands, fingers and lower one-third of his forearms began to desquamate in the same manner as that on his neck and nose. About the same time all of the toes of both feet became swollen and red. They burned slightly and itched in a most intense manner. This, however, disappeared within a week, and there was never any induration of desquamation of any portion of the skin. About five weeks ago the gums of his upper jaw became swollen and red. There was slight salivation for a few days, but this soon disappeared, and has not since recurred. Since December he has vomited only once that he remembers, but has repeated attacks of nausea every day. During the last ten weeks he has had repeated attacks of vertigo: often becomes dizzy on rising from a sitting to a standing position, or on rising from a recumbent position, and everything becomes black before his eyes."

Dr. Lewis J. Pollock, of the Cooks County Institution, writes of the origin of the disease:

"Aside from the predisposing cause of alcoholism, previous illness, poor hygienic surroundings, poverty, venereal excess, etc., it is the accepted opinion of most Italian students that pellagra is a disease caused by the eating of spoiled maize, constituting an intoxication from the toxin produced by the growth of fungi in corn."

The theory, however, that the disease originates from the

fungi in corn is disputed, but the facts seem to point to it as having something to do with it.

Probably if the disease could be traced to its roots they would be found in abject poverty, like so many other ills that afflict humanity. When you find collections of human beings who have no choice in their food must accept the poorest, and often do not get enough of that, with surroundings in keeping, you will find disease and will not have far to look for the real etiology. This line of pessimism, however, does not preclude a disease originating from a specific cause among such people, and the theory that this one comes from diseased or spoiled corn seems to have considerable foundation. In the April, 1908, issue of the RECORDER, page 125, we published an extract from a correspondent in North Carolina, who stated that in the last three years about 1,000 horses had died in that State from "a disease called 'staggers' here." "Just before the corn comes in it sometimes heats and then moulds, and such corn causes the disease."

There may be a remedy homœopathic to pellagra, but no one so far as we know has written concerning its treatment. *Ustilago maydis* would be the remedy on an isopathic basis.

FERRUM PHOSPHORICUM IN ARTICULAR RHEUMATISM.

By Dr. Kesselring, Muellheim.

Among the functional remedies of Schuessler there is, as is well known, also *Ferrum phosphoricum*, and a considerable action is ascribed to it in inflammations and congestive conditions at the beginning, because of its contractive powers exercised over the annular muscles of the blood vessels. *Ferrum phosphoricum* has largely come up to all that has been claimed for it, and it is, therefore, to-day one of the remedies frequently used in Homœopathy, and this not only in acute, but also in chronic inflammatory conditions. Among the general indications which, according to Schuessler, justify the use of this remedy are congestion of the blood with aggravation of the pains through motion: therefore, it is used in rheumatic pains which have this peculiarity, and in articular rheumatism, so long as the joints are not much swollen. My experience in former years confirms this.

Also in earlier Homœopathy cures of articular rheumatism by means of it have been recorded in our literature. Later on this remedy seems to have been overlooked in the treatment of this disease, while its use in rheumatism of the shoulder, where *Ferrum* in general seems to be a sort of specific, is well thought of by many practitioners.

Ferrum phosphoricum can, of course, be as little regarded as a universal specific in articular rheumatism as any other remedy. But that it has a brilliant effect in this disease at times, even where the acute stage has already passed, I saw in the following case:

Two years ago a woman sixty years of age was seized with a violent attack of articular rheumatism. When the patient after thirteen weeks came under homœopathic treatment her condition, in spite of massive doses of *Salicylic acid*, which she had received, was not improved, especially the upper extremities were severely affected. The shoulder joints and also the neck were severely affected, painful and stiff, as well as the left hip joint. The tearing, lancinating pains raged night and day, and the least motion aggravated them to the highest point. The patient could not eat and was on that account much reduced. In some parts of the limbs affected the muscles had already begun to consume away. In the next three weeks, while giving two homœopathic remedies, her condition remained the same; the case seemed desperate. In my perplexity I gave her *Ferrum phosphoricum* 6 trit., a dose every two hours. It is probable that I came to select this remedy particularly because the shoulders were chiefly affected, though the acute stage of the disease had already passed. I well remember that in prescribing it I had little confidence within me as to the effect of this remedy. But my doubts were not justified, for in a few days the pains diminished, and from that time her convalescence regularly advanced under the continued use of the remedy, until finally *Ledum palustre* 3 dil., given on account of a remaining stiffness of the shoulder, gave the finishing touch. Since that time the woman has been attending without hindrance to her domestic and agricultural work.—
Translated from Hom. Monatsblätter, April, 1909.

HAHNEMANN'S POTENCIES.

Editor of the HOMŒOPATHIC RECORDER:

The use of high potencies during Hahnemann's last years has been so frequently discussed that it seems hardly worth while calling attention to what he says on p. 649 of the *Materia Medica Pura*. I will nevertheless quote it here:

"As the fig-wart gonorrhœa is one of the few permanent miasmatic diseases, I was able to test in the most certain manner the degree of efficacy of the higher dilutions of *Thuja* juice. Thus I found, that even the higher dilutions, *e. g.*, the decillion-fold or even the vigesillion-fold dilution (1/xx, made with sixty diluting phials, each of 100 drops), if each diluting phial were succussed ten times and oftener (that is, with ten or more shakes of a powerful arm), was not weaker in power than the less diluted preparations, nor, on account of the enormously diminished arithmetical fraction, had it sunk to complete powerlessness, to nothing, but, on the contrary, it had rather become even more intensely charged* with the medicinal virtue of *Thuja*."

This is what Benninghausen says on the subject. Aphorisms of Hippocrates, p. 380:

"Hahnemann hat nicht nur in seinen letzten Lebensjahren an seinen hohen Potenzirungen und feinsten Gaben immer entschiedener festgehalten (wie zahlreiche Briefe bis kurz vor seinem Tode bezeugen), sondern sich auch einer neuen Art von Potenzirung bedient, wodurch er unseren gegenwärtigen Hochpotenzen nahe kam. Sein Verfahren wird in der nächsten, hoffentlich bald erscheinenden, sechsten Auflage des *Organons* Mitgetheilt werden, da wir selbst durch Ehrenwort an die Geheimhaltung dieser uns bekannten Prozedur bis dahin gebunden sind."

*"The discovery that crude medicinal substances (dry and fluid) unfold their medicinal power ever more and more by trituration or succussion with non-medical things, and in greater extent the further, the longer, and the stronger this trituration or succussion is carried on, so that all their material substance seems gradually to be dissolved and resolved into pure medicinal spirit; this discovery, unheard of till made by me, is of unspeakable value, and so undeniable, that the skeptics, who, from ignorance of the inexhaustible resources of nature in the homœopathic dilutions, see nothing but mechanical division and diminution until nothing remains (therefore, annihilation of their medicinal power), must see their error as soon as they appeal to experiment."

In another place Bœnninghausen vouches for the accuracy and reliability of the Jenichen high potencies.

It may be just as well to say here that we value our potencies *for what they will do, not for what materialists reason out or compute they should not or can not possibly do.* Bacon says: "Axioms determined upon in argument can never assist in the discovery of new effects; for the subtilty of nature is vastly superior to that of argument. (Aphorism 24.) In sciences formed upon opinion and dogmas, it is right to make use of anticipations and logic if you wish to force consent rather than things (Ibid. 29). There is no small difference between the idols of the human mind and the ideas of the divine mind—that is to say, between certain idle dogmas and the real stamp and impression of created things as they are found in nature. (Ibid. 23.) The human mind resembles those uneven mirrors which impart their own properties to different objects, from which rays are emitted and distort and disfigure them. (Ibid. 41.)

When Hahnemann speaks of the conversion of energy as the "resolution of medicinal substance into pure medicinal spirit," he sees far into modern science. His discoveries rest not only upon his demonstrations and quotations but also countless confirmations now made with all kinds of preparations and potencies. Some of them may be poorly made, yet they have shown certain individual values which but confirm the naturalness of the law. The operation of law is definite but not narrow.

For the benefit of some of the readers of the RECORDER, I wish to call your attention to the following quotations from the Organon of Hahnemann (Dudgeon's translation).

Section 244—p. 170—footnote 1.

"Large, oft-repeated doses of cinchona bark, as also concentrated cinchonic remedies, such as sulphate of quinine, have certainly the power of freeing such patients from the periodical fits of marsh ague; but those thus deceived into the belief *that they are cured* remain diseased in another way without antipsoric aid."

Hear what the late Dr. P. P. Wells has to say on this subject.

"If—after this—(the homœopathic remedy) is, *in most cases quinine*, the prescriber may, without hesitation, pronounce on himself sentence of incompetency to deal with the problem be-

fore him. His patients and the public may safely join in the confirmation of this sentence." "Intermittent Fever," p. 31.

Section 246—p. 172, line 34, et seq.

"The best dose of the properly selected remedy is always the very smallest one in one of the high potencies (X), as well for chronic as for acute diseases—a truth that is the inestimable property of pure Homœopathy and which, as long as allopathy (and the new mongrel sect, whose treatment is a mixture of allopathic and homœopathic processes, is not much better) continues to gnaw like a cancer at the life of sick human beings, and to ruin them by large and ever larger doses of drugs, that will keep pure Homœopathy separated from these spurious arts as by an impassable gulf."

Section 276—footnote 2.

"The praise bestowed of late years by some few homœopaths on the larger doses is owing to this, either that they chose low dynamizations of the medicine to be administered, as I myself used to do twenty years ago, from not knowing any better, or that the medicines selected were not perfectly homœopathic."

I can not leave this subject without calling attention to the fact that most of the questions of modern Homœopathy have been fully answered by the fathers of our science, but the student of to-day knows nothing of all this, and goes forth with a confidence which his equipment can't possibly substantiate, and we all know the result.

C. M. BOGER.

Parkersburg, W. Va.

THE TREATMENT OF MALARIA.

Editor of the HOMŒOPATHIC RECORDER:

In response to your request for helpful things on malaria, my experience may be of interest.

I spent the first five years of my practice in the central part of New York State, on the banks of the Erie Canal, and saw many cases of intermittent fever. I studied my cases carefully; gave the remedies that seemed indicated from the totality of the symptoms, with the result that, with one exception, no case ever had a fourth chill after I commenced prescribing; and the majority

of them never had a second one. The remedies most frequently indicated were *Eupatorium perf.*, *Natrum mur.*, *Nux vom.*, *Ipecac.*, and occasionally, *Arsenicum*. They were usually given in the two hundredth potency, occasionally higher; sometimes in the third. In one case only was there recurrence the following year. That one had recovered promptly the first year, after *Nux vom.*, two thousandth. He received one dose of the same after one paroxysm the second year, and never had another chill.

The one case which did not yield promptly to the first prescription seemed to call for *China*, so I gave *China off.* in the two hundredth potency; then in the third; then in the first; then three or four other remedies that seemed as though they might be indicated, allowing each to act for four days. All without result.

My patient's patience was good, she held to me for fully three weeks, and the paroxysms were unusually severe. Then I decided that it was her due to get some kind of relief, and gave her five grains of *Quinine* immediately after a paroxysm, followed by two three-grain doses at intervals of six hours. That ended the trouble.

Perhaps a more careful study of the *Materia Medica* would have shown that *Chin. sul.* instead of *China off.* was the remedy, and the former might have cured her in a high potency. Perhaps she had the proper "potency."

E. P. HUSSEY, M. D.

Buffalo, N. Y., October 22, 1909.

MALARIA.

(*Nota bene.*)

Editor of the HOMŒOPATHIC RECORDER:

In the RECORDER of the present month, page 458, I have read the humiliating acknowledgment of Dr. Keenan, of Brentwood, Md., as to his failure to treat *malaria* with the indicated homœopathic remedy, and his necessity of resorting to *heavy doses of quinine*. I would not endeavor to express my feelings about this antiquated subject, if it were not that Dr. Keenan's paper is so positive and enticing, as to lead astray many of our young physicians. Fortunately our opponents are at present acknowledg-

ing the pernicious results of *massive doses of quinine*, such as Dr. Keenan endorses, and pointing out the injury that has been done by a remedy capable only of arresting the paroxysm, but which return again with increased intensity, until the organism has to struggle in vain against the *combined effects of quinine and malaria*. These are not speculations, but facts, which the constant and unsuccessful endeavors of the old school to find substitutes for *quinine*, abundantly confirm.

I do not agree with Dr Keenan, that the intensity of the malarial toxæmia will prevent marked physiological effects of *quinine*, and that any *Bromide of Sodium*, or any other *Bromide* has ever corrected or arrested the evolution of *paludism* in any of its manifestation (*intermittent, remittent, pernicious, masked, etc.*), and much less in those *intermediate* forms which do not conform exactly with the common clinical aspects of *malarial fever*. The patients may be thankful, the physician may be happy, after attacking the disease with such powerful weapons, but this is only a temporary expedient, well known to those who have had the advantage of observing and studying *malaria in the tropics*.

We know today that *malarial cachexia* is not only the condition of ill-health produced by continued exposure to *malaria*, but a depraved state in which *Quinine* is responsible for many of the lesions observed in the worst forms of the disease. And how could it be otherwise now that we thoroughly know the *toxic effects* of its massive and prolonged doses. *Ague-cake* is the name of the permanently *large spleen* observed in malaria, and is associated with that state of which *melanæmia* and *anæmia* are the chief signs. *Melanæmia* may blacken the brain, the liver, the lymphatic glands, the mucous membranes, and the skin, and the black pigment, giving the name to it, may occur in isolated particles, or massed together, or included in white corpuscles. One form of *chronic atrophy of the liver* may result from it. The characteristic features of *malarial cachexia* are: a sallow complexion, voluminous abdomen, weakness, and various functional disorders, such as dyspepsia, neuralgia, or pains in the muscles and joints. All these symptoms persist after *repeated attacks of malarial fever*, which have been reported cured.

And how about that syndrome known by the old school under the name of *Cinchonism*, a pathological state due to the too long continued use of *Quinine*, or to an overdose of that drug? Some authorities have included permanent hyperplasia of the splenic and hepatic substances. But the *nervous system* is the most markedly affected. The first warning is usually a *humming* or *buzzing noise* in the ears, accompanied by more or less deafness; sometimes the *deafness* is almost complete, and persists after all other symptoms have passed off. *Frontal* and *temporal headache* is generally present, and may be very severe, and similar to *clavus*, so-called because the sufferer feels as if a nail were being driven. *Giddiness* is also a common symptom. *Dimness of sight* is tolerably common, and may amount to *complete blindness*; it is associated with pallor of the optic discs, narrowing of the branches of the retinal artery, and contraction of the fields of vision. There is also a tendency for the *heart's action* to be weakened, a fact that should be borne in mind in the treatment of such a case, and the patient warned against any sudden effort which might induce *syncope*. After very large doses *collapse* has been noticed (Fowler).

So far I have given nothing new, recently, however, Prof. Plehn, of Berlin, has called our attention to a *toxic neurosis of the heart*, characterized by frequent and irregular palpitations and resembling that produced by the abuse of tobacco and observed sometimes in malarial patients returning from tropical countries.

There is no doubt, says Prof. Plehn, that when *Quinine* is given by the mouth, it is first taken by the portal circulation, then carried to the liver and there partially destroyed. But, what may surprise Dr Keenan is that recent researches have brought to light the fact that *Quinine*, when given in *large doses*, alters the blood globules, while, when given in *small doses*, it only kills the parasite (*hamatozoon*). "With only 0.20 centigrammes, and even less, one can obtain this result, provided the *hamatozoon* is met with at the moment of segmentation for, at this period of its evolution, the young parasite is incapable of resisting the *specific action of Quinine*. This moment is easily selected, as it corresponds to the actual paroxysm, or the at-

tack properly so-called. With a systematic distribution of time, the "golden moment" of Dr. Keenan, so as to meet the parasitary segmentation, and with a regularly retarded administration of the remedy, after a few days' treatment, we can place the organism under the influence of the drug almost hourly, giving the frail, immature parasite little chance to do much harm. Finally, with a well conducted treatment, established on scientific basis, one is capable of successfully combatting the most severe cases of malaria with *small doses of Quinine*, and this without exposing the patient to the evils of drug-intoxication."

This is the manner in which the dosage of *Quinine* is now discussed by men of experience, whose observations and researches are worth considering, and, I do believe, that the time for such doses as Dr. Keenan advises with so much confidence is past. The simple reason for the change is, that much harm has already been done by *massive doses*, and, certainly, there is no better evidence of the correctness of my assertion than the increasing number of allopaths daily converted to the *small doses of Quinine*, and now seriously engaged in the study and application of *other salts of Quinine*, with the hope of avoiding the ill-effects of the classic salt.

Fuster and Bertin, of France, are employing the *bichlorhydrate*, the *tannate*, and the *ethylcarbonate of Quinine*; the last also called *euquinine*, a vaguely known salt, more expensive than the *Sulphate*, and whose only advantage seems to be, that like the *tannate*, has hardly any taste. Prof. Plehn and Bois-Raymond, of Germany, have not been inactive in this direction. The *Chlorhydrate* and principally the *Bichlorhydrate* is now extensively used in Germany. The latter salt, recommended by Prof. Plehn, contains 80 per cent. of the alkaloid, and is not only the richest, but the most soluble. The *Tannate*, on the other hand, a salt, so far, poorly defined and considered the poorest of all, has recently been brought into some prominence by the observations of Prof. Angelo Celli, of Italy. Gaglio and Cervello, also of Italy, have been able to establish that the *Tannate* under the influence of the bile and of the pancreatic juice, is easily absorbed and thusly, having a more retarded action, it may prove beneficial in the *preventive treatment of malaria*.

These are some of the most recent propositions advanced by those who have lost confidence in the *classical alkaloid of Cinchona*. But is this all? Not by any means. Like disappointed children, many of those who have extensively combatted *malaria* in its different aspects have come to the conclusion that they must have new toys to play with. Other means must be found to extirpate the *protozoa*, which, during the intervals of quiescence, seems to remain in abeyance, ready to germinate and split whenever the organism is stirred up by a recurrence of dormant lesions, or by any other unknown influences. For there is no doubt that no *cure of malaria* has ever been effected, without leaving behind relics for future trouble. Even after apparently recovering from *malarial cachexia*, the patient may be subject to recurrences of fever, which, for their presence, do not necessarily require new exposure to malarial influence; he seems to carry the seeds about with him, and the periodic character may imprint itself upon other diseases to which he is predisposed, as rheumatism or neuralgia. And as the distinguished Dr. Govantes, of Havana, used to say in those days of bulky doses of quinine: "*The paludic remains always paludic, he is the victim of both cachexia and cinchonism.*"

So much are these results feared by high authorities in this class of fever that they have exhausted chemistry in order to find substitutes which may offer better results, but in vain. *Malaria* keeps on claiming its customary share of victims, just as when *Quinine* was given entirely by the mouth, and was so badly supported by the stomach. The *hypodermic injections* of the *chlorhydrate*, *bromohydrate* and *sulphovinate* of *quinine* have only been able to increase suffering by the inevitable formation of abscesses. Other more radical means have been proposed by eminent pyretologists, but without positive results. Not long ago Dr. Xibilia, of Italy, suggested a method which consists in the *hypodermic injection of Quinine* until it produces an abscess. This theory being that an abscess draws to it all the infectious elements in the system, and annihilates them by means of its suppuration. A more daring experiment has been actually tried in Europe, which essays to relieve chronic victims of malaria by the extirpation of the spleen.

The above facts will explain why I cannot agree with Dr. Keenan, and before I close these pages, I pertinently declare that although I have seen more than one paroxysm arrested by *massive doses of Quinine*, the attack in malarial districts has always returned with increased intensity and serious results. Under the combined effects of drug and poison, the organism soon enters into a hopeless condition, in vain struggling to eliminate the morbid agents, which, probably, have already induced the most *profound anæmia, permanent enlargement of the spleen and liver, with serious gastric, intestinal, and nervous disorders*. A comparative improvement can only be attained by total abandonment of the infected centers.

Of course, I have something very interesting to say about my success in *treating malaria with strictly homœopathic remedies*, but I leave that for another occasion.

EDUARDO FORNIAS, M. D.

706 West York St, Philadelphia.

“THE TREATMENT OF MALARIA.”—A REPLY.

Editor of the HOMŒOPATHIC RECORDER:

On page 458 of the October number of your excellent journal is an article called “The Treatment of Malaria,” which deserves unfavorable comment. It is true that the author of it has wisely omitted the word “Homœopathic” from its title, and that he gives his testimony in an entirely personal manner, saying “I cannot arrest a paroxysm by any potentized remedy;” but why he should ignore the indisputable evidence of others who have and do accomplish this quite ordinary deed is a mystery only solved by his declaration that he has “given up trying” and then entering into praise of that lazy man’s remedy, the much abused and empirically misused bark.

I must trust that the doctor will not look upon this as a personal attack for my sole motive in offering the protest is the fear that many who are but faint believers in the actual practice of Homœopathy may become still weaker in the Faith. It is very right and proper for us to acknowledge our many dismal failures. All of these have been personal faults and have nothing to do with the great system.

From Hahnemann down, all of his true followers have cured cases of intermittent fever with the properly selected remedy, and if Homœopathy could not cure that, and every other curable disease it would be unworthy of its rank as a Law of Nature.

The late Adolph Lippe often spoke to me of his early experiences with this disease, and it was his ability to cure just this condition with a few doses of a high potency in an epidemic of it in Allentown that gave him prestige as a prescriber.

The author of this letter claims that quinine is homœopathic to chills. If so why does he advocate the administration of a succeeding treatment by *Arsenicum*? Routine prescribing of any one drug for a given disease is not homœopathic and here are two suggested without any symptomatic indications.

The "Golden Moment" that he refers to is a reiteration of Hahnemann's own statement except that he (Hahnemann) advised the administration of the *homœopathic remedy* at this time. This point is fully entered into under the title of "When to Give the Remedy" in the prefatory pages of that excellent work by the late Henry C. Allen, *The Therapeutics of Fever* (Boericke & Tafel), and those who have been unable to cure this condition by the school of medicine which they profess to represent should read this book and discover why they may not do what others can.

"Taking the case" is too well described by Dr. Allen to need repetition here except to allude to its primary importance. If no remedy then appears to be indicated it is safer to wait over one or two chills and to make the selection with due care. Too much of a medicine will spoil the case, and should be guarded against. When one is not absolutely sure as to what should be done there is but one safe procedure and that is to wait until one is.

A violent case of this disease came to me this summer. It was a young man who had lately returned from a camping expedition and exhibited symptoms that made me suspicious of having a typhoid case on hand. I could not find the remedy for him until, after some delay and much study, I discovered that he had decided numbness as though dead, in the fingers, during the chill, and this made me wonder why I had been so stupid as not to have seen the other indications for *Sepia*. These little sug-

gestions for a remedy are often thrown out to us, if we wait for them, as though Nature was ashamed of our shortsightedness and anxious to help us in our childish ignorance.

There is always one medicine indicated in every curable case. It is not merely a question of holding the patient as a customer, but we must consider his or her physical good and this may only be done by a close adherence to the one and only law of cure, and I believe that any departure from it—the checking of a diseased condition by other means—will lay up for that patient a troublesome account for future settlement.

WM. JEFFERSON GUERNSEY.

Frankford, Philadelphia, Oct. 27, 1909.

A CASE OF INTERMITTENT FEVER.

Editor of the HOMŒOPATHIC RECORDER:

In the RECORDER of Oct. 15, 1909, I see an article on the "Treatment of Malaria." Perhaps the following case may be of interest to your readers:

July 22, 1909, I was called to see a five-year-old girl, who had been under the care of three different physicians—one at a time—for a couple of weeks. Her ailment was variously diagnosed, "worms," "stomach trouble," "the lining of her stomach was all eaten out;" at least so I was informed by members of the family. I found the little patient lying upon her side in a sort of convulsion, thrusting the buttocks forward and back, with lower extremities drawn up; she was covered up with blankets, lips and nails blue; screaming if touched; semi-conscious; very anæmic; spleen considerably enlarged; temperature 102° F. I watched the case awhile, questioning the mother and several friends and neighbors who were present, and learned that she had a paroxysm like this every day about 2 o'clock P. M. for two weeks, with high fever, followed by profuse perspiration, after which she seemed very weak and slept. Appetite poor, bowels constipated. I then took her temperature again and found it 106° F. Here was a typical case of intermittent fever, with the "chill (convulsion), fever and sweat," occurring daily at the same hour. I gave *Veratrum viride* 2x during paroxysm, to be followed by *Eupat perf. θ*.

July 23, she had another paroxysm, but not quite so severe or long-lasting. Gave *Ver. vir.* as before, to be followed by *Cinchona sulph.* until next paroxysm.

July 24. Had the usual paroxysm. Continued same treatment.

July 25. Slight convulsion, temperature 101° F. Continued *Cinch. sulph.*

July 26. No paroxysm, appetite improving, but very anæmic. Continued *Cinch. sulph.*, and gave peptonate of iron and manganese with milk.

July 29. No recurrence. Gave *Natrum mur.* 6x, continued peptonate of iron and manganese.

I again saw her August 25, and hardly knew her. Her cheeks were becoming rosy, and she felt strong. Heard from her again October 18, 1909, and she remains well.

There is nothing new in the treatment of the above case, but it illustrates the importance of taking time and pains to thoroughly examine the patient, instead of guessing at a diagnosis. It should be remembered that a convulsion frequently takes the place of the chill in cases of intermittent fever in children.

ALBRA W. BAKER, M. D.

Bloomsburg, Pa., Oct. 25, 1909.

THE DANGERS OF ANTITOXIN.

Editor of the HOMŒOPATHIC RECORDER:

I thank you for the copy of "N. Y. State Med. Journal" just received.

The cases of "untoward" results of antitoxin injection reported therein only further confirm a conviction that has long been developing in my mind that, as between this vaunted "remedy" and diphtheria, the remedy is about *four times more dangerous than the disease.*

I have just passed through an epidemic of diphtheria here, without a single death, my chief reliance being *Cyanide of Mercury* 30x, with occasional *Belladonna* 6x where indicated. *Belladonna* seems to go well with *Merc. cyanat.* in the beginning of most cases, and the two worked together in this epidemic so satisfactorily that it was evident that they represented the genus epidemicus. No other remedy was administered except that as

a prophylactic measure I put all the children within my circle of practice on diphtherinum, 30th centesimal, once a day, as soon as I realized that the numerous widely-disconnected cases meant that an epidemic was upon us.

As to the value of such prophylaxis, I can only say that many children who were undoubtedly exposed by intimate association with those ill with the disease did not contract it, and that none of the children who were attacked after getting the diphtherinum 30c, presented the well known features of the malignant type; whereas those cases that had not had the prophylactic were almost without exception, of malignant character.

I am strongly inclined to believe that early administration of the diphtherinum, if it does not actually prevent the attack, certainly modifies the disease. It does this by raising the opsonic index.

In not one of the cases treated as above indicated has palatal, pharyngeal or other paralysis in any degree appeared.

Every recovery has been complete, without pathological sequelæ of any sort.

No local applications of any kind were permitted in my cases.

JOHN F. KEENAN, M. D.

Brentwood, Md., Oct. 22, 1909.

THERAPEUTIC NOTES.

In two cases of rhus poisoning that occurred this summer it was found that the application of *Hieracium venosum* θ at once allayed the itching and other disagreeable features. The cases were those of two men who gathered the green rhus for a homœopathic pharmacy.

Dr. Picard relates a case of subacute inflammation of the kidneys (*Revue Hom. F.*, June) successfully treated with *Eel serum*. The urine was scanty, dark and highly charged with albumen. The remedy was given internally, first centesimal potency.

Dr. G. Seiffert, Paris, reports a case of influenza in which the heart became affected in which *Cratægus ox.* 1 acted very well. In another case of the same disease, acute pains followed extending from the eye to chin; this neuralgia yielded after other remedies had failed to *Chininum ars.* 4. Also a case of painful spleen that yielded to *Ceanothus Americana* θ .

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EDITORIAL BREVITIES.

EACH CANCER A LAW UNTO ITSELF.—According to the Seventh Annual Report of the Imperial Research Fund, as quoted in *Monthly Homœopathic Review*, cancers seem to be like men—each a distinct proposition. Cancers, histologically alike, differ widely biologically. This fact “makes it improbable that there can be any universally acting remedy applicable to all cancers.” This strengthens the reports published from time to time, by homœopaths, of the cure of cancers (generally not believed by the sceptical) by means of this, that and the other “indicated” remedy. Incidentally it also backs up the Hahnemannian rule of ignoring the name of the disease in treating a case.

WHAT IS THE ANSWER?—The estimable Dr. Dunglison in his great dictionary defines:

ALLOPATHY (allos, another; *pathos*, disease). Method of treatment in which remedial agents are employed the action of which produces symptoms different from those observed in the sick person; opposite to Homœopathy. A term incorrectly employed as a name for rational or regular medication, by those who do not understand the principles of the latter.

The first part of this definition is correct according to common belief. But the addenda is a bit puzzling. What are those principles—boiled down as Dr. Porter boiled down the definition of “what is a homœopathic physician?” This isn’t a jibe, but an honest inquiry. What is a regular physician?

THE "BOOSTER'S CLUB."—Some one has sent a circular letter to the medical journals advocating the formation of a "Booster Club," with a club button which each member is to wear. Many journals published the letter. At first reading the plan seems to be rather amiable and praiseworthy, but it will not bear critical examination. No gentleman slanders other men, neither does he endorse the unworthy. Above all men the physician should be the gentleman, fearlessly honest. A characteristic of the gentleman is that he minds his own business; his business is not to proclaim the failings of other men, neither is it to "boost" them. If the club, and its button, get in evidence the newspaper wits may welcome it with open arms.

ANOTHER NEW WORD PROPOSED.—Dr. E. W. Robertson, of Onancock, Va., proposes a new name for that which the world knows as "malaria." In the *Virginia Semi-Monthly* he argues that the anophele is the *sine qua non* of malaria and therefore, to be accurate, we should term the disease of which he, or she, is the sole cause "anophelesis." Granting his premises Dr. Robertson would be correct, but there are so many exceptions to the rule that it is doubtful if the word will come into general use.

FLOOD-TIDE OF SURGERY SAID TO HAVE BEEN REACHED.—The *Monthly Homœopathic Review*, October, notes that there is the beginning of a strong revolt among the people of England against the surgical craze in that country. They see so many "of those whose physique has been wrecked by surgical interference." They feel the pinch of the big fees, and the heavy after expenses so much that they are beginning to look about for some other means of treatment than that of the knife. The *Review* rightly thinks that now is the golden moment for propaganda work for Homœopathy, else the discontented ones will drift off into Christian Science "and other quasi-religious delusions which germinate so freely in America." If the revolt starts in England it will spread to this country and the general practitioner may come to the fore again as in the olden times.

IMMUNIZATION.—In an article published by the *Medical Review of Reviews*, September, Dr. H. D. Pease, of the N. Y.

State Hygienic Laboratory, at Albany, quotes Trudeau as follows: "Trudeau within a few days has summarized the entire situation in the following words: 'Experimental evidence shows that vaccination with *living cultures* of the tubercle bacillus alone produces any real immunity to subsequent tuberculous infection, and no specific anti-bacterial immunity worthy of the name can be brought about in animals by the injections of dead germs or the chemical products derived from cultures of tubercle bacilli.'" That means a lot, doesn't it? If it applies to tuberculosis it is likely to apply to other diseases. It means that the enormous number of "immunizations" are useless, and, probably, worse than useless. Then, too, isn't it curious that the living tubercle alone will cause immunity? Against what? Themselves apparently. Verily, it is a mess.

ARNICA AND THE LAW.—Dr. D. E. Coleman contributes an interesting paper to the *Chironian*, October. Hospital men ought to read it. The paper tells of a case in which three toes were crushed. The patient was a young man, aged 17. Amputation was performed on April 17 and the stumps dressed according to the approved methods. But the wound would not heal; so the patient suffered greatly. On July 8 a second amputation seemed inevitable. Dr. Coleman was asked to prescribe. He "took the case," found *Arnica* clearly indicated; and he gave it in 30th potency, with 1-100 of same drug applied locally. The patient at once felt relief, and made good and speedy recovery. A skillful prescriber of the similimum could be made very useful in all surgical cases.

THE LATEST MEDICAL FAD.—"Grey oil" has become something of a fad among the French doctors, according to the *Monthly Homœopathic Review*. "Grey oil" is prepared from *Mercury* and, needless to add, is administered hypodermically. Several fatal cases of gangrenous stomatitis have occurred, attributed to this treatment; also many cases of mercurial fever, with the usual symptoms of mercurial poisoning. All of this doesn't look much like advancing in medicine; or, at least, in the art of cure, or science of cure, as you like.

THE ORIGIN OF "CLAP."—Whether you call it "gonorrhœa," "urethritis" or just plain old fashioned "clap," the thing is very

much the same to the patient. The name "clap" seems to be the oldest of the lot. It probably originated in a popular joke, or superstition, for it comes from the "clap-dish" that the lepers once used to warn others that they, the lepers, were infected. The "leper with a clap-dish, to give notice he is infectious" writes Massinger. Perhaps old time health boards wanted the gonorrhœic to carry a clap-board. Civilization would be a noisy place if such a rule were to be enforced today if all reports are true.

JOURNALISTIC HAZING.—The following is a specimen of what might be taken for journalistic hazing, taken from the pages of the ironic, and sometimes sarcastic, *American Journal of Dermatology*: "Venereal disease is the long suit of the medical student and what he does not know about them has not been discovered. He is the modern medical Columbus and claims to be superior even to the bartender and to the barber who are well known oracles to all callow youths." Never mind, oh student, some day you, too, can stand on the upper balcony and make comments on the sap that is flowing.

THE WONDERFUL REMEDY.—Theoretically, every doctor repudiates secret remedies, because they are not scientific; he knows nothing about them—science, at bottom, simply means "that which is known." Practically it is different. Many circulars and handsomely printed booklets and leaflets are dropped in the waste basket, but on an idle day one is dipped into. At once the hypnotic influence begins to work. You realize the absurd claims and the ignorance displayed, but there comes over you the query, "I wonder if after all these fellows havn't got hold of something good?" Then the chances are that you buy a bottle, try it and behold! you are no more scientific than you were before, nor are you healed as you were hypnotized into hoping you, or your patient, would be. In nine times out of ten the drug that is active is a drug with which you are familiar—or ought to be—and it will do no more coming out of the gaily lithographed bottle than it will from your own tincture bottle. How could it? The tenth one, the one of merit, is where the proprietor has got hold of a drug new to the dispensatory, as was once *Hamamelis*, and some

others, or of some neglected drug of merit—there are many of them. But even with the tenth, a knowledge of the drug is preferable to the vague and over-reaching claims on the label. Don't despise a little known drug because it is not among the elect in the materia medica, nor expect a drug under a fanciful name will do more than under its right name, whether it be from the chemical shop or nature.

BENZOATE OF SODA.—In days of old a man asked a scientist why it was that if you put a live fish in a bowl level full of water the level of the water would not be raised nor none would spill over. The scientist formulated a theory which, when promulgated, was disputed by other scientists who advanced conflicting theories. Finally a prosaic man filled a bowl of water level full and put a live fish in it. The water spilled over and the controversy was thereby terminated. The American people were told that Benzoate of Soda was used on rotten vegetables to make them palatable, to "disguise" them, etc., therefore it was anathema. At the recent meeting of the Board of Trustees of the American Institute of Homœopathy, the experiment was made on some decayed fruit and vegetables and it was found that it had no effect on them. Therefore it was advised that the recent vote of the institution be reconsidered. Some say that strong spice is the thing for questionable stuff. Benzoate of Soda merely prevents fermentation.

THE ROENTGEN RAY AND THE CHICKEN.—The October number of the *N. Y. Medical Times* contains as its leading paper one on the Roentgen ray, by Dr. Albert C. Geysler, read before the International Medical Congress, recently held at Buda-Pesth. From it we clip the following:

"At Cornell University Medical College we even went so far as to study the effect of the Roentgen ray upon eggs during the process of hatching. The hen sitting upon the eggs was daily exposed to the ray, during each exposure some of the eggs were taken away, properly marked and later replaced, so that at the end of three weeks out of twelve eggs seven chicks were hatched, the remaining five eggs were examined, and the process of evolution had been arrested at various stages of development. Out of

the seven chicks that were hatched, one had practically no feathers at all, another had feathers over the body, but could grow no heavy tail or wing feathers. Both of these died during the first week in spite of all the care that could be given them. Still others seemed small and remained stunted, then died at the end of four and six weeks. One pullet, and especially one rooster, seemed to thrive and promised to do well. In fact, the rooster did too well. He not only acquired his normal size, but never seemed to stop growing; he developed very long legs and a very long neck and bill and appeared while walking rather ungainly and awkward. One could almost say that he was too heavy or seemed ataxic. He lived for seven months, and one day without apparent reason fell over and expired."

This reminds us of a scientific romance published a few years ago in which a certain substance caused everything with which it came in contact to grow abnormally, bees becoming as large as turkey buzzards and rats like elephants, etc. There are queer things in store, but whether desirable is the question.

BACKWARD, TURN BACKWARD.—Once upon a time it was said that the man who neglected to resort to venesection, to blood-letting, was guilty of "murder by indirection." Now they say, tempered a little, "That every physician who does not use antitoxin on every case diagnosed as diphtheria, should be prosecuted for malpractice." This goes toward showing that superheated imagination is as prevalent today as it was in the days of the medical dark ages. Perhaps, though, shades of those days still linger?

A PREDICTION.—"I believe that before another fifteen years have passed we shall see the treatment of diphtheria by antitoxin practically abandoned, and if I am alive in twenty-five years I shall expect to see our friends, the allopaths, 'right about face,' again, as they have so many times in the past, and saying that 'anyone using antitoxin as we use it for the treatment of diphtheria should be prosecuted for malpractice.'"—*Dr. E. S. Abbott, New England Medical Gazette, Oct.*

WHERE SURGERY WAS NEEDED.—"This patient (Mrs. A. E. H., aged 65) had been a victim of so-called 'dyspepsia' for a

period of thirty years or more. She exhausted the resources of the local physicians, took 'treatments' from various advertising fakirs, ran through the subtleties of Christian Science, finally going to Boston, where she consulted 'specialists.' She was pumped out by stomach (and otherwise), had test breakfasts and more pumpings, her blood was examined, urine analyzed, fæces searched, etc., *ad infinitum. ad nauseam* (for she had the means to pay), and yet she had a stomach and knew all about it. Practically all her symptoms were referred to the stomach. The recital of her symptoms would only be a repetition of that large class of cases with which you are all so familiar, and from which you would all like to be delivered. She finally fell into the hands of the writer. I had a very strong suspicion that there were gall-stones in her interior and told her so, advising operation. She consented, and was operated upon September 25th, 1908. The result was magical. Her dyspepsia disappeared at once. From a nervous, irritable dyspeptic she has become in these few months a fat, well woman, who sleeps well, knows not the meaning of nerves, has an appetite which she says she 'would not sell for a thousand dollars,' and the digestion of an ostrich. I found 153 stones which are here for inspection."—*Dr. W. V. Hanscomb, Rockland, Me., N. E. Med. Gazette, October.*

NEWS ITEMS.

Dr. Chas. H. Evans, Chicago, departed this life Oct. 7.

Dr. H. M. Holverson, of Boise, Idaho, writes: "Our Idaho Homœopathic Society was formed Oct. 7, 1909, with Dr. R. S. Gregory, of Boise, President; Dr. Susan Bruce, of Lewiston, Vice President; Dr. H. M. Holverson, of Boise, Secretary, and Dr. Fred. Pittenger, of Boise, Treasurer. Drs. Gregory and Holverson were appointed Delegates to the A. I. H. "There are many good openings in the State and we are desirous of getting good homœopaths to locate here."

Dr. J. Lopez Cardozo has removed from 848 Park Place to 635 St. Mark's Ave., near Nostrand Ave., Brooklyn, N. Y.

Dr. C. F. Dail has removed from Eureka, to 1814 Beech St., San Diego, Cal.

PERSONAL.

The Freshman said the office of the gastric juice is the stomach. Added that he didn't know the office hours.

The next Cook-book, they say, will be devoted to ices.

A Western town unanimously Resolved that . . . discovered the Pole.

Polar dashes have enormously increased since "that — — said — — that he—"

The Wall St. melon is a Rocky-ford reached over a rocky road on which *your* wagon generally breaks down.

The *Lancet* finds bacteria and contagion in the sand in which children play. Heigh ho!

Let us admit bacteria and danger in *everything* and be at rest!

"The advocates of laboratory practice—are groping blindly in the labyrinth of absurdity."—*Ec. Med. Jour.*

"Tuberculosis day was observed" in a certain community. Why not have a "grip day," also?

When the women folk go away from home for a time man returns to his natural state.

"Glory enough for us all" seems to hypnotize the American people.

The Christian Scientist sat on a tack—then she got up, just like you and I!

"The surgeon requires his sight, touch, hearing, nose, tongue and intellect." Jacobi. How about other men?

"The pathology of Hippocrates was humorous," answered the little Freshman. Not so far off.

"The surgeon should consider the patient," says an Eminent Authority. Well, doesn't he?

Doctor Luther Trant said, "Boo!" to the man in the chair and at once his guilt was apparent, to the jury.

"R. N. Regular Nurse, or Regular Nuisance" is the heading of an editorial in the *N. A. Jour. Hom.*

The best thing for many cases is a big dose of "Quit-it!"

Glad we're not a king, compelled to kiss other kings. If it were—. But enough!

"Mawnin," said the trembling old colored man, as Wright's aeroplane dropped in the field, "how'd yo leave de folks in hebben?"

Why is it, O wise man! that women dread mice, yet take kindly to rats?

Contrary to their name the "Dreadnaught" seems to cause more dread.

"Successful men never fail," exclaimed an "esteemed," etc. Neither are fat men thin, we shout!

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WHAT IS "SCIENTIFIC?"

In the good old days when medicine was bleeding and salivating its patients, its practitioners were just as cock-sure that they were the people, and that wisdom would perish with them, as are their descendants to-day. To them Homœopathy has always been anathema; it is not "scientific," therefore it is unworthy of consideration by scientific minds. When a thing is *scientific* it is absolutely *sure*; the scientist can calculate to the second the appearance of an eclipse, the strength of a given metal, or the power of a gun. Can the gentlemen who say that Homœopathy is merely "Hahnemann's law," "Hahnemann's DOGMA," etc., and claim to be "scientific" medicine men, give the world one *scientific, i. e., sure*, cure for a single human disease? Until they can do so are they not open to the suspicion of not comprehending the meaning of the word "scientific" so frequently used to-day?

One of our homœopathic journals for November gives up nineteen pages to a paper devoted to proving that Homœopathy is not a natural law, but "Hahnemann's law," and that it is "unscientific." The writer proves his point to his own satisfaction but probably not to that of all of his readers. His demonstrations are also sometimes rather difficult of comprehension by the average mind; but, still, such expressions as the following are plain to all; they are quoted to show the attitude of medical minds, claiming to be scientific towards Homœopathy, which has revolutionized the practice of medicine.

"That unnumbered substances—shall be applied for the cure of disease alone by virtue of one universal law of nature is possible—only for minds which have not accepted the principles of evolution." We respectfully submit that evolution is not science but a theory spun from a few facts, a theory as unsubstantial as the

gossamer threads that float in the summer sunshine. You cannot create something from nothing (that is rugged and basic science), consequently you cannot evolve that which has not been previously involved. You may take the wild peach and develop to the luscious fruit we have to-day—but it is always a peach. So with monkeys or anything else, you can develop but you cannot change their involved nature.

“Naturally, if Hahnemann’s law is a natural law, Homœopathy is a natural science. Contrast its means, application and results with those of the newest natural science, that of bacteriology.” Well? Homœopathy cures disease, while bacteriology does what? Aids diagnosis, and prevention, but what has it to do with cure? Bacteriology is a useful but subordinate thing to Homœopathy; also as a “science” it is a bit shaky on its pins at times and covers its prophets with confusion, as when Pettenkofer swallowed thousands of the cholera bacilli and did not get the cholera, as he should according to theory.

“Serum-therapy is based on the natural science of bacteriology and not on the homœopathic art.” Correct! And remember this when the cumulative effect of serum is seen in the human race—seen with dismay most likely, and then classed with things of the dark ages. Even now serums are playing queer pranks with patients, that worry those who use them, at times. “Serum diseases” are to the fore.

Concerning the unreliability of provings: “Psychology can teach us much regarding the liability to error of purely human testimony,” etc. Sure thing! though that has been known from the beginning of things from Solomon, from Holy Writ; for instance; the same authority also gives a very good, if not scientific, working rule for judging human testimony, *i. e.*, “its fruits.” Homœopathy can well rest its case on this test. The end of medicine is the healing of the sick; when that which claims the name of “scientific medicine” can show better fruits than Homœopathy these will be accepted. Up to present writing the better fruits have not been produced

We have no quarrel with our scientific readers and friends, believing that they are “seeking the truth” to the best of their ability, but when they put their feet on Homœopathy we do not think it is well for their scientific regeneration—hence this remonstrance.

IS THERE SUCH A DISEASE AS HYDROPHOBIA?

"Rabies" is a Latin word signifying "to rave," "to rage," "madness." It implies the possession of a mind. It is something apart from the loss of temper. It is accepted as a disease of the body and mentality of man. When a dog is said to be rabid his bite is believed by the many to convey the madness to human beings; a transfer of dog insanity to man.

Hydrophobia is, according to the "harmless drudge," as Dr. Johnson dubbed the maker of dictionaries, "A preternatural fear of water; a symptom of canine madness," caused by the inoculation with saliva of a rabid animal, and characterized by dryness of the throat, a fear of water, or "a horror of liquids," and so on.

Some men believe that this disease is one of pure suggestion. They believe that if man had not been possessed by it through tradition there would never be a case. One man, a physician, told us he saw a case with all the typical symptoms, really near death. He investigated, found the dog still alive and well, frisky and playful; he convinced the apparently dying patient of this and the disease left him. Another physician told us of a case he had seen, characterized by terrible fear of water, etc. This case died.

The first didn't believe in the disease, the second did. There you are.

For several years a Philadelphia physician, connected with the University of Pennsylvania, has offered a reward for a case of authenticated and undisputable rabies; the reward has never been claimed. The man who offers it says there is no such disease.

Drs. Kerr and Stimson, on the other hand, contribute a paper to the *Journal A. M. A.*, September 25th, on "The Prevalence of Rabies in the United States." In the year 1908 they found 534 cases with 111 deaths. They print a dotted map, the dots showing the number of cases. New Jersey, the land of the "wild man," the "terrible unknown monster," the "gink," is the most severely dotted. Indiana, the home of poetry and romance, comes next. The disease first appeared in New England about the time the witchcraft scare was subsiding. The further west you get the fewer are the dots. Colorado has one dot, but the States north, south and west of it are dotless.

"The reports thus far secured indicate that nearly 1,500 persons

took the Pasteur treatment during 1908." There are twenty-three of the Institutes in the United States. In some the patients are treated "at cost." In others they apparently pay a stiff fee.

From the discussion following the reading of Drs. Kerr and Stimson paper it appears that the map is very erroneous. A doctor from Minnesota said there were as many cases there as in India, while a man from Texas said there have been 1,350 cases treated in one institute in that State in the past few years, six of them dying. "The patients who died were invariably bitten fearfully, lacerated, many bitten as frequently as from twenty-five to fifty times." One might think, with some justification, that a child (they seem to have been children) "lacerated and macerated" fifty times had cause enough for dying in that fact alone without charging the death to hydrophobia. This gentleman belonged to an institute that constantly had from twenty-two to thirty-two cases at a time. He said the uniform fee for treatment was \$25.00.

Another speaker said rabies was a striking disease on account of its "uniform fatality." The fatality in Texas, at least, does not seem to have been very uniform. An Indiana man said the disease proceeded from cats and dogs only, but the man from Texas said that skunks and wolves were responsible for many cases.

A Tennessee doctor said that prior to 1900 the disease was unknown in that State, but now it is rapidly increasing, over a hundred cases a year. He condemned the use of the madstone. He told of a child bitten by a dog; it was proved that the dog was not mad, but the child died from hydrophobia, acquired, he believed, from an infected madstone applied.

Dr. Abbott, the health man of Philadelphia, thought there was no use wasting time discussing the Pasteur treatment; it was the only thing to do. "We pay \$25 for material enough to treat a single case."

A bite or skin puncture of any kind from animal or insect is not a health measure, and deaths have followed such bites, but the question remains: Is there a distinct disease, hydrophobia or rabies, resulting from such bites? Some of the French medical cynics say the disease increases in proportion to the "institutes" for its cure.

BIOCHEMICAL PHTHISIO THERAPY.

By Eric Graef Von Der Goltz, M. D.

It is wonderful how the formulated opinion of the late Dr. Wm. Schuessler (dead now since 1898) is accepted more and more from day to day, viz., that the constitutional weakness of the organization gives the bacillus the chance to work the fatality of the disease.

Many years after Schuessler's death the *New York Medical Record*, Vol. 62, No. IX, brought this opinion, and again to-day we find the same idea supreme as expressed in the editorial of the August issue of the *New York State Journal of Medicine*, 1909. It is for this reason that this paper presents the treatment of phthisis as result of Schuessler's wonderful and scientific recognition of the inner working of the course of phthisis.

It is, therefore, that Schuessler's fundamental work, "the abridged therapy," still gives the best and most satisfactory way of treatment and cure, especially with the aid of other remedies added to Schuessler's primary remedies according to the progress of the chemical analysis of the human tissues, if those tissue remedies are used according to pure and simple biochemical consideration as the basis of treatment.

So soon the diagnosis phthisis pulmonum is made out the primary remedy will be *Arsenicum iodatum*, but (as the author has found out clinically) must be given at least in the 30th regular centesimal potency.

The clinical experience has further brought out the following rule that parallel to the use of *Ars. iodat.* according to circumstances to be studied in Schuessler's original in the author's manual: *Calc. phos.*, *Kali mur.*, *Calc. silicofluorica*, *Nat. mur.*, *Natr. silicofluoricum*, *Kali phos.* or *Natr. phos.* must be used individually.

The corresponding alternating remedy must be used in a corresponding high or low potency.

Often in desperate cases the following plan has worked well: *Ars. iodat.* and *Calc. phos.*, for instance, on one day and *Ars. iodat.* and *Kali mur.* on the following day in alternation—here as always where alternating remedies have been used by the author the alternation is made every three hours.

The unswerving use of *Ars. iod.* with or without alternating remedies has so far always broken the fever, lessened the consistency and putrescent state of the sputum even in hopeless cases.

It must not be forgotten that many cases of consumption must be treated first in the advised way by Schuessler (25th ed.). But here again as soon as the original tissue remedies have worked to their natural limitations, *Ars. iod.* must be brought to the front.

Other remedies—*Manganese*, *Calc. iod.*, *Natr. cacodyl.*, *Phos. iod.*, *Natr. iod.*—must be used sometimes according to arising emergencies, taking them in a transitory way the place of *Ars. iod.*

Further, it is self-evident that any arising eventuality must be treated accordingly; as this described treatment here gives the fundamental structure on which a successful phthisiotherapy is based.

It is unnecessary to go into the details of dietetic, hygienic, prophylactic rules, to well known end, therefore, here to be omitted.

The author only wishes to touch on one point, the general utter prostration of the whole digestive tract of nearly every new patient. This prostration is already heralded with the first visit of the patient before any word has been spoken, before any physical examination has been made—by the *penetrating odor of the hundred and one Creosote preparations (the fetish of the scientific treatment!)*.

It must be stated that in the longer or shorter run the premature death of the consumptive patient is brought on by starvation based on the ruined stomach by the influence of *Creosote* in whatever form in even minimum allopathic (scientific) doses.

Formerly the treatment was highly handicapped, and the result often frustrated in the hands of the author to not a small percentage by this obstinate "*weak stomach*" until a suitable food could be found.

The author presents the biochemical treatment of *phthisis pulmonum* to show how simply phthisis can be handled at home, especially when even from Germany come the *depressing reports that the great hope of the sanatorium treatment for consumption has again proved—a failure.* To this in reference the *New York State Journal of Medicine* in the August issue of 1909

writes: "Therefore, treat people in their own homes as far as may be, and make these homes as far as possible what they should be, and *cease* spending large amounts of public funds building sanatoria in a vain and senseless crusade against tuberculosis."

New York, Dec., 1909, 247 East 72d St.

"SYMPTOM COVERING."

By T. L. Bradford, M. D.

In the arduous efforts of the professional bacteriologists to discover a new small critter yclept germ with a big name, there seems to be some slight tendency to overlook the fact that to the sick person the return to health is more important than the name of the disease or the germ that is supposed to cause the disease. And also to the sick person there comes betimes the thought that it has not been altogether proven that the germ does cause the disease, the germ never having been captured in the healthy body just as it was about to begin its lethal campaign. And if we find the germ in the sick person—why may not that germ be the result instead of the cause of the disease? In the superabundance of scientific so-called investigation have we not lost sight of that old notion and which was so cleverly expressed by a very learned man some years since: "The physician's high and only mission is to restore the sick to health, to cure, as it is termed. His mission is not, however, to construct so-called systems by interweaving empty ideas and hypotheses concerning the internal vital processes, and consequently the actual mode in which diseases are produced in the interior of the organism wherein so many physicians have hitherto ambitiously wasted their talents and their time; nor is it to attempt to give countless explanations regarding the phenomena in diseases and their proximate cause (which must ever remain concealed), wrapped in unintelligible words, and an inflated abstract made of expression, which should sound very learned, in order to amaze the ignorant, whilst sick humanity sighs in vain for aid. Of such learned reveries (to which the name of theoretic medicine is given and for which peculiar professorships are instituted), we have had quite enough, and it is now high time that all who call themselves physicians

should at length cease to deceive suffering mankind with mere talk, and *begin* now, instead, for once to act, that is, really to aid and to cure."

True all this, as true now as when the words were written a hundred years ago!

Since the first arbitrary classification of diseases by names, known as nosology, there have been many efforts by many medical schools to get at the cause or reason of each disease. The great pathway of Time is lined with the moss grown relics of medical systems, for the most part founded, as Hahnemann truly said, "of empty ideas and hypotheses concerning the internal vital processes." To-day the germ is king-medical, and every disease must have its special microbe. Kill the microbe and, presto, there is no more disease. You can not have consumption unless you get the germ in you sometime after you are born. You can not *inherit* the tubercle. Tuberculous cattle cause consumption in man, ergo, all the cows are killed by force of law. The tubercle of the cow does not affect the man, so now says the great and only Koch. So after all we need not have killed the cows. The consumption people are weakening a trifle regarding the non-heredity of consumption. By and by, only give them time, they will find out that Hahnemann's theory of psora explains all this. That the newborn baby is born with many possibilities of disease in his little organism, inherited from many, many erratic ancestors. What profits it that cry after the germ! When Hahnemann named for the people of Europe the few remedies that would be successful in the cholera that came down from the North in 1832, he bothered himself in nowise about the germ of the monster. He simply mentioned the medicines that taken in a healthy system produced symptoms like those seen in cholera, in a word, simply *covered the symptoms* of the disease by the symptoms obtained by provings, according to his law, and lo! success was immediate. And while certain ones of our school are coquetting with the pharmaceutical products, certain other ones with the toxin cure-alls, while some of us have welcomed the Greeks bearing gifts, thank God there are a great many practitioners of the school of Homœopathy who believe that if we do really get the remedy homœopathic to the sickness, if the symptoms of the disease can be covered by the symptoms that the

remedy will cause, that remedy will cure the disease whether or not we know the name and habits of the special germ that goes with the disease.

Dr. E. B. Nash is one of the men who still think that Homœopathy is as good as so-called modern medicine; that there is still truth in the teachings of Hahnemann; that when we find the symptoms that correspond with the disease we can cure the disease. He calls this method "covering symptoms." Within a few years Dr Nash has given us several very valuable books upon the methods of accurate prescribing. His latest, "Leaders in Respiratory Organs," places those of us who believe in the law of Homœopathy under further obligation

It is a small book of but 188 pages, and is devoted to the treatment of nasal catarrh, laryngitis, croup, bronchitis, asthma, pertussis, pneumonia, pleuritis, pulmonary tuberculosis, cough; there are also special repertories to cough, expectoration, respiration and the chest. Cause, symptoms, diagnosis, in a few words, are given, followed by the therapeutics of each disease. The remedies are mentioned in much the conversational fashion that made one reading LEADERS IN HOMŒOPATHIC THERAPEUTICS (another of Dr. Nash's books) think he was listening again to the talks of Guernsey or Lippe.

He truly says, "by this symptom covering we are enabled to cure many a disease which cannot with certainty be named, and about which the best diagnosticians living would widely differ."

He also in mentioning consumption of the lungs quotes from Rosenbach, of Berlin: "It would be more nearly correct and would avoid misunderstanding not to use the term *cause* for the role played by the microbes in the origin of disease, and to say instead, the cause of the disease is the weak body, whereas the impulse to affection, *i. e.*, the production of an altered condition of internal function, is given by the presence of certain micro-organisms." He suggests in this book that the *vital resistance* to disease is the important point, and that the exhibition of the right medicine at the right time is the proper agent to establish this *vital resistance*.

The therapeutic comparisons and instruction is most lucid, and it is largely composed of keynote indications of the remedies. It is a book for the desk, and has taken a place with my other books

of reference used daily in trying to get the better of the awful microbe!

It is a good thing that our school has such men as Dr. Nash, who, instead of outgrowing truth, teaches it, plainly, simply and perseveringly.

And it seems to the writer that if we do not wish to some day become as a school, an adjunct of the so-called regular school, to some day see that school *discover* the law of similia, without giving Hahnemann any credit, it would be wise for us to stop joining allopathic societies and devote more of our time to the study of homœopathic materia medica, as outlined in the books of Dr. Nash, and of the other of our men who also taught and practiced the law of homœopathic similia, and who, through much privation, by remaining true to their principles, made it possible for us to show to the world our colleges and hospitals and our clientele of the most intelligent people in the community.

Phila., Nov. 20, '09.

MYRTUS CHECKAN.

Not long ago we received a letter from a Presbyterian clergyman, who has been in the work for sixty-two years, stating that he had been trying to get a tincture of a drug named *Myrtus checkan* from the pharmacies but had been unable to do so; he asked us to use our influence to have them procure the drug. Well, we did so, and the drug is now on hand. The following is what our correspondent wrote, in substance, as he has a strong aversion to clergymen mixing up recommendations of medicine with religion, and did not write for publication:

"I desire to know about a drug named *Myrtus checkan*. It is an infallible remedy for facial neuralgia, at least, it is infallible in my experience." He then details how he had become acquainted with the drug through a Chicago physician; what it had done in his case, and was reported to have done for several other cases; also that some medical journal had published a paper concerning it, but when and where he did not know. This was the sum of the letter beyond a reiteration of the drug's efficacy in his own case.

In looking the matter up no homœopathic work consulted, not even Burnett, mentions *Myrtus chekan*. Dunglison's Dictionary gives: "M. Chekan, cheken, chekan, chequen; tree or shrub, native of Chile; leaves have been recommended in bronchitis." The *U. S. Dispensary* says that this drug has been reported to be useful by Murrell for chronic bronchitis. The drug is used in its native country for "chronic respiratory catarrh." The *National Dispensary* says the drug has been used for chronic catarrhal inflammation of the respiratory, and of the genito-urinary tract. King's *Dispensary* gives the uses already named, together with the addition of its being of use for "winter coughs." In a later note our correspondent says that the drug seems to increase the flow of urine.

Our correspondent and the Chicago physician seem to be the only ones who have used it in facial neuralgia, or, at least, written to that effect. The foregoing is all we can learn concerning the remedy save that the dosage runs from drachms down to pellets medicated with the tincture. Any reader know anything about it?

HOW TO MAKE FILTERS FOR CISTERNS.

Editor of the HOMŒOPATHIC RECORDER:

My attention was called to an essay published in your journal about water to be obtained as pure as possible. Rain water as ordinarily filtered for storage in cistern is incorrect. It is from above downwards, and is really only a pretense of filtering, the leaves, bird excrement, and pieces of shingles going part way through *at one rain time*, slightly further at the next, decomposing in the meantime, and *eventually reach the cistern water any way*. That mode of "filtering is as allopathy practice, just deception. While if a filter is constructed of cedar wood or galvanized iron over the cistern of about three feet diameter, and three feet high, with a perforated *false* bottom, eight inches from the true base, and then one foot layer of cracked rock or clean gravel, eight inches layer of lump charcoal, and six inches of clean sharp sand, all of this filling this *filter*, above this false bottom. The water from the roof gutter is conveyed by suitable

spout to the vacant space *beneath the false perforated bottom*. There a correspondingly large opening opposite its entrance allows the first water to wash off most of the excrement and trash. Then insert a plug in this opening and the rain water rises UP through the false perforated bottom, through the gravel, charcoal, sand, and at the extreme *top* finds an opening spout that leads to the cistern.

After the rain is over this plug is pulled out of the opening at the base, and all detritis caught on this false bottom and in the rocks is washed out cleanly by the water contained in this filter. The rocks, charcoal and sand are clean and pure for use at the next rain.

I had my cistern so arranged when I lived in Kentucky, and after twelve years' use, thought it best to clean one of the cisterns; *not a tablespoonful of dirt of any kind was in that cistern*. The top of all cisterns should be sealed up with a large rock or cast iron top, having a "manhole" therein, also arranged for close closing, and never use planks (wood) of any kind for correct reasons.

JOHN F. EDGAR.

El Paso, Texas, Time 2, 25th de Octobre, 1909.

AMERICAN INSTITUTE, 1911.

In accord with the By-Laws, Art. X., Sec. 9, invitations for the place of meeting of the American Institute of Homœopathy in 1911 must be in the hands of the trustees April 10, 1911. Members of the Institute interested in the place of meeting in 1911 are requested to present their invitations as early as practicable to some member of the committee.

Sarah M. Hobson, M. D., 700 Marshall Field Bldg., Chicago.

J. B. Gregg Custis, M. D., 912 15th St., Washington, D. C.

William O. Forbes, M. D., Hot Springs, Ark.

By-Laws, Art. X., Sec. 9:

The determination of the next place of meeting shall take place as follows: All invitations for places of meeting shall be forwarded to the Board of Trustees, at least ninety days before the date of the annual session, whereupon the Board shall investigate the various places, with reference to accommodations, hotel

rates, railroad facilities, and obtain all necessary information. The Board's report shall be made to the Institute, when the location shall be determined.

REGARDING DR. RAFAEL ROMEO.

Hypodermic Medication Recommendation.

Editor of the HOMŒOPATHIC RECORDER:

Since Dr. Rafael Romeo denies some sort of answer to his communication in the October number and since he made some statements which he claims I made, which I did not make, will endeavor to make my position and ideas more plain.

I never wished to dispute and did not dispute any sort of manner of administering homœopathic medicines except as far as the desirability to have any firm manufacture homœopathic tablets for the express purpose to be used hypodermically. Of course, remedies will act any way. You introduce them into the system, but to claim that such remedies would act quicker and better hypodermically I dispute and deny; besides, such methods do smack of allopathy and allopathic display and is wholly unnecessary, for most all high potency homœopaths will agree with me that the proper remedy will act and cure a patient often in much shorter time than it would take Dr. Romeo to get his "shot" ready.

It is simply marvelous how quickly the remedy given on the tongue will act. A patient may be saved when given the proper remedy per orem, while the loss of time to prepare such a dose hypodermically might be fatal. Only the other day I was called to see Mr. D., at the Star Rooming House, who was suffering with extreme pain in his heart, tears streaming down his face, claiming to be dying. Not getting any reply to my question what sort of pain, opened and shut my hand as if I was grasping something and he nodded his head. Immediately gave one dose of *Cactus grand.*, "the best guess," on his tongue and it was not over twenty seconds and I believe only ten that he was entirely relieved. He wished to be eased so I sat behind him and he rested his head on my shoulder and became totally limp. Feeling of his pulse felt reassured, for I thought maybe

pain stopped because he was dead. He slept 2 or 3 minutes, then opened his eyes, asked where he was. On being told in his rooms, declared and said: "You saved my life." No hypodermic could possibly have given quicker relief. So why resort to such barbarous methods? Any sensitive patient shrinks from it.

Regarding my puerility about boiling and baking hypodermic syringes and needles was not stated for the purpose to kill possible germs, but to annihilate any drug action which would remain after each time the hypodermic a la Dr. Romeo's method of administering homœopathic remedies was used, else such followers would have to pack along a grip with several hundred hypodermic syringes and needles all properly labelled and with given potencies to correspond with the number of remedies carried by the doctors.

There is no need for any firm to manufacture homœopathic remedies, especially for the above purpose, as the liquid dilutions are always ready for use.

It is not required to give massive doses to cure a syphilitic, if curable by *Mercury*; such a patient can be readily cured by one or two doses of *Merc. sol.* in the 200th or higher potencies.

Berberis vulgaris acts very well and promptly in the high potencies; have also had prompt effect from *Hammamelis* in the m. potency.

A. A. POMPE, M. D., H. M.

Vancouver, Wash.

QUININE AND MALARIA AGAIN.

Editor of the HOMŒOPATHIC RECORDER:

I see that my homœopathic friends have trained their guns on me for confessing my inability to stop an intermittent with potentized remedies. I expected this when I bared my heart on the subject. Some of them call my attention to dear old H. C. Allen's book on fevers, a book that I have worn threadbare and found worth its weight in gold to me more than once, but which has not helped me along the line in question, I am sorry to say. The trouble is that I am not a good prescriber. This truth hits me a hard jolt every little while and awfully discourages me at times; but the miracle that happens when I do get the right rem-

ery puts me on such good terms with myself that my enthusiasm bulges until it sticks out through my clothes and gets in people's way.

I wonder if the others, who publish their successes, have the ups and downs that I do. I wonder what *they* do when called to a poor sufferer coming out of a fever and ague paroxysm and she pleads: "Doctor, for God's sake, don't let it come back." I know that I want to help her the worst way, and, perhaps, the way I helped *is* the worst way. But this also I know, that when I can say to her, "Madam, it *shall not come back*," and proceed to prevent its return in a way that is *sure*, it would require more than a theory of possible minor harm to prevent me from using that worst way; and, although I am well aware of the possibilities of such harm, especially where repeated massive doses are given, I have yet to see a case wherein injury of a permanent character—or of any sort not readily remediable—has actually resulted from the shock to the system by a large dose, given before or after the seizure (or *both*, as I once did when I myself was the patient, more than ten years ago, with no appreciable bad effects to this day).

If my little confession may, as suggested by Dr. Guernsey, put bad thoughts in the heads of our younger followers of the Great Law, it seems also to have had the effect of bringing into the arena some of the heavy artillery of this difficult cult, and much good may result from the discussion invoked.

The scholarly paper^f of Dr. Fornias alone (to say nothing of the one he promises later) is worth all the bumps and jolts and whacks that I am getting out of it. Lay on, gentlemen. I am from Missouri. (By the way, Mr. Editor, why did your printer make me say "genus" for genius and "palatial" for palatal? Who ever heard of *palatial* paralysis?)

Yours surely,

JOHN F. KEENAN, M. D.

Brentwood, Md., Nov. 20, 1909.

(The RECORDER can only plead guilty in the matter of the proof reading and throw itself on the mercy of the court. Only the immortals could control the well meaning compositor, who often, in the goodness of his heart, corrects writers' errors, but gets into deep water when he tackles medical terms.)

Editor of the HOMŒOPATHIC RECORDER.

DOINGS AND SAYINGS OF THE I. H. A.

The Proceedings of the 30th Annual Session of the International Hahnemannian Association (Pittsburg, June 17-19, 1909) are at hand, in a goodly volume that makes one regret the absence of the old-time *Transactions* of another body, that were always so handy, easy of reference and shelf-room; but we live in an age of progress, "mebbe," as John Chinaman says.

One of the charms of the I. H. A. Proceedings is that that body is so small that every one attends the sessions and apparently expresses his mind just as though he were in his club—and the faithful reporter puts it all down and prints it.

One of the definite things passed was this:

"Resolved, That the International Hahnemannian Association in meeting assembled, re-affirm the established practice of vaccination by internal variolation and declare it to be a sufficient method of prophylaxis, and further that it is the only method consistent with hygiene and the modern conception of asepsis."

It was stated that this was not a fight against vaccination, but for the right to chose its method, *i. e.*, the internal vaccination or variolation. In discussing this resolution it was asked "Why has the I. H. A. separated from the main body?" and some one replied, "Because the A. I. H. has not lived up to the law." This, of course, did not mean that the last named body was a malefactor before the civil law. It might have been replied that no big body can exist unless men be allowed mental elbow room even if their elbows do stick out in a manner unseemly to some. You can sometimes lead men, but it is a deuce of a job to drive him *en masse*.

From President Krichbaum's Address we lift the following: "What shall I do to be healed?"

"Smile," says the Christian Scientist, "and affirm your perfect wholeness."

"Get into harmony with your environment, seize upon that illuminating precept, the oneness of God and man," says the Mental Scientist.

"Pray for the health that God promises," says the clergyman.

"Diet, live out of doors, exercise, and consult a regular physician for further advice," says our friend the allopath.

“Do each and every one of these things if you will,” say we. “Yes, but one thing more. Bring all that may be left of your trouble to the man who should be able to put his finger upon the spot,”—and treat you homœopathically.

An Illustrative Homœopathic Case.

This case is one of several taken from the paper by Dr. Richard Blackmore. It is a case presenting the symptoms and their “totality” remedy:

“CASE I. Wm. T., age 23. Occupation, clerk.

Consulted me, complaining of an impairment of speech which had lasted for seventeen years. No cause could be learned although his mother and others had been interviewed. The case as taken presented the following:

Feb. 16. Mentally he is weak, indifferent for the most part, with times of irritation and petulance. Aphonia < between 4 and 5 P. M., at which time the voice is the merest whisper.

< in wet weather.

< in winter.

> by expectoration of a lump of black mucus. Three and a half years ago he had typhoid fever under allopathic treatment, since which time he is “nervous,” with trembling of both arms. This quite independent of whether or not he works.

Voice lost in the evening. Brom., *Carbo v.*, *Phos.*

< in winter. *Carbo v.*, *Phos.*

< in wet weather. *Carbo v.*, *Phos.*

< 4 and 5 P. M. (< P. M.) *Carbo v.*

Indifferent, apathetic mentally. *CARBO V.*, *Phos.*

> by expectoration of black mucus disregarded as this is Pitts-
burgh.

Feb. 18. Gave *Carbo veg.* 1m. single dose.

Feb. 25. Improving: has some voice in the afternoon. S. L.

March 27. Improvement continued until a week ago. Re-
peated *Carbo veg.* this time 40m.

April 25. Practically well. Thinks ‘it is wonderful since time and money had been spent on all kinds of treatment hitherto in vain.’ ”

There you have a typical homœopathic case—its symptoms collected and the “totality” found by the repertory, with the usual result, namely, the patient is cured.

“Signs and the Law.”

This was the title of Dr. C. M. Boger's paper, in which the vital difference between “treating the disease,” *i. e.*, certain general symptoms exhibited by the patient and “treating the patient.”

“Symptoms tend to arrange themselves in groups; the earlier drug effects being coarser responses and the later, finer and more individualistic. Among many sick we generally fail to find the latter or grasp the state of the mind and soul that so faithfully mirrors organism and holds up the true colors with which the minutia must blend harmoniously. Hospitals serve a good purpose, but they only throw the deep shadows of disease across our path and rarely admit of a close individual study of the sick. Symptoms remain but fragments until we learn their bearings and see their reflection in the mind, where objective phases and impulses stand uppermost; and as similar causes may excite any grade of reaction we must know the deciding value of individualities, which are always clearest in the mind. If they seem to spring from the mind itself and affect the understanding and memory especially, they are mostly of miasmatic or concomitant origin, and must be treated as such. The state of the emotions is of the most fundamental importance.”

The microbe is the same in men, but the men are not the same who harbor the microbe. You can find out more about a man from his mind than you can by putting little bits of him under the microscope—and you are a doctor not a microbe-killer! But we are like those who heard the paper—putting our own interpretation on it as they did. To all this Dr. Boger replied in the discussion. Here is part of it:

“C. M. Boger:—I do not feel that any of these criticisms need answering; careful reading of the paper itself will show that all these questions are answered in the paper. One point I will try to make a little clearer; you cannot cure cases by exclusive symptom-covering or by exclusive individualization. The true reflection of a disease is a single thing; it is one thing. Why do you not cure with *Lilium tigrinum* unless the sexual sphere is involved? Or why do you not cure with *Aconite* unless the mental sphere is involved? Every remedy expresses a single con-

crete entity and proper study will enable you to recognize it just as you recognize the letter A when you see it. Every patient presents also a distinct entity—a group of symptoms that you must look at as a one. It is your business as physicians to find out how closely you can fit your patient with curative remedies. In order to do that, you must use repertories, but you must not use them merely to cover the symptoms of the case and nothing else.”

Natrum Carb. and Some Other Things.

Dr. Z. T. Miller opened his paper in the following characteristic manner:

“Boehme taught the doctrine of signatures. Swedenborg the doctrine of correspondences. I can't tell you the difference.

Hempe taught that the influence in the botanical world which produced the *Belladonna* plant would, if acting upon the individual, produce the *Belladonna* disease. I take that to be an example of correspondence. I may be wrong as to terms, but as to facts there is no question.

Now if this is true of the *Belladonna* force, we are warranted in concluding that somewhere in the outer kingdom there is a correspondence for every deviation the human vital force experiences. I am satisfied with that self-evident truth.

The business of the physician is to find that correspondence. This has been said a thousand times, but I once heard a preacher say that unless the coming of Christ was preached every Sunday and prayed for on Wednesday, the people would forget it.

If correspondences are the things preached and prayed for, and they materialize, then *Natrum carb.* is an entity that can enter into communication with which that makes for muck—in women especially”.

We cannot follow this paper further, but will make one clipping from it, which will cause strong dissent from many readers:

“*Natrum carb.* furnishes the alkaline basis of most soaps.

Living in Pittsburgh—said to be the dirtiest city on earth, which you now know to be a gross misrepresentation—I declare myself as opposed to soap. No one should get into a hot or cold bath, then lather with soap. It's the worse if the water is hot. A soak for ten minutes followed by brisk rubbing is all there is

to a bath. The skin must be red after the rub to make the bath effective. No soap."

Rupture Cured by the Internal Remedy.

This was the title of a paper by Dr. Lee Norman. This action of the remedy, even the Hahnemannian, could not all stand without dissent.

A man came to Dr. Norman with the idea that he had "kidney trouble." He had been to the allopaths and they did him no good. Dr. Norman made not much progress in getting at the case until he suggested an examination of the urine, which loosened up the man and evidently made him think there would now be something doing. In this state he gave what the doctor was after—a picture of his symptoms and condition. These pointed to a certain remedy which was prescribed. Now let Dr. Norman tell the story:

"All this time he never said anything about being ruptured. I gave him *Phosphoric acid* 200, 3 powders to be taken night and morning, followed with *Sac. lac.*, a powder every two hours."

"In a few days he came in smiling and said, 'That little bit of sugar has helped me.' After being under treatment for about two months, one day he called me up over the 'phone and asked me if the medicine he was taking could have any effect on a rupture? I asked him, 'Why, have you a rupture?' He replied, 'Yes, I have two, one in my side and the other in the testicles, and they haven't given me any trouble for several days. I feel comfortable without my trusses.' I advised him not to leave them off but to come in and tell me about the ruptures, as things were getting interesting. He told me the inguinal hernia was caused by lifting a heavy barrel about ten years ago. A few years later the one in the scrotum developed. He continued to improve under the *Phosphoric acid* and has not worn either of his trusses for more than a year. He has had no other remedy. When he seemed to lack in improvement, then I would change the potency. He came faithfully once or twice a week for over a year and I finally had to stop him, telling him I needed his money but he did not need me."

In the discussion some believed and others didn't. One pointed out the fact that von Benninghausen maintains that rupture is

a disease curable, by internal remedies, though not always cured. Another related a case in a very young patient that he had apparently cured with *Lycopodium*. Another said, "I believe everything that has been said except that the remedy cured the rupture"—the truss did it, he thought. Dr. Norman concluded by saying that any of them could interview the patient who wished to, as the man was willing. Why shouldn't rupture be healed by medicine? Does any reader know of cases cured by medicine, even plus the truss? It is a subject worthy of being written up by men who have had experience in the complaint.

A Phosphorus Symptom.

Dr. Rabe's paper on this drug brought out the following reminiscence from Dr. E. A. Taylor, and as these are always interesting we give it entire:

"That paper brings back to me memories of long ago; before I ever saw a medical college I had been reading medicine for some time. A neighbor boy asked me if I could do something for a bad backache that he had. There was nothing very definite about the backache that I could see. I made a few prescriptions and he got a crop of boils whereupon I prescribed *Sulphur* and *Silicea*. The backache got no better. Then he told me that he would get a terrific empty feeling inside, to use his own words there seemed as if there was no gut in him. He said that he felt better while he was eating, but that he could not keep eating all the time. I gave him *Phosphorus* and it cured the whole case."

Wrinkles.

Dr. M. W. Turner dwelt on this topic in his paper, and among other things, said:

"Wrinkles are not found in the symptomatology of *Syphilinum*, yet they are marked in many advanced syphilitics and especially show themselves in hereditary (congenital) cases and, since curing this patient, I have made good use of the symptom—deep wrinkles on the forehead. It is often the first suggestion of the remedy to me, as they are in plain sight, and when supported by such characteristics as might \angle , mental or physical, and the sense of physical uncleanness, are not only indicative of *Syphilinum* but also confirmatory of these other symptoms."

Apropos of something in the discussion following "wrinkles," Dr. G. P. Waring said:

"The spiritualistic mediums who operate over the country by alleged communications from the other world, are, I believe generally sycotic; you will hardly find a medium who is not a sycotic."

There are Limitations.

Dr. W. H. Freeman's paper on "Symptomatic Nomenclature and Its Relationship to the Repertory and Homœopathic Science," occurs the following gentle warning:

"Even though the Hahnemannian can cure *nearly* everything in the form of disease with correctly selected drugs, he needs to keep his enthusiasm under moderate control, and not lose sight of the fact that there are exceptional cases needing a totality different method of treatment either solely or as an adjunct to his remedies."

The Guaiacum Youth and Man.

Dr. P. E. Krichbaum's contribution was a paper on the old remedy *Guaiacum*, drew the following picture:

"It is pre-eminently a remedy for gout and rheumatism, if the symptoms agree. A typical *Guaiacum* patient, if there be such a thing, is one dark complexion, tall, angular, large frame, with a not over active mind or body. Stupid at school, never learned very rapidly nor entered heartily or enthusiastically into play. They are usually termed lazy. Can be only temporarily enthused—over anything. Would rather sit and dream—dreams by the hour. Growing pains are complained of in childhood, Unless this growing *Guaiacum* child is properly looked after in youth, puberty may bring consumption, gout or rheumatism."

"I have dwelt to some extent upon the *Guaiacum* youth, that we may be able to foresee and provide for the after picture, when the joints become involved. As was the boy so is the man. He sits yawning and stretching for hours. Is so exhausted that he dreads to move. Dissatisfied, impatient and fault-finding with every one. His whole body feels drawn up and contracted. His sleep does not refresh him, and it takes most of the forenoon to pull himself together. Feels better in the afternoon, when he is liable to have some fever."

Mental Obsession.

In discussing a paper Dr. C. M. Boger made the following assertion, which may cause a protest, but if it is true it is something that cannot be too widely known. He said:

"I have come to the conclusion that mental suggestion cures by obsession. What takes place in such a cure is mental obsession. It is sufficiently strong to bring about a change which is a recovery but is not a real cure. If you hypnotize a patient and affect them so that their symptoms disappear at least for a time, it is not a homœopathic cure but it is a recovery effected by obsession. You have implanted your intentions upon the subconscious mind of the patient with the result that the symptoms have disappeared. If you watch them carefully you will notice them take on a slow retrograde process which ends in degeneration."

MORTALITY STATISTICS, 1908.

Bulletin 104, Department of Commerce and Labor, U. S. Bureau of Census, is to hand, covering General Death rates, Causes of Death and Occupational Mortality. The figures cover the "registration area" only, which embraces 17 States, chiefly northern and eastern, including, however, California, Colorado, Washington and South Dakota.

Some general facts and figures gleaned from this interesting *Bulletin* may be of interest to our readers. Remember that these figures, unless otherwise stated, apply to the registration only.

The general death rate was 15.4 per 1,000 of estimated population.

The year 1908 was a year of remarkably low mortality throughout the United States.

"The figures for age show a somewhat increased per cent. of deaths of infants under 1 year for 1908, but the ratio for each of the individual years from 1 to 4 are identical for 1907 and 1908."

Out of a total of 691,574 deaths, 136,432 were under the 1 year age.

Among the States, California and Colorado head the list with the largest death rate, but the *Bulletin* notes that this is due to the fact that invalids from all other States go there for cure, and the higher rate "is due to the mortality of recent residents."

The death-rate from typhoid fever decreased from 30.3 in 1907 to 25.3 in 1908, per 100,000 of estimated population.

From measles the death rate decreased from 10.3 to 10.2.

The death rate from scarlet fever was slightly higher over the preceding year.

In whooping cough the rate declined from 11.6 to 11.

The percentage from diphtheria declined from 24.3 to 22.3. "As it has been suggested that diphtheria might be taken as a measure of sanitary efficiency, owing to the fact that deaths from this disease are largely preventable, this disease may be considered a very satisfactory indication of the general sanitary condition of the country." From this it seems that the satisfactory reduction in the death rate of this disease is due to sanitation and not to the horse serum. The *Bulletin* again impresses the statement that "'diphtheria and croup' does not refer to two distinct diseases, but simply to one disease properly designated diphtheria. The use of the word 'croup' is a relic of old-time pathology; it is chiefly employed by the less progressive class of physicians, and by the laity who do not understand its identity with diphtheria." While on this subject of terms it may be stated that the *Bulletin* elsewhere states that "scrofula" is "a disease which should be properly included with tuberculosis disease."

"The total number of deaths returned from all forms of tuberculosis for 1908 exceeded the number returned for 1907, or for any previous year of registration," but this is accounted for by increased registration. "The death rates per 100,000 of population show a considerable decline for 1908 (173.9) as compared with 1907 (183.6). "It is probable that the great attention that has been given to the prevention of tuberculosis, through the International Congress on Tuberculosis held at Washington in 1908, and the organization of many State and local societies, has already begun to have its effect upon the mortality from this disease, and though an abrupt diminution in the death rate can hardly be expected, a moderate and continued decline from year to year will be highly suggestive of the efficiency of the measures now being actively employed."

"The crude death rates from cancer continue to increase and slightly higher rates are recorded for each main subdivision of the registration area. For the year 1908, 33,465 deaths from this disease were returned, and the death rate was 74.6 per 100,000 as compared with 30,514 deaths and a death rate of 73.1 for 1907."

Heart diseases for 1908 contribute a total of 60,035 deaths, a rate of 133.3 compared with 141.7 for the preceding year. Concerning "pneumonia (all forms)" it is said: "The disease properly designated as pneumonia is the lobar or croupous form, but many deaths from this cause are returned simply as 'pneumonia,' with no special qualification, so that it is uncertain whether they are really deaths from lobar pneumonia or from bronchopneumonia. It is desirable that greater care should be used by physicians in reporting bronchopneumonia and lobar pneumonia," etc. The number of deaths was 61,259. The death rate was 136, compared with 161.2 of 1907. This is the lowest in five years.

In diarrhoea and enteritis the rate was 116, as compared with 116.7 for last year.

Bright's disease decreased from a percentage of 94.6 to 87.1. The number of deaths was 39,203 returned from presumably chronic forms of the disease, excluding acute nephritis.

Deaths from suicide ominously increased; were greater than in any previous year, 8,332 in 1908, as compared with 6,745 in 1907. What will stop that disease?

WHO KILLED COCK ROBIN ?

(The following spicy reading appeared in *Medical Notes and Queries*, November. After reading it, and it is very easy reading, we think you will agree that there is a very strong reaction setting in. Remember what Lincoln said about "fooling the people." In the long run the doctor must "deliver the goods." Straight old Homœopathy delivers the goods.—RECORDER.)

Not that the ancient bird, Cock Robin, M. D., is actually dead, but many voices of late are proclaiming him sick unto death, and it certainly looks that way. We are daily told that he has lost his wits, for he can't diagnose diphtheria and scarlet fever, and also his prestige, for the public have lost faith in him, and now, since

he is as good as dead, it is about time to ask the question, "Who killed Cock Robin?"

Should we go very far astray in our search if we surmise that the very ones who proclaim his decease have stabbed the poor bird to death? Have not the sycophants of the Tipperary Institution declared that he failed to recognize tuberculosis in that early and curable stage, which, by the way, being non-existent, they found readily curable? Have not high State officials read over him their regretful panegyrics, and feelingly ascribed his death to the stress and strain of modern life? Have not the same officials lamented with hypocritic grief the loss of the dear Public who with his decease will forever miss their most intimate friend and counselor, who entered into their lives, who studied their troubles, who was tender with their failings, whose midnight bell seldom failed to be answered? Yet surely these who praise him now are the very ones who have done this evil deed, yet knowing this we cringe before them, meet them with smiling faces and ignore the dagger whose hilt peeps out of their belt.

But, to be serious, why should the prestige of the doctor have waned? Obviously because there has been going on for years against him a furtive and covert campaign of disparagement conducted by the combination of the bacteriologist, the too numerous specialists and the doctor who holds an official position in State and civic health bureau, for there is an irrespressible conflict between the man on a salary, supported by political power, and the man who depends on what skill, energy and chance gives him; between the man who in his laboratory diagnoses by test-tube and microscope and the man who uses experienced eyes and hands and brain at the bedside. These two classes in the profession are by the very circumstances of the case antagonistic, whether they own it and know it or not. The bacteriologist and pathologist, studying long and ardently at home and abroad for years found no paying niche to reward them for their years of toil. The profession as a body ignored them, yet gradually they worked their way to notice. They could not be considered as practical physicians, they diagnosed but offered no cure and studied no remedial measures, and the public when sick demanded medicines and a prospect at least of an attempt at cure. Then came the wave of serums, and they strove to make serums

for every ill, just as the surgeon strives to discover an operation for everything, curing indigestion by removal of gall bladders and appendices and stomachs, old age by snipping away the colon, Bright's disease by denuding the kidneys, coryzas by boring out the nose, stupidity by removing adenoids, pleurisy by exsecting ribs and draining, typhoid fever by cutting out the habitat of the peccant ulcers, and scores of other surgical devices for scores of other diseases once the exclusive property of the physician, and all these workers, surgeons, bacteriologist and supercilious official ignored remedies and the study and use of remedies. Eminent diagnosticians, too, went on record as viewing with suspicion any and all drugs (excepting, for very shame, a very few and select ones which they avoided naming). All these allied with the official bacteriologists and capitalists who saw money in one serum anyway and pushed it for all it was worth and more, fought against the old practitioner all these stars against Sisera, but with much more promising results. True, real, actually curative serums for the hoi polloi of disease were born slowly and died early deaths, as a rule, and still the laboratory worker could not displace the doctor, for they had little clinical experience. When confronted by many common diseases they were strangers to him. He had met them in test-tubes and incubators and looked them in the eye through the eyepiece of his microscope; he had fed them in his home on jelly and potato and blood serum and agar, but still he knew them not, and he was by no means fitted for a nearer and more personal acquaintance. He had no appliance for practice, no office for patients, no auto for visits, no office hours, and he lived, if he chose, away from the scene of his labors in remote city districts or in the country. He could not supply the place of the doctor, though he aspired to his place; he could only bark at him and disparage him, just because, while devoting his life to another line of work, the doctor did not practically know that limited field of research in which his disparager perambulated.

Then, too, the public saw that when your nose was sore the nasal specialist professed knowledge and methods better than the practitioner, methods around which he often drew a veil of secrecy, so that even the man who referred patients to him, or called him in consultation, could not find out what he was using.

(This used to be unprofessional conduct, but there seems to be very little unprofessional conduct now.) Ethics depend on how one looks on them. Again, if a man had digestive disturbance the stomach specialist allured him and awed him with test meal and stomach tube, and an office fitted with all the appliances of emesis, and spent hours over his case at a dollar a minute, and prescribed—*Nux vomica!* which the doctor would have given him in a minute.

And the lung man claimed to know ever so much more about the lungs, and the kidney man more about kidneys, and the skin specialist knew or claimed to know better how to diagnose small-pox from chicken-pox and gave eczema strange and awful names, and the tuberculosis expert after hours of listening discovered wondrous things with which his mind filled the patient's thorax and found tubercles, like God, everywhere, yet his remedies were simple and always the same—milk and eggs—whether the patient could digest them or not. And the best of it for him was that everybody had tuberculosis, for he had scared the world of men and women so that they all had it in imagination anyhow and he made such wonderful cures that the world wondered how any one could ever die of tuberculosis, till it found that the deaths were really increasing.

Now this is only a small part of the blows that fell on Cock Robin. Is it any wonder his prestige waned and his tail feathers dropped and his little red breast lost its color and his eye its jaunty glance, and they say he is dead? And now, need we ask, "Who killed Cock Robin?"

EDWARD WILLARD WATSON, M. D.

THE ONE PLAN.

Lifted from an Address by O. S. Haines, M. D.

"I think you must have heard it said that the giving of a drug in this way—*Podyphyllum* for a diarrhoea, because it can cause a diarrhoea, for example, was Homœopathy. Just as we have heard it said that modern serum therapy was Homœopathy; that Bier's hyperemic therapy was Homœopathy; and much else of a similar sort. That is not so. It is not pleasant to think that no man

may make an original investigation along therapeutic lines, but that his new series of established facts shall be at once claimed and dubbed Homœopathy in her latest guise." * * *

"But there is no excuse for Homœopathy squatting upon every newly opened vista. She has no need to do this. The word Homœopathy is used too often in a figurative sense."

"Homœopathy has to do with that department of medical science that we term therapeutics. It, therefore, has to do solely with the action of remedial agents upon the human organism, both in health and in disease." * * *

"There is nothing transcendental about Homœopathy. Our recommendation of it we back up by a vast array of facts accumulated in the clinical experience of thousands of qualified practitioners. It is not simply that we wish to make Homœopathy supersede all other principles of medical practice. We simply ask:—How can any physician refuse to avail himself of the added power which Homœopathy would give to his therapeutic effort! And in conclusion:—There is but one feature of the technique of our school, in which the most precise observer can discover no improvement during the years. That one feature is the practical application of the principle of similarity at the bedside." * * *

"Pathology has been substituted for pathogenesis; two or more similar remedies have been prescribed in alternation; several similar remedies have been administered in combination; we have gone all the way back to the beginning, to the dual action of drugs for the key to the situation; but it has invariably proven to be, not progress, not improvement but retrogression."

"The plan of procedure, as it was offered to the medical world in the *Organon*, remains the one perfect and dependable plan."

"Black eye," developing in an infant, without any history of injury, should always arouse suspicion of scurvy (Barlow's disease). It is generally distinguished by lack of swelling, absence of bruise or redness of lids, and rapid gravitation of the blue discoloration to the lower lid and cheek. The orbital hæmorrhage may take place on the other side, after a short interval.—*American Journal of Surgery*.

BOOK NOTICES.

The Food Tract. Its Ailments and Diseases of the Peritoneum. By A. L. Blackwood, B. S., M. D., Professor of Clinical Medicine and Materia Medica in the Hahnemann Medical College, Chicago. Author of "A Manual of Materia Medica, Therapeutics and Pharmacology," "Diseases of the Heart," "Diseases of the Lungs" and "Diseases of the Liver, Pancreas and Ductless Glands." 359 pages. Cloth, \$1.75. Postage, 9 cents. Philadelphia. Boericke & Tafel. 1909.

The RECORDER's review, or "notice," if the hypercritical reader prefer, is a little belated because it became psychologically side-tracked, or, in plainer terms, was overlooked by the editor in the last issue of the journal until too late. Such things will happen as any one who has had any experience in running a publication with its numberless details that must be kept in mind, can testify. However, *The Food Tract* is a book that age does not wither. It is a good book, on a subject, food and drink organs' ills, that in its ultimates is the most important one to maintain in the aggregate, one which finds its wisdom expressed in the proverbial form, "self preservation is the first law of nature." Do not infer from the foregoing that Blackwood's book is a manual on food and drink; on proteins, carbohydrates and learned things of that sort, (you must go to King's *Chemistry of Food* for that); it is a book that "follows the food" and takes note of the diseases that come to the parts taking care of it, from lips to anus. It covers a subject that confronts the general practitioner oftener than any other and will be correspondingly helpful. Blackwood gives the reader a description of each disease, what is known of its origin, its pathology, how to diagnose it, what to look forward to among the possibilities, and finally how to treat it, and, at times, shrewd hints as to what food is best for the patient. This book keeps up to the standard set by its author's previous works and gives the buyer a solid "value received" for his money. The Blackwood series (see title) have the advantages that each subject is treated in a separate, yet complete in itself, volume that is easy to handle; the reader can make himself comfortable in his chair and easily hold the book.

Necessarily, books of this nature cannot be entirely original as to their matter, but in them the solid facts concerning the subject treated are sifted, grouped and arranged in a manner that is satisfactory to the reader because easy of comprehension and practically useful.

Surgery of Children. By Sidney Freeman Wilcox, M. D., Professor of Clinical Surgery, New York Medical College and Hospital for Women, etc. Profusely Illustrated. 395 pages. Cloth, \$3.50, postpaid. Boericke & Runyon. New York and Philadelphia. 1909.

In his modest Preface the author states that he has put into this book the results of his experience covering a period of thirty years and also reinforced it with the best opinions obtainable from various sources. The subject matter is aptly described in the title, "The Surgery of Childhood," the best age when, if desirable, operations may be performed for malformations, etc. The book is purely surgical and remedies are only mentioned incidentally; if any one wants medical treatment for the diseases for which Dr. Wilcox gives the surgical treatment, let him get a copy of Raue's book, or that remarkable book for abnormalities, Burnett's long-titled, *Delicate, Backward, Puny and Stunted Children*. In describing operations, or what is to be done in a given case, Dr. Wilcox does not use any superfluous words, but goes directly to the point of the operator's work. Only a surgeon could give an expert opinion on such a book, but to us it looks like a good one. The paper used is a heavy, coated paper. The illustrations are numerous, and, like the book, are practical, but not very elaborate. Now that we have a book on this subject by a man of our own ranks, why not get it instead of one by an old school writer, when such a book is needed?

Fifty-Seven Varieties of M... ..

By George M. Gould, M. D., Ithaca, N. Y. 23 pages. Paper. Published by the author.

As to the merits of the contention of this pamphlet only an expert eye-man could decide—and he must be unprejudiced,

which he isn't, always, according to Dr. Gould. The average technical paper by an eye-man takes on a resemblance to an algebraical problem to the outsider, but this is not a technical paper but one hot from the heart of a man who is indignant at the crassness of his fellows and does not mince his words. If we have read aright, Dr. Gould contends that an eye strain lies at the root of a vast horde of ills that afflict humanity; that the ophthalmologists could, and should, as honest professional men, correct them, but they will not; they, evidently, give glasses to sharpen the vision, but, says Dr. Gould, "Spectacles to sharpen vision is one of the greatest of ophthalmic follies. It is the chief source of malignant myopia and has led millions to their undoing. In the majority of cases my glasses give my patients for a time, poorer distance vision than they had before. The oculist who gives the sharpest vision ruins more eyes and nervous systems than ever he would care to realize." Dr. Gould maintains, it appears, that it is the duty of the oculist to *correct* the abnormalities evidenced by eye-strain, by means of glasses, and *not* to make it worse by accommodating the glasses to the abnormality. There are lots of quotable passages in this spicy pamphlet, as, for instance:

"The conservatism of bigotry is for the conserving of the bigot, and is not due to love or care for 'science.' As for authority in medicine it is evident that the established or dominant opinion must come from a dead, not from a progressive, science. The rejection of authority is, therefore, the beginning of advance."

"Atheism, Materialism and Fatalism, weakly accepted by so many leading physicians and oculists, result too frequently in therapeutic nihilism."

"The rage for new fads and fancies' the 'up-to-dateness,' taken for progress is scornfully mentioned; it is a 'vieing with the Eddyites' and others of that ilk."

"Professional trades-unionism masking as professional ethics."

As intimated before, whether Dr. Gould is right or wrong is a question this reviewer cannot determine, but it is plain that he has an intense conviction that he is right. Certainly, what he writes is interesting. As the pamphlet is "published by the author," presumably it is free; at least, no price is given.

Life of Mahendra Lal Sircar. By Sarat Chandra Ghose, M. D. 199 pages. Cloth. The Oriental Publishing Home, 11 Issurhakur Lane, Calcutta, India. 1909.

Dr. Sircar was to Homœopathy in India what Hering was in the United States, as through him it was introduced to the great East Indian region. He was born in 1833 and died in 1904. He studied medicine for six years and received his degree in 1860. Like many another "regular" he started in to "smash" Homœopathy, the occasion being the receipt of a copy of Morgan's *Philosophy of Homœopathy* for review in a journal, *The Indian Field*. In this review he proposed proving the absurdity and hollowness of the new medicine. Like the honest man he was, he first grasped the full meaning of the new system and, behold, he found it reasonable, and later, in practice, good. He was not the pioneer practitioner of Homœopathy in that part of the world and he availed himself of the opportunity to watch cases under practical treatment, with the result that in 1867 he came out as an avowed follower of the new medical practice. The usual result followed—he was medically excommunicated. In 1868 *The Calcutta Journal of Medicine* was founded, of which he was the editor, and which is still published. There are many interesting things in this book—touches of universal human nature and touches peculiar to the great Orient, that will repay the man who cares to go far afield in his reading. The author, Dr. Ghose, is an occasional contributor to the HOMŒOPATHIC RECORDER and to him we owe the Indian remedies *Justicia adhatoda*, *Nyctanthes arbor trista* and *Ficus religiosa*, concerning which there has been some controversy, but which many physicians find to be a very valuable remedy in its sphere. There is no price given to the book sent us, and should any reader want a copy he will have to write his pharmacist and await several months for the arrival of the books from India.

We may add that the book contains a number of half-tones of the leading homœopathic doctor of India, both of those living and those gone to their reward.

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EDITORIAL BREVITIES.

With this, the December number, the HOMŒOPATHIC RECORDER, completes the twenty-fourth year of uninterrupted publication, and completes it with the largest list of subscribers it has had in its history. The policy of the future will be as in the past—that of publishing a straight, square-toed *homœopathic* journal, frank and liberal. The other branches of medicine are needed and are useful, but Homœopathy is the crown of them all for by it the sick are healed and *that is the end of medicine*. It is hoped that old subscribers will be with us in the coming year with many new ones.

A Merry Christmas and a Happy New Year to all!

AN OLD-TIME TREATMENT OF MEDICAL HERETICS.—In August RECORDER it was related that Professor Lancereaux, of Paris, had read a paper before the Academy of Medicine, of that city on the use of *Cantharis* in the treatment of nephritis. Dr. E. A. Johnson, of St. Louis, takes the matter up in the *Inter-State Medical Journal*, from the homœopathic point of view. In this letter is to be found the following interesting statement: "But already, before the appearance of the '*Fragmenta*,' the employment of *Cantharis* for chronic nephritis had been advocated by Groenvelt and Bartholin in the latter half of the 18th century, a suggestion which boded ill for the former, as he was put in Newgate at the instance of the London College for having had the temerity to advocate a so paradoxical and heterodox treat-

ment, which proceeding, I opine, should make Prof. Lancereaux thank his stars that he lives in the more tolerant days of the 20th century." "Newgate," gentle reader, as you doubtless know, was the Lodon jail where desperate criminals were sent. It is to be hoped that "The Council" of the A. M. A. will not go to this extreme with modern medical heretics. "The Council" is an ominous title!

RAISING THE PRICE OF MEDICINE.—"Everything is going up!" is the well founded wail that arises on all sides. Where is it to end? On this point the following from the Berlin letter to *The Journal* is apropos: "The demand of the pharmacists for an increase in their charges for medicine on account of the general increase in the cost of living is likely to be granted by the ministry. In this way, however, the increase of expense, indeed, never comes to an end for the increase of one item involves an increase in others. If the price of medicines and medical service is raised, the butcher and the grocer naturally demand more for their wares and if the butchers receive more money, the doctors and the pharmacists will naturally charge more for their services. It is thus a vicious circle."

The question is: How is the world to be jolted out of this circle and started on a straight road?

GONE THE WAY OF ALL "CURES."—Many of the orthodox medical journals have been commenting on the utter failure of "the enzyme treatment of cancer." To save some reader the trouble of referring to his dictionary it may be stated that "enzyme" means "ferment." About four years ago this treatment was suggested, "based on an embryologic hypothesis," needless to recapitulate now because it is admitted that the treatment is a total failure, indeed, worse than a failure, after most exhaustive trials. The treatment is condemned in a pamphlet issued by the New York Skin and Cancer Hospital, based on one hundred cases. It was found that the treatment may cause dangerous injury, and is often unbearably painful. The whole is summed up as follows:

"Looking back on the work of the last three years, the most important lessons to be drawn from the enzyme treatment of cancer is that the patient is a human being who, while suffering

from cancer, it is true, may at the same time be the subject of any of the other ills to which flesh is heir, and who doubly deserves to be treated with all the careful scientific attention which modern medicine and surgery command. By building up the nutrition, aiding the impaired function of elimination, treating complications, giving the patient a better mental as well as physical atmosphere—in other words, treating the patient and not the 'cancer case'—suffering can be wonderfully ameliorated and life, in many instances, prolonged in comparative comfort and even years."

In its heyday this enzyme treatment was supposed to be very scientific, but it turns out to be—failure and worse. If it has taught the gentlemen who lean towards what is known as "scientific treatment" to "treat the patient" it has accomplished, at least, one good. Everything of this sort leads to the conclusion that in plain Homœopathy is to be found the one and only Scientific Treatment.

A NEW DISEASE.—How many injections of tuberculin are made every year for "diagnostic purposes" in men and beast, no one knows, but they are many. The RECORDER has several times intimated that this wholesale injection into the blood of this, and other, animal matter may become a fruitful cause of disease and racial degeneration, for "the blood is the life."

Now comes a very timely paper by Dr. Rayevsky, of New York (*J. A. M. A.*, Nov. 20), on "The Treatment of Tuberculin Reactions," or, it might be transposed, The Treatment of the Treatment. "Tuberculin is a very treacherous agent," writes Dr. Rayevsky. Some show but little of the effects of the "treacherous stuff," but others exhibit "oppression of the chest," "pain in almost all the bones of the body," as though "pounded in a mortar," nausea, vomiting, "often a high fever," "tenderness in the epigastrium," "cold perspiration," skin "cold and clammy" or "hot and dry," face "flushed" or "cyanotic," "chill" or "rigors," as effects of the injection of tuberculin. These conditions are caused by "the action of the tuberculin as a toxic agent" or by its action "in the foci of the disease." The therapeutic doses also give the same train of symptoms, though not of so severe a character. Where the "reaction" follows diagnostic doses the treat-

ment must be eliminative—calomel, etc.—but when from therapeutic doses, stimulants to sustain heart and nerves are the thing. In short, Dr. Rayevsky tells you how to “scientifically” treat the treatment. It is not improbable that in time a treatment of the treatment of the treatment may be required. Perhaps this sort of “science” accounts for the fact that many Englishmen in South Africa prefer when ill to consult the native Hottentot medicine men rather than their own doctors, as is said to be the case with many.

THE CORONER AND THE SURGEON.—An English woman recently died after a surgical operation, to which she and friends had consented. A coroner insisted on his right to investigate the case under the Act which directs that all deaths from “unnatural causes” shall be looked into by the coroner. The surgeons were indignant and said that if this is to be a precedent there would be 10,000 such cases to be investigated every year in England alone. The *British Medical Journal* asserts that the coroner who holds such inquests is unfit for his place, but admits that the law allows such inquests. The discussion of the matter (which is not a new one in England) was hot, and the question is by no means settled.

THE CURE OF THE HOOK-WORM DISEASE.—In commenting on John D. Rockefeller’s big gift of \$1,000,000 for the eradication of the hook-worm disease from the South, the *Charlotte Medical Journal* says: “And the treatment is so cheap, so short, so easily applied, and so magical in its results that its very simplicity has aroused the risibilities of many a lay news editor. A few cents worth of Thymol and a dose of Epsom Salts turns the trick and, presto! the hitherto pale, stunted, anæmic, lazy, shiftless, doleless, good-for-nothing, dirt-eating Southern white is transformed into a useful and desirable citizen.” This seems to be the best treatment to clear out the worms, for it seems that there are no “miasms” necessary for their presence, as they attack all alike, according to those who study the disease. The *C. M. J.* says that if the Southern States had been called on to raise this amount of money for the purpose for which it is given, they could not have done so because the tax payers would have kicked against; but Standard Oil can do it by a slight rise in the prices of its products and nobody is the wiser.

This may be a bit ungracious, but it opens up the possibility of the tax payers of the future crying: Let John Do It?

THE NEW TERROR.—Pellagra is in the "lime-light," it occupies the center of the stage and many scientific glasses are focussed on it. The disease has assumed so great an importance in the eyes of medical men that a convention has been held for it only at which 350 delegates were present. The idea that spoiled corn is the cause of the disease persists and has persisted for years yet ever and anon something comes to the front that gives this belief a blow in the solar plexus. In European and Asiatic countries the disease seems to be confined to the "lower classes," to the lowest of the low and has a leaning towards Cretins, and mental and physical human derelicts. In the United States, however, it seems disposed, at times, to reach out toward the upper strata of society. The observers agree that lowered physical, with its attendant mental, vitality, apparently caused by extreme poverty, bad and insufficient food, bad housing, bad air, bad clothing and many other bad things, are strong, predisposing causes; also that the disease resembles consumption in that if taken in time, it is curable by means of that which money can buy. The etiology of this class of diseases may be something that political economists alone can treat. Sanitariums and "charity" are of but limited use so long as great hordes of men, women and children, live in abject poverty, breeding patients by the myriad. The world is coming up against some big "problems." Each year the wealth of the world is coming into fewer hands; this may be for the best in the long run. The "roaring loom of time" alone will reveal what is to come. In the meantime pellagra seems to be spreading, as wealth, while increasing, shrinks into fewer hands.

The world has tried "big smashes," revolution, riot and anarchy for this state of affairs, but no permanent cure has ever followed; indeed, these methods seem but to make matters worse. Something else is needed, something that men term Utopian, where one will consider the welfare of others at least on the same plane as his own, where, if he has great wealth, he will not regard it as his own by divine right, but, rather, will he regard himself as a steward whose accounts must be audited some day.

While things remain as they are the philosopher may calmly expect the coming of gaunt, or red, spectres, ever and anon stalking over the world as they have since the beginning of recorded time. The men and surroundings change with each age, but the cause that summons the spectres is always the same.

THE STATE SOCIETY.—Under the heading, "Organization," Dr. D. C. Moriarta, whose name starts in as the Emerald Isle and winds up with a flavor of Sunny Italy, discusses the State meetings of our esteemed orthodox friends and laments that many of the elect are not in the fold. To make things more interesting, he suggests "a program *for*, and essentially *by*, the general practitioner. As to the Honorable specialist's place in such a programme he writes: "It may be asked how the knowledge possessed by such men educated along special lines is to be disseminated. I would say first the specialists would be most useful and welcome at our meetings to discuss the papers of the general practitioners if they would temper their discussions with mercy and consider the disadvantages under which many of us work and the fact that we are obliged to form our conclusions from clinical deductions, without laboratory findings." As is said of certain remedies, "further experience is required to demonstrate," etc., the practicability of this plan.

MODERN THERAPEUTICS.—Down at the Atlantic City meeting of the A. M. A., Dr. Geo. Dock read a paper with the very ironic (perhaps, unintentional) title of "The Advantage of Using Potassium Iodide Until We Have Something Better." There is no intention of giving an abstract of the paper here, only a few therapeutic straws for the benefit of those whose mental vision can see the straws a-flying. The title, given above, is one. The opening paragraph is another: "Potassium iodide is a striking example of the uncertainty, unrest and dissatisfaction so characteristic of therapeutics at the present time." This unrest is all right, but it is "hampered by ignorance, obscurantism, fallacious statements as to the old, and questionable, if not actually misleading, assertions, as to the new." This is quite different from the "brilliant achievements" of modern medicine of which we hear considerable to-day! Here is one that might be read by those who buy the drug by the barrel: "Potassium iodide is used by

many, probably by the majority of physicians, with a confidence equal to that of the Eddyites in a mystic formula, or the disciple of the Emanuel movement in the unconscious conviction of the omnipotency of the subliminal self." When it comes to giving the drug very many are "examples of imperfect preparation as regards dosage." We cannot see that a young medic would be much wiser after reading the paper entire, unless wisdom consists of a conviction that you do not know much. The only therapeutic rock in sight seems to be plain, everyday, *old* Homœopathy, with its *Aconite*, *Rhus*, *Mercurius* and the others of the old guard.

"CONSISTENCY THOU ART A JEWEL."—When one hears, or reads of, the glowing and soul-stirring tributes paid to Homœopathy in papers and speeches at our State or national meetings, all seems well. But when we pick up our college announcements and note how, in so many cases, the text-books by homœopathic writers are too often not even mentioned, or, if mentioned, are put at the tail-end of the list, one wonders!

THERAPEUTISTS SCARCE.—Dr. W. F. Waugh opens a paper in the November *Wisconsin Medical Recorder*, as follows: "The medical profession is over-abundantly supplied with surgeons, fairly well with accomplished diagnosticians and occasionally develops a therapist, a clinician." However well-intentioned, a man cannot be a good therapist unless he knows the rules of the art, which rules in the complex are known as Homœopathy.

VACCINATION BY THE MOUTH.—H. Vallée presents to the *Annales de l'Institut Pasteur*, Paris, the conclusions of six years' experiments at the veterinary college at Alfort. About 700 cows and calves were experimented on with a view to immunization against tuberculosis. Inoculation with dead bacilli did not produce good results, but ingestion of the living culture "vaccination by the mouth," as he terms it, seemed to show the best results and the younger the animal the better the result; this method permitted the young cattle to resist for a year, close contact with other cattle with open lung tuberculous lesions; even after two years of this intimate intercourse with infected animals, they presented only insignificant or hidden lesions. This is, at

least, an approach towards the "homœopathic vaccination," prevalent in many parts of the United States, notably in Iowa, where it has been sanctioned by the Supreme Court, that has proved so satisfactory to patient and doctor—satisfactory to all save a few radical health officers, who cling to the old and sometimes dangerous, method.

SPECIALIZATION.—In his address before the British Association for the Advancement of Science, President J. J. Thompson did not seem to think that the education of the day is quite what it is cracked up to be. Among other things, he adds: "Premature specialization . . . injures the student by depriving him of adequate literary culture, while, when it extends, as it often does, to specialization in one or two branches of science, it retards the progress of science by tending to isolate one science from another. The boundaries between the science are arbitrary, and tend to disappear as science progresses. The principles of one science often find most striking and suggestive illustrations in the phenomena of another."

EFFECTS OF IODIDE OF POTASSIUM.—It often seems to be a case of the cure being worse than the disease sometimes. The paper is by Dr. W. S. Gottheil on "Ioderma Bullosum Hæmorrhagicum," read at Atlantic City, before Section on Dermatology (*J. A. M. A.*), October 30. Quite a number of cases are cited, several of which died from the effects of too much of the Iodide of Potassium. In his conclusions, Dr. Gottheil says that he has "made it a practice for a long time past to have regular urinalyses made in patients undergoing the Iodide treatment," having observed that even young and otherwise healthy patients' kidneys "show signs of renal irritation" at times under this drug. Also, "The intimate relationship of iodism and chronic nephritis has long been recognized," etc. All this is a hint to the homœopath who has a liking for straying into "scientific" pastures.

The trouble with all the scientific drug treatment is that the drugging is often as bad as the disease.

INTESTINAL ANTISEPTICS.—Drs. A. Heinberg and Geo. Backman, of Jefferson, Philadelphia, contribute a paper on "The Action of Intestinal Antiseptics On Peptic Digestion" to *The Jour-*

nal, October 30. The conclusion of it is that: "The uniformity in the results of our experiments would seem to warrant the inference that intestinal antiseptics interfere with digestion in the stomach and, probably, in the intestines." So fades away another great thing in the germicidal line. It would seem that you cannot kill the "germs" in a man without harming him, sometimes even putting him out of commission, so far as this mundane life is concerned.

DEATH RATE IN CEREBRO-SPINAL MENINGITIS.—Under the old treatment by the "regulars" the death rate in this disease run between 80 and 90 per cent. In the *Journal A. M. A.*, October 30, Dr. Simon Flexner reports that out of 712 cases treated with the Flexner serum the death rate fell to 31.4. This is a great reduction in the death rate, yet it still remains very high. Does any reader have any data as to the death rate from this disease when under homœopathic treatment?

CONCERNING MEDICAL DIPLOMAS.—The following is typical of many letters received by this journal and, doubtless, by our college authorities, pharmaceutical houses and others:

"As I am studying Homœopathy I am desirous of holding a Diploma. I request, therefore, that you will kindly let me know if you can furnish me with a Diploma and I shall be obliged if you will send me all the details for furnishing me with a Diploma and state the price you want me to pay for it."

This letter comes from India. To this writer, and to all, it may be said that the only way to get a homœopathic medical diploma in the United States is to meet the college requirements for students as a preliminary, and then to follow them up with four years' of study, successfully passing examinations. There are no "dispensations" to practice in foreign countries granted by our homœopathic colleges.

STOCK IN MEDICAL COMPANIES.—This journal has advised the members of the medical profession several times against buying stock in medical, pharmacal or chemical companies. Leaving out all question of ethics in the matter, there remains the very good reason against such purchases, that they are very unsafe. When successful such companies are usually dependent on the brains of

one man ; when he dies, or quits, the thing usually dries up. Few business men are so altruistic as to share with others on what is aptly termed "the ground floor;" if they let you in it is on a basis of "water" that brings the stock issued to a 6 per cent. basis. Watered stock, capitalized up to the earning capacity and the future possible increase discounted, is essentially unsafe. This little rehash is caused by seeing an advertisement of stock in such a company in which the holder wants a bid at any price for the whole or any part of his holding. Buy safe railroad stocks or bonds, or any other *safe* security, if you would retain your savings and get a return on them.

ISOLATING PELLAGRA CASES.—Under the heading "Pellagra and Pellagraphobia" the *Charlotte Medical Journal* criticizes the action of the State Board of Health, of Tennessee, in ordering the isolation of all cases of pellagra now existing, or that may be discovered in the future. This action is regarded as an evidence of "the tendency of humanity to fly to extremes." The frequent preaching of "danger" from so many things has generated a species of phobia in the people and the preachers, generally real and, perhaps, sometime assumed. It is a difficult thing to answer for common sense in the matter is easily cried down by the charge of being an "enemy to the public health," etc. If every case that those laboring under phobia assert to be a "menace" is to be isolated there must be a large increase in officials and in taxation—and then the disease will go on about as before. European countries do not quarantine pellagra, they say it is not contagious. Probably not more so than poverty.

ARGENTUM NITRATE IN OPHTHALMIA NEONATORUM.—Some days ago a health officer asked the doctors of the N. Y. State Medical Society to sign a pledge to treat the eyes of all infants born under their care with a solution of Nitrate of Silver *a la* Crede. King, of the *Medical Advance*, asks why any physician should be asked to sign a pledge to do a thing which he ought to do if he believes in it without a pledge? The question is very much to the point. However, it is intimated, it is but a step from a pledge of this sort to compulsory law, giving State medicine a firmer grip. If any one wants his therapeutics prescribed by law let him by all means support such things.

A QUESTION CONCERNING TUBERCULIN.—Has any competent and absolutely unbiased man ever thoroughly tested the reliability of the “tuberculin test” that is decimating the cattle of this country? It may be a good thing; also, it may be a piece of the rankest and most expensive folly. Certainly it aids in making the cost of living ever higher and higher. Is the test reliable? Are the men handling it competent? Men have ever been prone to accept things on some one’s say so, but this concerns the world’s food supply and should not be taken on the mere assertion of State veterinarians. Is it not possible that if the officials would pay more attention to stables that correspond to the human slums that they would be doing better work for the welfare of humanity?

THE THERAPEUTICS OF APPENDICITIS.—The October 23 number of the *Journal of the A. M. A.* devotes four pages to the therapeutics of appendicitis. The writer of this paper seems to be at sea in the matter. Here is an abstract of the treatment: 1st. Rest is imperative; on this there is no dispute. 2d. Catharsis comes next in importance though “there is a wide variance of opinion as to the advisability, value or necessity of purging.” 3d. Many cases are really “an irritation and inflammation of the cæcum;” which should be washed out. 4th. There is a difference of opinion as to the advisability of using the ice bag. 5th. Some believe in giving *Morphine*; others do not; the writer of the article believes in it. 6th. “There is a great variation in the opinion of physicians and surgeons” as to whether food should be given. 7th. “It seems advisable to operate if, in from 24 to 36 hours the pain has increased, the temperature gone up, the pulse also; or if there is a sudden subsidence of pain. From 8th to 14th the directions are concerned with what is to be done in certain events. 15th reads “After complete recovery from a severe attack of appendicitis a child surely, and an adult generally should be operated on” because then “the mortality is, perhaps, less than 1 per cent.” This is a summary of the therapeutics of appendicitis with the “regulars” today. It cannot be very satisfactory to them.

WHAT KILLS IN CONSUMPTION.—Dr. J. P. Scanlan writes to the *Medical Notes and Queries*, of October, a letter from which

the following is taken: "In Volume III., 1909, of the *International Clinics*, Doctor Francine's article on "Treatment of Tuberculosis" leads me to inquire why the doctor ignores the condition of secondary infection by the pus microbe, the offender who makes hectic fever, chills, and the worst cough. I seldom, if ever, see a case of consumption without secondary infection. I believe it is the thing that kills the patient many times." This seems to be a new phase of the matter, and it leads to the question that if *Tuberculin* is efficacious in combatting the primary form of the disease would not *Sepsin* be its complement in the hectic later stages?

THE HOSPITAL.—*Medical Notes and Queries* indulges in a parable. A respected doctor seeking a larger field and greater income, with others, founded a hospital. At first there were subscriptions and hope; then debt and a State appropriation; and the doctor was the servant of the politician. A criminal operation. The police come to his house with the *ante mortem* testimony of the dead girl. A moment's absence from the room. The report of a pistol, and the doctor was no more. "The hospital, that strange congeries of contradictions, restoring health, inflicting hopeless disability, promoting medical education, fostering pauperism, a mingling of science and ignorance, skill and conceit, altruism and selfishness, benevolence and graft, the hospital continues its work of good and evil."

The moral? None is given.

TO MEDICAL STUDENTS.—At the opening exercises of the Hahnemann Medical College, Chicago, Dr. S. H. Aurand addressed the classes. He gave the men much practical advice and among other things, said: "Hard will it be for the student, and, indeed, I could not vouch for his safe deliverance four years hence, who is possessed with filthy habits, disrespect, dishonor, overconfidence, carelessness, profanity, dudeism, boisterousness, thoughtlessness, selfishness or anything of a vulgar, vile or sordid nature." This pictures a very different man from the traditional roystering student of medicine such as is depicted in *Pickwick* by Dickens. Things are changing very fast these days; men must make good or get out. The roystering, swashbuckler isn't wanted in the sick room. This doesn't mean that a man is to be

a sanctimonious milk sop; it only means that he should be a gentleman in the real sense of that sadly abused term.

MODERN MEDICINE AND HOMŒOPATHY.—“A woman with pallor of the face and of the lips, with a lively and talkative manner, with a peculiar menstrual flow, with stitches in the abdomen and a sensation of something alive there, may have a low opsonic index and probably does; she may also give an affirmative answer to the Wasserman test and thus show that she has latent syphilis, the blood count would undoubtedly show anæmia; all these are interesting things about the patient and moreover they are factors that could not be known were it not for the recent discoveries in medical science. Nevertheless they have not the slightest bearing upon the fact that *Crocus* is homœopathically indicated as the sufficient remedy for that woman. This is true now when so much is known—and it was true twenty years ago when we knew so little, and it will be true fifty years from now, when our knowledge will, no doubt, be prodigious.”—*Dr. J. B. S. King, in Medical Advance.*

NEWS ITEMS.

Dr. C. G. S. Austin has removed from Nantucket, to Mansfield, Mass.

Dr. Charles F. Hastings has removed to Rosalind Court, 510 W. 144th St., New York City.

Dr. G. Forrest Martin and Dr. H. W. Jewett have removed to Wyman's Exchange, Central and Merck, Lowell, Mass.

Following the Missouri Homœopathic Medical College the Denver College of Physicians and Surgeons has closed its doors. There is too much “higher education” required for the purses of the smaller colleges. Where the men to fill the places of the family, and country doctor, are to come from, no man knoweth; certainly not the drivers of “higher education.”

The regular semiannual meeting of the Board of Trustees of the American Institute of Homœopathy has been ordered by President Ward for December 18, 1909, at the Hollenden Hotel, Cleveland, Ohio.

Dr. W. C. Butman has changed his location from Denver, Col., to Eldorado, Kansas.

The old building of the first homœopathic medical college in the world, at Allentown, Pa., was recently torn down to make way for other buildings. On opening the box in the stone it was found to contain *The Organon* only. Dr. M. A. Slough sent the leaden box and its contents to Dr. T. L. Bradford.

Dr. S. Clarke has changed his address from Ashcroft to Kamloop's, B. C.

Dr. J. L. Nascher, New York, proposes a new department of medicine to be called "Geriatrics." As we understand it a "Geriatrist" would be a specialist in senility, or old age. His paper is in *Medical Council*, November.

Dr. P. W. Shedd has added another remedy to the list from his laboratory, namely, *Staphylocin*. We hope to have a paper on it soon.

BAPTISIA EXTERNALLY.

"*Baptisia* as an external remedy is a pain reliever of great value in a certain class of cases. A typical illustration of this class is that of chronic tibial ulcers, old ulcerations on the legs, where there is a constant dull pain with a persistent aching sensation, where the entire surface is of a dark, bluish color which denotes passive venous engorgement or stagnation, with a constant tendency to ulceration." The pain always present and especially preventing the patient from sleeping at night. I make a solution of *Baptisia* one part, and water two parts. With this I saturate asepsin lint and apply it to the entire diseased surface. It is a stimulant to the nerves and capillaries. It assists in restoring the activity of the capillary circulation. It brings new blood to the part; it relieves pressure on the nerve, and pain soon vanishes. Combined with other indicated remedies, I find this an important agent in the cure of some of these stubborn cases."—*Dr. M. Wilkenloh, The Therapeutist.*

PERSONAL.

"Turning on the search-light" is a catchy figure of speech, but it will not bear the microscope.

Where, Oh, where, stands the man who drilled Volupuk into himself? And there is a mightier now (they say) than Esperanto! Vanity of vanities!

"Mental assassination" is a Christian Science crime.

The Postal Savings Bank would give millions of men a practical concern in good government. Good thing!

Men who fly are not necessarily angels.

Wait until "the latest" has shed its pin-feathers before you drop Homocopathy.

A very rich man can say what he thinks, though he doesn't—always.

The coin good Americans seek in Paris is the Latin quarters.

Ladies' Home Journal says Taft could give his seat to three ladies at once. Naughty!

The departed banker was one, they say, who stopped when he had enough. He had \$25,000,000.00.

Most men prefer a favorable verdict to justice.

The small boy described the *Mephitis Americana* as "a small animal that lived on asparagus."

"To be great is to be misunderstood," but not *vice versa*.

They say that perpetual motion has been achieved in the jaws of the gum chewer.

No, Fresh, the grass widow isn't a vegetarian; it's bottle and bird for hers.

If we used Indian names how many "Man-a-raid-of-wife" would be found in the Blue-book?

Honestly, the other day we had to think hard to recall the name of our Honorable Vice President of these U. S. A.

"It is safer to raise h—, than a check," remarked our friend Binks.

The family tree is noted for the fact that its growth is either very slow or very fast.

It is mean for Age to tell on a woman.

When religion is used as a cloak it insures its wearer a very warm corner.

"Diplo-lanceo-bacillus-coccus" is what one explicit medical gentlemen terms the pneumococcus.

The end of Volume XXIV. Hope to see you all next year. In the meantime, A Merry Christmas and a Happy New Year.

