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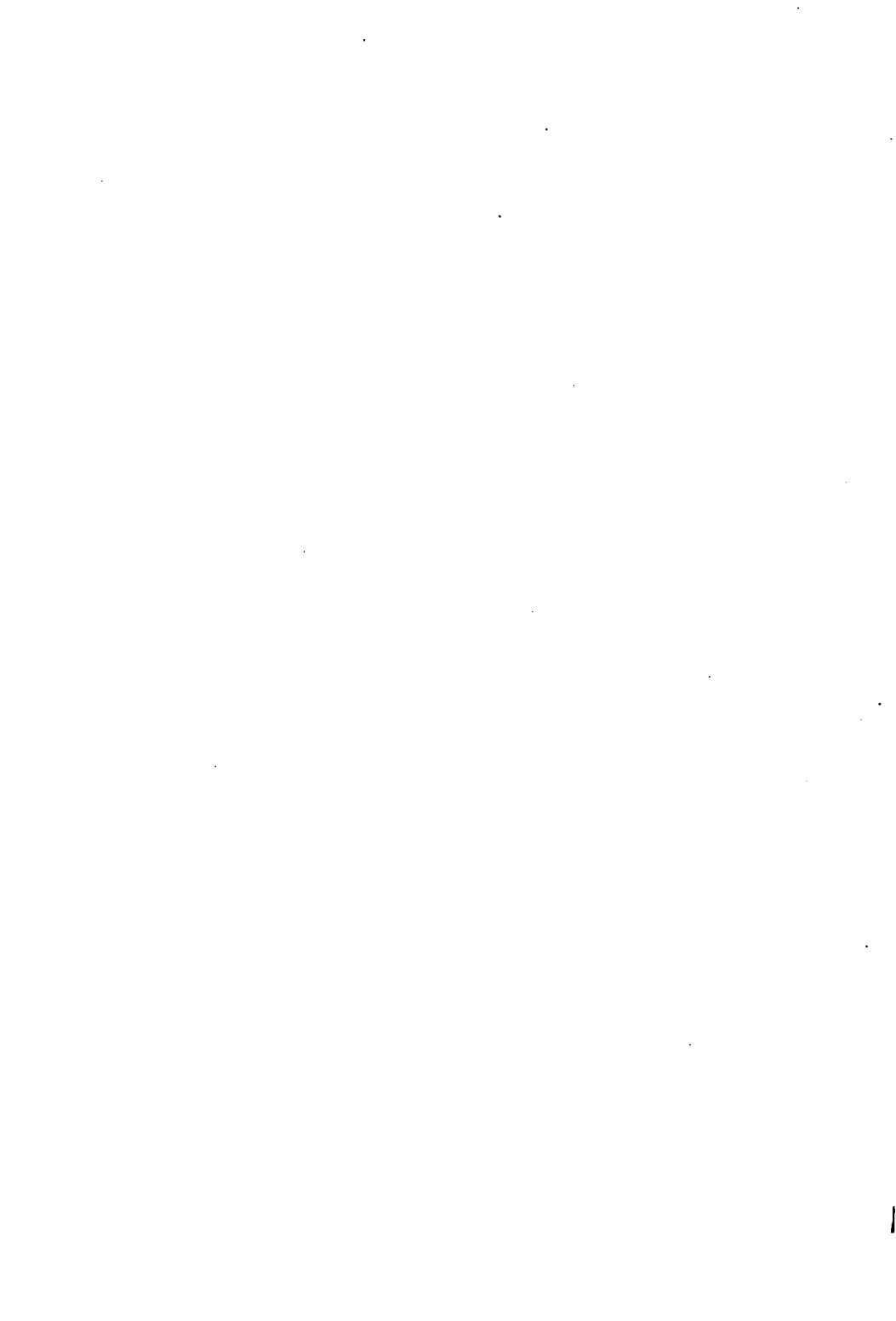
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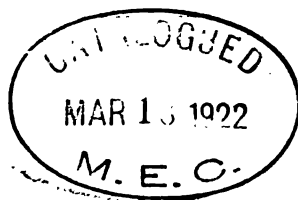
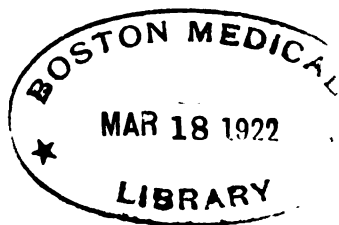
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EDITED BY

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Department of Materia Medica.

Colchicum.

Lecture delivered by PROF. J. T. KENT, at the Dunham Medical College.*

Let us take up the study of Colchicum. It is rather singular that traditional medicine used Colchicum so much for gout. In all the old books and all the old teaching, it was recommended for this malady. The provings corroborate the fact that Colchicum fits into many conditions of gout. Acute rheumatic and uric acid diathesis; rheumatic complaints in general, with swelling and without swelling. But traditional medicine does not tell us what kind of a gout to give it in or what kind of a rheumatism. It was merely the medicine of experience: "If it is gout, try Colchicum. Well, if that doesn't work, try more Colchicum," and that was about the end of it. The question of what was to be done with the *patient* when the remedy failed, never came up. It was, "Give the prescription and keep at it," and drugs were administered until the patient, steadily growing worse, passed from one doctor's hands to another's. It is true that Colchicum fits into the gouty state. Spells of cold, wet weather will slack up the flow of urine, make it scanty, or decrease the quantity of solids in the urine. This takes place in the provings of Colchicum and has been verified many times. It is well known that such a condition will bring about or intensify the gouty state. If the solids in the urine are deficient, if they are not carried off in the urine, something must happen, and the gouty state comes on.

*Stenographically reported by Mrs. H. E. Williams.

Colchicum is aggravated by cold, damp weather; by the cold rains in the Fall. It is aggravated by anything that will debilitate. It is aggravated in the extreme heat of summer, it has a summer rheumatism; the heat will slack up the flow of urine or the quantity of solids in the urine.

A striking feature running through the remedy is its tendency to move about from one joint to another, from one side to another, from below upwards, or from above downwards. Rheumatic conditions with swelling or without swelling; first here, next there, next somewhere else, changing about from place to place. Another striking feature is the general dropsical condition. Dropsy when the hands and feet swell, and there is pitting on pressure. Dropsy of the abdominal cavity; of the pericardium; of the pleuræ—so, dropsy of serous sacs. Swellings that are inflammatory and rheumatic; swellings that are dropsical, and with these swellings pale urine. Whether copious or scanty, still it is pale.

Muscular rheumatism and rheumatism of the white fibrous tissues of the joints. Rheumatic troubles that have been going on for some time will end in cardiac troubles. When cardiac troubles with valvular defects are present, almost the first thing the busy doctor thinks of is a history of rheumatism. Let me say that a part of the study of *Materia Medica* consists in the observation of sick people. A busy physician learns without books, though of course he should familiarize himself extensively with the literature, so that from reading, as well as observation, he may acquire a knowledge of the general nature of sickness. When he listens to the patient's story or makes a physical examination, he knows how such cases usually conduct themselves. He knows what to expect. He knows the natural trend of sickness and instantly recognizes what is strange and unusual. He could not recognize what is strange and unusual unless he knew what is natural. So your books on symptomatology and pathology, diagnosis, etc., will tell you much of this, but as you get experience in homœopathic practice you will get a much finer idea of this because your *Materia Medica* teaches you to observe more closely. The *Materia Medica* man learns to single out and trace every little thing to get the general connection. So it may be said that years of observation in studying disease, studying the sick man along with the

Materia Medica, will open out to the mind a much grander knowledge of the sicknesses of humanity than can be had by anybody practicing traditional medicine. Traditional medicine benumbs the ability to observe. The homœopathic mind grows with increasing fineness, in ability to observe by the process of individualization. So it is that the physician goes to the bedside and puts his ear to the heart and makes a physical examination, and settles upon it that there is water in that pericardium, or that there are changes in the valves and in the heart; there are pains there, and he knows by the character of them that these changes were not congenital; that they have come there within a few years or recently. He at once feels that there must have been some rheumatism or gout, and such is often the case; they seem to belong together, this cardiac condition is but a continuance of a rheumatic state. Hydrothorax, dropsy, acute dropsy from renal affections. Colchicum has cured dropsy after scarlet fever.

All the complaints of this remedy are aggravated from motion. The painful complaints, the head complaints, the bowel complaints, the liver complaints, the stomach complaints, are all worse from motion. Such an aggravation from motion that he dreads it; he dreads to move. About as marked as we find in *Bryonia*. Aversion to motion, and aggravation from motion. Aggravation from becoming cold; aggravation in cold, damp weather. He is a chilly patient, sensitive to cold. Most rheumatic patients are sensitive to cold, but there are a few exceptions. There is no greater rheumatic patient than the *Ledum* patient. He presents both sides. Though he is cold, his pains are ameliorated by cold. In Colchicum the pains are ameliorated by heat, by wrapping up, by being warm. Aggravated from motion. When lying perfectly quiet in bed he is comfortable. If he moves, any suffering that he may have will be brought on, will be intensified. Great prostration accompanies the complaints of this remedy. Weakness of the limbs, great exhaustion, nervous exhaustion of a typhoid character. He gradually grows weaker like one going into Bright's Disease. He has grown weak for some time, and he is pallid and waxy. His hands and feet pit upon pressure. Examine the urine and you will find albumen in it. The urine becomes black like ink with albumen. There is an unusual

degree of irritability of the tissues, soreness, sensitiveness to touch, sensitiveness to motion ; bruised feeling of the joints and of the whole body. Touch, motion, bring on a painful sensation in the body as of electric vibrations. Great weakness and exhaustion. He cannot exert himself in the least without causing dyspnoea. Must lie down ; does not want to move ; sinking of strength ; seems as if his very life will flow out of him from motion and from exertion ; so tired and exhausted. This naturally occurs when going towards a Bright's disease, when going towards a continued fever. Kidney affections and liver affections. Lassitude, prostration, anxiety. The muscles twitch and electric shocks pass through the body. A paralytic weakness was observed in the poisonous effects and too prolonged provings. The jaw hangs down, the muscles are flabby, relaxed. He lies on the back as if sinking ; slides down in bed like one in typhoid, in low forms of rheumatic and in continued fevers, so great is the exhaustion. Paralysis of the limbs or of one limb, or of any part.

The Colchicum patient is almost constantly sweating, even with fever, and sometimes the sweat is cold. A draft blows upon him, suppresses that sweat and the paralytic condition of the limbs comes on ; suppression of urine and retention of urine. This describes the profound character and type of sickness with which Colchicum must fight. Low forms of sickness ; prostrating sickness ; sickness with nervous trembling ; with great exhaustion. After acute disease has passed away, great weakness and dropsy follows. Dropsy after scarlet fever. We begin to see what it is that will indicate Colchicum in these conditions.

With all these troubles, the stomach and the bowel symptoms are very decided. This is like the *Cocculus* case I was talking about the other day. Absolutely unable to touch food. Nausea, gagging, retching at the bare mention of food in his presence. The thought and smell of food bring on nausea and vomiting. With all these low forms of disease, these states that I have described, we can see that this kind of weakness is little different from the *Cocculus* kind of weakness. But you will not think of the two together. Colchicum has delirium, prostration, depression of mind, great sensitiveness to pain, which he seems to feel in his mind, and it brings out mental symptoms. Very sensitive

to pain; confusion of the mind; disorders of comprehension. Cannot understand what he reads. The headaches are all of a rheumatic character. Very often the whole skull, the pericranium, is sore as if bruised and pounded. The scalp is sensitive. Pressure in the head,—constriction; pressing, bursting headaches. Heat in the head. Tearing in the scalp. Headaches are all aggravated by motion.

The eye symptoms are of a rheumatic character, are connected with rheumatism, rheumatic fever. It is not such a very uncommon thing to have iritis in connection with rheumatic fever and it is a strong feature of Colchicum. Ulcers of the lids, styes, much lachrymation in the open air. The tears excoriate and cause redness of the lids.

He takes cold easily. Sneezing, stuffing up of the nostrils. Nose bleed in rheumatic and gouty constitutions. But there is one feature that is more marked in Colchicum than all others. He is sensitive to pain, sensitive to suffering, greatly prostrated. He is so sensitive to odors that he smells things which others do not smell. Just as *Coffea*, hears sounds that others cannot hear. He smells odors from which he gets sick. "Strong odors make him quite beside himself," it says in the books. You say soup or broth, or something to eat, and he gets sick. He can smell the things in the kitchen, in spite of much precaution, and this runs all through the remedy. In typhoid fever, prostrated beyond the usual—and typhoid is always prostrated enough—he is unusually prostrated. He cannot take milk, cannot take raw eggs, cannot take soup because he gags at the mere thought of them. He has gone on for days, and his family are afraid that he is going to starve to death. That aggravation from odors is so strong with him that it seems to take possession of him, and it becomes a general state because it involves so much of his trouble and so much of his suffering. It involves his appetite, his weakness, his stomach. So it was that one time Colchicum cured a gonorrhœa because the patient could not bear the smell of food and had not taken anything for days, and the thought of food nauseated him. Colchicum was given and stopped his gonorrhœa, cured it at once. So it does seem that it is a strong feature. Notice that this is one of his loves; it is a perverted love, and the loves are general

whether they are manifested through the eyes, nose or touch. This in Colchicum becomes a strong feature. It enters into his very life because it involves hatred of odor, and when it stands out in low forms of disease like the continued fevers the exhaustive fevers and rheumatic complaints it becomes a general. It would be a particular if it were something that applied to the things alone, but you see it enters into the very innermost center. Involves a hatred, becomes mental, becomes a part of the man. He himself may be said to hate odors, hate the smell of food and the thought of it. Do not say "food" in the presence of a Colchicum patient, but give him Colchicum first, and pretty soon he will want something to eat. It removes that hatred of food. What a vital thing it must be when a man hates that very thing that will keep him alive.

The teeth are very sensitive. "Rheumatic teeth," that is about what it is. The gums settle away; after a while the teeth become loose. Pain in the teeth; rheumatic condition of the jaws and the teeth. "Grinding of the teeth, teeth sensitive when pressed together."

"Aversion to food; loathing the sight and smell," more the smell of it. "The smell of fish, eggs, fat meats or broths causes nausea even unto faintness." The Colchicum patient may have much thirst or no thirst, or these may alternate. Nausea and vomiting are very strong features. "Nausea and inclination to vomit, caused by swallowing saliva. Nausea, eructations and copious vomiting of mucus and bile. Violent retching followed by copious and forcible vomiting of food, and then of bile."

In the stomach there is sometimes coldness and sometimes burning. You will be surprised at times in low forms of disease to find a patient that will say "I do not know whether this is a sensation of coldness, or whether it is a sense of burning." Did you ever have a piece of ice put on the back near the spine? If not, try it, and see if you can tell whether it is a hot iron or piece of ice. These two sensations are closer together than you would at first suppose. Now it may be that the Colchicum patient has both coldness and burning. They are both recorded in the Repertory and in the provings, but it is sometimes difficult to tell which is which, more difficult than you will imagine unless you try a piece of ice somewhere and something very hot.

“ Burning in the pit of the stomach. ” Coldness in the stomach. Now the abdomen furnishes us still more to observe. The abdomen is distended with flatus, tympanitic. Great soreness in the whole abdomen. Just such a tympanitic condition as we have in typhoid. If you ever happen to be in the country practicing medicine, and the farmer’s cows get into a fresh clover patch and eat themselves full and become distended so that you are afraid they are going to explode offer your services to the farmer and give each one of those cows a few pellets of Colchicum on the tongue. It will be but a few minutes before that wind will get out of there to your surprise and the farmer’s, too; and you may convert him to Homeopathy. Farmers have been known to put a butcher knife into the pouch of the cow between the last short ribs to let the wind out. The cow will get well, but Colchicum is better than the butcher’s knife. The same is true of the horse; in fact, of man or beast. When the abdomen is violently distended and tympanitic, Colchicum is a suitable remedy.

Spasmodic pains, colic, tearing pains, burning, griping pains, forcing the patient to bend double. Aggravated from motion. Great tenderness and soreness with the colic. Aggravated from eating; ameliorated from bending double. And then comes the diarrhoea. It has just such a diarrhoea as is found in low forms of fever. Dysenteric or diarrhœic stools that are jelly like. They form in the pan a solid mass of jelly like, coagulated serum. Very painful, extremely painful in the Colchicum stool. Great soreness in the abdomen. Great relaxation of the parts. Protrusion of the rectum. Putrid, dark, bloody mucus. “ Bloody discharges from the bowels with deathly nausea. ” Fall dysentery, with discharges of white mucus and violent tenesmus. Putrid, dark, clotted blood and mucus pass from the bowels. Diarrhoea with violent, colicky pains. Bloody stools with scrapings from the intestines and protrusion of anus. Profuse, watery stools in hot, damp weather or in the Autumn. Watery, jelly-like mucus passes from anus with violent spasm in sphincter. “ Watery, jelly-like mucus. ” It passes as a thin, watery flow; but as soon as it cools, it forms a jelly.

The urine burns like fire when it passes. It is attended with much pain. Inflammation of the kidneys, inflammation of the

bladder ; tenesmus ; suppression of urine ; retention of urine. The kidneys manufacture no urine ; scanty urine with dropsy. The urine is inky, that is, very dark brown and sometimes almost black, loaded with albumen in Bright's disease. This remedy conforms principally to the acute form of Bright's disease, the parenchymatous.

Great dyspnœa, rapid, short breathing ; the heart's impulse strong. Respiration accelerated. The heart's impulse can be heard all over the room. Palpitation ; oppression of the chest. Feels as if he had a great weight on the chest ; cannot breathe. Hydrothorax ; the pleuritic cavities distended with serum, causing the dyspnœa. "Heart's action muffled, indistinct, very weak." Stinging, tearing pains in the muscles of the chest.

Paralytic pains in the arms ; enlarged finger joints. This also tells what a low form of sickness, what a feeble circulation the medicine brings about. "Weakness so that he strikes the knees together when walking ; pain all over as if bruised. Swelling of the joints." The joints are most affected. Muscular rheumatism. Numbness, œdema, swelling of the limbs.

General Symptoms of the *Materia Medica*.

HARVEY FARRINGTON, M. D., H. M., Chicago, Ill.

IV. *Aloe Socotrina*.

Probably antipsoric. (Kent.)

Patient : phlegmatic, indolent ; averse to mental or physical labor, *morose ; old people*.

Venous plethora and engorgement.

Hemorrhage ; blood dark.

Alternation of complaints.

Paresis ; paralysis.

Sensation of heat in external parts ; stitching ; general bruised feeling.

< *morning* ; afternoon ; *warm air* ; standing ; from a jar ; walking ; during menses.

> *cool, open air.*

The typical Aloe patient is described as melancholy, irritable, averse to mental or physical effort, indolent. This does not, of necessity, imply a natural, inborn laziness, for it is the result of a physical condition. Aloe, like *Æsculus*, is a venous remedy. That is, any derangement in the vital force of an Aloe constitution is almost sure to bring on venous plethora, lack of tonicity in the walls of veins and venous capillaries, hence, general physical and mental hebetude, making effort of any kind difficult. With congestions we have prolapsus, throbbings, burnings, fullness, heaviness in various localities, especially in that drained by the portal circulation. Eventually there appear passive congestion of the head, flushed face, ringing in the ears, epistaxis, deeper redness of tongue and lips, and even vomiting of blood (observed in many cases after taking beer adulterated with this drug). The pelvic congestion is attended with prolapsus uteri in the female, and in the male increased sexual desire, and hæmorrhoids in both sexes. Hæmorrhage, to be sure, is not as pronounced as in the hæmorrhagic remedies, but when it does occur, the blood is dark, for it comes from the venous circulation. Congestion of superficial capillaries induces a sensation of warmth in the skin, even when the thermometer does not show a rise in bodily temperature.

Always tired and out of sorts with himself, his ailments and everything else. More rarely the opposite condition may obtain: great serenity and good humor, happy, contented, merry—inclined to work. But this is merely an instance of the next characteristic upon our list, and, indeed, a very important one, namely, *alternation of complaints*. Lassitude and mental dullness alternating with remarkable activity of mind; constipation with diarrhœa; lumbago with piles; headache with lumbago, with pain in the sacrum, with pains in the loins, with uterine symptoms, with pains in the abdomen, with diarrhœa. This furnishes a remarkable series of conditions, and indicates that the case may not be recognized as one for Aloe, unless opportunity for observation be extended over a considerable length of time, especially if at first the diarrhœic symptoms be absent. Dunham, in a case cited by him in his lectures on *Materia Medica*, shows that head and

bowel symptoms may appear at widely different periods; headache only in winter and diarrhoea when the warm weather sets in.

The general tendency to paresis may perhaps contribute to this sense of sluggishness and difficult motion. It is most evident or most frequently evident in the sphincters. General sensation of weakness; weakness of the wrist joints, of the ankle; "insecurity" of the anal sphincter, difficulty in retaining the stool; on attempting to pass flatus, stool escapes; when urinating a feeling as though the stool would come away. This may go on to actual paralysis; stool involuntary; children go about dropping little balls of fæces or gobs of mucus, unnoticed. Here the paralysis is both sensory and motor. If there is constipation, it is due to this same paretic condition of the rectal muscles. The involuntary urination in old men with enlarged prostate affords another instance, another "particular" confirming the "general." Even paralysis of the lower extremities has been cured by aloe.

The discharges from mucous membranes are peculiarly gelatinous. Jelly-like masses are drawn from the posterior nares and hawked up from the throat. Yellow, jelly-like mucus precedes a normal or constipated stool. Dr. Kent once cured a case of organic rectal stricture with Aloe, a prominent indication being the expulsion of jelly-like mucus at various times, but principally before the slender pipe-stem movement which passed with such great difficulty through the contracted canal.

Itch-like eruptions have been eradicated by this remedy, and disturbances from their suppression have been relieved after the proper reappearance of the cutaneous manifestation itself. Itch-like eruptions coming out every year as cold weather approaches.

The general modalities of Aloe are those commonly found in venous remedies. Warm air or warm weather is too relaxing to suit this patient, and induce headache, general heaviness, etc. On the other hand, cool, open air relieves, and cold applications ameliorate the headache, and the intensely painful hæmorrhoids. The comparative inaction of a night's sleep causes the patient to wake with confusion, heaviness, passive congestion to the head, nose bleed, headache. Hence we have a marked aggravation in the morning, all the more pronounced on account of the well-known diarrhoea which hustles the patient out of bed at 5 A. M. At times these symptoms return in the afternoon.

After eating, the abdominal plethora is augmented, there are griping pains, urging, and diarrhoea; in the male, sexual desire. Drinking also causes pains and desire to go to stool.

Although walking produces some discomfort, standing is worse for this patient. On assuming the upright posture, the urging to stool at once comes on, the liver pains, labor-like pains in the uterus and the dragging down incident to prolapsus are worse.

Jarring sometimes aggravates, although this does not compare with the same symptom in *Belladonna*. Jarring causes stitching in the temples, stomach, abdomen or increases painful sensations already present.

The great similarity between this remedy and *Sulphur* is plainly evident. If *Podophyllum* merits the title of vegetable mercury, certainly Aloe should be called the "vegetable sulphur." Sulphur is the deeper acting of the two, is antidotal, and in some instances may be given to complete the cure of a chronic case where Aloe has helped, but fails to entirely remove the symptoms.

An Unknown Autograph of Dr. Samuel Hahnemann.

DR. VON VILLERS, Dresden, Germany.

I bought to-day an autograph of Dr. Hahnemann containing 182 pages quarto of fine writing in ink. The ciphers of the pages are written with lead.

The volume, which is very well bound, is entitled "Manuscript von Dr. Samuel Hahnemann," in golden letters.

The book contains: Augustura, or Cortex Augusturæ, 39 pp.; Magnesium, Manganesium, Manganum aceticum, Limonite acidulated, 15½ pp.; Capsicum annum, 16½ pp.; Verbascum Thapsus, 9½ pp.; Carbo ligni, 27 pp.; Carbo animalis, 8 pp.; Colocynthis, Cucumis colocynthis, 16¼ pp.; Spongia marina tosta, 16 pp.; Drosera rotundifolia, 15 pp.; Bismuthum, 7 pp.

I have added this precious book to my large collection of all the existing editions of Hahnemann. His great word, "Aude sapere," resounds in the hearts of his true adherents.

March 21, 1902.

Department of Clinical Medicine.

Results of Vaccination.

GEO. M. COOPER, M. D., H. M., Philadelphia, Pa.

That the increasing prejudice against vaccination is not the ignorant opposition of an untutored public, but a well-founded revolt against a harmful practice, supported by a tyrannical medical profession, must be most evident to all fair-minded physicians when they review their record sheets made since the last great wave of vaccination swept the country.

My desire is to bring forward a few cases where exceedingly harmful results have closely followed upon the heels of vaccination. To disclaim connection between such self-evident cause and effect is nothing more than the irrational ravings of one trapped by his own confederates.

Case 1. Female; age, seven years; dark complexioned; robust; subject to croup and colds which affect her hearing; has enlarged tonsils and nasal polypi (local treatment); perspires freely; is warm blooded; constipated (Enemas, Magnesia).

Vaccinated two weeks ago, but arm does not heal. Lips covered with small sores since vaccination. Examination of arm shows an ugly, raw surface (covered with Aristol), discharging a yellow fluid.

Two weeks later the right ear began to ache and this was followed in three days by an inflammation of the left eye; yellow, acrid discharge, gluing the lids together in the morning. At this time the arm showed a large, piled-up yellow scab and the surrounding skin took on a very unhealthy, dusky, dark blue color.

After three weeks, i. e., at the present time, the whole conjunctiva is inflamed, small ulcers line the corneal margin; the lids are swollen, covered with small pimples and pustules down to the malar region; the discharge is watery, yellow and acrid. The

right nostril is very sore, cracked, and full of bloody, acrid mucus. The arm still continues sore and there is a frequent formation of scabs which fall off and leave a depression on the arm.

Case 2. Female; age, thirteen years; tall, thin, pale; spinal curvature; enormous appetite; menstrual cramps. Although frail, has never been sick in her life.

Vaccinated two weeks ago; has had to give up school on account of a peculiar pain in the abdomen and about the waist; parts very sensitive to pressure. The pain is a sharp pain, aggravated by walking or going up stairs; at times a heavy sensation, or a beating in abdomen. Temperature normal. Has never had such a complaint before and the parents are at a loss to account for it.

Case 3. Male; age, thirty-two years; dark hair and eyes, well built, muscular. Vaccinated in October; had a very sore arm, fever, pains through body, etc. In November the following symptoms developed: Genitals feel cold all the time, "as if exposed to the weather;" sexual desire, but erections imperfect; pain across kidneys, as of a knife in back, aggravated when he moves in bed in morning; urine very strong and of a dark color. Early in March he had a peculiar attack of laryngitis; never had anything like it before; catching, choking pain in throat on swallowing; tearing, cutting cough; hoarseness; pain in left ear followed by bloody discharge and deafness; sounds of escaping gas in ear; thick, green nasal discharge with loss of smell; dark green expectoration.

Case 4. Male; age, forty-two years; strong, muscular; small build. Vaccinated in November and had a very sore arm. Two months later had a very severe and long continued attack of a complication of symptoms; inflammation of the liver, stomach and ileo-cæcal region. Has had similar but lighter and less complicated attacks before which readily responded to remedies. This attack was undoubtedly prolonged by the vaccine poison, which masked the symptoms and rendered the indicated remedies inert.

I might add many more cases, but in themselves they teach little, and are of interest only to illustrate a principle which each physician may draw from his own cases if he views them with a discriminating eye, endeavoring to penetrate true causes from visible effects.

The simple operation of vaccination may be followed by most serious and even fatal diseases ; the virulent poison stirs up the latent miasms from their very depths, and for months, yes, years, the orderly operations of the economy are interrupted and new and unknown diseases appear, or the old ones may dress themselves to suit the occasion, and add their burden to the already overloaded system. The physician is thus deprived of the true speech of nature and the indicated remedy is found with difficulty.

The popular prejudice of the people against vaccination is born of greater wisdom than the assumed scientific knowledge of up-to-date medicine.

Pinkeye ; Suppressed Thirty Years ; Redeveloped After Causing Double Cataract.

W. L. MORGAN, M. D., Baltimore, Md.

Nov. 8th, 1900. The Rev. J. B. M., age about sixty-three, weight about 180. Lymphatic temperament, complexion light, constitution good. Had suffered for three and a half years with constant diarrhoea, very watery; comes on quickly and must be attended to with great haste, passed very suddenly and with great force—explosive. Comes on suddenly after eating or drinking ; worse in after part of the night and until 11 a. m., often twenty passages from one to eleven a. m. Appetite generally fair.

About the same time noticed a failing of the sight, which continued, getting gradually worse till the present ; sometimes a little pain and soreness when turning the eyes. A lenticular cataract was plainly visible in each eye, nearly alike. Otherwise eyes appeared normal.

The character of the passages and the eye symptoms gave a very fair indication for Croton tig. He got the C. M.

Nov. 12th. Diarrhoea much better, except at daylight ; hurried out of bed four times in two hours, then better. A little pressing pain in vertex ; sinking, gone feeling in epigastrium. At 11 a. m., relieved by eating a little ; burning of the soles of the feet in bed ; eyes burn a little.

The symptoms of over a year ago returned. I told him it was a favorable indication for old symptoms to appear. With this picture any homœopathist can readily see the indicated remedy. He got Sulphur D.M.M. (Swan.)

Nov. 14th. His first words upon entering my office were: "Doctor, I have a symptom this morning that I have not had for thirty years. I had very sore eyes then and a doctor in Washington cured me with something he put on them, and I have never had a sign of it since until now, and it is just like it was then." Close inspection satisfied me that it was a genuine case of pinkeye at what I should suppose to be about the third stage or the fourth day. I recollected that about thirty years ago "pinkeye" was epidemic over the country, and on inquiry he said that many other people had sore eyes at the same time and some lasted much longer than his. When I explained to him that this was the pinkeye, and the same that had been suppressed thirty years before, and was the cause of both the cataract and diarrhoea, and now without much change of treatment it would be well in from four to six days, and then the other troubles would gradually disappear, he seemed pleased but incredulous, but went away better reconciled. Same treatment continued. I consider this a remarkably quick redevelopment of a case that had been latent so many years.

Nov. 20th. Returned well pleased; the soreness of the eyes had gradually subsided till it entirely disappeared the day before, and he believed that his sight was better, and he was thoroughly convinced that my explanation was correct. He continued on same treatment with satisfactory improvement till Jan. 4th, 1901. He had a little kidney and urinary trouble. He got Canth. 1 m. (B. & T.).

Jan. 12th. All better. Feet burn a little at night. Sulph. 30th. From this he went home to resume his position as a teacher, writing me every ten days, reporting continual improvement in eyes and diarrhoea till the 20th of Feb., when I was told by a friend that he had died suddenly the day before. Had Grippe and died of heartfailure (I suppose).

In this plain record of the case there are, it seems to me, two things that are very unusual. First, that a case that had been suppressed so long had made so little disturbance in the health,

and when, twenty-six years afterward, the trouble did appear it had symptoms so clearly defining the remedy. And second, that the original symptoms redeveloped so quickly. In many cases in my own practice, even where I knew the diseases that were suppressed, it has taken many months to clear up the many complicated conditions, straighten out the case and find the symptoms to indicate the curative remedy which is the one that brings out the suppressed disease at about the stage it had reached when the suppressing treatment had been applied.

When a suppressed disease is brought out by following up the symptoms with the indicated remedy it generally finishes its course as it would have done if properly treated or properly let alone at first without any further treatment.

Report of a Case of Catarrhal Pneumonia Followed By Acute Dysentery.

R. F. RABE, M. D., Hoboken, N. J.

Mr. B., age 83 years. Strong and rugged constitution ; has all his life been a temperate man. Was called to see him in the evening of Nov. 25th, 1901, and learned the following history from his daughter: For a week or more he had been troubled with an annoying cough, for which home remedies had been given. This morning his appetite, which is usually very good, failed him, though he had coughed much less and had not raised any sputa at all. Heretofore the latter had been quite free. This seemed to re-assure the daughter, who was more worried about the loss of appetite than about the cough. My examination of the old gentleman disclosed a pulse of 120, a temperature of 103.8° and subcrepitant râles at the base of the left lung. There was no dullness on percussion nor was there increased vocal fremitus. Above could be heard the usual sibilant and a few moist râles of the preceding bronchitis. The respirations were also increased. The pale face and dilated nostrils confirmed my suspicions. The patient was very drowsy and thirsty, coughed only occasionally, but

could not raise anything. The symptoms were not classic, yet, certainly indicated but one remedy, and Antimonium tart., 200 was given in water, three doses at intervals of one hour. The next morning found the old man's condition much improved; the base of the left lung having cleared up entirely, and the temperature coming down to 100°, with a corresponding fall in the pulse-rate. A diarrhoea had come on, however, with some little rectal distress, but I paid little attention to it, thinking it would disappear under the curative action of the remedy. In the afternoon the condition had not improved and now seemed to be the sole element of trouble. Another remedy was certainly needed, and as the indications seemed to point to Arsenicum, the same was given in the 200th potency. I also learned that my patient had been subject to attacks of dysentery in former years. The next day, Nov. 27th, found the condition worse and brought out the following symptoms after careful and guarded questioning. Stools every hour, sometimes every half hour, especially at night, when the whole condition seemed to be worse. Stools like shreds of meat and very bloody, sometimes pure blood and shreds alone. Shreds appeared like small pieces of membrane. With the stools tenesmus and *urging to urinate at the same time*. Thirst; mouth dry and tongue coated white and very dry. Abdomen slightly tympanitic. As a rule, the stools are small in quantity and preceded by griping abdominal pains which are > after stool. Much flatus with the stools, also eructations of tasteless gas. One dose of Cantharis, 200, was given. Nov. 28th pulse was 74, temperature 98.6°, stools less frequent, hardly any shreds and little blood. From now on the improvement was rapid, all blood and shreds disappearing entirely by the evening of the 29th. Dec. 3d I made my last visit, as the old gentleman was entirely well again and having normal stools. Of course he was weak, but a rest of seven days in bed and on the sofa put him on his feet again and made him ready to wish to go out and take his customary walk. During the entire illness the diet consisted of malted milk, scalded milk beaten up with egg albumen and Perfection Liquid Food. Later, well skimmed mutton and chicken broths were added to the list.

Three Interesting Cases.

DR. VON VILLERS, Dresden, Germany.

CASE I.

Boy, æt. 7 years, began suddenly with a paralytic condition of the bladder, which led to profuse urination five to six times in the night. His mother was very much astonished because, even as an infant, he never had this incapacity to retain urine. The child was brought to me, and after one dose of Psorinum 30th the disease improved from one day to another until it had entirely passed away. (No. 8,952.)

CASE II.

A man of 31, first assistant of the famous architect, Paul Wallot, in Dresden, who was the architect of the grand Reichstagshaus in Berlin.

In childhood he had been epileptic, but nothing of this has appeared since. At the age of 26 he had to work very hard to get the prize of 6,000 marks for two years' traveling for studying different architectures. At this time he suffered much from cramplike opisthotonic spasms of neck and dorsum, but during his trips he had no ailment at all, though he worked about eight hours a day.

Back to Dresden again, and in old accustomed work, he became ill again and I was called in.

He was lying in bed and complained of inability to sleep because of atrocious dreams, and from which he woke up frightened with palpitation. On sitting up he got a severe headache in the occiput. The skin of the forehead was corrugated, and it gave him a fantastic and ferocious look. The same cramps, as described above, made him heavy and difficult to bear headaches. The face was highly congested. He received Calc. carb. 30th and is now quite well. When I met him the other day he told me that he had had no relapse, though he had plenty to do, as it was the time of Wallot's vacation. He had all the work of the construction of the very large building for Parliament in Saxony. He

thanked me politely, and thankful for the great healing I had shown on him. (No. 10,651.)

CASE III.

During a manœuvre in the army in 1885, Dr. V. got wet by a heavy rain coming into the tent during a whole night. From this he got a hacking cough, on rising in the morning and in the open air. It sounded as if he would call some one, and people would turn and look at him with angry eyes. His throat was thoroughly examined by a specialist, but nothing was found. In 1901, after 16 years of coughing, he consulted Dr. Ide, one of our greatest homœopathic physicians. He ordered the doctor to take *Medorrhinum* 10, one dose, and await the result. On reaching home he took the dose, and next morning had no cough, nor did he cough afterwards, even in the open air. As an officer he had had a gonorrhœa, of which he could not get rid. From this he always had an unpleasant feeling and burning pain. All this vanished like magic. (No. 10,212.)

March 3, 1902.

Tuber-Ovain.*

W. D. GORTON, M. D., Austin, Texas.

August 9, 1898.

Miss H. M., æt. 23. Dark hair, robust.

Sent this patient Sulph. c.c. by mail, without seeing her, and on symptoms related by a relative. It did no good whatever.

September 23.

History: Mother, brothers and sisters psoric. One uncle had asthma.

Patient: Asthma began five years ago, after having grippe.

Dengue fever a year ago, and throat troubles since; very acute for five months, as after grippe.

Chest: Attacks will come on after sundown, or, more frequently, during night. Labored breathing as though weight upon chest; wants to get a deep breath, but cannot; < from

* Anyone wishing to help prove this new remedy may obtain grafts free of charge from Dr. Gorton.

May 1st to middle of July. Must sit up or have head high. Is troubled all the year to some extent. Wheezing even during sleep. Attacks have been worse for past six months. Come on *suddenly, unexpectedly*. Usually last a few hours; last one during the whole night. Every night for awhile, then not for a week or two. Lying on sides < attack. Laughing and singing cause hoarseness, < the asthma. Heaviness and tightness in chest.

Head: At intervals in the spring will have attacks of sick headache while teaching or at night; ascending and running <.

Throat: Uvula inflamed, fauces red. Sore throat with colds during the winter. Has ulcerated this winter. Voice is weaker. Hoarse at times. When throat is > asthma becomes <. Swallowing < throat.

Respiration: Short, quick; always < during cloudy weather.

Sexual: Menstruation normal, but has weakness in back and abdomen during period. Always had asthma two days before the period.

Kidneys: Had kidney trouble for 5 months after the dengue fever. Did not have asthma while suffering from kidneys. No trouble now.

Limbs: Cramping in calves at night, after standing.

Skin: Pimples on forehead and chin, sore to touch. Yellow around chin.

Natr. sulph. c.m. 1 d.

October 2d.—Asthma and throat no better at any time since last report. Cannot sleep half the night in consequence.

Tuber-ovain c.c. (Gorton).

October 8th.—Writes that asthma is much better. No attack for two weeks. Throat is inflamed and sore, mostly in roof of mouth. Uvula sore and enlarged. Posterior nares always dry and inflamed. Talking is difficult; throat pains, but she is not hoarse.

October 11th.—Writes that asthma is < of late; some trouble every day. Two weeks ago her throat was so bad she called an allopathic physician, resident in the school where she taught. Applied iodine, which >.

Tuber-ovain 5 m. (Groton).

December 10th.—Writes that since bad weather set in—cold north winds, with snow—she has had some more trouble. Difficult breathing kept her awake at night. Soreness in chest. Cough.

Tuber ovain 15 m. (Gorton).

October 5, 1899.—Sister reports that she has been quite well since the last dose.

Editorial.

THE JOURNAL OF HOMŒOPATHICS, under the able editorship of its founder, Dr. James T. Kent, and later of Dr. Hugh A. Cameron, has met with striking success, in spite of the fact that, for at least the greater part of the five years of its existence, it was the sole champion and exponent of Hahnemannian Homœopathy. Its sphere of influence, once very limited, has extended not only to the farthest boundaries of the United States, but into Canada, Mexico, Great Britain, France, Germany and India as well, winning over many new supporters to a cause which, owing to a prejudice almost equalling that of the Old School towards Homœopathy in general, has, of late, fallen into disrepute. Prejudice usually finds its origin in ignorance, and there is little doubt that the present attitude of the majority of so called Homœopaths is due, in great part, to the amazing lack of knowledge concerning the first principles of correct Homœopathic practice. To assume that these men would persist in their use of palliative prescribing if they knew enough of Homœopathics and *Materia Medica* to select the constitutional remedy would be an insult to the profession. No, it is their education that is at fault. Some may have had opportunities to learn better, but this does not relieve the college of its share of opprobrium. Unless he be somewhat above the average thinker and observer, seldom will a man enlarge, to any great extent, the ground work afforded him by his Alma Mater. During the three, and nowadays four years spent within college walls, the student learns little more than the principles underlying the cure of the sick. Experience and further study are required to produce the well-rounded physician.

Therefore, if this ground work be faulty, if the teaching he received fail to give him the knowledge necessary to the successful use of the potentized remedy, all the experience of thirty or forty years will not raise him above a hum-drum keynote practice. He may cure a good proportion of acute cases, a small percentage of chronic cases, but there will always be a certain number of the latter which are only temporarily benefited, and which eventually die or pass into the hands of some other doctor. The writer could mention names of many who are firmly convinced that they practice good Homœopathy when they alternate, change the remedy every other day, and resort to crude drugs or the knife in curable cases, where, as they say, "the potency has failed." Fifteen or more colleges in this country profess to teach Homœopathy. In how many of these institutions may a consistent course in Homœopathics be obtained? Only one or two. One college of some reputation, for several years past, has failed to mention either the law of similars or Hahnemann in its annual announcements. Another, and one of the oldest, favors the use of Old School prescriptions and even proprietary medicines, by allowing them to be given in its large clinics and well-filled hospital wards. More than once have we met with students who have completed their freshman year without even having heard of the Organon. This seems incredible, but it is true. Young men are graduated with a good knowledge of Pathology, Bacteriology and Surgery, but with a meagre and one-sided smattering of the teachings of Samuel Hahnemann.

THE JOURNAL OF HOMŒOPATHICS has endeavored to supply this deficiency in the college training, and in doing so, it has reached not only the needs of the beginner and undergraduate, but also those of the old practitioner, who requires but a hint or two to show him the better way—and to enable him to utilize it to its fullest extent, his wide experience in the treatment of the sick—not to mention the assistance it has been to the man well versed in sound therapeutics, who seldom fails to find something new and interesting in the study of either remedy or patient.

THE JOURNAL OF HOMŒOPATHICS will be conducted upon substantially the same lines as heretofore. Only a few changes will be made looking towards a broadening of its scope and usefulness.

It will continue to enjoy the exclusive privilege of publishing the masterly lectures on *Materia Medica* by Prof. James T. Kent, which are even richer in pathogenic and clinical information than in years gone by. They are reported in short-hand just as delivered in the amphitheatre of Dunham Medical College, and thus retain the rugged, forcible style which never fails to leave a most vivid impression of the subject upon the mind of the attentive listener. In addition, Dr. Kent will from time to time contribute articles on Homœopathic Philosophy and other subjects of especial interest to the student and practitioner. Under the head of "Miscellaneous" will appear short, pithy articles on Surgery, Pathology, Bacteriology, Physiology, Diagnosis, etc., with especial reference to their relation to Homœopathy. For exhaustive treatises on these branches, our readers must be referred to periodicals which deal with such subjects more particularly.

The Studies in General Symptoms of the *Materia Medica*, which have met with approval, will continue a regular feature each month.

Our list of exchanges has been greatly increased, affording ample opportunity for a digest of noteworthy matter in contemporaneous literature, under the new department of "Current Topics," which will be instituted with our May number. It will be our constant endeavor to furnish as much interesting and instructive reading as our limited space will afford.

Personals.

The recent appointment of DR. HOWARD CRUTCHER as "Consulting Surgeon" to the Chicago and Alton Railroad has caused quite a little stir in medical circles. It has even been said that some of the older members of the "Regular" School are indignant that a young surgeon, and a Homœopath at that, should be thus favored. The railroad officials evidently make their appointments upon merit, irrespective of age or school. Dr. Crutcher, besides his remarkable skill in his calling, possesses unusual executive ability.

Dr. Harvey Farrington will move his office to No. 815 of the Marshall Field Building, 31 Washington St., about May 1st. His hours will then be 12 M. to 2 P. M.

Random Notes on the Germ Question.*

My purpose is not to give you something new, but to remind you of a few things which you ought not to forget. This I hope to do by offering some random notes from my own laboratory work, followed by quotations taken recently from men well informed on the subjects of bacteriology and pathology.

These notes and quotations have been chosen with the object of helping you to defend the homœopathic idea of the germ theory. Namely, that germs are *results* of disease.

Our building for this work was large and well equipped with up-to-date appliances. Dogs, cats, rabbits, guinea-pigs, white rats and mice, frogs, etc., were furnished by the college. We made all the classical culture media, and cultivated most of the pathogenic and many non-pathogenic germs. So, you see, we had every opportunity to do good work.

In experimental practice upon animals we were expected, so far as possible, to verify Koch's four rules. Most of the work with Anthrax was satisfactory. Subcutaneous injections killed guinea-pigs in 24-48 hours.

The bacilli were easily found in the blood. Stains of mesentery were also made and germs were found completely filling the small blood vessels. Tubercular bacilli were fatal to guinea-pigs in 4-6 weeks but it was never positively demonstrated that the pigs died of tuberculosis. One member of our class claimed to have found the germs. These were found, he said, in little watery blisters near the kidneys. We all prepared specimens from the same location, but found nothing.

White rats died in 24-48 hours from subcutaneous injections of typhoid bacilli. Others were injected with the sterile product of germs. These died in about the same length of time.

We secured the brain and cord of a mad dog which was killed near by and made subdural inoculations of rabbits. Death followed in 15-16 days with symptoms of rabies. Sections of the

* Read before an assembly of students at Dunham Medical College, Chicago.

cord and brain were made both of the dog and rabbit. No germs were found in either case. The blood and other tissues were examined with the same result. Now, this very thing, *i. e.*, the absence of germs, was to be our proof that the condition was truly rabies. If this disease be caused by germs, as claimed, why should we have taken the trouble to make a subdural inoculation? Our chances for mixed infection would have been materially lessened if the injection had been subcutaneous or directly into the blood.

Diphtheria bacilli were gathered from the four corners of the earth. Rabbits, cats, guinea-pigs and doves were tortured by all kinds of injections. Many died, some did not. Our cultures were made altogether from human throats. Some from cases of diphtheria, others from tonsillitis, some from individuals who had had, and still others who had never had either of these diseases. The diphtheria bacilli were obtained from all the above conditions.

We were told, however, to call one *diphtheria* bacillus and the other *pseudo-diphtheria* bacillus.

The animals suffered about the same with the one as with the other.

Ziegler says, the pseudo-diphtheria bacilli, just spoken of, "are the real diphtheria bacilli which have lost their virulence." He also says that pure streptococci may also call forth the clinical and pathological picture of true diphtheria.

The gonococcus is pathogenic only to man, so, you see, our experiments with the bacillus were limited. This germ is extremely hard to find in females having gonorrhœa, but is usually demonstrable in the male. Yet in some cases, in the male, it cannot be found. Sometimes a coccus, which closely simulates the gonococcus, can be found in healthy urethræ. This, I suppose, might be called a pseudo-gonococcus.

Now we will leave the laboratory.

You remember how spermatozoa are formed from tissue cells. How the nucleus of a cell becomes the head, etc. These spermatozoa appear to be distinct, living micro-organisms developed through the normal functional activity of tissue cells.

Why could not gonococci develop from abnormal functional activity of tissue cells? Listen. Professor H. W. Pierson said,

on the 25th of last month, in this building, that "Strong and persistent administration of Thuja will produce all the conditions of a *true* gonorrhoea and perhaps cause the production of gonococci." Professor J. M. Littlejohn says, "Germs are products of abnormal functional activity of tissue cells." He also says, "*Predisposition* is the starting point for disease and *not germs*."

Dr. Novy, bacteriologist at Ann Arbor, says, "Having demonstrated that a given organism is the cause of a certain change, it does not follow that this organism has the exclusive power to do this. The most that can be said is, that it is the case in this particular instance." Dr. Novy here expresses a lack of confidence in the very subject which he teaches.

It is impossible for germs to invade and secure a foothold in a healthy human body, though many teachers would have you think so. Normal blood is entirely germicidal and a normal stomach a good sterilizing chamber.

You remember the German bacteriologist who went to India to study and isolate the germ of Asiatic cholera. He brought back a pure and virulent culture of the bacilli, and guarded it with extreme care lest someone should become infected. One day he was showing some doctors through his laboratory. When he came to this particular culture he remarked, "Gentlemen, there are enough cholera germs in this glass to kill half of Europe." At this, one of the visiting doctors raised the glass and immediately drank the whole of its contents. He suffered no inconvenience afterward.

It is possible, as you know, for healthy individuals to swallow smallpox or other virus without becoming sick. Think of the daily and hourly exposures of our bodies to the mighty hosts of germs.

Why, a single glass of the best and coldest well water contains 300,000 germs of various kinds. A glass of snow water, 3,000,000. Ordinary ice, supplied in cities, when melted, 7,500,000. Common well water, 240,000,000. The air of an ordinary living room for one person was found, by Dr. Novy, to contain 20,000 germs for every cubic metre. For every 20,000 of these inhaled only 40 germs are exhaled; therefore, 19,960 remain in the air passages for every cubic metre of air inhaled.

Now, the reason the bodies of healthy people are not destroyed can be answered by two quotations :

1st. "Bacteria may be characterized as unicellular, microscopic plants." (Novy.)

2d. "Vegetable germs *will not touch living tissue*, but live *wholly upon dead tissue.*" (Littlejohn.)

The fact that a disease has a prodromal period or period of incubation is held by some as proof positive that it is of microbic origin. The germs, they say, must have time to multiply and produce a toxin.

This is no proof at all, for in the provings of homœopathic potencies, which surely do not act through the means of germs, there is always a longer or shorter prodromic period.

Again, all diseases claimed to be due to germs do not have a period of incubation, *e. g.*, the case of a negro waiter, in Glasgow who cut his hand on a broken dish and died of tetanus in 15 minutes.

Speaking of provings, Dr. Baldwin, at Cook County Hospital, remarked that if 15 grains of Potassium iodide were given three times daily for two weeks a beautifully typical secondary eruption would appear.

Dr. Sippy said he knew a case where a single dose of $\frac{1}{4}$ grain of quinine, in a few days, would produce purpura hæmorrhagica, yet he said in the same lecture that this disease is a result of germs.

Now compare these notes with your own, and try to decide whether or not germs are the cause of disease or the results of abnormal functional activity of tissue cells.

Erratum.

Vol. V, p. 301, line 15, after the word "stomach" insert "ameliorated," so that the symptom will read, "pain in the stomach ameliorated from drawing up the limbs," etc.

Is Polypharmacy Declining?

“We learn from a prominent homoeopathic pharmacy that of the yearly output of tablets for the past year, 18¾ per cent. of those sold were combination tablets, or those containing more than one drug. We have heard those who laid the blame for this at the door of the pharmacist, to the effect that if combination tablets were not made and offered for sale they would not be used so much. By no means. If there were no demand they would never be made. We venture the assertion that a mixed tablet, or pill, or pellet, or what not, was practically unknown in a homoeopathic pharmacy fifteen years ago. Oh! no. The trouble is with the doctor; he is too busy or too lazy to study up the single remedy in the majority of cases.”—*New Eng. Med. Gazette.*

Commencement Exercises of the Dunham Medical College and Post-Graduate School of Homœopathics.

The commencement exercises of the DUNHAM MEDICAL COLLEGE AND POST-GRADUATE SCHOOL OF HOMŒOPATHICS will be held April 24th at 2:30 P. M. in Steinway Hall, 17 East Van Buren street. A cordial invitation is extended to the profession and friends of the college. Mr. Oscar Anderson will deliver the class address, and Prof. H. W. Pierson, editor and publisher of the *Hahnemannian Advocate*, the valedictory.

The Dunham Medical College and Post-Graduate School of Homœopathics closes on April 19th the most successful and satisfactory session in the history of the institution. The graduating class, larger than in any previous year, will enter the profession of medicine unusually well equipped to practice Homœopathy as promulgated by Samuel Hahnemann and upheld by that greatest modern exponent of homœopathics and master of *Materia Medica*, Prof. James Tyler Kent.

At the close of the exercises a banquet will be given to the class in the Pullman Building by the faculty of the college.

Society and College Notices.

The American Hahnemannian Association.

MIDDLETOWN, CONN., April 1, 1902.

Dear Doctor: The time for our Fourth Annual Meeting is drawing near and I want to call your attention to a few important facts.

Our President and the members of our Executive Board are aiming to make this meeting one of deep interest. To this end, a delightful program is in preparation which will combine intellectual feasts with social pleasures. A copy of the program will be sent to you a little later.

The meeting is to be held at *Narragansett Pier*, in the large, well furnished *New Mathewson Hotel*, on *July 1st, 2d and 3d* (Tuesday to Thursday, inclusive). You will notice that the date of meeting is somewhat later than has been our custom in the past; this is owing to the fact that it was impossible to secure accommodation in June. The rate, per day, at hotel will be \$3.00. Narragansett Pier can be reached by way of N. Y., N. H. & H. R. R. Shore Line, changing at Kingston, R. I.

So much for time and place of meeting. Now, Doctor, a most cordial invitation is extended to you, and to your friends, professional or otherwise, who may care to join you. Will you not set aside these few days for a "summer outing?" It will be a restful, inspiring and joyful time to us all.

Yours very truly,

S. MARY IVES,
Secretary.

Illinois Homœopathic Medical Association.

CHICAGO, March 11, 1902.

H. A. CAMERON, M. D., EDITOR, *The Journal of Homœopathics*,
612 North 7th Street, Philadelphia, Pa.

Dear Doctor: The Illinois Homœopathic Medical Association

will meet in Chicago May the 13th, 14th and 15th on the 17th floor of the Masonic Temple. A banquet will be given Wednesday evening at the Auditorium Hotel, to the visiting members outside of Cook county, by the resident physicians.

Will you please make a special notice of this in your journal and do all in your power to add to its success? It is needless for me to remind you that our meetings are large and well attended, yet we feel that there are many who do not take advantage of them.

Your hearty co-operation will be appreciated.

Fraternally yours,

EDGAR J. GEORGE,

Secretary.

Missouri Institute of Homœopathy.

The Twenty-Sixth Annual Session of the Missouri Institute of Homœopathy will be held in St. Louis, April 28, 29 and 30, 1902. An interesting program has been provided, and indications point toward a large attendance.

LEWIS P. CRUTCHER, M. D., *Gen. Sec.*,

WILLIS YOUNG, M. D., *Prest.*,

423 Deardorff Bld'g,

St. Louis, Mo.

Kansas City, Mo.

Annual Reunion of the Alumni Association of the Hahnemann Medical College.

The Annual Reunion and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 15th, 1902.

The Business Meeting will convene at 4:30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the Banquet will be held at 9:45 P. M. at Horticultural Hall, Broad Street above Spruce.

The Trustees and Faculty of the College extend a cordial in-

itation to all the members of the Alumni and their friends to attend the Fifty-fourth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. corner Broad and Locust Streets, Philadelphia.

Banquet cards can be secured by notifying the Secretary. Requests received after Wednesday, May 14, 1902, cannot be considered.

W. D. CARTER, '94, M. D., *Secretary*,
1533 South Fifteenth Street, Philadelphia.

OFFICERS :

President.—Alonzo P. Williamson, M. D., '76, Minneapolis, Minn.

Vice-Presidents.—Charles L. Rumsey, M. D., '90, Baltimore, Md.; R. F. Heilner, M. D., '87, Scranton, Pa.; Chandler Weaver, M. D., '79, Foxchase, Pa.

Treasurer.—William H. Keim, M. D., '71, Philadelphia.

Permanent Secretary.—Woodward D. Carter, M. D., '94, Philadelphia.

Provisional Secretary.—D. Bushrod James, M. D., '96, Philadelphia.

Necrologist.—L. Willard Reading, M. D., '80, Philadelphia.

EXECUTIVE COMMITTEE.

One Year.—W. W. Van Baun, M. D., '80, Philadelphia; Joseph C. Guernsey, M. D., '72, Philadelphia; J. W. Hassler, M. D., '92, Philadelphia.

Two Years.—P. Sharples Hall, M. D., '91, Philadelphia; W. W. Speakman, M. D., '87, Philadelphia; John K. Tretton, M. D., '88, Rochester, N. Y.

Three Years.—George D. Woodward, M. D., '84, Camden, N. J.; O. S. Haines, M. D., '82, Philadelphia; H. B. Ware, M. D., '86, Scranton, Pa.

Minnesota Institute of Homœopathy.

March 6, 1902.

Dear Doctor : The following is a list of the various chairmen of the bureaus to be discussed at the forthcoming meeting of the Minnesota Institute of Homœopathy:

1. Electro-Therapeutics, Bessie P. Haines, Minneapolis.
2. Skin and Venereal Diseases, P. A. Higbee, Minneapolis.
3. Medical Jurisprudence, Mr. Bannon, St. Paul.
4. Anatomy, Pathology and Histology, A. E. Comstock, St. Paul.
5. Clinical Medicine, O. H. Hall, St. Paul.
6. Obstetrics, B. H. Ogden, St. Paul.
7. Materia Medica, G. E. Clark, Stillwater.
8. Sanitary Science, Henry Hutchinson, St. Paul.
9. Science of Homœopathy, Thos. Lowe, Slayton, Minnesota.
10. Surgery, W. S. Briggs, St. Paul, Minnesota.
11. Gynæcology, Cora Smith Eaton, Minneapolis, Minnesota.
12. Mental and Nervous Diseases, Henry M. Pollock, Fergus Falls.
13. Diseases of Children, L. E. Penney, St. Paul, Minnesota.
14. Eye, Ear, Nose and Throat, E. L. Mann, St. Paul, Minnesota.

If your name is not on the list, and you have not already selected the subject for a paper, please communicate your preference to the proper chairman and proceed to get your subject well in hand.

If a chairman writes you requesting your aid in his work, please answer promptly and favorably if possible, that in case you are unable to comply he may not lose time in securing a substitute. These are seemingly small matters, yet if they are carefully observed will facilitate and greatly promote the success of the meeting, May 21-22-23 next. The time remaining is short and the chairmen of the bureaus should have the title of papers ready for the secretary in time for publication by May 1st.

H. M. LUFKIN, *President*,

Germania Life Building, St. Paul, Minn.

HENRY C. ALDRICH, *Secretary*,

608 Nicollet Avenue, Minneapolis, Minn.

Obituary.

Resolutions Passed By the Indianapolis Homœo- pathic Medical Society Upon the Death of Its Oldest Member, Dr. J. R. Haynes.

Whereas, It has pleased an all-wise Providence to remove from our midst by the hand of death our beloved fellow-member, DR. JOHN R. HAYNES, and

Whereas, His loss is particularly felt by reason of his long and intimate association with this Society, and his unflinching devotion to his chosen profession; be it

Resolved, That the Indianapolis Homœopathic Medical Society hereby expresses its profound regret at the sad calamity which has taken him from among us, and extends to his family its deepest sympathy.

A. A. OGLE, *President* ;
W. E. GEORGE, *Secretary* ;
W. R. STEWART,
C. B. McCULLOCH,
Committee.

March 12, 1902.

“Dr. John R. Haynes was one of the pioneers of Homœopathy, having been in active practice almost half a century. He was struck by a trolley car, in front of his home, in this city (Indianapolis), on the evening of March 11th, and killed almost instantly. Dr. Haynes would have been seventy-nine years of age had he lived two days longer. His aged wife died of apoplexy on March 11th, 1900, exactly two years preceding his own death.”
(From a letter written to the Editor by Dr. George.)

Digestion Studied With the X-Rays.

The Roentgen rays have just been applied to the study of the processes of swallowing and digestion by Moser and Cannon, two students in the Harvard Medical School. The following account of their methods and results is quoted from an abstract in *Science*, of a description of the experiments read by Professor H. P. Bowditch, before the American Physiological Society :

“Moist bread, meat, mush or viscid fluids were mixed with subnitrate of bismuth. Food thus prepared is visible during the process of deglutition, and, if given in sufficient quantities, serves to outline the stomach and to render its peristaltic movements visible. Observations on a goose showed that a bolus of such food, swallowed without water, moved slowly and regularly down the esophagus. There was no evidence of squirting. The movement was slower in the lower part of the neck. When water was given with the boluses the movement was irregular. Viscid fluids were swallowed in the same peristaltic way.

“Experiments with a cat showed that a bolus of meat moved down the esophagus regularly with no interruption or shooting movement. In the neck and from the level of the apex of the heart to the stomach the rate was lower than in the intermediate region. When water was added, the bolus shot down at irregular intervals, but at the level of the apex of the heart the rate always slackened and the bolus moved slowly into the stomach. Thin mush and viscid fluids were also carried down by peristalsis. Large boluses stopped in the lower half of the thorax with each expiration, and descended with each inspiration. The examination of a cat's stomach filled with food mixed with subnitrate of bismuth showed the occurrence of a constriction at about the middle of the organ, which slowly moved toward the pylorus and as followed by other peristaltic waves at intervals of about ten seconds. The food thus pressed onward toward the pylorus did not pass into the duodenum, but returned apparently through the central portion of the organ, since the wave of constriction was never sufficient to obliterate the whole cavity.”

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MAY, 1902.

No. 2.

Department of Materia Medica.

Cinchona.

Lecture delivered by PROF. J. T. KENT, at the Dunham Medical College.*

To-day we shall take up the study of Cinchona, or China, as it is commonly called. Persons who have suffered much from neuralgias due to malarial influences, who have become anæmic and sickly from repeated hemorrhages, are likely to develop symptoms calling for China. China produces a gradually increasing anæmia, with great pallor and weakness. It is sometimes indicated in plethoric individuals, but this is the exception, and even in this class we find that the symptoms are tending towards the cachectic state, which is avoided by the prompt action of the remedy.

Throughout the body there is a gradually increasing sensitivity, a gradually increasing irritability of the nerves; the nerves are always in a fret, so that these people will say: "Doctor, what is the matter with me, I am so nervous?" Everywhere there are twinging, tearing, cutting pains—in the limbs and here and there over the body. And so great is the sensitiveness to touch that the nerves can many times be outlined; as, for instance, the little nerves in the fingers, because of their extreme sensitiveness. The China patient grows increasingly sensitive to touch, to motion, to cold air, so that he is chilled from exposure and the wind. The pains are brought on by exposure to the

*Stenographically reported by Dr. H. E. Williams.

wind, by cold air, and are increased by motion and touch. Old malarial conditions that have been suppressed with quinine; gradually increasing pallor, bloodlessness, cachexia, until the patient is always catching cold, has liver troubles, bowel troubles, disordered stomach, is made miserable and sick by nearly everything he does. He cannot eat fruit without having indigestion; he cannot eat sour things. He is debilitated, pale, waxy, suffers from pains, such as are found in quinine subjects, and breaks out into a perspiration upon the least exertion.

This patient bleeds easily; bleeds from any orifice of the body—from the ears, from the nose, from the throat, from the uterus. And after hæmorrhage complaints come on. Running through the remedy as a general constitutional state is a tendency to congestion and often inflammation in connection with hæmorrhages. Inflammation of the part that bleeds or of distant parts. For instance, a woman aborts, has a hæmorrhage, but with apparently no provocation, inflammation of the uterus or of the lungs sets in. With these inflammations there is also great irritability of the tissues, tearing pains, cramping in the muscles and actual convulsions. Most remedies that have relation to hæmorrhage do not have convulsions. Not so with China. When a China patient bleeds a little, for instance, in confinement, right in the midst of the bleeding convulsions come on. You would scarcely need to think of any other remedy. *Secale* is the one other medicine that has this state, but the two do not look a tall alike. One wants the covers all off and the windows open, even in the coldest weather. That is *Secale*. If a draft of air blows on a China patient, while in labor, she will go into convulsions when you do not expect it at all. In the midst of labor the pains cease and convulsions come on. Another feature about this inflammation is its rapid progress and intensity, quickly going into gangrene. Inflammation after hæmorrhage and the parts rapidly turn black.

China has a fulness and puffiness of the veins. Not exactly a varicose condition, but a sort of paralysis of the coatings of the veins. The veins become full during fever.

All of these complaints are such as we find in broken down constitutions, in feeble, sensitive patients, especially in feeble, sensitive women. Sensitive to the odors of flowers, of cooking,

of tobacco. Seldom obtuse, but bright, intellectual. Weak, relaxed, emaciated, pale, with feeble heart, feeble circulation and tendency to dropsy. Dropsy runs all through the remedy; anasarca and dropsy of shut sacs. A peculiar thing about this dropsy is that it comes after a hemorrhage. In the anæmic condition, directly following the loss of blood, dropsy appears. This is the typical China patient.

Catarrhal condition of all mucous membranes. Gastro-duodenal catarrh, ending in jaundice. Old liver subjects with jaundice. They have lived for a long time under the influence of the malarial miasm. Feeble, sensitive, anæmic. We see such cases in the South and Southwest, and along the Mississippi Valley.

Periodicity is regarded as the most important indication for China, but it is a mistake. Periodicity is the symptom upon which quinine is given. China has periodicity, but in no greater degree than a dozen other remedies and is not so frequently indicated as routine prescribers suppose. Allopaths give quinine whenever there is any periodicity in complaints; at least, the older men do. The young men are running after the coal tar products. Still periodicity is a strong feature in this remedy. Pains come on with regularity at a given time each day. Intermittent fevers appear with regularity and run a regular course.

A part of this periodicity is an aggravation at night, and sometimes sharply at midnight. You will sometimes be called to treat colic that comes on regularly every night at 12 o'clock, and it may be, perhaps, a week before you suspect it to be a China colic. A lady had colic and bloating of the abdomen every night at 12 o'clock. After suffering many nights a single dose of China prevented any further trouble. Hæmorrhage from the nose coming on with regularity. Diarrhoea at night. Several gushing, black, watery stools during the night; in the daytime, only after eating. There is a general aggravation after eating.

Now, remember that this is a chilly patient, sensitive to drafts, sensitive to cold, whose complaints are brought on by being exposed to cold air; sensitive to touch, sensitive to motion. Extreme irritability of the tissues.

China is indicated in conditions following the loss of blood and

other animal fluids; as, for instance, in those who are suffering from sexual excesses, from secret vice. They have become feeble, sleepless and irritable. There is weakness and general coldness of the skin; twitching and jerking of the limbs; drawing and cramping in the muscles; chronic jerking; epileptiform convulsions; paralytic weakness; rush of blood to the head; ringing in the ears; darkness before the eyes; fainting on the slightest provocation. Such is the China cachexia, and with this in view, the mental state will scarcely be a surprise to you. It is just such a one as you would expect in this nervous, sensitive patient. Weakness of the mind. Inability to think or remember. Full of fear at night. Fear of animals, of dogs, of creeping things. Wants to commit suicide, but lacks courage. Gradually the mind grows weaker; he uses wrong expressions or misplaces words. Lies awake at night making plans, theorizing, building air castles, thinking of the wonderful things he is going to do some day or other. In the morning he wonders how he could have thought such foolish things. After sleep his mind is clear and he looks more philosophically on the affairs of life. Unable to entertain any mental proposition that means work. He dreads work. He is apathetic, indifferent, low spirited, silent, disinclined to think. He is unable to control the mind, to make it do what he wants it to do. You see it is not as yet a real insanity.

This state of mind comes on after hæmorrhage; after hæmorrhage from the lungs, or uterine hæmorrhage. Insomina after hæmorrhage. A woman, after having suffered great loss of blood, will lie night after night without a wink of sleep.

After hæmorrhage we may expect to have dizziness. It is a natural consequence; dizziness and fainting. But ordinarily, after the proper diet for a few days, these symptoms will have disappeared. With the China patient they go from bad to worse. The woman after severe hæmorrhage does not make blood. There is mal-assimilation, and the vertigo persists for days and weeks. China will act as a safeguard and restore order.

The remedy is full of headaches. Congestive headaches in broken down constitutions. Extremities cold and body covered with a cold sweat. Rending, tearing pains. Pressing and throbbing. Touch brings on the pain. Motion brings on the pain. If

the patient who has headaches is able to get up and go out as soon as the air strikes the head those pains come on. Headache better in a warm room; worse from touch; worse from motion; worse from cold. These are the principal features. A slight touch will aggravate the disturbance. But now notice the exception. *Hard pressure* ameliorates the China pains, as light pressure aggravates. Sensitiveness of the tissues; sensitiveness along the course of the nerves; the pains are brought on by touch, by cold air. Stitches in the head with pulsation in temples, which can be felt with the fingers; ameliorated by hard pressure, but aggravated by touch. The jar of walking and the motion of walking hurts the head. Even turning over in bed aggravates. Cannot ride in a carriage or anything that jolts. Ameliorated by hard pressure. Throbbing headaches, aggravated by a draft of air, in the open air, from the slightest touch; ameliorated by hard pressure. The scalp feels as if the hair was grasped roughly. It is sensitive to touch; and this sensitiveness is aggravated while walking in the open air and from a draft of air; ameliorated by hard pressure externally. Profuse sweating of the scalp like the sweating all over the body. Headaches aggravated at night. Headaches from sexual excesses; loss of animal fluids.

Now we come to the eye. Photophobia. Yellowness of the sclera. Exposure to cold wind will bring on neuralgia; ameliorated from keeping quiet and from keeping warm. "Nocturnal blindness, dimness of vision. Feeling as if sand were in the eyes. Pains worse from light. Better in the dark."

In the ear and the nose you find the same sensitiveness as in eyes; every little noise is painful. Ringing and roaring and buzzing, and singing, chirping like crickets in the ears. Dry catarrh of the middle ear. Hardness of hearing is not infrequently the result of this condition. It gradually increases until there is total deafness, and the noises in the ear continue long after the patient has lost the ability to distinguish articulate sounds. Hæmorrhage from the ear. Offensive, bloody, purulent discharges.

Frequent nosebleed in anæmic patients. Here, again, the dryness and catarrhal conditions. Dry coryza; or fluent coryza, suppressed and causing violent head pains. Odors nauseate. Sensitiveness to the odors of flowers, cooking, tobacco.

The face is withered, shrunken, sallow, anæmic, sickly. Red when the fever is on and sometimes when the chill is on, but in the apyrexia pale, sickly and sallow. Neuralgia of the face; tearing, rending, knife-like pains with the usual modalities. The veins of the face are distended. This is frequently observed during the fever and sweat of the China intermittents.

The teeth get loose, the gums swell. Rigg's disease has been helped by China. The teeth are painful while chewing; they feel too long. Toothache with every little cold. Rending tearing as if the teeth were being pulled out, every time the child nurses at the breast. Exudations about the teeth and gums. Black, and fetid; great putridity in the low forms of fever.

Then, the taste. What would you expect it to be? Extremely acute, of course. Exaggerated so that nothing tastes natural. "Bitter taste in the mouth. Food tastes bitter or too salty. Burning as from pepper on the tip of the tongue. Dryness in the mouth and throat. Difficult swallowing." Sometimes there is canine hunger, but one of the most common features is loathing of everything; aversion to all food. The China patient is often passive in regard to eating. Sits down to eat and the food tastes fairly good and he fills up. But it does not matter much whether he eats or not. "Loathing and violent hunger." "Hungry and yet want of appetite. Indifference to eating and drinking. Only while eating some appetite and natural taste for food return. Loss of appetite. Loathing of food. Aversion to all food. Aversion to bread." You see his appetite varies. Then comes the queerest thirst you ever heard about. The patient will say: "I know my chill is coming on now because I have that thirst." Thirst before the chill, but as soon as the chill comes on there is no thirst. But when he begins to warm up he begins to get thirsty; that is, during the period in which the two lap he is thirsty, but when the chill has fairly subsided and the heat is upon him his thirst subsides also and he only wants to wet his mouth. But as the hot spell begins to subside he increases the amount taken, and all through the sweat he can hardly get water enough. Thirst before and after the chill and thirst during the sweat. No thirst during the chill. No thirst during the hot spell. You will cure more cases of intermittent fever with

Ipecac, with *Nux vomica*, than with China. China always has well-defined chill, fever and sweat.

Gastric symptoms from eating fish, from eating fruit, from drinking wine. Flatulent distension almost to bursting. There are constant eructations, loud and strong, and yet no relief, so extensive is the flatulence. In *Carbo veg.*, after belching a little, there is relief. *Lyc.* has both. It is sometimes like *Carbo veg.* and sometimes like China. Tympanitic distention of the abdomen and stomach in low forms of fever. Cannot move on account of soreness in the bowels. Such a state is preparatory to ulceration of Peyer's glands. Vomiting of blood. Sometimes followed by dropsy of the extremities. "Hiccough. Nausea. Vomiting. Eructations, tasting of food, or they are bitter, sour. Frequent vomiting. Vomiting of sour mucus, bile, blood." Likely to occur at night. Pulsation in the stomach and rumbling. Cold feeling in the stomach. Fermentation after eating fruit. Acidity. Disorders of the stomach after milk.

Diarrhœa. Copious, watery, black discharges from the bowels. Gurgling and rumbling in the abdomen. Stool immediately after eating and at night. Great quantities of flatus expelled from the bowels. Diarrhœa comes on gradually. Stools more and more watery. Chronic diarrhœa, with emaciation and aggravation at night. Petroleum has a chronic diarrhœa, but only in the daytime.

Of the male genital organs the most striking feature is weakness. Of the female genital organs there is a different class of conditions. In the woman who has been subject to uterine hæmorrhages you may look out at any moment for a sudden, sharp attack of inflammation of the ovaries. Hæmorrhage from the uterus. Prolapse. Menses too early and too profuse; black, clotted blood; menstrual colic; metrorrhagia. Pains and convulsions; convulsions come on in the midst of the hæmorrhage; cramps in the uterus along with hæmorrhage; labor-like pains; ringing in the ears; loss of sight; sliding down in bed. In confinement the lochia is profuse and lasts too long. Deterioration of health from prolonged lactation; toothache; neuralgia of the face.

Difficult respiration, rattling and filling up of the chest with mucus; asthma. "Pressure in the chest, as from violent rush of

blood; violent palpitation, bloody sputa, sudden prostration." Dry, suffocative cough at night; profuse night sweats. Pains in the chest, increasing sensitiveness to cold, heat and redness of the face with cold hands.

Along the spine there are sore spots. Tearing, darting pains in the limbs, ameliorated by heat and hard pressure, brought on by touch, by becoming chilled. Worse at night. "Knees weak, especially when walking."

China cures low forms of fever, remittent or intermittent, typhoid or malarial.

Hypericum.

We will take up the study of Hypericum. This is a wonderful remedy, where, from lacerations, nerves have been injured, and inflammation travels along the course of the nerves, accompanied by rending, tearing pains. Pains travel towards the body from the extremities. The trouble sets in sometimes as an ascending neuritis, accompanied by pain traveling towards the body; if very rapid there will be tetanus. So, after lacerated wounds, wounds in the ends of the fingers where splinters have been thrust in under the nails; in the palm of the hand and soles of the feet; lacerations, jagged wounds, much tearing of the flesh and many bundles of sentient nerves have been torn; following such injuries there comes pain. Pain travels up the limb towards the body, going higher and higher, with stiffness of the muscles; then comes stiffness of the jaw, pain up the back of the neck, convulsive action of the jaw and the coming on of tetanus. Here we have almost a specific in Hypericum. It is a standard remedy, it is routine. Where there has been concussion and great shock to the spine and brain from severe jarring, from a fall—and then come pains traveling up the spine towards the brain, drawing in the muscles of the back and back of the neck, tightening up of the muscles of the joints, head pains, stiffness of muscles. Tetanus is coming on. Hypericum is *the first* remedy. In a general way most all surgeons give it for bad effects of lacerated

wounds on the extremities. Local congestions that come on suddenly from these injuries, where there is a great amount of nervous erythism, where wounds bleed much, and after bleeding considerably the hæmorrhage stops very suddenly and it is followed by suffering, by tearing pains traveling upwards from the extremities towards the centers; then we have the sign of inflammatory conditions calling for Hypericum.

Congestion of the head, lungs, heart. Spasmodic beatings of the heart. Drawing backwards in the neck. Pains in the head. In addition to lacerations of nerves, lacerations of tendons. Lacerations of the ligaments about the joints and very great tearing pain in the wound. "Torn ligaments." Violent pains in the cartilages of the ear following a wound, a laceration or other cartilages. Lacerated wounds in the joints, ragged, jagged, from substances hurled into the joints; violent pains. Less swelling and inflammation but more pain, showing the nerves are very much involved. Injuries of parts *rich in sentient nerves*. "Crushed, punctured and torn wounds." Lacerated wounds and lacerated nerves. It says in the text, "violent excruciating pains from laceration of the nerves." Those pains are tearing pains. Sometimes burning, tearing pains. Sometimes a little bit of a punctured wound in the hand will go along a while without much trouble; finally it begins to have pain, and the pain will follow up along the radial nerve, rending, tearing pain. After a little while the arm begins to emaciate, and it grows worse, until he must carry it in a sling. It is a gradually increasing ascending neuritis that goes a little higher and a little higher—goes on for months with no tendency to repair. Sometimes a vicious dog will take hold of an individual through the thumb, or through the hand or the wrist, and run one of his great teeth through the radial nerve or some of its branches in the hand. You may not find in the earlier stages the symptoms of Hypericum, but they develop gradually and you will have them to treat later on. Do not cut the arm off, but cure it. We cure all these injuries with medicines. Punctured, incised, contused or lacerated wounds. Painful wounds. A wound sometimes will yawn, swell up; no tendency to heal; look dry and shiny on its edges; red, inflamed, burning, stinging, tearing pains; no healing process. That wound needs Hypericum.

Then you will have an old scar, and it comes in contact with something and is injured, bruised, smashed, and stinging, tearing pains set in. It burns and smarts and stings, and there is no relief; the pain runs towards the body along the course of nerves; a painful cicatrix with pain shooting up towards the center of the body, following up the nerves. Hypericum is the remedy.

Again, there are injuries of the head, from a blow upon the head. Now, sometimes this bruise or blow upon the head will receive a dose of Arn., which is calculated to take care of the soreness, but there seems to be something lacking. The soreness and bruised condition are relieved, but in a few days the patient begins to take on convulsive manifestations. Jerkings and tightening up of muscles, and the jaw bothers. He has difficulty in opening the mouth when he wants to, and it opens and closes spasmodically, with jerks. His eyes jerk spasmodically, and he says, "Doctor, what is the matter with me?" He needs a dose of Hypericum, and if there is no decided fracture, no foreign body jagging into the tissues, if it is only a concussion, Hypericum will cure it all up. Such are the uses of Hypericum.

Now, of the spine. The coccyx is one of the most dangerous little corners to be injured in the whole body. Many an individual has had injuries of the coccyx, fracture, dislocation, and it is one of the most treacherous little places, because at times experienced doctors will run across some very deceiving things about the coccyx. Why, one time I remember having seen a patient—that is, I saw the cadaver, it was all over with when I got there—he was standing on the rear platform of a car; the car started up; he grabbed hold of something or other and did not hitch on well, and he went back against the railing. He sort of fainted or something, but it all passed off. The next day he did not feel very well, and after that he went to bed. A physician was called; he could not find there was much of anything the matter, but the man grew worse so fast a counsel was called, and then a second one. He had twitching about the jaws, congestion of the head, became unconscious and died. A few hours after his death I arrived—I had been sent for—I turned him over when I heard he had been injured, and a small place around the coccyx was black and blue and almost gangrenous. He had not

complained of anything in the coccyx. It was astonishing there was so little pain in the coccyx. If that man had been properly remedied and had had a dose of Hypericum there would not have been much trouble. After Hypericum the trouble will leave the centers and go to the seat of the injury, and there will be pain there.

It is not always like that. I have seen injuries of the coccyx, and have relieved them with this medicine a good many times, when the pain extended from the coccyx up the spine and opisthotonos took place. Violent, excruciating, rending, tearing pains up and down the limbs and all over the body, with strabismus and jerking of muscles and lockjaw, all after an injury to the coccyx or to some other portion of the spine. Hypericum is our main ally against injuries, the effects of which tend towards the center. Without it we would have to depend upon such medicines as Bell., Stram. and Cicuta, hoping for the best, "zigzagging" our cases through. Hypericum goes right to the spot.

Now, there are other remedies which have relation to injuries. You all know about Arnica, but be sure you keep it in place. In the first stage of an injury, where very much bruising has been done, and there are none of these pains that I have described, during the first hours of bruised conditions and concussions and shocks, Arnica is the routine remedy, because it has produced similar symptoms in the human body. But you will find that Arnica only fits into that one place. Arnica should never be used for open wounds as the laity are in the habit of using it; if it is used in any strength it will bring on erysipelas.

There are other bruised conditions where Arnica is not so good. Suppose you have a patient who has been pretty badly injured. Beams have fallen upon him, he has been pounded here and bruised there, and his head has been hurt. The soft tissues, the vascular tissues will be greatly restored by a dose of Arnica. But you will be surprised to find that injuries of the periosteum have occurred in that same patient, upon the pericranium, upon the femur or other bones, and caries will threaten to develop. These pains and aches will go on for days, unless you know that Ruta follows Arnica and clears up the bruises of the periosteum.

An individual is struck on the bone with a hammer, or the blunt end of a stick, or he falls against a post and a sharp corner strikes him on the bone; give Arnica for that, and it will clear up only the outside bruises. A dose of Ruta should have been given in the beginning, for it has as much bruised soreness as Arnica, but especially of the bone, which Arnica does not seem to reach. For bruises of the bone and bruises of cartilages, bruises of tendons, of the insertion of tendons, and bruises about joints, Ruta is better than any other medicine; and if you study the proving of Ruta you will not be surprised that such is the case, for Ruta produces such things. Lingering sore bruised places upon bones, in joints and upon cartilages.

There is another remedy that you will want to know of. You will not know what to do without you know Staphysagria. If you have a clean-cut wound made with a sharp instrument, or if you have made such an opening with your knife as part of a surgical operation; if, for instance, you have opened the abdominal cavity and the walls of the abdomen take on an unhealthy look, and there is much stinging burning, Staphysagria is the remedy that will stimulate granulation immediately. Again, if you happen to be called in the next day after some "doctor" has dilated the sphincter ani, and there remain behind tearing, burning pains in that sphincter,—Staphysagria is the remedy. Or you have lacerated some tissues when dilating the neck of the bladder, or dilating the urethra for stone, and the woman,—as it is sometimes a woman,—almost goes into convulsions and lies all night with rending, tearing, burning pains, and she is sick all over with fever; a dose of Staphysagria will make her go to sleep in a few minutes, will relieve that congestion, that tearing, sticking pain in the bladder.

Now, there is another little phase that belongs to this subject, and while I am about it I may as well finish it up. Some of these days, after a surgical operation where there has been a good deal of cutting and slashing, you will have "great prostration, coldness, oozing of blood, cold breath, and of course the Materia Medica man, if there is one around, will say, "Why give him him Carbo veg." Yes, but it may not help him. It may disappoint you. But, if you know your surgical

therapeutics, you will say, "No, Strontium carb. is what I want." It will relieve that congestion all over the body; the patient will get warm, and have a comfortable night. Strontium carb. is the Carbo veg. of the surgeon.

Sometimes after a surgical operation the patient becomes as cold as death. His body feels as if he were a cadaver; he is blue, and yet wants to be uncovered. No sweat, but skin cold as ice. You will find that he will quickly rally under a dose of Camphor; and if you have not got Camphor potentized, ask for the Camphor bottle quick. A few whiffs from the Camphor bottle, if you have not got the better preparation, will rouse him. Ammonia carb. is very similar to Camphor in shocks after surgical operations.

But when you have cold, blue, purple legs, with shriveled body, after an operation in one who is much emaciated, when in spite of the fact that the body is red it is cold, and he wants to be uncovered, then Secale will relieve, and he will have rest. If you prescribe in this way the by-standers will declare as long as they live that you administered Morphine.

Another medicine closely related to Hypericum is Ledum. Some time or other while driving over the country, trotting along as peacefully and quietly as can be, all at once your horse will go lame; you get down and pick up that foot, and you find there is a nail in it. Now, you get hold of your tooth forceps, or pincers, or something else you happen to have with you, and you pull that nail out. If that nail be in certain regions of the foot it is bad enough, but if it is around the outer margin of the coffin bone, and sometimes up near the frog, it will soon produce tetanus. The horse will commence to jerk and twitch, and will die. The blacksmith will burn that out and fill it full of tar. When I did not know anything better I had to have such things done, but after I learned my *Materia Medica* I did not have any such trouble. Always put a dose of Ledum on the tongue of the horse after such an accident, and you will have no lameness, you can go right on. You will not have to dress it; but be sure you give your dose of Ledum early, otherwise you will have a lame horse perhaps for weeks and you may lose him with tetanus. The allopath and the horse doctor have no remedy for this; all they

can do is to cut the nail out and put in hot tar, and hope for the best,—hope that the nail did not go anywhere near the coffin bone.

This will impress you with the fact that when one of your patients, walking about the house barefooted, steps on a tack, or if any of them happens to run an awl into the hand or the end of a finger, the remedy is *Ledum*. *Hypericum* has complaints from punctured wounds also, but it comes in later than *Ledum*, when rending, tearing pains commence to shoot up along the nerves. If you give a dose of *Ledum* soon after the injury, there will be no trouble. In punctured wounds, poisoned wounds, bites of animals, where the wound is jagged; cat bites, bee stings, etc., *Ledum* is a wonderful remedy.

Some surgeons, a day or two before performing an operation, will give the patient a few doses of *Arnica*. I do not know that it is a bad practice, but if there are no symptoms at all the probability is that the *Arnica* does not work, because the conditions are not present that would cause it to work, and they come only after the operation has been performed, so that it is more than likely useless. After the operation has been performed, then the cause is there—shock, bruise, laceration, or whatever happens to take place; but you will see that after certain kinds of injuries that will occur in operations you might want *Hypericum*, you might want *Ledum*, you might want *Staphysagria*. You do not find *Arnica* indicated in operations as often as *Staphysagria*, because you do not bruise your patients, your operations are clean cut. You may have to antidote your chloroform, and because there are pains and aches you will get no action from these medicines. You can antidote your chloroform almost instantly by a dose of *Phos.*, because it is the natural antidote to chloroform. *Phos.* will stop that vomiting. Why? Because *Phos.* has just such vomiting as chloroform has, that is all. *Phos.* likes cold things, cold water in the stomach, and vomits as soon as that water has become warm in the stomach. So does chloroform. Why should they not antidote each other? That is why, and that passes; and then you have pains and aches that *Phos.* does not fit. You have rending, tearing pains and collapse as results of operations, and you meet those

beautifully. You will save life after operations. You will carry through brave operations upon timid subjects, upon feeble subjects, and make your rate excellent.

General Symptoms of the Materia Medica.

HARVEY FARRINGTON, M.D., H.M., Chicago, Ill.

V. Alumina.

Antipsoric, antisycotic.

Deep acting, slow in pace.

Patient thin, withered, emaciated; old people.

PARESIS, PARALYSIS.

Numbness.

Dryness; SENSATION OF DRYNESS.

Discharges from mucous membranes, *thick, yellow* or albuminous, scanty, acrid.

Pains: burning, *jerking*, PRESSING, *stitching*.

Sensation of CONSTRICTION OF BAND *in inner and outer parts*.

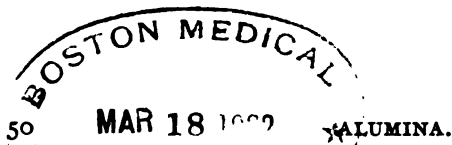
Indurations.

PULSATIONS.

< day time; MORNING; AFTERNOON; alternate days; *cold*; cold food; dry weather; AFTER MENSES; after an emission; warm room; *standing*; after eating; after eating potatoes.

> warmth; warm food; wet weather; OPEN AIR; *while eating*.

Alumina, like all metals or metallic compounds, has a profound and long-lasting action. Moreover its pace is extremely slow, perhaps even slower than that of *Plumb.* or *Zinc*. In proving this remedy symptoms were very slow to make their appearance, and, inversely, its curative effects at times do not come to the surface for a period of several days or a week or two; therefore, in prescribing it we should not be disappointed if the curative action is not manifest at once, nor should we expect it to be of avail in other than deep-seated, slow-moving, chronic ailments. The



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acute disease seems foreign to its nature. If, in certain apparently acute cases, it has acted favorably, more thorough investigation will reveal the fact that these were only acute exacerbations of a chronic sublatent miasm, which may be psoric or sycotic as shown by our synopsis.

Alumina depresses the whole cerebro-spinal nervous system. General lassitude and weakness gradually resolve themselves into paresis and at length paralysis. Conductivity of the sensory fibres is impaired. The prick of a pin, instead of bringing immediate response, is noticed by the patient only after a moment or two. Numbness appears in the scalp, the soles of the feet and various other parts, and finally total anæsthesia. While walking the patient is unable to feel the actual contact with the floor. The skin seems to intervene as a foreign body—like a strip of felt. No desire for stool till there is a large accumulation in the rectum. The muscles are slow to obey the will; the lower extremities feel heavy as lead; swallowing is accomplished with great effort, the mind must be centered upon the muscles of the pharynx to keep them in action, and the bolus, after reaching the œsophagus, moves downward very slowly. Coordination is also affected. In the well developed case there is inability to walk with the eyes closed.

The mind is sluggish, confused; unable to think connectedly; confused as to his personal identity, thinks his mind is someone else's; forgetful, melancholy, tearful, hysterical, alternate laughing and crying, even in men.

There is marked sluggishness of the whole alimentary tract, with poor digestion, flatulence and tardy peristalsis. But paresis as a definite symptom is usually first observed in the rectum, giving rise to the well-known constipation of this drug. Inability to evacuate the bowels unless all the power of the abdominal muscles be brought into play. After a long delay the accumulated fæces form a large, hard, knotty stool, which would be difficult to pass by reason of its size alone, and sometimes tearing of the anal mucous membrane results. But even a soft stool is voided with great effort, and this seems to be the more characteristic of the two conditions.

The bladder is similarly affected: "She cannot pass her urine

without straining at stool." Urine slow to start; stream feeble.

Now, as was said, these conditions tend towards paralysis. There is ptosis, strabismus from paralysis of internal recti muscles, one-sided paralysis after apoplexy, with *heat* of the affected side; paralysis of the lower extremities, of the rectum, of the bladder, of the sphincter ani; passes diarrhœic stool on attempting to urinate; of the hands in pianists (*curare*). Whether from rheumatic, traumatic or purely spinal origin, *Alumina* will cure when the symptoms agree.

The mucous membranes are markedly catarrhal, and present two opposite conditions: (1) Hypersecretion in the form of thick, yellow or albuminous discharge. Thick, yellow discharge from the nose, eyes, urethra. The leucorrhœa is especially clear, transparent, like egg-albumen; very profuse and acrid. (2) Deficient moisture is, if anything, more frequent.

Dryness of skin and mucous membranes. Old, emaciated, dried-up subjects who never perspire. Dryness of the conjunctivæ, with smarting and burning; of the nose, with atrophic catarrh; of the mouth and pharynx, with constant desire to hawk; of the larynx, with huskiness of voice and paretic condition in chronic throat troubles of speakers and singers; dryness of the rectum undoubtedly favoring the tendency to constipation, but not the essential factor, as is evidenced by the great difficulty with even a soft stool, and the fact that the large, dry stool is frequently lubricated by a coating of mucus. At times, also, there is only the sensation of dryness; the mouth, for example, may feel dry subjectively, when there is marked increase in the amount of saliva.

Owing to this lack of moisture discharges are apt to be scanty. Thick, yellow, scanty discharge from eyes, ears, nose, throat, urethra. But the ultimate condition is atrophic dryness.

Mucous membranes are seldom without some irritation and soreness. The eyes smart, the lids granulate and turn outward from cicatricial contraction; the throat feels raw; a morsel of food may be traced in its passage down the œsophagus by the pain it causes; during and after stool the rectum smarts as if excoriated, and the urine burns the urethra.

(*To be continued.*)

Department of Clinical Medicine.

Clinical Confirmations.

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I. There is a cough of well-marked character, which I come across not infrequently, and a remedy that so exactly covers it that I am surprised to find so little mention of it in our literature, or that it is so little emphasized in the *Materia Medica* and has not found its proper place in the *Repertory*.

A dry, teasing, worrying cough from tickling in some portion of the trachea, to be more or less suppressed if the patient does not talk, but on attempting speech the cough interrupts every word, so that the patient scarcely makes himself understood.

The remedy is *Caladium*, and in one case I have in mind the cure with it in the 30th potency was a very happy one. I had signally failed with remedies, having a cough somewhat similar, such as *Am. m.*, *Brom.*, *Act. r.*, *Cup.*, *Merc.*, and both my patient and I were becoming discouraged.

From my experience with *Caladium* I am inclined to think that it has an aggravation in its cough after 5 P. M. and during the evening, and a marked amelioration during the night—perhaps on account of no talking.

In Kent's *Repertory*, *Calad.* is given under "Cough: Talking agg.," but not under "Inability to speak with the cough," where it likewise and preëminently belongs.

II. The patient with whitlow is very grateful, and the doctor himself is gratified if the intense suffering can be relieved and the disease aborted with a few doses of the homœopathic remedy, and without the use of the knife.

Remedies to be thought of in whitlow and felon having ameliorations from hot applications are *Arsen.* (probably *Anthracinum*), *Hep.*, *Lach.*, *Nux v.*, *Sil.*

Remedies having amelioration from cold applications, Apis, Fluor. ac., Led., Puls.

A case in point was one where the patient was promptly relieved and cured with Fluor. ac. 10m. There was relief from cold applications, and the pointing was on the *dorsum* of a finger of the *left* hand. This location helped to distinguish Fluor. acid from other remedies having amelioration from cold applications.

III. A case of syphilis, with the usual array of secondary symptoms, but with nothing so far to characterize it. How provoking such cases are! Perhaps the very profuseness of usual symptoms masks, in some cases, the finer ones and the constitutional characteristics. I treated this case of syphilis for some time with indifferent success, when the patient developed several ulcers on the mucous surface of both upper and lower lip. These ulcers were irregular in outline, shallow, serpiginous; they were painful, the pain much increased by hot fluid coming in contact with them but relieved by anything cold. Fluor. acid 10m. was given. There was very soon improvement in the ulcers and in the patient's general condition with, now, steady progress towards recovery.

Another symptom this patient had in a very marked degree, one which was covered by and cured by the remedy, was numbness. Numbness particularly in the bones of the forearms, the fingers, the lower legs and in the heels. He could hardly hold or use a pen, and his heels were without sensation when putting his weight upon them. There is a great deal of numbness running through Fluoric acid; it may be almost anywhere; numbness in forehead, in occiput, in bones of face near right ear, in upper and lower extremities.

A word in regard to the amelioration from cold of Fluoric acid before going on to the next case. In nearly all complaints of Fluoric acid there is aggravation from heat and amelioration from cold, but it has, exceptionally, a coryza produced by cold water, a toothache made worse by cold drinks, and the "sensation as of cold wind under eyelids, even in a warm room; must tie them up and keep them warm."

IV. Another case of syphilis which came to me for treatment

during the secondary manifestation. The chancre had been a very bad one, according to the patients's account, and indeed was far from having healed when I first saw it. There was a profuse, yellow, very offensive discharge, and great itching had been marked from the beginning, annoying the patient exceedingly.

Easy bleeding when dressing the ulcer likewise characterized it. Patient tall, stooping figure. Some of the symptoms of the secondary stage were :

Mind: Very dull, almost to the point of utter inability to think and work connectedly, with much sleepiness.

Sensorium: Frequently has spells of feeling very faint, so that objects turn black before his eyes, or, more correctly, indistinct, and he must brace himself to keep from actually fainting.

Head: Aching in forehead aggravated by motion, light, noise, work; a burning sensation over right eye as if something hot were held at a little distance in front of the head and radiated heat to this spot; much dandruff through the hair, only since syphilis was contracted.

Eyes: Marked photophobia to artificial light in particular.

Pharynx: Sensations of constriction.

Thirst: For large quantities of water in the evening, most marked between six and seven P. M.

Sleep: Dreams and nightmares; emissions.

Skin: Roseolæ well out.

General: Much prostration, feeling worse during forenoon.

This case puzzled me not a little at first, and only after some hours of careful study did the remedy stand out at all clearly. And how often it happens that when, at last, you see the remedy you see it everywhere and in every symptom, and wonder why you have been so long blind.

It is scarcely short of incredible what Sulphur did for this patient: Sulphur rom.

A variant of the burning character of the Sulphur pain, exemplified in this case, is interesting and worth special emphasis; *i. e.*, a burning sensation over the right eye as if something hot were held at a little distance in front of the head and radiated heat to this spot. This was a genuine sensation—not a figure or an exaggeration of speech.

Hering gives under neuralgia of right infra-orbital region, under Sulphur, a symptom akin to this, namely, "feels as if the air just in front of her were hot; cannot get a full, easy and satisfactory breath," and F. H. Lutze in his excellent monograph on Facial and Sciatic Neuralgia puts this "secretion, as if the air just in front of her were hot," in heavy print. I may add that the symptoms speedily disappeared under the remedy.

V. A bad case of gonorrhœa, with the itching pains through the glans penis, at the fossa navicularis, was most decidedly benefited by *Caulophyllum* 2c; other remedies were required to complete the cure.

Miscellaneous.

The Germ Theory.

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Historical.

The origin and propagation of disease has furnished a fertile field of investigation and speculation, and has given rise to more animated discussion than probably any other distinctly medical topic. Scientists in general and pathologists in particular have in recent years devoted much attention to this subject.

The parasitic origin of disease arose in connection with the invention of the microscope, microscopic animals called animalculæ being regarded as the agents of infection. The development of the parasitic doctrine is closely associated with the theories of equivocal generation, fermentation and miasms. In contrast with this early conception of animal forms, the later doctrine ascribes infection to the lower forms of vegetable organisms. According to the older writers, the principle of *contagium* was the *contagium animatum*. After it took definite form it was called *contagium vivum*.

This is not a distinctly modern theory. Like many another theory it was borrowed from older theorists by the modern exponents of it. The first reference to this theory is found in the great Roman writer, Terentius Varro, B. C. 117-26, who mentions minute organisms which cannot be discerned by the naked eye that pass into the body through the mouth and nose, and give rise to severe forms of disease. Athanasius Kircher at the beginning of the 17th century anticipated Darwinianism in his celebrated maxim, that "life was maintained by struggle and counter struggle," at the same time identifying the cause of the propagation of infectious diseases, especially the plague, with microscopic organisms in the air. Very soon after Von Hammen and Van Leeuwenhoek discovered the sperm-cells, and as these were regarded as animalculæ or living animals within the bodies of men it was very easy to formulate the hypothesis that noxious as well as innocuous organisms were found in the body, in disease and health. Leeuwenhoek was the first to isolate bacterial germs in connection with leptothrix in the buccal mucus in 1683.

After receiving its birth impulse, the theory declined during the 18th century, and remained in suspension till revived in modern times. Among the earliest, Johann Christian Lange became a defender of this *pathologia animata*. In the writings of Carl Von Linne, 1707-1778, O. F. Muller, 1786, and Hufeland, 1762-1836, we find the propagation of infectious diseases ascribed to *animalculæ* implanted upon the body organism. Joh. Ernst Wichmann in 1786 specified the itch mite as the cause of the propagation of the itch. In 1834 Renucci revived this principle which was more fully developed by Hebra in 1842. In 1835 Bassi found in the bodies of silk-worms affected by *muscardine*, a very fatal disease, parasites which he regarded as the cause of the disease.

About this time division of opinion began to arise in regard to the cause of disease, dividing up between animal and vegetable germs. Ehrenberg regarded the infusoria as animals, in 1838. The discovery of plant cells by Schleiden in 1838, and the discovery of the influence of lower fungi in producing fermentation and putrefaction by Schwann, swung the scales around to the most recent theory of infectious fungi forms. Natural history,

especially the investigations into the processes of fermentation and putrefaction by Latour and Schwann in 1837, led to the discovery of the fact that the yeast cells are vegetable forms. Boehm in 1838 demonstrated the existence of these vegetable forms in the cholera fæces. Kuehn proved that diseases of plants were caused by certain fungi forms. Schulze in 1836 had shown that fermentation could take place only by the presence of microscopic organisms from the air, Pasteur later showing that specific forms of organisms exist for each variety of putrefaction and fermentation. Nægeli and Cohn demonstrated that the infusoria belong definitely to the vegetable kingdom.

Henle as early as 1840 contended for the definite theory of *contagium vivum*. From the discovery by Schœnlein, 1839, of the fungus of favus, the influence of science seemed lent to the development of the germ theory, the *tinea* forms of skin disease being definitely associated with vegetable micro-organisms.

The most important discovery, however, was that of the bacillus of anthrax in 1850 by Davaine. Hallier in 1868 applied the knowledge acquired, up to date, of microscopic fungi, to the etiology of epidemic diseases. These fungi had figured in connection with skin diseases previously. Hallier taught that the single-celled fungi were simply stages in the development of higher forms of fungi. He began to study the lower fungi in cultures, the micrococcus being considered by him the primary progenitor and the primitive form of the *contagium vivum*. This brought to the front for the first time in definite form the *contagium vivum* as a distinct theory. In the same year Chauveau raised the question of whether the contagious influence resided in the fluid or in the structural parts of the micro-organism.

The earliest experimental researches in this field were made by Meneville, who, in 1849, found a minute organism in the silk-worm when affected with *pebrine*. Pollender, in 1855, first detected the bacilli of splenic fever as small rod-shaped organisms in the blood of the infected animal; but it was not till 1863 that Davaine claimed to demonstrate by inoculation the relation of these organisms to anthrax.

The doctrine of *contagium vivum* is the dominating one in the pathology of the last half of the 19th century. This means that

the propagation of disease takes place by means of living organisms. The theory is well expressed by Liebermeister, one of the strong exponents of the German School of Natural Science Medicine. In the introduction to his work on *Typhoid Fever*, in 1865, after discussing "the new investigations on the appearance, mode of propagation and the significance of the low organisms," he says, "it is now admitted, even by those who do not unreservedly acknowledge the theory of a *contagium vivum*, that it is a view which points more clearly than any other to order in the chaos of facts. The theory as understood and expounded by him was that *all* diseases are caused in some way by the invasion of the organism by living micro-organisms. Klebs then came forward as the most prominent defender of the theory. He designated the primary germ *micro-sporon septicum* and tried to develop the primitive germ in its purity by cultures.

The first writer to formulate a distinctive germ theory was Carl Hueter. All diseases, he said, internal or external, are caused by fungoid monads, external wound diseases depending upon living irritant monads which excite putrefaction, inflammation; pyæmia being caused by the entrance of infective monads into the pus-corporuscles, which cause the infection of the blood and the whole system. The next step in the development of the germ theory was the overthrow of the Hallier doctrine of a primitive micro-coccus. The earliest work was done by Herman Hoffman, who showed that the micro-coccus could not be metamorphosed into general varieties of bacteria. He and Schroeter, by the culture of the bacterial organisms upon bread, potatoes, albumen, proved the existence of different fungi species. Ferd. Jul. Cohn classified these low vegetable forms, distinguishing the saprogenous from the pathogenic bacteria, the latter representing specific *contagia* in each disease, and also demonstrating the process of fructification by spores. This laid the foundation of the specific germ theory of disease, there being a different *contagium vivum* for each disease.

The greatest figure in the modern history of the germ theory is Robert Koch. Following up the work of Davaine, he identified by experimental investigations the bacilli of anthrax and demonstrated the principle of Cohn, that the bacteria develop from

spores. Koch's work gave zest to microscopic investigation, and he was instrumental in introducing the color reaction methods of identifying specific germs. He employed the culture method, earlier used by Hallier, establishing the inoculation method of Pasteur as the only means of differentiating the fungi species and demonstrating their pathogenic significance. In 1882 Koch made the announcement that tuberculosis was a disease of bacterial origin, the tuberculosis bacillus being the microbic organism. Among the other bacterial organisms historically announced we simply cite the following, to complete the brief historical survey of the subject.

Obermeier, spirillum of relapsing fever, 1868 ; Coze and Feltz, scarlet fever, 1872 ; Neisser, gonorrhœal micrococcus and blenorrhœa neonatorum, 1879 ; Hensen, bacillus of leprosy, 1879 ; Laveran, micro-organism of malaria, 1881 ; Eberth, bacillus of typhoid fever, 1880 ; Bollinger, actinomycosis, 1877 ; Schutz and Lœffler, bacillus of glanders, 1882 ; Fehleisen, micrococcus of erysipelas, 1883 ; Lustgarten, syphilis, 1884 ; Koch, comma-bacillus of Asiatic cholera, 1885 ; Nicolaier and Rosenbach, bacillus of tetanus, 1887 ; Oertel and Klebs, diphtheria ; Eberle and Klebs, typhus fever ; Friedlander, pneumonia, etc.

Comparative.

This brief historical sketch indicates how the germ theory has gradually taken possession of the field of the pathogenesis of disease. While prominent pathologists were advancing the *contagium vivum* theory, others were stemming the tide of a too enthusiastic adulation of the theory. The celebrated mycologist, Herm. Hoffman, of Giessen, was one of the earliest opponents. Among others we find Joseph Snow, 1849, (cholera) Henry C. Bastian, 1871-'2, and B. W. Richardson, 1875. Theodore Billroth, the great surgeon of Vienna, was the vigorous opponent of the Klebs view. He claimed that fungi were of no significance in putrefaction or disease. He declared that these fungi developed on the body only as after products of the ferment of putrefaction, or the phlogistic ferment in inflammation, these ferment actions producing a favorable culture ground for the development of the bacteria-cocci. He denied the specific nature of these lower organisms as causes of diseases.

Although the active opposition seems limited, we cannot measure it by direct antagonism. The system of Hahnemann is essentially anti-bacterial. Hahnemann laid down the principle, "there are no diseases, but sick people," diseases being but the ultimate results of disease, causes and conditions. He distinguished, therefore, between disease and disease results or ultimates. The bacteria are results of disease, they are found present wherever disease exists, acting the part of disease scavengers in the field of disease ultimates.

The germ theory has appeared in almost innumerable forms, and probably no consistent single representation can be given of the theory. There is one fundamental principle which perhaps may be set forth, *that certain low fungous parasites, either inside or upon the body, are excitors of disease.* Dr. B. Arthur Whitelegge puts it, "the germ theory, broadly stated, affirms that certain specific diseases are invariably associated with the growth and multiplication in the system of corresponding specific microbes and that these microbes are the actual contagia or causes of the disease."

In regard to the mode in which these parasites act in the causation of disease, (1) it is claimed that by the development of these micro-organisms the body is deprived of its normal food and oxygen supplies, thus undermining the nutritive integrity; (2) others hold that the micro-organisms produce disintegration and decomposition, secrete or excrete some chemical product, with resultant ptomaine formation, the ptomaines acting as toxic agents upon the tissues; (3) the enormous increase of the micro-organisms, according to others, produces a mechanical obstruction of the circulation in the blood vessels, with resultant obstruction changes.

The dominant doctrine is based upon the maxim, *omne vivum ex vivo*, and it claims that *the large class of diseases known as infectious or contagious diseases is due to the presence in the blood or in the tissues of these micro-organisms, animal or vegetable.*

The foundation of all life, whether it is healthy or unhealthy life, is the cell. The chemical and biological laboratories equally demonstrate that every organic form begins in a germinal cell. From the time of Virchow, the principle has been laid down in

physiology and pathology, *omnis cellula e cellula*, that every cell is from a cell, that is to say, the cell is the foundation of life both in health and disease. Now, it would be quite interesting to go into the discussion of what preceded that. According to the older schools of medicine, the seat of disease originally was supposed to be in what we call regions of the body. Morgagni transferred the seat of disease from regions to organs and presented what we call nowadays organo-disease and organo-therapy. Bichat, the French anatomist, transferred the seat of disease to the tissues, and Virchow transferred the seat to the cells. Now, according to this pathology of Virchow, disease is life under changed conditions; that is to say, it is life subject to *similar* laws—I do not say the same—as those we find governing the body in a state of health.

Now, that principle alone disposes entirely of the idea that the germ is the cause of disease. The cause or the causes of disease must be associated with the disturbance either of the cellular structure or the cellular function. There we have the foundation of the true physiology and pathology of the body, in that idea, the disturbance of the cellular structure and the cellular function, or the idea of the vital force which presides over all the functions and functional activities that are found within the body organism.

To-day there are practically two schools of the germ theory. The one is the Koch school and the other what may be called the anti-Koch school. According to the school of Koch, *all diseases, especially infectious diseases, are due to germs*. According to this school, the origin of disease is associated with some living organism. Certain specific diseases are associated with the growth and development of pathogenic micro-organisms. Complete proof is said to exist in the alleged facts, (1) that certain specific minute germs are found invariably in the blood or tissues of the animal which has the specific disease; (2) this germ can be cultivated in culture media artificially, fructification taking place for many generations; (3) a susceptible animal inoculated with the culture products will be affected by the same disease; (4) in all animals inoculated with these culture products the specific germ is found; (5) the ferment, ptomaine or albumose, which is a secondary product of the infection when separated from the tissues, will produce the same effects as the products of the pure culture.

The microbe is a microscopic protoplasmic organism, without chlorophyll, surrounded by an enveloping wall of cellulose. They reproduce by fission, and hence belong to the fungoid. The saprophytic microbe lives only upon dead organic matter, while the pathogenic microbes are said to abound in living tissues. Their action is supposed to be by oxidation processes, large quantities of CO_2 being given off with alkaloidal products in the form of poisonous ptomaines or leucomaines, which give rise to many of the disease symptoms.

Now, there are three forms in which the germ theory proper appears, as a matter of history. Two of these theories were thought to oppose the germ theory, but really fall into line in their conception of the law of organic forms in connection with fermentation processes.

The first form of it is the chemical theory. According to this, disease is propagated in the living organism by a process of fermentation; that is to say, a non-organized chemical ferment coming in from without sets up destructive processes within the living tissues or organs of the body, and the result of those fermentation processes is the generation of disease germs. That is, from a chemical or physical cause, the ferment coming into contact with the living tissue from an external source, we have the origin of life, life in this disease sense, and there we get the seat of disease, the *disease life* being the *contagium vivum*.

The second theory is sometimes called the bioplasmic theory. Here there is a distinction drawn between bioplasm and protoplasm. The bioplasm is represented by the nucleus, and the fluid which is constantly under the direction of the nucleus. The protoplasm is the substance outside of that nucleus and of the vitalized fluid, especially the cell wall enclosing the bioplasm. This protoplasm is what is called formed tissue, or lifeless matter. In chemical composition bioplasm and protoplasm are the same; but in the vitalized organism the bioplasm process is the primary irritability and mobility which manifest themselves in contractility. It is primarily found in the leucocytes. In normal life, according to this theory, the process of multiplication is evenly balanced by the principle of assimilation, so that there is not such a great increase of those forms of cell life as to produce an unbalance. In

abnormal life conditions, on the other hand, there is an acceleration of what is called germination processes, and the result of that is, successive degenerated bioplasts or degeneration, because of the over multiplication of the vital forms. Now, this degeneration and multiplication of the vital forms deranges the normal function, and this derangement of the normal function allows a still further multiplication of those germ cells. Now, these germs may attack the body itself, or they may pass outside of the body and be communicated by contact or contagion to other bodies, and form the basis of infectious diseases, as they are so called. How? Being degenerated cell forms, when they lodge in healthy bodies they originate degenerative processes, producing the same disease as gave origin to themselves. According to this theory, the germs of disease can only be developed from morbid bioplasmic conditions and cannot be associated with perfect forms of development. This is the theory of Lionel S. Beale, the contagia being considered by him degenerated bioplasts, or living particles of an organism which are implanted on other organisms and multiply within them.

The third form of the theory is the Koch theory. This theory really originated with Kircher, who formulated a hypothesis of his own to account for infection propagated in connection with the plague. Koch and others who have followed him simply took the principle that he formulated. What is the theory today? The theory today is, that disease in general, and infectious disease in particular, is due to a germ. What is this germ? It is a minute parasitic form of life, either vegetable or animal. Now, this form of life has the power of self-multiplication, and it has the power at the same time of obstructing the vitality of the normal body organism. In other words, there is constantly going about, and, at periodical times, epidemically going about, a wave of those germs, and they simply get into particular bodies and begin to do havoc and continue their havoc until they destroy the entire organism of the body, *i. e.*, cause it to die.

Now, in opposition to the Koch school, there is the anti-Koch school, which I think is probably best represented to-day by a German writer, Ferdinand Hueppe. His work is translated by Dr. Jordan, of the University of Chicago, so that it is available

for study and information. He denies the idea of specific bacteria as the cause of specific disease. The earlier chapters of his work show that he is familiar with the facts in relation to bacteria, and upon which bacteriology is based ; he even recognizes that by inoculation of animals disease is produced. But in opposition to the regular theories he claims that disease is a function of the animal body, that is, a function of the animal that suffers and not a function of the germ.

Now, that raises the question of health as opposed to disease. Health is the result of the action of the normal body cells, and disease is the result of the abnormal action of these same body cells. Therefore, health, from this standpoint, means the community of all the cells of the organism on the normal basis, the normal physical, histological and physiological basis. Now, bacteria or germs may provoke the abnormal action of the body cells, or act as the exciting causes of abnormal action in the body cells ; but, disease in any case is the result of the abnormal action, it is not the result of the action of the germs. The cells of the body must be predisposed to disease before it can develop. Disease from this standpoint would be the result of a number of things :—of external conditions, of internal conditions of the body, and probably of the presence and action of the germs. If any of these conditions is wanting, disease does not occur. Any one of these conditions may be the exciting cause or causes of disease, but the second one, that is, the internal condition of the body, is the predisposing cause.

The main point of Hueppe's argument is, that the prevention of disease covers more than mere hygienic measures. The principal means of avoiding disease is the improvement of the internal and external conditions of the body. That is, our attention must be directed to *the patient* and *not to the germs*, the functional activity of the body organism and not of the bacteria.

As a complement or counterpart of the germ theory we meet with the doctrine of immunity. If microbes are causes of disease, why has the human race not been exterminated by these *materia morbi* found in the air, water, soil, food? One important characteristic of these specific diseases is the fact that after recovery the patient is protected against subsequent attacks of the same

disease. This is called immunity. The absence of this immunity is susceptibility. According to some, there are non-pathogenic microbes, practically identical generally with pathogenic microbes, differing from them only in the absence of virulency. These non-pathogenic bacteria are everywhere present. In some cases a pathogenic microbe becomes more virulent in the presence of the non-pathogenic germs. This is said to explain the tendency of certain fevers to destroy the protective influence of vaccination. This has also given rise to the Pasteur idea of inoculation, with the continued cultures of debilitated germs, against rabies, and the inoculation from small-pox as prophylactics against the virulence of the disease. Pasteur inoculated healthy fowls with the diseased blood or with the bacteria found in the blood of fowls which had died of chicken cholera, and found that the healthy took the disease. He then cultivated artificially on chicken broth the bacteria producing a culture which on inoculation produced mild symptoms. This has been applied to hydrophobia, inoculation with the cultivation product being said to give protection. It has been found, however, that the protective inoculation is temporary, and soon wears away. Why? Because the cultivation produces but a temporary degeneration of the germs and the inoculation can simply, at most, affect the outer or material plane of the human organism, leaving the internal and essential part of the economy without any protection at all.

Various explanations have been offered to account for this so-called immunity.

(1) *The chemical theory.*—According to this theory, the germs, when they first attack the organism, remove some chemical substance necessary to their continued vitality, leaving the organism depleted of this substance, so that their continued existence in the organism is impossible. The self-limitation of these specific diseases is said to be explained in this way. But this implies the presence in the organism of some peculiar chemical substance corresponding with every disease to which the organism is susceptible. Bacteriology has developed the fact that moisture, heat and proper food are the three conditions necessary to the development of the germs. This rather implies a peculiar condition of the organism, abnormal functional action, as the condition of bacterial development.

(2) According to the antidotal theory, the presence of the germ produces some antidotal substance, which is either directly produced by the germ or the result of its presence in the organism. This chemical substance renders its continued presence impossible. This antidotal action is due to the intensified resistance of the body to the action of the germs. According to Martin, the germ produces a ferment or enzyme, which as it is brought into contact with the tissues results in albumose formation, the albumoses disintegrating into ptomaines, furnishing protective power to the body. The germ is said to die in its own excretion.

(3) The cells of the body are said to acquire an increased resisting power. According to Metschnikoff, the white blood corpuscles, as phagocytes, antagonize the microbes. He observed the white blood cells surrounding and eating up the germs. He found that after inoculating monkeys with the spirilla of relapsing fever the spirilla passed from the blood to the cells of the spleen, these cells also acting as phagocytes. He explains the serum inoculation of sterilized germ-free products for protection by claiming that the leucocytes are stimulated to their phagocytic function, inoculation being a means of arousing and educating these cells. In all cases of immunity, the phagocytes are in active operation.

To meet the horrors of the bacillary theory, this is undoubtedly a consoling counterpart. It at least has a two-fold advantage.

(a) It offers consolation to the terrorized public, who are made to feel the constant grimness of death at the hands of the germs.

(b) It opens up a field for the present policy of inoculation by vaccination or serum therapeutics, offering an explanation of the therapeutic action of these methods for the education of the white blood corpuscles. However, this does not demonstrate the truth of the germ theory.

(To be continued.)

Comparative Statistics From Louisville City Hospital.

The entire medical staff of the City Hospital in Louisville is composed of an equal representation from six medical colleges, five old schools and one homœopathic. Each old school college appoints its own medical and surgical staff, each of which has charge of five-sixths of all the patients in the hospital at one time, serving in successive order a term of two months (the remaining two months are filled by other physicians in the city), while the staff appointed by the Southwestern Homœopathic College is on duty all the year round and receives every sixth patient admitted. The homœopathic patients lie in the same ward, side by side with their fellow sufferers of the old school, receive the same nursing, the same kind of food, and are, of course, subject to the same atmospheric and mental influences. The only difference in the treatment of these two classes of patients is in the medicines they receive. It does seem, therefore, that this arrangement should afford a fair chance for the demonstration of the comparative value of the therapeutics of the two schools. Drs. Clendenin and Askenstedt collected, with this purpose in mind, the records in the official ledgers from April 1, 1899, when the above organization of the staff went into effect, until December 1, 1901,—a period of 32 months. During this time there have been, in the medical wards, 398 deaths on the old school side, while the homœopaths lost only 73—a gain under homœopathic treatment of 8.3 per cent. That this favorable showing can not be accounted for by an unusually large number of homœopathic patients being admitted to the surgical wards is apparent from the figures obtained from the cases under surgical treatment: 103 cases in the old school hands were lost and only 11 under the care of the homœopaths—a gain of 46.6 per cent. Nor can it be accounted for by any undue desire on the part of the homœopathic internes to make a record by dismissing cases of incurable diseases prematurely, for although the cases of malignant tumors are slightly in their favor—2 deaths to 17 of old school—the cases of pulmonary

phthisis, which are usually admitted in the last stage, bear the exact proportion of one to five—21 deaths under homœopathic treatment to 105 under the old school—while in organic heart disease the comparison is most unfavorable to the homœopaths—10 to 29.

Since the official records of the hospital are open to any investigator, a confirmation of the above figures can easily be obtained.—*Hom. Recorder.*

Catheter Penetrating the Wall of the Uterus.

The patient caused herself to abort at the second month of pregnancy ; after which she was troubled with bleeding for nearly three months, and miscarried at the fifth month. Everything went well for about seven weeks, when she called in the doctor on account of severe vomiting. Since her miscarriage she had been troubled with constipation. For a few days she was greatly relieved. Vomiting ceased for twenty-four hours ; then it became more persistent and tympanites appeared. A diagnosis of obstruction of the bowels was made. The patient was operated upon, and adhesions between the omentum and the uterus were found, where the catheter had penetrated the uterine wall. At last the patient confessed to having produced an abortion. After the operation the patient made an uneventful recovery.—*Buffalo Med. Journal.*

Auto-Cæsarian Section.

The following case, was translated from *Wiener Medicinische Wochenschrift, for The Annals of Gynæcology.*

The woman was forty-two years old, the wife of a Turkish peasant, and had been confined to her bed for eight months. She had had fourteen children. Fearing that she would die before her confinement, she opened her own abdomen with an ordinary

pocket knife. She saw the child fall from the womb, and then fainted. After she regained consciousness, she called to her thirteen-year old daughter, and asked her to sew the abdomen together. This she did with waxed hemp thread, using a running suture and including the skin only. The knife and needle were both rusty, yet the wound healed by first intention, and the mother recovered without any septic complication. The irregular incision began just above the symphysis and extended three fingers' breadth above the navel. The child survived. The cord was tied by the daughter, and the placenta was thrown into a near-by stream. At the end of eight weeks the mother and child were doing well.

Diagnosis of Cerebral Lesions.

	PARALYSIS FROM LESIONS OF CEREBRAL CORTEX.	PARALYSIS FROM LESIONS OF DEEPER STRUCTURES OF THE BRAIN.
<i>Consciousness.</i>	Rarely lost at the onset of paralysis except by extensive lesion, traumatism or epileptic attack.	Sudden loss of consciousness is the rule, and convulsions are usually absent.
<i>Pain.</i>	Local pain in the head very common at the time of attack.	Patient usually unconscious at the time of attack. Pain in the head less constant after return of consciousness.
<i>Percussion.</i>	Percussion over seat of lesion elicits pain.	No pain on percussion.
<i>Paralysis.</i>	Transitory monoplegia, some muscles paralyzed more than others. The last group of muscles to show improvement will assist to locate the lesion. Sensibility usually impaired.	Hemiplegia or Hemianæsthesia, one or both, is the rule. Paralysis more permanent. Improvement uniform in all groups of muscles.
<i>Muscular Rigidity.</i>	Early rigidity of paralyzed muscles often present.	Early rigidity rare.
<i>Choreiform Movements.</i>	An infrequent sequel.	A frequent sequel.

<i>Electrical Reaction.</i>	Normal as a rule during and after the attack.	May be modified sometime after onset of paralysis.
	—	—
	LESIONS THAT IRRITATE THE CEREBRAL CORTEX.	LESIONS THAT DESTROY THE CEREBRAL CORTEX.
<i>History.</i>	The majority of cases have a history of syphilis.	Syphilis is not the most frequent of the many causes.
<i>Convulsions.</i>	Convulsions of an epileptoid type followed by transient paralysis. The parts first to show rigidity during the spasm point to the motor area for that part as the seat of the lesion.	Convulsions are usually absent.
<i>Paralysis.</i>	Transient monoplegia not well defined, on opposite side from the lesion.	Well-marked monoplegia, more or less permanent according to the character of the lesion, on opposite side. The groups of muscles affected will point to the seat of the lesion.
<i>Prognosis.</i>	Good because of the frequency of syphilis as an etiological factor.	Depends on the character, location and extent of the lesion.
	—	—
	CEREBRAL HEMIPLEGIA.	SPINAL HEMIPLEGIA.
<i>Form of Attack.</i>	Onset usually sudden. Consciousness is often lost in central lesions.	Onset may be gradual. Consciousness is not lost.
<i>History.</i>	Some cerebral disease, as apoplexy, tumor, embolism, etc., on side opposite to the paralysis.	Some spinal disease located in cervical region and involving but half of the cord on the same side as the paralysis.
<i>Pupils.</i>	Liable to be irregular.	Unaffected unless the cilio-spinal center in the cervical region be involved, when Argyle-Robertson pupil may be present.
<i>Ophthalmoscope.</i>	May reveal choked disk or other signs of cerebral lesion.	Reveals no change in the eye.
<i>Cranial Nerves.</i>	Frequent involvement of some of them, crossed paralysis may exist.	Not involved unless spinal sclerosis extends high, late in the disease.
<i>Reflexes.</i>	Usually normal.	Some reflexes liable to be impaired or lost.

<i>Spasms of Muscles.</i>	Spasms of paralyzed muscles not common.	Spasm of limbs very frequent.
<i>Electrical Reaction.</i>	Usually normal.	Modified according to the parts of cord affected.
<i>Sensation.</i>	Anæsthesia or analgesia, when present, are on the same side as the motor paralysis.	Anæsthesia or analgesia, when present, are on the opposite side from the motor paralysis. Sensation of coldness, burning formication, pricking, etc., often exist at the onset. Hyperæsthesia may follow.
<i>Respiration.</i>	Seldom affected.	Difficult breathing, frequent when lesion is above origin of Phrenic nerve.
<i>Sphincters.</i>	Not involved as a rule.	Frequent paralysis of vesical and anal sphincters.
<i>Sexual Function.</i>	Sexual power commonly retained.	Sexual power is occasionally abolished or the passion is increased.

—Reprinted from *Dunham College Journal*, April, 1900.

Fourth Annual Meeting of the American Hahnemannian Association to be held at Narragansett Pier, R. I., July 1, 2 and 3, 1902.

President.—Julia C. Loos, Harrisburg, Pa.

Secretary.—S. Mary Ives, Middletown, Conn.

Treasurer.—H. Becker, Toronto, Ont., Canada.

EXECUTIVE BOARD.

Edmond Carleton, Chairman, 62 West 49th street, New York city ; Jos. A. Biegler, Jas. T. Kent, Rufus L. Thurston,

PROGRAM.

July 1st, 3 P. M.—Called to order, roll call.

Reports of Secretary, Treasurer, Chairman Executive Board.

President's address.

Committee reports.

Old business.

New business.

8 P. M.—Reception to members and friends at New Mattheson Hotel.

July 2d, 10 A. M.—Secretary's report, old and new business.

10-30 A. M., 3 P. M., 8 P. M.

BUREAU OF HOMŒOPATHIC PHILOSOPHY.

Edward Adams, Toronto, Canada, Chairman.

Treatment of Mental Diseases, Jas. T. Kent, Chicago, Ill.

Repetition of the Dose, H. W. Pierson, Chicago, Ill.

The Vital Test, H. A. Cameron, Philadelphia, Pa.

Woes of Babyhood, Fredericka E. Gladwin, Philadelphia, Pa.

How to Make a Homœopathic Prescription, Stuart Close, Brooklyn, N. Y.

The Value of Pathology and Diagnosis to a Homœopath, Harvey Farrington, Chicago, Ill.

The Philosophy of Disease Prevention, F. S. Davis, Quincy, Mass.

The Significance of Symptoms in Relation to Patient, Disease and Remedy, Julia C. Loos, Harrisburg, Pa.

The First Cause. The Cure, Wm. L. Morgan, Baltimore, Md.

The Vital Force, Its Relation to Health and Disease, Geo. M. Cooper, Philadelphia, Pa.

Also papers by Frank W. Patch, S. Framingham, Mass.; Edmond Carleton, New York City; Rufus L. Thurston, Boston, Mass.

July 3d, 10 A. M.—Secretary's report.

Old and new business.

Election to membership.

Election of officers.

10:30 A. M., 3 P. M., 8 P. M.

BUREAU OF CLINICAL MEDICINE.

John Dike, Melrose, Mass., Chairman.

A Few Clinical Cases, Edw. Adams, Toronto, Canada.

The Constitutional Remedy with Illustrative Cases, S. Mary Ives, Middletown, Conn.

Clinical Cases with a Moral, H. W. Pierson, Chicago, Ill.

A Study of Comparative Materia Medica—Secale: An Illustrative Case, F. E. Gladwin, Philadelphia, Pa.

Can the Tubercle Bacillus Be Removed By the Potentized Remedy, Harvey Farrington, Chicago, Ill.

Report of Executive Board.

Adjournment.

Members are especially requested to be prepared to discuss subjects announced by definite titles. Those having other contributions, to communicate with the chairmen of bureaus before the meeting.

All friends interested are invited to attend and participate in the discussions.

The Doctors of The Future.

As students of the healing art, we can scarcely overestimate the advantages and privilege of the physicians just graduated from the Dunham Medical College. To those who view in retrospect their medical training, and compare it and the experiences and studies of active practice, it must seem that much will be expected of the members of Dunham '02 when they get to work in practical use.

To have enjoyed for so long the instruction in homœopathic principles and their application, in the early days of their studies, learning doctrines that will find application always, and drugs that will not have to be cast aside in a short time to give place to others, is a privilege that has been shared by few. How little time has been given to becoming confirmed in theories that must be unlearned and be beaten down in the conflict with facts and fuller investigation. All that has been learned will keep and grow, and practice and experience will be clearly defined in its light.

Probably the significance of this is unappreciated by these new physicians, grounded firmly from the start in logical, rational, principle; but those who have tried to make facts consistent with poorly or partially developed theories, and have been forced to realize that they had spent energy and time to acquire that which

they had to unlearn and stored their minds with opinions and experiences of men that in a few months proved unavailable, will feel that the percentage of failures should be much smaller in the practice of "Dunham's '02."

In their course of study there have been two strong features, viz., they knew what they wanted, and had the opportunity to gain it. The appetite and the means of satisfying it were both present. The result should be sound, vigorous, nourished, active men in their professional fields. "Congratulations and great success to Dunham's '02."

Journal of Homœopathics

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JUNE, 1902.

No. 3.

Department of Materia Medica.

Cocculus.

To-day we will take up the study of Cocculus Indicus. Under this remedy we have some strange symptoms. First, we have to study the general nervous system and the mind as usual. Cocculus slows down all the activities of the body and mind, producing a sort of paralytic weakness. Behind time in all his actions. Everything slowed down, behind time. All the nervous impressions are slow in reaching the centres. If you hit this patient on the great toe he waits a minute and then says oh, instead of doing it at once. In response to questions he answers slowly, after apparent meditation, but it is an effort to meditate. And so it is with all nervous manifestations, thought, muscular activity, etc. He cannot endure any muscular exertion, because he is weak; he is tired. First comes this slowness, then a sort of visible paralytic condition, and then complete paralysis. This may be local or it may be general. Now there are certain causes which produce these effects. A wife nursing her husband, a daughter nursing her father, becomes worn out by the anxiety, worry and loss of sleep. She is exhausted; unable to sustain any mental or physical effort; weak in the knees, weak in the back, and when the time comes for her to sleep she cannot sleep. Sickness brought about in this manner is analogous to that caused by the Cocculus poison, and hence Cocculus from the time of Hahnemann to the present time has been a routine remedy for complaints from nursing, not exactly complaints that come on in the professional nurse, for Cocculus needs the combination of worry,

vexation, anxiety and prolonged loss of sleep, such as you have in the mother or the daughter who is nursing, or the nurse where she takes on the anxiety that a member of the family will assume; a wife nursing her husband through typhoid, or other long spell of sickness. At the end of it she is prostrated in body and mind, she cannot sleep, she has congestive headaches, nausea, vomiting and vertigo. That shows you how a Cocculus case begins. One who is thus exhausted in body and mind goes out for a ride in the park. She gets sick headache, pain in the back, dizziness, nausea and vomiting. Now that is queer. She gets in the cars to take a journey. Sick headache comes on. She goes a mile or two and will have nausea, vomiting and sick headache. She feels weak all over, feels as if she would sink away. That is Cocculus.

The instant Cocculus gets into a wagon to ride, sick headache, nausea, vertigo come on. The Cocculus patient cannot endure much motion. Aggravated by talking, by motion, by the motion of the eyes, by riding. Wants plenty of time to turn the head cautiously to see things. Wants plenty of time to move, wants plenty of time to think, wants plenty of time to do everything. Now you see what I mean. The whole economy is slowed down, inactive.

Tremulous, tired, excitable. The hands tremble when taking hold of something, or he takes hold of it awkwardly and drops it. Incoördination runs all through this remedy, and hence it has been used with good effect in Locomotor Ataxia. It has staggering, it has numbness. Numbness is quite a feature of this remedy. Numbness of the lower extremities. Numbness in the fingers. Numbness in the shoulder. Numbness of the side of the face. Complains from anxiety.

Extreme irritability of the nervous system. The least noise or jar is unbearable. You have heard that Bell. is worse from a jar. So is Cocculus, and quite like Bell. Cocculus is also a good deal like Belladonna in its sleeplessness, and other general conditions. This sensation of sea-sickness and dizziness is sometimes felt all over the body; a sort of faint feeling which is followed sometimes by loss of consciousness, or a paralytic rigidity. Stiffness of the joints is a common feature in Cocculus. It belongs to the limbs in general. But it is such a queer thing I will mention it here.

Limbs straightened out and held there for a little while can be flexed only with great pain. Persons who have been suffering from anxiety, prostrated, will lie down on the back, straighten out the limbs, and can get up only with great difficulty. The doctor comes and he discovers what is the matter. He bends the limbs and she screams, but she is relieved after the bending, and then she can get up and move about. You cannot find that anywhere else. It is entirely without inflammation. It is a sort of a paralytic stiffness, a paralysis of the tired body and mind. The Cocculus headaches and backaches, pains and distress are present. A man will put his leg up on a chair and straighten it out. He cannot get it away until he reaches down with his hands and pulls it. Such things are strange. Faintness on moving the body, fainting from pain in the bowels, from colic. Now with all this slowing down of the thoughts and activities the patient remains extremely sensitive to suffering, sensitive to pain.

Spasms through the whole body like electric shocks, convulsions after loss of sleep. This patient goes on and on with nervousness and excitement, anxiety and loss of sleep until convulsions supervene. Tetanus, Chorea, attacks of paralytic weakness with pain, paralysis of the face, of the eyes, of the motor oculi, paralysis of the muscles everywhere, paralysis of the limbs. Even Diphtheria has been known to induce a state upon the economy very much like I have described as due to loss of sleep and anxiety. I remember a case of paralysis of the lower extremities that was prescribed for by an old, very careful homœopathic physician some twenty years ago. It was one of the things that surprised me in the early days of my prescribing and observation. It was the case of a little girl with paralysis of both extremities after diphtheria and no hope was given. But old Doctor Moore (he was then an Octogenarian) looked over the case. I was acquainted with the family and with the doctor. He studied the case carefully and gave Cocculus cm. It was not many days before the child began to move the legs, and the condition was perfectly cleared up, and I have never ceased to wonder at it. It was a good prescription, perfectly in accord with all the elements in the case. Doctor Moore was one of the old followers of Lippe and Hering.

Now more particularly as to mental symptoms. You can readily see what is coming when the mental activities are slowed down, from anxiety, and loss of sleep, such as we have in nursing. The mind is in a state which appears like imbecility, and as you look upon the true Cocculus case you wonder if that patient has not been growing insane for a year or two because the mind seems almost a blank. He looks into space and slowly turning the eyes towards the questioner answers with difficulty. That is like Phos. Acid. It occurs in nervous prostration, in typhoid fever. It is so nearly like Phos. Acid that the two remedies must be carefully individualized. Time passes quickly. He cannot realize that it has been a whole night. A week has gone by, and it seems but a moment, he is so dazed. Slowness of apprehension; cannot find the right word to express his thoughts, so slowly does his mind work; what has passed he cannot remember; forgets what he has just read; cannot talk; cannot bear the least noise; cannot bear the least contradiction. The tongue will not respond. There is confusion of mind and difficulty of articulation. An idea comes into his head and becomes fixed. He cannot convert it or transfer it, or move it, but it just stays there, and if he speaks he will say something that will cause you to realize that that same idea is holding onto him. So he appears to be in a stage of imbecility. Mental derangement with vertigo. With most all the mental symptoms there is apt to be vertigo; things go round. He lies in a state of apparent unconsciousness, yet knows all that is going on. and at times is even able to remember and describe what was going on, but does not move, does not even wink; does not move a muscle. There is an appearance of ecstasy, a smile upon the face. Knows what is going on, yet with complete relaxation of the muscles without speech or apparent recognition of anyone. Perfectly relaxed, and yet knowing what is going on. That resembles Catatonia. Unable to think. Fears death. Feels as if some awful thing were about to happen. Well he might well think so, for this state coming on would be alarming to any one. Now all of this is the result of nervousness, grief, anxiety, vexation, prolonged loss of sleep. The vertigo is usually attended with nausea. A Cocculus case cannot look out of the car window, cannot look down from the boat and see water moving, without vomiting immediately.

Perhaps you can even now surmise what the head symptoms are to be. With the headaches come dizziness, extreme nausea and gastric symptoms. Headaches brought on from riding in a wagon or riding in the cars or on shipboard; headache from motion. Cannot accommodate the eyes to moving objects; dizziness and whirling come on and headache. Congestion of the head, pressing, throbbing headache. Headache as if the skull would burst, or like a great valve opening and shutting. Sick headache with vertigo. Headache again from working in the sun. Sick headache from riding in a carriage.

Dim sightedness and disturbance of vision. Paralytic weakness of the muscles of the eyes; of all of the muscles of the eyes as well as the muscles of accommodation. The face becomes pale and sickly. Pale as death, with pains in the face, vertigo and nausea. Rending, tearing pains in the face. Neuralgia of the face. Face bloated. Quivering and twitching of the muscles of the face. Paralysis of the muscles of the face. Numbness of the face. Twitching, jerking, numbness, paralysis, tearing pains.

Prostration and nervous exhaustion accompany most of the complaints of Cocculus.

Stomach symptoms.—Loathing of food Metallic taste in the mouth. Bitter taste in the mouth. Sour, nauseous taste in the mouth, and no food tempts him. He lies there sick with a little fever or a "cold." Headache, vertigo, nausea, loathing. Intermittent fevers with pains in the limbs, especially in the knees and bones of the legs, with that peculiar stiffness, that nausea, that loathing of food. A patient suffering from nervous prostration goes on a little while in allopathic hands, but his condition is not mitigated. Finally, in some malarial district, intermittent fever sets in, perhaps a low typhoid state, and then we have this loathing of food with nausea. There are two medicines in which this is a marked feature. Perhaps you have not been told much about nausea in the intermittent fever, or a low form of fever with a good deal of prostration and trembling. You go to the bedside and you ask the nurse, "What have you been feeding the patient?" and the patient gags. The thought of food makes the patient gag. The nurse will say every time she mentions food the patient gags. The thought of food or the smell of food in the

other room, or in the kitchen. will nauseate the patient. These two medicines are *Cocculus* and *Colchicum*. I remember I cured an intermittent fever once. I had been working and working a long time to get the right remedy. I said something to the patient about food, and she said: "Oh, doctor, don't say anything about that, it makes me so sick." I looked over my notes, and sure enough there was a *Colchicum* case staring me in the face. So it is with *Cocculus*.

Paralytic conditions: Paralysis of the œsophagus. Cannot swallow. The bolus of food sticks, and won't go down. "Paralytic condition of the throat after diphtheria." Sore throat with low forms of fever. The fever is gone but the patient does not rally, there is much nervous trembling, numbness, twitching of muscles and great weakness. Sensation as though a worm were crawling in the stomach. Spasms of the stomach. Violent attacks of gastralgia, violent cramp in the stomach. Gripping, pinching, constrictive pain. The pain in the bowels feels as if the intestines were pinched between sharp stones. This causes fainting and vomiting. Colicky pains in the bowels; great distension of the abdomen, such as is found in typhoid fever; tension of the abdomen after drinking; flatulent colic. Tearing, cutting, spasmodic pains in the bowels. Radiating pains in the bowels accompanying diarrhœa. A paralytic condition of the rectum. Inability to press at stool, or to use such muscles as evacuate the stool. Urging to stool and burning in rectum. Disposition to stool. but peristaltic motion in upper intestines is wanting.

Copious menstrual flow, menses too soon; last too long. Catamenia two weeks before the time. In women prostrated from grief and from anxiety, and from prolonged loss of sleep, menses come too soon, are copious and prolonged. Headache, vertigo, nausea. Violent, cramping pains in the bowels, clutching pains in the uterus during menstruation. Again, just such a patient as I have described will have a suppression of the menstrual flow, or for weeks and months will have no menstrual flow; or just at the time the menstrual period should come on there is a copious leucorrhœa that takes the place of the menses. The woman is emaciated, and grows more and more sickly and chlorotic. The face has a sort of greenish, yellow, sallow hue. "Leucorrhœa in place

of the menses," or "copious leucorrhœa between the menstrual periods."

The heart is weak, pulse feeble. Paralytic weakness in the limbs, numbness, jerking of muscles, twitching, quivering, loss of sensation, loss of power, muscular weakness in all the limbs. Numbness and paralytic feeling in the limbs. The arms have entirely lost their feeling. Awkwardness of the fingers and hands. On attempting to grasp the one hand with the other there is migratory numbness, or a more permanent numbness associated with paralytic weakness, sometimes changeable; sometimes one side is numb and the other paralyzed. The soles of the feet go to sleep. Numbness of the soles of the feet, such as we have in locomotor ataxia; cold feet. The knees give way from weakness. Totters while walking and threatens to fall to one side. Knees stiff. Paralysis of the lower extremities, proceeding from the small of the back. Arising from cold from the abuse of Mercury. Paralysis of the lower limbs, with stiffness, numbness and bruised feeling.

Sleeplessness from long nursing and from night watching; that is a symptom that I have called your attention to so often. Anxious, frightful dreams; ill effects from loss of sleep and night watching. "Slightest loss of sleep tells on him."

In nervous, debilitated girls the loss of a little sleep will bring on these states that I have described; while others will manifest such symptoms only after a long siege of anxiety, grief and night-watching.

The Mercuries in Diphtheria.*

THOS. B. ROBERTS, Prof. of Diseases of Children, Hering Medical College, Chicago.

It is evident to all who have had much experience in the homœopathic treatment of severe forms of diphtheria that results are unsatisfactory unless the similitum is given. The prevalent use of antitoxin has, no doubt, led to a neglect of the strict

* Contributed to the Bureau of Pædiatrics, Illinois Hom. Med. Assoc.

homœopathic treatment of this formidable disease. If the basic principles of Homœopathy are true, the right administration of the right remedy in the right potency must bring good results, but disaster will follow careless prescribing.

Antitoxin will hold the field unless the results of homœopathic treatment are better than can be obtained by the serum therapy. The mercuries, with the exception of the cyanuret, are not adapted to the treatment of the worst forms of diphtheria, but they have a place in the treatment of the milder forms of the disease.

The following indications for the use of the mercuries in diphtheria are believed to be as reliable as can be given with our present knowledge of their use in this disease:

Mercurius Cyanatus.

The first person cured of diphtheria by Mercurius cyanatus was Dr. Alexander von Villers, who, when a child, suffered from what appeared to be a fatal form of the disease. The remedy was recommended to the father of the patient, Dr. Villers, senior, by Dr. Beck, because it had produced gangrene of the velum palati and fauces in five persons who were poisoned with the drug. It proved very successful in this case, and has been used since with brilliant success in several epidemics of the disease.

The thirtieth centesimal potency was more curative than the sixth. Potencies below the sixth tend to produce heart failure. This is the only preparation of mercury that produces the excessive weakness, and the other characteristics of a severe type of diphtheria. If it corresponds to the genus epidemicus, it will be an effective prophylactic.

In a general way it may be said that Mercurius cyanatus is an efficient remedy when the diphtheritic patient shows marked mercurial symptoms and aggravations *with extreme prostration*.

FAUCES AND PSEUDOMEMBRANES.—The disease *comes on suddenly* and *progresses rapidly*, and the membrane often extends all over the mouth, fauces, pharynx and larynx. Occasionally the membrane is on places where it cannot be seen. It may begin in the nasal cavities and extend to mucous membranes in every direction, covering mouth, fauces, pharynx and larynx. There

is a marked tendency for the membrane to invade the nose and larynx. The roof of the mouth is sometimes the seat of the deposit.

At first the velum palati and tonsils, or the tonsils alone, may be the seat of a whitish exudation, but soon the glands begin to swell and the exudation becomes dark, even becoming *gangrenous*. The membrane may be thin, but it is usually *thick, leathery* and *putrid*. Sometimes the membrane has the appearance of honey comb, dirty in color, or the tonsils may not be much swollen, but covered with a light exudate, as if flour were scattered over them.

In color the exudate varies greatly. It may be *white, yellow, gray or any shade between*. It may be dark gray, *green*, or almost if not quite black. *The membrane is surrounded by a narrow, intensely red rim*. With the exudate there is apt to be *ulceration*. Deep diphtheritic ulcer in left side of velum, with sharp cut edges surrounded by a narrow and intensely red rim, sharply contrasting with the purple tint of the neighboring membrane. Entire mucous membrane of tonsils, velum, fauces and pharynx *dark red* and considerably swollen. *Dark redness seems to be a characteristic color*. Soft palate very red and œdematous. *Severe cutting pains* when attempting to *swallow*, so that deglutition is extremely difficult, and may be well-nigh impossible. Solids are swallowed more easily than fluids, which escape through the nose. *Very marked and incessant salivation* is a very characteristic symptom of the drug. When the larynx is involved laryngo-tracheal whistling is heard, with a harsh, barking, croupy cough, the voice hoarse or extinguished.

CONCOMITANTS.—*Much prostration from the first symptoms of collapse appear at the beginning of the attack*. Excessive prostration is, perhaps, the most characteristic symptom of the remedy. *Necrotic destruction of soft parts of palate and fauces*. *Parotid and submaxillary glands swollen and sensitive*, with infiltration of the cellular tissue of the neck. *Tongue dark red or coated brown or black*. filiform papilli much swollen, saliva thin and foetid, tip of tongue dark red, but the middle and back part may be covered with a dirty yellow coating. *Profuse epistaxis*. *Pulse very quick and very weak, 130 to 140 beats a minute*. *The heart is so weak*

that fainting is caused by the least change of position. Very small, rapid or intermittent pulse. *Adynamic fever*, with thirst and pain in the throat, particularly when swallowing. Constricting pain between scapulæ. Face has an apathetic, anxious expression. *Breath very fœtid, no appetite, nose stopped, mucous membranes bleed easily.* *Sopor, but easily aroused.* Urine completely suppressed, when it returns is albuminous. Blueness of the surface, coldness of the extremities. On the upper half of the body, *profuse sticky perspiration*, which is cold on *forehead and cheeks.* *Excessive debilitating perspiration*, even from the slightest motion, when the exudate forms in the nose. Adapted to excessively putrid cases, sometimes without much glandular invasion. *Often indicated after Apis.* Compare Ars. iod., Brom., Kali Bich., Kali chlor., and Phyt.

Mercurius Dulcis.

FAUCES AND MOUTH.—A very black appearance of the whole inside of the mouth, tongue and all, with a *constant flow of dark putrid saliva of intolerable odor.*

CONCOMITANTS.—*Grass green and very offensive diarrhœa.* Stools coppery green, like chopped eggs, watery, very profuse, excoriating the anus. Constant desire to go to stool; the discharges are *small and consist of mucus and blood colored with bile.*

This remedy has an exceedingly limited use in the treatment of diphtheria, but has cured mild cases with the general symptoms as given above.

Mercurius Iodatus Flavus.

FAUCES AND PSEUDOMEMBRANES.—The disease affects the *right side* more than the left, involving tonsils, tongue, velum palati, pharynx, posterior nares, and even some portions of the alimentary canal. *Deposit begins in the arches of the palate.* The exudate is of limited extent, feebly organized, albuminous and easily detached. *Easily detached patches in the inflamed pharynx and fauces, worse on the right tonsil.* Posterior wall of pharynx red, inflamed, irritated and studded all over with patches of mucus and small ulcerated spots. The tonsils, uvula and pharynx not much swollen.

Excessive secretion of *tenacious* mucus in the throat, very *difficult* to remove. This mucus causes a disposition to hawk and the effort to dislodge it causes *retching and vomiting*. Much painful hawking of stringy mucus.

General conditions of *œdema* of the throat and neck. Foetid discharge from the fauces and nares. Great *difficulty in swallowing* with great pain in the throat. *Must swallow frequently from a constant feeling of swelling in the throat*. Must swallow in sips, as the throat is so full. Frequent empty swallowing. *Burning in throat (Ars., Caps., Canth., Merc. cor.)*.

CONCOMITANTS.—The salivary glands are very much swollen and painful. Glands of the neck *swell rapidly*, and the mouth emits an offensive smell. *Coppery smell from the mouth*. The throat is worse from *empty deglutition* and from *warm drinks*.

Tongue *flabby*, showing *imprint of teeth*. On back portions of the tongue is a bright yellow coating, becoming *dirty looking* if it remains some time, or there is a *thick coating at the back part of the tongue, looking like a piece of chamois skin*. The tip and margins of the tongue may be red. This *thick, dirty, yellow* coating on the base and posterior part of tongue is exceedingly characteristic. *The anterior half of the tongue is clean*. Mouth is *dry*, but not the tongue. Great thirst for cold water; sometimes salivation which makes the chin sore; refuses to eat or drink; craves acid drink.

Burning sensation of right side of neck as if a coal of fire, with stiffness of neck. *Burning and dryness of lips*, especially the lower. Urine scanty and high colored. Eruption of *chest and abdomen* bright red. Decided tendency on the part of the patient to *destroy*.

This remedy has been very much abused. It is infrequently indicated in mild cases. The iodides of mercury, according to Boger, render the disease intractable if given on insufficient indications.

Mercurius Iodatus Ruber.

FAUCES AND PSEUDOMEMBRANES.—Deposit worse on the *left side* of throat. Left tonsil swollen; fauces dark red; livid purplish patches. Exudation limited, transparent, and easily detached.

Patches are often *irregular in outlines*, and of a yellowish gray or dirty yellowish color. Tonsils greatly swollen and very painful. *They are often swollen out of proportion to the amount of exudate present.* Uvula elongated. Throat not so red as in the yellow iodide. Constant disposition to swallow, on account of a large collection of saliva and mucus in the mouth. Must hawk and swallow from the collection of slimy or sticky mucus in the throat and mouth, or from a feeling as of a *lump* in the throat.

The sensation of a lump in the throat is very characteristic. Occasionally, the lump is hawked out, when it is found to consist of hardened green mucus.

Great difficulty in swallowing; swallowing of both fluids and solids painful, but the swallowing of *saliva* causes more pain than the swallowing of *food*. *Burning in the throat as if recently scalded; externally, glandular swelling, sore to touch. Aggravations.*—Worse from empty swallowing. Sore throat on awaking. (Lan. can., Lach.)

CONCOMITANTS.—Gums and tongue more or less swollen and sensitive. Tongue coated *yellowish, thick, dirty, flabby salivation*. Great dryness of tongue, with desire to wet the mouth; tongue and whole buccal cavity feel as if scalded with some hot fluid. Expectoration of tough, foetid saliva *Lips slimy and stick together*. Parotid and submaxillary glands painfully enlarged, and cellular tissue about the throat is often involved. *Breath offensive; desire to drink small quantities of water; wants food well salted; low spirited and weeps easily.* This remedy is only adapted to the simple form of diphtheria, as it lacks all the grand characteristics of a severe case of the disease.

Compare Lach., the Mercuries, Rhus tox.

Mercurius Solubilis Dabnemannii.

FAUCES AND PSEUDOMEMBRANES.—The diphtheritic membrane begins in one of the arches of the pharynx or on the uvula. *Membrane thick, grayish, with shred-like borders, adherent or free.* Swelling of right tonsil with some whitish gray, soft exudate. Mucous membrane of throat purplish. Swallowing causes a constant pressure in the throat, but the patient must swallow because the mouth *constantly fills with saliva.*

Aggravations.—Soreness of the throat with stinging pains, worse from empty swallowing, also worse at night and in cold air.

CONCOMITANTS.—Hard swelling of submaxillary and parotid glands which prevent separation of the jaws. Tongue shows the imprint of the teeth, is flabby, and shows a dirty, gray coating. Profuse salivation; bleeding of the gums, offensive breath. Saliva fœtid and tastes metallic or coppery, saliva tenacious, ropy or stringy. The white tenacious coat, which covers the tongue, is detached in shape of little skins. Profuse sweat without relief. Profuse clammy perspiration at night. Desire for milk. Indicated in mild cases, with the characteristic general symptoms of the remedy well marked.

Mercurius Sublimatus Corrosivus.

FAUCES AND PSEUDOMEMBRANES.—The exudation covers the entire fauces and extends into the nose, from which flows a profuse discharge. Offensive, dark, or yellowish white false membrane in the nasal passages and pharynx. Uvula elongated, swollen, and dark red. Pillars of the *velum palati* swollen and dark red. Throat enormously swollen, with much swelling of the glands. *The throat is so swollen that suffocation threatens.* Burning in fauces, throat, and œsophagus. *Intense burning in the throat made intolerable by external pressure.*

Destructive inflammation of the throat. Violent constriction of the throat; attempts at swallowing either liquids or solids are followed by violent spasms of the throat, with ejection of liquids or solids.

CONCOMITANTS.—Submaxillary and parotid glands swollen and tender. *Lips excessively swollen and tender.* Epistaxis. Ulcers on the inside of the cheeks, salivation and associated stomach trouble. The breath has a *faint ethereal odor.* (Ver. vir.)

The swollen spongy gums are pale, red or purple, and may be ulcerated or even gangrenous. They bleed easily, are sometimes covered with false membrane and are frequently detached from the teeth. *Pulse weak, quick and irregular.* Profuse perspiration on forehead. Vesical tenesmus with intense burning in the urethra, and discharge of mucus and blood. Micturition frequent, urine passed in drops with much pain. Albuminous urine.

This drug is of great value in the treatment of many cases of diphtheria, but it lacks the prostration and blood poisoning necessary to render it homœopathic to the *worst* forms of the disease.

Clinical Verifications.

RUDOLPH F. RABE, M. D., Hoboken, N. J.

I. Right-sided supra-orbital neuralgic pain, < evenings and at night, from warmth; > cold applications and open air. Menses always late and inclined to be scanty, preceded by sadness and disposition to cry without knowing why. Pulsatilla 200 relieved promptly; a slight return some weeks' later was cured by the same remedy in the 45m.

II. Infant, aged 13 months. Diarrhoea of five weeks' duration. Four to eight watery, yellow stools daily, < after nursing and coming with a gush. Croton tig. 200 cured promptly.

III. Dry, tickling cough < night and morning; lying down at night. Soreness in chest and slight hoarseness. Sticta pulm. 500, two doses twelve hours apart. Cured.

IV. Diarrhoea of six weeks duration. Man, age 45 years. Stools thin and loose, always after breakfast; no stools at other times. Thuja occ. 200 cured at once.

V. Mrs. B. has been taking much medicine from an old school physician for chronic indigestion. Refuses to take any more since it makes her so nervous. Symptoms: Mornings, frontal headache, feeling as if a stone lay in stomach, < after eating. Soreness in epigastric region, which is sensitive to touch. Bowels costive and very irregular. Melancholy, wants to kill herself, and is afraid she may kill her husband and children, though perfectly happy with them. Irritable and cross, < mornings, and easily offended. Nux vomica 1,000, followed some weeks later by Nux vom. 50m, cured entirely.

VI. Man, age 50 years, punctured wound of little finger of right hand, received with a rusty chisel, and from which the loose handle had fallen. Finger swollen, red and extremely painful. Pains run up the arm in streaks, sudden and darting. Injury

received twenty-four hours before my seeing it. Hypericum perf. 200, in water, teaspoonful every three hours. Five doses were taken with immediate relief, then Sac. lac. for a few days, and no further trouble.

VII. Boy, age 12 years. Sharp stitching pains about the breast. < exertion, as in running. Pain in left shoulder extending downwards to heart. Heart slightly hypertrophied, apex beat displaced to the left and downward. Impulse very forcible. Had inflammatory rheumatism several years ago. Spigelia 1,000 in two weeks' time took away all pains. Case passed from my observation thereafter, as the boy no longer complained.

VIII. Miss P. Ripe cold in head. Thick, yellow, bland discharge. Nostrils free in open air, but stop up as soon as she enters the house. Dark complexion, hair and eyes. Pulsatilla 3mm. (Gorton) cured at once.

IX. Mrs. B. passed the climacteric. Ecchymosis of the scleroticæ of left eye, from exposure to cold. Lachesis cm., cured promptly after failure of Arnica 900. Have verified this in numerous cases.

X. Same patient as in case above. Supra-orbital neuralgic pain of right side, begins 10 o'clock in the morning and lasts until 4 o'clock in the afternoon. Pain most severe about noon. Had intermittent fever some years ago; treated allopathically. Natrum mur. 900 cured at once.

XI. Facial neuralgia from cold wind, severe, paroxysmal; pain > holding face close to lamp, hot, dry applications. Pain < night and from cold. Magnesia phos. 200 relieved promptly.

XII. Miss S. cut herself accidentally with a penknife on the flexor side of forearm. Wound healed without incident, but the scar has ever since (two months) been sensitive to the touch and very red. Lachesis 2,000, Jen., cured.

XIII. Nervous young woman, student. Does not suffer from indigestion, but when at a dinner party or at supper after the theatre invariably vomits her food before she leaves. Has to leave the table at once or there will be an accident right then and there. No nausea or retching, and food appears unchanged and not sour. Kali brom. 6, in repeated doses over a period of three weeks, cured. No trouble at other times.

XIV. Child, age 9 years. Always breaks out with a thick eruption of nettle rash after eating strawberries. Not having any potentized *Fragaria vesca* in my collection of remedies, I took a crushed strawberry, poured the juice into a two-drachm vial, placed the same under the hydrant and allowed the water to run in for five minutes. Then poured out all but a drop, and filled with 87 per cent. alcohol. Marked this F. P. (fluccion potency), and gave the child one dose. He has eaten strawberries ever since without any trouble following, now three years.

General Symptoms of the *Materia Medica*.

HARVEY FARRINGTON, M. D., H. M., Chicago, Ill.

V. *Alumina*.—Continued.

The pains of *Alumina* are especially pressive, jerking, stitching and in a lesser degree burning. Pressure with headache as if the brain were in a vice, as if one side of the head were forced towards the other, simultaneously upon forehead and occiput, as from the band of a tight fitting hat, on the vertex, in the eyes, as if a plug, in the throat, in the groins towards the genital organs, in the joints, in the long bones as if tightly squeezed. Stitching pains occur more particularly in the brain, eyes, ears, throat, hypochondria, abdomen extending to chest, vulva extending to chest, in the back and the joints. We have also tearing, drawing, bruised soreness and paralytic pain. Burning, though less characteristic of this remedy than of *Ars.*, *Sulph.*, etc., nevertheless in itself may be very severe. It occurs in connection with catarrhal conditions, but especially in eyeballs, eyelids, in anus and in hemorrhoidal tumors. Burning in the skin, of the forehead, of the arms, fingers, about the elbows as if near the fire or a hot iron; in the lumbar region, as if a bolt of red hot metal were being thrust into the spine; in the calves of the legs with tension.

Sensation of constriction is often associated with more or less of hysterical phenomena, such as jerking of the head and choreic movements of the limbs, alternation of hyperacuteness of the

senses with dulness, alternation of laughing and crying (even in men). The sensation as associated also with painful symptoms—might also be included in this paragraph—pressure or constriction in the head as of a tight hat-band already mentioned; lameness and constricted feeling in the pharynx; in the œsophagus on swallowing, sometimes along its entire length; in the stomach with twisting pain; in the rectum during stool; about the hypochondria; in the bladder. This symptom may, in some instances, arise from actual constriction of muscular fibres, in others from a purely nervous origin. The sensation of tightness in the arm “as from cold” and peculiar drawing sensation of the skin of the face as if the white of egg drying upon it, are evidently subjective.

Pulsations or throbbing are felt throughout the body, sometimes shaking the whole frame. Also more particularly in head and anus.

Tendency to induration of tissues is another indication of the deep action of this remedy, and has led to its limited application in the treatment of cancer with, of course, a corresponding totality.

The Alumina patient is worse during the day, but more markedly so in the morning. He wakens into a state of mental depression and cloudiness of intellect, a dazed condition resembling that of *Æsculus*, *Carbo veg.*, *Lycopodium*, *Pulsatilla*, etc., but intrinsically different in that it is due to paresis rather than to sluggish venous circulation. With all this there is vertigo, photophobia, burning and perhaps agglutination of the eyelids, huskiness of voice from dryness of the throat and larynx, or from tenacious mucus clinging to the vocal cords. The throat symptoms are always worse in the morning. The cough starts in; there is heat in the face, nausea, faintness, palpitation, pressure in the chest from constrictive feeling in the esophagus, which becomes more evident on attempting to swallow; flatulent colic. The urine comes slow, the whole muscular system seems sluggish and the joints are deficient in synovial fluid. After moving about a little this is somewhat better.

Some tendency to periodicity has been noted: “Symptoms worse every other day.”

Towards afternoon the patient again grows worse, but this may

be due in part to the endeavor to keep up through the day as well as to the usual exacerbation after the noon-day meal.

Now the nausea and faintness are relieved after breakfast. This suggests a general amelioration from eating, and such is the fact. The provers of Alumina were nearly always hungry, could eat all the time, and eating relieved the empty feeling in the stomach. Craving for indigestible things like starch, chalk, charcoal, dry rice, coffee grounds, clean white rags, and satisfying these cravings seemed to allay the hunger (except perhaps in the case of the rags). But the best way of stating the modality is: "better *while* eating," for afterwards a new train of symptoms may be aroused—weakness, languor, pain in the stomach, sour eructations, especially after dinner (the heavy meal), after cold food or potatoes. The latter are always sure to provoke flatulence, bitter eructations and colic.

This patient is worse from extremes of heat or cold. There is a good deal of chilliness, lack of animal heat; must wrap up well, must have the room warm; warm food and drink relieve the stomach and throat symptoms; warmth relieves the diarrhoea; but too much warmth aggravates. A warm room increases the headache and the warmth of the bed causes or aggravates itching of the skin. Yet eruptions are worse in winter and from cold washing. In cold weather rhagades appear. The patient feels best in the open air, if not cold; not only the headache but the general state is ameliorated. In the text books you will see "headache < in the open air," but this is in cold air, which also causes hoarseness, asthmatic oppression, etc.

A humid atmosphere, when not too warm or too cold, is grateful. It seems to alleviate the excessive dryness of skin and mucous membranes. Dry weather, therefore, causes general discomfort, but the aggravation must extend more deeply than the surface, for the diarrhoea is sometimes aggravated in dry weather.

The function of menstruation is such a tax upon the already weak and anæmic woman that, although she may not feel the strain during the period, afterwards she is prostrated mentally and physically; < after the menses. In the male an emission has a similar effect and, like *Nitric acid*, may bring back complaints that have been in comparative abeyance. This is characteristic of remedies that have a profound action upon the cerebro-spinal nervous system.

Department of Clinical Medicine.

Clinical Case.

ELLEN HUTCHINSON GAY, M. D., Boston, Mass.

Miss M., age thirty-five years. Dark hair and eyes; pale face; weight one hundred and forty pounds; small hands and feet; immobile features; lips appear dry, but says they feel moist; irritable; disorderly; catches cold easily.

Had typhoid fever twenty years ago; since then has had diarrhoea worse since grip ten years ago; better in mountains, fewer actions but character the same.

Has been under the treatment of a (homœopathic) physician now deceased, who paid no attention to the trouble, saying it was constitutional.

Character of stool: Comes with a rush first thing upon arising; painless, strong coppery odor, very thin. Usually there is a sensation of being entirely finished after first action, but after succeeding action feels as if more would follow. Not exhausted by diarrhoea.

Aggravated by: Green foods, beans and brown bread. Green food passes entirely undigested.

Thirst: Very thirsty for great quantity of water.

Taste: Likes fish, salt, craves sour food.

Head: Headache this past winter every month, but not at menstrual period; begins suddenly in the morning, worse at four in afternoon. Eyes at times "look bilious." Vomiting followed by relief. Pain through eyes, vertex, occiput and forehead. Not affected by heat or cold; not dizzy. Takes "Little Liver Pills," which relieves.

Ears: Roaring in right ear all winter, no pain.

Throat: Inclined to attacks of tonsillitis.

Stomach: Gas immediately after eating usually, but not always.

Menses: Regular every twenty-eight days. At times slight pain in sacral and uterine region. Flows three days, ceasing the fourth day, and flow reappears the fifth day, to last one day longer. No leucorrhœa at any time.

Urinary: Thinks passes about two quarts daily.

Heat: Takes cold bath every day, but feels badly after.

Cold: Likes colder atmosphere than rest of family.

Sleep: Refreshed by sleep. Before headache, sleepy about eleven in morning.

June 4th. *Sulph. cm.*

June 11th. The two days following the dose there were but two actions each day. Stools since more consistency. "Mushy now." No odor from stool.

Gas less, almost none.

"Felt peppery." "All stirred up." Ears grew red the second day. Thinks medicine started the circulation.

Dizzy and nausea all the time, but no vomiting.

Still thirsty.

Nervous motion of hands and arms not noticed before.

Says she had chorea when fourteen, which lasted until six months later, when menses appeared. No chorea from that time until now.

Was treated by homœopathic physician at time.

Sulph. cm.

June 18th. Character of stool changed, now like thick, brown mush. Two movements in morning, one in evening. No movement upon first arising, but later in morning. One day had but one movement, which was in form. It was the first normal movement she had ever seen, and she regarded it as a curiosity.

Better in open air. No more nausea or dizziness. Food tastes better. Likes to bathe now; better after bath. Does not pass as much urine as before. Stools are better.

Placebo.

June 30th. Improvement rapid. No return of diarrhœa. Patient very well, indeed. Catches cold less frequently, skin darker, lips red; considers herself well and no longer a semi-invalid.

[This case is exceptional, in the fact that the second dose of Sulphur following so closely upon the first and given at a time when improvement was going on and old symptoms returning, did not appear to cause disturbance or aggravation. As a rule, a repetition under such circumstances would so interfere with the normal evolutions initiated by the first prescription that the case might not return to the condition previous thereto for weeks or months. Here the second dose evidently joined with the first as it does when an interval of but two or three hours intervenes, thus giving one powerful or cumulative impetus.—Ed.]

Clinical Cases.

DR. AMELIA L. HESS, Philadelphia, Pa.

The books frequently speak about giving Sulphur when other remedies fail to act, or when the system is in a do-nothing state. The following two cases demonstrate this very clearly:

CASE I. Miss A. F., age 26. On the 28th of April, 1899, I was called to see the above patient and found her in a partial collapse from excessive and painful diarrhoea and excruciating pain in the limbs and up the back into the head. She was extremely anæmic, her skin was cold and clammy with constant urging to stool, which was dark brown, watery and copious, sometimes almost black; some nausea and vomiting. There was great and constant restlessness; menses had come on on the 26th. The weather was very warm and she changed her underwear for summer weight and took a chill; the menses were suppressed. The pulse 93; temperature, 102. I gave *Rhus* c.m.

April 29th. No better—restlessness continues—bed hard, can find no comfortable position. I gave *Arnica* 40 m.

April 30th. Decided improvement; pulse, 93; temperature, 101. In a few days the restlessness disappeared; the diarrhoea and the pain in the back of the head and neck were better. Now there was aggravation from slight motion, so I gave one dose of *Bry.* 103 m. Without any more medicine the case went on improving steadily, and at the end of two weeks the patient was

able to sit up a little and the family decided to discharge me, much against my better judgment.

In about ten days I was called again and found her delirious, the occipital and cervical region so painful that it was impossible to move the head. The whole length of the spine was very sensitive to touch. Her position was almost rigid. Her eyes stared into vacancy; when spoken to she did not respond for several seconds, and then with great difficulty; there was involuntary urination with copious cold night sweats, and at these times a subnormal temperature and intense aggravation from motion. The abdomen was tympanitic and very much distended. I again gave *Bry.* 103 m.

The next morning she was some brighter. I waited until the third morning, when she was not quite so well, and I repeated *Bry.* The fourth day she was decidedly worse. I could scarcely arouse her out of her stupor. After giving her one dose of *Sulph.* 55 m. I left her, thinking she could not possibly live until morning—I really thought she was dying while I was with her. On the 31st of May (which was next morning) to my great surprise I found the patient much brighter and vitality returning. The *Sulph.* had set up a reaction. On this morning I had Dr. Mary Branson with me in consultation and we decided to give *Phosphoric acid.* The day after the consultation I gave one dose of the c.c. That was on June 1st. On this one dose she kept on improving for eight days, excepting that involuntary stools set in.

On the 8th of June I repeated *Phosphoric acid* c.c., and she kept steadily improving on these two doses until the 30th of June, when I gave her another dose of *Sulph.* 55 m. She continued to improve without any intermission until the 14th of July, when I gave her another dose of *Sulph.* 55 m. By this time the involuntary stool and urination had disappeared, and there was another interval of improvement until the 4th of July, when she had a slight attack of diarrhoea of a greenish cast with very little pain; it was worse at night. I repeated *Sulph.* 55 m. Then she went on improving until July 25th, when I gave her her last dose of *Sulph.* 55 m. This dose finished the work, and the last I heard she was enjoying the best of health.

In connection with this case just a word about bed sores. In

the interval of my absence from the patient she developed a fearful bed sore over the sacrum, the size of a child's hand. During the first week of my second call the whole thing sloughed out, leaving an ugly and dangerous open sore. This all healed up beautifully without any external lotions or applications, excepting cleaning with boiled water and castile soap. The remedies that cured the disease also healed this.

So much for pure Homœopathy.

CASE II.

1900.

W. L. Age 5.

Jan. 5. Eyes red; photophobia severe.
 Rash appearing on face.
 Wants to lie still.
 Rash coming out on face; thick.
 Nose bleed this morning.

Puls. c.m.

Jan. 8. Fretful and languid.
 Rash subsided.

Bry. 103 m.

Jan. 10 (A. M.). < much.
 Bronchial congestion; very difficult breathing.
 Pulse 130.
 Temp. 104½°.

Rhus c.m.

Jan. 10 (P. M.). Temp. 102°.
 Pulse.

Ars. 1 m.

Jan. 11 (A. M.). Very much prostrated.
 Temp. 103.
 Pulse 132.
 Respiration 70.

S. L.

Jan. 11 (P. M.). Weak.
 Stupid and dull.

S. L.

Jan. 12. No change.

Sulph. 55 m.

Jan. 13. Temp. $99\frac{1}{2}^{\circ}$.
Pulse practically normal.

S. L.

Jan. 15. Well.

S. L.

Miscellaneous.

The Germ Theory.

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(Continued from page 55.)

Discussion.

One fact is patent, that the majority of the modern pathologists are wedded to this germ theory. According to the general view of disease, every sick person is invaded by a host of vegetable or animal parasites, which multiply so rapidly that the vital functions become impaired, obstructed and in some cases impossible, resulting in death to the organism.

The body organism, if it retains its normal vigor, will grow and develop till it reaches maturity of structure and perfection of functional activity. Guided by the vital, physical and chemical laws, the organism should continue to live until old age comes with the decline of life. But few, however, of the human family reach this climax. Can we trace the cutting short of vitality to these germ diseases? We think not. Disease comes at all ages, invades all ranks and classes and is no respecter of persons.

Epidemics, like the accidental slaughterings of nature in the storm, earthquake and flood, come without any traceable cause, except meteorological conditions which are yet but little understood. Before we can understand these fully we must grasp the mysteries of astronomy. The atmospheric conditions and the superficial soil conditions represent, with changing conditions of the planetary movements, more important phenomena than we

yet appreciate. During a epidemic numbers are affected in the same as in a similar way by disease. Whether the medium is contagious or the individuals become susceptible at one and the same time, or whether the atmospheric conditions so profoundly affect the internal conditions of the body as to render the individuals liable to disease causes, no one can answer.

The germ theory apparently furnishes an easy answer to the infectious and contagious spread of disease. But while it furnishes a plausible explanation, it is really, in our opinion, a case of *petitio principii*. The bacteriologic pathology furnishes a good example of *special reasoning*. The pathologists find the germs in the blood and tissues of the sick person and they simply conclude here is the cause of the disease. As well say, because a child has worms the worms make the child sick; whereas the worms are there because the child is sick and its economy disordered.

It is not sufficient to allege that we find certain microscopic organisms constantly present in the blood and tissues of diseased persons. The air is full of myriads of organisms and organic foci ready to implant themselves in a favorable soil under favorable conditions of temperature, moisture and suitable organic food substance.

Supposing that the chest is perforated from without, there is danger of resultant putrefactive processes in the effused blood. But if the lung is injured without any external wound there is less liability to putrefactive changes, because no air can reach the injured part without passing through the vital and vitalizing lung substance. The vital tissue in the latter case does with the air what Pasteur found a red hot tube did through which air was passed; it destroys those foci in the air which produce fermentation or putrefaction changes. If, then, the tissues of the body are normally healthy and possess vital resistance of sufficient degree, no germs of living matter or foreign substance can gain access to the organism. When we find certain pathological conditions we find certain minute micro-organisms, but these two are parallel conditions dependent upon the same primary cause.

This mistaken view arises from a mistaken conception of pathology. In the generation of *disease conditions* there is: (1) An abnormal vital force action involving disorder, still in the true

physiological field; (2) the physiological action becomes perverted, during which the tissues are given over to chemical and physical changes; (3) in the real pathology there is the *dying condition* of the tissues, during which resultant degenerative tissue changes take place. The first stage is entirely overlooked by the bacteriological pathologist, and yet the second and third stages would be impossible unless preceded by the first stage.

Pathology represents the abnormal physiology of the functions, the morbid changes in the anatomical (histological) structure and the perversion of the psychic conditions under the action of disease causes. Hence in pathology there are: (1) An abnormal something, by predisposing and exciting causes or conditions that is, derangements of the organism or its functions. This means change in the adjustment or order from hereditary predisposition, congenital, actual existing conditions, either structural or functional or both, or changes of adjustment taking place after birth either from accidental or incidental causes. These changes are all determined from within the organism. (2) A reaction of the organism, its organs, tissues, cells or functions takes place. Here there is developed the struggle for existence, the vital force and its vital properties struggling to maintain the unity and integrity of the organism. (3) Resultant changes in the constitution and organization of the cells, tissues or organs of the organism take place. These changes are disintegrating in their nature and give us the real morbid anatomy of the local part, because the unity of this part with the organism is impaired or destroyed; hence the local part loses its integrity.

The individual becomes sick when having infringed upon some law of his being, the physiological action of his life forces is rendered abnormal; this from within out works towards the circumference. There is a *divine dynamis* which pervades every part of the house of order and beauty, and so long as this order is preserved sickness is an impossibility. This *dynamis* preserves the organism in a state of physical reflex, physiological and vital integrity; and so long as this is preserved no foreign cell, group of cells, or mass of matter can insinuate itself into the body or its parts so as to make a habitat within the organism. And every foreign body or material is an enemy of this commonwealth of

cells, which possesses a strong resisting power that enables it to keep at bay such inimical forces.

Superficial conditions do not represent a cause, the cause being found in the *susceptible* condition of the patient, *the bacteria being the sequela*. That this is true is evident from the fact that very soon after the death of the body an alkaloidal ptomaine poison is developed, the bacterial development taking place later. If this poison enters into the healthy tissues of the body, toxæmia results; but after the bacterial development, the virulence of the poison is diminished and there is less danger of the infection. Hence the poison decreases as the bacteria increases. What does this mean? If it means anything, it means that toxin is developed before the bacteria appear upon the scene, and that the presence of the bacteria lessens the poison. Hence, the bacteria are beneficently sent to destroy the poison. This means *that an intoxicated condition of the system represented by the disease virus precedes bacterial presence and development*. How is it that this poison can develop in the system? Because the organism is not functioning properly. At every gateway in the body system we find detoxinating centers, such as the pineal glands, the thyroid glands, the spleen, the supra-renal capsules and the liver, so that at every turn and change which the blood makes in its systemic career there is a living agency to pick out poisons developed in the body wear and tear in order to prevent poisonous substances from entering the vital centers of the organism. These poisons are detoxinated and converted into valuable internal secretions in these respective organs so as to help to nourish and regulate muscle and nervous tissue.

When order and harmony are destroyed in the organism intoxication results, and this represents the order of the development of disease conditions. Primarily there is disorder, derangement, lack of adjustment in the life forces; secondarily, there is an intoxication of the system or some part of it, with the result that there is malnutrition, either general or particular; following this comes the germ development, *a result not a cause*. While the primary and secondary conditions persist, it is impossible to kill off or check the germ activity. Hence, attention should be directed to the state of disorder and the resulting intoxication of the system as a necessary prerequisite to the curing of the disease.

Criticism.

In criticism of these germ theories there are several points we may mention. In the first place, all of these schools ignore anything like what I would call the natural perfectness of vitality, the perfectness of the structure of the human organism. In other words, I mean by that if the functional activity and the structural form of the organism is perfect, then it is impossible for such a foreign body as a germ to make havoc with the body, in the sense of producing disease. It is practically an admission on the part of all those defenders of the germ theory that the body is imperfect that is, in an impaired structural or functional condition. What does this mean? If the body is in an impaired structural or functional condition, it means that the presiding governor is out of order, and that presiding executive is the vital force. That is bringing us back to what is really a rational theory in regard to so-called germ diseases, that the disturbance is not primary in the structure of the body or the function of the body, but in that which presides over both of these, which first puts them in order and then keeps them in order.

Secondly, all these germ theories say that infection through the alimentary canal is, if not impossible, at least less possible than it is through the respiratory or circulatory channels of the body. What does that mean? That means either that the alimentary canal with its glands is strong enough to destroy the germs, or else it means that when these germs get into the alimentary canal they are not able to pass into the system in general. If that is true, it is an admission of the perfectness of the body, both from the standpoint of structure and of function. The body cannot be perfect unless the alimentary system is perfect, because it is the foundation of the body nutrition.

Thirdly, all these theories overlook the community of cells which go to make up the body organism. The body proper is a commonwealth and that commonwealth consists of the mass of cells united together and kept together in the organism. How? By the vital forces. There would be no commonwealth if there was no vital force. What are the vital processes but simply the expressions of that vital force through and in connection with the

different parts of the structure and the different functional activities of the organs which make up the body organism.

Fourthly, what is the evidence that they furnish of these germs? The only evidence presented that these germs are disease causes is the fact that they find them in the body, in the blood and in the excretions. Well, now, is that a proof that these are the causes of the disease? Not by any means. Virchow, the celebrated pathologist, at the thirteenth triennial session of the International Medical Congress in Paris, made the statement that the germs were just as likely to be the result of disease as the cause of disease. "Microbes are always found where there is disease, but may be the result and not the cause." Disease is life under changed conditions, and its operations are subject to the same laws as govern the workings of the body in health. I believe that germs are the results and not the causes of disease.

On the positive side, let us remember that germs are found all over the field of nature, whether in disease, that is, localized disease, or not. Every one of us, as a matter of fact, has some thousands, probably some millions, of these germs in the throat and lungs, and all over the organism. Now, the question arises, as I often look at it, have the germs no function in nature? It is like the story I once heard of a district in Australia. The people finally succeeded in exterminating the rats, but when they had gotten rid of the rats they got the plague. They finally decided the rats were pretty good friends of the community and enemies of the plague. That brings out a point that I believe is true. Rats are scavengers of nature. Rats and other animals of that kind will live on what is refuse and what, if decomposed would result in a plague, or some other type of disease. These germs are the scavengers of nature, and as they are running around in the body they are living on matter that is really refuse, and they have a place in nature quite as much as the other forms of animal or vegetable life that are so necessary for existence.

What, then, is the true theory in regard to these germs? In my opinion the body is a commonwealth of cells. It consists of a great mass of cells bound together in the organized life. What is the germ? The germ or microbe is a foreign cell trying to insinuate itself into that commonwealth of cells forming the

organism. We all know that if a commonwealth has strict enough regulations and immigration laws, and police execution of these, there will not be any undesirable immigration into the country. That is the way we ought always to be, if we are a commonwealth of peace; in a state of war with everything opposed to peace. Now, the body should be the same. The body is a commonwealth of peace, and it ought to be hedged about all the time to keep out everything that should not be there. That means internal order and harmony in this economy, the economy of the commonwealth of cells which we call the body, and everything foreign should be kept out that would have no right to be there. That means then that if the body is in a state of order, these germs may come in, and if they do come in they will produce no disorder. The only condition under which these germs can get in and produce disturbance is when the organism is disturbed or in a state of disorder. We said before that order and harmony are produced in the organism by the vital force, which presides, through the nervous system over the entire organism; and if that vital force is keeping up that harmony in the organism, then these germs will not get into the economy.

Now, that raises the question, Is there any perfect organism? I believe we require to answer that there is not; there is no absolutely perfect organism, therefore there is no organism that is absolutely immune from these germs. I do not deny that there are germs. There are some who say microbes are non-existent. Any man who has eyes and can use a microscope is bound to admit germs exist. They do not belong in the body organism if that body organism is normal, but if there is any susceptibility these germs will get in. Now when they get in they may assist in disturbing the organism but the organism is already disturbed, so that at least these germs are simply provoking causes of particular condition. They may be the medium of carrying certain toxins into the body, depositing these toxins in the body, poisoning the body in a sense, but that is possible only if the organism does not possess the power to throw off that intoxication.

Now, granted that these germs are present in everyone, because no one is absolutely normal, what are we going to do with these micro-organisms? From the therapeutical standpoint, I should

say, in the first place, that we are going to try to keep the body in the best state of order that is possible, beginning with the vital force which presides, going over the different tissues and structures of the body to adjust them to one another and the functions to adjust them to each other. That is the first thing to do. Next try to expel or kill those germs. How are we going to do that? We can use germicides, and the best germicide we have is pure blood. Nothing is better than pure blood. That is not my statement. That is the statement of Dr. Osler, who is well recognized by every school of medicine to-day as a liberal minded man. Pure blood is the best germicide. It is the purifier and guardian of the body organism. Dr. Osler writes: "It is a well-known fact that the normal blood has of itself, to a considerable extent, the power of killing germs which may wander into it through various channels." Pure blood has the power of killing and destroying these germs, and an accessory of the blood is heat, temperature. Most of the schools of medicine, particularly the regular school as they call themselves, lay down the principle, in case of an increase of temperature use some febrifuge or something of that kind to bring down the temperature. It is not good therapeutics to reduce the temperature of a patient in any kind of fever where the germs are present. Why? Because the most favorable temperature for the growth and development of these germs is slightly above normal temperature. As soon as there are three, four or five degrees above normal then we have a temperature, as Abbott says, that will render the germ inactive and lethargic—that means make the germ go to sleep.

Now, that is preparatory to another process. In the blood we find one type of cells which acts as the police or the bodyguard of the body and its tissues. These are the white blood cells. Metschnikoff pointed out a number of years ago that the leucocytes have as one of their distinctive uses a phagocytic function, the function of going around and picking out germs and toxic matters where they are found in the blood and eating them up. They are the true scavengers of the blood. They go around the blood and pick up all those waste matters and half dead germs; they eat them up, digest them, pick out the toxic matter out of the germs. They do more than that, they excrete the substance which acts as

a germicidal and antitoxin. Now, if we bring down the temperature of a patient in a febrile state we are giving the field to the germs, and we are rendering it impossible for those white blood corpuscles to eat up and destroy the germs and to produce the antitoxin which will antidote the germs left in the system. Hence, it ought to be from all healing standpoints the one rule to be followed, never to reduce the temperature unless it reaches what we call danger point. That does not mean that we can do nothing to the body in these conditions. There is one way in which the body can be dealt with when it reaches danger point in temperature, that is, to radiate the heat away from the body or to evaporate it away from the body.

What is done when a febrifuge or any other substance that will affect the thermic apparatus is given? You stop the production of heat. The only scientific way of dealing with temperature is to take away the heat, and in that way to lessen the amount of heat that remains within the body. Use some physical means that will take away the heat from the body, for example, hydrotherapy. We can stimulate mechanically the sweat centers that are located at the lower cervical and upper dorsal for the upper half of the body, and the lower dorsal and upper lumbar for the lower half of the body. We can stimulate these sweat centers and make the patient perspire all over. In making the patient perspire you throw out heat by evaporation and also waste and toxic matters. If you are careful to keep the patient so you can remove the clothing next to the skin when it becomes saturated with perspiration, you can in that way evaporate away the danger heat. In doing this, you do not stop the production of heat internally, because that would be a bad thing for the organism and a bad thing for the blood, and a good thing for the germs. You can see readily that we have the means of expelling the germs or of killing them.

Now, there is another thing that we can do in relation to the germs. We can build up and strengthen the native cells of the organism so as to promote the process of destruction. How? Through the parts of the body, the cells, those native cells, particularly two classes of cells, the white blood corpuscles, and the tissue cells, especially the connective tissue cells. We can

increase the number of the white blood corpuscles. Where do these white blood corpuscles come from? As we find them in the blood they come primarily from the lymph. In the lymph we find a specific type of corpuscles, the lymphocytes. The lymphocyte is a baby leucocyte. It cannot move itself, but as soon as it becomes an adult it has the free amoeboid movement. It gets into the blood and moves about freely. Now we can increase the leucocytes by stimulating the lymphatic system. The lymphatic secretion has only one outlet, and that is into the blood, and as soon as it gets into the blood there will be a multiplication of these leucocytes. When we have the normal germicide, pure blood, and an ever-flowing stream of fresh blood, we have the strongest force of nature.

We can also increase the activity of the tissue cells, especially the connective tissue. Again, we quote Osler: "Likewise the tissue cells of the body show similar action, depending upon the different cell groups, state of health, general robustness and period of life. The germ killing power varies in different individuals, though each may be quite healthy." He goes on to explain that when the patient feels out of sorts the blood and tissues are engaged in repelling the attacks of the microbes. Thus, they multiply, and as they multiply increase their toxins. Does the blood then give up the fight? "No, on the contrary the white blood cells, the wandering cells, and the cells of the tissues most affected still carry on an unequal fight. From the lymphatic glands and spleen armies of white blood cells rush to the fray and attempt to eat up and destroy the foe." When toxins are developed, with consequent symptoms of headache, fever, loss of appetite, pains and aches, loss of consciousness, what takes place? "In addition to the active warfare of the white blood cells, groups of cells throughout the body, after recovering from the first rude shock of the toxins, begin to tolerate their presence, then effect a change in the chemical constitution of the toxins, and finally elaborate substances which antagonize the toxins and destroy their action altogether, thus lending aid to the warrior cells, which at last overcome the invading microbes. Recovery is brought about and a more or less permanent degree of immunity against the special form of disease ensues."

The connective tissues of the body, especially the facial cells, are stirred to activity in opposing the action of the germs. Here we have the physiological foundation for the ability of the body to resist germ action. How is this ability aroused? By introducing order in the internal economy, establishing adjustment of structure and functional activity, and thus maintaining the unity of the vital activity in resisting microbe invasion.

Thus we get the idea that these diseases are self-limited, the strong cells having the vitalizing capacity as opposed to the devitalizing power of the weakened cells. So long as vital reaction lasts victory is possible.

We began with the vital force, and now we have ended with the tissues. When all these are built up to the normal standard, you have a resisting capacity, a resisting power on the part of the body, which no germ will be able to withstand. That, I believe, is the foundation of the only therapeutic treatment that will ever be successful in dealing with those dread germ diseases so-called. We must begin at the vital force, because there we find the secret of the sick patient, and end at the tissues where all sickness ultimates, because from the one to the other we have the basis on which the body organism in health and disease is built.

In opposition to the doleful picture of microbe-eaten humanity, it is refreshing to find Prof. E. Metschnikoff calling the microbes flowers growing in the human body. "On every human body there are long tracts over-grown with a species of flowers. At birth man is not inhabited by any microbes, but immediately afterward the surface of the skin and the mucous membranes are rapidly populated. At the end of some days a large number of varieties of these infinitesimal growths are spread over the different portions of the system. Their germs derive their sustenance from the air and from the water which is used to bathe the infant, developing in summer with a swiftness markedly increased over that of the colder seasons. As a general thing, the floral growths make their appearance between ten and twelve hours after the birth of the child. The mucous membranes, always humid and covered over with substances nourishing to the microbes, take more than the skin, while the eye is least fertile. Thanks to the abundant secretion of tears, the conjunctiva of this organ easily

rids itself of the majority of those which penetrate thither by means of the contact of the fingers. It is the organs of digestion which become the most densely overgrown. Dr. Muller, of Berlin, has described more than thirty species of vegetable life which inhabit the cavities of the digestive organs and can be recognized in the stomach and intestines. In the stomach and yet more in the smaller intestine the bacilli form predominates among the microbes, the relative proportion varying with the nature of the ailments. From the smaller intestine the microbes pour into the large intestine, where they are joined by a large number of new species. Of all parts of the human body, the large intestine is the most abundantly provided with these organisms . . . I do not believe, as some scientists do, that certain microbes play a useful role in the human constitution. I condemn them all as baneful. Why, if they are all pernicious, have they not been eliminated a long time ago simply through the operation of a law of natural selection? . . . It is because the majority of the organs which give shelter to the vegetable organisms are themselves useless, if not injurious to the health of the body." To meet this Dr. Metschnikoff suggests that "if man were to be somewhat modified he would certainly be more healthy. The tendency of evolution to reduce and atrophy these organs should be aided by medicine and surgery. In brief, we ought to assist in perfecting ourselves." Certainly, but not to the extent of removing the stomach, flaying the skin so as to take the sebaceous follicles or removing two-thirds of the intestinal canal. Perfect the order and adjustment of the body.

In the *Dublin Journal of Medical Science*, Dr. Richard Travers Smith describes the beneficent side of the microbe existence. Even this minute life has its purpose. They act as scavengers, putrefaction, decomposition and fermentation being carried on mainly by bacteria. They act as purveyors of suitable food to the animal kingdom. Animals cannot exist without plants. Plants cannot exist unless their stock of food in air, soil and water is constantly renewed. The sources of renewal are dead animals, dead plants, and the waste products of living animals and plants. The bacteria transform these complex bodies into simple form for use as food by plants. Bacteria also have a

function in capturing free nitrogen from the atmosphere and transferring it to the food circulation, in keeping up the amount of carbon interchanged between living animals and living plants, and in restoring sulphur to plants which has been taken from sulphuretted hydrogen gas during the putrefaction of proteids. Bacteria probably also contribute to the formation of soil by furnishing acids, which soften the surfaces of hard rocks. Coal is considered by some to be the result of bacterial action on the vegetable matter under peculiar physical conditions.

These are some of the good deeds performed by the bacteria, and it seems to me that such things give them an active place of functional activity in the economy of nature. They are not an unmixed evil. In their proper place they are not the *causes* of diseases.

Rational Therapeutics.

An article in the *Philadelphia Medical Journal* under the above caption contains so much of good advice that we quote herewith the greater part of it. The author is Dr. B. W. Loomis, a well-known allopath of Syracuse, N. Y., and his appeal is to the old school. Yet much of what he writes applies with even greater force to the average homœopath of to-day.

“In a paper read before the Syracuse Academy of Medicine several months ago it was contended that the business policy of manufacturing pharmacists had seriously helped to turn many prescribers from those principles of treatment that experience had proven to be sound and practicable.

“It was charged that medical practice too often interfered with and upset the defence initiated by the organism for the relief and cure of diseased conditions. Again, that excessive zeal in combating symptoms sometimes did more harm than good. That in his desire to ‘meet the indications,’ as the expression runs, the prescriber frequently combated mere symptoms instead of the pathological changes that were the cause of such symptoms. Finally, that with the abundance of ready-made combinations at

hand he gave too much medicine, he gave it too often, and he gave too many kinds of medicines; and as a corollary to these propositions, it was pointed out that the patient was made to suffer from new symptoms produced by the treatment, in addition to those legitimately resulting from disease. * * * It is worth while to rest from the not wholly satisfactory task of trying to verify the glittering claims made by their promoters for the multitude of new remedies sent forth from domestic and foreign laboratories. It is even worth while to desist from the breathless chase of the latest fashionable microbe, and consider leisurely a few truths that have stood the test of time and experience, that have been sheet-anchors in hours of need, and that have been included among the fundamental articles of belief of the wisest in our profession, and that will survive in the future of medicine when half of the lauded specifics of recent reputation shall have been cast into the rubbish heap of therapeutic delusions. It ought to go without saying that in this paper there is no attempt to belittle the work, nor ignore the remarkable achievements of the day that in any way help the cause of suffering humanity. The work has been wonderful, and the workers are entitled to due recognition. The outlook and promise of relief for many of the scourges of life is most encouraging; but all results are not in the line of progress, and while it is right to praise, it is not safe to forget the experiences—often mortifying—of periods that are past, and that have helped to make up the history of the art of medicine.

“That very wise old general practitioner—and his name must have been legion—who confessed from time to time that in his early practice he used a hundred remedies for the cure of one disease, but as the years passed and he acquired knowledge, genuine knowledge, boiled down, crystallized and valuable, then he ‘cured a hundred diseases with one remedy’—that physician, if alive to-day, would appreciate that now there are a thousand remedies for one disease, and the pity of it is that the thousand are all in use. He would still be able to do more good and work more cures than many can with their hundreds of medicines, and he would do far less harm than the tyro whose right hand knoweth not what his left hand doeth.

“The history of the art of medicine is eloquent with warning against too much medicine and too many medicines. Particularly in the management of acute diseases has it been demonstrated that too much and ill-judged interference has killed patients, where nature would have saved them if left alone. The chronicles of our art disclose the melancholy truth that the sick man may suffer more from his doctor than from his disease. To admit this is not to argue that medicines should not be used freely and energetically. But remedies should be selected and employed in such a manner as not to conflict with nature, so as not to offset the good that nature tries to bring about. The argument is in favor of the smallest number of active remedies and the smallest quantities of them that a given case requires. So well known a therapist as Dr. Hobart Amory Hare says, ‘nature often produces her most rapid cures when left alone.’ Austin Flint says in his *Practice of Medicine*, ‘we should be content with doing nothing when ignorant how to do good.’ He emphasizes this and makes the meaning plainer when he says, ‘the severity of the disease and the danger of the patient, be they ever so great, do not alone constitute grounds for active measures.’ And it will be found that great prescribers and clinicians famous for their skill, almost without exception, exhort us to simplicity in the matter of treatment—simplicity coupled with careful study and accurate knowledge of conditions, and especially the tendencies of disease in each individual case. Too often, far too often, the individual case is studied just sufficiently to enable the medical adviser to give a name to the disease, and then follows the search for novelties listed in the text-books, or perhaps in the catalogue of the druggist, novelties that are expected to cure the corresponding disease—the name of the disease being the guide that determines the choice of remedies. The plan thus decided upon is further developed by adding special medicines for special symptoms and finally supplemented by free concession to whatever fad happens to be popular. For example, in the older days quinine used to be exhibited as an antidote to malaria always assumed to be present, and some whiskey must be added to sustain the vital forces. Now, at the present time when ‘nutrition’ has the floor, proprietary extracts and laboratory foods are fed

the sufferer and with them he gets pepsin for his 'stomach's sake,' and other infirmities. His heart must be boosted with digitalis, and strychnine is thrown in to make the combination solid. This method is an example of what Lauder Brunton calls the 'therapeutics of fancy as distinguished from the therapeutics of fact.' It is an example of that blemish on medical practice known as "routine treatment." It is an exaggeration and distortion of the axiom, 'meet the indications,' which is supposed to mean, pay attention to every sign and symptom, and do something for it. As a matter of fact the great clinicians who have been geniuses at treatment often do very little. They study the individual who is sick quite as much as his disease, and when the *rationale* of the various symptoms—which, as H. C. Wood says, are only the 'surface-play' of disease—has been made plain to them, they lay out a plan of treatment which is simple, not calling for many medicines, and which may ignore absolutely twenty out of twenty-five of the symptoms present. Prescribers of this quality understand well that some perversions of function that help to make up the picture of disease, require to be combated, while others require to be favored, and many others should be let alone. * * * * *

"Perhaps sound therapy secures more obvious and positive triumphs in the management of those chronic cases that are not incurable, or if so, may be immensely relieved, and promptly, by skillful treatment, as distinguished from that method that aims at every symptom with some sort of therapeutic bullet which misses the complaint but hits the patient.

"It will not be amiss before trying to make a sort of categorical statement of the articles of belief that enter into the Confession of Faith of the rational therapist to call attention to specific damage sometimes found to come from the therapeutic bullet referred to in the preceding paragraph. This damage is various and may be easily serious. To begin with, ill-judged medication may produce fever, headache, delirium, sleeplessness, cough, dyspnoea, loss of appetite and indigestion, great or fatal weakness of the heart, the typhoid condition, vomiting, purging, general prostration, sweating, hallucinations, vertigo, and so on. Every careful observer has seen these results, and much testimony

to the evil possibilities of drugs could be furnished were it necessary.

" Now, after this arraignment of certain tendencies in practice, what shall be said of rational therapeutics? What are the principles of rational therapeutics? What is the foundation of such therapeutics? It would seem as though knowledge of the natural history of disease uninfluenced by active medication ought to be considered of first importance. It is not saying too much to assert that some never acquire much of this information.

" It would appear rational not to prescribe so as to interfere with or antagonize the conservative efforts of the organism.

" One should always bear in mind the self-limitation of a large number of diseases, and hence may sometimes wait and watch to advantage. *A policy of masterly inactivity has been deemed wise under certain circumstances. Colored water is sometimes the most useful medicine.*

" The problem of treatment must be kept as simple as possible by the exhibition of few remedies well selected.

" Study the patient just as much as the ailments he suffers from. (Some have advised to study his relatives even more.)

" Try to remove the cause of symptoms, relieve pain and make the sufferer comfortable.

" Avoid a large number of remedies for the reason that they are wasted; they neutralize one another even when they do not harm the patient.

" Prescribe for conditions rather than diseases.

" Watch constantly for symptoms that may be the result of remedies prescribed for previous symptoms.

" It is often rational therapeutics to withdraw all medicine for a time, instead administering placebos; systematic study of diseases treated in this manner will afford a revelation to him who has never tried it.

" Of course, an enumeration of all the principles of rational therapeutics might, and probably should, include much more; but it has not seemed best to attempt to cover more ground in a limited paper on this subject. The principles that govern the rational treatment of diseases by drugs are of great importance, and these hints are at least pertinent." * * *

Some Early Signs of Consumption.

The so-called "tuberculous red line" along the gums may mean much or little. Its absence encourages; its presence, on the other hand, may be due to other causes than tuberculosis. I have seen it in the neighborhood of carious teeth, or where "tar-tar" incrusts the crown of a tooth. Its diagnostic value is thus qualified.

Clubbed finger-tips are common to phthisis, with many other wasting diseases or conditions which interfere with nutrition, such as valvular or other heart affections.

Morning sickness and want of appetite for breakfast are common forerunners of consumption. To the same category belongs distaste for fatty foods and capricious appetite. Myotatic irritability of the pectoral muscles and of the platysma myoides is a valuable sign. So also is tenderness on pressure over an apex of a lung, which is the seat of commencing tuberculous deposition.

Interrupted inspiration (jerking, or cog-wheel inspiration) is a sign of doubtful value. It is so often present in nervous youths, or in nervous or chlorotic, girls that its diagnostic importance is largely discounted.

Among the earliest physical signs of phthisis we should include lessened movement of the chest wall (expansion), an abnormally clear percussion note, deficient vesicular breathing, relative or absolute intensity of the heart sounds over the affected apex, and relative or absolute intensity of the pulmonary second sound.—*British Medical Journal.*

Second Annual Report of the Hahnemannian Dispensary Association, 612 Spring Garden Street.

The end of our second year finds the same group of doctors faithfully upholding the standard of pure Homœopathy at our little Dispensary.

This means more than appears on the surface; it means for each one of us the weekly expenditure of valuable time, of numerous

car-fares, of much energy and patience, as well as careful thought and skill. Many times it seems that there is scant return for all this outlay—only a few patients, and those, perhaps, uninteresting or troublesome ones, showing no gratitude, but again some rare or instructive case comes to the clinic, or a pathetic one, or a person who appreciates our service, and we feel cheered and encouraged to continue giving ourselves to the work.

The statistics for the year are as follows:

New patients,	346
Old patients,	2560
Out calls,	81

Total, . . . 2987

The fact that there has been but slight increase over last year in the number of patients treated is not surprising when we consider that we are all young and increasingly busy doctors, to whom our private practice is necessarily of the first importance. Therefore it has been quite impossible for us to keep up the out-practice and also to attend the Dispensary with the regularity which is required for its growth. Under the circumstances we may feel satisfied that we have held our own and that we are self-supporting.

The coming year promises better results in the out-patient department, as we have secured the temporary services of a physician to care for this branch of our work. We hope his success will warrant our entering into permanent arrangements with him.

We need lighter and more commodious rooms, but so far have failed to find them in our neighborhood.

On the whole, the year has been uneventful; we hold quarterly meetings, but all the work runs on so smoothly that there is little business to transact.

With the assurance that we are helping many of the poor and sick in one section of our city, and in the hope of greater success in all lines, we enter the third year of the Hahnemannian Dispensary Association.

LYDIA W. STOKES, M. D.,
Secretary and Treasurer.
GEO. W. COOPER, M. D.,
President.

CLINICIANS—Drs. Amelia L. Hess, Margaret C. Lewis, Elizabeth M. Baer, Sara F. Allen, Lydia W. Stokes, W. B. Bogges.
 OUT-PATIENT DEPARTMENT—Dr. H. A. Cameron.

TREASURER'S REPORT.

DR.	CR.
To Balance on hand, . \$ 65.67	By Expenses—
April 1, 1901.	Rent, \$180.00
Donations, 35.00	Supplies, 31.13
Cash from patients, 265.38	Gas, 20.90
	Printing, 5.00
	Incidentals, 7.67
	Balance on hand, . 121.35
<hr/>	
Total, . \$366.05	Total, . \$366.05

Contributions to aid in the development of the Dispensary work are earnestly solicited.

Dispensary open daily; 3:30 and 7:30 P. M.

How Cleveland Stamped Out Smallpox.

Dr. Martin Friedrich, of Cleveland, Ohio, in compliance with a request from the *Arena*, sent to that magazine the following statement of his methods in dealing with the recent epidemic of smallpox, without recourse to vaccination :

“It affords me great pleasure to state that the house to house disinfection freed Cleveland from smallpox. Since August 23d, 1901, to this very hour of writing, not a single case has originated in this city, but seven cases were imported. The disease raged here uninterruptedly since 1898. We relied upon vaccination and quarantine as the most effective weapons to combat it, but in spite of all our efforts it doubled itself every year and was in a fair way of repeating the record of last year, as in 1900 we had 993 cases, and from January 1st to July 21st, 1902, the number amounted to 1,223. On this date I was called to take charge of the health office, with seventeen cases on hand. I had been in the city's employ ever since 1899, and it had fallen to my lot to investigate

and diagnose most of the cases of smallpox that occurred in Cleveland. During that time I observed that after disinfection with formaldehyde, of a house in which we had found smallpox, never another case could be traced to this house. On the other hand vaccination had given us many untoward symptoms. Frequently it did not take at all. One-fourth of all the cases developed sepsis instead of vaccinia. Some arms swelled clear down to the wrist joint, with pieces of flesh as big as a silver dollar and twice as thick, dropping right out, leaving an ugly, suppurating wound, which to heal, took, in many cases, over three months. Finally four cases of tetanus developed after vaccination, so that the people became alarmed, and rightly so.

"I laid these facts before Mayor Johnson and proposed to stop vaccination entirely, and instead of it disinfect thoroughly with formaldehyde every section of the city where smallpox had made its appearance, also to give the city a general cleaning up. The Mayor not only assented to my plan but also gave me all aid I needed. I formed two squads of disinfectors, preferring medical students for the work, each squad consisted of twenty men with a regular sanitary patrolman at their head, and each man was provided with a formaldehyde generator. Thus equipped they started out to disinfect every section of the city where the disease had shown its head, and every house in this section, no matter whether smallpox had been within or not, and every room, nook and corner of the house, special attention being paid to winter clothes that had been stored away, presumably laden with germs. It took over three months to do the work, but the result was most gratifying. After July 23d seven more cases developed, the last one August 23d.

"In order to give you an adequate idea of what we did here to get rid of smallpox I have to mention the investigation department consisting of physicians who were thoroughly familiar with every phase of the disease. They were day and night at the disposal of the health department. They had to investigate every suspicious case in town, and whenever they found a case of smallpox they asked the patient the following questions:

" ' Who visited you during the last two weeks?'

" ' Whom have you visited during the last two weeks?'

“ ‘ Have you been at any public meeting during that time. and who was present to your knowledge ?’

“ ‘ Where do you work ?’

“ ‘ Where do tho children attend school ?’

“ ‘ Where do your family attend divine worship ?’

“ This information obtained they started out to all the indicated addresses. They asked the foreman, preacher and teacher for all absentees during the last month from shop, church or school, and then visited the house of every one of them. They 'phoned their findings to the health officer, and disinfectants with formaldehyde generators were kept ready to follow the steps of the investigators and disinfect where there was the slightest suspicion of an exposure to smallpox. Along with this the regular sanitary police force was given orders to make a house-to-house canvass to tell the public to clean their yards, barns and outhouses and abate all nuisances that could be found. As a result of it Cleveland is now free from smallpox, and from the worst infected city it has become the cleanest.

A Good Location.

One or two of our contemporaries have already announced the fact that at Pretty Prairie, Kansas, there is an excellent opening for a German-speaking homœopath. This is a town of three or four hundred inhabitants and, owing to ill health, a physician has recently given up his practice there. Dr. T. J. Clark, of Castleton, Kansas, will be glad to furnish additional information to any one who is interested.

Warning.

Doctors should beware of an elderly man with white mustache, rather portly and shabbily dressed, who has been going the rounds within the last three or four months representing himself as E. J. Saunders, president of “ Saunder's Medical Exchange,” 55 West 26th street, New York. The police of that city as well as the postal authorities stamp him as a fraud.

Obituary.

Dr. Gioacchino Pompili.

Dr. Gioacchino Pompili, of Rome, Italy, for over half a century one of the foremost homœopaths of Europe, died March 19th, in his 93d year. He is best known as editor of *Revista Omiopatica*, which was founded by him forty-seven years ago and which was issued under his direction up to the time of his death.

Dr. Pompili began the study of medicine at the University of Rome in November, 1830. In two years he left this institution for the University of Pisa, attracted thither by the fame of the celebrated Bargalotli, only to return, however, in another year to the college of his first choice, from which he received the degree of medicine in 1834. Subsequently he studied at Bologna under the renowned Tommasini.

While practicing in Spoleta, in 1836, he embraced the doctrines of Hahnemann and soon became a most active and zealous supporter of the New School.

The latter years of his medical career were spent in Rome. In 1883, with three others, he organized the "Società Hahnemanniana Italiana," for "conservation of Homœopathy intact and free from adulteration." The members of this society stand firmly for the law of similars in its fullest application, for the single remedy and minimum dose, and hold as pernicious the suppression of the symptoms of disease.

Dr. Pompili was a man of keen intellect and quick perception, and his sympathetic and genial nature won the esteem and affection of college-mate, professor, patient and fellow practitioner alike. Few men attain to such ripe old age; still fewer possess the indefatigable energy and self-sacrifice for the good of humanity which distinguished this great man.

Dr. Enrico Perabo succeeds him as editor of the *Review*. We wish the doctor all success in continuing the good work for Homœopathy in Italy.

HARVEY FARRINGTON.

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Department of Materia Medica.

Coffea.

Lecture delivered by PROF. J. T. KENT, at the Dunham Medical College, Chicago.

To-day we will take up the study of *Coffea cruda*. This drug is characterized by a general sensitivity. Sensitiveness of vision, of hearing, of smell, of touch; sensitiveness to pain. It is most astonishing sometimes about this great sensitiveness. Pains are increased by noise. Sensitiveness of hearing is so great that sounds are painful. Pains in the face, toothache, headache; pains in the lower limbs; everywhere aggravated by noise. All the nervous disturbances possible are found in this medicine, and they are all aggravated by noise. Even the opening of the front door and the ringing of the door-bell produces great suffering. Such patients are so sensitive that they hear sounds which those in a state of health cannot hear at all. Perhaps no medicine in the *Materia Medica* approximates this sensitiveness of hearing where it is accompanied with pain, unless it be *Nux vom*. Those practitioners who do not know this generally resort to *Nux vom*. for pains aggravated from talking in another room, or from noise or the sound of children. Now, many remedies have increase of nervousness from noise; noise aggravates headache, and aggravates suffering about the head, and makes persons nervous. But pain in the extremities aggravated by noise is peculiar. It seems that the noise disturbs him so that he cannot bear pain.

The Coffea state is brought on by emotions or violent excitement of the mind, but especially by joy or "pleasant surprise." The result is sleeplessness, nervous excitement, neuralgia, twitching of muscles, toothache, faceache, red face, hot head-complaints brought on from emotions or from over-joy.

You may be called to the bedside of a woman who has been laboring for some great cause. She works persistently, is successful, but goes to bed with weeping, delirium, neuralgia, sleeplessness. Her heart palpitates, her pulse flickers, she has fainting spells, and without Coffea she may die. Coffee drinkers who keep up through some ordeal and then break down, are similarly affected. Horace Greeley died from just such a condition. He was too old to be a candidate for the presidency. If he had been elected the result might have been the same. Whether all is lost or all is gained the Coffea constitution is unable to stand it.

The Coffea patient is sensitive to wine. A small amount of wine intensifies the nervousness, produces sleeplessness, flushed face, feverishness, great excitement. Not necessarily intoxication, but nervous excitement. Coffea has a painful sensitiveness of the skin beyond comprehension. It is like an erythema. I remember one particular case. A woman had her lower limb out of bed and it was as red as fire down one side. I walked toward it to put my hand on it. But she said, "Oh, don't touch it, I can't bear to have it touched; I can't touch it myself." I asked how long this had been coming on. She said, "Oh, it all came on within an hour." There was no fever. Intense stinging, burning pains in the skin with redness and heat coming on suddenly, leaving just as suddenly. That is about the description of it. The sensitive part is aggravated by cold air, aggravated by any wind or from fanning, from motion, yet aggravated by warmth. Aggravated from anyone walking across the floor. The woman I referred to scowled when I was walking toward the bed. I noticed that at the time. A number of times I have seen such things relieved within a few minutes with Coffea.

Fainting from sudden emotions. Hysteria, nervousness, weeping. Pitiful weeping from pain; trembling and weeping from hurt feelings; the slightest neglect. The greatest mental and physical exhaustion; great restlessness; lying awake most of the

night. The wakefulness produced by Coffea is well known to most all, even to the laity. It is taken by nurses to keep them awake nights so they can sit up with their patients. The Coffea patient is quick to act and to think. So full of ideas that she lies awake nights making plans, thinking of a thousand things; utterly unable to banish the thoughts that flood the mind; hears the clocks on the distant steeples, as do Opium, China and Nux vom. Hears the dogs barking. So great is the brain activity, the mental excitement that she hears noises that are purely imaginary. Memory active, easy comprehension; full of ideas; increased power to think and to debate. Coffea increases the mental capacity. But after a while reaction follows; she becomes stupid and sleepy. "Unusual activity of the mind and of the nervous functions. Full of ideas. Quick to act and no sleep on this account." It says in the books "Lively fancies." Well there is no end to the fancies, to the visions. Fanciful visions come before the mind. Recalls things not thought of for years; recalls poetry that was recited in childhood by an adult or older person. Eyes brilliant; pupils dilated; face flushed; head hot.

Now with all these nervous states the patient dreads the fresh air. He is extremely sensitive to cold, sensitive to the wind and cold weather. Complaints come on in the cold weather, from the cold air. Pain in the mouth and jaws, better from holding ice-cold water in the mouth. This applies to toothache and face-ache where it is deep in the jaws. Hot head; inflamed condition of the gums. Pain in the teeth; rending, tearing pain in the teeth, brought on from exposure to cold, from emotions from excitement, from joy; aggravated from motion; ameliorated by ice or ice-cold things; aggravated by warm food. Cannot drink a cup of warm tea, it so intensifies the pain. That is a particular. The particulars contrast with the generals. In one place you may see "better from cold" in black-faced type, but it relates to the face and jaws. Worse from cold is a general. Aversion to cold air, aversion to the open air unless it is very warm and still. Aversion to wind. "Neuralgic toothache entirely relieved by holding cold water in the mouth, returning as it becomes warm. Toothache during the menstrual period. Complaints of anæmic children during Dentition." Those nervous excitable

children that talk to the nurse and the mother like chain lightning with brilliant eyes, red face; cannot go to sleep. Why they need Coffea of course. It will quiet the patient and actually favor the growth of the tooth in a painless manner. That is the description of a nervous child with many nervous brain and mental troubles. This child is extremely sensitive; it takes cold. The routine prescriber gives *Belladonna* to a child who has hot head, hot face and throbbing carotids, and when it does not help he gives more *Belladonna*, and increases the size of his dose until the child has a proving. He makes a *Belladonna* child out of it when *Coffea* would have cured. In most instances where *Belladonna* is indicated the child is sluggish and stupid, and would like to sleep. With *Coffea* there is excitement everywhere. The child hears things its mother cannot hear; sees things; imagines things. Wakes up in fright. Sees this, that and the other thing in the room. Wakes up excited as if it had had visions. Looks for things, and finally sees they are not there. Such things are strong features of *Coffea*.

At times the head is so hot, the face is so flushed and the eyes so brilliant that one fears apoplexy. Patients will often tell you that they hear a "noise" in the head, a ringing and roaring in the occiput. The ear is the one organ capable of registering sounds. But strange to say, the ears are sometimes very deceiving. Roaring in the ears sometimes seems as if it were in the occiput. Sometimes it is accompanied with a sensation of tingling or bubbling in the head. When patients say, "I have a roaring in the head," you know that means in the ear; many times accompanying roaring, ringing in the ears, buzzing in the ears, is a peculiar sensation of vibration in the head that is mistaken by the patient for a sound. I mention that because the *Coffea* patient feels a crackling or a bubbling in the occiput. The head feels badly; it feels too small. Headache, as of something pressing hard upon the surface of the brain. You would naturally suppose there was a good deal of pressing because of the congestive state heretofore described. "Headache as if the whole brain were torn and bruised, or dashed to pieces. Worse from motion, noise or light." The eye and the head symptoms are worse from noise. and from light. "Headache intollerable.

Head feels small, as if filled with a fluid. Nervous hysterical headache in people of nervous or sanguine temperament. One-sided headache.' Now there is another head symptom which is quite common. A feeling as if a nail were driven into the head somewhere. Coffea headaches are worse from walking, from motion; from the mere moving across the floor, he says he feels a draft of air on his head. And that is true of the pain in any part of the body. If a Coffea patient should have a pain in the hand, swinging of the hand through the air will aggravate. It is worse both from the motion and from the air. I want to illustrate that in this way so as to show you how sensitive he is to air, and especially the painful part to cold air; when he moves against the air, against even still air he feels it. But the amelioration of the toothache from cold is an exception, is a particular.

The neuralgia of the face is a common feature of old coffee drinkers. Sensitive persons take coffee and finally become habituated to it. They say they cannot get along without it. They must have coffee. Such individuals should stop coffee. When coffee furnishes a crutch it is a sure indication that drinking it must be stopped. So it is with tea or any beverage. Now such persons sometimes become sensitive to coffee, and they drink it in great quantities; the face becomes red; headaches come on, and other symptoms of Coffea. Stopping coffee brings out quite a proving, and you have to study Cham. and Nux for an antidote. In all these remedies you get opposite effects. Now Opium will illustrate that. The first effect of Opium is to constipate. Let several doses be given, and as the effects of the Opium wear off he may have a diarrhoea. Opium eaters can seldom stop because a diarrhoea comes on. If you should ever have an Opium case and diarrhoea comes on Puls. will nearly always control it. But there are individuals who reverse that. Often small doses of Opium will bring on dysentery, and if it is increased, bloody dysentery and inflammation of the bowels come on. Of course, one is the action and the other reaction.

A woman who is a confirmed coffee drinker will have menses too soon and lasting too long. Uterine hemorrhage is not uncommon. Another feature of Coffea is that the woman can

scarcely wear the napkin during menstruation. The parts are simply in a state of hyperaesthesia. The vagina is not inflamed, simply hot and sensitive, often preventing coition. In the text it reads "Great sensitiveness of female genital organs, with general excitability. She is in a state of ecstasy. Uterine hemorrhage with excessive sensitiveness of organs and voluptuous itching. Metrorrhagia; large black lumps." (Sometimes large bright red lumps.) "Worse from over-motion, with violent pain in the groins, and fear of death." Excessive sensitiveness about the vulva with voluptuous itching, is a strong feature of Coffea, and you will often find such things in coffee drinkers.

During and after labor we also see this great excitement, all these nervous manifestations. The nervous system is in a fret, and such a mental state as I have described comes on with after-pains; extremely sensitive to pain, cries out, sees visions; hears all sorts of noises. Pains aggravated from motion; aggravated from noise. Wants everybody to keep still in the house.

Convulsions of children. "Puerperal convulsions. Extreme excitability." Palpitation of the heart, pulse fluttering." "Strong, quick palpitation of the heart with extreme nervousness, sleeplessness and cerebral erythism caused by unexpected news of great good fortune." Let a woman about to go into confinement hear suddenly some unusually good news and she becomes almost ecstatic; carries the symptom all through confinement. The child is affected, the milk is affected. The milk flows away. Hemorrhage is likely to come on. Great nervousness, excitability, fear.

Crotalus Horridus.

The poison of the rattle snake, *Crotalus horridus*, in its earliest manifestations is like unto the zymotic changes that we find in scarlet fever, in diphtheria, in typhoid and low forms of blood poisoning, those zymotic cases that come on with great rapidity, breaking down of the blood, relaxation of the blood vessels, bleeding from all the orifices of the body, rapidly increasing unconsciousness like one intoxicated and besotted in appearance. A

mental and physical prostration that is almost paralytic in character. Scarlet fever when it becomes putrid, so to speak; typhoid when it becomes putrid, diphtheria with much bleeding and putridity. The body appears mottled, blue intermingled with yellow. Jaundice comes on with astonishing quickness, and the eyes become yellow, and the skin becomes yellow and mottled. Blue in spots, or purple as some will call it. Black and blue spots as if bruised, intermingled with yellow. After hemorrhages the skin becomes extremely anæmic. It is yellow, pale, bloodless. The body looks like wax. Hemorrhage from the ears, from the eyes, from the nose, from the lungs, from the mucous membranes everywhere, from the bowels, from the uterus. A hemorrhagic constitution. Crotalus is indicated in disease of the very lowest, the most putrid type, coming on with unusual rapidity, reaching that putrid state in an unreasonably short time. One who has been poisoned rapidly sinks into this besotted, benumbed, putrid, semi-conscious state. There is a feeling as if death were coming over him. That is low state of the blood. As the blood oozes out it becomes black. It is sometimes fluid, and again it is clotted. The active principle of this poison is probably cyanide of soda or potash. It was so considered by Hering, and as alcohol is one of the solvents it is believed to be one of the natural antidotes to the snake poison. This seems probable, as these persons are enabled to drink great quantities of spirits without intoxication.

An awful state of nervousness prevails over the body. Trembling of the nerves, tremulous weakness. On protruding the tongue it comes out quivering. Easily tired by the slightest exertion. Sudden and great prostration of the vital powers. A paralytic weakness prevails through the complaints. Twitching of the muscles, trembling of the limbs. Sliding down in bed occurs in the low typhoid conditions where this remedy has proved of benefit, the forms of yellow fever with great prostration. This species of yellow fever has been cured by this remedy. Convulsions and paralysis, cramps and convulsions. It has twitching of muscles something like chorea, trembling, localized spasms, hysterical manifestations.

The mental symptoms are well worth examining. The low

form of delirium, muttering, talking to himself is a peculiar form of loquacity. It differs somewhat from *Lachesis*. Both have loquacity. The Lach. loquacity is so rapid that if anyone in the room commences to tell something the patient will take it up and finish the story, although he has never heard anything about it, so active is his mind. No one is permitted to finish a story in the presence of a Lach. patient. He will take it up, and he thinks he knows all about it. One will commence to tell something. He will say, "Oh, yes; I understand it," and he will go off on an other line and finish up with something entirely different. Now Crotalus does that, too, but Crotalus will take it up and mumble and jumble and stumble over his words in a clumsy manner. It is a low passive state like intoxication; in Lach. it is wild excitement. "Delirium with languor, drowsiness, stupor." That tells it. "Loquacious delirium with desire to escape from bed." It is passive, however. His motions are slow. "Muttering delirium of typhus. Sadness." His thoughts dwell on death continually. "Excessive sensitiveness. Moved to tears by reading. Melancholy with timidity, fear. Anxious and pale, with cold sweat. Snappish temper. Irritable, cross, infuriated by least annoyance." On motion there is vertigo, dizziness. On keeping still there is pain. On going to sleep there is pain, and he is roused by violent pain. The longer he sleeps the more severe that pain in the head.

He sleeps into his symptoms. All the snake poisons more or less sleep into troubles. The head troubles come on after sleep. He sleeps into headache. The longer he sleeps the harder are the headaches. The headache is so hard in the back of the head that it is almost impossible to raise it from the pillow. The muscles become so tired he has to take hold of it with his hands. This belongs also to *Lach.* A congestive headache with waxy face, yellow face, purple mottled face, as if there had been bruises. "Headache extending into the eyes. Bilious headache every few days." Severe sick headache, together with dizziness, throbbing in the top of the head. Dull, pulsating headaches. "Dull, heavy, throbbing, occipital headaches," or the whole head is in a state of congestion. He is confused and dazed. Head feels too large. Head feels full, feels as if it would burst. Headaches

that come on in waves as if they came up the back, a surging of blood upwards, an orgasm described as if the blood rushed upwards. Headache with surging in waves and excited by motion or jar, by turning over in bed, by rising up in bed, or by lying down. Change of position will cause this surging. In *Lach.* it is described, and I have seen it verified as beginning away down in the spine and surging upward coincident with the pulse.

Hemorrhage from the eyes. Yellow jaundiced appearance of the eyes. "Blood exudes from eye, burning in eyes; redness with lachrymation." Pressure in the eyes as if the eyes would be pushed out from the head. Paralysis of the upper lids. Inflammation of the mucous membrane of the lids.

Surging in the ears. "Sensitive to noises." Dull aching and throbbing in the ears. Fetid, copious, yellow, offensive, bloody discharges from the ears. Blood oozing from the ears in drops in zymotic diseases, low forms of scarlet fever, low forms of diphtheria where there is oozing from the eyes and the ears, and copious bleeding from the nose. The nose is the most common organ to bleed in zymotic diseases. The rush of blood seems to get relief from bleeding from the nose. In this medicine the congestion to the head is violent with bleeding from the nose. It has cured all forms of fetid catarrh where there was much blood oozing along with the fetid discharge. Horrible, fetid, putrid discharges from the nose. Ozæna.

Then the face. Inflammation of the parotid gland. Blueness and discoloration of the face. Yellow appearance of the face, a marked condition of jaundice. In girls who appear waxy or anæmic, yellowish green, have for a long time missed the menstrual period and break out in pustules and pimples called acne.

This patient often wakes up during the night grinding the teeth. The taste is bad, putrid. Inflammation of the gums. Bleeding from the mouth. Inflammation of the throat with bleeding of the throat. Burning and smarting in the throat and mouth. Trembling and quivering and swollen tongue. Trembling of the tongue when it is put out. Trembling of the hands when they are moved. Those cases of diphtheria that ooze blood from the nose and mouth are very low types, and are sure to die without a well-selected remedy. The throat will be filled up

under such circumstances with a diphtheritic membrane that looks like a clot of blood. There is bleeding all around it. Sore mouth with bleeding. Ulcers in the mouth. Ulcers after *Merc.* in those who are pouring forth saliva on the pillow at night. Bleeding ulcers in the mouth. Difficult swallowing. Malignant diphtheria. Cannot lie on the right side or back without instantly producing black, bilious vomiting. This is a wonderfully bilious remedy, sick headaches, vomiting of bile in great quantities. The various low forms of disease calling for *Crotalus* often begin with vomiting great quantities of bile, sometimes bile mixed with blood.

Pain in the stomach, coldness as if a piece of ice were in the stomach or in the abdomen. Stomach irritable, unable to retain anything, constantly throws up blood. *Crotalus* has cured old cases of ulceration of the stomach. It has greatly restrained the growth of carcinoma when there is much vomiting of bile and blood. Vomiting in many instances where the blood has no tendency to coagulate. Now, with all these ulcerations of the stomach, cancerous affections, low zymotic disease, jaundice is nearly always present; jaundice and more or less of bleeding; fever seldom runs very high; sometimes the temperature is subnormal, but with oozings and bleedings, with dark hemorrhage from the nose and mouth and dark, scanty, bloody urine containing albumen. The abdomen is greatly distended like the tympanitic abdomen of typhoid and the low zymotic diseases. Ulceration of the bowels, hemorrhage from the bowels. Much pain and soreness in the abdomen with numbness. Feeling in it as if it were made of wood. "Stool black, thin like coffee grounds. Dysentery of septic origin from foul water, food, etc. Diarrhoea from noxious effluvia." Inflammation of the ovaries and of the uterus. Low form of putrid fever. Hemorrhages. Either dark clots or blood that has no tendency to coagulate and keeps on flowing. There is great trouble at the climacteric period. Hot flashes. Jaundice. Hemorrhage from the uterus or from other parts. Cancer of the uterus with much bleeding. Great offensiveness. Patient becomes yellow, jaundiced, great exhaustion, mottled appearance of the skin, swelling of the face, of the leg, especially along the course of the veins. Phlegmasia Alba Dolens,

or milk leg. Worse from the slightest touch. Worse from jar, from motion.

There is some reason to think that this will be more or less a remedy from the great, the cardiac weakness it produces. But the other snake poisons like *Naja*, *Lach.* and *Elaps* have had more clinical tests than this medicine. This one seems to prostrate the heart, but also to prostrate the whole body, and its complaints are more general. Mottled appearance of the limbs. Gangrenous appearance of the extremities.

General Symptoms of the Materia Medica.

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VI. Alumen.

Antipsoric, antisyotic.

Paralysis, paresis.

Sensation of a band or constriction.

Spasm of Anular muscular fibres.

Pains: burning, etc.

Pulsations.

Numbness.

Dryness of mucous membranes.

Catarrhal discharges *thick, yellow.*

Hæmorrhage.

Induration.

Hypertrophy of glands.

Polypi.

< morning; at night; cold air; cold washing; lying on left side; after eating.

> warmth; from eating.

The symptom picture of *Alumen* or common alum closely resembles that of the oxide or parent metal.

The remedy has not been sufficiently well proven to develop

the mental symptoms in any degree of completeness, but they have been found, clinically, to be practically the same as those of Alumina. There is the same mental paresis, slowness of thought and forgetfulness. There is similar dysphagia, sluggish intestinal action, dryness of mucous membranes and constipation, etc. The difficulty in swallowing applies especially to *liquids* in Alumen. Solids may go down with comparative ease, but water, owing to imperfect action of the pharyngeal and other muscles, causes choking, or on account of spasmodic contraction of circular fibres regurgitates.

The spasmodic tendency is more marked than in Alumina. There is violent ineffectual urging to stool, colic from flatulence and constriction of intestinal walls, constrictive sensation deep in the pelvis, and in the region of the trachea.

Many symptoms point to an aggravation from emotional excitement—such as nervous trembling on the hearing of good news, palpitation worse from thinking about it, but these require further confirmation.

This palpitation, strange to say, is aggravated by lying on the right side, in direct opposition to the more general modality: lying on the left side, which brings on faintness and vertigo.

Hæmorrhage is profuse, dark and clotted, as in Alumina, and has been confirmed in many cases of typhoid fever.

Induration appears to be a special feature of the alum. Every cold settles in the tonsils, causing enlargement and finally chronic hardening; lymphatic glands anywhere may be affected, as, for instance, in the groin in connection with sycotic troubles. Hardening of the tissues of the tongue, rectum, uterus, the malignant nature of the trouble soon revealing itself in burning pains, gradually increasing cachexia and tendency to ulceration. Scirrhus. Alumen has cured noma and lupus. It has cured epithelioma, especially where it has attacked the skin about the mouth and wings of the nose. But the most peculiar manifestation of this tendency to indurate is to be found in connection with ulcers; whatever their nature, they have an indurated base or substratum which feels like a button between the fingers. Ulcers on skin and mucous membranes. If the Alumen patient contracts gonorrhœa the lining membrane of the urethra ulcerates

in various places, and to the finger passed along the canal, externally, each ulcer feels like a small foreign body within. This, with the thick yellow discharge, general parietic tendency and the constipation, forms an unmistakable totality for Alumen.

Just a word in regard to the constipation. Rectal inertia and great difficulty in voiding the stool is common to both Alumina and Alumen. But the former, though it may have large, hard, extremely dry stool, is more appropriately characterized by a parietic condition with normal, or soft, sticky evacuation. The latter always has hard, dry, knotty stool. This is a useful hint in the differentiation of the two, especially in the constipation of infants, where other guiding symptoms are difficult to obtain.

The alum patient is chilly and wants the warmth. Most painful complaints are relieved by warmth. The headache, however, is an exception, for it is relieved by cold applications, the colder the better.

III. Ambra Grisea.

Antipsoric.

OLD PEOPLE and *infants*; NERVOUS, *excitable*, EMACIATED.

SENILITY (*premature*).

Impairment of all functions.

Hysteria.

Weakness.

Lassitude.

Numbness.

Coldness of single parts.

Sweat of part affected.

One-sided complaints.

Pains tearing, drawing, stitching; soreness, sensation of pressure.

Pulsations.

< *morning*; *afternoon*; EVENING; after sleep; *in company*; *music*; conversation; meditation; warm drinks; milk; after eating; *lying on painless side*; walking in open air.

> *while eating*; pressure, *lying on painful side*.

The whole pathogenesis of *Ambra grisea* is represented in the one word "*senility*." It is a sovereign remedy in complaints which every one recognizes as due to the decay of old age. The hair turns gray and falls, the memory grows unreliable, comprehension is dull, hearing, smell, sight begin to fail, and nervousness, anxiety, melancholy, aversion to company or indifference to the affairs of life generally gradually gain the upper hand. From defective assimilation, the tissues become impoverished; from poor circulation, there is coldness of the extremities, numbness and vertigo. These are the signs of senile decrepitude, yet they may be found to a greater or less extent in any stage of life. The infant, weak, emaciated, peevish and mentally deficient, the very image of a little dried up old man, may be an *Ambra* patient. The man in middle life, who from some overpowering misfortune, the loss of all his loved ones or crushing business failure, may sink into the *Ambra* condition and an untimely grave, if *Ambra* is not given to him.

The man of 65 or 70, who still retains much of his former keenness of intellect and physical vigor, may from some cause or other start on a downward course. It will be seen, therefore, that, even in the latter instance, we have a *premature* senility to deal with. However, as a matter of experience, *Ambra* is more frequently indicated in the extremes of life.

Numbness is a constant symptom and, whether circulatory or nervous in origin, is usually of single parts. Thus dryness and numbness of the lips; numbness of the thumb, of the arms, especially the left; of the lower limbs and the genitals. We would naturally expect considerable irregularity in circulation. This is evidently the chief factor in producing one-sided complaints, such as sweat of one side, coldness of one side of the abdomen, etc. As indicated in our schema, we also have sweat of the suffering part, or the part affected. Such peculiar phenomena constitute excellent indications for a remedy and are those which the so-called "*Regular*" ignores altogether.

These degenerative changes are accompanied by pains of various sorts. Tearing pains occur more particularly in the vertex, right frontal eminence and face; tearing, drawing, in the shoulders, elbows, hands, fingers, and, at times, lower limbs;

stitching pains occur in the ovaries, chest, lumbar region and throat, sometimes extending from the throat to the ears; while bruised feeling or soreness affects the whole body.

Sensation of pressure is felt in the vertex and the forehead; in the eyelids with difficulty in raising them; in the pit of the stomach, as if the food had lodged there and refused to go further; in the hypochondra, hypogastrium, ovaries, chest.

The principal aggravation as to time is in the evening. In this as in other remedies characterized by vital weakness, there is also an afternoon exacerbation, but most Ambra cases will have complaints that come out especially in the morning in bed; the nose begins to bleed, there is pain in the throat, dryness and numbness of the lips, lassitude and weakness, pressure on the top of the head, cough (chronic bronchial or pertussis), cough with abortive eructations. But most remarkable of all are the effects of company and music. That which is usually a delight to the healthy man or woman is to this patient absolute torture. The Ambra patient is mentally dull. On attempting to speak, ideas vanish from the mind, it is difficult for him to follow the ideas in what another is saying and consequently he does not appear well in company. The realization of this would naturally produce embarrassment and self-consciousness. But this is not all. The presence of others, whether few or many, causes flushing of the face, trembling, cough, and it is an utter impossibility for this patient to evacuate the bowels if the nurse or even a little child is near. With the urging a state of nervous irritability comes on. The urging is "anxious" as it is termed, and ineffectual from spasmodic action of local muscles, which would soon give way to the will of the patient if it were not for the peculiar aversion to the presence of a third person, engendered by the mental state coincident with these rectal symptoms. There is a strong hysterical element running through this constitution.

Any unusual mental effort, any attempt at close thinking causes cough, if nothing else. Combine this with the effects of company; in other words, set the Ambra patient to entertaining a few callers, and an increase in the severity of symptoms is sure to follow: Cough, oppression of the chest, anxiety, irritability, tremor, sweat, heaviness of the head, insomnia—any or all of them may be brought on or aggravated by conversation.

And music, no matter how beautiful, rouses a perfect circulatory turmoil; it sends the blood rushing upward, flushing the face and congesting the head. The whole body trembles, and again the cough comes on, with the usual abortive eructations.

While eating the toothache, the asthma and even the chill are relieved, but afterwards the patient suffers from cough, gagging, nausea, heartburn, pressure in the pit of the stomach, eructations of wind, anxiety, vertigo. Milk especially will cause heartburn and heaviness. The aggravation comes especially after warm drinks, which increase throat as well as stomach symptoms.

Ambra belongs to the comparatively small list of remedies that have relief from pressure. Lying on the painful side ameliorates the chest pains, the liver pains, although not in so marked a degree as *Bryonia*, but lying on the other side actually aggravates.

The aggravation from walking in the open air seems to be the combined effects of exertion and the air itself, and we have ebullition of blood, palpitation, pulsation all over the body, weakness, pallor, heartburn and abortive eructations. The circulatory apparatus is easily upset, but there is too much of asthenia to admit of the violent, active congestions, throbbings, etc., such as we find in *Aconite* and *Belladonna*.

Homœopathy in Sea-Sickness.

Mal de mer is an erratic equation. Of our sixty-five first-cabin passengers perhaps not more than a dozen escaped. I was number eleven. Not a qualm disturbed my peaceful diaphragm. Forty-two meals on board and not one missed is a satisfying record. But enough were sea-sick to give seven physicians a chance to try their prowess. The old school men relied upon bromo seltzer and codeia, with varying success. My experience covered fifteen cases. *Cocculus* was most helpful when the patient was "O! so sick!" and couldn't move; vertigo, faintness, extreme nausea and deathly paleness completed the picture. A single tablet of sixth decimal gave prompt relief in nearly all

such cases. Only three times was it necessary to repeat the dose for a single occurrence, though it was necessary to re-exhibit the remedy in an occasional case upon the rolling of a heavier sea.

Ipecac was helpful in those in whom emesis occurred easily, giving prompt relief in several such.

Glonoinum, sixth, did excellent service for two patients with whom violent headache took the place of gastric disturbance. These cases are said to be quite common. Petroleum was prescribed for one case of diarrhoea of mal de mer, relieving promptly; Bryonia was given a man who was "dreadfully constipated" and who was nauseated upon moving about, and Apomorphia, third, one tablet, made a homœopath of a lady who had failed to obtain relief from old school treatment and from Cocculus previously administered.

From this and previous experience on the Atlantic I am quite satisfied that sea-sickness may be prescribed for successfully if the cases be individualized, and that specifics, combination prescriptions and routine remedies are of no more use here than elsewhere. It is the patient and his personal manifestations of the malady which are to be treated, every time, if success is to be expected. Doubtless there are aggravated cases which resist the usual remedies; but it cannot be gainsaid that Homœopathy is very efficient in sea-sickness and has robbed the sea of much of this particular terror.—*Medical Century*.

Ichthyol.

Ichthyol ($C_{28}H_{30}S_2O_6(NH_4)_2$), according to Merck, is a thick reddish brown liquid obtained by the dry distillation of a bituminous mineral found in the Tyrol, and contains a large percentage of sulphur in a form which is readily assimilable. It is able to penetrate the unbroken skin, it is a powerful vaso-constrictor on mucous surfaces, readily oxidizable and therefore easily abstracts oxygen from the tissues and promotes such metabolism as sulphur is concerned with.

Mind.—General tired feeling all day (1x and 30th).

Awakens tired; no desire for study > on going into open air (30th).

General lack of concentration and forgetfulness (1x).

Depression of spirits with dull, sickening pain in right temple > pressure (30th).

Loquaciousness (1x).

Feeling of especially good health (1x).

Head.—Dull, frontal headache, > open air, > eating, washing face in cold water (30th).

< motion, going up stairs, bright light, jarring (1x).

Sharp throbbing in l. temple > pressure (1x).

Fulness in head with burning and dryness of nasal mucous membrane. with inclination to sneeze, < cold air (1x).

Dull frontal and supra-orbital headache, < moving eyes, cold air; > warmth (1x).

Eyes.—Bland discharge from both eyes and nose, < warm room, > open air (1x), with constant sneezing < any change of air (1x).

Dull pain in eyelids; sensation of sand beneath eyelids, especially upper; < cold air; > warmth (1x).

Dull aching in eyeballs, < moving (1x).

Nose.—*Irresistible desire to sneeze* (1x).

Bland coryza, < at night, from change of temperature, to hot or cold (1x).

Excessive dryness of naso-pharynx, < drawing in air; right nostril stopped (1x).

Burning and dryness with inclination to sneeze, < cold air (1x).

Bland discharge from nose and eyes, < in warm room, > in open air (1x).

Discharge feels cold (1x).

Face.—Acne-like eruption on upper lip, red skin. Some itching, > hot water (1x).

Neuralgic pain extending to side of head with throbbing in left lower jaw (30th).

Mouth.—Bad taste in mouth > cold water (1x).

Cheeks feel puckered, > cold water (1x).

Burning in tongue > cold water (1x).

Throat.—Sharp, stabbing pain running from throat into both ears.

Burning > cold drinks.

Excessive dryness with desire for cold water.

Soreness of tonsils, especially right, < by swallowing and coughing, < at night, > open air (30th).

Feeling of soreness in left tonsil only on swallowing; in left tonsil on awaking in morning (30th).

Stomach—Nausea, bitter taste in mouth, sensation of weakness in stomach.

Abdomen.—Sudden griping in umbilical and left hypogastric region with urging to stool, > bending forward; in umbilical and left lumbar regions > firm pressure and entirely passing away on lying down.

Rectum and Stool.—Early morning diarrhoea with colic.

Large, mushy, brownish stool, urgent, foetid, preceded by cramps in the rectum (30th).

Emissions of very foul flatus (30th).

Sexual Organs.—Burning pain in meatus urinarius.

Sticking, burning pain in region of pubes following along the urethra, worse at glans penis (30th).

Respiratory Organs.—Dry, irritating cough all day, < any change of temperature.

Dry, hacking cough < 9–10 P. M.

Back.—Chilly sensation along back and into legs.

Severe backache all day, with rapid pulse (30th).

Extremities.—Lameness right shoulder > motion and pressure.

Lameness of right lower extremity; co-ordination seems diminished.

Excessive lameness right lower extremity > mild exercise, < after cessation of motion.

Dull aching shoulder, knee, calves > motion.

Skin.—Itching in different parts of the body < warmth and scratching, > very hot water; > cold.

Urticaria.

Scaly thickening of skin on both thighs, externally and internally, also in both calves. (Nine months after taking ix).

—From a proving in *Alpha Sigma*, May, 1902.

ROBINIA PSEUDO-ACACIA has for its analogues such drugs as pulsatilla, rheum, magnesia carb. and iris. At times its pathogenesis brings to mind bryonia or colocynth, but it is a superficial resemblance only. The robinia patient is irritable and low-spirited, a common mental state in acidity. A dull frontal headache, or even sharper neuralgic pains in the temples, are common. The duller pains are much aggravated as the patient moves about. Or, again, our robinia patient may suffer from what might be termed "a sick headache." Then acid eructations and vomiting of an *intensely sour* matter will surely be present. We must remember that in robinia the vomiting will be characterized by a fluid so *sour* that it "sets the teeth on edge." Accompanying this, we will likely find the stomach and bowels distended with flatulence; in the case of the intestines, we shall have an accompanying *colic*, which is severe enough to double the patient. Heavy, dull, contracting pains occur in the stomach. The acidity and heartburn prevent sleep at night, and, should the patient have partaken of water before retiring, it will be vomited next morning, greenish in color and intensely sour.

Constipation may accompany the former complaints; a desire for stool, followed by simply a discharge of flatus.—*Homœopathic World*.

What is most needed is not a reproofing of drugs, but a reconfirmation; or, rather a multitude of reconfirmations gathered from the widest possible field, and from the greatest possible numbers. Such a course would tend to add constantly to the list of drugs that have passed the tentative stage; in other words, such a course would tend to produce a thoroughly reliable and thoroughly practical materia medica.—*M. W. Vandenberg in Hahn. Advoc.*

Department of Clinical Medicine.

Calcarea Carbonica as an Antidote to Lachesis.

E. C. WHITE, M. D., Chicago, Ill.

In January, 1902, Mrs. A—, æt. 32, married, no children, applied for the relief of a very troublesome dyspnoea. The patient, a brunette, though not rugged, presented a fairly healthy appearance; she was well nourished; of good color. She related her *history* as follows:

In January, '92, she took a severe cold from getting the feet wet. As a result her menses ceased. Accompanying this were much swelling and aching of all the joints, particularly wrists, knees and ankles. She was very weak, especially in the evening. No treatment for two months, when an old school physician was called, who prescribed an emenagogue and a liniment. No improvement till warm weather came, when joints got better.

At this time eyes began to swell and pain. Left eye <.

Sent to an oculist. R. Spheres, cylinders and prisms, with some >. Had to be careful not to overstrain eyes.

September, '95. Eyes much <. Obligated to give up all reading.

Diagnosed by various oculists as atrophy of the optic nerve.

Intense pain in eyes. < first two days of menstrual period. > as soon as flow began.

January, '96. Consulted a homœopath. (?)

R. Liquor Sedans, teaspoonful t. i. d. Immediate improvement followed.

Lachesis 6x was next given, as the effect of the Liquor Sedans seemed to be soon exhausted. The patient was "fed" Lachesis 6x, four pellets t. i. d., for over two months; she soon began to notice a peculiar quivering about the heart, making respiration difficult. Palpitation < on exertion.

R. Bicycle riding, and *Strophanthus* θ , in 6-drop doses.

The heart became very violent; there was much exhaustion, accompanied by profuse perspiration, and the patient was compelled to give up riding the "wheel."

Heart symptoms were accompanied by dull aching under left scapula.

September, '97. Was advised to take gymnastic exercises and did so for one year.

November, '98. While walking had a violent attack of dyspnoea. Walked faster and faster, which < dyspnoea. Compelled to unfasten coat and collar. Much choking and coughing. Raised several mouthfuls of pure blood; then bloody froth.

Face became livid. Beads of perspiration on face, especially on forehead. A physician was summoned, who found her in the above condition.

In addition, pulse 132. Respiration labored. Temperature subnormal. (In the interval before this attack had taken *Lachesis* frequently for eyes.)

R. Rest in bed. *Acon.*, *Verat. vir.*, *Bell.* *Bell.* and *Sang.* mixed.

Frequent attacks followed this one, brought on by any exercise, especially climbing stairs or walking against the wind in cold weather.

< after eating; < before menses. On ascending stairs knees felt as if they would break. Heart became irregular and intermittent; could hear it beat most of the time. Collar unendurable; must remove it frequently.

When collar was off had sensation of band about the throat.

In evenings, just before menses, compelled to loosen clothes.

During attacks of dyspnoea violent desire to tear off clothes.

Great effort to breathe. Wanted to stop effort and die, but compelled to go on.

From '98 up till January, '02, the following remedies were prescribed by various physicians, in many different potencies: *Bell.*, *Phyto.*, *Con.*, *Dig.*, *Bry.*, *Ipecac.*, *Sang.*, *Ferr.*, *Ferr. phos.*, *Calc. carb.*, *Arg. met.*, *Arg. nit.*, *Aur. met.*

The *Calc. carb.*, in a high potency, produced a most violent aggravation; the patient had to take to bed and the action of the remedy had to be antidoted.

Minor complaints, such as colds, headaches, stomach troubles, etc., generally yielded kindly to Pulsatilla, exhibited in various potencies.

Present condition: Physical examination of the chest had brought forth many varying opinions, but revealed no organic lesions. Pulsation in the epigastrium; pulse irregular, intermittent, rapid and weak; no abnormal respiratory sounds.

Face somewhat dusky. Lips dark.

Dyspnoea. Great fulness in chest, can't bear weight of jacket.

Brought on by least exertion.

< before and during menses.

Palpitation marked.

< from artificial heat. Likes cold bath.

Expectoration of mouthfuls of almost pure serum.

Thirstless.

< sweets and greasy things. Craves sour, salt, spicy things.

Menses regular as to time. Flow intermits. Light changing to dark. Can't bear tight clothes. Weak. Perspires easily.

After a study of the case one dose of Kali carb 2c. (B. & T.) was given. No results.

February 10, '02. Condition now became serious. Something must be done. Careful questioning revealed the following symptoms as being most marked:

Absolute inability to walk against a cold wind.

Marked < on going upstairs. < lying down; must sit up in bed.

Perspiration quite profuse.

R. Calc. carb. 30 (B. & T.). Liquid on No. 25 pellets. One pellet was given.

The 30th potency was chosen, because the remembrance of former violent action was fresh in the minds of both physician and patient. These precautions were not ill-advised, for, although the smallest possible amount of the liquid 30th was given, it was soon evident that "something was going to happen." Within two hours patient was much worse. Dyspnoea violent. Had to go to bed.

This marked < was soon followed by complete and gratifying >.

February 13. Heart beat normal; no dyspnoea for the first time in years.

February 17. Slight return of dyspnoea.

R. Calc. c. 30th again, followed by < and subsequent >.

February 24. Some dyspnoea.

R. Calc. c. 30th, one dose. Slight < followed soon by >.

March 3. Slight attack.

R. Calc. c. 30th, one dose. No <. Immediate though slight >.

March 8. Slight return of dyspnoea.

R. Calc. c. 30th, one dose. No results.

March 11. It was now evident that the potency had exhausted itself.

R. Calc. carb. 200, liquid (B. & T.), one drop on No. 25 pellets. One pellet was given. <, though not as marked as that from the 30th. Immediate >.

March 25. Some dyspnoea.

R. Calc. c. 200, one dose. Immediate >.

April 9. Slight dyspnoea.

R. Calc. c. 200, one dose. Prompt >.

May 2. Some dyspnoea. Slight irregularity in pulse.

R. Calc. c. 200, one dose. No results.

May 27. Some embarrassment in breathing.

R. Calc. c. 500 (B. & T.), one dose. Slight <, followed by >.

Improvement is continuing.

Patient reports she has gained in weight. Color much better. Can now walk without trouble. No more dyspnoea. Patient says that some old urinary symptoms, which had lain dormant for a long time, returned with renewed violence after the first dose of Calc. c. The patient suffered from frequent urging, with profuse flow of urine; unusually < a few days before menses. This condition alternates with a scanty flow, accompanied with much urging, with burning and tenesmus after the passage of a few drops of urine. < from sweets. These urinary symptoms have since disappeared.

What can we learn from this case?

Here we undoubtedly have an instance of Lachesis poisoning, owing to the injudicious and frequent exhibition of this powerful

remedy in too low a potency. We have also remarkably clear evidence of the typical course of a homœopathic cure, *i. e.*, old symptoms returning, symptoms disappearing from above downward, within outward, and in the reverse order of their coming.

This evidence of the progress of a cure is further substantiated by the fact that the menses are now entirely normal. A short time after commencing the Lachesis they became prolonged, darker and intermittent.

This case also confirms the power of Calc. carb. as an antidote to Lachesis. But although the most remarkable analogy exists between the two remedies, as, for instance, in the intolerance of tight clothing, the peculiar hyperæsthetic condition of the body surface, it must be remembered that Calc. carb. was given solely according to indications and not with the idea of antidoting the Lachesis.

Our patient's experiences have left her a firm believer in the efficacy of the truly homœopathic prescription and the power of a "potency."

A Case of Pulmonary Abscess.

W. D. GORTON, M. D., Austin, Texas.

Feb. 14, 1900.

Annie A—.; æt 15; brunette; always of delicate constitution. Sixty-one days ago was taken with remittent fever. Has been confined to her bed ever since under old school treatment. Emaciation is extreme; little more than a skeleton with yellow skin drawn over it. Is unable to turn herself or move about in bed. Except for absence of cough and expectoration looks like one in the last days of pulmonary phthisis.

Temperature 100° in A. M.; higher in P. M. and after midnight.

Suffocative attacks which are > by swallow of water. Thirstless.

Must have plenty of fresh air, but fanning takes away her breath.

Talking and crying in sleep.

Waking delirium at times.

Nervous weakness.

Can endure cold weather, but if room becomes warm will suffocate unless breeze strikes her.

Abdomen.—In extreme lower right are three indurated glands, so sensitive and painful cannot endure contact of bed-clothes; < after midnight keeping her awake. At times swelling will subside. Cannot lie on either side when swollen.

Liver.—Swollen, indurated, exceedingly sensitive.

Mental.—Illness has reduced her mind to that of a mere child; peevish.

Appetite.—Desire for food she should not have, but takes but little of anything. Aversion to milk. Will take no artificial food unless made to believe it is medicine.

Stools.—Normal.

Restless but can't tell why. Can get but little information out of her.

Ars. c. m. (F.).

April 16 The dose was followed by the best night's sleep she had had for a long time, but last night pains and other symptoms were as bad as ever.

Puls., Bell., Sulf., Calc. c., were given the next three weeks with but temporary relief.

March 9. Suffocating attacks at night are increasing in severity. Pain in region of liver is somewhat better, but not otherwise better than when treatment began.

Stools becoming more frequent, yellow mucus.

Tuberc. i m. (F.).

Pains rapidly getting better since last dose.

General weakness increased markedly.

No control over sphincters to-day. Refuses food

March 18. Abscess opened on the 13th, externally. Discharge for the first two days nearly a quart of very offensive pus. Suffocation much worse the second day after abscess opened.

- March 21. Abscess discharging profusely each day.
Can lie on left side now, but is not improving.
Pyrogen c. m. (S. W.).
- April 1. Has been steadily improving since last dose until to-day.
Only serum discharge from abscess.
Can lie on either side and handle limbs.
Cystitis at night.
- Sil. 30.* (T.).
- April 11. Has been improving in every way since last dose. Skin is coming off in profusion, meal-like. No pus from abscess.
Cystitis was relieved by last dose, but is troublesome again.
- Sil. 5 m.* (G.).
- April 23. No more cystitis. Abscess healed. No tenderness. Gaining flesh and strength. Can sit up. Eats all that is given her.
Balls of toes pain severely at night.
Skin of better color.
- Sil. 5 m.* (G.).
- April 26. Feet better until last night. Pain in feet, legs and right arm. Feet cold and moist on top.
- Sil. 25 m.* (G.).
- May 19. Has been steadily improving.
Micturition frequent.
Can slide off of bed and crawl about floor alone.
- Sil. 72 m.* (F.).
- July 12. Drove three miles to my office to-day. The first time I have seen her since April 1st.
Weight, 78 lbs. Normal, 98 lbs.
Feels well, though legs are slightly stiff. At her work again.
- Sil. m. m.* (F.).
- Oct. 1. Is still gaining in weight and has been free from illness all summer.

Miscellaneous.

Pain, a Physiological Factor in Diagnosis.

By G. DIENST, PH. D., M. D., Naperville, Ill.

The purpose of these lines is to state a few simple facts about *pain* and what it teaches us regarding the afflictions of mankind. So often we are asked by our patients: "Doctor, why have I a pain in my shoulder?" "What would cause a pain in my knee?" "Is this a dangerous pain?"

Pain in some form accompanies most maladies, and in cancer and neuralgia it is a cardinal matter indeed. The kinds of pain are numerous, for we note the *dull*, the heavy, the dragging, the drawing, the gnawing, the sharp, the shooting, the cutting, the stabbing, the throbbing and many others, which are but different ways of describing unhealthy sensations. One writer pertinently remarks that "Pain is the protector of the voiceless tissues." How true this is! Suppose a wrist is sprained, if it were not for the pain the tissues would not secure the rest desirable for repair.

To be classical, we say that inflammation is accompanied by heat, redness and swelling; hence a *burning* pain.

The pain of *neuralgia* is a "gusty" pain, or fluctuating pain, except where it has settled down to prolonged business, when it is a "hurting" pain.

The pain of herpes zoster, which usually follows the track of a nerve, is burning or stinging, sometimes both; that of *herpes sine eruptione* is distinctly a stinging pain and comes in gusts, often causing the patient to jerk the part affected.

The pains of locomotor ataxia are sudden and severe and are often called "lightning pains."

The pains of rheumatism may be sharp and very severe in acute inflammatory attacks, but are usually dull and aching.

The pain in gout is sharp, sometimes excruciating, as if one were being drawn asunder.

The pain of cancer is sharp, piercing, stabbing or lancinating, due to rupture of some nerve fibre.

The pain of inflamed serous membranes rubbing upon each other is acute, stitching and aggravated by motion.

The pain of an inflamed or injured muscle is dull and aching and aggravated by motion.

The pain of a sprained joint is sickening, sometimes to such an extent as to produce vomiting.

The pain in nerves is often tingling, as when a blow on the olecranon causes a tingling to the finger ends; but when a nerve is nipped by a cancerous growth, or by pressure, as in periosteal thickening diminishing a foramen through which the nerve passes, as in toothache, then the pain is lancinating or stabbing in character.

The pain of an abscess or furuncle is throbbing.

Then, again, pains in muscles, joints and serous membranes are aggravated by motion; osteal pains are usually worse at night, and when certain nerves are affected the pain follows the nerve trunk.

Some of the most distressing pains a physician has to meet are those of the head, and it is often difficult to define them.

Frontal and depressing headache is characteristic of the common sick headache.

Occipital headache, which may be a neuralgia of the occipital nerve, is usually due to venous fulness about the torcula microphili.

Then there is the temporal headache, often due to the eyes not being absolutely a pair. The faceache, often due to eye strain or a carious tooth. The nervous or neuralgic headache of women is sharp and short, except when found in married women, who through efforts to prevent conception have pains that are sharp and prolonged.

In true facial neuralgia there is great tenderness of the supra-orbital and not infrequently of the infra-orbital nerve-ending.

In true hemicrania look for periosteal complications with syphilitic nodes, optical or severe gastric disturbances. When you

find a dull vertical pain, with a sense of weight and oppression, look out for cerebral anæmia or prolapsus uteri. When you find a congestive headache, with a sensation as if a bolt were driven through the head, look out for vascular fulness. When the pain is maddening, the patient is almost beside himself, you may be sure of an involvement of the cerebro-spinal meninges. This pain is excruciating.

In short, it has been said that frontal headaches are linked with digestive disturbances, vertical headaches with cerebral affections, and occipital headaches with disturbances of the circulation.

Space forbids the study of thoracic and abdominal pains in the male and female, and, therefore, will close with the suggestion that pains are sometimes deceiving in this, that though felt at one place the seat of the disease may be at another place, as in hip-joint disease the pain is felt in the knee, and in renal calculi the pain is felt sometimes at the tip of the glans penis, while a pain at the tip of the right scapula points to liver complications; for all of which there is the indicated and curative remedy if the disease is curable.

The Appendicitis Craze.

Let those who are so eager to use the knife in a case as soon as appendicitis is diagnosed read the following from the *Finance Chronicle*, a life and fire insurance journal of London:

“ We need hardly say we have a sincere respect for the medical profession, whose earnest labors for the alleviation of human suffering and the prolongation of human life cannot be esteemed too highly. Yet, like the rest of us, they are liable to error in individual instances, and although doctors are proverbially said to differ there is always an element of cocksureness in the constitution of the young medico in particular which may lead to disastrous results, especially in the domain of surgery. As an illustration, we would refer for a moment to the disease called appendicitis in which resort is almost invariably had to the surgeon's knife. It is needless to say we are willing to admit

that it may be indispensable in cases when the diagnosis admits of no doubt. There is too much reason to fear, however, that in many instances the diagnosis is entirely wrong, and that the administration of simple remedies would of itself suffice to set the patient on his legs. What we hear from America in this connection is of such grave importance that we think it desirable to make special allusion to it. Dr. O'Hanlon, of New York, is a man of wide experience and reputation, being employed in connection with the coroner's office in that city in making autopsies. This is what he says respecting appendicitis:

“ ‘ Appendicitis belongs to a class of diseases which we often read about but seldom see in autopsy. Again and again I know of cases where a diagnosis was made upon the strength of pain in the right iliac region and some gastro-intestinal symptoms, all of which promptly disappeared after a dose of castor oil. Among 3,000 autopsies made by me during the past seven years, I have only seen ten cases of appendicitis. I had forty-two cases sent to me for autopsy which had been diagnosed as appendicitis; in ten of them I found a greatly distended colon, but no lesion of the appendix, either gross or microscopical, could be discovered, and in the remaining thirty-two even the distention of the colon was absent and the appendix normal.’

“ Now it should be remembered that the disease is one affecting an internal organ; that the absolute removal of that organ, involving an abdominal operation of serious character, is the only recognized remedy, and that, under such operation, the patient is quite as likely to succumb as he is to survive. Dr. O'Hanlon's experience is with the corpses of those who have succumbed; and when he tells us that out of forty-two cases in which appendicitis had been diagnosed there was absolutely no indication of the existence of that disease, we are brought in sight of a series of ghastly blunders, which, for the honor of our professional skill, we trust has no counterpart in this country.”

Dr. O'Hanlon knows what he is talking about. Aside from the *Chronicle's* opinion as to the chances of recovery from operation for appendicitis, it has certainly done right in publishing what he says. Many of the more conservative men are coming to their senses and rely more upon dietetic or medicinal means

and do less operating, and those who know enough of the homœopathic materia medica carry their cases through on the potentized remedy. Soreness at McBurnee's point, rigidity of the right side of the abdominal wall, fever and thick-coated, flabby tongue are fairly reliable indications for the disease known as appendicitis, but if these symptoms are promptly removed by a remedy indicated by the totality of the symptoms it makes little difference whether the lesion was in the appendix, around the appendix, near the appendix or somewhere else. Such a case would naturally merit greater care than one which seemed to be nothing more than a little wind colic. One thing is certain; in the hands of an experienced prescriber there will be very small chance of its ever reaching the post-mortem for confirmation of diagnosis.

The Inhabitants of "Materia Medica Land."

Remedies are like so many human beings; each has its characteristic form and physical build, its complexion and facial expression, its desires, aversions, passions, moods, its pains, aches, sufferings. The study of our Materia Medica is a study of human nature. To most thinking minds such study is a recreation. Sitting in the waiting-room of a great railroad station or standing near the corner of the principal thoroughfare of a great city, one invariably watches the people, noting, almost unconsciously, their resemblances, their differences, their peculiarities. So it is with Materia Medicist; his books are people with many acquaintances. He sits and watches them through his mind-eye, noting, comparing, distinguishing. His patients are new and interesting problems to be worked out. At first only g'ance the most common features appear and there is a perplexing similarity, but day by day, as he sees them more frequently, he is impressed with *general*, yet distinctive likenesses or unlikenessess. Under the influence of circumstances and environment, traits of character come up which did not appear before; little particulars come out, which were previously unnoticed. Each new discovery adds to the completeness

of the whole and modifies, if ever so little, his concept of its intrinsic character; now and then he will meet a new acquaintance with one feature so markedly developed, so obstrusive, that he is at once struck with its peculiarity. These he never forgets, but is in danger of passing over with but superficial inspection, their less prominent though oftentimes indispensable characteristics. Thus he goes on perfecting his knowledge of the inhabitants of *Materia Medica* land.

Now it is true that one will notice certain features which another may over-look and vice versa, and by one certain features may seem in somewhat different light than by others. The student's form of mind and method of thought will affect to some extent his concept of these, his "remedial acquaintances." Still it must possess sufficient exactness to enable him to recognize its counterpart in his patients if he hopes to be successful.

ASA SPEARY, M. D.

Homœopathy in Columbus.

C. S. Carr, M. D., editor of *Medical Talk* reports the following as part of a conversation with one of the leading surgeons of the State of Ohio:

"I am engaged in surgery and, consequently, I am frequently called in consultation with doctors of all schools of medicine. I am well acquainted with the practitioners of medicine in the city of Columbus. I know the homœopathic physicians by name and reputation, and most of them by personal acquaintance. Only one of them really practices Homœopathy. The rest of them are dabbling in all sorts of drugs and cures outside of homœopathic practice. They do not thoroughly believe in Homœopathy. They do not practice according to the law of *similia similibus curantur*. They use drugs in doses that would not be allowed by any true follower of Hahnemann. They use compounds and mixtures wholly abhorrent to the practice of Hahnemann." The doctor comments as follows:

“ If these words represent facts, what is the matter? If it be true that there is only one genuine simon pure homœopathist in this enterprising, bustling city of 150,000 inhabitants—if we have only one practitioner of Homœopathy in our midst, what a splendid field it is for Homœopathy. Every homœopathic college in the United States ought to be advised of the situation here and send some young, healthy, conscientious practitioners of Homœopathy to this city at once. Homœopathy conscientiously practiced side by side with drugging will win.”

Where Will It End?

The *St. Louis Medical and Surgical Journal* for April publishes an account of how an inmate of a smallpox hospital gave birth to a child a month and a half before term, and the little one was *at once vaccinated!* It was not long before the child died of small-pox. No doubt these men would vaccinate *before* birth if it were possible.

The *American Monthly Review of Reviews*, in a summary of an article from a French contemporary on “The Hygiene of Paris,” states that “small-pox, once a great French scourge, has of late years almost disappeared in Paris. Most French medical men, it may be mentioned, believe rather in isolation than in vaccination.” This is right in the line of the successful efforts of Dr. Friedrich in Cleveland.

School of Medicine.

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Department of Materia Medica.

Coccus Cacti.

Lecture delivered by PROF. J. T. KENT, at the Dunham Medical College,
Chicago.

This is a little remedy and will be a relief to you after the study of so many difficult ones. With fuller proving it will doubtless show itself a rather deep-acting constitutional remedy. Although it has cured some deep-seated chronic troubles, it has been used chiefly in acute affections. This is only because of the scantiness of its provings and our lack of knowledge concerning it in a general way. Very few mental symptoms have been brought out. Its use, so far as demonstrated, is mostly in catarrhal conditions of the mucous membranes of the air passages, with copious, ropy, jelly-like mucus. Great quantities of this mucus form in the nose, in the throat, in the air passages generally, and in the vagina. The routine practitioner, whenever he sees thick, ropy, gelatinous mucus, thinks only of *Kali bi*. That comes from the study of key-notes. But it must be remembered that other remedies besides *Kali bi* have this.

Spasmodic cough; whooping cough; the cough of drunkards. The chronic catarrhal state of the *Coccus cacti* patient comes on especially in the winter. It comes on when the cold weather begins and lasts till the warm weather comes. The patient is cold, and his complaints come on in cold weather. He is sensitive to cold, easily takes cold. But you must distinguish between the

patient himself and his complaints, because they are entirely the opposite of one another. When he once becomes sick from exposure to cold, he is always worse in a warm room and better in the cold air. His cough is brought on in a warm room; from being too warm in bed; from drinking warm things. It is better from drinking cold things and in a cold room; worse from exertion; from getting heated up; from becoming warm; that is, after the complaint has once set upon him, it reverses itself.

This is not unlike many other remedies. I have received many letters from doctors, saying: "Why is it that in your repertory, and in Bœnninghausen's, certain remedies are put down as better from cold and worse from cold? They certainly cannot have both." But they do have both, sometimes under different conditions and sometimes under the same conditions. Sometimes these are primary, sometimes they are secondary symptoms. A remedy must be examined to ascertain how it is that these things can be the very opposite of each other. But commonly Bœnninghausen registers both those things that belong to particulars and those things that belong to generals, and if the symptom, in his judgment, is strikingly worse by a certain circumstance, even if it is the very opposite of the general, he has that symptom in bold faced type. *Phos.* is a good illustration of what we have been talking about. If you make a careful study of *Phos.* you will see that the complaints of the chest are all worse from cold, from cold air and from being cold. He catches cold and it settles in the chest, and the cough and irritation in the chest are worse from cold and being exposed to cold air. But he wants cold things in the stomach. His stomach feels better from cold things. Now let him have head trouble and, although his head is better from cold, he wants hot things in his stomach. If he has stomach trouble, it is made worse by anything hot; he wants cold water to drink, and as soon as it gets warm he vomits it up. You see *Phos.* is worse from cold and worse from heat. The pains in the extremities are better from heat. It would be difficult to put into a repertory that which would make you understand this. You must study the text itself. You cannot get the nature of a remedy from a repertory.

Now the chronic cough, as has been said, is likely to begin

with cold weather and last all winter, with a copious formation of mucus in the chest. It is a spasmodic cough, forcing the patient into the most violent efforts you could ever imagine. The face becomes purple. Finally he gags, retches and vomits up long strings of tough, ropy mucus, filling the mouth and throat and causing him to choke as it comes up. Now, there is a striking feature of this remedy. Anything coming in contact with the pharynx, the inside of the mouth, or even the gums, produces gagging and retching and will bring on the cough. We find this in the chronic states of sensitive persons, who are unable to brush the teeth or rinse the mouth without gagging and sometimes vomiting.

There is a general hyperæsthesia of the skin and mucous membranes. Sensitive to the pressure of the clothing.

With the chest troubles there is often much dyspnoea. He cannot walk without bringing on difficult breathing. He cannot ascend a height without suffocation. After the quantities of mucus are cleared out the cough is better and he goes on for two, three or four hours, when another one of these awful attacks comes on. They are apt to be worse at night when he becomes warm in bed. If he can lie in a cool room without much covering he will go longer without coughing.

The whooping cough is of similar character. You will see the child lying in bed with the covers off. It wants the room cold, and the mother will tell you that if she can get to it quickly enough with a drink of cold water she can ward off the paroxysm. The chest fills up with mucus until respiration cannot be carried on any longer and it must be cleared out, yet the child will resist and hold its breath to prevent coughing. You will be astonished to see how speedily *Coccus cacti* will change the character of that cough. One of the earliest signs of improvement will be observed in the easier respiration. The cough becomes less violent, the retching passes away, and in a week or ten days the cough will go, too. Cough worse after eating, worse on waking, worse in a warm room, worse on entering a warm room.

In the early stages of whooping cough *Carbo veg.* will develop and bring out the symptoms and furnish a good "pasture" for a second prescription, even if it does not cure.

Discharge of thick yellow mucus from the nose; nose stopped up, with inclination to sneeze. Great dryness of the nose. The air passages burn like fire after the mucus has been cleared away. The chest burns from the mere exhaling of air. Sore throat with redness. "Tickling in the throat. Sensation of a hair or crumb lodged in the throat behind the larynx. Fauces very sensitive. Arch of palate and fauces, as far as visible, very red." Burning in the throat < in the warmth, especially when warmed up in bed, < from warm drinks, though hot drinks are not so bad. Better from cold drinks. If the patient gets warm in bed or the room gets warm he commences to clutch the larynx and cough. The slightest touch on the palate or even the gums in examination of the throat will cause gagging sometimes when the parts look normal. He cannot hawk without gagging. On swallowing food sometimes it will come right back again and cause gagging and retching. I want to impress this upon you as only a few remedies produce this state.

Great thirst; wants water often and in large quantities. Nauseous taste in mouth; never rid of it. Nausea in the throat. Vomiting of white, bitter-tasting froth. Toothache; sudden drawing pains in the teeth, worse from cold and from touch.

It has many abdominal symptoms, but they are unimportant.

The mental symptoms are chiefly depression and anxiety. Great sadness; a blue cloud seems to hang over everything. Apprehensiveness. Sadness, with desire to commit suicide. This is worse after sleep, and especially 2 to 4 A. M. This state may alternate with loquacity and liveliness, like *Lachesis*. There are other symptoms worse after sleep; wakes in the morning with basilar headache, or with headache in the forehead; < mental exertion; after lying down; sometimes > from slow motion; < on coughing and from exertion; < after sleep.

A strong feature is its action on the kidneys, resembling acute parenchymatous nephritis. Albumen in the urine. Dark red sediment in the urine. Pain shooting down from the kidney to the bladder and down the legs; < from motion. Renal colic. Urging to urinate, but inability to pass urine until a large clot of blood has been passed. In *Coccus cacti* the right side of the heart is affected, the vessels become friable and there is

hæmorrhage, oozing of blood, forming great black clots. The above symptom suggests a woman with uterine hæmorrhage. Now there are hæmorrhages of the uterus where the blood flows freely, coagulates slowly and does not form much of any clot in the vagina. But in this remedy the clots form very rapidly and the vagina becomes packed, and the bladder cannot be emptied until the clot is expelled. Uterine hæmorrhage is a strong feature of this remedy. Copious, frequent, prolonged menstrual flow. Large, hard, black clots fill the uterus, are expelled by labor-like pains, and form again, and this keeps going on and on. Inflammation of the uterus and vagina, with copious, thick, white, jelly-like ropy mucus. Soreness of the vulva; cannot bear the pressure of the clothing.

Hæmoptysis, dark, clotted; < from exertion.

In the male there is impotence with dull pain in the loins. Dull pains in the region of the kidneys, with albuminuria; heavy sediment in the urine, etc , just such a state as you would find in a child that had taken cold after scarlet fever.

SPECIFICS.—Let any practitioner seriously think over the cases that present themselves in any one day's average practice and tell us how are many well-pronounced examples of pure inflammation of the large organs or other well-defined diseases whose course is definite and symptoms sufficiently fixed, to enable us to fix the specific *ab usu in morbis*. A very small number it will be; and applying this to the practice of medicine at large, we come back to Hahnemann's proposition that no two cases are exactly alike, a fact that strikes at the root of all attempts to perfect a system of specifics by experience in disease.—*Drysdale*.

Department of Clinical Medicine.

Clinical Notes.

By E. W. BERRIDGE, M. D., London, England.

(1) *Calcarea carbonica*. 1887, May 4th. A girl, aged 7. For over two years left eye has turned inwards toward nose; this ceases if she wears glasses; but if she leaves them off the eye begins to turn in again; she then closes left eye and does not seem to care to use it. Myopia of left eye. When without the glasses can see better with either eye separately than with both. The turning in of left eye is worse when looking down.

Calcarea carb. m. m. (F. C.) cured completely.

The child had seen an allopathic oculist, who advised an operation, which was not done. Two other oculists advised the use of the glasses. One of these saw her during the treatment and said the eye was very much better; the other saw her later and said the eyes were perfectly normal.

(2) *Natrum muriaticum*. 1887, May 17th. Mrs —, aged 24, has not been well since a miscarriage at the third week from a fall; this occurred about eighteen months ago. Constant leucorrhœa, generally yellow, but if she exerts herself it becomes dark brown; it causes irritation; the discharge is only during the day, worse by walking; leucorrhœa worse four or five days before menses. Before menses pain in sacrum. During menses the same pain; and for the last two or three days of menses sharp pain in left iliac region, which makes the left leg shorter than the other and sets the teeth on edge. Very weak for four or five days after menses. Lachrymose just after menses. During menses and the day before, bearing-down feeling, as if she were coming to pieces. Feels cross in morning. Has consulted an allopathic gynecologist. who prescribed injections of Alum, and Iron with

Strychnia; but it did no good. I found that she ate an immense quantity of salt, which I stopped, and gave her a dose of *Natrum muriaticum* c.m. (F. C.). This quickly cured her; many of the symptoms had entirely ceased at the next menses.

(3) *Thuja, Alcohol*. 1892, October 28th. A neglected girl, with a bad family history, has been in a Home for four months. Is slow in learning and in doing everything. Memory bad, forgets what she heard, but when she has learnt anything perfectly she remembers it.

Thuja c.m. (F. C.) one dose.

December 9th. Much brighter and more intelligent. Has learnt much more quickly. When she goes into the dark she sees before the left eye a bright red round disk, which does not move; this commenced two weeks after taking *Thuja*; and she has seen it once or twice since. Memory decidedly better.

1893, February 23d. For the last two weeks has been very naughty, telling falsehoods, and a week ago she ran away instead of going home. (She used to be very good.) *Alcohol* m.m. (Swan), one dose, improved the mental state at once, and the matron soon reported that she was a good girl again.

(4) *Arsenicum*. 1887, May 27th. Attacks of pain, commencing in one or other eye, and always going to the other; pain always relieved by bathing eye in hot water, as hot as he can bear it. *Arsenicum* c.m. (F. C.) cured promptly.

(5) *Capsicum*. 1896, December 29th. Mr. C. for three weeks has had tickling in pit of throat, causing cough; worse from 5 P. M. to 9 P. M.; the cough comes in two or three attacks; if severe it pushes the tongue out of mouth.

Capsicum 20 m. (F. C.) improved at once and soon cured.

(6) *Argentum nitricum*. 1902, June 18th. Miss H. for seven or eight weeks had suffered from pain in left hip on laughing, coughing, yawning, and especially sneezing; it is a sharp pain, as if the bone were dislocated, with a cut at the same time.

Argentum nitricum c.m. (Fincke) improved in three hours, and in a few days was cured. (See Kent's Repertory for symptoms.)

Failure to Detect the Symptoms That Specially Distinguish the "Case of Disease."

JULIA C. LOOS, M. D., H. M., Harrisburg, Pa.

In Organon § 104, we find: "When the totality of the symptoms that specially mark and distinguish the case of disease, or, in other words, when the picture of the disease, whatever be its kind, is once accurately sketched, the most difficult part of the task is accomplished." Unless we consider the significance of all the prominent words here, as Hahnemann uses them in his discussions, unless we consider the amplified propositions which precede this in the Organon, we shall fail to perceive the whole idea here expressed. By a casual reading, especially as it follows immediately the directions for obtaining all the details of symptoms, we might take it as a statement that obtaining all the symptoms in detail and uniting them as a record accomplishes the most difficult task. But see, he does not say when the totality of symptoms that appear have been noted; he says: "When the totality of the symptoms that specially distinguish the case . . . that is, when the picture has been accurately sketched" The symptoms that specially distinguish the case, the characterizing symptoms, must be carefully picked out from the whole record of symptoms to sketch the picture to the perception. Many symptoms are only filling-in parts, many details give no tone, but so soon as those that characterize the case are accurately sketched then we have a picture to match with a medicinal substance.

In actual practice we meet failures because we fail to sketch the picture with the distinguishing symptoms. Sometimes we do not glean the characterizing symptoms. Sometimes we fail to perceive what it is that distinguishes the case and arbitrarily select a group of symptoms as the target of a prescription. Sometimes we mistake the whole nature of a case by attending too particularly to a single condition. It may be one symptom that characterizes the case, distinguishing it from all others; it may be a combination of many, outlining the image. Each case must be individually considered and the picture of the disease accurately sketched

(from all the symptoms at hand) by the symptoms that specially mark *the case of disease*.

The following cases from practice demonstrate the failure to perceive the symptoms that sketched the picture in several instances:

CASE I.

Mrs. D. W. E., aged 46 years, presented herself for treatment. She is of tall form, with brown hair and eyes. She reports having been always in good health. For the preceding year and a half she had been subject to severe attacks of distressing pain and other symptoms, as described below. These attacks came then as often as from one to three times a week, with the result that the few weeks preceding her first visit she had been really emaciating. She had given birth to four children, beside having suffered two abortions, at terms of six months and two months. With the second, ascribed to a fall, she was sick for eleven weeks, finally delivered of a dead foetus. Confinements were difficult, instrumental. She reports that beside these she has had no sickness but malaria chills during three days after a visit to Delaware. (*Quinine.*)

Abdomen: Severe crushing pain and pressure in epigastrium, at times attended with nausea; vomiting difficult, forced. Once nausea preceded an attack which came at 4 P. M. Spells frequently at night. They come on gradually as a pressure, then a heavy weight about the waist comes suddenly and she must get fresh air. This all goes suddenly, but leaves a soreness in abdomen so that she cannot bear tight clothing.

< since menses ceased

Cold, speechless, helpless, collapsed, perspiring during these spells. Reaction comes on after being rubbed, beginning with tingling in fingers. After a spell face is haggard.

Perspiration: None of late, except during "spells," even in hot weather; used to before.

Appetite poor; has been eating little lest food should precipitate an attack; craves acids and salt food; little thirst.

Weak, exhausted, nervous trembling after little exertion. Weakness in middle of forenoon for awhile.

Mouth: Deep ulcers, blisters.

Constipation: Five days without evacuation or urging once; before colic spells, usually regular; inactivity of rectum.

Sleep poor, until past few nights, only two hours at a time.

Headache; used to have frequent neuralgia over left eye.

Colds seldom; apt to settle in chest.

< riding; used to cause headache.

> open air.

> keeping quiet.

< wrapping up.

Sulph. 55m., with an extra powder of *Arsenicum* 8m. to use in case of a colic spell.

For the sake of a name these spells were called hepatic colic. Following the first prescription, the patient returned at intervals of one to three or six months, except when one spell of cholera morbus and one of tonsillitis gave occasion for extra visits. She showed general improvement with several doses of *Sulphur*. Had three colic spells in five months, and then none for nine months. In the first of these *Arsen.* gave immediate relief, and the spells were short, followed by a day of comparative comfort. The third spell relief came less promptly, but *Sulph.*, following the attack, was followed by steady improvement.

After the nine months' freedom from colic spells, a report was given of a severe spell in the morning, coming without premonition, repeated with lessening severity twice in the same day. Pain catches her breath, causing gasping respiration. Coldness of abdomen, with soreness after the pain; difficult urging to stool. Sleepless, except from 12 P. M. to 3 A. M. All this time, after hesitation between *Veratr. and Camph.*, the 22m. of the latter was furnished to be used at the time of severe colic spells, while *Sulph.* was continued as a constitutional, in the higher potency (c.m.).

The next four months was a less comfortable period. There were several threatenings of colic spells (heaviness, intolerance of clothing, sense of distension, but without pain and severe distress); then, after a little extra exertion with fatigue, a severe spell relieved in five minutes after use of the *Camph.* powder provided. A repetition of this in two weeks' time was not followed by the usual general improvement.

July 9th. Abdominal distress in spells every day, recurring every few hours, and of increasing duration, after a week's time; covered with warm perspiration during this time. < touch; > hot applications
 Chill on 6th, 10:30 P. M. till 12 M., shaking, hands and feet like ice; on 8th, 8:30 or 9 A. M. till 12 M.
 Fever on 6th until 2 A. M.; on 8th all afternoon.
 Restless, throwing off covers. Thirst, but no sweat.
 Weak day following chill.
 Headache, with fever, on 8th; thumping in vertex, lasting after fever. > binding; > after sleep; sore to touch.
 Stomach-gnawing hunger, with no appetite; > by little food; nausea from sight of food.
 Mouth, metallic taste.
 Restless-ness, driving her out of bed; walking relieves the pain.
 > alone; wants to be alone during pain.
 Bowels urging before stool; diarrhoea, 4 to 5 stools a day, two days past.

The question was asked, "What about raising wind?" "Oh, yes," the answer came, from two or three individuals, "The wind just rolls out with a great noise. You can hear it far away. Always with these spells there was a lot of wind. To-day, all day, it has been coming, though not so noisily. Used to have more relief passing the wind down."

Carbo veg., 1m. or 10m., put a stop to the whole commotion. There has been no hint of distress since a day or so after and during the five weeks, since the woman has continued to gain in strength.

This strong characterizing feature had been overlooked, but when observed it added to the symptoms already gleaned the nature that distinguished clearly between the remedy *Carbo veg.* and those most similar in some of the prominent features

CASE II.

M. W., aged 8 years. The mother brought the child in June, giving a history of her having had St. Vitus Dance in January,

followed by improvement under Old School treatment (of Fowler's Solution). Symptoms now returning. In first attack left side began. This time right side began; left side now showing similar features. Used to be worse at night on waking, the longer she slept the worse she was on waking. Her hands were sore from knocking against things. Dressing her was difficult because of her motions. Now has difficulty in using hands. Right foot twists in, knocking against the left; drags foot in walking; falls frequently.

Jerking twisting all over; head jerks, mouth twists; talking indistinct; swallowing difficult, food and water run out of mouth.

Eyes have never fully recovered normal appearance since January; staring, wide open. Swelling beneath the eyes. (Arsenic?)

Appetite good—eats all kinds of food—fond of meat, ice cream, sours.

Irritable, snappish, scolding, used to cry much, used to be a cross baby. Worried over her lessons. Fears she won't be in time when going anywhere.

Has had measles, chicken-pox, whooping cough.

Because there seemed no special guiding symptoms in the case she was given

Agaricus cm.

A week later the report was that the symptoms were worse; more helpless in using hands; when sitting she was constantly in motion, twisting everywhere, restless at night, and a week later symptoms still worse. At these visits it was learned that she cried so much it was very annoying; cried when reprimanded, when displeased. Quickly angered by the children, striking and pushing them. She is timid, contrary, restless. Flesh easily bruised. Heated by overexertion, throws off covers at night.

Perspiration copious, in sleep, always about head.

Urination frequent, difficult to retain urine; urging > while walking; sediment yellow, adherent.

Legs were weak in infancy; bowed when learning to walk, which was not until seventeen months old.

Teething late, first tooth erupted at eight months.

Calc. carb., 13 m.

In four days improvement was noticed, in two weeks a marked improvement was manifest and continued for nearly six weeks without a repetition of the potency, and again after a repetition.

Clearly in this case the characterizing features of the child are the sluggishness in tissues and functions that marks Calcarea anæmia, with the mental state that also belongs to this remedy. In the first visit none of the characteristics were brought out and the remedy that was given gave no resulting cure.

CASE III.

Miss H. L. A., of 50 years of age, in January, 1901, gave a long detailed history of complaints, many having lasted for many years.

Head: Singing in head; itching scalp; hair falls out at times—sensitive to cold, can never go bare-headed; takes cold easily.

Cough since grippe two years ago. Expectoration greenish, lumpy.

Nose obstructed, at times cannot breath through it—since grippe.

Stomach: Empty feeling soon after eating; much flatulence and eructation. "Indigestion" from eating pastry, pork, cake, > acids; "craving appetite," constant desire to eat, dare not satisfy hunger; craving for acids—for something indefinite. Eats hastily.

Heart: Much distress with "indigestion;" sensation of pressure like a ball which interferes with respiration; "beat slow and hard;" spells at night often, after worry or fatigue, < sitting, > morning, > eructations.

Menses late, scant, debilitating; intervals and flow both prolonged of late. Discharge purple tinged.

Leucorrhœa, like white of egg, stains linen yellow.

Pelvic region. uneasy sensation with slight burning; < exertion.

Bowels, constipation, stools small, dark, hard, in balls—slimy. Ineffectual urging.

Urine rusty colored, adherent, sediment. Urine sometimes dark, sometimes milky, thick.

Sleeps with head high. Disturbed by dreams; nightmare. Sleepy early in evening, but sleep delayed. Sometimes prevented by worry.

Chills twenty-five years ago; postponing, < summer, < heat of sun or stove; < over-exertion.

Fever follows chill; with thirst for hot drinks. Fever spells now when fatigued.

"Nervous chills" night; excitable; heart, anguish; > rubbing; with flatulence; < noise.

Mind: Easily confused; concentration difficult; weak memory; spirits depressed; irritable, discontented, sullen, gloomy.

In girlhood suffered much from fear and imagination, felt as though a devil was behind her; sadness, weeping, spells of loneliness, mourns departed friends. Aversion to company; fidgety.

Trembling internal; fingers pricking as of needles.

< heat of stove, warm room.

> open air.

< cold damp.

This patient was indeed patient for it was not until September, 1901, that she received *Sepia*, having been given Puls. and Platina, and showing merely variations of all the troubles of which she first complained. The case was conspicuous in showing not one sign of real improvement. Why the image, clearly as it was depicted, was not perceived is not evident. When she received *Sepia* she showed evidence of having received the curative remedy and has been gaining under its influence ever since.

Clinical Cases.

R. DEL MAS, Ph. D., M. D., Centreville, Minn.

1902.

January 27. I. Theodore T., age 47. Dark complexion.

Bowels loose since Christmas last.

< *morning after rising*, motion.

Stool clear, watery, *splashing*, *gushing*, fetid; at times tinged with blood; not burning. Tenesmus.

Borborygmus continually.

Stomach feels empty before meals

Patient is chilly, sweats easily; sleeps and eats well.

No mind symptoms.

Up to last week he felt distended like a drum.

As the patient complained of having had those attacks once or twice a year for the last ten to fifteen years he was asked if he ever received a blow on the head. And then he looked surprised, but for a moment, when he inquired if a blow on the head would ever affect the bowels of a man. "Yes," he said, "I was struck with an ax on the top of the head about twenty or twenty-five years ago, but my present trouble is only ten or fifteen years old."

The picture was complete, and he got *Nat. sulph.* 1 m., four powders, to be taken one every hour.

January 31.

Patient feels miserable for the last few days. Symptoms are all aggravated. Distention of abdomen is excessive. First two days constipated, but now bowels are worse, and that spot of the head where the ax fell aches greatly. Complains also of having all sorts of pains in the head, similar to those he frequently had before. He looks either drowsy or stupid. This is not all. Stitching pains are felt in the right chest, just below the nipple. It is an old trouble that returns and which was diagnosed by an old St. Paul allopath as "consumption," and treated also, but with no success.

Patient has no appetite and feels weak, discouraged, gloomy.

He was told that the storm would soon be followed by calm and peace, and he left with hope and Sac. Lac.

February 2.

Patient is general; and the amelioration began in the head to finally reach the bowels.

Has had regular stool—the last two days. He eats a little, and feels stronger. The "affected" spot of the head is still very sore to touch and pressure. Sac. Lac.

February 12.

Stools loose again since this morning, but not so much as before treatment began. Headache on rising, but soon vanishes. "Sore" spot of the head gone. No pain in the right chest. Appetite good. Chilliness and weakness.

Nat. sulph., 20 m., 1 powder.

February 18.

Stools were "all right" until the 15th, when they were loose again, and pain in right side extending under last ribs was felt once more. Head and mind well.

Nat. sulph., 20 m. 3 powders.

February 23.

Stool normal until this morning, when he passed two loose ones (otherwise well).

Nat. sulph. 50 m., 1 powder.

March 3.

Bowels were loose once last Tuesday; since then they have been moving but once a day and stool is "natural" he says. No pain anywhere. Appetite and sleep good. Patient feels like going back to work and is discharged.

Having learned on the 26th of May last that the man was in Minneapolis, working in a saw-mill, and had his bowels loose once more, I sent him *Nat. sulph. cm.*, 2 powders. A few days after I was told that he recovered immediately after taking the medicine. He is still well.

I would like to ask the reader if the crude drug could have done that man any good?

II. Mrs. M. B. Age 20. Married since November last. Pregnant about two months. A few days before last Christmas patient had a trouble similar to the one described hereafter, and for which she took, with "success," a patented "kidney and bladder cure." She has tried this same medicine again this time; but, as it "does not seem to work," the young woman comes in to get something better, if it can be gotten!

Aching pains—intermittent—in both kidney regions.

< right side and daytime.

< standing up, lying on either side.

> sitting; lying on the back.

Extending downwards along ureters to bladder, where BURNING pains are felt, and then the patient feels "CRANKY, WILD," and like passing water all the time (only a few drops at a time), with TENESMUS after passing water; and the urine SMARTS.

Urine settles like "soft soap" at the bottom of the vessel.

Precipitate is cream-colored, top of fluid dull looking.

Appetite good.

Canth. cm., two powders, April 29.

May 7th.

Patient felt worse on May 1st, 2d, 3d and 4th.

Now pain in both kidneys gone.

Bladder symptoms >.

Frequent urinating >.

Burning on urinating about the same.

Sediment not so pronounced.

Last night patient walked the floor almost frantic from pains in the bladder and urging to urinate, with tenesmus; to-day feels all right.

Sac. Lac.

May 14th.

Patient has been improving right along since 7th inst. Pains urging to urinate, tenesmus, sediment, all gone.

Sac. Lac.

May 25th.

Patient says her urine does not disturb her any more, but complains of aching pains in both hips < right, exertion; > rest.

Thinks they are due to her having scrubbed the floor.

She very likely had her perspiration checked.

Bry. 1m., three powders

Patient did not need to come back.

III. On the 22d of last March I was hurried to the bedside of a woman suffering from a three-months' miscarriage. The foetus had already passed and it was partly decomposed. The woman was flowing a great deal. The placenta had not come out yet. By mistake I pulled on the cord and it broke. I tried to introduce two fingers into the uterus and failed; the internal os was closed. Then, remembering in my anxiety the teachings of Dr. Kent, I turned my thoughts to the "patient" and found that "she" needed *Ipecac.* Inside of half an hour I had put three doses of the 1 m. potency on her tongue; and at the end of that time—which was as long as eternity to me, for the patient seemed to be inclined to take a "fly to heaven"—she became conscious of her still being on earth, and I of the fact that the hæmorrhage had stopped, but the placenta was still in utero.

A pneumonia case called me away from this bed, and not to my satisfaction, for I wanted that placenta out. I did not tampon the woman, but raised the foot of the bed only, and left with nervous palpitation, having in mind that, should Homœopathy fail to do its work, I would call some of my teachers to account. On the following day early,—it was 11 P. M. the night before when I left my patient,—the “placenta” was shown to me, the woman was “all right,” and the “nervous” prescriber also. I meant then to write to Dr. Kent and to tell him all about this case; but I was so glad over the result that he will excuse and forgive me for the delay.

I must say that before I looked at the “patient” and found “her” remedy, I thought of handling that case in a surgical way—as I was taught to do before my conversion; but the stern face of Dr. Kent peeped out from a corner of the room and . . . Homœopathy won the battle. It will win more battles too.

Particularization in Typhoid.

BY CHARLES E. FISHER, M. D., Chicago.

Homœopathy possesses a decided advantage over any other form of medical practice in the treatment of typhoid fever in its power to specialize, particularize and individualize its cases in the selection of remedies and their application at the bedside, a factor which should be accounted a strong one in this day of specialization in other departments of medical and surgical science and art.

Typhoid fever is measured in its invasion, deliberate in developing, never hurries in its earlier weeks and takes plenty of time to exhibit its scope and force. Therefore it offers plenty of time for the consideration of remedies with which to combat it, and never demands a “rush” treatment at the beginning.

On the other hand, many a patient is sacrificed to undue haste in selecting the initial prescription. There is absolutely no use nor excuse for hit-or-miss medication. In every case there is

ample time for careful deliberation, close watching of the symptoms and the most painstaking care in the choice of the similimum.

Routinism in typhoid is little short of criminal. There might have been some excuse for the pioneer homœopaths of the West when they gave Bryonia and Rhus to almost every case, prior to the introduction of Baptisia. Their knowledge of Homœopathy was limited, and they did the best they could. But this is no excuse for us. Nor is it enough to know that they succeeded better than the old school of their time. We must succeed better than the old school in ours, and he has improved over his fellow of other days. No longer can the alternationist or compound homœopath of the present generation lay claim to being a more scientific prescriber than his allopathic colleague. In fact, some of the polypharmaceutical compounds that some so-called homœopaths dispense would put the worst prescription an allopath can write to shame. The careless homœopath, the routinist, the alternationist, the mixer, the man who would be "a physician first and a homœopath" afterwards, fails to cure as large a per cent. of his cases as if he stuck to his law, selected the similimum carefully in each case, and applied it according to the teachings of Hahnemann. Of this truth eighteen years of medical editorship and thirty years of observation in practice have convinced me beyond the peradventure of doubt.

Never hurry in beginning the treatment of a case of typhoid. No injustice is done the patient by giving him a Placebo upon the occasion of the first visit and thinking his case over before selecting the remedy. Haphazard prescribing has no rightful place in the initial stage of the battle. Rarely, if ever, should an acute medicine be given as the first prescription; almost always is it better to begin with the patient's deep-acting constitutional similimum. Upon seeing for the first time a case presenting the least suspicion of being typhoid the slogan ought to be,

"Take Dose Slowly."

No matter how sharp the fever, how severe the headache, how tender the epigastrium, how profound the languor, how defined the prostration, if not absolutely clear on the constitutional remedy give a Placebo and wait.

Constitutional Particularization.

Foster, of Chicago, holds that typhoid fever is a purifying disease, in defense of this theory citing the fact that the subject is generally in better health after than before an attack. He thinks the seizure eliminates some element that has been a menace to the individual's health, and that in this process he is bettered by his sickness.

Allen, also of Chicago, in his new work on *The Therapeutics of Fevers*, assumes that the typhoid is but a volcanic outbreak of a constitutional miasm which has been lying dormant within the patient, and that by prescribing upon this basis, according to the symptom-manifestations, the best results are secured. This is Hahnemann's suggestion, and it has been found to work well in practice. Certain is it that typhoid fever varies greatly in severity and course in different subjects, and that in those possessed of constitutional taints it burns like a prairie fire.

Nor is it required that the subject should be delicate for the fire to rage consumingly. Youths and young men and women of apparently robust vigor are frequent sufferers. But just as not all that glitters is pure gold so not all who seem robust are free from miasms of one kind or another. They are robust in appearance in spite of their defects, but let typhoid fever invade their systems and away they go in a furious conflagration of temperature, delirium, etc.

Odd as it may seem to those who have not given it a thought, such remedies as *Sulphur*, *Calcarea*, *Kali carbonicum*, *Psorinum*, *Phosphorus*, *Iodine*, *Tuberculinum*, *Lycopodium* and other anti-psorics are the best with which to begin the treatment of typhoid. Hahnemann did not have the microscope and bacteriological laboratory to aid him in diagnosis and pathology, or there might have been no measuring his capabilities. He possessed a wonderfully clear insight into the ailments of mankind in his day. He looked right through them, as it were, and gave us the best knowledge the profession has yet had of disease-pedigree and constitutional miasms. And in his deep-acting, anti-psoric, constitutional remedies he left us a heritage which has proven by all means to be the best for treatment of profound conditions which has yet been developed.

Whether we accept Hahnemann's psora theory or not there are taints which are neither syphilitic, tuberculous nor gonorrhœal, neither cancerous, eczematous nor psoriasis, for which there is no treatment except the homœopathic similimum. Take the offspring of a family which in successive generations has suffered from tuberculosis, syphilis, gonorrhœa, cancer, eczema, vaccinosis or any one or more of a dozen other ailments, and he is tainted clear through with something which is neither one nor the other of the diseases named. This is, for practical purposes, a "psoric miasm." And let this subject of this psoric miasm come down with typhoid fever and woe betide him if his attendant doesn't take it into consideration in prescribing for him.

Sulphur is frequently an excellent remedy with which to begin the treatment, because Sulphur is the similimum to many a symptom and condition present. The patient is lean, lank and sallow. He is of constipated habit and has suffered from hæmorrhoids. He is stooped and scrawny, and hasn't been a success in life either physically, forcefully or financially. It is in this type that Sulphur finds its best photographic reflection.

The Sulphur man's hair is dark and dry. His complexion is swarthy and mottled. He had skin troubles in early life. He may have had scald-head, ringworm or the itch, and these were probably cured by external medication. But how many homœopaths think of these things in typhoid fever? Yet they are no less important here than in pneumonia, bronchitis or incipient phthisis. And who would overlook them in these diseases?

Calcarea carbonica is put down by Jahr as one of the cardinals in typhoid, especially in young subjects, and I have found it so time and again. But who among us to-day reads or follows Jahr?

Calcarea is adapted to light-haired youths and children, those who are flabby, fat, chubby, fair-complexioned. But it is also suited to the same type in adult life. "Once a Calcarea subject always a Calcarea subject," is an axiom worth remembering. Everybody was a child once, and a great many everybodys were Calcarea children. These have become Calcarea adults now. It is a mistake to assume that because a human being has passed beyond the age of kilts he has outgrown his constitution. In this he remains as he was born.

Those who once were rickety are likely to require Calcarea in typhoid. Those whose fontanelles were slow in closing are likely to need it. Those who as children suffered from retarded dentition and who had summer complaints as their annual portion are likely to present a Calcarea symptomatology. It is not called for on general principles alone, but because Calcarea symptoms most often attend the acute manifestations in any diseases of the truly Calcarea subject.

If we could but blot out our pathological nomenclature we could the more readily understand this, because we would then be guided by symptoms and drug pathogeneses alone in treating the sick. But since diseases are classified and given names there has come to be an association between certain sets of remedies and certain diseases and we are prone to stick to these lists. This is a mistake in homœopathic treatment which often cheats us out of our best results and costs the patient his life or health.

The Calcarea typhoid subject is flabby, lymphatic, catarrhal, takes cold easily, is non-resistant, perspires upon slight exertion, and his digestive organs are easily disturbed. Women who are leucorrhœaic, whose menstruation is too profuse, who are lax in fibre and lackadaisical in habit are likely to need it in fevers, as in other ailments. And especially is it likely to be indicated in young subjects just budding into manhood and womanhood, either at the beginning or end of their third seven years of life. And it is here that typhoid occurs in dire malignancy.

The subject who was marasmatic as an infant, who had itch as a child, who was scrawny in the age of puberty, whose diarrhœas are forcible, contrary and foul-smelling, whose perspirations are strong and unyielding, whose feet give notice of his presence in company, is likely to need a dose of *Psorinum* as he starts on his typhoid way. This nosode has a symptomatology all its own, and its value has been so clearly proven that to decry it is but to exhibit ignorance. It goes to the bottom of things, stirs the very foundations, arouses reaction where Sulphur fails, in suited cases, and is of wonderful help in low states generally.

My experience with *Tuberculinum* has been more limited, but it is proving itself worthy of a place. Where a tuberculous history runs all the way through a typhoid subject's pedigree it is

wise to give it a thought. Its debility is profound, its fever intense, its course erratic, its dyscrasiæ latent. The three great "reactionists" are Sulphur, Psorinum and Tuberculinum.

Just as Sulphur, Calcarea, Psorinum or Tuberculinum is required in cases of typhoid offering their symptomatology—and conditions are as much a part of their symptomatology of any case as are recorded expressions of the patient—so will *Kali carbonicum*, upon which both Hahnemann and Grauvogl laid stress, the latter in the hydrogenoid constitution, be required and found beneficial; and so will *Phosphorus* in the phthisical subject, *Iodine* in the glandular, *Lycopodium* in the hepatic and flatulent, and *Arsenicum* in the anæmic and debilitated. The fact is, homœopathy has a wonderful armamentarium in constitutional remedies rarely thought of even by its own loyal votaries in typhoid fever and other acute diseases which are profound in nature.

Nearly all cases of typhoid have certain characteristics in common—malaise, headache, feverishness, anorexia, constipation or diarrhœa, delirium and prostration. These are the common or general symptoms, the background for the painting, the warp for the woof. To make a correct prescription it is best to go behind the patient's spoken returns. Learn all that can be learned about him. It is he that is sick. His individuality, his temperamental peculiarities, his psychological characteristics, his physical and pathological pedigree in so far as we may be able to unearth and interpret them, make his case a personal one, different from that of every other person. To overlook the "him" of it, capitalized and underscored, is to miss the key to his internal economy and make him one of a common herd of typhoid fever patients, empiricism in its worst form. If he is deliriously inclined we may look for delirium. If he is a subject of diarrhœa his bowels will be loose and his glands the site of his conflagration. If he is florid and full-blooded his temperature will be violent. If he is apparently robust yet non-resistant he will be lardaceous fuel for the flame. As he is so will his case be; therefore he must be studied in his entirety, and this is what too few of us do in our typhoid cases. We must particularize in order to get the best results; differentiate between diagnostic and therapeutic symptoms.

In the main it is better to give the constitutional remedies in a

high potency, to give a single dose, and to wait. High potencies act as well in acute diseases as in chronic, oftentimes better. Hahnemann proclaimed this fact, and it has been found to be too true to be denied. Typhoid fever is in no hurry, therefore give the remedy time to spend its force and bring about its reaction before repeating the dose. Never mind the clock; let the patient's condition and symptoms decide the question.

If there be any merit at all in potentization nothing short of clinical experience will determine its limit. Unbelief is not evidence, nor is honest doubt the element upon which the verdict must rest. I have long given but one remedy at a time and am learning to give a dose and wait and to rely upon high potencies in many a case where for a quarter of century I gave only the low. In typhoid fever, especially, I am ascending the scale with satisfaction and success.—*Med. Advance.*

Miscellaneous.

Biographical Sketches of Some of the World's Greatest Physicians.

GEORGE L. KNAPP, M. D., Chicago.

I. Andreas Vesalius.

It seems natural for the human mind, not only to give to airy nothings a habitation and a name, but to give to all things a personality. Scientific theories, religious tenets, epochs, events and natural forces are almost invariably known by, or associated with, the name of some individual. When the Second Punic war is mentioned every one thinks of Hannibal; Washington represents the Revolution, Calvin stands for predestination, and Lincoln will forever remain the incarnate emancipator. This tendency finds its most aggravated expressions in that school of thought(?) which denies that natural law can be applied to human events,

and regards history as a series of disconnected biographies—a la Carlyle. Its justification is found in the fact that sometimes great men do epitomize an epoch, do contribute so largely to the success of a movement that it may justly be considered their handiwork. There is reason for applying Kopernik's name to the heliocentric system of astronomy; for using Evolution and Darwinism as interchangeable terms, and there is quite as good reason for calling Vesalius the Father of Anatomy.

Andrew Wessel, or Andreas Vesalius, was born in the city of Brussels, December 31, 1514. His father was a physician of considerable note, apothecary to Margaret of Austria. His grandfather was also a physician, and had translated some of Galen's works. His great-grandfather was court physician to Mary of Burgundy, and *his* father—Andrew's great great-grandfather—was also a physician, and, according to reports, a good one. The Wessels took to medicine as naturally as the Jukes family took to thieving or the English Cecils to holding office.

There have been many worse times to be born in than 1514. It would be foolish to look upon that age through the rose-colored spectacles of the historical romancer, but there is no doubt that it had its advantages. Life might be without the modern conveniences, but it never needed to be dull. Given physical health, courage, and a certain indifference to such minor issues as gibbets and torture chambers, and I know of no period in history in which a man could be so certain of getting a run for his money as in the sixteenth century. There was America all unexplored; there was India, and Cipango, and Cathay, and the Northwest Passage. There were wars and rumors of wars; there were Turks and Barbary Rovers. And if all else failed, one could always start a new heresy and have a little fun with the Holy Mother Church; he would get plenty of excitement then.

Let us compare a few dates and see what other folks were doing in Vesalius' time. He was born in 1514 and died in 1564. That is to say, he was born eight years after the death of Columbus, and died eight years before the massacre of St. Bartholomew. The year before his birth the first white man saw the Pacific Ocean, and the year after John Huss was burned at the stake. When Vesalius was born there was not a white settlement on the

continent of America, the Black Sea was a Turkish lake, Russia was a wilderness, China was a myth, Covilham had ended his search for Prester John in gilded captivity at the court of Abyssinia. The future anatomist was born while Tetzel was peddling indulgences to raise the cash for St. Peter's Cathedral; he was a child four years old when Luther nailed the 95 theses to the church door at Wittenberg; he was a medical student in Paris when Pizarro strangled the Inca; his greatest work was sent to the printer in the same year that De Soto first saw the Mississippi; and when he died Shakespeare was a baby six months old. Plainly, if we would comprehend Vesalius' life and work, we must enter into the spirit of an age not our own.

Young Andreas early exhibited the medical instincts of his family. While a school boy at Louvain he dissected, and perhaps vivisected, dogs, cats, mice—any animals he could get hold of. He also studied the bones of malefactors as they hung on the gallows. From Louvain he went to Montpellier, where he completed his classical studies. Paris was then the center of medical education north of the Alps. Vesalius went to Paris and enrolled himself among the students of Jacques Dubois, a leading light of the day, whose Latin name, Silvius, is preserved to us in the great fissure of the brain. It was not long before Vesalius had learned all that Silvius could teach—and some besides. The great master became jealous of his pupil, whose vigorous mind and sarcastic tongue early made him a marked character. Andrew left Paris and returned to Louvain. Here, with another student, he stole from a gibbet the bones of a criminal and smuggled them into the town for study. From Louvain he went to Italy, always haunting the universities, and looking for something new to learn in medicine. Francis I. and Charles V. were then engaged in their long argument. Vesalius entered the imperial armies as a surgeon, and served in Italy, Flanders, and in the invasion of France. Needless to say, he used his opportunities to study anatomy, and on his second visit to Italy was made Professor of Anatomy in the University of Padua, when not yet 23 years old.

At that time science, as we understand the word, was unknown. The learning of the Greeks had been lost to Europe, and,

although revived at the Renaissance, the weightier subjects were neglected. Any attempt at investigation had to meet, not only the dead weight of popular ignorance, but the active opposition of the Church. There was an orthodox science as well as an orthodox theology. Not that orthodoxy implied any of the characteristics which our Puritan training has led us to attach to the word. Quite the contrary. The Bible was locked up in a dead language among a childless hierarchy, and its place was taken by a mass of puerile tradition and vindictive dogma. A sensual pagan held the keys of St. Peter, and his priests were more potent in spreading venereal disease than in spreading the gospel. A man might privately spit on the Athenæan Creed and publicly fracture the ten commandments daily, and yet if he exercised a certain discretion, and possessed a sufficient amount of cash, he could live in the favor of the Church and die in the odor of sanctity. *But*—there must be no ill-bred denunciation of one's spiritual superiors, no revolutionary attempt to deprive the clergy of their monopoly in the interpretation of the Scriptures, no learning which would make the dear people less ready to barter hard cash in this world for immunity from brimstone in the next. Investigation was more sternly discouraged in medicine than in other sciences, because no other secular subject is so fascinating to the theologian as medicine. Time was when the medical and sacerdotal professions were one; nor are they yet so distinct as many imagine. Among Catholics the priest is half a physician, and among Protestants the doctor is half a priest. The Church had pronounced upon Anatomy and Physiology, upon the nature and cure of disease; and woe to him who dared question her authority. "It is demons," says Origen—he who made of himself a eunuch for the Kingdom of Heaven's sake. "It is demons which produce famine, unfruitfulness, corruptions of air and pestilences." St. Augustine went so far as to say that "*All* diseases of Christians are to be ascribed to these demons," and adds that they "chiefly infest newly baptized Christians, and often attack helpless infants." At the time of Vesalius these statements had been gathering sanctity for a thousand years and were received as Holy Writ. If disease were caused by devils, then, surely, according to the allopathic logic of the day, it was to be cured by saints; and, hence, we find

Europe filled with a fetish worship only one degree less degrading than that of the Congo. To touch the bones of one saint would cure rheumatism, those of another would remove the curse of barrenness, a cup of water in which the hair of St. Goll had been dipped was an infallible purge, and St. Anthony's scalp lock would banish erysipelas. The possession of such relics was a source of revenue to the cathedral or monastery owning them, and hence the Church had a direct interest in the perpetuation of popular ignorance and an almost irresistible temptation to fraud. There was scarcely a monastery in Europe without a piece of Joseph's coat, there were sixteen or seventeen only authorized editions of the Crown of Thorns, enough Apostolic skulls to have fitted out each Disciple with more heads than the beast in the Apocalypse, and enough fragments of the true Cross to have built the ship which carried Don John to victory at Lepanto. Every year these relics brought in rich offerings, and a time of famine or pestilence was a golden harvest for the Church. This is easy to understand when one studies the medical prescriptions of that day. Of two evils choose the lesser. If I were sick—and had no other choice—I should much prefer touching the bones of St. Francis to swallowing an infusion of goat's dung.

The "rational medicine" of to-day helps us to understand the therapeutics of the sixteenth century, though the prescriptions of the old masters had slightly the start in length and an infinite pre-eminence in nastiness. But there is nothing at present to compare with the then received ideas on Anatomy and Physiology. There was some dispute as to whether the arteries carried air, or animal spirits. The lungs existed to fan the heart. The function of the brain was to cool the hot vapors arising from the abdomen. There was a bone in the heart, there was also a foramen between the left and right ventricles. The liver was the seat of love, the spleen was the seat of wit, nerves and tendons were grouped together. Finally, the highest ecclesiastico-medical authority had declared that there was in the human body a mysterious bone, imponderable, incorruptible, incombustible; the material basis of the resurrection.

Needless to say such dogmas could not have persisted had there been any conception of the nature of evidence, or any facility for

experimental research. But the Church denied the value of experiments, claimed to be the final and infallible court of appeals, and possessed the ability to assert her claim in strenuous fashion. Galen was endorsed by the Church, and therefore Galen's word was law. If nature disagreed with Galen, all the worse for nature. And to the end that nature might not too often be put to the blush, any attempt to uncover her secrets was sternly frowned down. Dissection of human bodies was rigorously forbidden. Physiological investigation was unknown. At a time when the English law recognized over 200 capital offences, no English surgeon could get the body of a criminal to dissect. To study medicine meant to memorize a vast amount of misinformation from Galen, to learn a few nauseous compounds from the friars, and a few sensible rules of health from the Jews. The professors sometimes demonstrated on the bodies of animals, but avoided such dirty work as far as possible; and Vesalius said of one celebrated teacher, that he never dissected an animal except at the dinner table.

No one knew better than Vesalius the worthlessness of such studies. When appointed to the chair of Anatomy at Padua he plunged into his work with the zeal of a young enthusiast, the address of a courtier, and the cool audacity of a trained soldier. He organized his students into a regular corps of grave robbers, and with them haunted the gibbets, raided the cemeteries, and made use of the plague-stricken corpses which the people were afraid even to bury. On several occasions he narrowly escaped apprehension, which would probably have meant death. Whenever a cadaver was secured the skin was at once removed to prevent identification, and then Vesalius demonstrated the tissues of the body before his classes. It is possible that the authorities winked at his violations of the law. Padua was in Venetian territory, and the grave and reverend signors of Venice had never been famous for their orthodoxy. Certain it is that whatever others thought of him, Vesalius was the idol of his students. His classes at Padua averaged 500, and before long he was engaged to teach at Bologna and Pisa also—professor in three Universities at once.

In 1542, when Vesalius was scarcely 28 years old, his great

work on Anatomy was published. It is entitled "De Humani Corporis Fabrica," is in a ponderous Latin volume, and is positively the first work on human anatomy based on a systematic dissection of the human body. When we consider that Vesalius had almost nothing to start from, that he was exploring regions as unknown as any Columbus ever sighted, the amount he accomplished is amazing. He demonstrated the valves of the heart and of the aorta and pulmonary arteries. He described correctly, and with abundance of detail, almost every bone in the human body. He made a masterly dissection of the hand, a somewhat less perfect one of the leg and foot, tabulated and described the muscles, and worked out a good deal of the mechanics of locomotion. He describes only seven pairs of cranial nerves, omitting the olfactory altogether, and lumping all the motor nerves of the eye under one head—Motor Oculi. His dissection of the superficial veins is well nigh perfect, that of the arteries fair, and those who ought to know praise very highly his dissection of the pulmonary circulation. In the abdominal viscera and the genito-urinary tract his work was more faulty. Not the least of his services to science was his correction of the fantastic errors of Galen. Vesalius disproved the existence of a bone in the heart and of a foramen between the left and right ventricles. Galen had proclaimed that the human femur was a much curved bone, crescent shaped in fact; Vesalius showed it to be nearly straight, and Sylvius sought to harmonize nature and Galen by saying that men's thigh bones had become straight through wearing tight breeches.

A reprint of this work is in the Newberry Library, Chicago, and is well worth a trip to the North Side to see. The illustrations are worthy of the text. Dr. B. W. Richardson says that these plates have been copied almost unconsciously, even to the present day. The illustrations of the osseous system are better than those of the late works on Anatomy, and some of the engravings of the muscular system might also be taken for studies by Gustav Doré. These plates are the work of an artist, not of a mechanic, and there is some excuse for the tradition that they were prepared by Titian. The weight of evidence seems to mark them the work of a noted Flemish painter, John Stephen DeCalcar. A portrait of Vesalius by the same artist forms the frontispiece. Here we see the great

anatomist as he appeared before his classes demonstrating the muscles of the forearm. His head is large with prominent temples and heavy brow ridges, eyes large and deep set, nose long and slightly uptilted at the end, beard heavy though growing low on the cheeks, under lip full, shoulders broad, chest deep, wrists large and powerful looking, hands singularly long, but well shaped. Altogether a face better calculated to inspire respect than affection; a sarcastic face; the face of a man who enjoyed fighting, and would be more than likely to get plenty of it.

Astronomy prides itself on being the oldest of the sciences, but the books of Copernicus and of Vesalius, the first modern work on astronomy and the first modern work on anatomy, were published within a year of each other. It would be hard to say which aroused the greater storm of opposition. Vesalius had punched jagged holes in the reputation of Galen, and Galen's followers were not slow to respond. They attacked Vesalius with all the Latin billingsgate which the Index Expurgatorius could furnish, and that is a good deal. The remarks of these zealous gentlemen read like a report of the meeting of some anti-vivisection society. In addition to a variety of wholly unmentionable things, Vesalius was a liar. He was a thief who had stolen the discoveries of others and passed them off for his own. He was a ghoul, a grave robber, a desecrator of the temple of the Holy Spirit, a murderer who vivisected human beings. And above all, and beyond all, and pervading all, he was an atheist and a heretic, a blasphemer who laughed at Galen and rejected the authority of the Holy Church. Let him be anathema.

But Vesalius, child of five generations of courtiers, knew how to temper audacity with prudence. He had avoided the question of the famous resurrection bone—saying merely that he could not find it—and he had dedicated his book to Charles V. That interesting monarch, whose favorite midnight lunch was a whole chicken cooked in butter, needed a doctor, and was, moreover, quick to recognize merit. In 1544, the year after the publication of "De Corporis," its author was appointed court physician, and was for a time secure. He was tried for heresy, but the episcopal court received a gentle hint from the Emperor and brought in a verdict of acquittal. Vesalius was probably as good a physician as

there was in Europe, certainly he was the best surgeon of his age. He remained at Court in high favor during the remainder of Charles' reign, and on that monarch's abdication in 1555 the appointment was continued by his son, Philip II.

Vesalius' position at the Spanish court was highly honorable and very lucrative, but it was about the last place in the world to encourage scientific investigation. The gloomy despotism which Charles had founded grew stronger and gloomier under Philip. While the rest of Europe was advancing into the sunlight of liberty and knowledge the clouds of ignorance and superstition and slavery settled thicker and blacker and more stagnant than ever over the doomed Peninsula. The terror of the Inquisition was at every fireside. Fanatical monks tyrannized over the monarch, who was himself the tyrant of a fourth of the habitable globe. In the older and happier days of Spain, John of Aragon had given to the University of Lerida the first dissecting permit ever granted in Western Europe; now all this was changed. The brightest and best men of Spain were being tortured to death at the rate of a thousand per year—yet such was the tenderness of the Holy Office that in all Spain, Vesalius could not get a single skull to study. The Church was unceasingly hostile. Vesalius was annoyed in every way, kept busy refuting slanders, and absolutely prevented from carrying on his investigations. He endured this life for seven years, and then left Spain on a pilgrimage to the Holy Land. Vesalius was probably the last man in the kingdom who would have voluntarily embarked in the pilgrimage business, and many stories have been told to account for it. Most of them are absurd, all are improbable. The real truth seems to be told by Boerhaave, that Vesalius was driven away by the Inquisition, but whether he escaped, or whether Philip, in an unwonted mood of mercy, spared his father's favorite, will probably never be known. Vesalius went first to Cyprus and thence to Jerusalem. He made an unaccountably long stay in the Holy City, and was still living there when summoned by the Venetian Senate to return to Italy and resume the Chair of Anatomy at Padua. He left Palestine in the autumn of 1564. A violent storm wrecked his ship on the Island of Zante, and Vesalius, though he escaped drowning, died as a result of exposure, October 15, 1564. It was the year that Galileo was born.

In reviewing the work of Vesalius one marvels almost equally that he accomplished so much and that he did not accomplish more. It is hard to see how he could dissect the vascular system, including the valves of the heart and of the aorta and pulmonary arteries, without discovering the circulation of the blood. Perhaps he would have anticipated Harvey had his life been devoted to science alone. Eighteen years of Vesalius' life were spent in palliating the aches of a gouty glutton, and in soothing the apprehensions of a sanctimonious hypochondriac. What might he not have done at Padua at that time? What might he not have done at Madrid—had he been permitted? Even though barred from further experiments, it seems strange that he did not use his accumulated facts as a basis for anatomical and physiological deductions. But it seems that Vesalius, in revolting from the speculations of Galen, went a little too far; depended too much on the scalpel and too little on his rational faculties. Of Hahnemann's daring, yet orderly imagination, Vesalius was apparently destitute. Neither did he possess Hahnemann's reverential spirit and profound faith in the purposefulness of all things in the Universe. To Hahnemann, all Nature was pulsating with life, and purpose, and usefulness; to Vesalius, the Universe was of dead matter whose intricate mechanism was well worth studying. Quite likely he need not have wasted his time at the Court of Philip had he not enjoyed the exalted station. For Vesalius had a full share of human vanity. He loved the pomp and ceremony of a court; he illustrated all of his works with engravings of himself—there are more portraits of him than of many royal figures of that day. Yet, when all allowances are made and all defects recorded, Vesalius is a great and heroic character. A man was needed to clear away the muck of superstition and fetishism and lay the foundation for a scientific study of medicine. Vesalius was that man. Shrewd, resourceful, energetic, fearless, he did the work that probably no other man of his day could have done, that certainly no other man even attempted to do. That work endures even yet. The work of Harvey, of Virchow, of Hahnemann, physiology, pathology, and therapeutics, all rest on the foundation which Vesalius laid. Surely, for one man, this is glory enough.

Anent the Medical Treatment of Appendicitis.

The surgeon who operates as soon as a man or woman has a pain in the right side of the abdomen, claiming the same to be appendicitis, whether it be a little colic from incarcerated gas, or inflammation, persuading the patient that it is dangerous to wait, has had a wonderful setback in the conservative treatment of King Edward VII. The surgeons who treated him are to be congratulated upon their good work. Notwithstanding the various American surgeons' writing, criticising the delay in the King's case, what better results could have been had by an earlier operation? Certainly none; on the contrary, we are convinced had his abdomen been opened and his appendix been removed he would have stood little chance to recover, for the King was not the best subject upon which to operate. His surgeons waited until the pus had formed into an abscess and then opened it with little danger to their royal patient.

We know inflammation of the appendix can be cured by regular homœopathic treatment the same as any other inflammation of the bowel. We agree wholly with the London *Lancet* that the case of the King of England is an example that justifies delay. Failing to cure the inflammation, lance the resulting abscess. Why have the American surgeons run this fad to such an extent? We believe in many cases because there is money in it. At one time in Denver the operation for appendicitis threatened to rid us of all our wealthy citizens. Look back over the last ten years and note how many prominent men have died from the operation and how few recovered.

It was fortunate for the subjects of England that the American surgeon did not have his case. Instead of waiting a week for the pus to form and wall itself off, they would have operated and removed the appendix at the first symptoms and he would have been well at once—or dead.—*Editorial in Critique.*

Hard Blow For Vaccination.

The experience of *Cleveland* is a hard blow to vaccination as a measure for the "stamping out" of small-pox. That city, along with many others, had suffered from the presence of small-pox for more than two years, despite the most thorough-going efforts to kill it out by vaccination. Everybody who could be vaccinated was vaccinated, and re-vaccinated. In many instances the process was repeated several times. In cases which would not "take" various makes of virus were used, the health department exercising its very best efforts to rid the city of the pest by this generally accepted means of eradicating it. Nothing was left undone that vaccination might do, nor was there any contest against Jennerism to militate against its efficiency. Still small-pox raged, however, without material check. Finally there were enough cases of failure and enough of contamination by impure virus to set the new health officer thinking, and other means were decided upon as worthy of trial, at least.

Vaccination was abandoned and sanitary measures were resorted to. Instead of trying to render the people immune to the causative factor the health officer intelligently set about trying to get rid of the factor itself. Assuming that it was a germ he organized against the microbe's forces. A sanitary corps was sent from house to house with scrub brushes, soap and water and disinfectants. Of the latter formaldehyde was the adopted agent. Every infected room was closed tight and formalin was burned freely in it. The walls were cleaned, the floors, woodwork and windows were scrubbed, and every contaminated thing was either fumigated or burned. *Cleveland* was given such a cleaning up in her lower quarters as the city had never had, and, lo and behold, small-pox disappeared completely, so that not in six months has there been a case in that city.

Compare this with *Chicago*. In the latter city the health board has but one idea, that of vaccination and toxination. Little or no attention has been given to fumigation, house-cleaning, street and alley cleaning, or anything but vaccination. This has been prac-

ticed faithfully and to excess. Hundreds and thousands of citizens, who are most likely to be exposed and be new foci for the disease, have been vaccinated. Large armies of men employed by the corporations have been vaccinated, many of them against their will, yet the disease goes on. Ordinarily small-pox ceases with the coming of warmer weather, but in Chicago it is on the increase. More cases are reported with each succeeding week, and the end seems not in sight. Vaccination has not stamped it out, whereas in Cleveland, after it had been faithfully tried, sanitation quickly did what vaccination failed to do.

There is food for serious reflection in this comparison. To a great many physicians and people, including many good homoeopaths, vaccination has come to be accepted as the one thing with which to combat variola. In support of this theory the statistics of the German army, in which every soldier has to undergo three successive vaccinations, are constantly referred to. But it is not taken into consideration that the Germans, of all people, are rigid sanitarians, and that especially is the German army maintained in a state of the best possible hygienic conditions. Their camp and individual inspections are among the strictest which are practiced, their medical and surgical staffs are microbicidists to the last man, and nothing that can be done in the way of hygiene and sanitation is left undone in German army and navy life. Just how important this factor is in giving that nation freedom from small-pox in its military and naval arm has not been sufficiently estimated. The experience of Cleveland would lead to the inference that sanitation more than vaccination has been the important agent in securing the oft quoted results.

Since small-pox has been more or less prevalent throughout the United States, especially in the great centres, during the past three or four years, and since vaccination has not stamped it out, why not drop it for the time and try sanitation and see what this will do? The serious objection which arises in the minds of many physicians and many people to having their patients and children subjected to the introduction of an animal virus into their systems would alone seem to justify every possible effort to find something that promises better and succeeds better than vaccination; and since a well-carried out sanitation has been so

clearly demonstrated in the case of Cleveland to have done so much better than vaccination, there can be no legitimate objection to the suspension of the latter and the adoption of the former for the time, that a comparison may be secured. Even the most ardent vaccinationist ought to welcome any measure which is more effective, which will offer less violence to personal and physical ethics, and which will do away with vaccination's flagrant violation of accepted surgical teaching, to in no way permit septic infection to make inroads upon the human system. Instead of deliberately making a wound and infecting our patients it would seem to be rational and desirable to direct our efforts as a profession toward developing preventive measures which will be successful, while at the same time are non-contaminating. If the Cleveland health office shall have given us a better way than vaccination unborn generations will rise and call it blessed.—*Editorial Medical Advance.*

Salicylic Acid: A Clinical Confirmation.

Dr. Bonino, in *Instituto Omiopatico Italiano*, relates the cure of a case presumably of cancer of the cardiac end of the stomach with *Salicylic acid*. A man 54 years of age applied to him for the relief of severe stomach symptoms. He had suffered from "dyspepsia" with sour eructations for eight years, and had palliated his ailment with large doses of bicarbonate of soda. He had severe burning pain in the epigastrium extending into the liver and the spinal column, accompanied by difficult passage of food through the cardiac orifice, and the vomiting of masses of tough, stringy, sour or bitter mucus. Nothing could be retained except cold milk. He was constipated. Physical examination showed a very sensitive spot in the cardiac region and towards the left side, and deep palpation revealed a somewhat more solid area though no pronounced tumor.

Ars. and *Caps.* gave relief for a few days, but the trouble came back with renewed violence, coffee-grounds vomit and dark, bloody, mucous stools supervening. The slightest amount of food caused pain which extended to the liver and up to the spine between the shoulder-blades; the face assumed a pale, waxy color. *Phos.* and *Kali bi.* benefited slightly, and *Carbo veg.* and *Animalis* stopped the vomiting so that the patient was fairly comfortable for about a month, when an error in diet and a return to

the use of tobacco, which had been interdicted, brought back the pains, vomiting and bloody mucous diarrhoea. *Phos.*, *Ars.* and *Carbo an.* were tried among other remedies, but there was no steady progress until the doctor was directed to *Acidum salicylicum* by the following in Allen's Encyclopædia:

"Burning in the mouth and epigastric region. * * * Solutions stronger than 1-1000 are corrosive to the mucous membranes, and for the time being turn them white. * * * Burning in the throat. Hæmorrhagic pharyngitis with difficulty in swallowing. * * * Redness and swelling of the mucous membrane of the throat and posterior fauces with ulcers the size of the head of a pin; after a time a small lump of cheesy matter of a strong odor was expectorated with some bluish red blood. * * * Frequent vomiting. Erosions and ulcers in the stomach and bowels. * * * Ecchymosis and ulcerations in the mucous membrane of the stomach. Burning in the epigastric region."

The patient received 25 centigrammes of the 4th trituration every four hours for two days, every six hours for a month, and thereafter once a day. Soon after the first dose the vomiting ceased, and with progressive improvement the pain diminished, as also the sensitiveness, the sour eructations ceased and the patient, who was greatly emaciated, increased eight pounds within a month.

The diagnosis lay between cancer and round ulcer of the cardiac end of the stomach. Dr. Bonino was of the opinion that the seat of the trouble, the character of the pains, the fact that the patient was an inveterate smoker, his age, sex and cachectic appearance pointed towards the former disease, but realized that whichever it was the man was in a serious condition. The cure seems to be genuine, and, therefore, affords a clinical confirmation of the symptoms as recorded by Allen, which are mostly toxic effects of the crude drug.

New York State Homœopathic Medical Society.

597 ELMWOOD AVE., BUFFALO, N. Y.,

August 26, 1902.

My Dear Doctor: Do not forget that we are all going to Utica, September 16th and 17th, to see the "Utica fellows" and attend the semi-annual meeting of the New York State Homœopathic Medical Society. They say it is going to be one of the greatest meetings ever held. Don't miss it. Program will be mailed September 10th.

Yours for Utica,

DEWITT G. WILCOX, *Secretary.*

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Department of Materia Medica.

Conium Maculatum.

Lecture delivered by PROF. J. T. KENT, at the Dunham Medical College, Chicago.

This medicine is a deep acting, long acting antipsoric, establishing a state of disorder in the economy that is so far reaching and so deep and so long lasting that it disturbs almost all the tissues of the body. The complaints are brought on from taking cold, and the glands become affected all over the body. From every little cold the glands become hard and sore. Tenderness of the glands from taking cold. Infiltration in deep-seated diseases in the region of ulcers and in the region of inflamed parts; in the glands along the course of the lymphatics, so we get a chain like a string of beads, like knots. The glands under the arm inflame and ulcerate. The glands in the neck, in the groin, with ulcers upon the genitals, and without ulcers. Ulcerated parts indurate. An abscess of the breast becomes surrounded by lumps and nodules. Nodules in the breast even where milk has not yet formed; lumps and nodules, indurations and enlarged glands form under the skin all over the body. Conium has been used extensively for malignant, cancerous affections of glands, and no wonder, because it takes hold of glands from the beginning and infiltrates, and they gradually grow to a stony hardness, like scirrhus. Now, another grand feature running

through this remedy, deeper in character, is the action upon the nerves. The nerves are in a state of great debility. Trembling, jerking of the muscles and twitching from the weakness of the nerves. Inability to stand any physical effort without great exhaustion. Gradually growing paralytic weakness, somewhat as was described in *Cocculus*, only this remedy is more likely to go on to a complete paralysis. Exhaustion of both body and mind, that is, as was said of *Coccul.*, a general slowing down of all of the activities of the body. The liver gets tired and lazy and indurated, sluggish, enlarged. The bladder gets tired and lazy, is weak, can expel only a part of the urine. Or sometimes there is a paralytic condition and no expulsive power. This shows that the remedy travels toward a paralytic weakness.

Hysteria. Hypochondriacal state of the mind, with the nervousness, with the prostration of the nerves. Prostration of the nerves is such a generic term that it means a great many different things, but in *Conium* it means trembling and weakness of the muscles. He gets tired in the earlier stages, but finally this goes on until the limbs are paralytic.

A great many of the complaints are painless. The ulcers and the paralytic conditions are painless. Great physical and mental debility; great prostration of the muscular system; exhaustion, tremulous weakness. Paralysis of the legs and hip. Mental symptoms, nervous symptoms, trembling, in widows and widowers who have suddenly been deprived of their sexual relations. When in a state of considerable vigor, if suddenly deprived, the woman or the man frequently takes on a state of trembling weakness, inability to stand any mental effort, and inability to put the attention upon things said by others. Not so marked or not so common in the woman as in the man. Commonly in the woman when this state comes in one who is of unusual sexual vigor with severe congestion of the uterus and ovaries, *Apis* is more apt to fit into her symptoms than is *Conium*. But with hysteria and excitability *Conium* is often the remedy. Many of its symptoms come about from such a cause.

Conium has such a deep action that it gradually brings about a state of imbecility. The mind gives out. The mind at first becomes tired like the muscles of the body. Unable to stand

any mental effort. The memory is weak. The mind will not concentrate, it will not force itself to attention; it cannot meditate, and then comes imbecility. Inability to stand any mental effort or to rivet the attention upon anything are some of the most important symptoms in this medicine. Insanity of a periodical type. Imbecility, though, is far more frequent than insanity or any form of delirium. Now, when you come to examine the mental states you will see symptoms that will make you think the patient is delirious, but that is not quite it. It is a slow-forming weakness of mind; not that rapid, active state, such as accompanies a fever; it is a delirium without a fever, so to speak, which is not constant. Forms of insanity that are passive. He thinks slowly, or thinks almost not at all, and he continues in this stage for weeks and months, if he recovers at all. Those excitable cases that have more or less violence and activity in mental states are such as will correspond to *Bell.*, *Stram.* and *Ars*. You see nothing of that in this medicine. This state of the mind has come on so gradually that the family has not observed it at all. The mind is full of strange things that have come upon the patient little by little, and when the family look over the many things that he has done and said they begin to wonder if he is not becoming insane, but he is traveling toward a state of imbecility. Conium is of a slow, passive character. The mind travels towards imbecility and only occasionally does he have anything like decided insanity or active symptoms. Complete indifference; takes no interest in anything, particularly when walking in the open air. "He is averse to being near people and to talk of those passing him; is inclined to seize hold of and abuse them." That, of course, is an insane act. "Sad and gloomy. Great unhappiness of mind, recurring every fourteen days," showing a two weeks' periodicity. The Conium patient will sit and mope in the corner in a state of sadness and depression, giving no reason only that he is so sad. A hypochondriacal subject going around with whims and notions that people attempt to reason him out of, and the more they attempt to reason the more sad he is. Morose, peevish, vexed. Everything about him vexes and disturbs him. Cannot endure any kind of excitement, it brings on physical and mental distress, brings on

weakness and sadness. Sometimes the Conium symptoms will be found in persons who have suffered a long time from grief; all at once they become broken in memory. This is likely to come first. They forget, never can recall things just as they want them. And so they grow weaker and weaker until they become imbeciles. If it is decidedly mental, imbecility results; if it is taking a physical course the ending is paralysis, and it is not uncommon for a general paralytic weakness to come on, so that body and mind progress toward weakness together until some decided manifestation is made, and then it will be seen to be going toward paralysis, and the mind will improve a little; or some decided manifestation is made which will send it toward imbecility, and then the body will seem to grow a little stronger. There comes a time in these cases where there is a sort of division between the body and the mind. Whenever under homœopathic treatment the physical improves and the mental grows worse, that patient will never be cured. There are such cases. I never like to see the physical grow better and the mental grow worse in any degree. That does not mean the aggravation caused by the remedy, but it means after the remedy is through with its active work and settles down to business. If the mental does not improve, it means that the patient is growing worse.

Conium patients cannot endure even the slightest alcoholic drink. Any wine or stimulating beverage of any kind will bring on trembling, excitement, weakness of mind and prostration. Extremely sensitive to alcohol. There are many headaches in these patients. Patients going into decline will manifest headaches. Stitching, tearing pains in the head; throbbing in the head. Signs precursory to a giving out of the brain. Neuralgia.

Weakness of muscles. Weakness of muscles on one side of the face. Paralysis of the upper side of the lids. Tingling pains. These are only in keeping with the signs of a general breakdown. We would not think of giving Conium for those sudden, violent congestions of the brain, or sudden, violent attacks of pain in the head, face or eyes, but those that accompany a general progressive disease. There are stitching, lancinating, knife-like pains along the course of nerves about face and eyes and head. Stitching in the top of the head. Burning on top of the

head. A great many times symptoms will lead the homoeopathic physician to make a physical examination. A great deal more important than the physical examination are the symptoms that point out a remedy. Have you ever been told that burning like coals of fire on top of the head in a woman, a persistent burning, meant anything? It is very common to suppose that women who burn on top of the head suffer from endometritis. It is true that fixed symptoms in a given part will often teach the old physician an association of ultimates. But you will finally be able to know just from the symptoms of the patient what has been going on, and to see how the doctor who does not know his business might have told you where the seat of the trouble was. But remember the seat of the trouble is never on the outside, but is somewhere inside. Cannot endure any kind of excitement, it brings on physical and mental depression, headache and weakness.

Excitement will bring on headaches. Numbness of the scalp is one of the common symptoms of Conium. It is almost a general because wherever there is trouble there will be numbness, numbness with pains, very often numbness with the weakness. Paralytic conditions are attended with numbness. Sick headache with inability to urinate. Great giddiness. Everything in the room seems to go around. Confused feeling in the head. Often sits lost in thought. Vertigo and pressure in the head with unaltered pulse. Vertigo worse from stooping. The slightest spiritous drink intoxicates him. Vertigo when turning the head, like turning in a circle, when rising from a seat; worse when lying down, as though the bed were turning in a circle; when turning in bed or when looking around. The vertigo most common in Conium is that which comes on while lying in bed rolling the eyes or turning the eyes. Now, this is somewhat as it is in *Cocculus*, not as to vertigo alone, but the general slowed down condition of the muscles. The paresis, or weakness of the muscles all over the body is also present in the eyes. There is a muscular weakness of all the muscles of the eye, so that the Conium patient is unable to watch moving things without getting sick-headache, visual and mental disturbances. Riding on the cars, watching things in rapid motion, and inability to focus rapidly,—slowness of the accommodation is what we must call it,

is the cause for a great many sicknesses. Inability to follow moving objects with sufficient rapidity and a headache comes on. "Objects look red, rainbow-colored, striped; confused spots; double vision; weakness of sight. Short-sighted; cannot read long without letters running together." All this is due to defective accommodation. "Sluggish adaptation of the eye to varied range of vision. Vision becomes blurred when he is irritable. Weakness and dazzling of the eyes, together with dizziness. Aversion to light without inflammation of the eyes." The pupil will not accommodate itself to the changes between much light and little light, and he suffers from it. Photophobia. Severe photophobia and lachrymation. Sometimes the pupils are contracted and sometimes they are dilated. Conium has cured ulcer of the cornea. "Burning in the eyes when reading." Shooting, smarting, cutting, burning pain in the eyes. The lids indurate, thicken and are heavy and fall. It is with difficulty that he can lift them up. So this paralysis extends all through the muscles of the body and affects the mind similarly. "Could scarcely raise the eyelids, they seemed pressed down by a heavy weight. Burning on entire surface of lids; hordeola; paralysis of muscles of the eyes." A marked condition is that of swelling of the glands about the face, ear and under the jaws. The parotids are swollen and hard. The same gradually increasing hardness in the sub-maxillary glands and the sub-lingual glands. Enlargement of the glands of the side of the neck in cancerous affections. It has cured epithelioma of the lid, and of the nose and of the cheek. Ulcers about the lip with induration, with hardness. Deep down under the ulcer there will be hardness, and along all the vessels that send lymph towards that ulcer there will a chain of knots.

What would you expect that Conium would do to the œsophagus, after all we have said? Paresis extending to paralysis; difficulty in swallowing; food goes down part way and stops. As food is about to pass the cardiac orifice it stops and enters with a great effort. "Strange rising in the throat, with sense of stuffing, as if something were lodged there. Sense of fullness in the throat as of a lump, with involuntary attempts at swallowing. Fullness in throat with suppressed eructations. Pressure in œsophagus as if a round body were ascending from stomach." That is a

nervous affection found in nervous women and has for a long time been called *globus hystericus*. When a woman feels as if she wanted to cry, and she swallows and chokes, she will have a similar lump in the throat. Nervous, broken-down constitutions; tired of life; sees nothing in the future but sickness and sorrow and distress and paralysis or imbecility. When they have their lucid moments they weep, become sad over their enlarged glands and weakness, and have a lump in the throat.

There are many stomach troubles; ulceration of the stomach; cancer of the stomach. Conium is one of the greatest palliatives in symptoms of the stomach when all the symptoms agree. It will palliate those cancerous conditions for a while, then on comes the difficulty again, because when the symptoms have advanced sufficiently to indicate Conium many times there is no hope of cure.

Hardness of the abdomen, great sensitiveness of the abdomen. Pinching pains, stitching pains, colicky, cutting pains, cramping pains. Bearing down in the abdomen—in the woman—as if the uterus would escape. Often more common than diarrhœa is constipation with ineffectual urging, hard stool, paralysis of the rectum. Inability to strain at stool, inability to expel contents because of the paralytic weakness of all the muscles that take part in expulsion. The woman strains so much at stool that the uterus protrudes from the vagina. After every stool tremulous weakness and palpitation. That shows a marked weakness. The urine will stop and start, it is said to intermit. He strains to expel the urine and gets tired and stops. He has only been expelling a little stream. The stream of urine stops and without any pressure whatever it starts again, and it does that two or three times during urination. Irregular muscular actions while passing urine. "Intermittent flow of urine, with cutting after micturition. Urine turbid after standing."

Weakness of the sexual powers of the male; in fact, impotency. He may have most violent sexual desire yet he is absolutely impotent. "Great sexual desire with partial or complete incapacity. Emissions without dreams. Painful emissions and painful ejaculations." There is a catarrhal state of the seminal vesicles attended with much soreness, so that when ejaculation

takes place along the bulbous portion of the urethra there is cutting like a knife, as if the semen were acrid. Bad effects from suppressed sexual desire in widowers and those who have been accustomed to coition. "Sexual weakness. Insufficient erection, lasting only a short time; feeble embrace; weakness after embrace. Swelling and induration of testicles." Hardness and swelling of the testicles gradually comes on. "Discharge of prostatic fluid on every change of emotion, without voluptuous thoughts, or while expelling feces; with itching of the prepuce." Hence we have a strange intermingling of increased irritability of the parts, the neck of the bladder, sexual organs, prostate gland, with weakness, with impotency. In the male, remember, there is induration and enlargement of the testicles; in the woman induration and enlargement of the ovaries, perhaps of the uterus. "Uterine spasms during too early and scanty menses." Soreness in the abdomen in the early stages of gestation, motions of the child are painful. Burning, stinging, tearing pains in the neck of the uterus. Great soreness of the breasts. This medicine has dwindling of the mammary glands as well as enlargement and induration. Suppressed menstruation, painful menstruation, throbbing, tearing, burning pains in the uterus and in the ovaries, in the pelvis. It has cured fibroid tumors of the uterus. It has restrained very much cancerous growth of the cervix. One of the most distressing growths known to women is a cancerous growth of the cervix. It is the most difficult to check of all of the cancerous affections known. It will progress most rapidly, but Conium is one of those remedies that will slow down that inflammation and restrain somewhat the hæmorrhages. Conium has actually produced induration of the cervix along with infiltration; induration and infiltration are strong features of this remedy.

Difficult breathing. Dry cough almost constantly, worse lying down in bed. Cough when first lying down. Is obliged to sit up and cough it out. Taking a deep breath causes cough. Such are the striking features of a Conium cough. In the chest, violent stitches. Painful swelling of the breast. Rending, tearing pains in the chest.

In the back, weakness is a most striking thing, with some dorsal pains. Lancinating pains are spoken of. "Ill-effects of bruises

and shocks to the spine." After injuries, especially in the lumbar region, pains and filling up of the veins of the lower limbs. Rheumatic pains; paralysis of the lower limbs; ulceration. And the sufferings and conditions are better by letting the limbs hang down. Conium differs from a great many medicines. It is common for pains and aches to be relieved by putting the feet up on a chair; by putting them up in bed. But the patient with the rheumatism, with the ulceration of the legs and the other strange sufferings of the legs, will lie down and permit his legs to hang over the bed up as far as the knee. That is something that somebody ought to undertake to account for, so we could have at least one thing we could prescribe for under pathology. But up to date we have no explanation.

Another grand feature of the remedy: he sweats copiously during sleep. Sometimes the patient will say, and it at least sometimes appears to be true, that if he merely closes the eyes he will sweat. It is certainly true on closing the eyes preparatory to going to sleep he will break out in a sweat. One time Lippe and someone else were studying a case of paralysis of some part of the body, I do not recall where; after studying a long time they were unable to find a medicine to fit that case, but finally the patient said that if he closed his eyes he would sweat, and that was the reason that the giving of Conium became so prominent. When he closes his eyes he sweats. That was the distinguishing feature between Conium and other remedies that also had paralytic conditions. Conium was given and cured. Owing to the fact that Conium produces such a marked induration and infiltration of tissues that have been inflamed, stenoses are apt to form where inflammation has been present. Stricture of the urethra and stenosis of the os uteri have been cured by Conium.

Salicylic Acid.*

KITTIE W. HIGGINS, M. D., Denver, Col.

It has not been extensively proven. Much comes to us from its

*Read at the recent meeting of the Colorado State Hom. Society.

clinical use and the effects on the patients of old school practitioners, as it has been used extensively by them in rheumatic conditions, both internal and external. We get from these the mental and physical picture. There is the long, lank, hungry looking patient with dark rings around the eyes, and with yellow-whitish complexion, with a depressed heart action, a labored respiration (in small amounts the heart and respiration are increased). The patient is slow of motion, jerky and clumsy. Extreme forgetfulness; despondent, sees only the dark side of life, with thoughts tending to suicide; at times an incessant talker, changing from subject to subject (like *Lach.*).

As the condition becomes chronic they get mentally unbalanced (not violent); they will reason to their own satisfaction that they are an instrument of God to remove themselves or someone else from the earth. You will find many of the radical people are salicylic acid patients who have been under the old school treatment. Exercising either mentally or physically makes them mildly hysterical; sadness; groaning; hearing voices and music; passing into the so-called clairvoyant state; becoming unconscious; an aversion to a crowd.

Head.—Weakness; dullness; a dull, agonizing pain with buzzing on the right side; tension in front part with profuse sweat; shifting pains from R. to L.; vertex pain like dull humming; then a pressing sensation as though the hair was standing on end.

Eyes.—Pains with dim vision and dryness and burning of lids; dryness of all mucous linings with itching and burning in nose; also sneezing; dull, heavy pains in lower jaw and in parotid glands; worse on pressure.

Throat.—In throat there is a whitish mucus lining membrane, and an exudation in diphtheria; tenacious saliva (like *Kali bi.*), making swallowing difficult, with pains extending to ears; goes from left to right; tonsils swelling, internal and external; tonsils swollen; much heat; sensitive to touch; a bluish redness of the parts, with offensive breath; yellowish phlegm.

Stomach.—No desire for food; sour belching; acidity of stomach, with pressure and distension; some nausea from food in stomach and empty, gone feeling when there is no food; stools pass with much gas; insufficient, with straining, dryness, burning

and itching at the anus; dysentery like green scum on a frog pond (*Mag. carb.*); urine slow, difficult, scanty, often with a copious red sediment; thick and frothy at times.

Extremities.—Can't sleep nights; must get up and move around; pains worse lying down; stiffness of muscles as though he was a hundred years old. Rheumatism in joints, in small joints and mostly in lower extremities; swelling, tenderness, dull drawing pains, shifting (like *Puls.*); disappearing in one place, then appearing in another; the skin is rough with burning and itching of affected parts, profuse sweating at night; pains better while in motion, but patient is too weak to move much; worse nights and in cold.

910 Sixteenth St.

General Symptoms of the *Materia Medica*.

HARVEY FARRINGTON, M. D., H. M., Chicago, Ill.

13. *Anacardium Orientale*.

Antipsoric; antisycotic.

Imbecility; insanity; forgetfulness; mental confusion; anxiety; irritability; sadness; suspiciousness.

IRRESISTIBLE IMPULSE TO CURSE OR SWEAR.

Delusions.

Sensation of a PLUG, in various parts; of a band about various parts; of pressure.

Pains: bruised, aching, stitching.

Stiffness.

Right side.

Right to left.

Eruptions, vesicular, pustular, eczematous.

Paralysis of single parts.

< *morning*; evening till midnight; cold; *warm room*; *mental exertion*; *after eating*; playing the piano.

> after midnight and during the day; *in the open air*; lying down.

COMPARE: *Rhus tox.*, *Rhus ven.*, *Anac. occidentale*.
Antidotes the effects of *Rhus* poisoning.

REMARKS.—*Forgetfulness*: after severe illness, as typhoid fever, small-pox. The fever, delirium and other symptoms subside but the mind does not regain its tone. Brain fog.

Mental Confusion: unable to think connectedly; unfit for business; everything seems as in a dream; answers with great slowness, but correctly.

Anxiety: about the future; as if pursued, feels as if someone were behind him when walking.

Irritability: flies up at trifles, easily takes offence, apt to become violent; malicious. Cough in children of violent temper.

Sadness: with hæmorrhoids and constipation; with forgetfulness, etc.

Imbecility: after acute disease, apoplexy, in the latter stages of epilepsy; in old people; with lack of self-confidence; from cerebral softening; brain fog.

Insanity, marked by the strong tendency to profanity, the suspiciousness, anxiety and delusions.

Impulse to curse and swear, even in one who has never been known to use profane language.

Delusions or fixed ideas; that he is double; that the mind is separated from the body; that he has two wills, one commanding him to do what the other forbids; that a devil on one side urges him to do murder, while an angel on the other exhorts him to acts of benevolence.

Sensation of a plug: {in left parietal region, upper border of right orbit, in navel, in anus on straining at stool, in spine, in right side of chest.

Sensation of a band or hoop: from ear to ear around nape of neck, about chest, about knees, as if bandaged.

Pressure: in the forehead, in temples towards eyes, in right occiput from without inward or vice versa, in eyeball from before backward, from above downward in throat pit, stomach, glutei muscles, left acromion, thigh, etc.

Bruised aching or soreness : over the whole body, in the bones.

Stiffness : in the joints, > continued motion.

AGGRAVATIONS—*Morning* : more difficult to think, memory less reliable, headache, nausea, sensation of emptiness in pit of stomach followed by pressure; cold feet; melancholy.

Cold : cold air feels "unpleasant;" < toothache, neuralgia and rheumatism; sensitive to a draft, liable to take a cold; nausea from drinking cold water.

Warm room : internal chill ; generally uncomfortable.

Mental exertion : mental symptoms, headache.

After eating : in two hours, pain and rumbling in the stomach, nausea; headache, dry throat, melancholy, cough, fulness and rumbling in abdomen with plug-sensation at umbilicus; general weak feeling.

Playing the piano : heaviness and fulness of whole body.

AMELIORATIONS—*While eating* : headache; dry throat; all-gone feeling, dyspepsia; cough; sweat; nausea—morning sickness.

In open air : oppression of chest, generally better.

Æ. Antimonium Crudum.

Antipsoric; antisycotic.

Children and old people. Gouty or rheumatic constitutions.

Young people inclined to obesity.

Loathing of life; fretfulness, peevishness; aversion to being looked at or touched.

NAUSEA.

Thirstlessness.

Drowsiness.

Metastasis.

Twitching, jerking, convulsions.

Catarrhal affections.

Hæmorrhage; dark blood.

HORN Y EXCRESCENCES.

Emaciation.

Dropsy.

Effects of suppressed discharges.

< *morning* ; EVENING ; *night* ; *heat* ; RADIATED HEAT ; *on becoming warm* ; HEAT OF THE SUN ; cold ; *cold bathing* ; ACIDS ; VINEGAR ; WHEN STOMACH IS DISORDERED ; *touch* ; motion ; after eating ; wet weather.

> moderate temperature ; applied heat ; *open air*.

REMARKS.—*Loathing of life* with suicidal mood, great sadness, weeping.

Fretfulness, peevishness, irritability especially in children. Whine or scream out when approached, touched, or even when *looked at*.

Nausea all pervading, accompanying all complaints.

Metastasis : swellings of the joints disappear spontaneously or from external applications, and nausea, vomiting, etc., supervene.

Horny excrescences, corns, callosities form on the soles of the feet, large, at times very sensitive; injured finger nails grow out into horny, wart-like protuberances; *horny growths* under the nails; *horny warts* on the hands.

Emaciation : marasmus of infants.

AGGRAVATIONS.—*Morning* : eye symptoms, coryza, hunger, thirst, diarrhoea, lassitude, feels tired.

Evening : headache, irritability, coryza, nose bleed, thirst; marked general aggravation.

Warmth in any form causes exhaustion and many other symptoms, but the *heat of the fire* or radiated heat is intolerable, inducing cough, headache, faintness, nausea; aggravating the coryza, exciting the sexual appetite and causing erections. In the warmth of the bed eruptions itch; becoming warmed up, especially in the heat of the sun, brings on headache, diarrhoea, loss of voice, cough. In warm weather there are night-sweats, nausea, vomiting, drowsiness, headache; constipation; entering a warm room starts the cough and brings on chills. Yet—

Cold in any form aggravates. Sensitive to cold air, easily takes cold. Cold air inhaled feels scorching hot to the nasal mucous membrane in coryza, aggravates the coryza, the toothache, the rheumatism, etc. Cold drinks aggravate the diarrhoea and the

pains in the teeth. *Cold bathing*, especially swimming in lake or river, induces headache, coryza, diarrhœa, gastric catarrh, bronchitis, suppresses the menses.

Acid or sour things, such as *vinegar* and sour wine, upset the stomach, induce cough, bring on looseness of the bowels. The same applies in lesser degree to pork, pastry, bread, for these cause dyspepsia, and this patient is always worse,—

When the stomach is disordered; whether from the above or from overeating, or from a debauch, all symptoms are worse at this time. It might be said that the stomach is the centre about which all the functions of the other organs of this patient revolve. Hence,

After eating, fulness and bloating of the stomach, nausea, vomiting, neuralgic pains in the teeth, in the ear, etc.

Wet weather or dampness aggravates the rheumatism, the cough.

AMELIORATIONS. — *In a moderate temperature* the patient is fairly comfortable, consequently *the open air*, if not too cold or too warm, affords relief to nearly all complaints.

Warm applications or a warm bath subdue most painful symptoms; after a *warm* bath the infant suffering from summer complaint, whooping cough or gastritis is less peevish and evidently feels better.

Department of Homœopathics.

The Little Pink Captive.*

F. E. GLADWIN, M. D., H. M., Philadelphia, Pa.

What shall we do with the little pink man we have captured? He seems a robust little fellow well prepared to endure this life of captivity, but experience has taught us that many of these

*Read at the meeting of the American Hahn. Association, July, 1902.

little ones emaciate, fret and suffer, each in his own little way, until we wake some fine morning and find that the little pink man has escaped us. Why is it that we cannot keep all of these little captives? I remember once asking a student how a certain little fellow was getting on and he replied, "that baby is dead, and I believe they starved him to death because he seemed such a plump, healthy little fellow when he was born and the first few weeks of his life, then he emaciated and died." I remembered the evidences of sycosis noticed in the mother at the birth of the child and knew that this little pink man had starved, not because of a lack of food, but because he could not assimilate the food that had been put into his stomach. The curse had come upon him before he was captured.

I was called to see a little creature, the most emaciated that I have ever seen, and I have seen a great many; I don't know why it was living, for as it lay there fighting for every breath, like an adult in the last stage of consumption, and faintly wailing for food, it was an object of distress to itself and to all who saw it. He, too, was a plump little fellow when born. Some time afterward I learned that the father had an old syphilitic ulcer upon the leg; then I knew that this little pink man also had been cursed before he was born. Another little pink man was placed on my lap; he was such a tiny little man, little bones and scanty flesh, that one would wonder how he came to be living at all; yet his face was a picture of distress and his screams were loud enough and constant enough to belong to an older and larger child. The father and mother seemed healthy, but a little inquiry disclosed the fact that the mother had taken strong drugs all through the first months of pregnancy for the purpose of destroying this little fellow. The blight had come upon him before he came into this land of ours. Yet another was brought to my clinic,—emaciated, weak, distressed. Family history showed the fact that consumption was his birthright.

Each of these little men is a representative of his class, for our army of little pink captives may be divided into four classes: syctic, syphilitic, not wanted and drugged, and psoric. The blight of an inheritance is upon the whole army of little pink captives, but it was there before their captivity.

What are we going to do about it, for if we do not interfere the little captives will continue to escape as they have in the past, by the hundreds.

We have an army, but we must not consider it as an army. We have that army divided into four classes, but we cannot consider classes only,—we must consider the individual.

The sicknesses of the little pink man may be acute, but they are quite likely to be the outcroppings of a chronic trouble, for at best he is only a little pink bundle of ancestors. We, then, must look to his ancestors for the key which unlocks the meaning of his symptoms. The catarrhal symptoms may be due to a cold taken at birth, or they may be an inheritance. In the first case a light acting remedy will cover the symptoms and cure; in the second case some deeper acting remedy must be sought to cover all of the case. That first prescription! So much depends upon it! If the first prescription is correct all is well, but if it is only near enough to palliate then there's trouble ahead; a mistake has been made that sometimes can never be rectified.

The little pink man tells few symptoms, but he tells those few distinctly; he always tells the truth and can be depended upon. For instance, he comes to us with colic, he tells us very emphatically that he has the colic. It is so easy to give Cham. for colic in babies, that if his story is not carefully heeded and illuminated by the knowledge of his inheritance a mistake will be made. I have seen Cham. mix up more than one case where it covered the colic and not the child; then follow days of suffering for the little fellow and care and anxiety for the attendants; but the first prescription given correctly the case unfolds itself orderly and perfectly, and the watching and waiting for the repetition of the dose or change of remedy is not attended by anxiety. With great gladness we watch the little captive develop, grow fat, and smilingly decide to keep this land of captivity for his own.

Department of Clinical Medicine.

Palliation in Incurable Cases.

RUDOLPH F. RABE, M. D., Hoboken, N. J.

Some six weeks ago I was called to attend a man of forty-eight years said to be suffering from Bright's disease. He had been under the care of two able and experienced allopathic physicians, and both had abandoned the case as absolutely hopeless. Physical examination disclosed enormous œdema of both lower limbs, the right hand and arm, scrotum and penis. Ascites was marked, there was some fluid in the pericardium, and the bases of the lungs were markedly œdematous. The patient, of course, was unable to lie down, had to get what little sleep he could by leaning forward with his arms folded upon the cushioned back of a chair. His cough was loose and rattling, with a frothy, foamy, whitish and at times greenish expectoration. The heart sounds were very feeble and distant, pulse weak. Both legs were running water, the physician who preceded me having made multiple punctures to relieve the dropsy. The patient was very costive, and passing a small amount of urine in the twenty-four hours. An examination of the latter showed a very large amount of albumin, epithelial, granular and fatty casts, together with numerous kidney epithelia, giving an unmistakable diagnosis of a chronic parenchymatous nephritis. The man had been sick for three months, but whether there had been any previous trouble I could not ascertain. He longed for the cool open air, felt smothered in the warm room, and gasped as though he could not get another breath. He had no thirst and hardly any desire for food. Considering all the symptoms, both subjective and objective, I decided upon Apis, which was given in the 1000th potency. At the end of a week there was no improvement, but some thirst had now come on and the pulmonary œdema, consequently the cough,

had increased. Dyspnoea was also worse. Kali iod. 1000th was now given, and within five days all the distressing symptoms had been relieved. The patient was now passing more urine, bowels were free, could lie down for an occasional nap, and his cough and breathing were easier. The dropsy had also diminished somewhat, and altogether there certainly seemed to be a decided improvement. This fact, though pleasing to the patient and his family, merely served to make me suspicious of cure. Eleven days passed and sure enough the symptoms were worse again. In addition there was now bloating on eating a few mouthfuls, patient would feel like taking a little nourishment, but had to stop after swallowing a little. The right arm and hand were again very œdematous, and from the constant oozing of water the legs were very sore; in fact, eczematous. I now gave *Lycopodium* cm. and again the improvement started, the dropsy disappearing in the legs and arms, scrotum and penis, but the ascites remaining about the same. This fact confirmed my belief in the hopelessness of the case, since the relief of the dropsical symptoms did not take place in the right direction or in the inverse order of the coming of the symptoms. However, my patient was now in comparative comfort; he could lie down almost all night, his cough had left him, and his breathing was very easy. Under the action of *Lycopodium* he ran along for three weeks and then became much weaker, legs grew cold and appetite failed entirely. For two nights he had been very restless, yet the symptoms that had given him so much misery did not return. It was now just six weeks from the beginning of my treatment. He complained of the gas in his stomach, and in order, if possible, to relieve an existence which I felt was soon to draw to a close, I gave him a dose of *Carbo veg.* cm. I chatted with him for a few moments before leaving. That night he was awake most of the time, and in the morning, shortly before seven o'clock, he asked his wife for some milk. She went to the kitchen to get it and on her return the husband was dead. He had passed into his eternal sleep without a struggle, gently and peacefully. Such is the euthanasia that Homœopathy enables us to give.

Random Notes From Practice.

R. F. RABE, M. D., Hoboken, N. J.

It has been so often asserted that a high potency can produce no symptoms that any case proving the fallacy of this assertion becomes of interest. A few days since I was called to attend a young negro who had wrenched his neck while helping to move a piano. He had been in pain for the past twenty-four hours and complained of great soreness and stiffness in the nape of the neck. I put some No. 5 pellets of *Rhus tox.*, 500, B. & T., into a half glass of water and told him to take three doses at intervals of two hours. If he was no better by next morning he was to let me hear from him. The following day I heard nothing of him, nor the day after. On the third day I was again sent for, being told that the boy was very ill. I found him with a temperature of 101° and severe pains in his back, which extended downwards into the thighs. He was very restless and had slept none all night. Of his own accord he gave me the *Rhus* symptoms in the following: "Doctor, I can't lie down in bed, I've got to move all the time, the pain won't let me lie still; I walk until I'm tired, then I lie down, but it's only for a few minutes and then I have to get up again. When I first go to move I'm so stiff I can hardly turn, but after I've been moving a bit that eases up." He was very thirsty for cold drinks, and as is usual with negroes when sick extremely low spirited and afraid he was going to die. I asked him what he had done with the medicine I had left, and was told that he had been taking it right along every two hours, until it had given out, that morning. I had to tell him that he had a bad attack of muscular rheumatism, gave him a bottle of No. 35 sugar pellets moistened with alcohol, and within twenty-four hours he was as well as ever. And yet they say there is nothing in the high potency—oh, no!

In our eagerness to find and apply the similar remedy we are sometimes prone to neglect diagnosis. This should not be, for no matter whether the diagnosis of a case does or does not aid us in

our prescribing, it is our duty as intelligent physicians to understand the pathology of the condition our patient is in. As township physician of Weehawken it frequently happens that I am called to attend desperate and moribund cases, where a diagnosis is absolutely necessary for official reasons. A short time ago I was sent for hurriedly to attend a man said to be dying. On my arrival I found a man of about sixty-five years lying in bed and in a state of absolute collapse. He was covered with a cold sweat which stood out in large beads, especially on his head and forehead. His breath and body were icy cold, skin pale, breathing very difficult, inspiration seemingly easier than expiration; the pulse was filiform and so rapid as not to be counted. He was thirsty, drinking large draughts of cold water, and declaring that he was going to die. My questioning brought out very little information, excepting that he had severe pain in his abdomen, was a heavy drinker, had been vomiting and purging and was said to have had bronchitis. I gave him *Veratrum alb.*, 900, in water, a dose every fifteen minutes. I then set about to find the cause of all the trouble, for I had no hopes of saving the man. On inspection I found a rounded thorax which was laboring heavily with the attempts at respiration. Percussion yielded a tympanitic note all over the chest, liver dullness absent and the area of cardiac dullness gone. Palpation could discern no cardiac impulse whatever. Auscultation revealed feeble inspiration with prolonged expiratory murmur, moist râles posteriorly, and noisy sonorous and sibilant râles in front, which obscured the heart sounds entirely. That settled the diagnosis. Chronic bronchitis with emphysema, acute dilatation of the heart. *Veratrum alb.* brought the man out of the profound collapse, but the damage had been done and his heart ceased to beat within twelve hours more.

In the preceding case of emphysema the question of stimulation in cases of collapse comes up. Many homœopathic physicians throw overboard their Homœopathy in these desperate cases and resort to the usual old school methods of powerful physiological dosage. I heard so much of this talk that I determined to try it for myself, having plenty of opportunity in my township work. I have used hypodermics of Strychnine, Digitalin, Atropine, etc., in cases of collapse from heat stroke, cardiac syncope

in valvular troubles, cardiac paralysis, etc. As a result my faith in the indicated remedy has been strengthened, and if the case is at all curable or capable of being saved Carbo veg., Secale, Camphor, Veratrum alb., or whichever remedy may be indicated, will save life promptly, and, what is more, there will be no after-effects or reaction from over-stimulation. A case which comes to my mind will illustrate. A young married woman had an abortion performed by a midwife. However, nothing but a slight flow of blood for several days followed. She was then taken with a severe chill, followed by high fever. I was sent for, diagnosed sepsis and made an examination. Vagina was hot and dry, os uteri about the size of a thick lead pencil, fundus the size of a small orange. Patient said she had been pregnant two months. Her pulse was full and bounding, face flushed, temperature 105° . I gave Belladonna 900, and within eight hours the uterus had emptied itself of its contents, the temperature falling to 100° . The hæmorrhage which followed was slight, and cautioning my patient to remain in bed I went home. A few hours later I was hurriedly summoned to find the woman in collapse. She had risen from bed and attempted to walk across the room, when she became faint and fell. Pulse was, of course, very rapid and weak, skin cold and clammy, breath cold, and she was *asking for air, could not get enough air*. I gave Carbo veg. 900, a dose every thirty minutes, elevated the foot of the bed and applied hot bottles. The patient came out of this dangerous condition within a couple of hours, the temperature rising gradually to 99° from $95\frac{1}{2}^{\circ}$, and the woman made a complete and uneventful recovery.

In these cases the remedy acts promptly; the more desperate the case the plainer are the indications to prescribe on, and the high and highest potencies act with far greater rapidity than any hypodermic of strychnine ever given. When such a case now dies I feel fully satisfied that everything that could be done for the patient has been done, whereas formerly I was often wont to reproach myself for not having resorted to the physiological treatment. Homœopathy never fails us, but we must have the enthusiasm and faith to depend upon her at all times, for then only can we hope to do our best and achieve success where success is possible.

Miscellaneous.

President's Annual Address at the Fourth Session of the American Hahnemannian Association, Narra- gansett Pier, R. I., July 1, 1902.

Members and friends of the American Hahnemannian Association: It becomes my privilege to welcome you this season to Narragansett Pier, the scene of many enthusiastic gatherings of students of Homœopathy in former years. Though in numbers our present meetings offer an unfavorable comparison to the large society meetings often welcomed here, we may congratulate ourselves that, though few to the sight, we share the fellowship of those noble spirits and ardent workers who raised and defended the standard to which we are pledged.

As we seek the wonders of Divine laws and their operation, we are in company with Hahnemann himself, to whom we owe the foundation stones on which we build our knowledge of healing the sick. We are met under the banner which he, through many unfavorable winds, bravely raised, to which the pioneers in Europe stoutly rallied—The Cause of True Homœopathy, the beautiful philosophy of disease and cure which grows brighter and more beautiful with every application.

As we review the history of Homœopathy in Europe after the first quarter of the 19th Century we find the pioneers in the field mostly Hahnemann's countrymen, those who came directly in touch with the master and his work or their pupils; men who had the opportunity to observe his methods and the wonderful results and took upon themselves the continuance of his methods and researches into the action of drugs. Bradford's sketches of these men show them noble, enthusiastic, sacrificing personal ease in their devotion to the aim of establishing evidence in favor of the new gospel of healing.

The intense opposition of those who became jealous of their

success inspired all possible legislative injunctions against them. The powerful controversies, thus made public, of course served to arouse the interest of thinking men who were induced to investigate for themselves and thereby acknowledge the superiority of the new philosophy as truth. Impressed with its value by the results in actual practice, they upheld it through all opposition.

This enthusiasm, brought to America, found the atmosphere of freedom of thought conducive to its growth and gave birth to the first Homœopathic College at Allentown, Pa. Here the first class was graduated in 1841 and included the ardent Adolph Lippe, who, after many years of investigation in Europe, followed with a course of study here. We find, then, that Lippe, Dunham, Guernsey and Hering formed a powerful part of the front ranks in the onward march in this country. Unhampered by the spirit of intolerance so strong in Europe, it was possible here to establish many colleges that openly avowed to teach the practice of Homœopathy. In these halls the leaders, full of enthusiasm for the work they had seen on the other side of the water, presented the subject to the younger students, marked with the impress of their own personal charms.

It was during this same period that the great waves of scientific investigation began to roll over the world. Revelations of the microscope, the chemical laboratory and the power of anæsthetics led to wonderful announcements of new discoveries that tempted the appetite of the awakened, hungry minds before the ripening influence of sober second thought could act. Not having the evident results of "*similia similibus curantur*" firmly grounded in the underlying philosophy, scarcely daring, if able, to oppose the theories of localized disease origin and the conclusions of bacterial investigation, the younger disciples of Hahnemann yielded to the temptation to apply the rally-cry of the homœopaths on the basis of the new theories called science. Thus the colleges, anxious to be not one step behind the times, modified their teachings and formally installed the "*mongrelism*" against which Hahnemann had already uttered warning, early in his instructions.

Thus has it come about, as the colleges failed to teach the philosophy of the art and fostered the habit of mentioning its

chief text-book, if at all, only to scoff at it, that the firmest converts, the most faithful and therefore most successful practitioners of the true science and art of healing came not from the graduates of these colleges, but from those thinking men who came to see fallacy and failure of the old methods of reasoning and studied the master's writings and applied his instructions in their individual work. As they continued, the light in them slowly spread through the darkness, from the faint gleams of dawn to full day of realization of the truth.

When at length the classic training was begun by those who grasped the philosophy and realized the need of it for successful application of the methods, those who were privileged, through circumstances and inclination, to use the opportunity thus offered, realized how difficult the road for those working in the darkness. The ideal operation of the classic training is as yet limited to only a few, but fragments of it have been spread abroad in the journals, supplying a measure of food to the appetites of those who consciously hunger for the knowledge of fundamental principles and their application.

There were times when Philadelphia and then Boston were counted centers of Homœopathy, because they supported more homœopathic physicians and the leading colleges. Unquestionably now the course of empire trends westward, for to-day Chicago supports more opportunities and practice in this line than any city in the country or the world. The eastern sections have grown indifferent or antagonistic to the best aims of the profession, while the west, in this as in other matters, has proved itself alive.

When the American Hahnemannian Association was formed it was from a feeling that there was need for greater emphasis on the fundamental principles of the doctrines and an opportunity for members of the profession to study and come together and discuss these and their practice in full fellowship. This should be the spirit of its members, true fellowship in the cause. In mutual confidence of sincerity we should exchange the best efforts possible to be put forth for the illumination of the understanding and the purification of the practice of the true healing art.

With the knowledge of human nature gained in our study of

humanity differences of personality should be granted, and recognizing them we should adjust personalities in harmonious relations. Certainly there are sufficient bonds existing to unite those, who, convinced of the superiority of the Doctrines of the Faith, desire to have them applied to the needs of humanity and their beauties and benefits more fully appreciated. Throughout the land there are so few associated in thought that we necessarily realize a sense of loneliness in medical work. Furthermore, we all need to gain so much that this realization should bind us in study of the same subjects. Then there are so many incentives offered throughout the professional world to draw the will from its well rooted aims. While we seek to give our best attention to the patient and his welfare, there are so many things encountered urging the mind away, demanding a trial of all sorts of things outside our constant firm supports. All these things should unite us firmly in association and mutual defense against the attacks of others.

The American Hahnemannian Association has passed its second summer, the period well known in an infant's life as the test of its vitality. It has survived this period. If, now, it does not thrive the reason cannot be laid to lack of vitality given at birth. It will be because of deficient nutrition supplied through the channels through which it should be fed. It has taken its place in the world, an infant it is true, but of proved vitality. Its future course and action will be largely determined by the action of its members at this meeting.

In the world this society stands as the exponent of principle in practice. In the profession it stands as the defender of true Homœopathy as expounded by Hahnemann against the mongrelism called Homœopathy on a modern basis. To its members it stands as the meeting ground where all questions of doctrine and practice can be discussed and studied in an atmosphere of sympathy and fellowship; where each may be certain that the problems with which he is struggling will be understood and treated in the light of the same fundamental principles as he tries to apply.

We are, then, bound to uphold the Association in duty to those seeking the benefit of mature discussion of the problems ever

arising; as a harbor where those well trained, coming from the shelter where the standards are set for them may find peaceful anchor and place to trim sails when tossed on the waves; in duty to our patients, for whom we should guard every avenue where an added ray of light may determine more clearly the best for their welfare; in duty to the profession which will suffer disgrace in proportion as we soil its banner with treachery and desertion. It is to be hoped that the sessions during these days will be so conducted and imbued with hearty discussion and change of thought that the influence shall be felt in the future work of all who participate and read its transactions. It is to be hoped that each one present shall go from Narragansett Pier more impressed with the realization that he is a servant in a Divine Kingdom, strong with the power that comes fully to all who seek it truly, and better prepared to show forth the glory of Him who governs the kingdom.

JULIA C. LOOS,
President.

Biographical Sketches of Some of the World's Greatest Physicians.

GEO. L. KNAPP, M. D., Chicago, Ill.

11. William Harvey.

In 1616 a young doctor, "reading lectures on anatomy and surgery" in the Royal College of Physicians, announced a discovery which, though long foreshadowed, was none the less new. The discovery was the reward of severe study, keen observation and logical, orderly thought. It was absolutely necessary to the further progress of physiology. The young doctor is commemorated by four lines in a popular English history, and by a place as one of the name-fetiches of science. Nearly every one knows that Harvey discovered the circulation of the blood, and nearly

everyone is totally ignorant of everything else about him. Nor is this ignorance the fault of the people. English histories record with abundant detail and unimpeachable accuracy the color of Elizabeth's nose paint and the style of Beau Brummel's breeches, but they may be searched in vain for any light on the life and character of the first great English anatomist.

William Harvey was born at Folkstone, Kent, on April 1st, 1578; he died at London, June 3d, 1657. Those seventy-nine years were stirring ones. We seldom think of associating the names of Elizabeth and Cromwell, of Captain John Smith and Catherine de Medici, of William the Silent and Gustavus Adolphus. Yet here is a man who was born in the middle of Elizabeth's reign, and died only a year before the death of the Great Protector; who heard his parents discuss the murder of the Prince of Orange, and himself rejoiced at the belated demise of the royal Florentine strumpet; who was walking the wards of St. Bartholomew's Hospital when John Smith was making love to Pocahontas, and travelling on the continent when the Swedish deliverer died at Lutzen. Harvey was the contemporary of Galileo, Bacon, Shakespeare, Descartes. He was in Italy when Bruno was burned. He was probably in Germany when Madgeburg was sacked. When he accompanied the Duke of Lenox through Europe he might well have visited Kepler, and when he followed the fortunes and looked after the digestion of Charles I. he very likely passed through the village where the widow Newton was striving so hard to keep life in her sickly baby, never dreaming of the loss that would be England's should she fail.

Young Harvey was sent to school at Canterbury in 1588—the year of the Armada. He remained there six years, and then entered Caius-Gonvil college at Cambridge. It is interesting to note that England's men of science have usually been trained at Cambridge, while her literary lights when they have been university men at all have generally studied at Oxford. One author ascribes this to the difference in race between the East and the West of England; the East which is Saxon, and therefore scientific, going to Cambridge, while the semi-Celtic and poetical West gravitates naturally to Oxford. Like most literary generalizations on scientific subjects this theory is most satisfactory when

viewed at a comfortable distance from facts. Harvey, indeed, came from the east of England. Of his ancestors we know nothing. But we have Harvey's description from the pen of a contemporary. Short of stature, spare in youth, portly in advanced life, face round and keen looking, complexion very dark, hair black, eyes small, round, black and sparkling; the portrait is as Celtic as the magic of Owen Glendower. Celtic, too, was his nature; his quick temper, his sprightliness, his strong personal loyalty, his caustic wit. Had Cambridge educated none but Saxons, Harvey must have sought another Alma Mater.

Harvey spent three years at Caius-Gonvil College, taking his B. A. when nineteen years old. He had been a bright scholar at Canterbury and at Cambridge and carried this reputation with him into Italy. The English schools of medicine were little thought of at that time, and Harvey chose to get his medical training at Padua. The choice was undoubtedly a wise one. Padua had been famous for centuries; Vesalius had raised it to the highest pitch of renown and now, in 1598, a name nearly as celebrated as that of Vesalius was attracting students from all parts of Europe. Fabricius, of Aquapendente, is known to us chiefly from the praises of his pupils. His discoveries, though indicating close observation, are not remarkable. But he seems to have been a teacher of surpassing merit: one of those rare men who, laying aside the function of drill-master, teach their pupils to think. Harvey attached himself to Fabricius and became a favorite with the great master. He remained at Padua five years, returning to England in 1602—with the degree of Doctor of Physick.

Little is known of his life for some years, but it can scarcely have been unpleasant. The anatomist's parents were certainly wealthy. Not only did William receive a costly education, but five of his six brothers became prosperous merchants of London; and though they doubtless owed much to their industry, they seemed to have had abundant capital to start with. With plenty of money, a profession which he loved, congenial friends and ample opportunity for study, there was obviously only one requisite of perfect happiness wanting. The want was soon supplied. In 1603 Harvey married the daughter of an English

physician, Dr. Lancelot Brown. This is the first we hear of the lady. It is also well nigh the last. We do not even know when she died. She bore no children and seems to have played little part in her husband's life. Indeed, Harvey had a poor opinion of the sex in general and probably made no striking exception in favor of his wife. "We Europeans," he wrote, "know not how to order or govern our women. The Turks alone are wise in such matters."

Meantime he was practicing in London, and no doubt devoting much of his spare time to study. One of his biographers believes that Harvey's practice was already a lucrative one. Certainly he was making powerful friends, for, when thirty-one years of age, he was appointed to the staff of St. Bartholomew's Hospital. This was in 1609. Whether there is any cabalistic significance in the numbers or not, that year witnessed some strange and varied occurrences. It was the year in which Kepler, after trying nineteen erroneous hypotheses to account for the motions of Mars, hit upon the twentieth and correct one. It was the year that the "gentlemen adventurers" of Virginia were going through the season of trial known as the Starving Time. It was the year in which Philip the III. drove the last nail in the coffin of Spanish national greatness by expelling the Moors. Kepler's book doubtless interested Harvey, but he probably paid scant attention to the other events. Politics always bored him. He is said to have been an efficient worker at St. Bartholomew's. The post gave him much prestige and greatly increased his practice. Among his patients at this time was a man who, though neither the wisest nor brightest, was assuredly one of the meanest of mankind—Francis Bacon. The connection was no doubt profitable to Bacon's mind and Harvey's pocket-book. Harvey has been pointed out as one of the first products of Bacon's teaching, and it is said that the reasoning in the "Motion of the Heart and the Blood" follows the lines laid down in the "Novum Organum." The resemblance may exist, but Harvey owed nothing to Bacon. The *Novum Organum* was not published until four years after Harvey's theory was first announced. Harvey had, besides, formed a very just estimate of the much magnified philosopher. "The Lord Chancellor," he said, "writes on science like a Lord Chancellor."

In 1615 Harvey was appointed to "read lectures on Anatomy and Surgery" at the Royal College of Physicians. He began lecturing the following April, and in his first course expounded pretty fully his doctrine of the circulation of the blood. The first draft of his book was written three years later. Harvey wrote in English, and his work was translated into Latin, probably by his friend, George Ent. After many delays it was published at Frankfort in 1628. It is not too much to say that the publication of this little book marked an epoch in medicine.

The book begins with a careful examination of the various theories of the heart and blood which had already been put forth. There was little trouble in showing the fallacy of them all. Then the author discusses the anatomy of the heart and blood-vessels, calls attention to the valves and notes how admirably the vascular system is adapted to the circulation of the contained fluid. He then proceeds to give the results of vivisection. He shows that all the blood in an animal's body may be drawn from either a vein or an artery, thus proving the connection between them. The valves of the heart prevent any regurgitation, the valves of the veins prevent backward flow. Hence the only rational solution is a continuous forward movement. He tried to reduce the matter to exact measurements. He measured the total blood in an animal's body, measured the capacity of the left ventricle, and estimated the amount expelled by each contraction of the heart. Then by simply counting the heart beats he showed that all the blood in the body must pass through the heart every few minutes. He noted the diffusion of poisons and used this fact as another argument in favor of the circulation. The one sufficient cause of the motion of the blood he found in the propulsive power of the heart. This was an idea altogether new. A great many anatomists were prepared to admit the lesser or pulmonary circulation, but they accounted for it by the suction of the diastole. Harvey showed the pulse coincided with the systole of the heart and the diastole of the artery. His work is full of close reasoning and is not without a rude but effective rhetoric. His impatience with some of Galen's ancient guesses is extreme and he scores in none too gentle language the inconsistencies of his contemporaries. It was held that the air was mixed with the blood

in the pulmonary veins. Harvey quietly asks if anyone ever found air in the veins of a living animal. It was taught that the mixed blood and air entered the left side of the heart from the pulmonary veins and that the air was passed onward, being prevented from returning by the mitral valves, which, nevertheless, were supposed to afford a free passage either way for the blood. This was too much for Harvey's scant patience. "Good God!" he exclaims, "Good God! how should the mitral valves promote the regurgitation of air and not of blood?"

The originality of Harvey's teaching has been often and unjustly questioned. It is true that the coming event cast its shadow before, but the event itself was new. The belief commonly accepted in Harvey's time was that the blood passed back and forth in the vessel "like a lake agitated by the wind" Galen taught that all the veins originate in the liver, and no discovery that Vesalius made was more bitterly disputed or more slowly admitted than that of the cardiac origin of the vena cava. That there was some sort of circulation through the lungs had long been known. One writer of the sixteenth century states the case thus: "The vital spirit has its origin in the left ventricle, the lungs assisting in its generation. It is engendered from the mixture that takes place in the lungs of the inspired air with the elaborated subtle blood which the right side of the heart communicates to the left. But this communication takes place, not by the middle septum of the heart, as is commonly believed, but by a remarkable artifice; the subtle blood of the right side of the heart is agitated in a lengthened course through the lungs, whereby it is elaborated from which it is thrown of a crimson color, and from the vena arteriosa (pulmonary artery) is transfused into the arteria venosa (pulmonary vein); it is there mixed in the arteria venosa itself, with the inspired air, and by the act of expiration is purified from fuliginous vapors, when, having become a fit receptacle of the vital spirit, it is at length attracted by the diastole" This description occurs in the "Restitutio Christianismi," published in 1553. It was written by Michael Servetus, who was educated for a physician, but abandoned medicine for theology. His life is chiefly famed for the manner of his leaving it, viz., in a fire of green wood kindled by one John Calvin.

It can easily be seen that Servetus had no notion of a constant and regular pulmonary circulation propelled onward by the muscular force of the heart. On the contrary, the only part the heart plays in his scheme is that of diastolic suction. For the rest the blood is merely "agitated" through the lungs by an indefinite force in an indefinite manner. It does not need Willis's jealous partiality to acquit Harvey of having stolen his ideas from this work; which, by the way, he never saw. Realtus Columbus, in a work published in 1559, gave much the same account of the pulmonary circulation as Servetus did. Columbus recognized the office of the tricuspid valves, but fell into the Galenic error concerning the liver and the venous system. Harvey recognized in the body not one circulation but two, separate yet interdependent. He saw, too, that this circulation was not accidental, the result of some mysterious agitation, but a necessary condition of existence, due primarily to the contractile power of the heart, and carried on in a system of surpassing beauty and perfect mechanical design. If he exaggerated a little, calling the heart the "sun of the microcosm," the "household god of the body," the "beginning of life," we should remember that discoverers usually do exaggerate. The surveyor comes a long way after the explorer.

The best proof of the newness of the doctrine is the opposition it aroused. In the opening of the eighth chapter of this work, Harvey confesses to some anxiety for his reputation. "I tremble lest I have mankind at large for my enemies, so much doth wont and custom, that becomes another nature and doctrine once sown and that hath struck deep root, and respect for antiquity, influence all men." This event justified his tremors.

Not only did all who clung to the exploded fragments of Galen's reputation decry this new departure from the teachings of the "master," but many serious and fair-minded men opposed the new theory. We must remember that there was one gap in Harvey's argument, the course of the blood after leaving the arteries and before reaching the veins. Not till four years after the death of Harvey did Malpighi discover the capillaries and complete the survey of the vascular system. In 1628 this convincing testimony was not available. Caspar Hofman, of Nuremberg, stood up for the old theory that the "veins were the

conduits of the nutrient blood and the arteries of the vital spirits." Veslingius, of Padua, offered the pertinent objection that there was a radical difference between the color of the venous blood and that of the arterial. Harvey's reply has not been preserved, but some time later in answering another critic he called attention to the fact that venous and arterial blood become absolutely similar after exposure to air. Riolan, a Frenchman, was one of Harvey's most violent critics; and Primerose, a Scotchman, born and educated in France, assailed the new theory with every controversial weapon except fact and reason. To his other opponents Harvey replied courteously, but in the second of his epistles to Riolan he gives rein to his Celtic temper thus: "It cannot be helped that dogs should bark and empty their foul stomachs or that cynics should be numbered among philosophers, but care should be taken that they do not bite or inoculate their mad humors or with their dog's teeth gnaw the bones of truth." Harvey was not long without supporters; the first of whom we have record was not a physician, but the great philosopher Descartes. Writing in 1637 Descartes says: "I must refer to the work of an English physician, to whom belongs the honor of having first shown that the course of the blood in the body is nothing less than a kind of perpetual movement in a circle." Two years later Roger Drake published a vigorous and able reply to the strictures on the new theory; Caspar Hofman had by this time acknowledged his error; Werner Rolfink, of Jena, became Harvey's champion in 1641. More fortunate than many greater men, Harvey lived to see his doctrines taught as assured science in nearly every university in Europe.

So much for the profession. "Mankind at large" was even less tractable. The discovery which proves genius to us spelled insanity to his contemporaries. John Aubrey tells us: "I have heard him say that after his book on the circulation of the blood came out he fell mightily in his practice; 'twas believed by the vulgar that he was crackbrained, and all the physicians were against him." In another place he informs us that the physicians of the time "could not tell by his bills (prescriptions) what he did aim at," and, finally, "Though his profession would allow him to be a good anatomist I never heard any that admired his

therapeutique way." The judgment of his contemporaries upon Harvey has been passed by posterity upon his contemporaries.

Fortunately, Harvey was independent both of public confidence and the good will of his brother practitioners. He had placed his business affairs in the hands of his brother Eliab, a shrewd and farsighted merchant, who administered the doctor's affairs as diligently as he did his own. He was, moreover, in receipt of a royal pension. In 1618, or thereabouts, Harvey was appointed physician extraordinary to his slobbering majesty, James I. Charles continued the anatomist in office, and some time later appointed him physician in ordinary, which relieved him from private practice. He travelled with the Duke of Lenox to the Continent in 1630, returning two years later. In 1636 he accompanied the special embassy to Vienna. It was during this trip that he met Caspar Hofman and argued with him on the doctrine of the circulation.

Charles I. was not destined to a quiet reign, and his favorites had to share his vicissitudes. The very year that Harvey's book was published Charles gave his assent to the Petition of Right, only to violate his word the moment the money came in. When war broke out between the King and Parliament Harvey followed the King as a matter of course. It is singular to note that Parliament, professing the most tender regard for the health of the Prince, against whom they were rebelling, gave Harvey positive orders to accompany His Majesty. Harvey accompanied His Majesty, but not out of respect for the wishes of Parliament. He had seen war in Germany and loathed it with his whole soul. He did not propose to cease his studies altogether merely because England was divided into two parties who were ardently seeking each other's throats. At the battle of Edgehill Harvey was seated under a hedge reading a work on Animal Generation, until interrupted by a "bullet from a great gun" which landed near him. When the King took up his quarters at Oxford, in 1642, things went better. It was then that Aubrey first saw him—"but I was then too young to be acquainted with so great a doctor. I remember he came several times to our college (Trinity) to George Bathurst, B. D., who had a hen to hatch eggs in his chamber, which they opened daily to see the progress and way of

generation." In 1645 the King appointed Harvey warden of Merton College, but when the town surrendered to Fairfax the following year Harvey resigned and the old warden, Nathaniel Brent, was reinstated. Harvey was now sixty-eight years old, racked with gout, and more than ever disgusted with war. He quitted the royal service and went to live with his brother Eliab. This was his home during most of the remainder of his life.

For many years Harvey had been profoundly interested in the process of reproduction. He had experimented on the most diverse species of animals, and had accumulated a vast store of information concerning their sexual habits and embryology. A manuscript work on the generation of insects was lost in the confusion resulting from the Civil War. Most of his data were more fortunate. In 1651 he published the results of more than twenty years' research in the book, entitled "Animal Generation." It is notorious that an author is seldom able to judge the comparative merits of his works. George Eliot prided herself most on her dreary "Daniel Deronda;" Poe ranked the sub-freshman jingle of the lines "To Annie" as the chiefest of his writings; Kipling gives "Stalky & Co." to the world amid a blare of advertising trumpets, and leaves the "Recessional" to be rescued from the waste basket by his wife. One is not surprised, therefore, to learn that Harvey set most store on his last and bulkiest work. The book, indeed, contains much curious and some valuable information, and testifies to the marvellous observing power of its author. It startles one to find that Harvey had detected the difference between the foetal heart beat and that of the mother. His observations on parturition are also interesting. Yet after all the world would have been little poorer had the "Animal Generation" shared the fate of the manuscript on insects. It could not well have been otherwise. Harvey had been twenty years in his grave when the discovery of the spermatozoa first made possible a rational theory of reproduction.

Meanwhile the anatomist was enjoying a peaceful and honored old age. He had been profoundly melancholy for some time after the death of the King, but this apparently wore off. He had no children, but their place was taken by the children of his brothers, and Harvey seems to have been an affectionate uncle. Much of

his regard was bestowed on the College of Physicians, and the institution returned the honor in full. In 1652 Harvey's statue was erected in the college, the following year he began to erect a building for the institution, and one year later he was unanimously chosen president. This honor he declined. He was now seventy-six years of age and might well refuse to be burdened with the management of a medical college. At his request the outgoing president, Dr. Prujean, was re-elected. Two years after this occurrence, Harvey made over to the college a considerable sum of money and in his will he charged his estate with the completion of the building he had commenced. The next year, 1657, he died. His body was buried at Hempsted, Essex.

Editorial.

Hering and Dunham United.

The friends of Homœopathy, far and near, will rejoice over the good news that DUNHAM and HERING have become one institution. Many have looked forward with eager anticipation to the time when such an event should take place, well knowing that it would be for the best interests of the cause they held so dear. Of twenty-two colleges professing to teach Homœopathy, these two are the only ones that furnish a course in *Materia Medica* and "Homœopathics" which will enable the young graduate to apply the teachings of Hahnemann in the most practical and hence most successful manner in the treatment of the sick.

However well read a man may be in general medicine, surgery and allied sciences it is utterly impossible for him to cure disease unless he is equally well grounded in the Homœopathic *Materia Medica* and the knowledge of its use. The DUNHAM and the

HERING were the only real competitors in this line, and situated as they were, within the limits of the same city, there seemed no valid reason why they should not join forces and work together.

A plan for accomplishing this end was readily agreed upon. Dr. H. C. Allen was elected President of the Board of Trustees and Professor of *Materia Medica*; Dr. J. T. Kent, Dean of the Faculty and Professor of Homœopathic Philosophy or the Organon; Drs. King and Waring were requested to continue as Registrars for the coming session, and other professors, lecturers and demonstrators received appointments in the respective departments in which they were before the affiliation took place. We do not hesitate to say that the resultant faculty is the strongest ever gathered together in any Homœopathic College. The advantages to the student are evident. Think of two such masters as Allen and Kent teaching under the same roof! Dr. Kent will continue to give his classical lectures on *Materia Medica* and Dr. Allen will not entirely relinquish the all-important subject of the Organon, and each is well supported by associates in these branches.

About two years ago the happy union of the Dunham of Chicago with the Post-Graduate School of Homœopathics of Philadelphia was celebrated. The new college therefore represents, in reality, a combination of the three best institutions of the country and has the power of conferring upon its post-graduate students the unique degree of H. M., Master of Homœopathics.

God speed to the HERING-DUNHAM MEDICAL COLLEGE AND POST-GRADUATE SCHOOL OF HOMŒOPATHICS!

Chicken-Pox Contracted After Small-Pox.

In a paper read before the Philadelphia Pædiatric Society, Dr. Jay F. Schamberg reports a case of chicken-pox wrongly diagnosed, that was sent to the children's ward of the Municipal Hospital, New York, and thirty-three of its inmates, recovering from small-pox, contracted chicken-pox. One child showed signs of the latter miasm on the seventeenth day of the variolous eruption, during

the stage of pustulation and with a temperature of 104° F., but most cases did not respond to the infection before the thirtieth day, thus during convalescence. This is a direct confirmation of Hahnemann's teaching, based upon records of cases in allopathic literature and his own experience, that a patient suffering from one acute miasm is to a certain extent immune from the effects of another unless it is a very much stronger one.

Fruit Constipation.

In many cases under constitutional treatment, while waiting for the action of the remedy or while studying the symptoms for a new remedy, it is admissible to palliate by dietary measures. Inveterate constipation is a good example. The following is a list of fruits which are known to have laxative properties: Figs, prunes and plums, oranges, tamarinds, dates, mulberries, nectarines.

It may be said that, in some instances at least, bananas and peaches are slightly constipating.

Suppuration Without Bacteria.

One by one, the fads of the day are shuffled off like so much old clothing, and are thrown aside for something new. According to recent experiments by Kreibach, suppuration may result from chemical irritation and entirely without the aid of bacteria.

He injected sterile croton oil under the skin of patients suffering from eczema, and out of sixty-seven cases was able to demonstrate the usual forms of cocci in only six.

He claims that the contents of cavities hermetically sealed, as, for instance, the serum in large blisters or blebs, may become purulent without a vestige of bacteria. The Germ Theory is already in need of several good sized "patches."

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Department of Materia Medica.

Cuprum Metallicum.

Lecture by PROF. J. T. KENT.

We will now take up the study of Cuprum. If I were going to manufacture a Cuprum case I would go about it in two or three different ways. Anything that will debilitate an individual until he is in a great state of prostration, as after exhaustion with great excitement until the feeling is brought about that he must do something, that he will fly if he does not move, that he will go all to pieces if he does not do something, if something does not happen; this will give the first step. Now screw him up into a tension and he will cramp, the muscles commence to pull and to tighten, everywhere the muscles commence to contract. Wildness that is hysterical in character with contracture of muscles.

Go about it in another way. Bring on a tremendous and sudden diarrhœa so that there is vomiting and purging, but manage to keep up this tension with excitement and stimulation. Copious, watery discharges and exhaustion—and the muscles begin to cramp and draw and twitch and the limbs jerk. Exhaustion is one element, but unusual tension of muscles is another; these two go together. Now more rarely we see the muscular system draw and cramp and tighten up in connection with strength; but with the extreme case it is the opposite. You would hardly

suppose some of these patients had vitality enough, or strength enough in their muscles to get up a cramp, yet they are the ones to cramp the most violently. Convulsive cramps all over the body with twitching, jerking, trembling and blueness of the skin. Everything he does, all his actions are spasmodic, are convulsive. All the sphincters are convulsive. All the activities are irregular, disorderly and convulsive when poisoned with copper. Bear these things in mind as we study every region in Cuprum. Repression or driving in of eruptions, attended with diarrhœa and convulsions, sometimes only convulsions. We go to the bedside of a case of measles or scarlet fever with a rash that has been suppressed by a chill or exposure to wind and convulsions have come on. That belongs to *Zincum* and Cuprum, sometimes to *Bryonia*, but to *Zincum* and Cuprum particularly. Twitching of the limbs from a sudden suppression of a scarlet fever, with suppression of urine, chorea, etc. Cramping of the muscles of the chest; cramping of the calves; cramping all over. Scarlet fever came out, stayed out for a day, was exposed to the wind or some foolish old mother thought that a hot bath would be good for it, a draft of air blew across the body and the eruption went back. That is *Zincum* or Cuprum. Suppressed eruptions. Discharges that have been in existence quite a long time. The individual has become debilitated and worn out with excitement, but this discharge barely kept him alive. He has gradually grown weaker and weaker, but he has kept about because he had a discharge. It has kind of furnished him a safety-valve ventilation. If stopped suddenly convulsions will come on. That is like Cuprum. A woman who has suffered a long time with a copious leucorrhœa and some old fool of a doctor comes along and tells her she must take a cold bath and cold injections and she checks it up for a few days, hysterical convulsions, crampings and tearing of the muscles come on; contractions of the fingers and toes. Discharges from old ulcers, fistulæ.

Cuprum will re-establish a discharge that has been suddenly suppressed and convulsions followed. It stops the convulsions and re-establishes the discharge. It has caries, it has senile gangrene, or the gangrene that belongs to old age; old shrivelled up octogenarians, whose toes and fingers get dark in spots; feeble circulation.

In the Cuprum patient the nerves are all the time right up to the highest tension, the highest pitch; wants to fly, wants to do something dreadful; feels compelled. Impulsiveness. Compelled to do something; restless and tossing about—a constant uneasiness; nervous trembling; always tired. Great weakness of the muscles, and great relaxation of the body when the convulsions are not on. Twitching and jerking and starting during sleep. Grinding of the teeth with brain affections. Inflammations cease suddenly and you wonder what has happened. All at once comes on insanity, delirium, convulsions, blindness; evidence of cerebral congestion and inflammation appearing with wonderful suddenness. Metastasis. A perfect change from one part of the body to another. That same thing may occur from a suppressed eruption, or suppressed discharge, or a suppressed diarrhoea, and it goes to the brain, affects the mind and brings on insanity; a wild, active, maniacal delirium. Cuprum is not passive in its business. Violence is manifested everywhere. Violence in its diarrhoea, violence in its vomiting, violence in its spasmodic action; strange and violent things in its mania and delirium. "Bellows like a calf during delirium." Cuprum is no slow medicine. Hysterical cramps and hysterical attitudes may change in a night or a day to St. Vitus' dance, and go on with it straight ahead as if nothing had happened. Such is the suddenness with which it changes its character. This is not generally known of Cuprum—this constant changing about. Spasmodic affections in general. Spasmodic cough, spasms all over the body. The face becomes purple. He loses his breath; suffocates. The mother thinks the child will never come to life again. Spasms of the chest; spasms of the larynx; spasms of the whole respiratory system of such a character that the child seems to be choking to death. The mother is found in tears.

Whooping cough. With every spell of whooping cough comes this awful spasmodic state, this spasmodic coughing. Jerking of the muscles. Cuprum has spasms of the limbs with all sorts of contractions such as are found in hysterical constitutions. Puerperal convulsions. Convulsions where a limb will first flex and then extend—an alternation of flexion and extension. In a child you will see the leg all at once shoot out with great violence, then

up against the buttocks again with great violence. and then again shoot out. It is hard work to find another remedy that has that. *Tabacum* has it, but not many others. Convulsions with flexion and extension are common to Cuprum. Convulsions of the limbs, twitching and jerking of the muscles. So much of it you see at the first glance, but do not expect to see any one case all at once. Such a thing is never done. We get a part of the symptom-picture in one and part in another.

Before the convulsions there is often sudden blindness. Everything turns dark in the room. You go to the bedside of a confinement case. The pains stop suddenly after going on quite a while. The woman turns blind; says she cannot see anything. What are you going to do? Pains have stopped; that is all you have before you. Patient turns quick as a flash and looks wild out of the eyes. Commences to talk in delirious speech; says strange things violently, rapidly. It is a puerperal mania. Such strange things are found under Cuprum. These things are not all down in black ink in the text. but may be gathered from the proving.

The mental symptoms, as I said, are violent. Wants to bite; tries to escape. Taken suddenly with convulsions, with biting. Malicious disposition toward nurse; biting and striking, and doing everything to annoy her. Bellows like a calf. Whining, tremulous manner. Convulsive laughter. Makes faces at the people round about. Violent weeping; anxiety. Ludicrous gesticulations and desire to hide one's self. Shuns everyone. Cannot be induced to go among people in evening. Very restless at night. Alternation of gaiety and depression. Unconquerable sadness. Sadness while walking in open air. The child is afraid of strangers and hides. Mental and bodily exhaustion from over-exertion of mind or loss of sleep. We see now that we have something here before us that we have not seen before. Perhaps we have read the whole *Materia Medica*, but have not found all of these things; we have not found just such a patient, and we are getting interested in it. Violent congestion in the head, violent pains in the head. Tingling pain in the vertex, severe pain in the vertex, bruised pain. Crawling sensation in vertex, stitches in the temples. Congestion of the brain. Meningitis. Headache after epileptic

attacks. Paralysis of the brain with symptoms of collapse. Metastasis to the brain from other organs. That is only clinical. It has been observed that the symptoms change suddenly, that a whole group of symptoms will stop and another group of symptoms will begin, but they are of a convulsive character.

About the face; convulsions, jerking of the eyes; twitching of the lids. Bruised pain in the eyes. Spasms of the muscles of the eye so that the eyes jerk and twitch, first one side and then the other. Rolling of the eyes. "Quick rotation of the balls with the lids closed. Lids spasmodically closed." Closed so that they seem to snap. "Inflammation of the periosteum about the eyes and cellular tissue of the lachrymal glands." Spots of ulceration on the cornea. Face and lips blue. The face is purple in convulsions and whooping cough; lips blue.

Inflammation of the tongue. Paralysis of the tongue. It is not an uncommon thing to find paralysis in Cuprum after convulsions. The violence of the convulsions seems to have brought about a reaction and paralytic weakness, a numbness and tingling, a loss of motility. "Spasms of the throat, preventing speech. Sensation as if constricted on swallowing. Great thirst for cold things to drink." Many complaints are ameliorated by drinking cold water. The spasms are sometimes mitigated by drinking cold water. The cough is brought on sometimes by inhaling cold air, but stopped almost at once by drinking cold water, like *Coccus cacti*. "Desire for warm food and drinks. Eats hastily." But cold water ameliorates the spasmodic cough. Indigestion from milk.

Then there is nausea, vomiting and diarrhoea connected more or less with spasms. Spasms of the stomach. Spasms of the chest with diarrhoea and vomiting. Cramps of the calves and the fingers and toes. Cramps of the fingers and toes with all complaints. "Pressure in the stomach." In the stomach and bowels periodical cramps. Cramps coming periodically. It has cured colic in the form of violent cramps coming every two weeks with perfect regularity. It has pain in the stomach, and a pain under the xiphoid appendix that seems as if it would take his life. If it is not removed he will certainly die in a little while. Constriction across the chest, suffocation, cramps of the legs; Cuprum

will stop it in about two minutes unless you try to give him a piece of crude copper out of your pocket. "Vomiting, with cough. Vomiting of blood; vomiting in gushes of whey-like fluid." Frothy mucus along with cholera. It is one of the great remedies for cholera with the rice-water discharges; Asiatic cholera; cholera morbus, with vomiting, purging and cramps. Spasmodic movements of the abdominal muscles. Violent, intermittent colic, like *Colchicum*; but in Cuprum his belly gets sore almost as soon as the pain comes. The pain doubles him up; but he does not like pressure. Great anxiety and soreness in the abdomen. With *Colocynth*, you remember, I told you he presses on the abdomen hard, and only after a long while does it become sore. Cuprum is sensitive, nervous, and the spasmodic muscles immediately become sore. If you could realize the full contractions and distractions of a Cuprum convulsion, you would think the muscles would be torn in pieces. Cuprum goes deep into the life, and it has many a time taken such a grand hold of an old hysterical subject that it has completely eradicated in a short time the hysterical tendency to cramp. In Cuprum particularly, early in the cramps the thumbs commence to draw down. It is with difficulty that they can be lifted up. They will draw back again, and then the fingers will clinch over them and draw so tightly it is painful. In children with such convulsions, and in hysterics with such convulsions, Cuprum goes deep into the life and eradicates this tendency to convulsions and cramps. It has cured hysterics, and cured acute cramps that come along with diarrhoea, with vomiting, etc. Uræmic convulsions. Convulsions with suppressed or scanty urine. No urine in the bladder. In young girls beginning to menstruate, violent cramps in the limbs, cramps in the abdomen, diarrhoea, cramps in the uterus. Epileptic spasms coming at every menstrual period. Before or during menses, or after suppression, violent, unbearable cramps in the abdomen. A case something like this is not so very uncommon in the country. Girls, at about the time of puberty, go in bathing, when their mothers have been a little too prudish, a little too sensitive, and have not told their daughters what they might expect, and to look out for bathing in cold water at certain times. The menstrual flow starts. She plunges into the cold river, she suppresses

that flow and on come convulsions. That is in keeping with Cuprum. Hysterical convulsions they may be called. They will take the form, quite likely, of hysterical convulsions; they may take the form of chorea. Instead of convulsions it may take the form of congestion of the brain with violent delirium. Again, the menses not appearing after suppression, after sweat, and convulsions come on; frequent spasms during menses. Cuprum is not generally known to be such a wonderful medicine where there is anæmia; but it has chlorosis. It is a deep acting medicine. It affects with great power the whole voluntary system, the desires and aversions. It is suitable in those girls who have always had their own way, have never been crossed, and when they begin to grow older; when they reach puberty and they have got to submit to some sort of discipline or never become women; now they have mad fits, have cramps. Cuprum will sometimes make them sensible, so in that way it fits into the loves and hates. It belongs to the voluntary system most prominently.

Spasmodic respiration; great dyspnoea; asthmatic breathing. Attacks of spasmodic asthma and most violent spasmodic coughs. "Dry, hard, difficult cough, rattling in the chest, spasms. Dry spasmodic cough until he suffocates. Face is red or purple."

Constriction in the lower part of the chest, at the xiphoid cartilage, so that he thinks he will die. Some say it feels like a lump in that region, others that the stomach is full of wind. This constriction and dyspnoea occurs sometimes in cholera morbus and dysmenorrhœa.

Digitalis.

Lecture by PROF. J. T. KENT.

This drug as used by the Old School has done more mischief than any one drug in their *Materia Medica*. Every patient who had a fast heart, or anything the matter with the heart, was given Digitalis. It has caused more deaths than any other drug they

have ever handled. If administered when the heart is going fast it will soon produce a peculiar kind of paralysis; the heart then flies all to pieces, having lost its balance-wheel, compensation breaks up, the patient sinks and finally dies. They do not know that many patients would have lived through fevers, pneumonia and other acute diseases if it had not been for this medicine, used as they have used it, in the tincture, in many-drop doses, until the heart was slowed down. They call it a sedative; yes, it is a sedative. It makes the patient very sedate. You have seen how very sedate a patient looks after he has been in the hands of the undertaker and has on his best bib and tucker. That is what Digitalis does. In that way it is a sedative in the hands of the Allopath. Thank goodness we have no remedies to bring down the pulse. A homœopathic physician never prescribes to bring down the pulse. He prescribes for the patient and the heart's action takes care of itself.

Digitalis is a very poor fever medicine. Instead of being indicated when the pulse is too fast, when it is flying like lightning, the proving says it is indicated when the pulse is *slow*. The Allopath gives it when the pulse is fast to make it slow; if given to a well person it will make the pulse slow, and when indicated in a sick person the pulse is slow.

It produces a great deal of disturbance of the liver. "Congestion and enlargement of the liver. Soreness of the liver." Tenderness all round about the liver—but during that time the pulse is slow. It makes the bowels very sluggish, produces inactivity of the liver, and stools are bileless, pale, light colored, putty-like—and the pulse is slow. Add to that jaundice and you have a grand picture of Digitalis. Jaundice, with slow pulse, with uneasiness in the liver, pale stool, and even if you have never seen or heard of Digitalis before you will scarcely miss it. Now, you might add a myriad of little symptoms, but it does not change the aspect of things at all. It is Digitalis.

Now, another group of symptoms that belongs with the Digitalis heart, the Digitalis liver and the Digitalis bowels, is a gone, sinking feeling in the stomach. It seems as if he would die, and he does not get any better from eating. It is a nervous, deathly sinking that comes with a good many heart troubles. You would

not be surprised to find in Digitalis a good deal of nervous prostration. Restlessness and great nervous weakness. "Feels as if he would fly to pieces. Anxiety. Feels that something is going to happen." Seems as if his whole economy must be full of anxious feelings and restlessness. Lassitude, faintness, exhaustion and extreme prostration. Faintness. Faints on the slightest provocation. It begins in the stomach; an awful sensation of weakness in the stomach and bowels.

His sleep is full of horrible dreams, nightmare, fright. Dreams of falling—that is very common with cardiac affections. In persons when the heart is flying, when it is too slow, when it is irregular, the brain is irregularly supplied with blood during sleep, and there is a turbulent state. Excitement; horrible dreams; nightmare. A shock goes through the body like an electric shock, like internal jerkings, twitchings. Sudden muscular movements, as if a current of electricity passed through the body. This, with slow pulse, with a sense of faintness, and great weakness. Bluish paleness of the lips in persons who suffer at times with cardiac spells, with slow pulse,—it seems at times as if the pulse would cease. Face becomes blue, the fingers becomes blue. Wants to lie on the back. Frequently startled in sleep; jerking at night.

The heart symptoms are numerous, but none is so important as the slow pulse. The pulse is slow in the beginning of the case. It may now be flying like lightning. He is anxious, restless, has horrible dreams and sinking in the stomach,—that sounds like the advanced stage of Digitalis,—but I want to know if, in the beginning, the pulse was slow. The patient himself seldom knows, but someone says that in the beginning the pulse was 48; that is Digitalis. If the pulse in the beginning was rapid do not think of Digitalis, for it will not do any good. The Digitalis pulse is at first slow and perhaps remains so for many days, until finally the heart commences to go with a quiver, with an irregular beat, intermits, feels as if it would cease to beat, and then we have all these strange manifestations. Weakness. Weakness is the very character of the Digitalis pulse, and all these characteristics go along with it. First it is slow, and sometimes strong. Slow, strong pulse when rheumatism is threatening the heart.

"Violent, but not very rapid pulse. Sudden violent beating of the heart, with disturbed rhythm." The slightest motion increases anxiety and palpitation. When the pulse is going very slow, sometimes down to 40, the patient turns the head and the pulse flutters and increases in its action. If he turns over in bed it seems as if the heart would stop. If he moves he feels it fluttering all over him, and it settles back and is slow again; but, finally, it changes and flutters all the time. Now this is such a strong distinguishing feature of Digitalis that it does not seem to me that any man has any excuse whatever to go and give Digitalis when the pulse is 120 primarily. Hahnemann said once—I put it in my own language—"It seems as though these fellows could learn something if they would turn around and go the other way once in a while." That is, they run for Digitalis when the pulse is going like lightning. They might learn something if they would turn round and give it for a slow pulse.

Palpitation of the heart originating in grief. Sudden sensation as though the heart stood still. Fluttering of the heart. The least muscular exertion renders the heart's action labored and intermittent—in a feeble heart. A person with an enlarged liver, with a slow pulse, with jaundice and pale stool. Along with that make up he will have a troublesome cough. But do not get mixed. Digitalis is not much of a remedy for a cough unless it is a cardiac cough. Cough at midnight. Cough, with expectoration of "boiled starch." Cough, with expectoration of bloody mucus in hypostatic congestion of the lungs. Cough, brought on by talking, walking, drinking anything cold, bending the body. These are coughs associated with other troubles.

Now the same thing is to be said of the respiration. There are difficulties of respiration, along with cardiac troubles and liver troubles. "Respiration irregular and performed with great difficulty. Constant desire to take a deep breath. Respiration difficult." When he goes to sleep the breath seems to fade away, then he wakes up with a gasp. How does that happen, do you suppose? *Lachesis*, *Phosphorus*, *Carbo veg.* and some other remedies have that; remedies that affect the cerebellum particularly, producing a congestion of the cerebellum. When a patient goes to sleep the Cerebrum says to the Cerebellum, "Now you carry

on this breathing a little while, I am getting tired." The Cerebellum says, "All right, go to sleep, Cerebrum," and the old tired Cerebrum goes to sleep. But the Cerebellum is not equal to the occasion. It is congested, and just as soon as the Cerebrum gives it up to rest the Cerebellum goes to sleep, too, and lets the patient suffer; and in that way we get suffocation. The Cerebellum presides over respiration during sleep and the Cerebrum presides over respiration when the patient is awake. We might learn that from the provings of medicines if we never found it out before.

"Fear of suffocation at night." Now, to analyse that. He knows from experience that every time he drops into a sleep he suffocates, and hence he fears to go to sleep for fear he will suffocate. The fear of suffocation at night is from this origin. It is the same if he falls asleep in the day time. "Can only breathe in gasps." Digitalis is a useful medicine when there is a filling up of the lower part of the lungs. The patient is sitting up in bed, and you will find dullness in the lower part of each lung and plenty of resonance in the upper portion. Then it is, if he lies down, he will suffocate. Digitalis likes mostly to lie flat on the back with no pillow, when there is no filling up of the lungs. But when there is hypostatic congestion he suffocates. If early in the case the pulse was slow and it has become fast, Digitalis may be of some benefit.

Now, a feature in connection with the genito-urinary organs. In old cases of enlarged prostate gland I do not know what I would do without Digitalis. Where there is a constant teasing to pass urine. In many instances where the catheter has been used for months or years because he is unable to pass urine in a natural way, and where there is residuary urine in old bachelors and old men, Digitalis is a good remedy. It diminishes the size of the prostate gland and has many times cured when it has been said that nothing but the removal of the middle lobe by the surgeon would help. "Dropsy with suppression of urine." In uræmic poisoning and in various phases of Bright's disease of the kidneys we have symptoms indicating Digitalis. Retention of urine; dribbling of urine. Spermatorrhœa. Nightly emissions. In persons addicted for years to secret vices. Enlarged prostate gland.

It is a medicine capable of curing chronic gonorrhœa. It has cured acute gonorrhœa. It has cured inflammation of that thin, delicate membrane covering the glans penis. Dropsical swelling of the genitals.

“Loss of appetite and violent thirst.” Most doctors give *Sulphur* when the patient drinks much and eats little. The nausea of *Digitalis* is not like that of *Ipecac* and *Bryonia*. It is a singular nausea. The smell of food excites a deathly nausea, a sinking, a goneness, associated with cardiac troubles, with jaundice and liver troubles. The nausea is accompanied by a deathly feeling, as if he was sinking away. Sometimes the nausea is relieved by eating, but the sinking remains after eating, showing that it is something besides hunger. “Persistent nausea. Extreme sensitiveness in the pit of the stomach. Faintness and sinking in the pit of the stomach as if he would die. No appetite, but great thirst. Soreness and hardness in the region of the liver. Sensitiveness to pressure in the region of the liver.” Now remember the liver and the heart symptoms, the jaundice, the slow pulse, the awful sinking in the stomach, the enlargement of the prostate gland, the gray stool, and you have the principal physical symptoms of *Digitalis*.

After all that I have said you are not surprised at the horrible anxiety that the *Digitalis* patient carries with him all the time. He wants to be alone; sadness, melancholy, despondency and restlessness. He can't decide upon anything that he ought to do; tremulousness. The stomach, bowel and liver troubles are just what you see sometimes in a hard drinker after trying to break off. He is prostrated, his heart gives out, is irregular, weak, slow; and he has sadness and melancholy; inability to apply himself. *Digitalis* will help him straighten out.

General Symptoms of the *Materia Medica*.

HARVEY FARRINGTON, M. D., H. M., Chicago.

¶I. Antimonium Tartaricum.

Antipsoric, antisycotic.

Patient torpid, phlegmatic.

Irritable, feverish, averse to being looked at or touched; anxious, restless.

DROWSINESS.

THIRSTLESSNESS.

Nausea.

PROSTRATION.

TREMBLING, *twitching; convulsions.*

INCREASED *discharges from mucous membranes.*

Metastasis.

Coldness.

Pains all over with various complaints.

Dropsy.

Hæmorrhage.

ERUPTIONS PUSTULAR.

< *night; EVENING; WARMTH; warm room; warm air; warmth of bed; after vomiting; lying down; cold weather; dampness; motion.*

> *cool air; warmth; dry weather; motion.*

Remarks.

Irritability, etc.; continually whining and crying, cannot bear to be looked at (especially in children).

Drowsiness with nearly all complaints, in meningitis as well as respiratory ailments. Progressing into coma in extreme cases.

Thirstlessness is the rule; thirstlessness during fever. There may be thirst for cooling drinks, but it is less characteristic.

Nausea with all complaints, whether the stomach is directly affected or not, accompanied with anxiety.

Prostration. Ant. tart. nearly always comes in to check the deathward course, seldom in the earlier stages of disease. Impending pulmonary paralysis, pneumonia, œdema of the lungs, gastro-intestinal catarrh, etc., are all characterized by extreme weakness. Hence—

Trembling of head, hands, of whole body from least motion; internal trembling; trembling of drunkards.

Twitching of facial muscles with unconsciousness; jerking of limbs during sleep. Chorea. Tonic convulsions, local or general; meningitis; tetanus; epilepsy.

Increased discharges, especially in the trachea, bronchi, urethra, vagina. The paralytic tendency allows the chest to fill up. Much rattling, but little is expectorated. Bronchitis, pneumonia, whooping cough, asphyxia from lung paralysis, from drowning, in the new-born. Palliates the death rattle.

Metastasis. Rheumatism disappears or is suppressed and ophthalmia comes on. Diarrhœa from suppression of eruption, as in measles, smallpox, etc.

Coldness. General, as in cholera, with prostration and collapse; of the head; hands and feet; of left hand; of finger tips; of face; in pit of stomach with syncope.

Hæmorrhage, bright red, from nose, followed by coryza; uncontrollable, as a symptom of scurvy; hæmoptysis of consumptives.

Pustular eruptions, like smallpox.

AGGRAVATIONS. At *night*, most symptoms, but especially those of chest, stomach and bowels; in the *evening*, headache, earache, and drowsiness, besides the above. From *warmth* in nearly every form; warm *air* or a warm *room* increases drowsiness, aggravates headache; a warm *bed* aggravates headache, cough, rheumatic toothache. *After vomiting*, drowsiness, prostration, intense loathing of food, chilliness. *Lying down*, headache, dyspnœa, cough; child better when carried in an upright position. *Dampness*, ailments from living in damp houses—rheumatism, bronchitis, whooping cough, etc. Worse in damp, cold weather, spring and fall. *Motion* < rheumatism, pains in chest.

AMELIORATIONS. *Cool air* relieves headache. Longs for open air; for cool drinks. The latter ameliorate the toothache and

dysphagia. *Warmth* > rheumatic symptoms (except toothache).
Motion > some forms of headache; "child wants to be carried about."

§11. *Apis Mellifica*.

Antipsoric, *antisycotic*.

Patient *nervous*, FIDGETY, *irritable*; despondent, TEARFUL; awkward; hysterical.

Ailments from *fright*, anger, jealousy.

Ailments from suppressed eruptions, discharges.

Congestions.

Drowsiness; *coma*.

Sensation of tightness.

THIRSTLESSNESS.

Hypersensitiveness (superficial).

Pains, BURNING, STINGING, *bruised soreness*, lancinating, stabbing.

RIGHT SIDE; *right to left*.

Localized coldness.

Numbness.

PROSTRATION.

Paralysis.

DROPSY; *œdema*.

· Pulsations.

Twitching, jerking, *convulsions*.

Swelling of lymphatic glands.

Polypi; tumors.

Induration; *cancerous affections*.

Varices.

Inflammation, *erysipelatous*.

Gangrene.

Wounds, injuries.

Hæmorrhage, blood dark; ecchymoses.

URTICARIA.

< morning; AFTERNOON, 3 P. M., 5 P. M.; night; WARMTH, of bed, of stove. of ROOM; LYING DOWN; TOUCH, PRESSURE; *motion*; cold; after sleep; during menses.

> Daytime; COLD, *cold bathing*; open air; change in position; *sitting up*.

Remarks.

Nervous, fidgety, especially the feet, keeps them constantly shifting. Always on the go, continually changing occupation, does many things, but nothing rightly.

Awkward, clumsy, drops things. Hysterical girls drop things and giggle about it in a silly manner. Awkwardness of either sex.

Ailments from fright, etc., depressing emotions in general; hearing of bad news.

Suppressed eruptions. Erysipelas of the face reperculated results in hydrocephalus; asthma from suppressed hives; gastralgia after suppression of erysipelas on the legs; dropsy, restlessness, sleeplessness. Ailments from the removal of ulcers, fistulæ, etc.

Congestions to the head.

Drowsiness, somnolency in nearly all complaints, yet restless. Hence the symptom, "sleepy, but can't sleep."

Coma in hydrocephalus, with cri encephalique; tubercular meningitis and typhus.

Sensation of tightness, in the face, as if skin were tight; in the chest, as if he could not take another breath (asthma); in swollen and œdematous eyelids; in abdomen, as if something would give way if she (or he) strained at stool.

THIRSTLESSNESS, especially if during the fever. Less frequently violent thirst for cold water. Thirst during chill.

Hypersensitiveness of the skin; even touching the hairs causes pain. Sensitiveness of all inflamed surfaces.

BURNING, STINGING pains anywhere and in all complaints; *lancinating, stabbing*, in eyes, ears, limbs, ovaries, serous membranes in general. *Bruised soreness* in chest, back, limbs; in stomach or bowels, whether due to contusion or not.

Right side. Headache; ophthalmia, pannus, paralysis of eyelid; erysipelas, right arm; sore throat; ovarian troubles, tumors; swelling of testicle; paralysis of right side.

Right to left. Erysipelas of face, of back, rheumatism of shoulders; ophthalmia.

Localized coldness. Face, tip of nose (with incipient sore throat); region of sternum; hands and feet.

Numbness. Gums; right side of abdomen; right iliac fossa; finger tips, lower limbs.

Prostration, sudden, profound, as if from giving out of nerve centres; early in the attack, *e. g.* diphtheria.

Paralysis. One-sided, often right; sometimes painful; of throat; after grief; in typhus, after scarlatina, after diphtheria; of bladder; of rectum, stool oozes away unnoticed.

Dropsy of all closed sacs, general anasarca; *œdema* of lower eyelids, conjunctivæ, throat, glottis, joints, etc.

Pulsations. Head, eyes, tonsil, molars, finger (panaritium, whitlow), over left iliac crest; in rectum.

Twitching, etc., during sleep, during unconsciousness; of one side, the other paralyzed. Convulsions, hysterical, uræmic, in eclampsia, hydrocephaloid, tubercular meningitis, of one side.

Swelling of the lymphatic glands, in connection with inflammatory conditions, hardness and usually sensitiveness.

Polypi. Apis is one of the best antisycotics. Tumors; cystic tumor of ovaries, of right ovary.

Induration, in scirrhus of mammæ, uterus, tongue; has all the well-known features of cancerous affections, the hardening of tissues, burning, stinging pains and general cachexia; induration of lymphatic glands.

Varices that burn and sting; piles.

Inflammation, erysipelatos in character, with burning, stinging pains and extreme sensitiveness, at first of a reddish or pinkish hue, but soon merging into a bluish or even blackish color. This is readily accounted for by the marked tendency towards *gangrene*. Erysipelas of wounds with characteristic pains and discoloration; after surgical operations, the incision gapes, surrounding parts become bluish red, ligatures slough off. Similar inflammation of membranes with much puffiness and *œdema*. Erysipelas after injury. Inflammation of serous membranes with lancinating pains as in hydrocephalus, causing shrill, piercing shrieks, even during coma.

Wounds, especially those made by pointed instrument. Dissecting wounds, great swelling, surrounding area of redness and

stinging pains. Traumatism of stomach or intestines, sore, bruised feeling. Abortion from mechanical interference.

Hæmorrhage, blood dark, non-coagulating or coagulating slowly; nose, uterus, etc. Ecchymoses in acute exanthems.

Urticaria, large, whitish wheals; stinging < touch and warmth, > cold water.

AGGRAVATIONS. MORNING, aching about navel; diarrhœa (after rising); hoarseness; dropsy; 3 P. M., fever; 5 P. M., most symptoms.

Night, especially eye and chest symptoms.

Warmth. Headache, convulsions, dyspnœa; of bed, headache, dyspnœa, itching; of stove, chill; of room, headache, chill.

Lying down. Vertigo, nausea, cough, dyspnœa, colic.

Touch. Great superficial sensitiveness of whole body; soreness of inflamed area.

Pressure. Soreness of eyes, muscles, stomach, bowels; pains in kidneys; inflamed parts everywhere.

Motion. Headache, eye-pains, diarrhœa, chill, rheumatism, weakness and prostration.

Cold. Cough, pains in chest, asthma, itching rash; shuns the cold air.

After sleep. Unrefreshed, fatigued.

During menses. Bearing down in pelvis; cutting, stinging, swelling of ovaries, especially right; labor-like pains, < right side: constipation, heat in head, stinging pains in abdomen; eruptions.

AMELIORATIONS. *Daytime*: remission of symptoms.

Cold, cold bathing: stinging and soreness, and swelling in affected part; e. g., ophthalmia.

Change of position: nervous fidgetiness; pains; rheumatic pains.

Open air: headache, itching, rash, dyspnœa.

One-Sided Deafness in Typhoid.

Dr. W. C. Doane, in the *New York Medical Journal*, calls attention to the significance of a symptom in typhoid fever first noted by Trousseau, namely, one-sided deafness. Deafness is not uncommon in this affection, but if it be confined to one side, prognosis is unfavorable, nearly all such cases terminating fatally. This is, of course, the view of the allopath. It would be interesting to know how much reliance may be placed upon the observation when the case is in the hands of a good homœopath.

Department of Homœopathics.

The First Cause—The Cure.*

W. L. MORGAN, Baltimore, Md.

Pre-disposition, or temperament, has its part in the first cause, yet it is not sickness. The blonde is not sick because she has light hair, nor is the lymphatic because she has flabby tissues and rough, loose skin. Yet the latter is susceptible to *Calcarea*, while the blonde is susceptible to *Pulsatilla*, and the brunette to *Nux Vomica*; while well either of them may be debilitated by fatigue, or by lack of material or of vital nourishment, and then, if exposed to the influence of the drug, it will make its impression in its own way. Another drug will not make an impression in that case, but will in another of its own kind, and it will do it in its own way. Hence the importance of individualizing in treatment.

That disease is a vitality of a foreign kind absorbed into the body, which interferes with the functions of life, causing disorder and perverted action, is so well understood by every reader of the *Organon* and other writings that it is useless to explain it further.

It is equally well established that all morbid growths and conditions except traumatic, all parasites and microbes, ulcers and discharges, are caused by, and are not the cause of, morbid vitality (diseased life). (See Kent's Lectures on 10th and 11th Section of the "*Organon*;" *Journal of Homœopathics*, Volume II, page 13.)

It is also conceded that when the cause is removed the effects will soon disappear and order be restored, and that the simillimum will remove or neutralize the cause. The vital intruder, the miasm—what is it? What makes or causes it? Where does it come from? These are questions that I have not found asked or answered in a way to give a clear understanding of the origin of

* Read before the American Hahnemannian Association, July, 1902.

the miasm, or what relation it bears to the curative or simillimum. Therefore I will try to find the missing link, according to my views, and show to the reader, and even to the fair critic, that the chain of Homœopathy is complete, and every link in its place.

It is not necessary to argue, for it is well known that every different species of matter, organic, inorganic, fluid or gaseous, has a particular characteristic of its own, which differs in poisonous effects and as to curative and chemical properties, from every other, which difference is caused by its special life or dynamic force.

It is well known that every drug, viz., every substance in nature, has a dual effect, a toxic and a curative action, according to quantity taken. The larger the quantity taken the more dangerous the effect; the smaller, the less dangerous and the more curative in sickness; but it is known only to the strict Hahnemannian that the higher the potency the more actively curative, the more powerful against disease dynamis, and the less damaging to the organism. The material dose always produces morbid symptoms; the potentiated dose, when the simillimum, causes such symptoms to disappear.

Solid substances hold their vital force within the substance and are inactive until the material body is dissolved, the molecular formation broken up and the dynamis set free, when it may exercise its baneful or beneficial influence on the vitality of any substance with which it may come in contact.

When a large—or even only a small—quantity of vegetation has finished its growth it then goes through the various stages of fermentation, during which it generates heat, electricity, alcoholic, putrid and watery vapor; the vital force escapes and the organic structure is destroyed by the rotting process. The vital force that was in each plant now fills the air, earth and water of the surroundings with an excess of each of the forces, it being at a season when there is not a vegetable growth to absorb it. Animals and men may imbibe too much and cause various kinds of sickness, called Endemic disease, which, when extending over a wide extent of country, becomes Epidemic. In a similar way arise the contagious diseases, which are caused by inhaling emanations from the dead and rotting excretions and exhalations from

a person sick with disease, and the infectious diseases, which are transmitted from a sick to a well person by inoculating with pus, blood or serum containing the disease dynamis. Hence we conclude that the disease dynamis comes from the decomposition of vegetable, animal, and mineral (inorganic) substances; it is set free by Nature's process of dissolution (rotting) of substances preparatory to organizing a new growth in the next season.

Can it be strange that such a great number of organic substances (each containing traces of a large number of inorganic substances, and each setting free its special life force which is absorbed by the people) should cause sickness with an equally great variety of symptoms (signs of the presence of disordered life) so that in order to cure it requires a remedy for each individual case, strictly selected by the individual symptoms in the case?

Now let us take a hasty view of Nature's extensive analytical and synthetical laboratory and her system of polypharmacy, and think of the vital part of each of the many hundreds of drugs all combined in one great prescription, poured out as vials of wrath upon the earth, into the water, the air, and diffused in all the surrounding elements, so that neither man nor animals can eat, drink, or breathe without taking in a portion, and, if susceptible to the influence of any of them by inherited temperament or the effects of former or present debilitating agencies, the life will be disturbed and the disorder will make its impression (symptom picture) on the organism. With this view we can understand what inspired the poet, Isaac Watts, to write:

"Dangers stand thick through all the ground
To push us to the tomb,
And fierce diseases wait around
To hurry mortals home."

It is as despotic as the vaccinationist of the present day. It is the source of the endemic, epidemic, contagious and infectious diseases. By depressing the vital force it causes endemic and epidemic diseases and makes the system susceptible to the impressions of contagion and infection. The debilitated subject comes in contact with a specific miasm, with a fertile soil to

receive the toxin, and after a time for incubation, a specific contagious disease is developed, which runs a specific course and disappears. Infection is propagated in much the same way, but it must be by inoculation. This never tends toward complete recovery, but belongs to the list of chronic diseases.

Upon these reasons we base our contention that disease dynamis, disease force, miasm, or whatever name may be used, is the natural life principle of vegetation and other organic substances set free by the processes of dissolution, as by soaking, grinding, fermenting or rotting. It never dies, but remains for future use, and may be, and often is, absorbed by men and animals and is the ultimate cause of most cases of sickness.

We consider next how the same dynamis is utilized in curing sickness, viz., in restoring order and harmony, and the process of preparation for that purpose.

The drug, or matter, is selected, the purest that is possible, is placed in a mortar with sugar of milk crystals and triturated till the organization is entirely broken up and the vital force is set free and held loosely in the sugar, as the steel holds the magnetic wave. Then it is dissolved in water, which carries the vital force with it, as magnetic force is conveyed from one steel to another, and to many more. The process of potentiation may be carried to any degree required, and still the vital force expands and increases its activity and power against the susceptibility to any disease force that is capable of producing similar symptoms in a healthy subject, but it does not interfere with forces that cannot produce such symptoms, but produce symptoms of another kind and character.

An infinitely small portion of the dynamis of a single substance is giving to a patient with many symptoms, when, after a careful collection of all the symptoms, it is found that this drug has produced all the symptoms found in the case. When taken, this small portion of the dynamis instantly ramifies into every part of the body, comes in contact with a larger force of its kind, and, by some known or unknown principle of science, perhaps by combination, affinity or repulsion, the two forces neutralize each other and render the system immune to the influence of the invading miasms. The natural vital force then restores order,

and by natural processes carries away morbid products and growths and even restores lost tissues and functions.

COMMENT.

General Butler, of the U. S. Army, cleaned the streets of New Orleans, drained the swamps and puddles of the vicinity, buried all animal matter and refuse, garbage, and everything rottable, and thereby removed the cause of the yellow fever epidemic, which at once disappeared.

The U. S. Army cleared the streets of Havana of filth and garbage, emptied the sewers of mud, drained the swamps and lands around the city, and now it is a healthy city. At the same time a crusade was made against the microbes and the pathogenic mosquito. Much evidence was produced that the latter inoculated the people with the toxin of yellow fever. The experiments proved very successfully the supreme inconsistency of the hypodermic therapy, the serum and inoculating therapy, and most of all vaccination, as the cause of most of the chronic diseases and morbid growths of every kind.

Many sections of the Western States which were formerly very malarious, after a thorough system of drainage, have become healthy, all from stopping the rapid decomposition of large accumulations of organic matter and diffusing such large excesses of the organic life of plants of all kinds, or, as we may call it, organic life set free, turned loose on the land and in the air. We may say here that the soil is the natural receiver and storehouse for these vital miasms. As evidence, where fields have grown vegetation in great quantities for several years, which has rotted on the ground and the rains have washed the freed dynamis into the soil, the people living near will be healthy until the fields are plowed in the fall, when they will at once begin to have chills and fever and other sickness until winter, when, from the general debilitated condition, pneumonia, pleurisy and rheumatism will prevail. This can be attributed to no other cause than the malarial miasm from the freshly opened ground, which human skill has failed to find.

When Martin Friedrich, M. D., became Health Commissioner of Cleveland, Ohio, he first stopped vaccination. Then he cleaned

the streets, houses, yards, kitchens, closets, bed-chambers and bedding of the infected small-pox districts, cleaned the cess-pools and drained the land, and with lighted torch burnt the miasms everywhere and stopped the excessive decomposition of vegetable and animal matter. The small-pox epidemic, which had resisted the most thorough vaccination for five years, disappeared immediately.

A Theory of Potentization.

E. A. FARRINGTON, M. D., Chicago, Ill.

The question of potentization seems to be the stumbling-block in Homœopathy. The ordinary mortal may perhaps admit that a small dose of medicine is more wholesome for the patient than a large one, but when he is told that this dose should consist of a few drops of some inert substance diluted several hundred million times, the assertion sticks in his crop.

Even in the ranks of the Homœopaths themselves there is a remarkable difference of opinion. A man's position on the subject of potency depends apparently upon the elasticity of his credulity. The doctor who cannot stretch his faith beyond the limits of the 30x scoffs at his brother who prescribes a c.m. potency, while the physician whose scepticism will not allow him to use anything higher than the mother tincture thinks that both his fellow-practitioners are inordinate fools.

We may well ask why such a state of affairs exists, and the answer is not hard to find. It is because a satisfactory explanation of the composition of a high potency has never been advanced. The average Homœopath who uses high potencies knows that they will cure, but he does not trouble his head as to whether the work is done by drug dynamis, mental suggestion or the Providence that watches over children and fools. Indifference of this sort is a bar to progress. Blind faith has no more place in Medicine than in any other branch of science, and the question of

potency will never be settled until the subject is reduced to a strictly scientific basis.

This does not necessarily mean reduction to a materialistic basis, for materialism is not science—it is a fad. The great materialistic tide that swept over the scientific world some years ago has begun to ebb, and vitalism is slowly but surely coming to the front. Life may be an unknown quantity, but the scientific equation cannot be solved without it. The phenomena of psychology and the recent developments in the field of physiology, especially among the German investigators, support this assertion. Although the Germans have not discovered what life is they have at least shown conclusively that it is not a chemical reaction or a series of electrical discharges.

While the physiologists have been avowedly working toward a vitalistic viewpoint in science, the chemists and physicists have followed the same trend unknown to themselves.

Physics deals with matter in the broadest sense, and hence serves as a basis for all other sciences. Its relation to Medicine is apparent in many ways, and any hypothesis regarding the composition of the potentized homœopathic remedy should, so far as the relation extends, be in essential agreement with physical laws.

The realm of "simple substance" is not generally recognized. The term itself is practically unknown, and is, in fact, somewhat indefinite. All that which is beyond the ken of the senses, all that which chemistry is powerless to reach, and of which even the activity of radiant energy gives us only an occasional hint, we call "simple substance." But there are innumerable degrees of "simple substance;" it manifests itself in countless varieties.

It is the purpose of this paper to present a logical explanation of the process of potentization, and to show that the idea of "simple substance" is not so greatly at variance with modern science as some would have us believe; that it has, in fact, points of actual contact with material science, places where, so to speak, the physical world and the world of "simple substance" overlap.

The physicists of modern times, as was mentioned above, have unwittingly touched upon the border-line of the domain of "simple substance" in their efforts to penetrate to the limits of the material world. That they can do no more than glimpse the

existence of such a domain by means of physical experiment is doubtless true, but it is of interest to note that even a glimpse may be caught by inductive methods of this kind. It shows us how intimately all science is connected, how absolute is its harmony and how perfect its unity.

For many years it was believed that the atom represented the basis of all creation. The atomic theory had its origin with Democritus and his followers, about four centuries B. C. Their ideas arose from an attempt to reach the "primitive substance"—that time-honored quest of philosophers in all ages.

The teachings of Democritus were developed by Epicurus, but it was not until the time of Isaac Newton that the idea of "ultimate particles" took any great hold upon the scientific world. Newton retained the ancient idea—embodied in the name *atom*—concerning the indivisibility of these particles. He says: "It seems probable to me that God in the beginning formed matter in solid, massy, hard, impenetrable, moveable particles, of such sizes and figures, and with such other properties, and in such other proportions, as most conduced to the end for which He formed them; and that these primitive particles, being solid, are incomparably harder than any porous body compounded of them; even so very hard as never to wear or break in pieces, no ordinary power being able to divide what God Himself made one in the beginning."*

The indivisibility of these atoms was a pure assumption on the part of Newton. In fact, the conception, even theoretically, is an impossible one. But the theory was widely accepted, and its successful application to chemistry by Dalton, Gay-Lussac and others, was considered incontestable proof of its accuracy.

The atomic theory in general is doubtless founded on fact, but the idea that atoms are the ultimate particles of the universe, like Spencer's "atom-dust," is no more than a mere surmise.

During the last ten or twenty years many facts were brought out which lent support to the belief that the atom was a compound body. The still unintelligible phenomena of allotropy, the remarkable developments of the Periodic Law of Mendelejeff, and the long and ever lengthening list of so-called "elements," all pointed toward this hypothesis.

* Horsley's *Newton*, vol. iv., page 260.

Rumford and Davy had, years before, suggested atomic motion as the source of heat; Helmholtz had come forward with his theory of vortex atoms; and Roentgen had demonstrated the existence of the X-ray. The science of electricity had been greatly developed by numerous experimenters, and when, finally, the theory of *ions* was promulgated, it became evident that a decided modification of the accepted belief regarding atoms and molecules would have to be made.

It was through the agency of this ionic theory that a demonstration of the compound nature of the atom was reached. It was shown a few years ago that there was some relation between the electrical charge of an ion and the phenomenon of inertia, and Dr. Joseph J. Thomson, Cavendish Professor of Experimental Physics at the University of Cambridge, began a series of investigations along this line, which finally developed very conclusive evidence that the atom consisted of not less than a thousand little particles, which he called "corpuscles."*

Following close upon Thomson's work came the experiments of Dr. Reginald A. Fessenden, showing that "the real volume of the atom is but a small portion of the space occupied by the atom," and that "the atom must be made up of a large number of corpuscles separated from each other by distances considerably larger than their diameters."†

By means of the electrification of gases at low pressure Science crossed the borderland into the realm of "simple substance," and acquired a dim perception of this substance in its very grossest degree. The same step was taken by Hahnemann in his potentization over a hundred years ago.

When a drug is triturated through several successive potencies, until no drug-substance is discoverable, either with the most powerful microscope or by the most delicate chemical tests, is it unreasonable to assert that the drug-substance has been broken up into its "Thomson's corpuscles?" By no means. And why should we stop here? If the atom is divisible, why should not its component corpuscles also be compound in their nature? It

*"On the Masses of the Ions in Gases at Low Pressures," *London and Edinburgh Philosophical Magazine*, December, 1899.

† "Inertia and Gravitation," *Science*, August 31st, 1900.

is neither unscientific nor illogical to consider that this process of decomposition or simplification is carried on through many successive degrees, producing finer and finer grades of "simple substance"—higher and higher potencies. In this way we proceed in a natural, orderly and connected manner from the plane of purely material substance into the plane of immaterial "simple substance."

There are many facts which lend support to this theory of successive decomposition in the formation of potency. For instance, it is admitted that a potency made by succussion is apt to be more active and reliable than a fluxion potency.

We have no difficulty in accounting, by our hypothesis, for the action of compound remedies, such as the Potassium salts, KI, K_2CO_3 , etc. A drug which is a chemical compound in mass will be a compound when reduced to its "simple substance."

The increasing depth and length of action of potencies of a successively higher order is readily explained by this theory, if we admit that the remedy acts upon a plane of the vital substance of the body which corresponds to its own plane. It is probable that no drug acts homœopathically upon the animal organism unless reduced beyond its atomic state. If this be so, a remedy given in crude form would have to go through a process of potentization in the tissue cells before it could act as a curative agent. How much easier and better it would be to give the drug already potentized!

There are three requirements in the construction of a scientific hypothesis. First, it must cover all the facts in the case. Second, it must not conflict with other related facts. Third, it must harmonize with the laws of general science. Whether this theory of the genesis of a Homœopathic potency fulfills these three requirements or not remains to be seen, but it appears to the writer to be the simplest explanation consistent with facts.

Department of Clinical Medicine.

Does the Law of Similars Act Rapidly, Gently and Permanently?

E. C. WHITE, M. D., Chicago, Ill.

How often is the homœopathic practitioner asked the question: "Doctor, do you use morphine? Have you anything to relieve pain promptly? Have you any remedy that will act quickly? I want to get well fast." Perhaps the doctor finds that he is asking these questions of himself.

That Homœopathy does afford such remedies is never doubted for an instant by the scientific practitioner. How many instances of the prompt and magnificent action of such old standbys as Belladonna, Colocynth and Glonoin are cherished in the memories of our older practitioners? Nor are our records of chronic cases lacking in instances of wonderfully prompt action.

The following cases will serve as illustrations.

CASE I. I was summoned hurriedly to attend Mr. F——. He was found doubled up in bed, groaning in intense agony. His knees were drawn up to his chin and his arms clasped tightly around his abdomen. Face pale; covered with cold sweat. Unable to speak.

Inquiry of the attendants revealed that he had been suffering thus for nearly three hours. The pain came in paroxysms, lasting several minutes, and caused him to assume the position in which I found him.

A few number five pellets of Colocynth cm. were sprinkled on his tongue. Before there was time to replace the bottle in the case his limbs relaxed and he heaved a sigh. In just two minutes by the watch every vestige of pain had vanished. Immediately he asked: "Doctor, what kind of morphine is that? I never

tasted anything like it before." It was his first experience with homœopathic "morphine."

CASE II. In response to an urgent call I hurried to the house of a patient, a woman of about thirty-five. As I entered the room I saw one of our Old School brethren delving into the depths of his grip for—what? A hypodermic, of course.

The patient was lying across the kitchen table, her limbs wrapped around one table leg and her hands grasping the opposite edge of the table in an attempt to bore the corner into her left inguinal region. The pale face, cold sweat, labored breathing and constant groans told of extreme suffering. One glance was enough to show a diagnosis of ovarian colic. It was time to get some *Colocynth* into that woman.

Turning to the other doctor, I said: "If you have no objection I should like to give a dose of medicine while you are preparing your syringe." Already I had my *Colocynth* bottle, a trusty im. potency, uncorked in my hand, and as the doctor opened his hypodermic case I sprinkled some pellets on the patient's tongue. In order to accomplish this she had to relinquish her grasp of the table and turn her head to one side. Instead of resuming her former position she allowed her feet to touch the floor and then straightened up and walked to a chair—all in less than one minute.

The doctor had just finished dissolving his tablet, but as he advanced to administer the injection he was greeted with the remark: "Doctor, I don't need that. I'm all right now."

Turning to me he said: "Doctor, I have never had the pleasure of witnessing such prompt action from an oral dose of morphine."

"But I didn't give morphine."

"What did you give?"

"Oh, medicine, just medicine."

"Well, I suppose she was just ready to get better when you gave her that."

CASE III. A young man, *æt.* twenty, was overcome by the heat while plowing corn. He reached the house by turning the horses homeward and allowing them to lead him. He became

unconscious and was dragged headlong for the last few yards, but revived sufficiently to stagger into the house, where he again fell in a faint.

When I arrived he was muttering, deliriously, "My head! my head! my head!" His face was pale, extremities cold, pulse very full and steadily becoming slower. Shaking aroused him somewhat and the following symptoms were elicited. Awful nausea; had vomited. Terrific pounding and surging in the back of the head. Blood surges from heart to brain. Dizziness. Can see nothing. Things appear green and black.

Two number thirty pellets, moistened with a little Glonoin 200, B. & T., were put into his mouth. Before the pellets had had time to dissolve he exclaimed in exceedingly intelligible accents: "Doctor, my nausea is gone."

The rest of the recovery was proportionately rapid, and the boy finished his plowing that afternoon.

CASE IV. The following case illustrates the promptness and permanency with which our remedies act in chronic affections. The term "annihilation" may certainly be applied to this case.

Mrs. S——, widow; æt. forty-four. Tall, spare, sallow, sandy-haired. She gave the following history. For over twenty-seven years she had had stomach trouble. She had consulted over forty doctors, all Old School; had expended over twelve hundred dollars for advice and drugs, obtaining thereby enough of both to ruin the digestive apparatus of a score of healthy women.

Her attacks came on every three days, and she was one-half the week in bed and the other half at the washtub, for fate had reduced her to penury.

Cross-examination brought out the following symptoms. One day she would be greatly constipated, the next a copious yellow, offensive diarrhœa would come on, attended by agonizing cramps throughout the whole abdomen, worse in the region of stomach. The third day found her so weak and exhausted that she had to remain in bed. Appetite poor. Food causes distress. Never eats any breakfast. Hunger and faintness at 11 A. M. Coffee and food are taken at this time, which > hunger, but < pain. Great distension of the abdomen. Can't bear tight clothes. Thirsty. Chilly in cold, damp weather. Marked < from

becoming overheated. Irritable. Thinks nothing can be done for her. Sleep poor. Can't get to sleep. Skin unhealthy.

The patient received one dose of Sulphur 55m. (Fincke) dry on the tongue. This was given on her "constipation day." Before reaching home she had to get off the car and go to stool. Stool profuse, yellow and offensive. By the time she reached home she was in agony with her cramps. This attack surpassed all others in severity and lasted twelve hours—the usual length of time. Improvement set in at once, and in less than eighteen hours after receiving the medicine she was back at her tubs.

She was given but the one dose of medicine, and since then has never had the least sign of trouble with either her stomach or bowels. She has missed only two days at the washtub in the last three and a half years—and that was when she took a holiday.

A Clinical Case.*

F. S. DAVIS, M. D., Quincy, Mass.

Mrs. H. D. B.; æt. 31. Dark hair, blue eyes; short; medium weight. Never well since child was born, five years ago, when there were quite extensive lacerations, which were repaired about two years ago but without relief from much backache—nearly all the time.

Bearing-down pains and feeling as if she must sit or lie down to prevent prolapsus.

Inactivity of bowels; thinks they never would move unless assisted by an enema.

Menses painful and profuse. Never could walk any distance because of pain and soreness in womb and ovaries.

Measles were suppressed when twenty-one years old.

On November 23d I prescribed Malandrinum 30, a powder once a day for a week—first powder taken Saturday evening. The following Friday morning got up with nausea, headache, and by

* Read before the American Hahnemannian Association, July, 1902.

evening a fine eruption appeared on the arms and soon spread over the body.

The eruption itched very much, but only lasted a short time, leaving her feeling well, and she has been relieved of the constipation, the backache, the pain in womb and ovaries, and can walk comfortably. No pressure or bearing-down pains.

This remedy was given as a preventive of small-pox, and I report these results, as they seem to be due to its use in a patient where other remedies had failed to relieve.

Miscellaneous.

Blood-Letting Will Not "Down."

We had begun to think of blood-letting only in connection with the slayer of beeves and hogs. The following abstract from a paper by no less an authority than Dr. James Tyson (*New York Medical Journal*) shows that the practice is still considered "regular."

"There are two periods in the treatment of croupous pneumonia in which blood-letting might be of service. First, in the early stage for the relief of pain and dyspnoea; and, second, in the advanced stage where there is engorgement of the right heart, also associated with intense dyspnoea, cyanosis and general venous stasis. For the first stage the writer recommends especially blood-letting by wet cupping, although venesection at the arm is also efficient. The other measures for the relief of pain, such as poultices, counter-irritation, and even full doses of morphia hypodermically, are comparatively valueless for this purpose. It is especially in cases of pneumonia associated with pleurisy—pleuropneumonia—that this measure is of signal service. The second period in which blood-letting is useful is in advanced stage where there is engorgement of the right heart, which is unable to relieve itself of its burden because the lung is already engorged with blood which it cannot get rid of. This condition is indicated by

intense dyspnœa, frequent shallow breathing, and cyanosis. The blood-letting required is venesection, and it is especially valuable when associated with subcutaneous injection of normal salt solution and with oxygen inhalation. The writer is certain that he has seen life saved by the prudent use of venesection under these circumstances. As to blistering, he considers it serviceable for the most part only in delayed resolution."

Pain.

The good homœopath looks deeper and further than to external causes for pain. Many of the so-called predisposing causes are only secondary.

Strictly speaking, pain can originate from four causes only. Studying them from the light thrown on them by Hahnemann's miasmatic theory as to the cause of disease in general, they are traumatic, psoric, syphilitic and sycotic.

The traumatic pain is easily diagnosed by its soreness, tenderness and local traumatic symptoms; but the pains due to miasmatic origin are a life study for the student of miasmatics.

The pains of syphilis are usually referred to the bony structures or their coverings. Otherwise we have no pain unless it be due to pressure from growths on internal organs. The pains of syphilis are lancinating, boring, shooting; or dull, heavy. Above all, *they are persistent, continuous, and always worse at night and from heat.* They are concomitants of the night and of darkness. The patient longs for the light of day and dreads the coming of the night.

The pains of psora are < in the winter months, > in the summer, the reverse of syphilis. They are also < from cold and > by heat. The sycotic pains are < from dampness or moisture in general, and better from motion. Syphilis says keep me cool; psora, keep me warm; sycosis, keep me dry. Syphilitic pain dreads the coming of the night and the summer; psora, the coming of the winter and the cold; sycosis, the falling barometer

and the coming storm. A falling barometer makes the syphilitic patient's bones ache; a sycotic's joints and muscles or tendons and sheaths. * * * If syphilis involves the joints it is usually a single joint, but it has a preference for long bones and for osteo-periosteal surfaces.

When sycosis involves a joint, especially if of inflammatory origin, the pains usually begin with a slight stiffness of the part, then grow intense, gradually increasing in severity until the whole joint is involved and the suffering becomes agonizing. The pains are worse by motion, but there is such a desire to move that the patient cannot keep still, hence the relief of sycotic pains by motion. Suddenly the inflammation and the pains subside, but no sooner does the suffering patient find the desired relief when another joint becomes involved, with a repetition of all the former symptoms. This is not true of psora or syphilis; in fact, psora does not involve the joints.—*From an article by J. H. Allen in Hahn. Advocate.*

Early Manifestations of General Paresis.

In forty cases of general paresis that have come under my care for treatment, the earliest symptoms noticed were stated as follows. Wild purchases of extravagances, 8; change in disposition, with depression, irritability or moodiness, 7; indistinct articulation, 7; loss of memory, 5; excitement and unreasonableness, 4; attacks of unconsciousness, 2; hallucinations of sight or hearing, 2; errors in accounts, 2; headache and tremor, 2; childishness, with loss of memory, 1. Of these patients, 17 exhibited unmistakable delusions of grandeur when first seen by me, and 9 had no such delusions. Had the patients been brought under the eye of an alienist at an earlier period of the disease, physical signs would have been detected in almost all cases before the symptoms noted (with the exception, possibly, of depression) were observed by friends and relatives.

Tremor of the tongue, lips and cheeks during talking and eating occurs very early. Inequality of the pupils, and the presence

of the Argyll-Robertson condition in one or both pupils, present themselves in probably the majority of cases before any mental symptoms are noticeable. Griesinger is authority for the statement that pupillary anomalies may exist for months before any parietic symptoms appear.

The physician will often elicit a history of slight attacks of vertigo, and establish the fact of the occurrence of a forgetfulness regarding important matters which is unusual in the patient, and dependent upon inattention.

In a number of cases made public in the daily newspapers, the diagnosis of general paresis has been established, and patients have been properly committed to institutions for their care; yet, subsequently, because of the absence or concealment of grandiose delusions, the absence of a parietic gait, and the ability to talk well, they have been released from custody through the agency of sympathetic friends, only to be recommitted in a few months as undoubtedly insane, very frequently by their liberators.—A. W. Ferris, M. D., in *Medical Critic*.

Resolutions of the A. I. H. Regulating the Conduct of Its Affiliated Colleges.

1. *Resolved*, That this Institute condemns the action of any college which graduates an unsuccessful candidate from another college, unless he attends at least one full course of lectures at the college where he applies for a degree.

2. *Resolved*, That beginning with the session of 1895-'96 all colleges recognized by the Intercollegiate Committee of the American Institute of Homœopathy shall require attendance on four courses of lectures of not less than six months each, in separate years.

3. *Resolved*, That the Institute grant permission to all Homœopathic Medical Colleges under its supervision to give advance standing of one year only in a four years' course of at least seven months each, in a given twelve months, to graduates of accredited colleges who have completed courses in Chemistry, Biology,

Physics, Botany and Microscopy, equivalent to the maximum required in the Freshman year in said colleges, providing other subjects taught in the Freshman year be completed during the second or Sophomore year.

4. *Resolved*, That the teaching of the Principles of Homœopathy as enunciated in the Organon, the Homœopathic Pharmaceutics and Homœopathic Materia Medica be continued throughout the entire four years' course. The Organon and Homœopathic Pharmaceutics at least one year, the Homœopathic Materia Medica at least three years.

5. *Resolved*, That the clinical teaching in our schools should be brought into the greatest attainable harmony with the teaching of Materia Medica.

6. *Resolved*, That we disapprove of and discountenance all teaching which gives approval to what is known as the purely empiric use of medicine, or the use of proprietary medicine and combination tablets, believing that such teaching is productive of confusion in the minds of students, subversive of the principles of Homœopathy and tends to retard the progress in the establishment of a Scientific Materia Medica and Therapeutics.

7. *Resolved*, That each college represented in the Intercollegiate Committee be required to furnish annually, before the opening of its session, a copy of its last announcement to the Secretary of said Committee and to report to the same officer within ten days after commencement on a blank, to be furnished by the Institute, the name of its new graduates, the time each spent in college work in separate years and the name of the Institution attended in the several years or periods of study.

8. We recommend that the requirements for registration with the Regents of the University of the State of New York be complied with in all the colleges represented in the Intercollegiate Committee of the A. I. H., excepting as modified by the mandatory laws of the individual States.

9. We recommend that the colleges represented in the Intercollegiate Committee be required to issue credits to the students in duplicate and under the seal of the college; and, further, that no student not so provided shall receive advance standing in any college represented in this committee.

10. We recommend that each college, as soon as practical,

establish a department of physiological therapeutics, including manual therapeutics.

Personal.

Dr. Thos. H. Winslow is about to move from San Luis Obispo, Cal., to 304 Century Bldg., Evanston, Ill.

Dr. Lawrence M. Stanton has removed from 132 West 58th Street to "The Osborne," 205 West 57th Street, New York City.

Dr. Chas. W. Becker succeeds Dr. H. S. Llewellyn, in La Grange, Ill. The latter has retired from practice.

Book Reviews.

AMERICAN INSTITUTE OF HOMŒOPATHY. TRANSACTIONS OF THE FIFTY-EIGHTH SESSION, held at Cleveland, Ohio, June 17-21, 1902. Edited by Chas. Gatchell, M. D., General Secretary. Chicago, 1902.

The Transactions of the Fifty-eighth Annual Session of the American Institute are well worthy of the dignity of that great medical association. The printing and binding are well done and errors are exceedingly few. To meet the frequent requests for a copy of the Code of Ethics, this has been incorporated in the present volume. In spite of delay, caused by the destruction of the Necrologist's manuscript, the Transactions have come out in an incredibly short time after the meeting in June.

NEW MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT. Published by the New York State Medical Association. Vol. IV. 1902-1903. 982 pp.

Although published in the interests of the New York State Medical Association, its completeness and accuracy make this directory a useful reference book for non-members as well as those who belong to the Association. It comprises the names and addresses of all physicians who are members of National, State, County and Special Societies of "recognized standing," in the territory covered.

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Department of *Materia Medica*.

Dulcamara.

Lecture delivered by PROF. J. T. KENT, at the Dunham Medical College, Chicago.

We will take up the study of *Dulcamara*, the Bittersweet. The important symptoms of this remedy are catarrhal or rheumatic. It increases the flow of mucus from all the mucous membranes. It arouses a rheumatic lameness, with tearing pains, with numbness, with paralytic weakness, and with real paralytic conditions. All these catarrhal and rheumatic conditions come on from exposure to cold rainy weather, cold damp weather. The mucous membranes inflame suddenly and with considerable violence, and often bleed and ulcerate. The joints become painful and sore. The limbs feel bruised and remain stiff from a cold damp spell of weather. Complaints all over the body are aroused, which means that the patient himself is disturbed by cold damp weather. Eruptions come out on the body; vesicular eruptions; eczema; and these become inflamed and raw, bleed, and are painful in cold damp weather. Chronic eruptions, always worse in cold damp weather. So, as you go through the remedy, it is surprising to see how quickly the patient who needs this medicine will respond to cold damp weather. He is a cold, chilly patient; sensitive to cold; sensitive to drafts. He takes cold easily. He has a weak heart, he cannot resist the cold, and his limbs swell and pit upon pressure.

His mental affections are also disturbed by cold damp weather, so that he cannot think of words. He is confused, he is dazed, and this comes on in cold damp stormy weather. He is full of restlessness and uneasiness. Weariness of the whole body, limbs tired. Paralysis of single parts from suppressed eruptions. Complaints from suppressed eruptions. Infants with scald-head have had this eruption suppressed, and all the rest of their days, or until they are cured by a remedy, they have trouble from this suppressed eruption; and as they grow up they are rheumatic and catarrhal, and are affected by cold damp weather, just like the *Sulphur* patient.

So markedly does this remedy affect the mind that a man sleeping in a cold damp house, or getting caught in the rain and getting his clothing wet, will become chilled, aching all over, feeling bruised and rheumatic, and this so affects the head and the mind that he cannot think of the words to use. Violent neuralgic pains from becoming wet, or from exposure to rain in cold weather. He cannot find the right word; he will substitute some other word because it does not come into his mind, and this makes him very angry. He seems tired and in confusion. The right word has gone away, and he substitutes a word that does not mean the same thing at all. Sometimes it means the very opposite. "Mental confusion. Cannot concentrate his thoughts. Delirium at night. Asks for one thing and another which he does not want. Calls things by the wrong name because he cannot think of the right one." He is depressed, he is irritable, he is easily angered and quarrelsome. He is angry because his mind does not work right. I have seen this mental state after exposure to cold damp weather, with neuralgia of the face. Headaches. Pains in the limbs. Sciatica. Stupidity of the mind. His mind will not work. He does not know what to call it, but he cannot think of the words that exactly express his idea and he substitutes others.

The headaches are of a neuralgic character, brought on by exposure to cold damp weather, commonly in persons who are suffering from an old catarrh—because the *Dulcamara* constitution is a catarrhal constitution, and every time they take a sudden cold from exposure the thick discharge slackens, the mucous

membranes become dry, and violent headaches come on. And then this stupefying state of the mind comes on. Congestion of the head. Burning in the head. Feeling as if the head were enlarged. Catarrhal and rheumatic headaches, worse in cold damp weather—and there we have the headache story. Sometimes the pains are ameliorated by very hot applications, but he is chilly, sore and bruised. Rheumatic and stiff after taking cold from this kind of exposure.

Scald-head, with thick brown crusts in infants, spreading down over the face. Bleeds easily; much soreness. Vesicular, crusty eruptions, very dense and thick, with a great deal of soreness. Any scratching or rubbing will rub off a crust, and a great raw place is left.

The ear, eye and nose come in for their catarrhal conditions. "Nose is stuffed up. Discharge of thick yellow mucus. Ear-ache from exposure to cold wind." The mother is out with her baby and has not sufficiently covered him up—one ear has been exposed—and at night there are rending, tearing pains in that ear. The child looks sickly, pale, waxy. It is a sickly constitution. Takes cold and is chilly. So there is stoppage of the nose from every exposure. Children get snuffles. Now, this catarrhal state dries up and he is tolerably comfortable in dry pleasant weather, or even dry cold weather. But as soon as the cold damp weather appears, on comes the catarrhal condition. "Nostrials filled up, preventing breathing through the nose." Coryza, with headache, with faceache, with nosebleed. All the complaints are worse during rest, when keeping perfectly still. He is nervous and fidgety. Some of the pains come on during rest, and some of them are relieved by motion. His coryza is better by moving about—and the child by being carried and kept in motion. "Discharge from the ears; stitching pains in the ears; swelling of the glands around the ears." Swelling of the glands about the face and under the jaw. All of these organs—eyes, ears and nose—have the catarrhal complaints of *Dulcamara*. Catarrh everywhere. Catarrh of the larynx, of the chest. Catarrh of the bowels with diarrhoea; catarrh of the stomach with vomiting. He always has a diarrhoea. Diarrhoea from cold damp weather, especially in mountainous regions, from the cold air coming

down the mountains at night, and from the cold nights as the summer passes into autumn. In mountain regions the babies have *Dulcamara* diarrhoea. Cold nights and hot days. It is the change from warm to cold, and the wet weather added to it.

“Inarticulate speech and swollen tongue. Paralysis of the tongue.” This may come on from a sudden change, from being over-heated or from changing from a warm place to a cold damp place, or from being struck suddenly by a cold wind. “Eruptions about the mouth.” like *Natrum muriaticum*. “Thick brown or yellow crusts on the face. Facial neuralgia on the left side, involving the temple, ear and jaw. Paralytic conditions of the face and tongue.” The mental state goes along especially with the rheumatism; it is a part of the rheumatic constitution.

The bowel troubles are next in importance. *Dulcamara* is full of colic, soreness in the bowels and distention. “Diarrhoea from the slightest provocation.” Sickly, pallid, diarrhoeic patients. Vomiting and diarrhoea, alternately watery or slimy or dark brown, with great prostration and colicky pains. Worse after every change of weather. Cold damp weather brings on the diarrhoea. When the weather clears up his digestion is better, his bowels are more orderly. “Profuse diarrhoea; patient in an almost constant drowsy state. Yellow watery stools twice a day.” Much mucus in the stool. All this indicates an intestinal catarrh. Mucus yellow, white or bloody. Diarrhoea in infants that begins with the cold nights of the fall. It keeps coming back. No matter how warmly clad, the patient becomes chilled just from the change in the weather. “In the morning, profuse thin mucous and slimy stools of rheumatic origin.” Diarrhoea of rheumatic origin is such as comes on from change of weather, dampness and cold. Complaints from bathing in cold water. “Diarrhoea coming on during dentition, accompanied by colic.” Diarrhoea after cold nights in midsummer. Chronic diarrhoea, with prolapsus of the rectum during stools. Cholera infantum.

Retention of urine; suppression of urine. Retention of urine from becoming chilled in cold damp weather. Suppression of urine from the same cause. “Involuntary urination from becoming cold.” Dribbling of urine from becoming very much chilled. Paralysis of the bladder. A young woman, sensitive,

thin skinned, easily chilled in cold damp weather, if that weather comes just previous to the menstrual period, or during it, will have violent colic. "Abdomen sore as if bruised. Severe cramping labor-like pains. Rash about the neck and shoulders and face just before the menstrual period." Rash coming out at every menstrual period has been cured by *Apis*. Ulcerated sore throat that comes on at every menstrual period has been cured many times by *Baryta carb.* "Herpetic eruptions of the genitals." Leucorrhœa increases during cold damp weather." Other discharges increased.

Loss of voice; rough voice; difficult breathing; asthmatic conditions coming on from exposure to cold damp weather. Humid asthma. "Copious mucous discharge from the chest, with asthmatic breathing." The cough is a common feature of this catarrhal, rheumatic constitution. "Dry, hoarse cough. Cough from damp, cold atmosphere." He coughs all winter, but the cough settles down into a fairly quiet, easy state, coughing but little, until a change in the weather, then he adds to it. "Copious expectoration. Much rattling in the chest. Whooping cough worse from each deep inspiration. Whooping cough with copious expectoration. The mother thinks that the whooping cough is about gone, but there comes a cold rain and back it comes again, with copious expectoration. That child needed something to brace it up against the weather. It is sickly and puny. If it has not had eruptions it ought to have. A great many mothers are perfectly contented to have ever so sickly a child, ever so miserable looking a creature, if they can only have the complaints inside of the body and out of sight.

"Cough worse lying down," and sometimes from the warmth of the room. The warmth of the room in *Dulcamara* makes the *patient* feel better, but often stuffs up the nose and the chest, because it increases the flow of mucus; but when the mucus is thrown off the patient feels better in the warmth. He likes warmth applied, yet the breathing and asthma are often worse from warmth. Old catarrhal conditions of the chest—lingering ones like chronic bronchitis—that are worse in cold rainy weather. Pretty comfortable in warm dry weather. They nearly all pass away in the summer. Cases that will end by-and-

by in catarrhal phthisis. Bleeding. These troubles, when they rouse up, often hasten into an acute bronchitis. Ulceration. "Copious discharge of yellow mucus from the chest."

In the limbs, there is numbness, stiffness, lameness, from cold damp weather. "Swelling of the joints. Inflammatory rheumatism." Always lamed up from a draft. Stiffness in the back of the neck from a draft; not to the extent that it is found in *Rhus tox.*, for *Rhus* is of the very highest type; but this remedy has it in a moderately high degree. "Pain and stiffness in the back of the neck from a draft. Pain down the back from exposure to cold damp weather and from weather changes." It has cured a good many severe cases of spinal affection. "Pain in the small of the back, as after stooping for a long time. Lameness in the small of the back from a cold."

Warty growths of the skin and vesicular eruptions furnish some of the most striking features of the remedy. Vesicular eruptions and (in the old language) "tetter." Oozing of a bloody fluid; bleeds after scratching. Nettle-rash over the whole body; big, lumpy, itching wheals. "Thick, brown, herpetic eruptions. Thick crusts over the body." Complaints from driving these eruptions in; complaints from suppressing discharges. Complaints from suppressing eruptions that bleed and discharge; from suppressing catarrhal discharges.

Eupatorium Perfoliatum.

Lecture by PROF. J. T. KENT.

To-day we will take up the study of *Eupatorium*, the Boneset. This is an old American domestic remedy for coughs and colds and complaints in the winter; for coryzas and headaches with bone-pains. We have only a limited proving of the remedy, but there has been a good deal of clinical experience with it, especially in fevers with unusual bone-pains. In the winter of the cold Northern climate bone-pains come on with coryza, with headaches, with colds and with epidemic influenza. It is a wonderful remedy

for La Grippe—when the symptoms agree. It may be indicated in the Southern fevers, in "Break-Bone Fever," and in low fevers. The fever takes on a remittent or an intermittent form; but running through all these febrile and inflammatory conditions and epidemic colds there is that sore, bruised, aching feeling all over the body, as if the bones would break. This has been a guide to the remedy clinically. "Pain in the bones as if they would break." For chronic diseases it has not been used to any extent, although it cures old chronic "North American sick headaches," with vomiting of bile. It cures periodical sick headaches; headaches coming on every time the patient takes cold. He becomes feverish, sallow, vomits bile, and the bones ache. A little feverish condition with every headache. The pains resemble those of *Rhus tox*. He has also the sore, bruised condition of *Arnica*, and the awful aching of the bones belonging to *Bryonia* and *Arsenicum album*, but this aching differs much from the rest of them. Sometimes there is great restlessness, and he moves, moves, moves, with aching of the bones, but there is no relief from motion. In *Rhus* he is relieved if he moves. He has the restlessness of *Arsenicum*, but not the coldness, for he is feverish much of the time. He wants to be cool, except during the fever, when he wants to be covered. He has the aching of *Bryonia*, but *Bryonia* wants to keep still, and is better from keeping still. The *Eupatorium* patient desires to keep still, but he can't. He is so tired of moving that he would like to keep still, but he can't; he aches awfully, but he is no better from keeping still—he is no better from moving about. So the remedy stands to a great extent by itself.

A patient will grow steadily and increasingly "bilious," as he calls it, and the more bilious he becomes the more uncomfortable he is. He loses his appetite, fulness develops in his stomach and head, and dizziness comes on. With the dizziness he finds himself, as he walks along the street, steadily swaying toward the left side. He walks toward the left, he leans toward the left, he sways toward the left. This state sometimes precedes intermit- tent fever, or a headache. It may precede a bilious attack, which may end in a bilious fever with bone-pains—this swaying towards the left as he grows bilious. The attack ends with a vomiting

spell. If he vomits bile, and sweats, it goes away. And after weeks and months, again he feels that disordered stomach, the aversion to food, and the swaying, and he knows there is going to be a recurrence of the bilious attack that he has been subject to for years. He knows that his bilious attack is coming—and he knows that his chill is coming also—from the fact that for five or six hours before the chill comes on he cannot get enough water to drink. The *Rhus* patient knows that his chill is coming because he has a hard, dry, hacking, teasing cough, and his bones ache, too. The *Eupatorium* patient knows that his chill is coming because he has that awful thirst five or six hours before the chill. Such things are land-marks for these little remedies.

With the chills, the bilious attacks, and the gouty troubles, he has an awful headache. Headache throughout the whole head, worse in the occiput. A bruised, rheumatic, throbbing headache. The headache increases during the chill; it lasts all through the heat, and it is not relieved by the sweat. Sometimes he is worse during the sweat, and does not get over the awful congestive headache until the sweat ceases. In some instances the sweat is absent in *Eupatorium*. There are awful bone-pains in the head. The pain seems to be in the skull, and the headache goes on into the apyrexia—it lasts until he is through the sweat. Now, in all these attacks he is sensitive. He has nausea and vomiting during the attack of chill, or the headache, or the bilious attack, with vomiting of bile. Sometimes this occurs in the chill, sometimes in the fever, but very commonly it is postponed until the end of the chill and sometimes until the end of the fever; but it is a bilious vomiting. He has pains all over. Pains in the back, pains in the arms and legs and in the head. Awful bone-pains. "Soreness and pulsating in the back part of the head. Intense pain in the occiput. Pain in the occiput after lying, with a sense of weight. Headache with a sensation of soreness internally, ameliorated by taking his attention away from it. Violent pain in the head and back before and during the chill. This is likely to last all through the sweat. Nervous headache, spoken of as hemicrania. "Sick headache." Such are the symptoms found in the text, and I have told you in what diseases you will find these symptoms. It is one thing to know the symptoms as they

occur in the book, and another to know what may be called the homœopathic practice—that is, where the best experience and observation has made use of these symptoms in practice.

“Great aversion to light.” That is in the sick headache, and in the pain in the head. “Painful soreness in the eyeball” in connection with the headache. The headache during the intermittent or the bilious attack, and during the cold or La Grippe, will have soreness of the eyeballs. “Pain in the eyeballs as if bruised;” very sensitive to the touch, as if they were a big sore place. “Redness of the margins of the lids.” Lachrymation and photophobia in connection with the headaches.

Now the coryzas. The old folks in New England gathered their Boneset at the proper time in the fall to use for coryzas. “Coryza with headache; coryza with aching of every bone;” so it reads in the text. “Fluent coryza; sneezing; rawness in the throat; loss of voice. Laryngitis, with aching in every bone.” He goes to bed at night with a bad cold, with fever and aching in all the bones. “Epidemic attacks of influenza.” The old people used to use Boneset tea diluted with great quantities of water. Even then it was bitter, but, oh! how it would make a fellow sweat! It was given in such quantities that it would really sweat out the cold. But when given in the better way—in the potentized form—you will be astonished to see how small a dose will break up that coryza, that influenza. During the first epidemic of La Grippe in Philadelphia a great many of the homœopaths used this medicine for the aching of the bones. The remedies that ran through the Grippe at that time were *Bryonia*, *Rhus tox.*, *Nux vomica* and *Eupatorium*. These remedies will just about annihilate an epidemic of Grippe if you know how to use them. Once in a great while *Arsenicum*, and occasionally *Ipecac.*, *Aconite* or *Belladonna* will be needed, but usually *Bryonia* or *Rhus tox.* *Bryonia* for those cases which are better from keeping still; he wants to keep still, and he gets better the stiller he keeps; *Rhus*, when the aching is relieved by motion.

In *Eupatorium* the face is sallow and yellow. His eyes look yellow, his face looks waxy, and he really begins to look sick. During the heat he flushes and the face gets red. Redness of the cheeks—sometimes bright red. When that passes away the sal-

lowness, yellowness and jaundice appear, showing that the liver is making a fuss. Now, all through these conditions—these bilious attacks, intermittent fevers, or La Grippe—there will be bone-pains and thirst for cold water. “Thirst throughout the night before the paroxysm of ague; thirst for very cold water. Canine hunger before the attack of ague.” “Longs for cold things, for ice cream, for dainties, but aversion to ordinary food. Disgust for table food. Thirst a long time before the chill. Desire for acid drinks.” It is not an uncommon thing in this remedy to have thirst during all the stages in an epidemic of intermittent fever; thirst during the chill, fever and sweat. But the most striking and peculiar thirst is the one that comes on so many hours before the chill. *Natrum muriaticum*, *Bryonia* and *Eupatorium* are medicines that have been known for a long time by those who prescribe much for intermittent fever. They have been singled out as especially useful for those cases having thirst during all the stages, while *Ipecac.*, *Nitric acid* and the *Antimonies* have been singled out for those having no thirst during the stage of fever. In that way we gather a few little land-marks.

“Qualmishness from the smell of food. Nausea from the least motion. Sick stomach the night before the paroxysm of ague. Nausea as the chill goes off. Nausea and vomiting of food. Retching and vomiting of bile.” Now these stomach symptoms occur as reactionary symptoms. The headache often goes away in connection with the vomiting, as if the vomiting relieved it. “Violent sick headache. Severe pain in the head.” The head really pains so violently that it makes him sick at his stomach, and if he has any food in the stomach he will vomit. “Violent pains in the head, ending in vomiting.”

Another strange feature about the thirst and vomiting is that when he is about to have a vomiting spell the thirst increases. He fills his stomach with water until it will hold no more, and then he vomits it up. Before the chill, then, comes that thirst for great quantities of cold water. He drinks still more water *during* the chill, and at the end of it whatever food he has eaten during the last six hours, is vomited together with the water and a great quantity of bile. Then there is soreness over the abdomen, with tenderness to pressure. “Soreness in the region of the liver.”

The liver is tender and enlarged. Sensation of tightness. "Uneasiness of clothing." Can't bear the clothing in the region of the liver. "Soreness around the waist-line. Tympanitic abdomen."

"Frequent green watery stools." In this we see that the remedy keeps up its reputation for biliousness. Patients will come to you and say: "Doctor, I am bilious." That means nothing to you. You will see in remedies different elements of what we recognize as biliousness. Bile passed in the stool; bile vomited; yellow appearance. We know these are evidences of biliousness. So there is no such thing as prescribing for a "bilious" patient, until all the symptoms and details have been examined into, individualized and compared.

Eupatorium has much difficulty of respiration, but the cough comes in for a more important place. "A hoarse, rough cough, with scraping in the bronchial tubes." The scraping is really in the larynx. Cough with soreness and heat in the larynx; flushed face; tearful eyes. Chest sore; must support it with the hands." The chest feels sore and bruised like the other parts of the body, and here the remedy is like *Bryonia*. The *Bryonia* patient will cough as if the chest would fly to pieces—a racking cough—and you will see the patient grasp the chest and hold on tight while coughing. That is typically a *Bryonia* state, but this remedy has it in a less degree. *Drosera* has it in whooping cough. You will have to individualize between *Bryonia* and *Eupatorium* more closely in the winter than at other times. Remember the awful aching in the bones in this remedy. "Hacking cough in the evening. Loose nocturnal cough, particularly in the eruptive stage of measles. Cough preceding or following measles." The busy doctor who has been using this remedy after measles, and using it consistently, would not give it because the patient had had measles. It is a common thing in the fall and winter for children to have measles. They get up fairly well, but all at once they take cold, and a coryza or a cough comes on, and there is soreness in the chest, and a feverish condition, and they feel bruised all over and their bones ache. The same thing occurs after whooping cough or pneumonia. The patient has a new attack—an inflammation with bone-aching. This remedy has been

wonderfully useful in these cases, after bronchitis or some other chest trouble, when it was not suitable or indicated for the first attack, but when the patient gets out too early and takes cold. *Eupatorium* is useful for these second attacks, these relapses, but the symptoms of the remedy must always be present. The remedy might be *Bryonia*, it might be *Ipecac.* it might be *Phosphorus* or *Sulphur*. But I wish to show you when *this* is the remedy, and not the others. "Soreness in the chest. Pains and soreness behind the sternum. Can't take a natural breath because of the soreness." Pains in the chest, because of the motions of respiration. "Deep-seated pain in the chest."

Well now, you may imagine what the backaches are. Bruised, sore feeling, "as if the back would break." Pain in the back as from a bruise. Pain in the back before and during the chill. Creeping chills, especially in the back. Weakness of the back.

It is the same with the limbs. "Aching in the bones of the extremities. Rheumatic affections. Soreness and aching of the limbs." So we find over and over these ever present bone-pains.

The Mental Symptoms of Cannabis Indica.

E. A. FARRINGTON, M. D., Chicago.

Cannabis Indica is one of the curiosities of the homœopathic *Materia Medica*. The symptoms of the mind especially are remarkable, for there is probably no other remedy that develops stranger delusions or more grotesque fancies

The Indian Hemp belongs to the natural order *Urticacæ*, and is related botanically to the nettle and the common hop. It was believed at one time that *Cannabis Indica* and *Cannabis sativa* were two distinct species, but Royle is authority for the statement that the Indian and European varieties are identical, and they are now so considered by botanists in general. It would seem from our provings, however, that this is incorrect, for the two drugs produce symptom-pictures differing as widely as do those of *Veratrum album* and *Veratrum viride*.

The medicinal properties of the Indian Hemp were known in olden times. Herodotus mentions the drug, and it is said that a Chinese surgeon used it as an anæsthetic in the year 220 B. C. The Arabian *hashish* is a well-known preparation of Cannabis, and *bhang*, *ganga* and *charas* are three other forms used by the Orientals to induce narcosis. The natives of India call the plant the "laughter-mover," and the "assuager of grief." Indeed there is some reason to believe that it is the "nepenthe" of the Ancients.

The action of the crude drug upon different individuals is as varied as that of alcohol. A small dose increases the appetite and develops a state of cheerfulness. Taken in larger quantity it produces hallucinations, delirium, sleep and even catalepsy.

In the homœopathic proving we have a remarkable set of symptoms. The predominating mental state is one of joy and mirth. The patient feels a marvellous exhilaration, a kind of ecstasy. He seems transported into a land of wondrous miracles, a realm of ineffable delight, a perfect Paradise. Everything seems unreal, mysterious, inscrutable—yet beautiful and sublime. Visions of indescribable grandeur overwhelm him. Lost in solemn reverie, he gazes into the vistas of Eternity; he hears the anthems of the Angelic Host; he floats away into the solitude of endless space and finds himself face to face with the secret of the universe. He becomes omniscient, he is gifted with almighty power, and finally he sails aloft and merges in the Deity.

Disturbance of the intellectual faculties is prominent. We find absent-mindedness, difficulty in fixing the attention and confusion of mind. The patient has a weak memory, and he continually makes mistakes. His ideas are abundant—in fact he is constantly theorizing—but he forgets what he is about to say; he makes mistakes both in speech and writing. This weakening of the intellect may develop into actual insanity.

Delirium is a prominent symptom, and is accompanied by countless hallucinations. The delirium may become active, with raving, cursing and biting, sometimes increasing to fury. The remedy has cured mania-a-potu.

The weakened intellect of Cannabis is shown in an overdeveloped sense of humor. Everything seems funny—even matters of serious import. He laughs uproariously at nothing; he jokes

and makes puns, and is full of mischief. Strange and ludicrous fancies crowd his brain, and ridiculous ideas possess his mind. He thinks that he is a bottle of soda-water; he believes himself to be an inkstand—in fact, he can feel the ink splashing about inside him, and he must be careful not to spill it. He becomes persuaded that his leg is a tin case filled with stair-rods and he laughs immoderately at the noise they make. His spinal column feels like a barometer; he is transparent, or he has no weight at all. He fears to undress at night, for he is seized with the idea that his clothes will float away and become wandering stars. Fancies like these chase each other continually through the Cannabis brain.

The patient falls into errors regarding his identity, coupled with delusions of grandeur. Sometimes he goes so far as to doubt his own existence, but oftener he imagines that he is someone else, especially a great person. He fancies he is a hunter, a policeman, a king, an emperor, or even Christ himself. The woman is persuaded that she is the Virgin Mary. Delusions of the possession of great wealth or power frequently accompany these hallucinations regarding identity.

The remedy affects the senses in a marked degree. Every sensory impression is distorted. The patient has strange delusions regarding time. A second seems like a year; a single day like countless ages. His perception of distance is ill-proportioned, as though he were looking through the reverse end of a telescope. A rod appears like a mile; the descent of a flight of stairs like a journey into the bottomless pit. His estimation of size is hardly more accurate than his appreciation of distance, and consequently his companions often appear like giants. They seem to expand enormously. He thinks that he himself is expanding, until he fills the whole earth. Or perhaps only a part of his body enlarges. He fancies that one leg is too long; his eyelashes seem to grow to an interminable length; his head swells to the size of a house, or his neck elongates until he thinks he has become a giraffe.

The Cannabis patient's sense of hearing plays him many strange tricks. The delusion of hearing music is a prominent symptom. Beautiful chimes and numberless sweet-toned bells resound in his

ears. He is captivated by sweetest and sublimest melodies. The blood rushing through his head sounds like the reverberating peals of a grand organ. He may hear voices, shouts, the rumbling of wheels, or the rush of many waters. Frequently he fancies that some one is calling.

Many of the vagaries of this remedy are developed on waking from sleep at night. He sees objects that are not present, or mistakes one object for another. His surroundings appear strange and weird. His companions seem to be half men and half plants. As he lies dozing, immense grinning faces mock him from a distant wall; grim shapes and shadowy forms flit to and fro. Perhaps for hours he lies and watches an endless file of soldiers marching silently past his bed.

Cannabis Indica does not seem to have a very pronounced effect on the sexual nature. Amorousness is prominent. The delirium is sometimes of an erotic character, and nymphomania occurs at times.

The remedy has, less prominently, a state of mind quite the reverse of the characteristic joy and mirthfulness. There is anxiety, anguish and despair. These are markedly better in the open air—in fact, amelioration in the open air is a prominent general symptom of the remedy. The patient is sad and lonely; he feels forsaken and inclined to weep. He is restless, irresolute, capricious and intolerant of contradiction. He is extremely suspicious, and often thinks that his attendants have been bribed to murder him.

We find fear, especially fear of insanity; also fear of death. He is easily frightened, and is afraid of the dark, or afraid to go to bed because of ghosts.

In this state the patient is afflicted with terrifying delusions. He thinks that he is about to be strangled, or that he is bewitched. He is certain that he is going to die and that his body will shortly be dissected. He believes that he is double; he feels divided into parts; even his sensations present themselves in double form. Everyone about him seems oppressed with a secret sorrow. He has visions of hideous phantoms, ghosts and corpses. He fancies himself a demon, or believes that those about him are devils come to carry him away into torment. He wakes at night

with a thrill of horror, convinced that he is in the uttermost depths of hell.

Cannabis also has indifference and apathy. The mind is prostrated. There is dullness and sluggishness, especially with the headache, which is relieved in the open air. The patient is averse to talking; he falls into a sort of dreamy abstraction, and sits buried in thought.

Unconsciousness is a symptom of Cannabis. Sudden, transient unconsciousness; unconsciousness at night; from candle-light; from music; as if in a dream. Unconsciousness with automatic conduct.

The following symptoms stand out prominently in the mental state of this remedy, and are worth remembering:

Cheerful, lively, mirthful mood.

Inclination to constant, ill-timed and immoderate laughter.

Absent-mindedness and confusion of mind.

Amelioration in the open air.

Delirium with beautiful, joyous, ludicrous or grotesque delusions.

Delusions of hearing music.

Delusions of greatness, wealth or power.

Delusions of enlargement or immense growth.

Exaggeration of distance.

Exaggeration of time.

General Symptoms of the Materia Medica.

HARVEY FARRINGTON, M. D., H. M., Chicago.

§III. Argentum Metallicum.

Antipsoric, antisycotic.

Patient tall, thin, *irritable, restless*.

Ailments from the abuse of *mercury*; from *onanism*.

Affections of *cartilage*, bone, mucous membranes.

Lack of vital heat.

Coldness in small spots.

Numbness of single parts (as if asleep).

Pulsations.

Sensation of expansion.

Pains: *As if sprained, as if beaten*; STITCHES FROM WITHIN OUTWARDS; *boring*; come gradually, leave suddenly; *in the bones.*

Thirstlessness.

Discharges from mucous membranes profuse, *white, tenacious like boiled starch*, thick yellow.

Twitching, jerking, convulsive shocks, *convulsions*, EPILEPSY.

Paralysis.

Paralytic weakness.

Right side.

Left side.

Anæmia.

Emaciation.

Periodicity.

ERUPTIONS, SMARTING.

Induration.

Polypi; warts.

< MORNING; NOON; *afternoon*; *evening*; cold; *riding in a carriage*; walking; *repose*; *lying down*; *lying on the back*; *lying on the painless side*; thinking of existing complaint; emotional excitement; touch; pressure; looking at running water.

> *evening and night*; *open air*; motion.

REMARKS.

Like all the metals, Silver is deep-acting and slow in pace. Its work proceeds with insidious stealthiness, singling out the tissues especially suited to this type of sickness, namely, cartilage, bone and mucous membranes. The cartilaginous portions of the nose, ears, Eustachian tube, larynx, chest and joints are affected with destructive inflammation and pains of a cutting character. Tearing pains in the bones, caries, exostoses. Irritation of mucous membranes with rawness, increased discharge; chronic catarrh; gonorrhœal inflammation.

The Argentum patient is apt to be tall and thin, is irritable and

restless. In some instances provers seemed unusually cheerful, clear-headed and inclined to talk; a "heavenly peace" pervaded the whole mind. This, however, was the primary effect of the drug. Later an almost opposite state prevailed and this has been confirmed sufficiently to mark it as being the more characteristic of the two. Ill-humored, taciturn, impelled by an anxious restlessness to move from place to place. Anxiety about the health; sad, discouraged; mental and bodily weakness, languor; loss of memory and inability to think connectedly. We have here the picture of a mind prostrated by some severe strain or the loss of animal fluids, especially semen. The remedy has proved efficacious in masturbators, who have so weakened the sexual organs that pollutions occur almost nightly, frequently without erection. The penis is shrunken and atrophied, the spine weak, but strange as it may seem the increased debility that one would naturally expect after each emission is sometimes wanting.

The circulation is sluggish, there is lack of vital heat, and single parts, such as the legs, the heel, easily "go to sleep," they become numb. Coldness in small spots seems to be purely a nervous symptom; cold spot to the right side of the sacrum, or in the hips; cool spot in the larynx.

Pulsation or throbbing is felt in different parts or generally over the whole body and usually accompanies palpitation. It is "characteristic" because, of the many remedies that produce palpitation, comparatively few thus affect the whole arterial system.

Sensation of expansion is felt principally in the head and left ovarian region. With pains in the ovary, there is a sensation as if it swelled out, but examination fails to reveal the slightest change in the curve of the abdominal wall. It is a subjective sensation only.

Now as to painful sensations. Attacks of pain come on gradually, but leave abruptly (like those of *Sulphuric acid* and *Causticum*). Tearing, especially in the bones, stitches that start within and extend outward (cf. *Asafetida*), sprained feeling in muscles and joints; bruised soreness all over as after a severe beating, and great sensitiveness to contact, are important examples.

Thirstlessness is more characteristic of remedies like *Pulsatilla*, *Gelsemium* and *Apis*, but as it comes during fever it is worthy of notice.

Nearly all the discharges are profuse. This is particularly the case with catarrhal secretions. The ability of Silver to cure chronic affections of the larynx has been well known ever since the days of Hahnemann. In fact, the average prescriber seldom thinks of it in any other connection. Catarrhal symptoms are present in most patients needing Argentum, and the resultant secretions are usually viscid and white, like cooked starch, sometimes yellow. Thick, tenacious, white mucus is hawked out of the throat, coughed up from the chest, and blown from the nose. Hoarseness and aphonia of singers and speakers; rawness, scraping and constrictive feeling in the larynx. Cough worse from laughing, with easy expectoration of the characteristic sputa; dry at night and in the open air, loose during the day and indoors. Weak feeling in the chest, worse left side. Chronic bronchitis, which may progress into phthisis. Argentum metallicum has all the symptoms which go to make up that dread disease, tuberculosis of the lungs.

There are many symptoms connected with the motor apparatus. Twitching of muscles here and there, jerking of the limbs, convulsive shocks, as from a charge of electricity, on falling asleep; epileptic convulsions, followed by raging mania, rushing and jumping about, and striking at those around him; paralytic weakness during pain. after unusual fatigue; of the legs in the morning, with trembling; paralysis after diphtheria.

Complaints are, as a rule, one-sided. According to some the right side is preferred, but a study of the provings and records of clinical cases shows that by far the greater majority of symptoms occur on the left side. Thus, there is left-sided hemicrania, pain in left ear, aching of molar teeth, cutting stitch in the region of the last ribs on the left side. pain in the left ovary, with prolapsus uteri; bruised pain in the left side of the pelvis, weak feeling in the left side of the chest, cutting pain in the costal cartilage of the left side, etc.

Emaciation is a "common" symptom, unless qualified by some peculiar feature. This, in both Argentum preparations, is the fact that it is especially marked in the lower extremities.

Periodicity is shown in the reappearance of complaints exactly at noon, pains in the bones of the skull, chill, general weak feeling, hectic (11 A. M. to 12 M.).

The eruptions of this remedy are peculiarly sensitive. In measles, for instance, from the slightest touch the rash will smart as if excoriated; even movements of the skin are painful. Pimples come out in various localities and are abnormally sensitive to touch.

Argentum metallicum is worse in the morning, or rather the forenoon. Weary all over, catarrhal symptoms are troublesome, heat over the body, hungry, faint feeling, etc.; but the more marked aggravation is at noon.

Cold air increases the chill and warmth relieves.

Walking develops the weakness, bruised soreness the sprained feeling and pains in the joints, etc.; crushing pain in the left testicle. Riding is painful on account of sensitiveness through the abdomen and prolapsus uteri, evidently because of the jolting (*Arg. nit.* is $<$ jar), yet while in repose a host of ailments become more active. Lying down, especially if on the back, brings on an attack of palpitation and sensation of twitching in the cardiac muscle. Lying on the well side aggravates, even though the opposite position is impossible owing to the sensitiveness to pressure. The effect of touch has already been considered.

Mental excitement is followed by headache and indigestion. Thinking about an existing complaint is almost sure to increase its intensity.

Towards evening, and especially at night, there is usually some respite for the sufferer, but even then sleep may be interrupted by frightful dreams, electric-like shocks, frequent calls to urinate and chilliness when the covers are raised.

When out in the open air there is less cough and the patient feels better in general, if the air is not too cold. But the all-pervading anxiety and restlessness are held in abeyance only by constant motion.

Looking at running water brings on vertigo.

Argentum metallicum deserves a more thorough proving. Its pathogenesis gives glimpses of a much wider therapeutic range than is now assigned to it.

FIG. Argentum Nitricum.

Antipsoric, antisycotic.

Ailments from debilitating causes, *emotional excitement*, sexual excesses, etc.

Patient, old-looking, shrivelled, dark-skinned, ANXIOUS, IMPULSIVE, *hurried*.

Prostration of mind; confusion; forgetfulness; apathy; irritability; sadness; FEAR.

Insanity; delusions.

Hysteria.

CRAVING FOR SUGAR.

Errors in perception.

Sensation of expansion.

“ *of constriction (as from a band).*

“ *of a splinter in inflamed surfaces.*

“ *of a hair.*

“ *of numbness; formication.*

“ OF INWARD TREMBLING.

Pulsations.

Pains BORING; *burning; come and go quickly.*

Faintness; prostration.

Thirstlessness.

Trembling; twitching; jerking; incōordination; convulsions;

EPILEPSY; CHOREA.

Paralysis.

ORGASM OF BLOOD.

Dryness of mucous membranes.

Catarrhal discharges thick white or yellow.

LEFT SIDE.

Right side.

Alternation

HÆMORRHAGE, *black blood.*

Varices.

Œdema.

Induration.

Emaciation.

Caries.

Ulceration.

< *morning*; 11 A. M.; *afternoon*; *evening*; BEFORE MIDNIGHT; after midnight; *warmth, of the bed, of the stove; warm air; warm room*; cold; *uncovering; crowded room; becoming heated; mental labor; emotional excitement, anger, fright*; sexual excesses; noise; jar; motion; *after eating; after eating sugar*; before and during menses.

> *forenoon; cold air; cold bathing*; OPEN AIR; FAST WALKING; *pressure*; eructations; eating.

REMARKS.

The polychrests afford opportunity for a more intimate study than is possible and, indeed, necessary in the case of the lesser remedies. This is certainly true of the *nitrate of silver*. Its provings are rich in peculiar and characteristic symptoms, both general and particular. Though presenting marked resemblance to the parent metal its real nature is radically different. The *Silver* is characterized by slow-going, stealthy changes in cartilage, bone and mucous membranes and to some extent the brain and nervous system. The Nitrate, while exhibiting similar propensities, seems to develop more of mental and nervous phenomena and conditions referable to the softer tissues. While there is still some affinity for bone, the action upon cartilage is almost eliminated. But the essential difference lies in the rapidity of onset and the progress of its symptoms. It seems to have borrowed nearly the whole pathogenesis of the pure metal, to have developed and augmented it and fitted it to a place which at times almost equals *Belladonna*. This does not imply that chronic cases of long standing and slow progress would be foreign to the nature of this remedy; it only goes to show that Argentum nitricum, though a powerful antipsoric and antisycotic like Argentum metallicum, is nevertheless indicated more frequently in acute disease and suits chronic maladies that are more violent and marked by exacerbations of greater acuteness. Clinical experience bears this out.

The typical Argentum nitricum patient is not only emaciated, but old-looking, shrivelled, and the skin is sallow and swarthy. After long continuance of massive doses a bluish or even blackish hue is imparted to the surface of the body from actual de-

posit of drug substance and the darkening effects of actinic light rays. It is peculiar that the patient who is to get well under the action of the potency should present a color approaching this, which is so evidently a result of chemical action.

The mental state is an exaggeration of that described in the foregoing study of *Argentum metallicum*. The same anxious unrest pervades the whole system and impels to constant activity. Everything is done in feverish haste; always on the go, yet accomplishes but little. Time passes too slowly. The anticipation of a coming event, the keeping of a business engagement, the catching of a train, going to some entertainment, throws the patient into a state of anxiety and nervous trembling and brings on diarrhoea. And yet, intermingled with this superabundance of nervous energy, there are periods of extreme prostration, mental confusion, forgetfulness, trembling, twitching and jerking of muscles, apathy, indifference. It is the beginning of a final break down, and according to circumstances and inherent tendencies the future course of affairs will follow one of several directions.

The well-known symptoms of typhoid fever may come to the surface. Then there will be increase of prostration, mental confusion, slow, incoherent speech, enormous bloating of the abdomen, diarrhoea with weak flatulence. On closing the eyes hideous faces will appear; anxious, restless, full of fear; thinks the disease is incurable, terrified by the constant idea that is going to die, predicts even the hour when this will take place. Or indifference, comatose condition and unconsciousness, though not without some signs of restlessness.

A gradual weakening of all the mental faculties suggests a probable termination in imbecility, with foolish, childish behavior, forgetfulness, inability to think connectedly, etc.

Perhaps it is epilepsy. The seizures will be preceded by extreme restlessness, dilated pupils, and slowness of speech and epilepsy from fright; the imbecility comes later.

Insanity is another form which this condition may assume. Aversion to his occupation, or refuses to work on account of a fixed idea that it will do him harm. Irritated, easily angered. Despondency like a heavy cloud hanging over him; thinks that he is despised, neglected, deserted even by his own family.

Thinks that he has some incurable brain or heart disease. Longs for death, yet fears it. Fear is a marked feature of the mental state. Fear of impending disease, of apoplexy, of insanity (of epilepsy, *Argentum metallicum*). Fear of falling down in a fit when he reaches a certain corner. Fear when alone that he will die, that something will happen to him, that he will jump out of the window. His mind may be constantly dwelling on the thought of suicide, but this fearfulness deprives him of the courage necessary to carry the thought into act. But he is nervous, restless, over-impressible and impulsive. So, when looking down from a window or other high place, the temptation to jump, more or less common to human beings in general, to him becomes irresistible and may be the means of accomplishing what he was unable to do by studied, voluntary effort. This and other considerations undoubtedly afford actual grounds for some of the fears above mentioned.

Again, we may have locomotor ataxia. Incöordination stands high in our Schema. Walks unsteadily, especially when he thinks no one is observing. This shows the ability to overcome the difficulty in early stages. Trembling, awkward, drops things (cf. *Apis*). Staggeres on attempting to walk with closed eyes. Numbness of various parts of the body, numbness of the finger tips, of the legs as if made of wood, etc. If not too far advanced, *Argentum nitricum* will cure.

These sketches are merely suggestions of the scope and depth of action displayed by Nitrate of Silver, and serve to illustrate how its general characteristics may be applied. The name of a disease should never be made a basis of a prescription. Some of the symptoms given are interchangeable with other forms of sickness, and many more distinctive features might be added.

For instance, errors in perception while walking along the street, the corners of houses appear to project and he veers toward the street to avoid striking them. Looking up at high buildings on either side of a street, their walls appear as if leaning forward and about to fall. The walls of the room seem as if they would come down and crush him. These are not hallucinations, but the natural consequence of incöordination of intrinsic eye-muscles.

A strong peculiarity is craving for sugar. This is important as

belonging to the affectional side of the mind, so that its use as a keynote is partly justifiable. Yet, like all keynotes, it should be limited to the part of an indicator or sign post and the case examined carefully for confirmatory generals and particulars.

Under sensations we have that of expansion—of the head, the whole body, the ovarian region. In puerperal convulsions with hot head, throbbing carotids, sometimes this sensation is complained of. Sensation as of a band about the hypochondria, the waist-line, the head. Sensation of a splinter in inflamed surfaces, such as the sore throat, the ulcerated cervix uteri, the urethra while urinating, in pimples wherever they may appear. Sensation of a hair touching various parts. Sensation of numbness in the finger-tips, the legs. Numbness and formication of the paralyzed part. Sensation of inward trembling, purely subjective, although there is much objective trembling also. Pulsations in the head, carotids, all over the body, normally associated with palpitation. Painful sensations are described as boring, as, for instance, in the left frontal eminence, burning, etc. The attacks of pain come and go quickly, like those of *Belladonna*.

Faintness and prostration come with most complaints. Faintness at 11 A. M., like *Sulphur*.

Thirstlessness is more marked than we find it in *Argentum metallicum*, but is not so important as under *Apis*, *Pulsatilla* or *Gelsemium*.

More should be said as to the nervous symptoms. Jerking may occur in any muscle, but is a striking feature when commenced with paralysis. This is a symptom of the remedy. Chorea is also important. Convulsive jerking of arms and legs; incöordination.

Nearly all *Argentum nitricum* complaints arise from debilitating causes. This is true of the paralysis. Hemiplegia, when the rest of the symptoms agree. Formication and jerking in the parts affected. Paralysis after severe and prostrating zymotic disease, as after diphtheria. Paralysis of the lungs. One sided paralysis.

There is sometimes a good deal of dryness of mucous membranes, but more often the catarrhal irritation produces increased discharge of thick, white, and especially yellow mucus. Any mucous membrane may be affected. Hoarseness and aphonia of singers, worse from raising the voice. Inflammation of the eyes,

perhaps gonorrhœal in origin, with this thick, yellow discharge. The same from the urethra and vagina. The picture of sycosis is completed by warts and polypoid growths, all of which have been cured by this remedy.

The left side is principally affected. A list of symptoms too long to relate are found more on the left side. When we come to the genitals, however, the right side has preference. Inflammation and cutting pain in the right ovary, orchitis with crushed pain in the right testicle. This is the opposite of *Argentum metallicum*.

A few instances of alternation can be found. Constipation alternates with diarrhœa, rawness of the larynx with uterine troubles.

There is some tendency to bleed, hence we have hæmorrhage of dark, almost black blood from the mucous membranes and skin wherever there are erosions: nose, lungs, cervix uteri, kidneys, and external ulcers.

Ulceration is a marked feature. The escharotic effect of Nitrate of Silver in solution is universally made use of by the old school practitioners (some of the new school as well), and it is well known that it does not tend to burn deeply. The ulcers produced in proving were also shallow, but on account of superabundant granulations they bled easily.

Appears first in the lower extremities (cf. *Abrot.*, Am. m. *Sanic.*). This furnishes an example of one of the slow changes in this remedy; emaciation progressing over a period of years.

Caries, or death of bone-tissue, is not very frequently met with and when it does occur it usually attacks the small bones.

The most important aggravation as to time is at night, and especially before midnight. Gastralgia, colic, diarrhœa, nervousness, hot head, hoarseness, chest and skin symptoms are worse at that time.

Warmth in any form aggravates. The warmth of the bed increases the chill and sweat, and aggravates the pains. In a warm room there is restlessness, photophobia and, in fact, most symptoms are worse. A crowded room fills the patient with dread, for it seems to take his breath away. The heat of the stove intensifies the pains in gonorrhœal ophthalmia, ophthalmia neonatorum.

Mental effort brings on headache and nervous complaints, and may be followed by unsteadiness in walking. The effects from anticipation have been cited above. Fright brings on epileptic convulsions; in fact, may be the exciting cause in the first instance. Anger is followed by headache, cough, flatulence, stitches in the chest.

There are sufficient exceptions to the marked aggravation from heat to constitute a general in the form of aggravation from cold. For instance, the asthma and hæmorrhoidal colic is worse in cold weather, the bones of the skull ache after having been out in the cold air, the toothache is made worse by cold water, and the gastralgia cannot stand the least amount of cold food or drink. Eating ice-cream may have brought it on. Uncovering aggravates the chill. Jarring hurts sensitive parts (another resemblance to *Belladonna*). There is general sensitiveness to a noise, which is akin to jarring.

Motion aggravates headache, fullness in the eyes, pains in the throat and the region of the kidneys, and brings on stitches from the liver to the chest, palpitations, mental confusion and dullness; but, like the aggravation from cold, it is of minor importance.

After eating there is flatulence, with great distension, anxiety, sadness and pains in the stomach. Belching is very difficult to start, but when the wind is once evacuated these symptoms subside. If there is tendency to epilepsy, and the meal is heavy enough, convulsions will come on. Sugar in any appreciable quantity induces flatulence and looseness of the bowels. Diarrhoea of infants when the mother has eaten too much candy.

In the woman a great many symptoms come out before, and especially during, the menstrual period. Palpitation, pressure in the præcordium, headache, backache, sensation of trembling in the epigastrium, coldness and blueness of the legs to the knees, epilepsy.

The amelioration from cold air and cold water is inseparable from the Nitrate of Silver case. Its absence should be regarded as an absolute contra-indication. It applies to all symptoms, with the few exceptions mentioned above. Many a case of ophthalmia neonatorum has been cured upon this symptom and the character of the discharge as the only guide. The writer once treated a

man presenting a perfect image of *Argentum nitricum*, who claimed that he had recovered without the aid of medicine from three attacks of pneumonia by "walking them off" in the open air. Although such procedure is not to be recommended, it shows how much can be accomplished in alleviating the sufferings of the patient by cool air. Add to this fresh air, free from the effluvia of other human beings, and the relief is still more certain. All symptoms are relieved in the open air.

Pressure in the form of a bandage or tight-fitting hat alleviates the hemicrania and the sense of enlargement in the head; also the full feeling in the region of the heart with violent palpitation.

The individuality of *Argentum nitricum* is so well defined that it should not be a difficult remedy to prescribe.

A knowledge of the complementary relationships of remedies is important and indeed necessary, but the rules governing the succession of remedies must give way if the symptoms do not at the same time confirm.

We must begin at the vital force, because there we find the secret of the patient, and end at the tissues, where all sickness ultimates, because from one to the other we have the basis on which the body-organism in health and disease is built.—*J. Martin Littlejohn, M. D., LL. D., F. R. S. (Lond.)*.

When you get failures, you may be sure that they are within yourself. If you think the failure is in Homœopathy you will begin your corrections on the wrong side of the ledger.

The physician who violates his conscience, violates his ability.

You cannot afford to be liberal with principle.—*Kent*.

Isn't it curious how some physicians will hoot at a potency and fly like a frightened cow from a bacillus varying in size from 0.004 to 0.006 millimeters? They can hardly eat, drink or sleep for fear a little microbe of the fifteenth culture will light on them somewhere—but there is nothing in a potency above the 12th. Oh, consistency!—*Nash*.

Department of Clinical Medicine.

Typhoid Fever.

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Because of the recent epidemic of typhoid fever in Chicago, about every journal and every medical society has a paper on this subject discussing the etiology, pathology, treatment, etc. I feel that there is very little left for me to write about, except that my experience in treating a genuine case, or one that resembles it, has led me to adhere strictly to the law of Homœopathy and give the indicated remedy.

We hear from all sides—and I regret to say, from some who believe in the law—that some remedies are useful in the different stages.

This is a grave mistake and is misleading to the younger members of the profession. If a remedy is indicated it may be so at any time or in any stage of the disease; true, we have remedies that in their proving have brought out symptoms that correspond more particularly to a certain stage than others, and this is evidently how the idea of remedies for stages originated.

This is also true of all provings and all diseases.

The physician should look deeper into the symptoms than to bring out only those common symptoms, for they are common to all cases of typhoid fever; they are the diagnostic signs, the pathognomonic symptoms that mark the stages of the fever.

In all cases the observer will find something (usually mental) that individualizes each particular case, that would, of course, control the selection of the remedy.

The cause of typhoid fever is now looked upon to be the bacillus of Eberth, which is water-born and carries its infection by air, water, milk and food, locating in the intestinal tract, where it is developed in those individuals whose physical state is in such a condition as to allow it to be developed.

The chief means of conveyance is, undoubtedly, by the excretions from the bowels.

The sweat, from the second to the fourth week, is considered infectious.

Fruit is also frequently a conveyer of the infection.

Sewage and sewer gas have for years been looked upon as the main cause for the infection of typhoid fever.

Whether these convey the contagion or not, it is certain that living in such atmosphere so lowers the vitality that it becomes highly susceptible.

Now it is very evident that the bacillus of Eberth is not alone the real cause of typhoid fever, but there are other factors at work beside this bacillus; there must be some condition of the system which predisposes the individual to the effect of the germ, and this condition is the *primary cause*.

The primary cause, then, is, as Hahnemann says, the cause of all acute diseases, psora, which has been aroused into activity by living in bad atmosphere, eating contaminated food, drinking infected water, milk, etc., and so lowering the resisting powers that the system becomes susceptible to the influence and consequently typhoid is developed. As Dr. Kent expresses it, "if there was no psora on the earth, there would be no acute diseases, for there would be no susceptibility."

Psora causes susceptibility, and susceptibility allows contagion.

I am of the opinion, with many others, that we have few cases of genuine typhoid fever out of the great number diagnosed as such. In seasons like the one we have just gone through, where there is an excess of moisture, vegetation is abundant, particularly fruit, etc. which causes a gastro-intestinal irritation with fever that resembles typhoid very closely.

A correct diagnosis of typhoid can not be made until the second week, although before we may have a strong suspicion from the conditions and symptoms; but it is impossible to make a decided diagnosis until the disease is thoroughly settled.

It has been my experience, as well as many others of whom I have inquired, that a genuine case of typhoid will run its course, modified by careful prescribing, and the cases we so often break up or run a short course are not genuine typhoid, but a gastro-intestinal irritation with typhoid conditions.

As soon as a suspicion of typhoid exists, I always insist that the patient keep to the bed, as absolute quiet is required from the first for the best recovery, and by so doing there is less danger of severe complications later, as intestinal hæmorrhage.

During the course of the fever the sponge-bath with tepid water, followed by a rubbing with alcohol, is very gratifying to the sufferer; it relieves the restlessness and they often drop into a quiet, peaceful sleep after it.

I never use the cold plunge bath, which is so highly recommended, for it is plain to be seen that the shock of such a procedure must have a very bad effect upon the system; in fact, I have had patients who have gone through this treatment tell me that they felt they would rather die than endure it. It is my understanding that it is used to reduce the temperature, and is only temporary at the best. We can be thankful as homœopaths that our remedies will control the fever, and that we are not obliged to resort to a temporary relief which must have such a detrimental effect on the patient that only the strongest can stand it.

The sponging I allow once a day, or if necessary, for the soothing effect, twice a day. The nurse does it gently and slowly, single parts at a time; in this way the patient is not exhausted, but refreshed instead.

Strict attention must be paid to the care of all excretions, the bedding, and all articles of clothing; in fact, of everything used about the patient.

The sick-room must be large, airy and well ventilated: all unnecessary articles of furniture and hangings removed, as they often times aggravate the delirium or otherwise molest the sufferer.

Great care should be insisted upon against noise or confusion, as these have a decidedly bad effect.

I allow my patients plenty of water to drink, cold or otherwise, as they prefer, which, of course, must be pure.

The plan of diet, which I follow very closely and consider about the best, is as follows:

Milk, raw, boiled, or diluted with plain water, seltzer, apolarinaris or lime-water. Boiled milk when the diarrhœa is severe. Quantity in twenty-four hours, one to three quarts; four to six ounces every two to three hours, day and night.

If milk is not digested then kumyss, buttermilk or malted milk should be given. Buttermilk and malted milk may be given as a change from time to time.

Convalescence:—

First day: One or two cups of chicken broth and one milk toast.

Second day: Home-made beef tea, a cup of weak tea or coffee, and a biscuit.

Third day: A soft boiled egg, cream toast and a little scraped beef in soup

Fourth day: Two or three soft-boiled eggs, rice pudding and a baked potato.

Fifth day: A small piece of chicken breast, a baked apple and one or two baked potatoes.

Sixth day: A small piece of tenderloin steak, mashed potato, bread and butter, and rice pudding.

Seventh day: Select diet from previous six days, after which allow anything except fried and fat foods.

If eating causes distress reduce for a few days. I have observed that ice held in the mouth often increases the thirst.

The homœopathic remedy exercises a very favorable action upon the typhoid condition. I do not believe there are any homœopathic specifics, and I have no faith in any remedies if they are not indicated.

The suggestion made by so many to use a certain remedy in certain stages is of no value whatever.

When I am called to a case I look it over carefully and select my remedy according to the indications, and, when I can do so and feel sure that I have the right remedy, I feel satisfied that the patient will get along nicely and without any complications.

I will not enter into the symptomatology, but give the remedies that are most frequently indicated in the different forms that typhoid and typhus fevers assume, simply as a guide.

Exanthematic forms: Apis, Arnica, Ars., Bell., Bry., Calc. carb., Carbo veg., Lach., Merc., Mur. ac., Nux mosch., Phos. ac., Phos., Rhus tox., Secale, Stram.

Pectoral forms (Typhoid pneumonia): Ant. tart., Bry., Carbo veg., Hyos., Phos., Rhus tox.

Enteric forms: Apis, Ars., Bry., Calc. carb., Carbo veg., Cin-

chona, Colch., Gels., Ipecac., Lyc., Mur. ac., Nitric ac., Nux vom., Phos. ac., Phos., Rhus tox., Secale, Sulphur, Verat alb.

Petechial forms (hæmorrhagic): Arnica, Ars., Camph., Carbo veg., China, Chlorine, Mur. ac., Nitric ac., Sulph. ac.

Arsenicum: Putrid, foul, cadaverously-smelling stools; brown, dry, leather-like tongue; extreme prostration.

Muriatic acid: Fetid stools; intestinal hæmorrhage; sopor; so weak that he settles down into a heap in bed.

Arnica: Foul breath; petechiæ; says there is nothing the matter with him.

Rhus tox., Phosphorus: Putrid decomposition of all the fluids; tongue dry, parched, brown; bloody, cadaverous, fetid stools.

These are conditions frequently met with in the severe forms, and for this reason I mention these five remedies in particular as they have saved many patients in this low state.

Cerebral form: Arn., Bapt., Bell., Bry., Gels., Hyos., Lach., Nux mosch., Opium, Phos., Rhus tox., Stram., Verat. alb.

Versatile form: Bell., Bry., Cham., Cina, Dig., Gels., Hyos., Ignat., Lyc., Mur. ac., Natr. mur., Nux vom., Opium, Phos. ac., Puls., Rhus tox., Stram., Zinc.

Stupid form: Arn., Ars., Bry., Carbo veg., Cinchona, Cocc., Helleb., Hyos., Lach., Mur. ac., Nux vom., Opium, Phos., Phos. ac., Rhus tox., Secale, Stram., Verat. alb.

Phos. acid: Torpor, intermitting.

Opium: Complete stupor.

Cocculus: Depression of the nervous system, without any other affection except enlarged spleen.

Apoplectic form: If it were not or could not be prevented, Glon., Gels., Lach., Sang. or Verat. vir. may help if their indications are not overlooked. Impending paralysis of the brain: Lyc., Opium, Phos., Zinc.; impending paralysis of the lungs: Ars., Carbo veg., Phos.

Moschus: Cannot get the phlegm up; breathing and pulse weaker and weaker; fluids roll audibly down the throat; stool and urine pass unconsciously.

Carbo veg.: Paralytic condition; stupor; collapse; dissolution of blood.

At the beginning, or in the early stages, the following remedies are often indicated:

With sudden tumultuous symptoms, especially congestive headache, Bell.; with nosebleed, Rhus tox.; gums bleed, Merc.; lassitude and heavy limbs, with headache, white-coated tongue, loss of appetite, belching, Bry.; furred tongue, Coccul.; mouth and tip of tongue dry, Nux vom.; gastric symptoms with acute shooting pain in different parts of body, Bry.; the same with sour, bitter belching and vertigo, Nux vom.; in case of looseness, Bry., Rhus tox.; with sour, bitter belching, Puls.; with flatulence, Phos.; vomiting and copious, watery diarrhœa, Ipecac.; copious, thin, watery stools, after pain in bowels, with rapid sinking, Verat. alb.; chilliness on the slightest motion, Nux vom.; heat unbearable, but uncovering makes chilly, Puls.; in the beginning of typhoid versatilis, Bry.; later, Mur. ac; if the so-called nervous symptoms are predominating, Bapt. or Gels. is better than any of the others.

The stage of convalescence is of the highest importance. During this stage the following remedies are often indicated:

In the most complete despair of recovery, Psorin; loss of memory, Anacard.; hemicrania, Ignat.; appetite will not return, Psorin., Sulph.; ravenous appetite, Ars., Puls.; cannot eat, everything tastes bitter, Puls.; obstinate vomiting, China, Kreosote; slow recovery, with diarrhœa, China; sour diarrhœa, Rheum; strength alone wanting, Verat. alb.; great prostration, Psorin.; marasmus, China; relapse after over-exertion of body, Rhus tox.; of mind and body, Cuprum; of mind alone, Nux vom.; after a fright, Ignat.; angry passion, Nux vom.; continued chilliness and sensitiveness to the slightest draught, Selen.; weakening sweats day and night, Psorin.; convalescence too slow, China; threatens to assume a lingering form, Ars.; feverish feeling, appetite delayed, Coccul.; slow, protracted cases, with mild delirium, restlessness, anxiety, Ars.

I wish to make clear that whenever Bell. and a few other remedies like it are mentioned they are to meet special conditions, as Bell. could not be indicated in typhoid fever, for the typhoid per se, which is a continued fever, and Bell. in its proving does not produce a continued fever.

I mentioned this because we so often see remedies suggested for typhoid that never have produced a continued fever. These things are often misleading; they are used as intercurrent remedies to meet special conditions, and have no influence on the disease as a whole.

Journal of Homœopathics

Devoted to the Interests of Pure Homœopathy

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A Few Figures.

When our homœopathic medicines are reduced to their infinitesimal doses, do they still contain matter?

Whilst the ignorant deny the presence of matter in our dilutions, the eye, armed with a microscope, can nevertheless perceive it and follow its atoms, even to a high degree of division. Of this Dr. Charles Mayerhoffer obtained very striking proofs. He has submitted several metals to the microscope, and examined them with lenses of various powers, and, after having ascertained the purity of the inert vehicle, sugar of milk or alcohol, he traced them in degrees of almost incomprehensible division. Taking as a basis the number and size of the particles of a grain after trituration, he has confirmed the following phenomena:

Platinum divisible more than a trillion times.

Mercury divisible more than a trilliou times.

Lead divisible more than a billion times.

Iron divisible more than a billion times.

Zinc divisible more than a million times.

Copper divisible more than a million times.

Tin divisible a million times.

Silver divisible a million times.

Gold divisible a million times.

Messrs. Petroz and Guibourg, chemists and members of the Academy, have found traces of corrosive sublimate in the fifteenth dilution. Mons. Morh, wishing to determine the presence of Arsenic, reached the 700,000th part of a grain. Seguin and Rumel profess to have seen, by the assistance of the solar microscope [spectroscope], metallic atoms up to the 200th dilution.

A decigramme of Copper, dissolved in nitric acid and diluted with water tinged blue with ammonia, can be divided into 50,000,000,000 visible parts.

A decigramme of Carmine may be divided into 2,600,000,000 parts, all equally visible.

A grain of Asafœtida evaporates in 11,781,000 scented atoms.

A grain of musk diffuses an odor for twenty years, in a place where the air freely circulates, without apparently losing its weight, and evaporates in 300,200,000,000,000 particles.

Ehrenberg has calculated that a cubic inch of a mass of infusoria contains 41,000,000,000 of these animalculæ.

Kiel was able to prove that there required 186,400 millions of millions of globules of the blood of the infusoria peculiar to pepper, to fill a centimeter cube.

A drop of human blood, the size of a millimeter cube, contains 5,000,000 red globules.

A commission of the Institute has proved that Marsh's apparatus can show the millionth part of a grain of Arsenic. Messrs. Danger and Flandin have discovered, by their analyses, the hundred thousandth part of a grain of copper in the living organism.

Heuvenhœk has proved that 600 ells of silk thread can be wound off the cocoon of a silk-worm. Reaumur discovered that this thread is composed of 60,000 other threads. And Boerhaave adds to these facts that every inch of this thread can be divided into several millions of particles, each having a distinct form and existence.

Here are the results, and if you can no longer trace the atoms of matter at such or such point of division, do not say: "I can detect nothing, therefore there is nothing." If you are not able to see it, it is because you are too short-sighted and your instruments too imperfect. Do you suppose there are no worlds beyond your horizon?—*Conferences on Homœopathy, by Michel Granier, of Nîmes.*

Frequently, and we confess, not without some grounds for the accusation, the charge is made that the subject of diagnosis is almost completely ignored by the homœopathic profession. Some of our friends have gone so far as to say that a homœopath is incapable of making a diagnosis. In refutation of these disparaging statements we wish to call the attention of our readers to the articles by Dr. R. F. Rabe, of Hoboken, N. J., in the September *Journal*. Here we have not only instances of skillful prescribing, but also examples of the Doctor's diagnostic ability, with a complete record of observations and "findings" that would delight the hearts of our friends of "eminent diagnostic ability." We are sure, as are all homœopaths, that a doctor's ability to make a homœopathic prescription does not depend upon his ability to make a correct diagnosis. Neither do we think that the possession of diagnostic ability will decrease a physician's influence and usefulness in a community; in fact, we incline quite the other way, and believe that it will go a long way toward the conviction that homœopathic practice is the science which its exponents claim it to be.

There are sins of omission and commission. Failure to make a correct diagnosis, while not a crime, has the appearance of evil, consequently let us shun it. The old masters, those who have reared the bulwark behind which "Similia" has been enabled to raise her banner, were noted not only for their ability to prescribe, but also for remarkably keen powers of observation in disease. As practitioners of an Art, truly scientific, it behooves us to be guilty of no neglect which would detract one jot from our claims as scientists. To those who have not read the articles to which we refer, we say, Read! To those who have read, we say, Read again, ponder and be wise!

The Rising Tide of Infamy.

Has anyone forgotten the high tide that swept the city of Galveston, first inland, and then out to sea? Has anyone forgotten the cry of horror that went up all over the planet when the wires clicked off the words: "*Galveston Swallowed by the Sea?*" From the "calm of an undisturbed repose" it did not take long for the tide to rise and over-ride the doomed city. And some one should cry the rise of another tide that now threatens to engulf a great school of medical practice. It is out of bounds and over the breakwater already. It is the tide of *Polypharmacy*.

Once our *Materia Medica* was known and lauded for its *simplicity* and *purity*. Who has not read the "*Materia Medica Pura?*" Who reads it now? Who gives us our "Guiding Symptoms" now? Hering or the apothecary?

In the early days of Homœopathy the apothecaries sent out their cohorts on front and flank to drive Hahnemann and his few followers from the field. But the disciples of *minimum doses* and *single remedy* stood their ground and won their victory, and all over the world set up their own pharmacists to serve their own people. They never thought of serving everybody else at the same time. But the desire for riches has now corrupted most of them. The almighty dollar hangs its collar on their necks and leads them forth with the promise of greater gains, the promise of parks, palaces, yachts and private cars as the reward of homœopathic undoing.

My dear reader, how many homœopathic pharmacies do you know in these United States that do a decent, honest, homœopathic business according to the two profound and cardinal principles of our *Materia Medica*, the *single remedy* and the *minimum dose*? Throw out the *dose*, as a mooted question, and still tell me how many of them offer you in all its homœopathic simplicity the *single remedy*? Look over the catalogues that come to your table and tell me what proportion of them offer you under a variety of seductive and specious terms a great array of *mixtures* and secret *nostrums* like so many other patent and secret remedy fakirs.

Recently one of the more bold, brazen and dastardly mixers and corrupters of homœopathic remedies laid on my table a big catalogue of double, triple, quadruple, quintuple and sextuple remedies, many of them antagonists and antidotes to their fellows in the combine, and urged me to buy them, saying that *many homœopathic* doctors bought them, and that he sold nearly as many of them to Eclectics and regulars as to homœopaths. And thus he disclosed the animus of corrupting our Materia Medica. Corrupted, he could sell to the enemies of Homœopathy and give them a club to beat our brains out with. They could say truly to all the world that there is nothing in Homœopathy but a name, as has often been said of it; that they buy mixtures out of the same box that we do, and that therefore we are frauds when we pretend to have a finer Materia Medica than they have. And when we support such pharmacies in their nefarious practices the charge becomes true and we are frauds and *particeps criminis*.

And, do you know, the situation has a legal as well as ludicrous aspect? If a man employs you as a professed homœopathic physician to treat him or a member of his family and you give them mixed mongrel remedies, and the patient dies, you can be held for damages in the court for not giving the kind of treatment that your engagement *implied* that you would do. The courts have held over and over that when a physician holds himself out to the public as a practitioner of any particular school of practice, and is so engaged by the patient, and then gives the treatment according to the dogmas and practices of some other school, he is liable in damages for breach of contract. So it behooves every homœopathist to have a care to *either practice Homœopathy* or to go over to the school whose precepts he chooses to follow.

From Hahnemann down to the latest writer on Materia Medica and therapeutics can any one of them be named who gives us any such jargon and jumble of remedies as our modern pharmacists do? And why should we tolerate the polypharmacy methods of our falsely so-called homœopathic pharmacists, who are corrupting and destroying for sordid gain the foundation principles of our school practice? They are wolves in sheep's clothing, enemies in the guise of friends, dishonest at heart and frauds in practice. They pretend to be homœopathists while following

hell-bent after the mongrel methods of so-called *regular* pharmacy. And their only excuse is that it *pays*; that by so doing they can *sell* to all schools of practice. If they are so over-anxious to *sell* to other schools we should be decent and honest enough with ourselves and our patrons to see to it that they do *not sell* to us. They should be turned from our doors in scorn with such a lesson in honesty that they will stop the whole fraudulent proceeding. If we buy of them we encourage the fraud and corrupt ourselves and cheat our patients. Why should we not stand honestly upon our rights and buy only of the just and honorable pharmacists of our own faith and practice?

Mr. Editor, will you as a good, decent disciple of Hahnemann, let your lance into this monstrous abscess of corruption and then disinfect and drain it to the bottom? There is work to be done along this line if we would save the splendid heritage of the fathers of our faith.—*Dr. H. W. Roby, in Cleveland Med. and Surg. Reporter.*

[We heartily agree with the sentiments expressed so forcibly by Dr. Roby. Next to the use of crude drugs and avowedly Old School preparations, this combination of remedies has done more towards disgracing the name of Homœopathy than any other practice.—ED.]

First Thermometer.

The first sealed thermometer was made some time prior to 1654 by Ferdinand the Second, Grand Duke of Tuscany; he filled the bulb and part of the tube with alcohol, and then sealed the tube by melting the glass tip. There appears to be considerable doubt as to who first employed mercury as the thermometric liquid; the Academia del Cimento used such an instrument in 1657, and it was known in Paris in 1659. Fahrenheit, however, appears to have been the first to construct, in 1714, mercury thermometers having trustworthy scales. The use of the boiling-point of water was suggested by Carlo Renaldini in 1694.—*Exchange.*

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Department of *Materia Medica*.

Ferrum Metallicum.

Lecture by PROF. J. T. KENT.

We will take up the study of *Ferrum metallicum*. The Old School has been giving Iron for anæmia throughout all tradition. They have given it in great quantities, in the form of the tincture, the chloride and the carbonate for anæmia. Whenever a patient became anæmic, pallid, waxy and weak, Iron was the tonic. It is true that Iron produces anæmia, and it would be astonishing to any one who ever read the provings of *Ferrum* if the Allopaths did not create additional bloodlessness with the doses of Iron they administer. It is true that under the provings, and under those circumstances where Iron has been fed in excess, the patient becomes greenish, waxy, yellow and pallid, with a sickly and anæmic countenance. The lips become pale; the ears lose their pink color; the skin of the body becomes waxy, and there comes a tendency to hæmorrhage, at times with clots, but commonly with copious, thin, liquid blood, very dark. The clots will separate and the fluid part looks brown, dirty and watery. The patient gradually emaciates. He is pallid and waxy; his muscles become flabby and relaxed; he is incapable of endurance. All the muscular fibres become tired from any exertion. Rapid exercise, or any unusual exertion, is impossible. Any rapid exertion or motion brings on weakness, dyspnoea, sinking and fainting.

A strange thing running through all the constitutional conditions of *Ferrum* is that the complaints come on during rest—that is, the pains and sufferings come on during rest. The palpitation sometimes comes on during rest, the dyspnœa comes on during rest, and even the weakness. The patient is ameliorated by moving gently about, but any *exertion* tires and causes faintness. Any *rapid* motion aggravates the complaints, but they are ameliorated by *gentle* motion; slow, quiet motion. The pains are ameliorated by moving about the house quietly, slowly, gently, so that the exertion does not excite or fatigue. In many cases the patient is puffed up and dropsical. The flesh pits upon pressure and the skin is pale, yet the face shows an appearance of plethora. From every little excitement the face becomes flushed. During the chill the face becomes quite red. From taking wine or any sort of stimulant the face becomes flushed, and the patient, though flabby, relaxed and tired, does not get credit for being sick. She fails to get the sympathy of her friends. She is feeble, she suffers from palpitation and dyspnœa, she has great weakness with inability to do anything like work, she feels that she must lie down—yet the face is flushed. This is called a pseudo-plethora. The blood-vessels are distended, the veins varicose, and their coatings relaxed. On this account bleeding takes place easily; capillary oozing; hæmorrhage from all parts of the body; hæmorrhage from the nose, the lungs, the uterus. Women suffer much from hæmorrhage from the uterus, especially during and after the climacteric period. *Ferrum* will be found of great value—when the symptoms agree—in that wonderful anæmic state called “green sickness,” that comes on in girls at the time of puberty and in the years that follow it. There will be almost no menstrual flow, but a cough will develop, with great pallor. So common is this sickness among girls that mothers are all acquainted with it, and dread it among their daughters. You see it often. In a large practice you will have a number of families that have a girl with chlorosis.

Sometimes the early menstrual period is attended with a copious flow, and then a great weakness occurs, and this goes on for a number of years before anything like menstrual regularity is established. In these cases the Old School always used to feed

their patients Iron in great quantities, but the more Iron the patient took the worse she grew.

Congestion, tending upwards, with red face, hot head and coldness of the extremities. But the heat of the head and face is not at all in proportion to the red appearance. It will be found that this congestion upward in *Ferrum* will take place during a chill, in septic fevers or in other forms of fever, and the head is not always hot, but sometimes cool. The face may be red and cool.

Another grand feature of *Ferrum* is that, like *China*, it has complaints from loss of animal fluids; from prolonged hæmorrhage, with weakness remaining a long time. There is no repair, no digestion, no assimilation. The bones are soft and easily bent; they take on crooks. Emaciated and feeble children. Dryness of the joints, causing cracking on motion. Sudden emaciation, with false plethora.

Redness of the face—a healthy looking bloom—in one who is unable to walk fast on the street, or to stand any exertion. Yet some of the complaints of *Ferrum* are better from occupation, from doing a little something, from taking a little exercise, because the complaints come on during rest. Over-excitability and sensitivity of the nerves; over-sensitiveness to pain. The sensitive woman who needs *Ferrum* has a flushed face and is often complaining because she gets no sympathy. She does not look sick, yet she puffs on going upstairs; she feels weak and wants to lie down.

Restless when keeping still; must keep the limbs moving. Rending, tearing pains in the limbs; dull aching in the limbs. These pass off when moving about quietly and gently, like *Pulsatilla*. But *Ferrum* is a very cold medicine, and is ameliorated by warmth, except the pains about the neck, face and teeth, which are ameliorated by cold. But most of the pains are ameliorated by heat; the patient wants to keep warm and dreads anything like fresh air or a draught.

Weakness and prostration; weakness even from talking. Prostration with irregular pulse, with too rapid pulse, or with too slow pulse; palpitation. And then comes paralytic weakness; the limbs give out. Paralytic conditions from anæmia or hæmorrhage. Fainting spells from hæmorrhage. Jerking and twitching of the muscles; chorea; catalepsy.

You may easily imagine something of the character of the mental symptoms, for they are a good deal like the physical. The mind is confused and the patient tearful. Depression of spirits; mental weariness and depression. The highest degree of depression and despondency. Anxiety from the slightest cause; irritability. The least noise, like the crackling of paper, sets the patient wild. It brings on nervous excitement and restlessness; she must get up and move. Excitement from the slightest opposition. Any sudden or rapid motion, of the least hurry, causes blackness before the eyes; dizziness; things turn in a circle; she must sit down. And with all this the face is pink. When alone and at rest, the face becomes pale and cold, but the least little excitement brings a flush to the cheeks.

The headaches are all congestive in character, with mounting of blood upwards. There is a sense of fullness and distension, with red face. Fullness and distension of the eyes; fullness of the neck. Palpitation of the heart. Exophthalmic goitre. The headaches are ameliorated by pressure. *Ferrum* wants to be pressed to support the veins. Throbbing like hammers in the head. Every quick motion aggravates the headache. Coughing aggravates the headache; pain in the head and occiput from coughing. These pains are sometimes ameliorated by walking gently and quietly back and forth across the floor. Going up stairs, sitting down, rising from a seat—unless it is done very deliberately—will arouse all the pains of *Ferrum*. Any sudden motion will bring on hammering and a feeling of great expansion in the head, as if it would burst. And then will come more or less shooting, tearing pains. Beating in the back of the head from rising or from coughing, because coughing is a sudden motion. Confusion of mind with hammering headache. Rush of blood to the head. Congestive headaches from excitement; from taking cold; from exposure; lasting three or four days or a week. The face is flushed and perhaps cold, the head somewhat hot, but not as hot as would be expected.

Redness of the eyes; engorged vessels. Great weakness, dyspnoea and palpitation. Writing—a mental operation—causes the headache to reappear. Great sensitiveness of the scalp. The patient must let the hair hang down. Mental disorders and head-

aches accompanying or following hæmorrhages, and in lying-in women. Bloated appearance about the eyes. All sorts of disturbances of vision from congestion. Venous stasis; swelling of the eyelids; pus-like discharge. Over-sensitiveness to sound; ringing in the ears.

The symptoms of the nose are numerous. Colds and catarrhal troubles, ending in nosebleed. Nosebleed on slight provocation, with headaches at the menstrual nisus. Scabs form in the nose. Extreme paleness of the face; face becomes red and flushed on the least emotion. Flushed face with dropsy of the lower limbs; flushed face with chill. Thirst during the chill is a striking feature of *Ferrum*. During the menstrual period there are violent pains, and as soon as the pain starts the face becomes flushed.

Nothing taken into the stomach digests, and yet there is no special nausea. It is the exception to find nausea in *Ferrum*. Food goes into the stomach and is vomited without any nausea—simply emptied out. Sometimes there are eructations of food by the mouthful, like *Phosphorus*. *Phosphorus* was the remedy with all the old masters for spitting up of food by the mouthful until the stomach was empty. Canine hunger. It says in the text: "Double the amount of an ordinary meal in the evening was hardly sufficient." All food tastes bitter; solid food is dry and insipid. After eating there are eructations. Heat in the stomach; regurgitation of food. Spasmodic pressure in the stomach after the least food or drink, especially after meat. Aversion to meat, to eggs, to sour fruit. Aversion to milk, and to his accustomed tobacco and beer. Sweet wines agree, but sour wines, and all sour things disagree. The tongue feels as if burnt. As soon as the stomach is empty vomiting ceases until he eats again. Vomiting of food, immediately after midnight. Vomitus tastes sour.

Ferrum is occasionally indicated during pregnancy. A few weeks after becoming pregnant the woman commences to throw up her food by the mouthful. There is no nausea, but the face is flushed and the woman is flabby and weak. She vomits without becoming sick. Fullness and pressure in the stomach; pressure in the stomach after eating. *Ferrum* is an unusually interesting remedy because of this peculiar stomach. It is like a leather

bag; it will not digest anything. Fill it up and it empties itself just as easily as it was filled.

Ferrum has a troublesome diarrhoea, with acrid, watery excoriating stool. Many of these patients are old sinners with broken-down constitutions, who have suffered long from constipation. Chronic constipation with ineffectual urging and hard, difficult stools.

Relaxation runs all through the remedy. From this relaxation there is prolapsus of the rectum; prolapsus of the vagina; prolapsus of the uterus. Dragging down in the whole lower part of the body, as if the organs would come out—and sometimes they do come out.

The bladder is also relaxed. Its sphincter is weak, and there is no regularity of its muscular action. Hence, we have involuntary urination from sudden motion, from walking, or from coughing. In little children the urine dribbles all day. Just as long as the child plays the urine dribbles and keeps the clothing wet, but this is better while keeping perfectly quiet. The bladder is so relaxed and tired that it cannot perform its duty—it cannot hold the urine—and as soon as it is partially filled it allows its contents to escape. This relaxation runs all through the remedy and gives it character, just like a human being. You know what each one of your friends is likely to do on every occasion. So it is with a remedy. You ought to know what it is most likely to do, in order to know what it will accomplish in curing the sick.

Weakness and relaxation of the genital organs is common to *Ferrum*. The menstrual flow comes in for its share. Copious, watery flow; hæmorrhage or suppression—amenorrhœa—no flow at all, only a leucorrhœa. Suppression of the menses with great nervous excitement; with flushed face; with weakness and palpitation. Prolapsus of the vagina. Insensibility of the vagina during coition. Metrorrhagia. Menses too soon, too profuse and lasting too long.

Difficult respiration; pains and disturbances in the chest. Difficult breathing, with a sense of a great load on the chest. Suffocating fits at night; catarrhal conditions of the respiratory tract; congestion of the chest; dyspnœa. Spasmodic cough, such as we find in whooping-cough, coming on in violent paroxysms. Cough

after every meal, with gagging, emptying the stomach of its contents. Cough felt in the head. Cough worse from the abuse of brandy, tobacco or tea. Cough coming on after the loss of fluids, as after hæmorrhage. Chest troubles following uterine hæmorrhage, and after other hæmorrhages. Coughing up of blood; bleeding from the lungs. Persons debilitated by secret vices, with a tendency to go into tuberculosis.

Palpitation of the heart from fear. Rapid action of the heart, or sometimes slow action. Fatty degeneration of the heart. Pulse accelerated toward evening. Pulsations throughout the body, feeling like little hammers.

Rheumatic pains in the extremities, ameliorated by heat and by gentle motion; aggravated by cold, by exertion, or by rapid motion. Pains through the deltoid muscles are spoken of more prominently than pains in other parts, but these pains are no more striking than the pains anywhere in *Ferrum*. Rending, tearing pains through the limbs. Inability to raise the arm; paralytic pains—that is, pains that are benumbing. Pains that make him feel as if he were going to lose the power to move the part. Violent pains in the hip-joint are just as common as the pains in the shoulder. Lippe says, "Rheumatism in the left shoulder," but it is just as common in the right. Rheumatic pains in the deltoid muscle of either side. Violent pains in the muscles and along the nerves. Pinching in the right deltoid; boring in the right shoulder; aggravated by motion and by the weight of the bed-clothes; ameliorated by heat. Tearing and stinging pains. The *Ferrum* pains come on in the night, because the patient attempts to keep still in bed. Rest brings on the *Ferrum* pains. When moving gently about in the daytime he will not have so much pain. Coldness of the limbs; and again, heat of the soles and palms—they change about. With all this weakness and prostration dropsical conditions come on, so that the feet and hands become bloated.

We read in the text that *Ferrum* is a wonderful remedy for diarrhœa in the last stages of consumption. Well sometimes it is— if the patient is prepared to die. *Ferrum* will stop the diarrhœa, but after it is stopped the patient will not live long. The diarrhœa is not usually painful. It is annoying, but it is painless,

and the night-sweats are painless. Do not suppress them; they had better be let alone. Let the patient go on to a peaceful termination. The best remedy for diarrhœa in the last stages of consumption is *Saccharum lactis* in the crude form, given in very small quantities and repeated as often as is required by the patient and the bystanders.

Fluoric Acid.

Lecture by PROF. J. T. KENT.

There is no deeper-acting remedy in the *Materia Medica* than *Fluoric acid*. It has a marked effect upon the bones, the periosteum, the cartilages and the hair. It produces abscesses, fistulæ, hardening of tissue, infiltration; old, indolent, painless and indurated ulcers. It is as deep-acting as *Graphites* and *Silica*, and is especially valuable after *Silica* has been abused. It is a common practice among homœopaths to use *Silica* in a routine way for old fistulæ, and for chronic affections of the bones and periosteum, such as necrosis and caries. Many times they do not know how to manage *Silica*, or what potencies are best suited to their patients. Still they pile it in, and when it does not work well, they give it oftener. Such indiscriminate and improper use of *Silica* so benumbs the constitution of the patient that no one can do anything with him. It stops the reactive energies of the economy. Now *Fluoric acid* comes in after *Silica* has been thus abused, and causes a reaction to take place; it starts up activity everywhere. Sometimes a sort of homœopathic doctor, who has read that *Silica* is good for felons, will feed it to a patient with an ordinary every-day felon. Perhaps the felon will break speedily under *Silica*, but the abscess becomes stupid and will not heal. It will not repair, and finally the bone becomes affected. *Silica* is one of the most dangerous medicines in the *Materia Medica* when given in repeated doses. When the patient has been poisoned with *Silica* your safety lies in *Fluoric acid*. It antidotes the *Silica* and brings about a reaction. It is strange that symptoms calling

for *Fluoric acid* so often come up after *Silica*. This is a medicine that not everyone seems to be familiar with. It produces chronic diseases of the bones. The hair falls out. There are rending, tearing pains in the bones, in old syphilitic cases, or in cases that have been maltreated.

Another thing that runs through this medicine is weakness of the cellular and vascular tissues. They become flabby and relaxed. There is no tension, no repair, and dropsical swelling sets in. Dropsy of the extremities in weak, anæmic persons. Dropsy around inflamed parts. Dropsy of the foreskin with enormous distention, in connection with gonorrhœa. Old stubborn cases with emaciation, flabby muscles, falling of the hair, enlarged glands, varicose veins, warts, excrescences and exostoses. Diseases of the bones, particularly of the long bones. Complaints that have come on from syphilis, or from the abuse of deep acting medicines, especially *Silica*.

A common feature running through the remedy is bone-pains at night. The patient becomes flushed, with a sensation of heat "as if a vapor was being thrown off from the body," without increase of temperature. He wakes up in that state and throws off the covers. Unlike *Silica* the complaints are ameliorated by cold. Cold applications relieve the ulcers. *Silica* wants hot applications. This patient enjoys a cold bath and delights in applying cold to the heated surfaces. *Silica* craves warmth.

Fluoric acid has a deep action upon the brain and spinal cord. It has been of great use in softening of the brain, and in tendency to organic affections of the nerve-cells. Feeble circulation; anæmia; chlorosis. Imbecility, weakness and gradual breaking down are more common than any form of insanity. In the proving, the first effect of *Fluoric acid* is over-stimulation. It seems to have a prolonged stimulating effect. One of the symptoms brought out is "increased ability to exercise his muscles without fatigue," but this soon goes to the other extreme, and there comes loss of strength and great prostration.

As an antipsoric and an anti-syphilitic, *Fluoric acid* is certainly a very great remedy. Brain-weakness in old syphilitics; inability to do anything. The brain is getting tired, and the patient grows sad and discouraged. He changes from one thing to another; he

is averse to work. Old syphilitics get into just this state when the syphilis attacks the brain, and produces mental weakness. He seems to have lost all courage, dignity, strength and manliness. Then it is that he needs such medicines as *Silica* and *Fluoric acid*. Indifference toward those he loves best; loss of affection for his wife and children. This feeling grows to a complete antipathy to his dearest friends and his loved ones. He has no objection to their presence—it is a mere matter of course—but he will sit all day and not speak to his wife or pay any attention to his children or his dearest friends, although he rouses up when strangers come about. This aversion to his own family is a kind of insanity. Then he passes into a state in which he loses all sense of responsibility, and makes light of everything. He talks in a hilarious mood; he is in a state of great buoyancy; he is happy and serene; he smiles and is jocular when things should be the reverse, and his people look upon him with astonishment, and wonder what is coming over him. He is losing all that made him a man. Inability to realize responsibility. Inability to realize fear when there is great danger. He cannot bring his mind to comprehend the nature of things, and the gravity of the situation. All these features point toward imbecility. Serene, even to silliness. Buoyancy of mind; happy and serene, even to the extent of being simple, whereas he was once stern and manly. Syphilis produces that state of mind. Syphilitic brain-troubles are worthy of study. In this remedy the complaints come on in the evening, and gradually increase during the night. That is like syphilis. Syphilitic troubles are worse at night; syphilitic pains and aches and sufferings and mental troubles begin when the sun goes down and get better when the sun rises in the morning. So it is true that many of the anti-syphilitic remedies are worse at night, or at least during some part of the night.

Growths of bone upon the skull—exostoses. Sensitiveness and tenderness of the scalp. The hair falls out—as in syphilis. Congestive headaches; pressure on both sides of the occiput; violent occipital headaches. Nervous headaches throughout the head or in the occiput, if the urging to pass urine is not attended to. If he allows the headache to begin it will continue into the night. The headaches are mostly in the back of the head and in the nape

of the neck, but they may involve the whole head, feeling as if the head were crushed in. Pains along the sutures of the skull—they seem to creep along the course of the sutures. Loss of hair after typhoid and other low forms of fever. Scaly and crusty eruptions on the scalp, especially in syphilitic children. Caries of the bones of the skull; caries of the temporal bones.

Fluoric acid has a good many complaints of the eyes. It singles out the hard tissues especially. Pains in the eyes, with a feeling as if a cold wind blew upon the eyeballs, so that he is compelled to cover up the eyes, although he does not feel the cold wind against other parts. This has been observed in old syphilitics and sycotics, but when found in the latter it will nearly always be cured by *Thuja*. When it occurs in old syphilitics it must be cured by *Fluoric acid*. Sensation, even in a warm room, of a cold wind blowing under the lids and striking the ball of the eye. Sensation of sand in the eyes. Increased lachrymation; burning; itching.

Itching everywhere, but especially of the orifices. Itching of the nose, eyes, ears, rectum and vagina. Fistula from an abscess that has failed to heal properly and has left an opening. Old psoas abscess; little abscesses of the spinous processes of the vertebræ, with fistulous openings. These are almost always treated with *Silica*, for when the fistulæ appear other symptoms are likely to go away. This leads to the routine practice of giving *Silica* or *Hepar*, and here it is that *Silica* has been so much abused. *Fluoric acid* is as often indicated as *Silica* in fistulous openings leading to internal parts, but it is especially indicated after *Silica* has been abused, as it antidotes the *Silica*, does away with the mischief, and finally cures the case.

Catarrhal conditions of all parts of the ear. Soreness and eruptions of the external ear. Ears very sensitive to noise. Deafness; difficulty in hearing the human voice. Numbness of the bones around the ear. All sorts of noises in the ear. Intolerable burning and itching in the ear. Copious otorrhœa; affections of the ossicles; stubborn inflammations of the external or internal ear. Closure of the Eustachian tubes from catarrh.

The nose is plugged up with thick mucus. There is most inveterate ulceration; chronic nasal catarrh. Little pieces of bone

are expelled from the nose. The nose is swollen and ulcerated; the bones are destroyed from syphilis and the nose sinks in.

The face is pale and sickly. Tubercular syphilis. Old syphilitic tubercles form on various parts of the skin.

Caries of the teeth in the very young; teeth sensitive. Fistulous openings from the roots of the teeth or from the antrum, out through the side of the cheek. These are very troublesome and hard to cure. They are generally sent to the surgeon for operation, but I have seen them healed many times by remedies. It is a good deal better to cure them in this way, if they can be cured, than to operate upon them, because an operation does not cure the patient. The remedy, when it cures, does all that the operation can do, and in addition cures the patient. No matter how much of an inclination we have to surgery, or how much we love to cut, we must rise above it, and cure that which can be cured by medicines.

Fluoric acid and *Calcareo fluorica* run close together in exostoses and hard tumors that are gritty and almost bony, without any other symptoms.

Chronic ulceration of the throat of a syphilitic character. Syphilitic affections of the larynx. The patient craves cold water—he likes to sponge off in cold water. Desire for highly seasoned things. Craves wine, liquors and pungent food. *Fluoric acid* may be indicated in alcoholic cases, to overcome the craving for stimulants. The old drunkard feels run down and weak, and he craves something that will stimulate him and tone him up.

Offensive, watery diarrhoea; loose, bright yellow stools. Constipation; relaxation and protrusion of the anus during stool. Violent itching of the anus at night in bed, ameliorated by cold applications. Desire to throw off the covers on becoming warm in bed. Involuntary urination while moving about in the daytime.

This remedy has a marked effect on the sexual organs, producing most violent sexual erythism. It is indicated in old paralytics too weak to be about, and in cases of advanced locomotor ataxia, where there is violent sexual excitement. In persons supposed to be too weak to enjoy the sexual embrace, sexual excitement remains; satyriasis; nymphomania. Old gleet discharges. It

has cured hydrocele, chronic enlarged testes and obstinate cases of ulceration of the uterus and os. The menses are copious, too frequent and last too long. The flow is dark and clotted. Acrid, excoriating leucorrhœa, with violent itching. The leucorrhœa is so copious and excoriating that the woman is compelled to wear a napkin all the time; otherwise the discharge would flow down the limbs, taking the skin off wherever it touched, and keeping the genitals and perinæum sore and raw.

Dropsy in cavities; dropsy of the limbs in old feeble constitutions. Numbness and weakness of the extremities. Heat and sweat of the palms. Inflammation around the roots of the nails; felons. On lying down there is numbness of the side *not* lain on. This is a peculiar symptom and you will hunt through the books for it if you do not know it. While lying on the left side the right side is numb, and on turning over to the right side the left becomes numb. Parts feel as if they had gone to sleep. Varicose veins of the lower limbs. Inflammation of the joints. Burning and stitching in the soles. Soreness of corns, which are numerous. Sticking pains in the limbs; weakness and trembling.

Fluoric acid is a remedy worthy of consideration, for it fills a place not occupied by any other medicine.

Abies Canadensis.

Abies canadensis produces a group of symptoms mostly functional in character, especially found in women suffering from uterine irritation. *Gnawing, hungry, faint feeling at epigastrium, with great appetite, craving for coarse foods, like meat, pickles, radishes, turnips, artichokes; frequent urination, day and night, of straw-colored urine* (Coral. r., Ambr.); *chilliness* (i. e., as of cold water between the shoulders, cold shivering all over as if the blood turned to ice-water, chills down the back); distension of the epigastrium, with increased action of the heart; breathing and heart's action both labored; *tendency to clammy perspiration*. Topsy, light-headed feeling; irritability; flatulence; constipation (due to tannin?); sore feeling at fundus of uterus, relieved by pressure; restless sleep; prostration; absence of marked thirst.—
Clinique.

General Symptoms of the Materia Medica.

HARVEY FARRINGTON, M. D., H. M., Chicago.

XV. Arnica Montana.

Patient short and fat (C. Hering).

Results of INJURY, OVEREXERTION.

Irritability; forgetfulness; confusion; unconsciousness; apathy; indifference; THINKS HE IS WELL; fear; easily startled.

Delirium, muttering; raging, furious.

Hyperacuteness of the senses; dullness.

BRUISED SORENESS; ACHING, PRESSING, burning, TEARING, stitching pains.

Numbness; FORMICATION.

Faintness.

PROSTRATION.

Trembling.

Paralysis.

Twitching, jerking.

Convulsions

Left side.

Emaciation.

HÆMORRHAGE; ECCHYMOSES.

Congestion; of venous capillaries.

Anæmia.

Induration.

Fatty degeneration.

Septicæmia.

Zymosis.

Periodicity. (Intermittent fevers.)

Painful eruptions; boils.

Ulcers, varicose, torpid.

< morning; EVENING; NIGHT; cold; cold damp weather; becoming cold; touch, PRESSURE; PHYSICAL EXERTION; motion; walking; riding; JAR; noise; DURING and after sleep; emotional excitement.

> open air; *lying down*.

Arnica, like many other excellent remedies, served a long apprenticeship in domestic practice before it was promoted to the dignity of "officiality." For several centuries it was used as a remedy for sprains and bruises by the common people in Germany. It was brought to the attention of the erudite medical profession by one Dr. Fehr, who had noticed the results obtained by the laity. When Hahnemann published *Fragmenta de Viribus Medicamentorum*, 1805, about two hundred years later, but little of importance had been added to the information borrowed from the German peasants. Therein Hahnemann records his earliest investigations into the action of Leopard's Bane; subsequently, in a series of masterly provings upon himself and his co-workers, he established its true scope of usefulness. The symptoms produced in the healthy organism were found to be identical with the numerous and varied effects of mechanical violence. The resultant tissue changes, the hæmorrhage, the mental and nervous phenomena, were all included in its pathogenesis, and have been since enlarged upon and confirmed by clinical experience.

The achievements of this one remedy are a remarkable confirmation of the universal application of the law of similars. Homœopathy cannot deal with physical causes directly, but it can facilitate the removal of their effects by stimulating the natural processes of repair, and by correcting the derangement of the vital force incident to severe shock. In any instance the potentized remedy acts through the vital force, and hence is capable of curing the conditions to which it corresponds, irrespective of the exciting cause, so that *Arnica* is capable of relieving *Arnica* conditions, whether due in the first instance to traumatism, or to some dynamic or miasmatic influence. For this reason, also, much better results follow the internal administration of the high potency than are possible with the cruder method of the external application of diluted tincture.

What would we do without *Arnica*? Scarcely a day passes but we are called upon to treat a bruised knee or a "broken" head, and though we should bear in mind that some other remedy may be needed, there is considerable excuse for the routine practice of giving *Arnica* first, since it corresponds so intimately with the

results of traumatism that it will relieve even when the patient in general does not appear to be of the typical Arnica constitution.

Hering used to say that the typical Arnica patient was "short and fat." Doubtless from his knowledge of the *Materia Medica* he could also have added, "and one in which the results of injuries were unduly severe and long-lasting." Whatever the build, a patient manifesting this especial sensitiveness usually receives great benefit from the action of this remedy.

A man receives a heavy blow on the head, and what are the results? Unconsciousness, hot head, cold extremities, fluttering pulse, involuntary passage of stool and urine, convulsions. These are symptoms of so-called cerebral concussion, but they are also characteristic of Arnica. If this man recovers, and has not in the meantime received the remedy, he may suffer for years from the after-effects of this blow upon the head. His disposition is changed. Formerly he was cheerful and pleasant, now he is sad, despondent, quarrelsome and easily irritated. He is forgetful, makes mistakes in speaking and writing, lacks his usual clearness of thought. His mind seems dazed, as in a waking dream; he sits as if in deep meditation, yet thinks nothing. He complains of languor and weakness, of fatigue. He is anxious, easily startled, all his senses are too acute; noises hurt his head, the light hurts his eyes. Or he is indifferent and apathetic and the sensorial nerves seem dull. From time to time he has violent headaches, or periodic convulsions resembling epilepsy. These are also symptoms of Arnica. It will palliate even when the trouble is due to compression by a projecting fragment of bone.

Obviously the symptoms will vary according to the character of the accident and the location of the injury. Night terrors after injuries in a railroad accident or a runaway. Rouses up night after night filled with a horrible dread of death. This may be explained as a symptom of cardiac origin, but Arnica cures it nevertheless.

A woman carrying a bucket of water down stairs slips and falls, striking the small of the back against the edge of the bucket. Not only does she sustain a severe bruise, but the whole spine is affected; it becomes stiff and lame, and extremely sensitive to touch between the vertebræ. Perhaps a loss of motor power in the lower limbs.

The sore, bruised feeling after a blow on the stomach may call for *Apis* or some other remedy, according to general indications. Arnica cures when emaciation, hectic fever, hæmatemesis and obstinate constipation are sequelæ.

A severe blow on the eyeball causes soreness, swelling, inflammation and sometimes paralysis of ocular muscles with diplopia, dilated pupil, vertigo on looking downward, or that peculiar illusion so characteristic of *Argentum nitricum*, "all high objects appear to lean forward as if about to fall upon him." This belongs to Arnica also.

After injury to the breast hard lumps form. In certain constitutions these may eventually become malignant. It is wonderful how quickly they may be removed by Arnica.

And so it is with a long list of conditions due to injury. Cystitis, retention of urine after injury of the neck of the bladder as by the passage of the child's head in a difficult confinement; retention after concussion of the spine; constant ineffectual urging to urinate while the urine dribbles away involuntarily. Hydrocele from a bruise on the testicle. Pleurisy or rather pleurodynia from trauma of the chest, stitches, painful soreness of the intercostal muscles and costal cartilages. Soreness of the jaw after the extraction of a tooth or a long siege in the dentist's chair. In labor the pains are weak and inefficient, or too severe, the woman feels sore all over and suffers from excruciating after-pains, not so much because of the violence of their contractions as from hypersensitiveness of the uterine tissues. They return every time the child nurses. Previous to confinement the motions of the child were painful, again showing the sensitive condition of the uterus and surrounding structures.

The effects of overexertion are akin to traumatism and hence come within the sphere of this drug. If the fibrous tissue about the joints and the tendonous prolongations of muscles are affected with lameness, ameliorated or limbered up by continued motion, *Rhus* is indicated, of course. But when, from a misstep, from heavy lifting or from prolonged marching, there is soreness and bruised aching of the muscles themselves, Arnica is more likely to help. These two remedies should be compared also in hoarseness from over-use of the voice, urinary difficulties, sciatica,

abortion, and heart troubles from over-exertion. In Rhus the voice becomes clearer by continued talking, though the larynx soon tires. Under Arnica, there is greater sensitiveness, which may, indeed, prohibit speaking. Arnica has retention of urine after exertion, and involuntary discharge while running; Rhus, more often, a paralytic condition and incontinence; improved by moving about. Running or bicycle riding, when carried to excess, is apt to affect the heart. Arnica is the remedy if there is bruised soreness over the base of the heart, sensation as if the heart were grasped by an iron hand and palpitation that is worse from the heart motion and relieved by lying down. The hands swell and become red when allowed to hang downwards from venous engorgement, and the pulse is full and flowing. It is an uncomplicated hypertrophy of the heart-muscle. Rhus, on the other hand, is indicated in the same condition by palpitation, worse on first moving, but benefited by continued motion, if not too vigorous, and associated with aching and numbness of the left arm. The Rhus tox. sciatica is easily recognized by its amelioration from motion and warmth. Rhus is more likely to be the remedy in abortion from strain or over lifting, and Arnica if a fall is the exciting cause. Nevertheless the symptoms, if they can be obtained, should be the guide. In Arnica pain predominates, and the flow is bright red or dark with clots, and the general bruised soreness may be present. In Rhus the pains go down the back of the thighs, are relieved by motion, and especially by heat, and come on at night. Rheumatic diathesis.

Violent sneezing after over-exertion belongs exclusively to the Leopard's Bane.

Hæmorrhage from injury. Arnica will not only serve as a hæmostat, but will hasten the absorption of blood-clots lodged in the tissues. If given directly after the injury, discoloration, in many instances, may be entirely prevented. Hæmoptysis, hæmatemesis, hæmaturia, epistaxis, bleeding into the chambers of the eye, bleeding from the ear—hæmorrhage from any part of the body may be controlled by Arnica if it is due to physical violence and only the capillaries or smaller vessels are involved. The prognosis is considered grave when otorrhagia occurs in a case of head-injury, as the source of the bleeding is usually a fracture in-

volving the bony structures about the internal ear. Even in such cases Arnica has undoubtedly saved life.

Pathogenetically, Arnica appears to have the power of weakening the walls of the capillaries themselves, so that the blood will ooze through under any circumstances. This accounts for the marked tendency to ecchymoses in well-developed Arnica sickness, as in typhoid fever, septicæmia, and the passive hæmorrhage from mucous surfaces wherever found. Blood starts from the nasal mucous membrane at every little effort to blow the nose, to cough, and even after washing the face. There is a general venous stasis which still further favors this hæmorrhagic tendency.

Apoplexy at times so nearly resembles "concussion" that a correct diagnosis is difficult without the aid of a previous history. Here again the head will be hot and the body and extremities cold, there will be hemiplegia and loud blowing respiration. This is the picture for Arnica, especially if the paralysis is left-sided and the stool and urine pass involuntarily. This remedy may be given in any case if symptoms for no other remedy are discoverable. It will hasten the absorption of the cerebral clot, bring the patient back to consciousness, and thus make a more accurate prescription possible, if another prescription is really necessary.

Congestive chill with its sudden onset, rapidly increasing unconsciousness, and subnormal temperature, meningitis whether traumatic or not, and the coma of alcoholic poisoning belong to the same category. We find Arnica antidoting the more active effects of alcoholism as well. The delirium, low and muttering in other conditions, here reaches the pitch of frenzy, and a peculiar thing about it is that sometimes the man is quite conscious of all that he is doing.

The type of typhus or typhoid fever calling for Arnica exhibits a larger view of this drug's general characteristics. Gradually increasing prostration, mental dulness, weariness as after a long journey, sits as if in thought, yet thinks nothing, wants to lie down and be let alone. In bed he is constantly shifting to find a soft spot on account of the sore, bruised feeling of the surface of the body. The dazed state of mind gradually merges into unconsciousness and low muttering delirium, from which he may be

aroused and answers questions correctly with evident irritation at being disturbed, but immediately lapses into a stupor again. Or, when spoken to he begins to answer but forgets the words necessary to complete his sentence. When asked as to his condition he asserts that nothing is wrong with him, that he feels well in spite of the fact that his teeth are covered with sordes, yellowish-green petechiæ are forming here and there over the body, and signs of early dissolution have already begun to appear. He picks at the bed clothes, grasps at imaginary objects in the air, or lies perfectly quiet and motionless, with the exception of an occasional attempt, even in his unconsciousness, to shift into a comfortable position, to find a softer place in the bed. Finally, the jaw drops, the sphincters relax, the respiration becomes loud and blowing and complete unconsciousness ends in death. The real, culminating action of Arnica is in typhus.

In this survey of the most important uses of our remedy we have included most of the generals. Besides the modalities there still remain a few which deserve special consideration.

Twitching and jerking may be of local or central origin. Thus the infant with incipient meningitis twitches and jerks in sleep. But the twitching in the muscles of an injured limb is reflex from local irritation. It sometimes occurs after a fracture and not only endangers the proper coaptation of fragments, but is very painful. Arnica is the remedy.

Induration has been instanced in mammary tumors after injury. Hardening of the tissues anywhere, when from traumatism, is just as characteristic.

Numbness and formication accompany other symptoms of bruised areas. Tingling and pricking is sometimes felt all over the body.

Although Arnica has fatty degeneration of the heart, a more characteristic condition is fat *around* the heart. This can be readily seen when we consider the build of the typical patient and the heart symptoms frequently found in such individuals.

In the morning the weakness is more pronounced; there is headache, chilliness, nosebleed, cough. Most symptoms, however, are worse in the evening and night.

Cold, damp weather, becoming chilled and cold in general, bring on painful complaints, such as rheumatism, headache, etc.

No remedy exhibits greater sensitiveness to touch and pressure than this one. It is seldom indicated where the bruised soreness is absent. In hypertrophy of the heart the whole chest, as well as the præcordium, may become so sensitive that the light touch of the clothing causes pain. This should not be confounded with the peripheral nerve-sensitiveness of *Lachesis* or *Coffea*, for it is a soreness of the tissues which seems to result from congestion of the venous capillaries. The scalp is sore in headache; the nipples are so sore that nursing is unendurable; the muscles and the joints are sore. In a sprain where the soft parts rather than the ligaments are affected, Arnica is wonderfully soothing. It has all the proverbial sensitiveness and crabbedness of gout. Almost the bare mention of touch aggravates, and the idea becomes so exaggerated in the mind of the patient that he is in constant dread of being struck by anyone who approaches—a valuable indication for Arnica. No wonder then that jarring aggravates. The small boils that appear in successive crops are exceedingly painful to contact.

The pains, the vertigo, the palpitation, nausea, headache, chills, weakness are all increased by motion, and especially by walking. Riding in a car or carriage, aside from the effects of jolting, brings on vertigo and nausea.

After eating there is distress in the stomach, congestion to the head threatening apoplexy, fulness and pressing pain in the abdomen, migraine, toothache, malaise, especially in the legs, and vertigo with dim sight.

Emotional excitement is followed by general depression of mind and body, and especially by headaches.

There is a desire for the open air, for its coolness counteracts, in some degree, the symptoms due to venous stasis, and hence the patient feels better.

Lying down ameliorates nearly all complaints. The bruised soreness and occasionally the palpitation are the only exceptions. Even the headache may be reduced in severity by lying with the head low. Consequently this patient prefers a bed without a pillow.

Arnica Montana is useful in both the acute and chronic effects of injuries and may be sufficient to accomplish a cure. However,

it does not possess the depth of action found in some of the mineral remedies, which in some instances will be needed to complete the work of eradication. Among these are *Natrum mur.* and *Natrum sulph.* in head injuries, *Calcarea carb.* (after the interposition of *Rhus*) and *Strontiana carb.* in the chronic effects of sprains. *Ledum* is complementary in bruises, *Rhus* in sprains and *Hypericum* in spinal concussion.

Combined Homœopathic Medicines.

To the Editors of the Monthly Homœopathic Review (June 1, 1871.)

GENTLEMEN:—Having just read, in the last number of the *Review*, an article on "Combined Homœopathic Medicines," perhaps a few remarks from one of Hahnemann's pupils may be acceptable to your readers in support of that article.

I was a pupil of Hahnemann from 1840 until 1842, at Paris, attending daily his teachings and directions, and I never heard nor even saw him advocate the use of any two medicines combined together; on the contrary, his careful teaching was always pointing to the exact choice of one medicine at a time, and to the importance of not changing it until it had exhausted all its action. Hence did he never alternate medicines. I never saw him do it, nor heard him teach thus any one of us.

He frequently used to say, "Observe—observe well, and having chosen *one* medicine, learn to let it act undisturbed to the end."

Such were his words and teaching, and some thirty years of practice have taught me that, when we have "observed" and "learnt" as he did and taught, it will be time enough to try to do better.

I am, Sirs, your obedient servant,

H. V. MALAN, M. A., M. D.

St. Catherine's Priory, May 16th.

Department of Clinical Medicine.

A Case of Hystero-Epilepsy.

J. T. KENT, A. M., M. D., Chicago, Ill.

Miss E. W. In 1889 this patient came into the hospital under my care with the following history:

When a child she suffered with scald-head. Was under the care of a good homœopathic physician. About eight years ago went in bathing and came down with an attack of inflammation of the ovaries. She has had, for a number of years, a sensation as if the brain were uncovered. Every noise was felt as if something were coming against the brain. She was compelled to read to keep the brain still. She desired to lie in bed most of the time. She had fevers daily from 5 A. M. to 10 P. M. She had been ameliorated by an occasional dose of Lachesis, given by that excellent prescriber, Dr. John Hall, by whom she was advised to place herself under my care. She was now having a large number of convulsions every day. She was so sensitive that she could not stand the slightest motion of the bed. Convulsions would come on from touch, draft, and jar of the bed. At first almost no substantial symptoms could be gathered. Hence an attempt was made to mitigate the violence of her convulsions by Belladonna, and later by Cicuta, which proved perfectly useless. While these remedies did fit the convulsions, they were not substantial remedies, and, as it afterwards proved, they were perfectly useless. Finally, after many weeks of study and close observation, the following symptoms were secured:

Cold, damp feet.

Weeps from sympathy.

Sensitive to a jar of the bed.

Spine sensitive to pressure.

Pain in spine.

Irritable temper.

Burning in the vagina and rawness about the perineum and rectum.

Dislike of the smell of cooking.

Yellow acrid leucorrhœa.

Dry (tickling), teasing cough.

Scurfy eruption behind the ears.

Ulcers in the mouth at menses.

Desire for night air.

Drowsy condition.

Greasy film on the urine.

Decay of teeth.

Very sensitive to *wind*.

Sensitive to cold in the arms.

Brain feels torpid; does not seem equal to any effort.

Curious feeling that her mind is drifting.

“Sometimes when talking the end of a sentence seems *whirled* away;” feels as if she could see the words vanishing into space.

Does not sleep in the early part of the night.

If wakened from sleep, headache comes on; also pain in the back.

Cough night and morning and if excited.

Symptoms coming and going.

Burning in the palms of the hands and the soles of the feet, in the evening, with moist skin.

Offensive urine.

Sticky discharge behind the right ear has returned.

Dry, scaly eruptions in the groin.

Dry, scaly appearance along the spine.

Sticky leucorrhœa in the evening and at night; burning; great irritation of the parts and general restlessness.

Better in general in dry cold weather. Aggravated in damp weather.

Feverishness.

Always better or worse after sundown.

Stiffness in the back on awaking in the morning or in the night.

Cold damp feet: Alum., *Anac.*, Ars., Aur., Bell., Bufo.

- Calc.*, *Carbo-an.*, *Caut.*, *Cocc.*, *Con.*, *Ferr.*, *Gels.*
Graph., *Iod.*, *Kali-c.*, *Lach.*, *Laur.*, *Lyc.*, *Mag-s.*,
Mang., *Merc.*, *Mez.*, *Nat-c.*, *Nat-m.*, *Nit-ac.*, *Petrol.*,
Phos., *Plat.*, *Plumb.*, *Sep.*, *Sil.*, *Staph.*, *Sulph.*, *Zinc.*
 ——— perspiration of the feet: *Calc.*, *Cocc.*, *Graph.*,
Iodium, *Kali-c.*, *Lyc.*, *Merc.*, *Nat-m.*, *Nit-ac.*, *Petrol.*,
Phos., *Plumb.*, *Sepia*, *Sil.*, *Staph.*, *Sulph.*, *Zinc.*
 Burning in vagina: *Calc.*, *Lyc.*, *Graph.*, *Nit-ac.*, *Sulph.*
 Acrid leucorrhœa; *Calc.*, *Lyc.*, *Graph.*, *Nit-ac.*, *Sulph.*
 Cuticle on the urine: *Calc.*, *Graph.*, *Lyc.*, *Sulph.*
 Eruptions behind the ears: *Calc.*, *Graph.*, *Lyc.*
 ——— scurfy: *Calc.*, *Graph.*, *Lyc.*
 Falling asleep late: *Calc.*, *Graph.*, *Lyc.*, *Sulph.* (*Sulph.* is
 worse in the evening air.)
 Makes mistakes in writing: *Graph.*, *Lyc.*
 Worse on waking: *Calc.*, *Graph.*, *Lyc.*, *Sulph.*
 Sympathy causes weeping: *Calc.*, *Nat-m.*, *Staph.*
 Too much sympathy causes weeping: *Lyc.*

Feb. 19, 1889.

Graphites, c.m. (F.), one dose.

Aug. 5th.

- Menses pale, brown, scanty, shreddy; lasting three days,
 stopping and starting.
 Headaches violent; in the back of the head; stupefying.
 No sleep, but excessive drowsiness during the day.
 Tired and miserable when rising in the morning.
 "Run-a-round," on the little finger of the right hand.
 Ears sore, about as when she last reported.
 Stupefaction and confusion of mind.
 She feels quite well after sundown; complete amelioration
 in the evening.

Graphites, d.m. one powder.

Feb. 9, 1890.

- Is very depressed, especially when alone.
 Sleeps well. Requires eight hours' sleep. Is inclined to
 take a sleep in the afternoon.
 Appetite variable, but not bad. Thirst.
 Feels better after sundown. A feverishness comes on then
 and she is stronger and brighter. (This dates back

four years, to the beginning of her illness, when fever from 5 to 10 P. M. was strongly marked.)

Eruptions not perfectly healed, but much better; increased a little just before menstrual period.

Pain in the left ovary for a week previous to the menstrual flow, and some sensitiveness since. Flow lasted two days. More the first day than for a long time, and normal in appearance; second day pale, and flow slight; strong smell of ammonia all the time (an old symptom). Felt very weak. Was very nervous the week previous.

Has been growing weaker and is much more so since the menstrual period.

Has occasional giddiness. Was so weak this morning that her knees gave way and she went down to the floor; quite faint before breakfast. Back is weak and feels as if her head was too heavy for it to support.

Graphites, m.m.

Much better in open air.

June 3d.

Menstrual period came on two days too soon, almost painless, but felt generally miserable. Had to stay in bed until the afternoon. Discharge slight, chiefly passed with urine (this is usual), mostly like shreds, pale and brownish. More free from headache than usual, but had it the third day when the period was passing off.

Much cuticle on the urine.

The gathering on the neck suppurated again and healed nicely; it has left a depression like that after a carbuncle. Slight dry eczema behind the ears and inside the right ear.

Has been steadily going down for the past week. Cannot bear the pressure of a dress; back sensitive. Has a contraction of the muscles which causes vomiting, but as soon as a little food is ejected she is relieved. Movement of the bowels will also relieve.

Twitching of the face and eyes.

Cannot sit up long at a time or use the arms much, but can walk. Sometimes when she gets up after lying down

she has to walk as if hump-backed. There is an inclination to draw the head back.

Very nervous and sensitive to noises and jars.

Sleeps well, but thinks she dreams. Wakens constantly between 2 and 3 A. M., then falls asleep again. Last night was awake and felt very angry, and wanted to murder the people who had offended her. Had this feeling when ill twenty-five years ago and since.

Palpitation all along the spine and the back of the neck. Back feels as if sprained, and neck hurts just as it used to do.

Urine high colored for the last day or two.

Old sensation in the left ovary has returned and is constant. Not exactly a pain, but she wants to lay her hand on the place, as the warmth and pressure relieve. It is like a gnawing and makes her very nervous.

Feels much better in the evening. Thinks she is better every other day, but is not positive of this yet.

June 10th.

Gnawing in the left ovary that she had twenty years ago.

Very nervous and irritable.

Pains all over the abdomen as soon as she sits up.

When she gets out of temper the ovarian pain comes on.

With the pain in the left ovary she must lie with the left limb flexed on the abdomen ("drawn up").

Better after eating. Pain in left ovary and thoughts of murder—these symptoms seem striking; all are Lachesis.

Graphites, m. m., one dose, and S. L.

Oct. 14th.

Four or five days previous to the menstrual period an eruption appeared under the right breast, like the mark of a burn; a little moist at times and slightly irritable.

Ears much the same as usual.

Vomiting ceased after the eruption came out.

Power of walking and general condition improved greatly after the eruption came out.

Mental condition much better.

Ovarian pain ceased.

Menstrual flow not so profuse as last time; no pains until just before the flow; normal in appearance; some odor of ammonia.

Cuticle on the urine.

Had a severe headache yesterday; burning along the course of the carotid artery, though cool elsewhere; body very cold; nervous shivering, teeth chattered; face deadly pale and dark about the eyes. Too exhausted to rise this morning; legs were inclined to cramp when she walked. Back hot and pulsates. Tires her to talk.

Does not like her bed touched. Headache not all gone.

Has been looking pale and dark and hollow under the eyes on rising in the morning.

Sleep and appetite good.

Graphites, m.m., F. C.

April 6, 1891.

Has headache and vomiting after meals. When she does not feel well writing will bring on vomiting, but the vomiting is not so constant as formerly.

Very nervous and has a tendency to headache in the back of the neck, with a feeling that it would kill her if any one pressed a finger at the juncture of the spine with the brain.

Cough on rising better.

A good deal of cuticle on the urine.

Likes to be in the open air, and is better when out.

Graphites, 2 m.m., F. C.

July 15th.

Has progressed most favorably in every respect since last report up to 1st inst. Since then has begun to feel a little under the weather.

Menstrual period (June 13th) was preceded for about a week by some pains and discomfort, but flow was quite normal in quantity and appearance, and returned at the proper time. "I felt as if my body from the waist down was being pulled through the soles of my feet."

Scarcely any trace of the eruptions until within last ten days, when a very slight eczema showed on the right ear for a few days. This disappeared and came out

under the right breast. There is a small eczematous spot on the left foot; also a hard swelling at the base of a decayed tooth, which is painless and has remained stationary for the past month.

Pruritus almost incessant, except during the menstrual period just past.

Vomiting has returned since about the 1st inst.; comes on after writing any length of time.

Head has been inclined this month to ache in back of neck; ameliorated by pressure; pressure on the abdomen—hard pressure—is a great relief.

Very sleepy; can go to sleep any time in the day, which is most unusual. Does not feel the worse for it on waking, although she always used to whenever she slept in the daytime.

Menstrual period July 10th. No pain; normal; but felt very weak.

Graphites, 2 m.m.

Since this last dose she has gradually improved in general health. There has been no sign of the convulsions. While she may never be strong she has been able to do as much work as most women. She remains in comparative good health and enjoys life.

Orchitis and Epididymitis Due to Suppressed Gonorrhœa.

R. F. RABE, M. D., Hoboken, N. J.

In his Manual of Modern Surgery, Da Costa, on page 757, says: "Chronic orchitis results from the acute form or from a chronic urethral inflammation, and is almost always combined with epididymitis." And further on, speaking of treatment, he says: "The chronic form requires the removal of the causative lesion, a suspensory bandage, inunctions of ichthyol or mercurial ointment, and iodide of potassium by the mouth. Strapping may do good. Castration may be required." Truly a cheerful outlook for the poor sinner who has indulged just once too often.

Of course those physicians, and there are many homœopaths among them, who do not believe that any disease can be suppressed, use the popular old school methods of treating gonorrhœa and never think of placing the blame where it belongs when bad consequences arise. The following case, while of no great importance in itself, serves nevertheless to prove Hahnemann's views on the suppression of disease.

Mr. W. P., some months since, came to me for homœopathic treatment, having failed to get relief at the hands of his allopathic physician. He had had a gonorrhœa some six months previous, which had been treated with large doses of sandalwood and copaiba. No local treatment of any kind had been employed, a fact of importance to us as homœopaths, and demonstrating clearly, as will be seen later, that the persistent use of large doses of an unhomœopathic remedy can eventually suppress a disease with a local manifestation only. After consuming numerous boxes of capsules, the discharge finally ceased, but left the man with the following symptoms: Frequent desire to urinate, day and night; during the day has to urinate every fifteen or twenty minutes. Pains in the testicles, which are swollen and tender, especially the right one, and pain extending into the groins; worse on the left side. Dragging pain, worse when standing and in the afternoon and evening. Inclined to be melancholy, much discouraged, and complete absence of sexual desire or erections. Pulsatilla, 6 m., Jenichen, one dose, was given with some general improvement, but of no importance. Three weeks later a dose of Medorrhinum, cm., Fincke, was given, but without any change for the better, after fifteen days' time. In addition to the symptoms noted above, there were now drawing pains in the right spermatic cord extending to the abdomen. Right testicle hard and swollen. Is very nervous. Rhododendron 200: B. & T., one dose, was given. Within three days a urethral discharge appeared, lasted one week, and at the same time all subjective symptoms vanished, the testicle resumed its normal size and condition, the melancholy left, and my grateful friend, to prove his restoration to health, straightway took the first turn from the right and virtuous path, but with entire satisfaction to himself. Unfortunately I did not see my patient during the period of discharge, and was therefore unable to make a micro-copic examination of the latter to determine the presence or absence of the gonococcus. Though the demonstration of the alleged specific germ is of little value to the prescriber, yet its presence carries conviction to the minds of those who are always so ready to doubt any cure made with a remedy above the mother tincture, or, for that matter, with the homœopathic simillimum at all. *Quod erat demonstrandum.*

Journal of Homœopathics

Devoted to the Interests of Pure Homœopathy

HARVEY FARRINGTON, M. D., EDITOR.

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Small-Pox and Sanitation.

In our issue for last June we published the greater part of a letter from Dr. Martin Friedrich to the editor of *Arena* telling how small-pox had been "stamped out" in Cleveland. From government reports and other sources we learn that this city during the summer months has been overrun with the disease, at times showing a greater number of cases than all the other large cities put together. Now, since we noticed Dr. Friedrich's communication to the *Arena*, we feel it incumbent upon us to say a word in regard to this matter of sanitation.

In the minds of doubters as well as those who are decidedly in favor of vaccination, the experience in Cleveland scores a triumph for vaccine, because the health department has again returned to its use. But considered from a purely scientific point of view, are not the Doctor's efforts little more than a series of experiments? That isolation and sanitary measures are indispensable in com-

bating any contagious disease is an established fact. But that formaldehyde gas is capable of disinfecting every least nook and corner of a house in which small-pox has held sway for a number of weeks has never been conclusively demonstrated. Moreover, there is one precaution which the Doctor neglected to take, namely, that of disinfecting the outside air. You will doubtless smile at such a preposterous suggestion, but until this can be done there will always remain an element of uncertainty in the work of combating the acute contagious miasms. The point is this: contagion, after all, depends to a great extent upon individual susceptibility, so that many who go far out of the way to avoid an infected district are stricken, while others who act the part of the good Samaritan in the very thick of the disease escape untouched. If vaccination is in the least efficacious, it must be so by virtue of the power to eliminate susceptibility. Why don't our homœopaths bestir themselves and investigate more fully the much safer and cleaner method of Homœo-prophylaxis? But more of this in a future issue.

THERE can be no doubt that remedies chosen according to the law of similars can cure tumors. Too many cases are on record of patients who have had the knife held out to them as the sole relief and yet who were permanently cured by subsequent homœopathic treatment. But such treatment to be successful must be persistent and patient. The art of curing tumors can be learned by each of us by following out the law of selecting the remedy *for the patient* rather than for the exact pathological state as expressed by the tumor. *This* is but one symptom, valuable, but not the chief one. Remember that tumors cannot be cured very rapidly, they are slow in developing, and, as a rule, equally slow in disappearing. They are vital products, living growths. Speaking broadly, the tumor takes proportionately as long to be cured by medicines as it has taken to grow. And then remember that a tumor has often existed a long time *before* it is discovered. It had a life history, a formative stage before you diagnosed it.

Personals.

Dr. Vere V. Hunt is located at Vernon, Texas. He has opened his office with Dr. Geo. E. Blackman, of that city.

Dr. Oscar Anderson has recently hung out his shingle in Wellington, Kansas.

Dr. Willis H. McGraw and his wife have taken up their abode, after numerous wanderings, at Enid, Oklahoma Territory.

Dr. W. B. Boggess has removed from Philadelphia to Pittsburg. His address is 4953 Center avenue.

Dr. Geo. M. Cooper, of Philadelphia, will sail for Europe, on a four months' trip, early in January. He intends visiting Italy, Sicily, Greece, Turkey, Northern Africa and the Holy Land. Dr. William McKenzie will take charge of his practice during his absence.

Dr. J. E. Huffman, of Healdsburg, California, is taking a post-graduate course at the HERING-DUNHAM, Chicago.

Good Opening for a Homœopath.

A good homœopathic physician is wanted in Norwalk, Conn., to replace Dr. G. R. McGonegal, deceased.

Address: Mrs. G. R. McGonegal, 59 West Avenue, Norwalk, Conn.

Obituary.

Courthope S. Bontein, M. D., M. R. C. S.

Editor of the JOURNAL OF HOMŒOPATHICS.

Dear Sir: You will be sorry to learn that Mr. Courthope S. Bontein died here on the 1st of November, of phthisis. The active stage of his final illness began, apparently, last January.

But devotion to the work he had at heart prevented his taking even reasonable care of himself.

In September he was induced, when too late, to do so, and practically from the fifth day of that month he never left his bed, and, after two months of suffering, in the end died of cardiac syncope.

He was under the care of Dr. E. Mahony, of Liverpool, and Dr. W. B. Roberts, of Dublin, but his case was quite beyond all medical aid.

I remain, yours faithfully,

ARTHUR N. MURRAY,
Plevna, Sidney Parade, Dublin.

November 15, 1902.

Dr. Bontein was a graduate of the old school. He became interested in Homœopathy several years ago, and after practicing for a time in accordance with the teachings of Hahnemann, in 1898 came to America and took a course at the Post-Graduate School of Homœopathics, then in Philadelphia. His kindly, genial nature and firm belief in the true art of healing won the affection and admiration of all who knew him.

Book Reviews.

A DICTIONARY OF PRACTICAL MATERIA MEDICA, by JOHN HENRY CLARKE, M. D. London: The Homœopathic Publishing Co., 12 Warwick Lane, Paternoster Row, E. C. Volume II. In two parts. Part I, I-P. Part II, P-Z. Price of complete work (three volumes): Buckram, \$15.00; half morocco, \$17.50. Duty and mileage extra.

The second volume of this valuable Dictionary is compiled on the same comprehensive plan as the first (see JOURNAL, Vol. V, pp. 384-386) and deals with 550 remedies. The complete work thus forms a condensed reference hand-book to the pathogeneses of more than a thousand medicines. The fact that the Dictionary contains all the remedies of the older works, and, in addition,

what is known of the newer and newest remedies down to date, makes it a valuable acquisition to the student of *Materia Medica*. From all sources the author has accumulated a vast amount of data, both pathogenetic and clinical, and has raised the work in its own sphere to the ranks of the masters. It cannot, of course, supplant the Allen and Hering, as the works of these men are exhaustive and must always be referred to for the utmost details, but it is an excellent supplement to them, as well as an independent treatise on *Materia Medica*. The introductory paragraphs to each remedy, giving the *characteristics*, are especially interesting, illuminating the text and giving a general idea of the remedy, which is a very desirable feature for students. The second volume, which completes the alphabet, has grown in the author's hands to a size too large for handling in one part and so he has divided the 1,600 pages and formed two books of a convenient size. All we said of Volume I we repeat in regard to Volume II and recommend the work to the physician and student as one well worthy of their careful consideration.

H. A. C.

SUGGESTIVE THERAPEUTICS AND HYPNOTISM, being a special mail course of forty-one lessons on the uses and abuses of Suggestion, by HERBERT A. PARKYN, M. D., C. M. Third edition. Chicago, Ill.: Suggestion Publishing Company, 4020 Drexel Boulevard. Price, \$5.00.

In this dissertation the author advances many theories that are entirely new to such works, the most prominent being his assertion that the "hypnotic sleep" is not actually a sleep, but simulation, the subject merely accommodating himself to the suggestion of the operator. On this and other points he antagonizes the doctrines of prominent psychologists, and the reader must decide as to whether the author's experiments have been made with all necessary precautions and under careful observation. Throughout the work we find many important matters are dwelt upon, mainly in the field of hygiene. "Suggestions" to patients to drink plenty of water in the proper way, to adopt proper habits in eating, breathing and exercise, will undoubtedly be productive of much good. Too little of this is done, and remedies are relied

upon to do what the patient himself should do by adopting a healthy code. Features such as these give the book a character distinct from other works devoted to this subject, but the reader will also find plenty of space devoted to the usual field of suggestion and even full directions for stage exhibitions for hypnotism.

H. A. C.

SYPHILIS—A SYMPOSIUM. By Seventeen Distinguished Authorities. New York: E. B. Treat & Company. 1901. 12mo. 125 pages. Cloth, \$1.00, net.

This little work, a collection of contributions to the *International Medical Magazine*, tersely sets forth the various theories of eminent syphilographers concerning the transmissibility, pathology, treatment and complications of syphilis. The article on *Treatment*, which discusses all the approved methods of getting *Mercury* and *Potassium iodide* into a patient, will strike the homœopathic profession as recommending therapeutic measures a trifle too *crude*, but otherwise there are many features which render this little book a valuable addition to the physician's library. The brilliant array of contributors is especially noteworthy, for we seldom see the experiences of so many noted men collected together in so small a compass.

E. C. W.

DR. ATUL KRISHNA DATTA'S TWENTY YEARS' EXPERIENCE OF DIABETES AND ITS HOMŒOPATHIC TREATMENT, WITH AN INTRODUCTION BY W. YOUNAN, M. B., C. M. (Edin.). Calcutta: Metcalfe Press, A. K. Roy & Company, 1901. 12mo. 199 pages. Cloth, price, Rs. 2 | 8.

In the words of the author this book is not intended to be "a work on diabetes—its etiology and character, but only a clinical record of a pretty large number of cases of this very obstinate disease." The author comes dangerously near placing too much stress on the *disease* and not enough on the *patient*. He also confesses to having "favorites" among the remedies he has used, and we may well believe him when we find only five lines devoted to the consideration of *Phosphorus*, while the study of *Nitrate of*

Uranium occupies forty pages. The Acids also are discussed at some length. The book contains many interesting observations and clinical cases, related in the doctor's quaint style. Several drugs are mentioned which are quite unknown to the western world, and many of the incidents narrated have an Oriental flavor that is peculiarly attractive. The book must be read to be appreciated.

E. C. W.

DISEASES AND THERAPEUTICS OF THE SKIN. By J. Henry Allen, M. D., Professor of Skin and Venereal Diseases, Hering Medical College, Chicago, Ill. Philadelphia: Boericke & Tafel. 1902. 12mo. 353 pp.. Cloth, \$2.00, net. By mail, \$2.12.

Professor Allen has, without doubt, given us the best homœopathic text-book of skin diseases that has yet appeared. The work is by no means exhaustive, but this very fact enhances its value to the busy practitioner who cannot spare the time to go deeply into so difficult a subject. The volume contains nine parts, the last of which, containing over a hundred pages, is devoted to the study of the homœopathic remedies most frequently indicated in skin lesions. Besides this we find, following the description of each disease, a brief resumé of its related remedies. The author has succeeded remarkably well in condensing the real *pith* of each remedy into a very small space, instead of giving, as so many books do, a mere list of common symptoms and misleading keynotes. In the instructions regarding treatment, local applications are made conspicuous by their absence.

E. A. F.

PHYSICIAN'S VISITING LIST FOR 1903. Philadelphia: P. Blakiston's Sons & Company. For sale at booksellers and druggists. Price, \$1.00, net.

With the 1903-1904 edition, this handy little pocket companion enters upon the fifty-second successive year of its publication. It contains this year several new and valuable features, among them a table of Incompatibility, and notes on the Immediate Treatment

of Poisoning. There is ample space for visiting lists, obstetrical, vaccination and other records. The publishers have even provided a lead-pencil. One of these neat little leather-bound notebooks will save the busy practitioner a deal more than a dollar's worth of trouble.

E. A. F.

LIBERTINISM AND MARRIAGE. By Dr. Louis Jullien, Surgeon of St. Lazare Prison; Laureate of the Institute, of the Academy of Medicine, and of the Faculty of Medicine of Paris. Translated by R. B. Douglas. Philadelphia: F. A. Davis Company. 1901. 12mo. 169 pp. Extra cloth, \$1.00, net, delivered.

In this treatise the relation of gonorrhœa to marriage is presented with a thoroughness and frankness that is to be commended. The subject is divided into two parts, one treating of gonorrhœa in the male, the other of the disease in the female. In each part the acute stage, the chronic stage and the cure are discussed. While admitting that the disease is a grave one, and by no means the harmless local malady that it was once supposed to be, the author nevertheless attributes every ill effect to the baneful gonococcus, and confines his treatment almost entirely to the pursuit and capture of this persecuted vegetable. He advocates the injection of solutions of mercuric chloride or potassium permanganate, with perhaps also the exhibition of cubebs, copaiba or santal. The chief value of the work lies in its excellent hints on diagnosis—a task not always easy—and in the able discussion of the many moral and ethical questions involved. This latter feature alone renders the book well worth a careful perusal, and no physician can lay the volume aside without having gleaned many valuable suggestions from its pages.

E. A. F.

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Department of Materia Medica.

Carbo Vegetabilis. I.

Lecture by PROF. J. T. KENT.

We will take up the study of Vegetable Charcoal—*Carbo veg.* for short. It is a comparatively inert substance made medicinal and powerful, and converted into a great healing agent, by grinding it fine enough. By dividing it sufficiently, it becomes similar to the nature of sickness and cures sick folks. The Old School use it in tablespoonful doses and sometimes more, to correct acidity of the stomach and I do not know what all. It is used whenever folks are sick, I suppose. But it is a great monument to Hahnemann. It is quite inert in crude form and the true healing powers are not brought out until it is sufficiently potentized; then it is useful. It is one of those broad-acting, deep-acting, long-acting antipsoric medicines. It enters deeply into the life of man. In its proving it develops symptoms that last a long time, and it cures conditions that are of long standing—those that come on slowly and insidiously. It affects the vascular system especially; more particularly the venous side of the economy—the heart, and the whole venous system. Sluggishness is a good word to think of when examining the pathogenesis of *Carbo veg.* Sluggishness, laziness, turgescence, these are words that will come into your mind frequently, because these states occur so frequently in the symptomatology. Everything about the

economy is sluggish, lazy, turgid, full, distended, plump, swollen, puffed. These are expressions used by patients when their complaints need *Carbo veg.* The hands are puffed; the veins are puffed; the body feels full and turgid; the head feels full, as if full of blood. The limbs feel full, so that the patient wants to put the feet up to let the blood run out. The veins are lazy, relaxed and paralyzed. Vaso-motor paralysis. The veins of the body are enlarged; the extremities have varicose veins.

The whole mental state, like the physical, is slow. The mental operations are slow. Slow to think; sluggish; stupid; lazy. Can't whip himself into activity, or rouse a desire to do anything. Wants to lie down and doze. The limbs are clumsy; they feel enlarged. The skin is dusky. The capillary circulation is engorged. The face is purple and dark. Any little stimulating food or drink will bring a flush to that dusky face. When you see people gather round a table where wine is served you can pick out the *Carbo veg.* patients, because their faces will be flushed; in a little while it passes off and they get purple again. Dusky—almost a dirty duskiness. The skin is lazy; sluggish.

Running all through the remedy there is burning. Burning in the veins, burning in the capillaries, burning in the head, itching and burning of the skin. Burning in inflamed parts. Internal burning and external coldness. Coldness, with feeble circulation, with feeble heart. Icy coldness. Hands and feet cold and dry, or cold and moist. Knees cold as ice. Nose cold; ears cold; tongue cold. Coldness in the stomach with burning. You can hardly think of that, but it is so. Fainting. Covered all over with a cold sweat, as in collapse. Collapse with cold breath, cold tongue, cold face. Looks like a cadaver. In all these conditions of coldness the patient wants to be fanned.

Bleeding runs all through the remedy. Oozing of blood from inflamed surfaces. Black bleeding from ulcers. Bleeding from the lungs; from the uterus; from the bladder. Vomiting of blood. Passive hæmorrhage. On account of the feeble circulation a capillary oozing will start up and continue. The remedy hardly ever has what may be called an active gushing flow, such as belongs to *Belladonna*, *Ipecac*, *Aconite*, *Secale*, and such remedies, where the flow comes with violence, with a gush; but it is a

passive hæmorrhage, a passive capillary oozing. The women suffer from this kind of bleeding; a little blood oozing all the time, so that the menstrual period is prolonged. Oozing of blood after confinement, that ought to be stopped immediately by contractions. There are no contractions of the blood vessels; they are relaxed. Oozing that goes on and on and on. *Carbo veg.* is one of the greatest remedies on earth for that kind of hæmorrhage. Black venous oozing. After a surgical operation there is no contraction and retraction of the blood vessels. An injury to the skin bleeds easily. The arteries have all been tied and closed, but the little veins do not seem to have any contractility in their walls. An inflamed part may take on bleeding. Feeble heart; relaxed veins.

Again, ulceration. If you have a case, such as I have described, with relaxation of the blood vessels and feebleness of the tissues, you need not be surprised if there is no repair, no tissue making. So, when a part is injured, it will slough. If an ulcer is once established, from some cause or other, it will not heal. The tissues are indolent. Hence, we have indolent ulcers; bloody, ichorous, acrid, thin discharges from ulcers, from ulcers everywhere. The skin ulcerates; the mucous membranes ulcerate. Ulcers in the mouth and in the throat. Ulceration everywhere because of that relaxed and feeble condition. Poor tissue making, or none at all. Technically, this is said to be due to improper oxygenation of the blood. But if you know what this looks like that is better than knowing the name. "The blood stagnates in the capillaries," is the way it reads in the text.

I have not spoken of the gangrenous tendency. You can see how easy it would be for these feeble parts to develop gangrene. Any little inflammation or congestion becomes black or purple, and sloughs easily—that is all that is necessary to make gangrene. It is a wonderful remedy in septic conditions—blood poisoning—especially after surgical operations and after shock. But it is a useful remedy in septic conditions everywhere; in scarlet fever; in any disease which takes on a slow sluggish form, with purplish and mottled appearance of the skin. In *Carbo veg.* the sleep is so full of anxiety that it may be said to be awful. On going to sleep there is anxiety, suffering, jerking, twitching, and he has the horrors. Everything is horrible. Horrible visions;

sees ghosts. A peculiar sluggish, death-like sleep, with visions. The *Carbo veg.* patient wakens in anxiety and covered with cold sweat. Exhaustion. Unrefreshed after sleep. And thus the whole patient is prostrated by his sleep. So anxious that he does not want to go to sleep. Anxiety in the dark. Anxiety with dyspnoea as if he would suffocate. Anxiety so great that he can not lie down. Anxiety so great that his imagination is aroused until the very atmosphere trembles with spooks.

Such a patient is in distress. He is suffering, and here is a symptom that tells a big part of the story. Indifference. In *Carbo veg.* indifference is a very prominent symptom. Inability to perceive or to feel the impressions that circumstances ought to arouse. His affections are practically blotted out, so that nothing that is told him seems to arouse or disturb him. "Heard everything without feeling pleasantly or unpleasantly, and without thinking about it." Horrible things do not seem to affect him much; pleasant things do not affect him. He does not quite know whether he loves his wife and children or not. This is a part of the sluggishness, the inability to think or meditate, all of which is due to the turgescence. Sluggishness of the veins. Head feels full; distended. His mind is in confusion and he cannot think. He cannot bring himself to realize whether a thing be so or not, or whether he loves his family or not, or whether he hates his enemies or not. Benumbed; stupid. There is another state—anxiety and nightly fear of ghosts; anxiety as if possessed; anxiety on closing the eyes; anxiety lying down in the evening; anxiety again on waking. He is easily frightened. Starting and twitching on going to sleep.

The headaches of the *Carbo veg.* patient are mostly occipital. His whole head is turgid, full, distended. He feels as if the scalp was too tight. Everything is bound up in the head. Awful occipital headaches. Can't move, can't turn over, can't lie on the side, can't be jarred, because it seems as if the head would burst, as if something was grasping the occiput. Dull headache in the occiput. Violent pressive pain in the lower portion of the occiput. Head feels heavy as lead. When the pain is in the occiput the head feels drawn back to the pillow, or as if it could not be lifted from the pillow. Like *Opium*; when lying in bed he can't lift

the head from the pillow. Painful throbbing in the head during inspiration. The *Carbo veg.* patient takes little short breaths, quietly, keeping just as still as possible, until finally he is compelled to take a deep breath, and it comes out with a sharp moan. Headache as from contraction of the scalp. Painful stitches through the whole head when coughing; the whole head burns. Intense heat of the head; burning pain. Rush of blood to the head followed by nose-bleed. Congestion to the head with spasmodic constriction, nausea, and pressure over the eyes. A feeling as of an oncoming coryza, from an overheated room. Many of these headaches come on from taking cold, from coryza, from slacking up an old catarrh. The *Carbo veg.* patient suffers from chronic catarrh. He is at his best when he has a copious discharge from the nose, but if he takes cold and the discharge stops congestion to the head comes as a result. He can't stand any suppression of discharges. Headaches come on every time he takes cold; from cold damp weather; from going into a cold damp place and becoming chilled. Awful occipital headache, or headache over the eyes, or headache involving the whole head, with pounding like hammers. These states are like *Kali bichromicum*, *Kali iodatum* and *Sepia*. Many of these headaches are due to stopped catarrhal conditions. In this climate especially a great many people suffer from a discharge from the nose. Sometimes they are most difficult to cure.

The hair falls out by the handful. Eruptions come out upon the head. Can't wear a hat. School girls, and boys, too, who are sluggish, slow to learn, and suffer from night terrors; they will not sleep alone, or go into a dark room without someone with them. They have headaches and can't wear a hat. A long time after taking off the hat they still feel the pressure. Now-a-days the routine practitioner is likely to give *Calcareo phosphorica* to all school girls who have headaches, no matter what the symptoms may be. Sweat; cold sweat; particularly sweat of the head and of the forehead. The *Carbo veg.* patient breaks out into a copious sweat, appearing first on the forehead, and the sweat is cold. The forehead feels cold to the hand, and any wind blowing upon it will produce pain and suffering; he wants it covered up. Head sensitive to cold. If he becomes overheated and his head

perspires, and then a draft strikes that sweating head, his catarrh will stop at once and awful headaches will come on. His knees and hands and feet get cold, and he sweats right on through the pain.

The eye symptoms are troublesome, and they often occur along with the headache. Burning pain in the eyes. The eyes become dull, lustreless, deep-set, and the pupils do not react to light. Now, that is a part of the picture that we have tried to describe above. He feels sluggish mentally, and does not want to do anything, not even think. He wants to sit or lie around, for every exertion gives him a headache. Whenever this state is present the eyes show it. You know he is sick because the bright, sparkling look has gone out of his eyes and face. If he could only get somewhere by himself and lie down—provided it was not dark—he would be comfortable. He wants to be let alone; he is tired; his day's work wears him out. He comes home with a purple face, lustreless eyes, sunken countenance, tired head and tired mind. Any mental exertion causes great fatigue. Weight in the head, distress and fullness in the head, with cold extremities. The blood mounts upward. Hæmorrhage from the eyes; burning, itching and pressing in the eyes. The eyes become weak from overwork or from fine work.

Carbo Veg. is one of the medicines for discharges from the ears. Offensive, watery, ichorous, acrid and excoriating discharges, especially those dating back to malaria, measles or scarlet fever—particularly to scarlet fever. A sluggish condition of the venous system. The veins seem to get the worst of it in all old complaints, especially whenever a patient says of himself, or a mother says of her child, that he has never been quite well since an attack of malarial fever. The daughter has never been quite well since she had the measles, or typhoid fever, or scarlet fever. The veins generally get the worst of it in these sequelæ, and *Carbo veg.* is one of the medicines to be thought of when things are in confusion, and the patient is so much doctored that there is no congruity left in the symptoms. Old ear discharges, or old headaches, when all the symptoms have been "doctored away." It is then that *Carbo veg.* often becomes one of the routine remedies to bring things into order and to establish a more wholesome dis-

charge from that ear. It brings about reaction, establishes a better circulation and partially cures the case, after which a better remedy may be selected. *Carbo veg.* may be prescribed on fewer symptoms than some other remedies, or on less marked conditions.

Inflammation of the parotid glands, or mumps. When mumps change their abode, from being chilled, and go in the girl to the mammary glands, and in the boy to the testes, *Carbo veg.* is one of the medicines to restore order; very often it will bring the trouble back to its original place, and conduct it on through in safety. Pains in the ear. Passive, badly-smelling discharges from the ear. Loss of hearing. Ulceration of the internal ear. Something heavy seems to lie before the ears; they seem stopped; the hearing is diminished, especially in those cases that date back to some old trouble.

The *Carbo veg.* patient is always suffering from coryza. He goes into a warm room down town, and, thinking he is going out in a minute, he keeps his overcoat on. Pretty soon he begins to get heated up, but he thinks he will go in a minute and he does not take off his coat. Before long he is in a roasting turmoil, boiling, and he breaks out into a sweat. A procedure like that is sure to bring on a coryza. It will commence in the nose, with watery discharge, and he will sneeze and sneeze and sneeze, day and night. He suffers from the heat and is chilled by the cold, for every draft of air chills him to the bone; and a warm room makes him sweat, and thus he suffers from both. He can find no comfortable place, and he goes on sneezing and blowing his nose and sneezing. Perhaps he has bleeding from the nose. At night he is purplish. The coryza extends into the throat and brings on a rawness and dryness in the mouth and throat. A copious watery discharge, filling the posterior nares and the throat. Then he begins to get a little hoarse and in the evening he has a hoarse voice, with rawness in the larynx and throat. The throat feels as if it were skinned and it bleeds easily. Rawness in the larynx on coughing; soreness to the touch. Feeling as if the inside of the larynx were afire on coughing hard. The more he coughs the worse the rawness and soreness becomes. This condition extends down into the chest to the bottom. Secretion of a great amount of thin mucus, finally becoming thick yellowish-

green, and bad-tasting. Such is the coryza. Now, with it there comes a stomach disturbance that is commonly associated with *Carbo veg.* complaints. Great distension of the abdomen with gas. With this coryza he has belching, and sour, disordered stomach. Every time he disorders his stomach he is likely to get a coryza. Every time he goes into an overheated room he is likely to get a coryza, with sneezing, chest complaints, and catarrh. The doctor gets it by going into a sick room where the temperature is 75° or 80° to keep a chilly patient warm. Perhaps the doctor is in a hurry and does not take off his overcoat, or, if he does, when he puts it on and gets ready to start, one of the dear old ladies in the house wants to have a chat with him, and he stands and talks until he becomes overheated. Then the coryza comes on.

This catarrhal state in the nose is only a fair example of what may occur anywhere where there is a mucous membrane. Catarrhal conditions with flow of watery mucus and bleeding. *Carbo veg.* has horrible catarrhs of the throat, nose, eyes, chest, and vagina. Old catarrhal conditions of the bladder; catarrh of the bowels and stomach. It is pre-eminently a catarrhal remedy, and the *Carbo veg.* patient seems to be at his best when he is throwing off a lot of mucus. The woman feels best when she has more or less of a leucorrhœa—it seems a sort of protection. These discharges that we meet every day are dried up and controlled by local treatments, by washings, and by local applications of every conceivable kind—and the patient put into the hands of the undertaker, or made a miserable wreck. If these catarrhal patients are not healed from within out, the discharges had better be allowed to go on. While these discharges exist the patient is comfortable; but when they are suppressed, the patient is put to bed with febrile conditions. It is quite common for the *Carbo veg.* patient to be feverish with the coryza, but with many other complaints he is cold; cold limbs; cold face; cold body; cold skin; cold sweat. It is not so common for the earlier stages of the coryza, and the catarrhal conditions to have these cold symptoms. He is feverish in the evening and at night. But after he passes into the second stage, when the mucus is more copious, then come the cold knees, cold nose, cold feet, and cold sweat.

The face of *Carbo veg.* is a great study. In the countenance and in the expression we see much that is general. The patient shows his general state in his expression, especially in the eyes. He tells you how sick he is; he tells you the threatening points. In *Carbo veg.* there is great pallor and coldness, with lips pinched and nose pointed and drawn in. Lips puckered, blue, livid, sickly, deathly. All these expressions are found in the face of *Carbo veg.* Face cold, pale, and covered with sweat. As the tongue is protruded for examination it is pale and cold, and the breath is cold, yet he wants to be fanned. With all this coldness and deathly appearance he wants to be fanned. This is true whether it be cholera, diarrhoea, exhaustive sweats, or complaints after fevers. Sometimes, after a coryza has run its course and ended in the chest, there is great dyspnoea, copious expectoration, exhaustive sweat, great coldness—and the patient must be fanned. Cough followed by dyspnoea, exhaustion, profuse sweats, with choking and rawness—and he wants to be fanned. Cold face; pinched face. You can learn to see much in the expression of the face. I wish I had time to talk to you several hours just on the expressions of the face. Sometimes the affections come out through the expressions of the face. As you know, the individual smiles when he is delighted, and he looks irritable and hateful when he is displeased. These are only two examples, but all the intermediate states are expressed in the face. So the sufferings are expressed in the face. The pains and aches, and anxiety and sorrow are all expressed in the face. The study of the face is a delightful study and a very profitable one. The study of the faces of remedies is very profitable. It is profitable to study the faces of healthy people that you may be able to judge their intentions from their facial expressions. A man shows his business of life in his face; he shows his method of thinking, his hatreds, his longings, and his loves. How easy it is to pick out a man who has never loved to do anything but to eat—the Epicurean face. How easy it is to pick out a man who has never loved anything but money—the miserly face. You can see the love in many of the professional faces; you can single out the student's face. These are only manifestations of the love of the life which they live. Some manifest hatred; hatred of the life in which they have been forced to

live; hatred of mankind; hatred of life. In those who have been disappointed in everything they have undertaken to do we see hatred stamped upon the face. We see these things in remedies just as we see them in people. The study of the face is a most delightful one. A busy, thoughtful and observing physician has a head full of a thousand things that he can never tell—things he knows about the face. So the face expresses the remedy. In *Carbo veg.* the face flushes to the roots of the hair after a little wine. This is a strong characteristic. All over the body the skin will become flushed. Sometimes a flush appears in islands, which grow together and become one solid flush, creeping up into the hair. So great is the action of this remedy upon the capillary circulation that sometimes a tablespoonful of wine is sufficient to cause this flushing of the skin.

The old books talk about "scorbutic gums;" now we call it Rigg's Disease—a separation of the gums from the teeth. Bleeding of the gums; sensitiveness of the gums. Separation of the gums from the teeth. The teeth get loose. We hear about "the teeth rattling in his mouth." The *Carbons* produce just such a state, a settling away and absorbing of the gums. They get spongy and bleed easily, and hence looseness of the teeth develops with bleeding of the gums, which are very sensitive. Teeth decay rapidly. Bleeding of the gums when cleaning the teeth. Teeth and gum affections from abuse of Mercury. Teeth feel too long and are sore. Drawing and tearing in the teeth. Tearing in the teeth from hot, cold or salt food; pain from both heat and cold. This is in keeping with the general venous condition of the whole system.

Sensitiveness of the tongue. Inflammation of the tongue. In certain low forms of fever, like typhus and typhoid fevers, the gums turn black—that is, they throw out a blackish, bloody, offensive, putrid exudate. If disturbed or touched they bleed; and the tongue piles up that blackish exudate—that oozing of black blood from the veins. This is present in putrid forms of fevers like the typhoid—in zymotic states. This remedy is rich in those zymotic symptoms, such as are described in common speech as "blood-poisoning." *Carbo veg.* is a sheet-anchor in low types of typhoid; in scarlet fever where a typhoid condition is coming

upon the case, and in the last stages of collapse; in cholera, and in yellow fever at the time of collapse, where there is coldness, cold sweat, great prostration, dyspnoea—wants to be fanned. Great prostration with cold tongue.

The mouth and throat are filled with little purple apthous ulcers, which were little white spots to begin with, but they have grown purplish and now ooze black blood. These little apthous patches bleed easily, burn and smart and sting. They burn like fire. Blisters form. Smarting, burning, dryness of the mouth with these bleeding apthous ulcers. These are common features of *Carbo veg.* in any of the mouth and throat conditions. Tough mucus in the throat; bloody mucus in the throat. These little ulcers run together, spread, and become one solid mass. A large surface will become ulcerated, denuded of its mucous membrane, and then it will bleed. Little black spots come upon it. Food cannot be swallowed because the throat is so sore. Generally the throat feels puffed.

We have hinted at the disordered condition of the stomach. The *Carbo veg.* patient has a longing for coffee; acids, sweet and salt things. Aversion to the most digestible things and the best kind of food. For instance, aversion to meat; and to milk, which causes flatulence. Now, if I were going to manufacture a *Carbo veg.* constitution I would commence with his stomach. If I wanted to produce these varicose veins and the weak venous side of the heart, this fulness and congestion, and flatulence, this disordered stomach and bowels, and head troubles and mind troubles—sluggishness of the whole economy—I would begin and stuff him. I would feed him with fats, I would feed him with sweets, with puddings, and pies, and sauce, and all such undigestible trash, and I would make him eat it, and give him plenty of wine to make him take more—then I would have the *Carbo veg.* patient. Do we ever have any such fellows to treat? I should say so; lots of them. Now, just as soon as they come to tell their story, you will know enough about their lives to know that they are mince pie fiends; they have lived on it for twenty years, and now they come saying, "Oh, doctor, my stomach; just my stomach; if you will simply fix up my stomach." They want that stomach fixed up in fifteen minutes so that they

can go back to their old tricks. If you tell one of them that he must not do any of that business any more he will say it is not worth while. He will try Tom, Dick and Harry, and they are always ready to give him a dose of Strychnine, or some sort of a tonic. But what are you going to do with him? He has made himself into a *Carbo veg.* patient for you, and it may be quite a little while before you can bring him down to a sensible diet. Now he must begin at the foot of the ladder. I only brought this up to show how a *Carbo veg.* patient is produced and what kind of a stomach he has, and what he has been living on. He has burning in the stomach, distention of the stomach, constant eructations, filling up of the bowels with flatulence, passing of horribly offensive flatus. In reality he is in a foetid condition, a putrid condition, and he cannot get rid of it. His sweat is offensive. He has heartburn; eructations; the stomach regurgitates the food that he takes; it just swells up. Just exactly like some brains I know of, that regurgitate the homœopathic doctrine. Those fellows might be said to possess "regurgitative minds." You have seen them, and you have seen them often.

Carbo veg. has much vomiting at the end of the chill. Vomiting and diarrhœa. Vomiting of blood; with the vomiting of blood the body is icy cold; breath cold—cool. The pulse is thready and intermittent. Fainting; hippocratic face; oozing of thick black blood. Vomiting of sour, bloody, bilious masses.

There is an accumulation of flatus in the stomach, so that the stomach feels distended. All food taken into the stomach seems to digest into nothing but wind; he is always belching, and is slightly relieved for a little while by belching. *Carbo veg.* is full of colic, cramps in the bowels and stomach; burning pain; anxiety; distention. All these symptoms are ameliorated by a little belching, or a little passing of flatus. Amelioration from belching seems quite a natural event; but when we study *China*, you will see that the patient appears to be aggravated from belching. The idea is that the patient expects to get relief from belching, from eructation, but under *Lycopodium* and *China* it seems that no relief comes. They belch copiously and yet seem just as full of wind as ever, and sometimes even seem to be worse. The *Carbo veg.* patient experiences a decided relief from eructation.

Now, this is a particular symptom, but it becomes almost general, and sometimes quite general. Headaches are relieved by belching; rheumatic pains are relieved by belching; sufferings and distentions of various kinds are relieved by eructations of wind.

This abdominal fulness aggravates all the complaints of the body. The fulness, which is described as if in the veins, and supposed to be in the veins, is sometimes to be doubted, because the patient will have flatulence in the tissues, under the skin, so that it will crepitate. He is bloated up with air; inflated everywhere. This is a feature of *Carbo veg.*; and in rheumatic conditions, part of the swelling is sometimes of this character. This is indirectly related to the stomach, but associated with a violated state of digestion. Food remains a long time in the stomach, becomes sour and putrid. It passes into the bowels and ferments further, finally passing off in the form of horribly putrid flatus. There is colic, burning pains, distention, fulness, constricting and cramping pains from this distention. The patient complains, as the prover did, of his feeling as if the stomach were raw. This is described as a smarting, sometimes from taking food; sometimes from taking cold water. This is commonly a good sign, a very good sign, of ulceration of the stomach. *Carbo veg.* has cured all sorts of ulceration of the stomach. It is a deep-acting medicine, acting a long time, and is capable of curing all sorts of disordered conditions of the stomach; such as disorders from eating indigestible things, mince pie, too hearty food.

(Concluded in February.)

p. 371.

Epistaxis.

The best remedy for bleeding at the nose is the vigorous motion of the jaws, as if in the act of chewing. In the case of a child, a wad of paper should be inserted, to chew it hard. It is the motion of the jaws that stops the flow of blood. The remedy is very simple, but has never been known to fail in a single instance, even in the severest cases.—*Medical Brief.*

General Symptoms of the *Materia Medica*.

HARVEY FARRINGTON, M. D., H. M., Chicago.

LVII. Arsenicum Album.

Antipsoric, antisycotic, antisymphilitic.

Late stages of disease.

Ailments from suppression of eruptions, from foot-sweat; from ALCOHOLISM, *septic poisoning*.

ANXIETY, RESTLESSNESS, IMPULSIVENESS, *fear*, SADNESS, LOATHING OF LIFE; INDIFFERENCE.

WEAKNESS.

HYPERSENSITIVENESS.

Hysteria.

Imbecility.

INSANITY.

Delirium.

UNCONSCIOUSNESS.

Vertigo.

Pains: BURNING, PRESSING, *tearing, stitching.*

Numbness; *formication.*

Coldness; localized coldness; coldness of affected part.

DRYNESS.

Discharges: ACRID, *scanty*, OFFENSIVE.

PERIODICITY.

EMACIATION; *emaciation of affected part.*

Pulsations.

TREMBLING; *twitching*; jerking; *convulsions.*

Constriction.

Paralysis

Alternation; metastasis.

Right side.

ANÆMIA.

Hæmorrhage.

Ecchymosis.

Varices.

Dropsy; ŒDEMA.

INFLAMMATION; *erysipelatos.*

Fatty degeneration.

Induration.

Swelling of the lymphatic glands.

ULCERATION.

CANCER.

Septicæmia; ptomaine poisoning.

Zymosis.

Gangrene.

Eruptions: VESICULAR; ECZEMATOUS; MOIST; SCABBY; ITCHING; URTICARIOUS.

< *morning; afternoon; 1 to 2 P. M.; evening; twilight; NIGHT; 1 to 2 A. M.; COLD; BECOMING COLD; COLD AIR; COLD FOOD; COLD DRINKS; wind; repose; LYING DOWN; lying on the back; lying on the painful side; PHYSICAL EXERTION; CLIMBING MOUNTAINS, STAIRS; motion; rising up; touch; VOMITING; after stool; AFTER EATING; after drinking; WINE; during menses; on closing the eyes*

> *evening and during the day; OPEN AIR; WARM DRINKS; MOTION; RISING UP; during perspiration.*

REMARKS.

Arsenicum album, or Arsenous oxide, was known as early as the eighth century. It was used to some extent as a remedy for certain diseases of cattle, but does not appear to have been employed in the treatment of human beings until nine hundred years later, when it came into vogue as an application in malignant ulcers and skin diseases, and internally as a "cure" for intermittent fever. Our present knowledge of its action shows that these uses were founded upon some definite information, however obtained, of the capabilities of the drug, but the want of any definite rule for practice and the large and frequently repeated doses in which it was administered resulted in so many cases of poisoning, many of them fatal, that the "faculty" became alarmed and condemned it as "unsafe." But house-wives and so-called "irregular" practitioners continued to employ the white arsenic, and were in many instances so successful that it was eventually reinstated, and, as

Dunham says, again became a "safe remedy." It is now in general use by the old school—and, we regret to say, by some who claim to belong to the new—principally in the form of Arsenite of Potash, or Fowler's Solution. This fact, together with its employment in the manufacture of green pigment (arsenite of copper) for wall papers, carpets, cheap paints, etc., as a cosmetic and for hardening tallow candles, has produced many Arsenicum patients.

But just such "unsafe" remedies as this one, in the hands of the homœopath, resolve themselves into some of the most powerful weapons of his armamentarium; and in the case of Arsenic he is especially fortunate in the possession of a wealth of information for its efficient application in the treatment of the sick. Its provings are replete with the "finer" symptoms, and are supplemented by the records of innumerable cases of both acute and chronic poisoning, which afford an accurate picture of the ultimate effects of "Arsenicum sicknesses" in the tissues themselves, beyond the range of the ordinary proving. No remedy has a wider and more varied field of action. Acute diseases of most violent type, zymotic and malarial poisons, septic infection, the results of alcoholism, of repercussion, of eruptions and foul sweat; the psoric, sycotic and syphilitic miasms in general, all come within its curative range. It has cured lupus and cancer in the earlier stages, and has palliated when a cure was impossible. To understand why, we must turn to the Arsenicum patient.

Anxious, restless, weak, pale, emaciated, chilly—such is the Arsenicum patient. The restlessness is due to the anxiety, which seems to seek relief in motion. It ranges from a slight, uneasy shifting, to frantic gesticulation and running about. One of the first symptoms to appear, it persists even after the advent of unconsciousness. Always moving, moving, moving—from room to room, from bed to chair, from chair to bed, and when too weak to rise or turn the body, this poor tortured mortal keeps hands, head and feet in constant motion. The anxiety and restlessness are most marked in acute diseases, but are always aggravated during exacerbations of chronic ailments, and, in fact, by any stress or suffering. Restlessness and anxiety during pain, increasing at times to abject despair.

This weakness also varies at different times and under different circumstances from a slight faintness to absolute prostration. It is nothing extraordinary to find weakness in a chronic invalid or in one who is affected with violent acute disease, but in Arsenicum the weakness is out of all proportion to the apparent cause. The slightest demand upon the nervous energy, a little physical effort, a toothache or slight pain, a coughing spell, not necessarily a severe one; a scanty diarrhœic stool, attempting to rise up in bed and vomiting, are followed by sudden and complete sinking of the vital forces, in some instances even to syncope. But syncope during pain is more characteristic of *Hepar* and *Nux moschata*, faintness of Arsenicum. Moreover, when comparatively well, the continuous effort of climbing mountains, perhaps in conjunction with the effects of rarefied air, is almost sure to cause prostration, flushes of heat, chilliness, sleeplessness and palpitation.

Therefore a symptom which, in other remedies, is merely a "common general" in Arsenicum becomes highly "characteristic" by reason of its almost preposterous exaggeration.

The very nature of the individual conduces to the development of such manifestations. The manner is always more or less nervous, hasty and impulsive, and when sick these traits are intensified. The nervous system is highstrung and sensitive, all the senses are hyperacute, and this again will account for many of the symptoms that come out with the beginning of the physical breakdown. Sensitive mentally, easily offended, easily irritated, easily startled, extremely sensitive to pain. The slow, phlegmatic person does not feel keenly. The nervous, excitable, impulsive, sensitive individual whose sensory nerves are unduly shocked by ordinary impressions is the one who is restive under suffering. Sound waves, vibrating from the tympanum, aggravate the earache, headache, facial neuralgia, and cause the patient to start as if actually struck. Light rays seem to impinge too sharply upon the retina, exciting lachrymation and increasing the headache, especially if reflected from the shining whiteness of a field of snow. Even the skin is tender and abnormally sensitive to touch.*

*I do not mean to imply that the hypersensitiveness of Arsenicum stands on a par with that of *Coffea*, *Belladonna*, *China* or *Nux*, but it is, nevertheless, thoroughly in accord with the general make-up of the Arsenicum patient.—H. F.

Fear is associated more or less with the anxiety and restlessness. Indefinable fear as of one who had committed murder, fear of some awful calamity, fear of disease, fear of a crowd of people, fear at night and during fever, but especially fear of death. With all this suffering, this horrible anxiety and alarming weakness, death seems inevitable. At times there is overwhelming sadness and hopelessness, the conviction that the disease is incurable and that medicine is of no avail. This favors the contemplation of suicide, yet as we found in *Argentum nitricum*, this fear of death is a protection. So we have fear when alone that he will do himself harm. Again, the hopelessness, the utter misery of mind and body may produce a state of indifference to life, to everything that would naturally be considered as delightful. This is not infrequently a symptom of typhoid fever. After several weeks of high temperature and delirium the patient's endurance begins to give way and the Arsenicum state comes on. Let us study more in detail the picture such a case presents, for it will illustrate and emphasize other important generals of the remedy. The image of death is stamped upon every feature. The eyes are sunken and glassy, the face ashy pale or yellowish, and cold to touch; the lips, mouth and tongue parched almost into immobility. The patient is constantly sipping cold water through a drinking tube, well knowing that if he attempts to rise he will fall back in a faint. Black sordes cover the teeth and gums. The water rolls audibly into the stomach, causes pain and at times is immediately rejected. Burning in the stomach and bowels relieved by heat; scanty, acrid, watery diarrhoea, filling the room with an odor that in itself is suggestive of the presence of a corpse; oozing of dark, liquid blood from the orifices of the body; cold, clammy sweat, or pungent heat and dryness of the skin, which feels like a piece of parchment; low, muttering, more rarely wild delirium, worse after midnight; sees ghosts, devils, hideous faces on closing the eyes; intense restlessness; anxiety, irritability and peevishness; hopelessness, recovery seems out of the question; indifference; soporous condition, involuntary defecation and micturition, total unconsciousness. We have called this typhoid fever, but why give it a name? It might be diphtheria. The membrane would be dark and shrivelled and the throat

heavily gangrenous. It might be pneumonia with threatened lung paralysis. It might be septicæmia. But whatever we call it, the anxiety, the restlessness, the burning pains, the relief from heat and the profound weakness proclaim it as the "Arsenicum sickness." Such symptoms are not found, as a rule, in the early stages of disease. One who knew nothing of the character of this drug, from a glance at our synopsis, which includes these as well as other general characteristics, could readily infer that this is a remedy for conditions tending deathward, a fact which is fully appreciated by those who have had experience in the treatment of the sick. Summer complaint and acute coryzas or La Grippe are about the only exceptions to this rule, which applies to acute diseases in general as well as to those of a chronic nature. If given too early, and therefore when not indicated, by its powerful depressing effect, especially in repeated doses of a low potency, it will work irreparable harm, depriving the patient of all hope of cure, or, perhaps, of life, by precipitating the very conditions which it was given to prevent.

Nearly all these deep-acting polychrests are useful in diseases of the mind. The Arsenicum dyscrasia, instead of venting itself in the tissues of the body, may develop hysteria, imbecility, or some form of insanity. It may be readily seen that a nervous, irritable, restless, sensitive, impulsive, excitable woman, such as pictured by Arsenicum, is very liable to hysteria, and, going a step further, it is not difficult to understand how such a person may become the subject of mental alienation, or a total loss of mental power.

Now the symptoms of insanity would be for the most part exaggerations of what we have already found to characterize the mental state. We should add suspiciousness and avarice. No homœopathic remedy has the power of changing or regenerating a man's natural character, but it can re-adjust the changes therein incident to disease. Therefore avariciousness, though a characteristic of many Arsenicum patients, will not be affected by the exhibition of that remedy unless exaggerated into a form of insanity; so with suspiciousness. If, however, these vices are the direct result of a diseased condition and not of natural disposition, we may count upon their entire removal with the rest of the symp-

toms. The Arsenicum insanity frequently takes the form of melancholia, with irritability, despair of salvation, intense anxiety and restlessness. Again, it may be of a more active type, with violent fits of anguish, of rage; fear of ghosts, especially at night; endeavors to escape imaginary pursuers; sees countless vermin, throws them away by handfuls; sees phantoms, ghosts, devils. Impulses come under this head; impulses to commit murder. The mother has a sudden impulse to kill her child; the barber standing with razor in hand must exercise strong effort of will to resist the temptation to cut his customer's throat. Later, these impulses may prove uncontrollable.

Delirium is usually confined to acute disease. Occasionally it is met with in the exacerbations of chronic troubles, as in mania a potu. Here we have the active mania of alcohol, modified, of course, by the Arsenicum constitution. Arsenic is a wonderful remedy for the effects of alcohol after the case has passed beyond the range of *Nux vomica*, *Apocynum cannabinum*, and the lighter acting remedies.

The unconsciousness of Arsenicum occurs in its most alarming phase as the precursor of dissolution, as in the case of typhoid fever described above; but the profound asthenia predisposes to fainting or loss of consciousness under other circumstances. Fainting on attempting to rise up in bed; frequent and unaccountable sinking spells, with fainting, in a patient not bed-ridden. A woman suddenly sinks down in a faint on the floor, not from hysteria in all cases, but from a sinking of the vital forces. Loss of consciousness immediately preceding the spasm is one of the indications for Arsenicum in epilepsy.

By no means the least important feature of this remedy is its terrible burning pains. Burning in the brain, in the head, face, jaws, throat, œsophagus, stomach, abdomen, skin, uterus, urethra, rectum; burning everywhere; no part or organ is exempt. Neuralgic pains like hot wires forced through the nerves, burning as of hot needles thrust into the part, burning in the spine like a stream of hot air rising upward. Eruptions itch, and when scratched the itching gives place to burning; ulcers burn unbearably. We might add that the Arsenicum burning is usually accompanied by more or less of acute inflammation; it is not a mere abnormality of sensation.

Pressing pains are also very characteristic; they occur especially in the forehead, occiput, hypochondria, stomach, chest.

Stitching pains and tearing pains are less persistent.

Numbness is another general sensation. Numbness of the tongue, of the teeth, numbness and stiffness of the feet, numbness and heaviness of the lower extremities, not infrequently a concomitant of dropsy.

We have indicated the greater importance of formication by placing it in italics. The most universal instance of this symptom is crawling and prickling all over the skin. Yet it may be localized. To every case which has crawling along the spine the routinist gives *Agaricus*, whereas a more thorough study of the case may show that *Lachesis*, *Aconite*, *Salicylic acid* or Arsenicum is the right remedy.

Coldness is one of the essential features of this drug, as already indicated. The intense coldness of cholera finds an exact counterpart in Arsenicum. Coldness as if ice-water were coursing through the bloodvessels, internal coldness, while the skin does not feel cold. There are also the more definite symptoms of localized coldness and coldness of the part affected, which to some extent mean the same thing. Coldness of the forehead, of the face, the chest, the abdomen, the knees, the feet, the soles of the feet, etc.

The effect of Arsenic, in the crude form or the potency, is to dry up the secretions of mucous membrane and skin. It seems to paralyze the secretory glands. Hence the violent and unquenchable thirst, the dryness of the nasal cavities and pharynx, the dryness of the conjunctivæ, which causes a sensation as if sand were in the eye, the roughness and dryness of the skin, which is said at times to feel like parchment, and in fact the general tendency to scant excretion and secretion of this remedy. In the chronic case there may be thirstlessness, but it is nevertheless accompanied by dryness of the mouth and throat. In the acute case the thirst is one of the most prominent symptoms. Cold water ameliorates to some degree, but if partaken of too freely it molests the stomach, and is actually unpleasant, although so intensely desired, the patient drinks it in small, but frequently repeated sips.

Scantiness applies to all discharges in Arsenic. So do acidity and foul odor. The coryza is scanty and acrid, the tears feel hot and cause smarting of the eyelids, the leucorrhœa is scanty and offensive and corrodes the labia, the diarrhœic stools are small, have an odor like carrion and cause the anus to burn like fire, the discharges from the ulcers are scanty, ichorous and smell like rotten meat, the menses are scanty, acrid and foul.

Periodicity has a wide application to Arsenicum cases. Its ability to cope with malarial fever was discovered centuries ago. The provings have shown that the periodic return of many of its symptoms need not arise in a malarial miasm. Arsenic has weekly or bi-weekly headaches that appear as regularly as if they knew the calendar. Complaints return at the same time every year. In intermittents the paroxysms occur every day, every other day, every fourth day, coming regularly at 2 A. M., at noon, or 3 P. M. Neuralgias, whether malarial or not, may appear in the same regular fashion.

Emaciation is always observed in the well developed chronic case, and in the acute case it comes on with surprising rapidity. And, although the patient may be thin, the affected part is still thinner. This is one of the remedies that has emaciation of the affected part.

Pulsations or throbbings may be painless, as in the teeth—in reality the gums—or painful with inflammation and congestion, such as the headache in the forehead, pain in the uterus and in ulcers.

Trembling is sometimes excessive and comes from weakness and nervousness. Twitching occurs in cerebral irritations and jerking of the limbs on going to sleep. Convulsions are clonic or tonic; they are hysterical, uræmic, epileptiform or truly epileptic. We have already mentioned a peculiarity of this stubborn disease when Arsenicum is the remedy. The sensation of warm air streaming up the spine into the head is also a premonitory sign or aura.

With the irritability of mind comes irritability of fibre; as a consequence there is a good deal of spasmodic action of circular muscles, especially in the alimentary tract, not unlike *Nux vomica*. Vomiting is seldom free or easily accomplished; instead there is

horrible and very painful retching from contraction of the cardiac orifice; eructations are abortive and cause great distress. If the œsophagus is irritated or inflamed swallowing may be impeded, the bolus going only a part of the way, to be forced back again by spasmodic action of the annular fibres. There is also constrictive sensation in the stomach, probably of the same origin, and spasmodic closure of the anus, with ineffectual attempts at passing the stool. In the respiratory apparatus we have constriction of the glottis resembling laryngismus stridulus, and of the chest in asthmatic conditions, angina pectoris, or, in fact, almost any complaint; also constriction in the uterus.

The opposite to this prevails in states of extreme depression of vitality. In our typhoid case the sphincters were relaxed and stool and urine passed unnoticed by the patient. The tongue and muscles of speech are also liable to paralysis, resulting first in thickness of speech, and later unintelligibility. Paralysis of the limbs is not uncommon, and especially of the flexor muscles, of the toes, for instance, so that walking must be performed by the soles and balls of the feet alone. Paralytic conditions of the sphincter vesicæ of milder type result in enuresis, and of the detrusor muscles, in retention. Arsenicum should be thought of along with *Causticum*, *Opium* and the rest, in retention after confinement; Arsenicum generals must, of course, decide the choice. Paralysis of the lungs, frequently a symptom in old people with hypostatic pneumonia. Post-diphtheritic paralysis. Arsenicum has saved the lives of many cases which have been maltreated by local swabbings, Belladonna-permanganate treatment and anti-toxin.

Not a great deal is known about the tendency to alternate, but there are some indications that this is a general feature. Alternation of eye and chest symptoms, of eye symptoms with swelling of the feet have been confirmed. In metastasis of mumps, from the parotid glands to the testes, Arsenicum symptoms may appear. The usual practice is to give *Carbo vegetabilis* or *Pulsatilla*, or perhaps *Abrotanum*. Arsenic should not be overlooked in this connection.

Arsenicum affects both sides of the body, but predominantly the right. Here the hemicrania, the facial neuralgia, pains in the

eye-ball, are most apt to occur. The right ovary is more often the seat of trouble than the left ovary.

Arsenicum has a profound effect upon the blood, destroying its coagulability and reducing the number of its red corpuscles; hence comes anæmia, sometimes of the most pernicious type, and a strong tendency to hæmorrhage. The blood may be bright red in color, but, as may be inferred, it is usually dark and fluid. The petechiæ, the epistaxis, the oozing of blood from the gums and hæmorrhage from the bowels belong to the low zymotic conditions which Arsenicum suits so well. Even the ulcers bleed easily, and the woman, in spite of scanty menses, is not free from liability to metrorrhagia.

The general relaxed condition affects the veins, and everywhere we find varices. They burn like fire, especially the large, bluish protuberances at the anus. People of sedentary habits and especially those addicted to alcoholic beverages are subject to this sort of thing.

Arsenicum is one of our prime remedies in dropsy. Œdema is frequently observed in cases where the remedy is indicated. The swelling or œdema of the loose tissues beneath the eyes is very characteristic.

Most complaints in this remedy are inflammatory and the ordinary processes of this condition are very apt to change to those of malignant nature. We have now come to the consideration of the general tissue changes, or the ultimate results of previously deranged dynamics. They are important in their proper place. Inflammation is liable to assume an erysipelatous character and go on to gangrene. This is the deathward tendency of the whole remedy, which may begin, as an actual fact, in the tissues. Gangrene of the lungs with horribly fetid expectoration, gangrene of the tongue, of the throat in diphtheria; dry gangrene of old people, coming in spots, which gradually turn black, or beginning in the toes and slowly encroaching upon the foot. Arsenicum will put a stop to this slow death of tissue even in the old, worn-out invalid, and if past regeneration the formation of the line of demarcation and sloughing off of the useless part will be hastened.

Fatty degeneration is another phase of the destructive tendency

of Arsenicum ailments. Fatty degeneration of the heart, of the kidneys in Bright's disease, of any organ.

Induration is most frequently met with in the lymphatic glands, and in connection with cancer or septic poisoning. Hard nodules form in the lips, the face, about the nares, in the breasts and uterus. Then comes a period of severe lancinating, burning pains; they soften at the surface, or crusts form and drop off and form again, and finally a angry ulcer opens and discharges putrid, ichorous, sanious pus.

Arsenicum has the burning pains and perfect cancer cachexia. Before the ulcer has formed, or in the earlier stages, it is capable of curing, and when this is not possible it is a remarkable palliative.

The ulcers of Arsenicum are, as a rule, not deep, but they tend to spread or become serpiginous. Ulcers in the throat and mouth, on the cornea, about the nares, ulcer of the stomach, little ulcers on the tips of the fingers, on the glans and prepuce. All these ulcers burn as if they were being cauterized with acid.

Powerful poisons, such as septic matter, zymotic infection and the ptomaines, require such deep-acting remedies as this for antidotes. The results of eating rotten cheese, spoiled meat or sausage are effectually combated by Arsenicum when the symptoms agree. No remedy is more frequently indicated for dissecting wounds with burning, tearing pains, enormous swelling, induration of tissue and adjacent lymphatic glands with tendency to gangrene. Arsenicum stands besides *Lachesis*, *Pyrogen*, *Secale*, *Ledum* and other remedies useful in septicæmia, and when properly administered will do far better work than any surgeon.

A word as to the effects of suppression. The suppression of coryza in *Aconite*, *China*, *Nux*, *Kali bichromicum*, etc., is followed by headache. The same is true of Arsenicum, but the same condition is just as likely to ultimate itself in an attack of asthma. The repercussion of itch, hives and other eruptions has a similar effect. Palpitation comes after the suppression of herpes or foot-sweat. The lack of reactive power allows of easy suppression. In scarlatina or measles the eruption is slow to appear and is likely to recede again, with the appearance of petechiæ, prostration, coldness, anxiety and restlessness.

By far the most important time of aggravation is after midnight, or 1 to 2 A. M. The anxiety, restlessness, the fever, the pains, the dyspnoea, the cough, the diarrhoea, all the symptoms are worse at that time. The chill comes on at noon or 3 P. M., and occasionally the fear, anxiety and despondency increase at dusk, or just when objects assume the weirdness due to falling darkness, but these are the minor factors in the case.

Cold in any form aggravates intensely. The cough, the pains, the asthma, the diarrhoea, the vertigo, are all made worse by cold. Cold drinks bring on cough and aggravate throat, stomach and bowel symptoms. Cold food, such as ice cream, brings on gastralgia, gastritis, diarrhoea, and either cold drinks or food increase the chill. The congestive headache is the only important exception; it is better from cold.

While lying quiet the anxiety and restlessness become unbearable and rheumatic and neuralgic pains are worse. Motion increases the chilliness, headache, faintness, constrictive feeling in the chest, and is sometimes attended with flushes, but otherwise is a great relief. Lying down in itself aggravates, especially the neuralgia of the face and the toothache, the dyspnoea, palpitation and dry cough. Lying on the back makes the chest symptoms still worse. Lying on the affected side is a source of suffering owing to the sensitiveness due to inflammation.

The effect of rising up in bed has been sufficiently emphasized, as also physical exertion, etc.

After eating there is sadness, heat, bitter taste in the mouth, nausea, pressing pain in the stomach, fullness "up to the throat," aversion to even the smell of food, vomiting—at once or in a couple of hours—immediate urging to stool, and after drinking the urging to stool and nausea are also in evidence. Warm drinks relieve, but cold drinks feel like a lump of ice in the stomach and are immediately vomited. Drinking wine causes marked aggravation.

During menses the weakness is more marked; there is toothache; sharp stitches shoot from the rectum to the vulva and pubes, and stinging, cutting pains come in the hypogastrium, sides of the abdomen and back.

Closing the eyes is of some importance as an aggravation owing

to its effect upon the vertigo, and to the fact that delusions of people, faces, etc., occur only while outside objects are excluded.

The ameliorations need but little comment. Open air relieves the dyspnœa, headache and heaviness of the head, humming and buzzing in the ears; but all other symptoms, and the dyspnœa included, are made worse if it is cold air. The real general amelioration is from warmth, even the burning (unless deep in the brain) being relieved by it.

Rising up has especial relation to the chest symptoms. In a patient who is comparatively strong the faintness on rising would be absent or very slight. In certain states perspiration is a relief. The rheumatic pains are somewhat relieved by it, and in intermittents all previous symptoms are mitigated as soon as the sweat appears.

Arsenicum is a wonderful remedy. We have neither time nor ability to do it full justice. The above, however, will suffice to point out the relation of the generals to one another and to some of the particular symptoms of the drug.

AMMONIUM MUR.—Frequent sneezing, with crawling in the throat; worse on right side, and apt to affect ear on that side. Coryza, watery and acrid. Nostrils and upper lip corroded. Sensation as if the nose was obstructed with a large body, which causes itching, but cannot be relieved by blowing. Apt to be worse mornings.—*Hom. Eye, Ear, Nose and Throat Journal.*

ASTERIAS RUBENS.—Cancer of mammæ; *acute lancinating pain*; drawing pain in the breast; swollen, distended, as before the menses; breast feels drawn in.

Heat of head as if surrounded by hot air. Easily excited by any emotion, especially by contradiction. Flabby, lymphatic constitution.—*H. C. Allen.*

Department of Clinical Medicine.

Some Experiments in Vaccination.

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In February, 1902, small-pox broke out among the students of Northwestern College here at Naperville, and it was my privilege to see and treat seven cases out of every nine.

Before anyone suspected the presence of this disease the majority of four hundred students were exposed to the malady, and a general vaccination bee was ordered by the Board of Health. It was my privilege to vaccinate about three hundred and fifty persons of different ages and conditions. Having seen in my own family the deleterious effects of vaccination while in Japan in 1891, I concluded to experiment with internal remedies and note results. I therefore secured some *Malandrinum*, 36x, and some *Vaccininum*, 200x, and a large supply of MULFORD'S vaccine points. My purpose was to give one powder of either the one or the other remedies to each person vaccinated. In the great rush that followed the peremptory orders of the Board of Health it was impossible to note distinctly the number of those who took *Malandrinum* and those who took *Vaccininum*, but I tried to make an equal distribution of those remedies. Learning that some would not take any medicine at all, and were strong pro-vaccinationists, I gave them nothing at all. It so happened that some positively refused to be vaccinated and preferred quarantine instead, and for this reason held aloof from physicians and the public, when they heard that I was giving remedies with my vaccination. It also happened that, in the meantime, I secured a graft of *Variolinum* from Dean Kent, and was in a position to gratify my desire to see the effects of various potencies on the healthy, and their effects as a prophylactic, for nearly everyone who applied to me for vaccination was directly exposed to small-pox, either in the boarding club or at chapel service, where one student came after the eruption had appeared upon his face.

Now as to results. There were nearly two hundred persons who received either *Malandrinum* or *Vaccinum*, and among those there was not an individual who had a very sore arm, and in a vast majority of those persons the vaccination *did not take*.

Some returned for re-vaccination, but I refused. None of these persons had any symptoms of small-pox whatever, and in one instance where a young man was a room-mate to the first case of small-pox, there was not the slightest symptom of the disease. Both these young men, the one who took sick and his room-mate, were from beyond the Mississippi River, neither one acclimated, both studied in the same room and slept in the same bed—the one took small-pox without apparent cause, and the other, vaccinated and given *Malandrinum*, *after exposure*, showed no symptoms of small-pox at all, neither did his arm become sore in the slightest degree, nor did any of those thus treated have either varioloid (so-called) or small-pox.

There were about twenty persons to whom I gave no medicine whatever, in order to see what difference there might be, and to do this I used the same kind of vaccine points on the one that I did on the other, and selected individuals of the same general health and environments, so that my mind would not be prejudiced in the least. Of these twenty persons, about all (I know of three upon whom the vaccination did not take) had sore arms, and in four persons the arms became so very sore, so badly swollen, that they required treatment and nursing for nearly six weeks. Of the three upon whom vaccination did not take *all* had small-pox, two very light, there being scattered pustules over the face and entire body, and on one, who seemed to be the healthiest of the three, there developed a most beautiful type of small-pox, which at one time threatened to become confluent. From the very soles of his feet to the very crown of his head there was one mass of pustules, and on the face, arms, back and limbs they were so thick that you could not touch him with the head of a pin without coming in contact with pustules, and yet there is not a scar left on this young man's face to mark the disease. Where are the prophylactic virtues of vaccination when persons like those three young men will take the disease after vaccination? "Oh, but the vaccination modified the disease." Perhaps. These three young men have enjoyed as good if not a better

state of health since their attack of small-pox than those who were so severely afflicted from the vaccination. I do not accept the theory that vaccination modifies the disease, for the reason that two cases under the Old School treatment seemed to suffer much worse than these, and one was badly pocked—evidence which he will carry to his grave. But it is not my purpose to speak of the therapeutics of small-pox in this paper.

Notice also that a certain number of persons, I think about fifteen, who were equally exposed to the epidemic as the others, refused to be vaccinated for various reasons. Some one told them that I gave preventive medicine and they came to see me. After obtaining their confidence and promise that nothing would be said until the whole matter had quieted down, and there were no more cases in town, I gave each one some medicine. To several young ladies I gave three powders of *Malandrinum*, one powder to be taken each evening on retiring, and three powders of *Vaccinum* to be taken in the same manner one week after taking the *Malandrinum*. To two professors of the college, and three students, I gave three powders of *Variolinum*, c. m. potency, with the instruction that they report in three weeks any or all symptoms that might arise. At the end of three weeks they reported. Four seemed to notice no symptoms whatever. One of the professors noticed considerable pain in the back and limbs in about ten days after taking the powder, after which one lone pustule developed on left side of the face near the mouth. None of those who took the medicine showed any symptoms of small-pox, though equally exposed with the others, and were not for one moment inconvenienced in their work or studies.

I used the same prophylactic measures in my family, and in about seven days after taking two doses of *Variolinum* I had every symptom of small-pox for two days except the fever. These symptoms soon passed away and I felt as well as usual.

Should space permit, I would like to discuss certain features of these experiments, but on so dry a subject I fear few would care to read to the end. There is a wonderful field of investigation before us, and it should be fully explored and developed. If this were done, the day would not be far distant when we would hear the last of those *terrible* results of vaccination that have stirred our emotions and our better knowledge to the utmost.

Sleeplessness of Babies.

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Some years ago I saw in a Homœopathic journal the following symptom credited to *Lachesis*:

"Babies fall asleep, sleep for ten to thirty seconds, then wake with a start and scream."

I have given *Lachesis* in a few such cases, but never had the desired result, and, therefore, have attempted to get symptoms, indicating the simillimum (by no means an easy task, for the baby cannot tell us any but objective symptoms, often not even these, and the mother generally lacks power of observation), and found *Ipecac* to be the indicated remedy.

I have given it in cases where the only symptom discoverable was, that baby seemed sleepy; would fall asleep and continue to sleep for a few minutes, then wake with a start and scream. After *Ipecac* 200 or 1000, one dose, the baby would sleep all night and give the parents an opportunity to sleep also.

I doubt not that some of the following symptoms of *Ipecac* were present in these cases, though I could not obtain them.

Irritability; impatience, face pale, screaming, blue circles about eyes.

Child thrusts its fist into its mouth.

Salivation, nausea, vomiting of ingesta after nursing.

Green mucous, or watery stools.

Flatulent colic, griping about the umbilicus, with drawing up of legs.

Yawning, stretching, and apparently very sleepy.

Sleep with half-open eyes.

Groaning, moaning during sleep.

Shocks on falling asleep.

Starts up in sleep; nausea and languor from loss of sleep.

Every night suffocating fits.

Aggravation; evening, at night; during dentition.

It does not require much reading between the lines to see that

Ipecac is the simillimum, and the quiet, peaceful sleep, the natural result of its homœopathicity to the case.

The vomiting after nursing is considered by most mothers and nurses as perfectly natural or even beneficial, but it is a symptom of gastric disturbance, and *Ipecac* is the remedy most often indicated. Usually I have been able to obtain enough of the above symptoms to indicate *Ipecac*.

Another remedy producing healthy, natural sleep in babies, especially during dentition, is *Phytolacca*, and it is indicated when some of the following symptoms are present.

Irritability, restlessness and crying.

The head is hot, often a pungent heat, especially in the temples—more so the right temple; fever.

Tinea capitis worse from washing the head when baby is warm.

Very difficult dentition; the child bites the teeth hard together, or bites the nurse's arm or shoulder.

Desire to bite on something hard, which aggravates.

Saliva profuse; often thick and ropy, yellowish, with inflamed gums and teeth.

Great thirst; hunger soon after eating; *baby wants to nurse all the time; frequent and violent vomiting; hoarseness, fever.*

Much yawning during the day, worse evenings.

Sleepiness, yet sleepless.

Restless at night with late falling asleep and then frequent waking.

After waking, could not sleep again for a long time.

Restless sleep; baby lies on the abdomen.

Sleep disturbed by scraping and tickling in the throat in the forepart of the night, with a disposition to cough.

Enough of these symptoms no doubt will be obtainable to guide to the selection of this remedy as the simillimum, and if given will be followed by the most gratifying results.

Croupous Pneumonia.*

HUGH HOVER, M. D., Stanford, Ill.

A detailed delineation of the nomenclature, etiology, definition, pathology and morbid anatomy, symptomatology, physical signs, complications and sequelæ, diagnosis, prognosis and treatment of croupous pneumonia is beyond the scope of a ten minute paper, even by one of ripe experience, and, besides, you have all gone over them a hundred times in your text-books and at the bedside, and know them as well as you do your prayers.

I shall confine what I have to say to the three heads of nomenclature, etiology and treatment.

Nomenclature.—When we, as homœopathists, speak of croupous pneumonia—or the name of any other human sickness for that matter—what do we mean, and why do we do it? We do it purely as a matter of convenience; to save ourselves the trouble of telling all of the patient's symptoms in order to convey an idea of his condition to others. When we say that a patient has croupous pneumonia we simply mean that the "vital force" of the individual is manifesting its disturbance by a set of cardinal symptoms, among which are sudden chill, convulsions or gastro-intestinal disturbance in children, rise of temperature; respirations increased in frequency, but diminished in force on the affected side and increased on the side not involved; rales, areas of percussion dullness, bronchial breathing and broncophony, cough and expectoration of rust-colored sputum, and the return of the physical signs in the reverse order to that in which they appeared.

Now, these are the symptoms upon which the name is based. They are not the disease, but only a partial group of the signs of the disease, manifested by this particular variety of disturbance of the vital force. They are not a complete picture of the disturbed vital force. They are not the sick man, with his infinity of other symptoms shading off from these in as great variety as the colors of the sunset reflected on the clouds as the day fades into the night. This finer blending is what shows us the true picture of the

*Read before the "Central Illinois Medical Association," October, 1900.

sick man—which makes each patient an individual, calling for individual study. Were it not for the color given by the influence of individuality, susceptibility and temperament, what a happy lot that of the homœopathist would be! He could lean peacefully back in his office-chair with feet cocked high on the desk the live-long day, only changing his position long enough to dish out the conventional Aconite, Bryonia and Phosphorus; but, alas, it is not so. The name availeth us nothing, and we must direct our study to the individual image of the sickness.

Etiology.—The origin of all disease is dynamic. Disease is the result of a “disturbance of the equilibrium of the vital force.” So long as the vital force maintains its equilibrium all of the organs, tissues and cells of the body are performing their functions in perfect harmony and a state of absolute health prevails, and will continue to exist as long as the equilibrium is maintained. But let the balance of that force—that “life force,” that force which animates the body and governs waste and repair, that force which ceases to operate in the body only when life ceases to exist—let the equilibrium of that force be disturbed, and manifestations of disease—symptoms—appear. The disease itself does not appear, for that is disturbed force, and force cannot be seen, but only its results. Now, this being the homœopathic theory which accounts for the origin of all disease, we must accept it as the etiological factor in croupous pneumonia.

The “scientific” school of medicine (self named), that school which practices empiricism and whose journals teem with “Pleas for more exactness in therapeutics,” has given to the world the bacteriological theory of the origin of disease. It may be so, and if it is I want to know it. That is one of the objects of this paper—to learn the opinions of my friends of long experience. Our eminent modern authority, Dr. Goodno, in his most excellent article on croupous pneumonia, says: “To the influence of Juergenson, in Europe, and Austin Flint, of this country, we are especially indebted for the separation of pneumonic fever from the phlegmasia, and placing it in its proper position, a member of the acute infectious group; and to Frankel for the discovery of the organism which is now generally accepted by bacteriologists as its cause.” We are told by bacteriologists that germs of disease are

constantly in the atmosphere and are clinging to every particle of matter in the universe; that life is a constant warfare between man and the germs, with the odds all in favor of the germs. In the same paragraph with his declaration that the diplococcus pneumoniae is the etiological factor of this disease, Goodno says that Netter has discovered the germ in the buccal secretions of about 20 per cent. of healthy persons. Why, with the cause ever present, is not 20 per cent. of our population down with pneumonic fever all the time?

The buzzard, that majestic and graceful scavenger of the earth, will describe his lofty circles for hours over a pasture filled with live and healthy cattle and never think of descent. But let one die and see how quick, with his mighty swoop, he will pounce upon its carcass. That is his legitimate sphere. The dead are his victims. You couldn't get numbers enough together, nor virulence enough in the aggregation, to induce them to attack a living animal. So it is with bacteria, the scavengers of the body. They will not propagate in living tissue. They will not attack a healthy organ. They are always found associated with pneumonia—certainly. They are also found in 20 per cent. of healthy mouths. They are always associated with pneumonia by a wise provision of nature, for the vital force being disturbed in its equilibrium manifests that disturbance by a devitalization of certain tissues. A breaking-down process is inaugurated, and the scavengers are there to assist in clearing up the debris. They prey upon devitalized tissue, and upon that only.

Treatment.—If the doctrine of Similia be a law, then there is but one treatment for Croupous Pneumonia, as for any other diseased condition, viz., the application of the remedy which is most similar to the totality of the patient's symptoms, administered singly and uncombined, and in the smallest dose that will cure. On the other hand, if Similia Similibus Curantur be not a law, then let us resort to anything from compound tablets to venesection.

Journal of Homœopathics

Devoted to the Interests of Pure Homœopathy

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Editorial.

We wish to remind our readers that they owe it to the public, the profession and themselves to neglect no opportunity to settle the Vaccination Bogie once and for all. There is a certain class of gentlemen, eminently "scientific," zealous, but not always truthful. They are known as the only, the true, the infallible Ones. We mean the Pro-Vaccinationists. Their reports on the infallibility of vaccination as a prophylactic against Small-pox rival the Bulls of Holy Mother Church of "Bloody" Mary's time for claims of being "it." Therefore our readers are urged at all times to send to the *Journal* anything accurate and scientific which has to do with the questions of vaccination, internal or external, Small-pox, etc.

How is this for a sample of "infallibility."

NO INSUSCEPTIBILITY TO VACCINATION.—The chief medical

inspector, Dr. Spaulding, in the Chicago Health Board's bulletin, says:

Several times recently attention has been called to a false impression concerning insusceptibility to vaccination held by many persons and even by some medical men. They argue that because a child has had six or seven attempts at vaccination without its "taking" that the child is insusceptible to the operation, and have asked permission for such child to enter school without the required certificate. They have even come with a letter from the family physician, stating that a given child is insusceptible. It should be clearly understood that no one is insusceptible to vaccinia or vaccination. One successful vaccination can be secured in every person; to this there is no exception. Repeat the attempt until it does "take."

A striking and hideous illustration of the evils of teaching insusceptibility to vaccination was furnished during the week in the neighboring town of Hammond, in which a cashier in a bank was stricken with small-pox in its worst form. He died on the seventh day of the attack with hæmorrhagic small-pox. He had had four attempts at vaccination, and because it did not "take" was told he was insusceptible to vaccination—a bit of medical advice which cost him his life at the age of 33—an utterly needless loss of a life useful to the community and of priceless value to his family.—*Journal of The American Medical Association, December 13, 1902.*
W.

Specialties vs. Homœopathy.

Homœopathy is suffering "at the heart of things," because the faith delivered to us by the fathers is dying out, as in this age of skepticism all simple faiths are on the wane. Regardless of the splendid showing made in many directions by homœopaths, and in spite of the fact that the present age illustrates and exemplifies many phases of distinctly homœopathic teaching, with a measure of completeness which fifty or even twenty-five years ago no sane man would have dared anticipate, the single-minded, judicious, pains-taking, plodding practice of homœopathic methods is surely out of fashion, if not out of favor, among the so-called disciples of

Hahnemann. It is not intended to convey the belief here that the great majority of so-called homœopathic physicians are insincere; it is simply the purpose of the writer to emphasize the fact that the great bulk of the school are intellectually bewildered, do not know just where they stand, just what to believe, just what to expect, just what to do; and this bewilderment finds its most effective ally in the alleged wisdom of that veritable *ignis fatuus*: Try all things and hold fast to that which is good. The bulk of the schools are doing an immense amount of "trying" and "holding on," and in the desperate effort to be "up-to-date" in every respect, many of us have not found time to digest, to assimilate and to classify the facts which modern medicine has thrust upon the profession, or even to conceive more than an inkling of the fact that modern medicine, instead of destroying the foundation of Homœopathy, is only knocking to pieces some of the trimmings at the gable of the superstructure, and is with might and main strengthening the foundation by demonstrating the efficacy of the infinitesimal dose, of the single remedy, of drug-proving, and the superiority of clinical experience and of the symptoms (clinical history) of a disease over the isolated facts of bacteriology or any other single scientific department of medicine.

And here we, as homœopaths, can offer to the aspiring youth, who steps into the profession endowed with all the learning of the present day, a field of special work, if a specialty is the culmination of his heart's desire, which in lasting results eclipses any other specialty within the field of medicine. It may not, and perhaps we should at once say it can not, bring in as heavy a shower of gold as does the spraying of throats, or the cutting of urethral strictures at so much *per*, or the instilling into the eye of a sulphate of zinc solution at "three dollars a trip," or any one of a score of those charming lines of treatment which may be followed daily for many a moon—but it will yield reputation, positions in the councils of wise men, and enduring fame, to say nothing of that great satisfaction which comes with the performance of a task that not only is sadly needed, but the doing of which demands a high order of intellect, a modern training, an honest love of doing one's duty, and a correct, manly estimate of the real value of life. This specialty, tempting to a truly brave soul, is at present hardly cul-

tivated, and the majority of those who are engaged in it are associated with the past rather than with the present or the future; hence they lack some of the most essential qualifications, not in pluck or love of work, but in a practical knowledge of modern methods of research, of modern "technique." It is the specialty of modern homœopathics, embodying a classification of modern science with particular reference to homœopathic philosophy and an embodiment of modern scientific facts in the foundation and frame-work of Homœopathy. Mark you, not the adaptation of Homœopathy to modern medical science! The greater cannot be embodied in the lesser.—*Pacific Coast Journal of Homœopathy.*

It is a peculiar fact that the letters and other writings of De-Quincey, Carlyle, Darwin, Huxley and Browning, filled as they are with references to the continued ill-health of those great writers, have not before this suggested to the medical profession an opportunity for research into the causal factors of those physical conditions. Dr. George M. Gould's Biographic Clinics (P. Blakiston's Son & Co., Philadelphia), which is devoted to this neglected subject should, therefore, prove a most unique and valuable contribution to biographical and medical literature. The work is announced for publication in December.

Personals.

Dr. W. H. Schwartz is located at Taylor, Texas.

Dr. E. C. White, of Chicago, has gone to Peabody, Kansas, to take charge of the practice of Dr. E. P. Fewster, who is taking a course at the HERING-DUNHAM.

Dr. W. E. Ledyard has removed from Berkeley, Cal., to Sunol Glen, Cal.

Drs Colburn and Peebles, of Los Angeles, have recently opened a private hospital in that city. Their new address is 715 South Spring Street.

A Correction.

In the November JOURNAL we quoted a short paragraph from Dr. E. B. Nash's "*Leaders*," in which we made the Doctor accuse sundry physicians of flying from a bacillus "like a frightened cow." The Doctor informs us that in his part of the country cows do not fly, and to quote him correctly we should have said, "like a frighteued cow." We are forced to admit the validity of the Doctor's argument, and we hereby acknowledge our error. At the same time we cannot avoid harboring the belief that cow is the more appropriate word of the two, after all.

Lectures at the Hering-Dunham.

The students of the Hering-Dunham are looking forward to the most instructive course in Homœopathy that it has been the privilege of any class to enjoy. Prof. Kent, having finished his lectures on the principles of Homœopathics, with the first of the new year takes up his lectures on *Materia Medica* where they were discontinued last spring at the Dunham, and Prof. H. C. Allen begins his instruction in the practical side of the *Organon*. This year's graduates ought to do well in practice.

Book Review.

STEPPING-STONES TO NEUROLOGY —By E. R. McIntyer, B. S., M. D., Professor of Neurology in the Dunham Medical College. Boericke & Tafel. 200 pages. Price, \$1.25; by mail, \$1.33.

This little book contains the important points of all the nervous diseases. It is just the book for the student, and will be of the greatest aid to the busy physician who must hastily prime up in any given nervous disease. It takes a full man to write such a book. There is no work so difficult as condensation. Prof. McIntyer has been a successful teacher for many years and knows just what a student and the busy man needs. It is a difficult task to wade through the voluminous literature of nervous diseases when hunting for salient points. Here we find them. It is surprising that the author has got so much into this brochure.

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Department of Materia Medica.

Carbo Vegetabilis. 11.

Lecture by PROF. J. T. KENT.

In *Carbo veg.* the liver, like all the other organs, takes on a state of torpidity and sluggishness. It becomes enlarged. The portal system is engorged, and hence hæmorrhoids develop. Pain and distention in the region of the liver; sensitiveness and burning in the liver, accompanied by a bloated condition of the stomach and bowels. A feeling of tension in the region of the liver; the parts feel drawn, as if too tight. There are pressing pains in the liver, and it is sensitive to touch.

Much that I have said regarding the flatulence and fullness of the stomach applies also to the abdomen. *Carbo veg.* may be indicated in low forms of fever, as in septic fever, when there is a marked tympanitic condition, with diarrhœa, bloody discharges, distention and flatulence. Extremely putrid flatus escapes all the time, making the patient very offensive. A striking abdominal symptom of *Carbo veg.* is that the flatus collects here and there in the intestine as if it were in a lump; incarcerated flatus; a constriction of the intestine will hold it in one place so that it feels like a lump or tumor, that finally disappears. Colic here and there in the abdomen from flatus. There is burning in the abdomen. No matter what the trouble is, in *Carbo veg.* there is always burning. The part burns; it feels full; it becomes

engorged and turgid with blood. Diarrhœa, dysentery, cholera, when there is a bloody, watery stool. Cholera infantum; stool mixed with mucus; watery mucus mixed with blood. The child sinks from exhaustion, with coldness, pallor and cold sweat. The nose, face and lips are pinched and hippocratic. With all diarrhœic troubles the state of general prostration will indicate *Carbo veg.* fully as much, if not more than the stool. In the diarrhœa of *Carbo veg.* all the stools, no matter what kind, are horribly putrid, with putrid flatulence. The more thin, dark, bloody mucus there is, the better is the remedy indicated. Itching and burning and rawness of the anus and round about, are strong features of *Carbo veg.* Soreness—in all diarrhœic conditions—soreness to pressure over the abdomen. The abdomen is tender. Round about the anus, in children, there is excoriation. The parts are red, raw and bleeding, and they itch. If the little fellow can get his hand down there he will tear, and tear, and tear, to show there is itching. Itching of the anus in adults. Ulceration of the bowels. This tendency to ulceration of mucous membranes is in keeping with the character of the remedy. Wherever there are mucous membranes there may be ulceration. Aphthous appearance. Ulceration of Peyer's glands. The patient lies in bed and oozes involuntarily a thin bloody fluid, like bloody serum.

Old chronic catarrhal conditions of the bladder, when the urine contains a considerable amount of bloody mucus, especially in old people, with cold face, cold extremities and cold sweat. There is suppression of urine; no urine is manufactured.

In both the male and the female organs there is a state of weakness and relaxation. The male organs hang down. Prostration; relaxation of the genitalia; cold and sweating genitals. The fluids escape involuntarily.

In the woman the relaxation is manifested by a dragging-down sensation; dragging down of the uterus, as if the internal parts would all escape. The uterus drags down so that she cannot stand on her feet. All the internal organs feel heavy and hang down.

Another strong feature of *Carbo veg.* is dark, oozing hæmorrhage from the uterus. It is not so often a copious, gushing hæmorrhage—the remedy has that also—but it is an oozing. The

menstrual flow will ooze from one period almost to another. Just enough to compel a woman to keep on a napkin; the blood is putrid and dark, even black, with small clots, and considerable serum escapes with it. It says in the text: "Metrorrhagia from uterine atony." Atony is a good name for the condition; lack of tone; relaxation; weakness of the tissues. Atony is everywhere present in the *Carbo veg.* constitution. The muscles are tired, the limbs are tired, the whole being is tired and relaxed. Fullness of the veins; general enlargement. All of this favors atony of the uterus. This is in contra-distinction to the gushing found in *Belladonna*, *Ipecac*, *Secale* and *Hamamelis*, where the blood escapes in great gushes, followed quite naturally by a contraction of the uterus, for there is more or less tonicity in connection with it. In *Carbo veg.*, either in connection with confinement or menstruation, or in an incidental hæmorrhage, the uterus does not contract. Subinvolution from mere atony; no contraction; no tonicity; weakness and relaxation; a lazy condition of the parts. After menstruation, confinement and the various complaints that woman is subject to, there is a period of weakness that *Carbo veg.* often fits. When there is a retained placenta with scanty hæmorrhage—just an oozing, with no tendency to a gush of blood—it is astounding how soon *Carbo veg.* will bring on contractions. The physician may say: "In an hour from now, if that afterbirth does not come away, I must go in there with my hand and remove it." But he remembers that throughout the whole pregnancy and confinement there has been laziness and sluggishness and slowness of pains, and he says: "Why did I not think of *Carbo veg.* before?" The woman has needed *Carbo veg.* for a month. He administers a dose, and before he has time to think about it, the remedy will expel that placenta and fix up matters so nicely that he will not need the mechanical interference that might otherwise have been necessary.

Now-a-days we hear so much about this meddling midwifery, this curëting, and doing this and that and the other thing, that it makes a homœopathic physician disgusted. Just as if those parts were not made by Nature, and could not take care of themselves; as if they must be swabbed out and syringed out, and what not. These injections and bichlorides, etc., to keep the germs

out of a woman are all nonsense. A homœopathic physician can go out and manage hundreds of these cases, and have no trouble. If he sees clearly beforehand what remedy the woman needs there will be no bad cases; they will all take care of themselves. Irregular contractions that bring on abnormal conditions are all avoided if the woman is turned into order before she goes into confinement. *Carbo veg.* is one of the medicines that prepares a woman well for confinement, that is, the symptoms calling for *Carbo veg.* are often present in such conditions. She is often run down, relaxed and tired. Pregnancy brings about a great many unusual conditions. There is the nausea in pregnancy; the flatulence; the offensiveness; the run down condition; the weakness; the enlarged veins. They will tell you that the enlargement of the veins of the lower limbs is from pressure, but it is generally not from pressure, but from weakness of the veins themselves.

Suppression of milk; prostration or great debility from nursing. It is not natural for a woman in a healthy state to become prostrated when nursing her child. She becomes so because she is sick. She was in a state of debility before she began nursing, and the weakness should be corrected by an appropriate remedy. Then she can make milk and feed it to her child without feeling the loss of it. Such is the state of order. *Carbo veg.* is a friend to the woman, and a friend to her offspring. You will be astonished, after ten years of real good homœopathic practice, that you have so few deformed babies; that they have all grown up and prospered; that their little defects and deformities have been outgrown, and that they are more beautiful than most children, because they have been kept orderly. Every little chap should be brought up on the doctor's knee. The doctor watches and studies him, and feeds him a little medicine now and then, that the mother suspects is sugar, to keep on the good side of the baby. She need not know that it is medicine, or that anything is the matter with the baby. So he watches the development of that little one, and grows him out of all his unhealthy tendencies. The children that grow up under the care of the homœopathic physician will never have consumption, or Bright's disease; they are all turned into order, and they will die of old age, or be worn

out properly by business cares; they will not rust out. It is the duty of the physician to watch the little ones. To save them from their inheritances and their downward tendencies is the greatest work of his life. That is worth living for. When we see these tendencies cropping out in the little ones we should never intimate that they are due to the father or mother. It is only offensive and does no good. The physician's knowledge as to what he is doing is his own, and the greatest comfort he can get out of it is his own. He need never expect that anyone will appreciate what he has done, or what has been avoided. The physician who desires praise and sympathy for what he has done generally has no conscience. The noble, upright, truthful physician works in the night; he works in the dark; he works quietly; he is not seeking for praise. He does this when called to the house, and when members of the family bring little ones to the office. In this manner children can be studied and their symptoms observed and enquired into. Whenever the mother brings the child, expecting medicine, she may know that he is receiving medicine, but when she does not ask for medicine let her suspect that Johnnie is getting sugar so the doctor can get on the good side of him. That is sufficient.

In *Carbo veg.* the voice manifests a great many symptoms. I described a part of them when going over the coryza. I explained how it began in the nose, and traveled to the throat, the larynx, and the chest. Now, many of the complaints of the larynx begin with a cold in the nose, which finally locates permanently in the larynx—and in that way we bring out the *Carbo veg.* cases. It is only now and then that the *Carbo veg.* cold settles in the larynx first; it usually travels through the nose. Most remedies have a favorite place for beginning a cold. For instance, the majority of *Phosphorus* colds begin in the chest or larynx. Not so with *Carbo veg.*; its cold generally begins in the nose, with a coryza, and the larynx is simply one of the toll-gates, one of the stopping places. If the *Carbo veg.* cold goes down into the chest it may have its ending in the bronchial tubes or the lungs, or it may go back in the larynx and locate. This is a favorite place for it to settle, and it seems as if it were going to remain there. Colds that end in the larynx. Weakness in the

larynx from talking. Tired larynx of speakers and singers, and feeble, relaxed persons. The hoarseness comes on in the evening. The larynx may be fairly well in the morning, but as soon as it becomes evening his voice gets husky. In more serious forms he may be speechless in the morning, but hoarseness and huskiness in the evening are more characteristic. Huskiness and rawness, worse in the evening. Rawness in the larynx when coughing; a smarting, burning, rawness. These words all have the same meaning. Some will say there is burning, some will say rawness. Rawness in the larynx clear down into the lungs when coughing. A continual formation of mucus in the larynx, which he has to scrape and cough out. We see the same tendency to weakness in the mucous membranes. No tendency to repair; no tendency to recover. He goes on from bad to worse, with a catarrhal condition of the larynx and trachea. Hoarseness and rawness from talking, worse afternoon and evening. He is obliged to clear his throat so many times in the evening that the larynx becomes raw and sore. Let me tell you another thing about the *Materia Medica*. Most of the provers were laymen, and hence there is some confusion of terms in the provings. This the physician must see. Irritation in the throat from coughing nearly always means irritation in the larynx, though the prover said "throat." If you will think about it a little, and observe sometime when you have a cold, you will find that the throat produces no irritation, but that "an irritation in the throat causing cough," is in the larynx. Now here is an expression, "obliged to clear his throat so often in the evening that the larynx becomes raw and sore." Clearing the throat would not make the larynx sore. Scraping the throat does no scrape the larynx; but he is obliged to clear his *larynx* so often that the part feels raw. Ulcerative pain, scraping and titillation in the larynx. Irritation in the larynx causing sneezing. Laryngeal phthisis. This catarrhal condition and lack of repair in the larynx goes on so long that tuberculosis begins.

Carbo veg. is one of the greatest medicines we have in the beginning of whooping cough. Its cough has all the gagging, vomiting and redness of the face found in whooping cough. It is one of our best medicines when the case is confused; when the cough

indicates no remedy or when it remains in a partially developed state. A dose of *Carbo veg.* in such cases will improve matters very much, and minor cases of whooping cough may be wiped out in several days. When the remedy does not cure permanently, it brings out more clearly the symptoms calling for another remedy. Most cases of whooping cough, in the care of a homœopathic physician, will get well in a week or ten days under a carefully selected remedy. When allowed to run, they continue a long time, gradually increasing for six weeks, and then declining according to the weather. If it is in the Fall, the cough will sometimes keep up all winter; so whooping cough furnishes an opportunity for the homœopathic physician to demonstrate that there is something in Homœopathy

The *Carbo veg.* patient suffers very much from difficulties of breathing. Suffocation; can't lie down. A feeling of weakness in the chest, as if he could not get another breath. Sometimes it is due to cardiac weakness, and sometimes to stuffing up of the chest. The latter is most common. Sometimes the difficulty is asthmatic. The remedy cures asthma. We will see the patient—he cannot lie down—propped up in a chair by an open window, or some member of the family may be fanning him as fast as possible. The face is cold, the nose pinched, the extremities cold and he is as pale as death. He cannot breathe—cannot get another breath. Wants to be fanned. Put the hand in front of the mouth, and the breath feels cold. The breath is offensive; putrid. The extremities are cold clear to the body; not only the hands, but the whole upper extremities; and not only the feet, but the limbs clear to the body, are cold as ice. The body only feels warm; even the skin is cold.

Carbo veg. has a rattling cough with retching and vomiting. The patient will say gagging when coughing. A morning cough, with much rattling in the chest; the chest fills up with mucus, and on endeavoring to expectorate he coughs and gags, or coughs and vomits. At any time during the day a peculiar choking, gagging, retching cough may develop from the mucus in the chest. He cannot get it up; it is tough, purulent, yellow and thick. Greatly reduced vitality; great relaxation; worn out persons, old people. Persons worn out from coughing or from pro-

longed exertion. Prostration. Catarrh of the chest, with copious expectoration.

Some *Carbo veg.* complaints alternate. At times there will be a hard, dry, hacking cough, but finally, after prolonged coughing, it commences to loosen and he throws up great quantities of mucus. A dry, hacking cough, yet there is rattling in the chest, and the cough does not seem to do any good at all. He seems to cough and become exhausted, sweat pours out of him, and it seems as if he could not breathe again. It seems almost as if he would suffocate with the cough. Finally he succeeds in getting up some mucus, and then follows mouthful after mouthful of thick purulent expectoration. Frequent attacks of spasmodic coughing in violent paroxysms lasting for many minutes, sometimes for an hour. Remember the cold sweat, the coldness and pinched appearance of the face. This increases as he goes into the paroxysm of coughing. His face really looks haggard, so distressed does he become while in a paroxysm of coughing. This state is present in old phthisical cases, in the advanced stage, when they are absolutely incurable, and when they are going down to death slowly but surely. Under such circumstances *Carbo veg.* furnishes an excellent palliative. It seems to strengthen the muscles of the chest so that the patient can expectorate better. It mitigates the awfulness of the cough, and the mucus is expectorated easier; the gagging and retching and dyspnoea are relieved, and he is temporarily improved. *Carbo veg.* is an excellent palliative in these cases. It is a wonderful palliative in many incurable conditions with dyspnoea and weakness of the chest. In Bright's Disease, in phthisis, and in cancerous affections *Carbo veg.* stops the violent symptoms and mitigates greatly.

I mentioned whooping cough. This remedy is one of the medicines to begin whooping cough with. It simplifies the case greatly, and sometimes wipes it out in a few days. The patient coughs until the chest is sore, as if it had been pounded; as if he had been beaten all over the chest. All night he has these paroxysms of coughing. He coughs up the mucus, expectorates and clears the chest, and perhaps lies down and sleeps a little; but he sleeps into a paroxysm of coughing, like *Lachesis*. He rouses up from sleep with coughing, gagging, sweating and suffocation.

He will go two or three hours without a paroxysm, and then on comes one that will last an hour. He has two or three hard paroxysms of coughing during the night, and this keeps him from a steady all-night's sleep. He commences to fill up, he hears the rattling breathing and he knows that before long he will have a hard time of it.

This goes on, and on, and on, to the end of his life in asthmatic cases—what is called "humid asthma." Real humid asthma comes on in persons who suffer from contractions of the small bronchial tubes, so that even at the best there are little whistlings in the chest. Every time such patients take cold their whistling increases. They expectorate thick watery mucus, at first copious, then tough and finally purulent. During all this there is great asthmatic dyspnoea. *Carbo veg.* is an excellent remedy in all those cases of asthma where the shortness of breath is so marked that there is only a partial oxidation, as a result of which he suffers much from occipital headache. Old cases of recurrent asthma. Every time there comes a warm wet spell his asthma comes on. It comes on in the night. It is a common thing for *Carbo veg.* asthma to come on in the night. He goes to bed without any warning of an oncoming attack, only he says, "I don't like the weather;" and he wakes up with asthma. He wakes up suffocating, springs out of bed and goes to the window or wants to be fanned.

Carbo veg. comes in in old, badly-treated cases of pneumonia, with a remaining bronchitis; in cases where there has been hepatisation that was not cleared up, and there are bad places in the lungs and bronchial tubes, with weakness of the chest. Weakness of the chest when coughing. He feels that there is not enough force in the muscles of the chest to get up a good cough, or to help him to carry on the breathing. Pneumonia, third stage, with fetid expectoration, cold breath, cold sweat, desire to be fanned. Threatened paralysis of the lungs. This is a combination of clinical states that the remedy covers well. Sometimes these asthmatic cases go on for a while, and then comes an infiltration of tubercle. If *Carbo veg.* can be given early it will prevent the infiltration of tubercle.

There is a good deal of pain in the chest, most of it burning. Burn-

ing in the lungs; burning where the lungs ought to be; burning in the sides of the chest; burning with the cough; burning behind the sternum—the whole length of the trachea; burning aggravated when coughing; a sense of rawness even when breathing. As the air passes through the trachea it reminds him that there is smarting and rawness. He feels a load upon the chest all the time, an oppression, a great weight or heaviness. These are the various words that he uses, all descriptive of the same thing. Oppression of the chest. Many of these complaints come on with coryza. They are acute, just such as I have described in the general state of the remedy. Troubles commencing in the nose, with sneezing and copious flow of mucus. All these may disappear, and he may have the asthma. Or they may locate in the chest—although the larynx is the most common place—and then he will have the dyspnoea and the cough and the coldness.

The heart comes in for a great deal of trouble. It appears to be struggling. You get an idea that it is carrying on a great labor. Of course it is the venous side of the heart that is in distress. The veins are engorged. It is a venous condition of the whole patient; the veins are performing their labor with great difficulty. A state of relaxation, struggling, and there are orgasms of blood—described by some of the authors as an orgasm, by others as a tumultuous action of the heart felt throughout the body. Pulsation felt all over the body. Flushes of heat mounting upwards, ending in a sweat. Suitable sometimes for women at the turn of life. Especially suitable to persons in advanced years.

Most *Carbo veg.* complaints come on in a weakly state in young people; as if it were a premature old age in middle-aged people; or in the breaking down that naturally belongs to old age in aged people. It is a great comforter for aged people with enlarged veins, or fullness of the veins and coldness of the extremities. Oozing of blood, with visible palpitation. You can stand off and see the pounding as it goes on with tumultuous action of the heart. The pounding goes on like a great machine, shaking the whole bed.

The pulse is almost imperceptible. Feeble, weak pulse. It seems as though the volume of blood ought to be tremendous, but it is not. Weakness of the whole vascular system. Pulse irreg-

stent, frequent. Blood stagnates in the capillaries. limbs, cold sweat. Complete torpor; impending heart. Burning in the region of the heart. With a feeling of anxiety in the chest—in the region where we were going to die, or as if something were felt that tumultuous action and tires out

As I have said so much about the limbs, cold sweat, that I have practically covered the symptoms that belong to the extremities. *Carbo veg.* is a remedy for the general constitutional disorder. There are indolent varicose ulcers upon the lower limbs—the feet above and about the ankles. There is no activity in these ulcers; they will not discharge a healthy discharge; it is thick, bloody and ichorous. Burning indolent ulcers; varicose ulcers; swelling of the limbs. A gangrenous state from the extremely feeble circulation. Gangrenous condition such as old people have, called senile gangrene. The limbs wither; the toes and lower parts wither and look dusky. There are blisters upon them and they ooze a bloody, watery fluid. Burning like fire. Loss of sensation. Stiffness in the joints. Excoriating sweat upon and between the toes, and then numbness. Numbness in the limb lain on. If he lies on the right side, the right hand gets numb. If he turns over on the left side, the left arm gets numb. The circulation in the part is so feeble that if there is any pressure the part becomes numb. All these things, you see, are in keeping with the remedy. This gives you an understanding of the remedy. You do not have to memorize any particular thing to see the nature of this remedy. I hope you have not memorized a single word of it. It is something that you must think out, going over it and over it and over it. That is wholly different from committing a sentence to memory, and dwelling on the language of the sentence, forgetting all about the thought expressed in it. Think over the generals, how the patient himself is affected, and how all his parts are affected. The surface is cold. The extremities are cold. He is indolent, weak and always tired, with an aversion to both mental and physical work. Every little exertion brings on a feeling as if he would faint and collapse.

The sleep is full of awful dreams. He wakes up with dyspnoea; wakes with cold limbs, especially cold knees. Legs drawn up during sleep. Night full of dreams. Unrefreshed after sleep. The dreams he has are the kind that most of these patients have where the remedy acts so violently upon the veins, upon the basilar portion of the brain, and upon the voluntary system. They are awful. He dreams of fire, burglars, fearful and horrible things. Anxiety, restlessness and congestion of the head prevent his going to sleep. Rush of blood to the head. His head feels hot inside, but to the hand the skin feels cold. The inner chest feels as if burning, but the outer chest feels cold to the hand. So it is in the abdomen. The feeling of internal heat and burning, with external coldness, is a common feature of *Carbo veg.*, and is found in many organs.

Now, febrile conditions come in. The fever is violent; it has a violent rigor or chill. Of course during the chill he is cold, but there is one strange feature, he wants cold water during the chill, and when the fever comes on he has no thirst. That is strange; it is uncommon. After you have practiced awhile, you will notice that it is common for patients to be thirsty when they are hot with fever, and when cold not to ask for any water. It is common not to ask for water during sweat. But in this patient you observe coldness, rigor, cold breath, and even in the chill sometimes a cold sweat, and you say that it is peculiar that he drinks so much cold water. It is strange; it is uncommon; rare. Hence it is one of the strong features of *Carbo veg.* febrile conditions.

With the chill of this remedy one side of the body frequently feels in its natural state of heat, that is, naturally warm, while the other side is as cold as ice. That is very unusual. One-sided chill. Chill with icy coldness of the body. Chill with great thirst. Sweats easily, especially about the head and face. Exhausting night or morning sweats. Sweat profuse, putrid or sour.

In going over the conditions of the remedy you will call to mind what a feeble patient this *Carbo veg.* patient is, hence do not be surprised to hear that the sweat is putrid. The stool is putrid, eructations are putrid, flatulence putrid, ulcers putrid. The skin has a strong putrid odor, and there is a putrid odor to the sweat. Low

forms of fever like yellow fever, and a very low type of typhus and typhoid fevers. After the fever has somewhat subsided he has prolonged cold spells with lack of reaction. He does not seem to rally; but he is cold, his knees are cold, his breath is cold, cold sweat, a sort of paralytic weakness. Cadaveric aspect of the face. Cyanotic face. Coldness of the limbs. Yellow fever in the last stage, the stage of hæmorrhage, with great paleness of the face. Violent headache; trembling of the body; collapse with cold breath, cold sweat, cold nose. Nose and face pinched. From the great number of times I have repeated that in connection with the generals you will understand that it is a part of the nature of the remedy. Vital powers very low, tells a great deal of the story of *Carbo veg.* Lack of reaction after some violent attack, some violent shock, some violent suffering. In weakly persons who give right out, with dyspnœa, coldness, copious sweat, exhaustion, collapse and cadaveric aspect, *Carbo veg.* must be given.

Carbo veg. is indicated after surgical shock, when the patient goes into collapse, and is in danger of dying from the shock of the operation. This is before inflammation sets in, for there is not vitality enough to arouse an inflammation. The heart is too weak to establish reaction enough for an inflammation. Inflammation comes after a reaction. But if reaction does not take place, *Carbo veg.* is one of our most important remedies.

In the whole domain of surgery there is no field where so many ill-advised and unwarrantable operations have been performed as in the female pelvis. Could we be presented with correct statistics relative to the removal of ovaries and tubes we would simply be appalled at the great number of these organs that have been needlessly and ruthlessly removed. Not only has their removal been unnecessary but positively harmful. . . . Surgery, in this the morning of the twentieth century, can do better things than to castrate young women.—*J. W. Andrews, in the St. Paul Medical Journal.*

General Symptoms of the Materia Medica.

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LVII. Aurum Metallicum.

- Antipsoric, antisycotic, ANTISYPHILITIC.
 Black hair, dark eyes, ruddy or swarthy complexion; plethoric.
Children ; old people.
 Ailments from GRIEF, anger, CONTRADICTION, *disappointed love*, ABUSE OF MERCURY.
 SADNESS, SATIETY OF LIFE, *weeping mood.*
Aversion to company.
 EXCITABILITY; IRASCIBILITY.
 SENSITIVENESS TO PAIN.
Lack of self-confidence.
 ANXIETY; *restlessness*; fear.
 Mental dulness, *confusion*; *forgetfulness.*
Insanity.
Hysteria.
Sensation of constriction.
 Pains: TEARING, *burning*, *boring.*
Vascular erythism; ORGASM OF BLOOD; *congestion.*
 Varices.
 RIGHT SIDE; left side.
 Emaciation; of glands.
 Obesity.
 Induration; *of glands.*
Swelling of glands.
 Dropsy.
Exostoses.
 Caries.
Cancerous affections.
Fatty degeneration.
Ulcers.
 Condylomata; *warts.*
 < MORNING; evening; *night*; *cold*; BECOMING COLD; COLD AIR;

IN WINTER; LYING DOWN; motion; touch; warm room; mental exertion.

> *During the day;* MOTION; WARMTH; *pressure;* open air.

Remarks.

There is an intimate relation between the emotional or affectional side of the mind, and the heart and circulatory system. Therefore a remedy which profoundly affects the one will usually show a marked affinity for the other also. So it is with *Aurum metallicum*. The mental symptoms are the most prominent of all and constitute the guiding feature, but almost without exception they are associated with palpitation and vascular erythism. In the beginning the intellectual faculties remain intact. Forgetfulness, mental dulness, and difficulty in thinking and calculating, so characteristic of *Argentum* and kindred remedies, in *Aurum* are usually absent, although they may develop eventually, when the whole mind begins to go.

The typical *Aurum* patient has black hair, dark eyes, and a swarthy or even olive-colored skin. The remedy has occasionally done good work in blondes suffering from a scrofulous taint, but whatever the complexion, the face is usually ruddy, showing the marked tendency to plethora. It is useful in children; thin, puny, lifeless boys, or infants with hereditary syphilis. Also in old people with weak sight, heart affections and corpulency.

The action of *Gold* does not stop with mere functional derangement, for like all the metals, it culminates in serious tissues changes. The extremes of striking mental ailments and affections of the inert bones are thus represented in this drug, showing a therapeutic power sufficiently broad and deep to embrace all three of the chronic miasms. The effects of grief, anger, contradiction and disappointed love are frequently the exciting causes of trouble in the *Aurum* patient, although psora, sycosis or syphilis lies hidden beneath. *Mercury* is also to blame in many cases, and for mercurialization and syphilis combined *Aurum* is one of the best antidotes. It must be selected chiefly upon the mental symptoms.

The awful depression and melancholy produced by this drug is well known. It makes life a burden, and the contemplation of suicide a kind of morbid pleasure. Satiety of life is the key-note

to the whole remedy. It is the dominating feature in every ailment and under every circumstance. The patient is utterly without hope; he is moody, taciturn and irascible; he shuns his friends and hates his occupation; whether it be head-work or manual labor, it is distasteful to him and aggravates his symptoms.

With this melancholy there comes a lack of the fortitude necessary to withstand the exigencies of life. He is unable to endure pain; he becomes almost desperate and longs to die, whereas, formerly this oversensitiveness was not present. A lack of self-confidence induces the idea that he will never succeed in anything, that he is not accomplishing as much as he should, and therefore merits reproach; that he has lost the confidence of his friends; he weeps about it, and longs to die.

The woman is subject to hysteria with alternate sadness and gaiety, laughing and crying, palpitation, hysterical contractures, vaginismus and hysterical paralyses.

Insanity may be the final outcome. The symptoms already enumerated border very closely on such a condition. It usually takes the form of religious melancholy. The idea that there is utterly no hope of salvation is constantly present in the mind, and the patient sits and broods over it in silence; weeps or howls and prays in sheer desperation. This is not unlike some other remedies, but the difference, aside from the concomitant physical symptoms, lies chiefly in the intensity of the sadness and the ever-present determination to seek relief in death.

If the temptation to jump from a height or out of a window is strong in the *Argentum nitricum* patient, it is even stronger in the *Aurum* patient.

So much for a general survey of the mind. Next in relative importance come sensations. The sensation of constrictive pressure like a band is noted particularly in the chest, as in asthma, but it may occur in other parts. While sitting the knees feel as if bandaged.

The pains are especially tearing, burning and boring. Tearing in the teeth, the ears, in various parts of the head. Burning on the vertex, in the nasal and facial bones, the mastoid process, the liver, rectum, vulva. Boring occurs in the exostoses on the skull and bones of the lower extremities, in the right zygoma, the

shoulder, ankles and other joints, in the bones of the forearm and the fingers, and in the mastoid process. Boring pains in the bones at night are characteristic of syphilis, of *Mercury* and of the two combined. *Aurum* is antidotal in all three cases.

Irregularities in circulation are the rule, owing to the marked action of *Aurum* on the heart and the blood-vessels. Orgasm or ebullition of blood upward, congesting the head and face, causing the appearance of sparks before the eyes, with anxiety, palpitation, and sometimes fainting. Sensation as if all the blood rushed to the feet. Throbbing all over the body. Rush of blood to the chest, with asthmatic breathing, fullness and sense of constriction; congestion of the liver with enlargement, uneasiness and tenderness in the right hypochondrium; congestion of the kidneys, and violent erections of the penis—all traceable to the condition of the heart. The action on the heart is peculiar, first increasing the force of the beat and so indirectly inducing hypertrophy of the heart-muscle.

The veins are attacked, but in a lesser degree. From relaxation of their walls varices swell up in various parts of the body; the surrounding area of ulcers becomes bluish from turgid venous capillaries, and the old chronic liver subject always suffers from piles.

Although both sides are affected, symptoms predominate upon the right side.

Emaciation is of course to be expected in cases of long standing. It is of special interest in boys who are low-spirited, lacking in vigor, and whose testicles hang like mere shreds in the scrotum. Atrophy of glands is a general feature of *Aurum*, and this furnishes a good example of it.

Obesity is said to occur most commonly in the old man or woman who needs *Aurum*, but the importance of this fact is only relative. Symptoms indicative of fat about the heart, however, have been cured by *Aurum*.

The remainder of our synopsis deals chiefly with the tissue changes. These are for the most part identical with those of the secondary stage of syphilis. Enlargement and hardening of lymphatic and other glands; enlargement and induration of the submaxillary and parotid glands, sensitive to touch. Enlargement of the thyroid; goitre. Exostoses on the bones of the skull and the

lower extremities. Caries of the bones, of the mastoid, of the ossicles in the internal ear, and of the hard palate and nasal lamellæ. Ozæna with destruction of the nasal bones and cartilage; with discharge of stinking, transparent mucus.

Obstinate snuffles of infants, when there is syphilitic heredity, sometimes finds its simillimum in this remedy.

The induration may be found in any organ or part of the body. Induration of the tongue; of the uterus, suggesting a possible usefulness in cancer. *Aurum* has palliated many cases and cured some.

Dropsy occurs in connection with heart trouble, interstitial involvement of the kidneys and albuminous urine. Bright's disease.

Fatty degeneration is another form of tissue change attacking the substance of internal organs, as the heart, liver and kidneys. We may also have amyloid degeneration of the latter, but the fact should be borne in mind that *Gold* will do no good if the kidney was the primary seat of trouble. The nature of the remedy is to attack the heart first, and if the symptoms seem to indicate otherwise it will usually be found on closer study that the heart trouble existed previously but was not recognized.

The syctic vein running through the *Aurum* constitution exhibits itself in condylomata about the corona glandis and the anus, and in warty formations here and there over the body. If orchitis is present it is of chronic type with indurated testicle.

The morning aggravation seems to depend for the most part upon the venous sluggishness. He wakes unrefreshed, heavy and exhausted, as if he had not slept; bruised pain in the head with confusion of mind, not from mental weakness, for it is relieved on getting up and moving about. The cough and the asthma are also worse in the morning.

At night the bone-pains play havoc, and sleep is interrupted or impossible. Toothache, dyspnoea, palpitation and dry spasmodic cough (from sunrise to sunset) also come at this time.

I have noted an evening aggravation especially, because the sadness is often worse after dark. The regular nightly exacerbations may begin then (*e. g.*, dry cough), but they continue until the early hours of the morning. There is also a chill that is worse in the evening.

Aurum belongs to the chilly remedies. In spite of the plethoric habit, the patient who needs this remedy cannot stand the cold, and if he remains in it long enough to become chilled, rheumatism, neuralgia and other complaints are sure to follow. Hence *Aurum* complaints are prevalent in winter. Yet a warm room is sometimes very annoying and increases the suffocative heat that comes with the ebullition of blood. He has a strong desire for the open air, and generally feels more comfortable out of doors if the air is not too cold; but it must be remembered that even in mild temperature he may have vertigo and headache, and the stinging, burning pains and asthma may be made worse. Therefore, although craving the fresh, open air, he is sometimes aggravated by going into it.

Motion aggravates the headache and some of the painful symptoms, but this modality is far more important as a source of amelioration. When the bone-pains come on at night he must get up and out of bed and walk, and this relieves. Numbness of the extremities, evidently due to poor circulation, is also ameliorated by motion.

There is more disturbance from mental exertion than might be expected, although the mind may be clear and thinking in reality not difficult; still the act of concentrating the thoughts brings on a rush of blood to the head, headache and nausea. This is doubtless owing to the fact that the tendency to cerebral congestion favors and adds to the normal increase of blood in the brain during mental activity.

Touch aggravates sensitive parts, and so does pressure, but the latter for the most part relieves.

Aurum is not frequently indicated, but it is none the less important in its own distinctive sphere.

Errata.

Page 295, line 27, for "commenced," read "connected."

Page 328, line 2, for "heart motion," read "least motion."

The Uses of the Salts of Potash in Diseases of the Ear.

The most serious and important lesion produced by the alkali salts is paralysis of the heart muscles. The organs of respiration are not affected. The action of the potash poisons is on the motor centres of the heart muscles and not on the pneumogastric nerve. With this hint you would expect to find the Salts of Potash of use in great muscular weakness, what is termed paresis, such an exhaustion as accompanies convalescence from protracted diseases.

The Salts of Potash produce profound anæmia, increase all the secretions, especially the urine. Of all the innumerable habits of the civilized world, there are none that are so pernicious and produce so many incurable maladies as the universal habit of drinking the different alkali waters. The sufferer becomes emaciated as well as anæmic.

An alkali stomach does not favor the assimilation of food.

Kali patients are always tired and cold. Only in the most exceptional cases can the potash salts be indicated where there is fever; great sensitiveness to cold amounting to intolerance, a very important symptom. They are not affected by dampness as the *Calcareæ carbonica* patients, but only by cold. The time of aggravation of all the potash salts is from 2 to 5 A. M.

KALI BICHROMICUM.—Indicated generally, although not exclusively, for fat, chubby children; light-haired persons who are inclined to grow fat. Marked action on the mucous membrane, the fibrous tissue and many of the glands. It first causes violent inflammation associated with a great deal of redness and swelling, and an excessive amount of mucus from the over-action of the muciparous glands; this rapidly turns into fibrous exudate, with a tendency to formation of false membranes. The remedy has no effect on the bones, but shows a decided power of destroying cartilages.

Pathologically the ulceration of *Kali bichromicum* may be likened to a conductor's round punch; circumscribed, deeply pene-

trating, not spreading, without diffuse infiltration of the sub-mucous tissue, edges generally indurated resembling the ulcer of syphilis.

The characteristic exudations of mucous surfaces are ropy and stringy. This general characteristic exudation is not wanting in any part of the body.

Kali bichromicum has great prostration, wandering pains, which shift rapidly from part to part, not continue long at any place, and intermit; pains in small parts can be covered by a tip of finger. All symptoms aggravated at 3 A. M., or from cold and after eating, and ameliorated in the afternoon and from heat.

This remedy is indicated in earache, especially of the left side, when the pains are sharp and stitching in character and shoot up into the head, roof of the mouth, also down into the neck. The glands of the neck may swell, and the parotid gland on the side affected; and pains will shoot from the ear into the swollen glands. Inflammation of the middle ear, particularly when the membrana tympani is much congested. The membrana tympani and mucous surfaces of the inner ear are ulcerated. The pains in the ear are pulsating, especially at night.

The external meatus is swollen, inflamed and painful. The tenacious, stringy and purulent discharges distinguish *Kali bichromicum* from other remedies.

KALI CARBONICUM.—This is not as deep an acting remedy as is *Kali bichromicum*. It is not so destructive to the mucous membrane, but produces excessive irritation bordering on inflammation, yet not quite reaching that point. The mucous membrane under its influence becomes extremely dry, with sharp stitching pains. The *Kali bichromicum* patient complains of great chilliness; every time the patient goes out of doors he becomes chilly if the air is in the least cool, not having the normal resistance to temperature. The remedy is suited to old people and to fat people with lax fibre, and especially to anæmic persons. Discharge of liquid cerumen or pus from the ear. Stitches in the ear from within outwards with drawing behind the ears. Right ear is hot, left pale and cold; hearing impaired.

KALI IODATUM.—The action of this drug resembles very closely that of Mercury; it does not act on the higher tissues of

the body as does Bromide of Potash; disorganizes fluids and destroys tissues—as the fibrous—particularly the periosteum and its connective wherever they are found. The tendency of the drug is to produce infiltration, so that when it is thoroughly indicated there is an œdema or infiltration of the parts affected.

This remedy has but few ear symptoms, and these are usually of a syphilitic origin. Darting pains in the right ear. Severe tearing pains in the ear and mastoid. Boring pains in the ears. These conditions are worse at night. In the chronic proliferous form of catarrh of the middle ear there is a burning and scraping in the pharynx. The discharge from the ear is yellow and often blood-streaked.

KALI MURIATICUM corresponds to the second stage of inflammation of the serous membrane when the character of the exudation is plastic. It is indicated in the croupous or diphtheritic exudation of the mucous surface. The principal general characteristic symptoms are flour-like scaling of the skin, anæmia, strumous condition, follicular infiltration, hæmorrhage—which is dark, black, clotted or fibrous. The expectoration is thick, white and gray in character. May resemble the white of an egg.

The aurist has in *Kali muriaticum* one of the most useful and positive of all our remedies. It is one of the most beneficial remedies we have in the treatment of chronic catarrhal conditions of the middle ear. It is of great aid to hold in check those chronic catarrhal cases which go persistently from bad to worse before any permanent tissue-changes have taken place. It is chiefly suited to the second or later stages of catarrhal states of the nasopharynx and Eustachian tube, which, by continuity of the mucous membrane, extends to the cavity of the middle ear itself. There is deafness or earache from the swelling of the Eustachian tubes, with swelling of the glands of the neck. Granular condition of the external meatus and membrana tympani. Moist exfoliation of the epithelial layer of the tympanum, or a dry scaly proliferation of the epidermis of the walls of the external meatus with a tendency to atrophy of the parts. Discharges thick and white.

Crackling or snapping noises in the ears on blowing the nose or swallowing. Slowly progressive deafness, with or without subjective noises in the ears, and many times without pain conse-

quent upon slow proliferation, with interstitial thickening. The remedy is more frequently indicated in the non-suppurative than in the suppurative form. Discharges are white and thick.

KALI PHOSPHORICUM.—This remedy is indicated in conditions arising from want of nerve power. Atrophic condition of old people. Hæmorrhages of a septic nature. Exhausted mental condition after mental exertion or great strain. Restores muscular debility following acute diseases dependent upon enervation. This remedy has won its greatest laurels in those innumerable cases known as neurasthenia; anæmic conditions. Suppuration, with dirty, foul, ichorous, offensive discharges of pus. All symptoms are aggravated by cold air; worse after rest and when alone.

Kali phosphoricum is especially indicated in deafness from want of nerve perception, with weakness and exhaustion of the nerves of the whole body. Ulceration of the membrana tympani. Itching in the auditory canal. Noises in the ears from nervous exhaustion. Ulceration bleeds easily, shows little tendency to granulation. Hearing supersensitive; cannot bear the least noise. Suppuration of the middle ear, pus being watery, dirty, brownish and very foetid. Dullness of hearing with noises in the head.

KALI SULPHURICUM.—This remedy has but few symptoms that are of interest to the aurist. Ailments accompanied by profuse desquamation of epidermis. Mucous discharges are of yellowish color. Evening aggravation, with rise of temperature, or in a heated room.

Earache, with yellow, watery discharges. Inflammation of the ear and throat, involving the Eustachian tubes, with yellow, slimy discharge, causing deafness. Auditory canal filled up with poly-poid tissue. Suppuration of the ear when the secretion is thin, bright yellow or greenish. Pain under the ear, which is sharp and cutting, with piercing pains below the mastoid.—*Condensed from an article by Dr. S. S. Kehr, in Hom. Eye, Ear, Nose and Throat Journal.*

Department of Clinical Medicine.

Clinical Cases.

J. T. KENT, A. M., M. D., Chicago, Ill.

Latrodectus Mactans.

Mrs. S., aged seventy, had been suffering for about six months with violent pains in the chest, coming on every evening. Pain in the region of the heart, extending to the shoulders and left arm. Several physicians had recognized it as Angina Pectoris. These attacks had been coming on at about seven or eight o'clock in the evening, and lasting until after midnight. From the best description she could give me, I judged that they were most violent in character and attended with anxiety and fear of death. She broke out into a cold sweat; hands and arms became cold and numb. Her husband told me that he always feared she would never live through the attack, she seemed to suffer so dreadfully. She had taken morphine, quinine, and many other drugs, and had employed Old School and Homœopathic doctors.

Latrodectus Mactans cured within a week. It is now six months since she had one of these attacks, and she is still perfectly well.

Cadmium Sulphuratum.

John D., a young and vigorous blacksmith, was taken suddenly ill with vomiting in the night.

Great anxiety; thirst; red tongue; fever; awful and incessant retching. It seemed that he must soon die. Intense pain in the stomach; extreme tenderness of the stomach; water was vomited as soon as it reached the stomach; all the symptoms were worse from motion. He shrieked constantly, "Kill me! kill me!"

Cadmium sulph., one dose very high, was given, and he was soon at rest. In six hours he took some broth, and afterward made a rapid recovery.

Miss X., aged twenty-seven. In the last stage of cancer of the stomach.

Constant vomiting. Everything taken into the stomach, even water, vomited. Coffee-ground vomit.

Burning in the stomach like fire, day and night.

Emaciated to a skeleton.

Had been treated with morphine, which gave no relief.

Nausea and retching increased by motion.

Hot things ameliorated momentarily.

Cold things caused pain.

Great anxiety.

Cadmium sulph. 50m. kept her comfortable until she passed away several weeks later, and enabled her to take soups and simple liquid nourishment.

Clinical Verifications.

ELLEN HUTCHINSON GAY, M. D., Boston, Mass.

CASE I. Mr. H., portly, large features, fair hair and dark eyes, apparently in good general health.

Neuralgia in right supra-orbital region for two weeks.

Comes on at six o'clock each morning and lasts until eight.

No pain during the rest of the twenty-four hours.

The severity of pain increases each day.

Sixteen years ago he had a similar attack.

Was told then it was from malaria, and was given quinine in large doses by a "Homeopathic" physician.

The neuralgia at that time lasted for two months.

The patient insisted that there were no other symptoms.

Appetite, bowels and sleep normal.

Arsenicum c.m., one dose, cured this, as well as an obstinate constipation which had been present during the whole of the previous year and acknowledged only after cure.

CASE II. Mr. C., 60 years old, phlegmatic, weighing about one hundred and eighty pounds. I was called by telephone early on the morning of August 15th, and found that the patient had been sick for a day. He had taken some "drops" prescribed by the clerk at a drug store, also some Magnesia and "Pain Killer."

Face flushed.

Tongue bright red down middle; very white on sides.

Great thirst for ice-cold water.

Skin moist.

Abdomen very much distended; a feeling of severe pressure in upward direction with smothering sensation.

Pain in right ilio-cæcal region which comes on and goes suddenly. Shifts to foot, arm, elbow, ribs, back and upper edge of ilium, but all on right side.

Slight sensitiveness on pressure in right iliac region.

Stools: great urging in the rectum, action frequent. Sensation as if another action would follow; much water and gas with stool. The last action had relieved the pressure in abdomen for a time.

Sleep: Fell asleep very quickly between movements.

Several times the patient said: "Pain comes and goes very quickly and is so sharp."

Appetite: great hunger. Was given toast and tea before I arrived.

Pulse, 80.

Temperature, 102.

Belladonna c m., one dose, and S. L.

The family and patient were very anxious, fearing appendicitis, as five men from the same office had been operated upon for that disease and three had died.

At five o'clock I found that the patient had no pain. He had had one action at three o'clock, followed by slight griping.

Face natural.

Pulse, 72.

Temperature, 100.

Placebo was continued.

This man recovered with no further trouble and returned to his office in one week from the time of the first attack. This is not an example of brilliant prescribing, for it was a very simple case, but it beautifully demonstrates the power of the single dose.

Journal of Homœopathics

Devoted to the Interests of Pure Homœopathy

HARVEY FARRINGTON, M. D., EDITOR.

E. A. FARRINGTON, M. D., BUSINESS MANAGER.

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Editorial.

Homœopathy teaches that disease, since it depends upon a derangement of the dynamis or vital force, can be produced only by such agencies as are capable of affecting this subtle intangible principle of the organism, thus by causes which are above and beyond the ken of the microscope and the most delicate tests known to chemistry, and not by bacteria, which are after all the results of the miasms or morbid agencies, in spite of the fact that they may act as carriers of contagion. The belief that "toxins" are the real causes of disease is gaining favor among the most advanced thinkers of today. Even the great Virchow, who originated the idea that bacteria were the primal cause came to take the opposite view before his death, evincing a most admirable frankness in openly admitting that he was previously in error. Medical men who adhered to the former theory have been much puzzled by the entire absence of tubercle bacilli in abscesses and

infected synovial sacs, which according to all other signs were positively tuberculous. Recent experiments have demonstrated the same absence of the supposed cause of this disease in nursing infants, which are at times the subjects of its ravages, and the learned doctors are obliged to use the tuberculin test (like a dairy inspector) to arrive at a positive (?) diagnosis. Other confirmations might be cited.

But the ball which Virchow started rolling keeps on rolling, heedless of the great scientist's "change of heart." The hunt for "bugs" is not one whit abated. The eagerness displayed by the bacteriologist in his pursuit of new microbes is equalled only by that of the old alchemist in his search for the talismanic stone. Within the last eighteen months two French scientists have announced that they have discovered the bacillus of syphilis. Their honored names will doubtless pass down to posterity coupled with the true cause of lues. Oh, that all men were salamanders, or were fashioned of asbestos. How easy would the practice of medicine be! They could be fumigated, sterilized and asepticized with impunity, and disease would be wiped from the face of the earth! But to tell the truth, the average treatment of sick people in this age of progress is little better than what might be expected if their bodies were indestructible. Witness the antiseptic treatment of typhoid fever and the antitoxin fad. The list of serums now in use, most of them scarcely beyond the "experimental" stage, ranges all the way from Koch's lymph to anti-alcoholic serum. In former years the poor sufferer was tortured with setons, moxas, leeches, cuppings, powerful doses of calomel and jalap, ipecac and brimstone and treacle, after the manner of the old country doctor whose motto was supposed to be: "First, I puke 'em, then I sweat 'em; then if they want to die, I let 'em." At that time the physician bent his whole endeavor toward driving out the *materies morbi*. Since the perfection of antiseptic methods, medical men have become more temeritous. They no longer administer drugs by the circuitous passage of the alimentary canal, but inject them into the blood current or directly into the part where the seat of disease is supposed to be. The aim of therapeutic measures is still directed at a material cause in the tissues, even if it is a microscopic fungus. This has given rise to the

growing fad of the injection of fluids. The transfusion of normal salt solution to replace blood lost through hæmorrhage is undoubtedly one of the greatest achievements of modern surgery, and a boon to the human race. The use of the hypodermic in antidoting poisons is surely a great improvement over the older and slower way of administration, where a few minutes' delay might place the patient beyond help. The subcutaneous injection of cocaine in minor surgical operations is often the most convenient and efficacious method of anæsthetization, and sometimes a matter of necessity. These are useful and generally harmless expedients. It is the injection of antiseptic or medicinal substances in the endeavor to cure disease that we decry. If this were confined to the Old School, who know no better, it would merit but a passing notice. . But the craze is invading the ranks of the New School, and displacing to a great extent the proper use of the Homœopathic remedy. Where it will end no one can say. The injection of tincture of *Quercus alba* in the bloodless treatment of hernia may have helped a few cases, but there are reports of serious consequences following. The results following the introduction of iodoform or iodine into tuberculous joints, and the injection of carbolic acid into the circumference of carbuncles are known only to those who have received such cases fresh from the hands of these "scientific tinkers."

And now we hear of the introduction of iodoform into the anterior chamber of the eye as a "cure" for panophthalmitis after operation for cataract, and of the injection of fluids into the cavities of the heart itself. A certain Dr. Coakley, of Chicago, has been enjoying a large amount of free advertisement in the daily press, through interviews with his assistant, who described the doctor's apparatus and methods for "local treatment of the heart" to a reporter. The instrument used consists chiefly of a complicated apparatus for the exact regulation of the temperature of the fluid to be injected, and a very long and slender gold tube, called the "organotome" by its originator. This tube, armed with a sharp central wire, afterwards withdrawn, is pushed through the chest wall and into an auricle or a ventricle of the heart. Thus far only dogs and rabbits have been subjected to experimentation, but Dr. Coakley hopes to demonstrate his methods

before the Medical Congress at Madrid next April upon a human victim. What a future for medical science! Cardiac stimulants need no longer depend on the round-about path of the blood vessels to reach their destination; they may be delivered to the heart direct. The advantage of giving other remedies in the same way is also obvious. Just squirt them into the heart and it will pump them through the whole system in a few seconds. The spirilla of malaria may be met on its own stamping ground, for sulphate of quinine can now be thrown into the entire blood current at the first tremor of an oncoming paroxysm. Homœopathy's best results will be entirely eclipsed by the brilliant achievements of our modern discoveries in medicine!

But how soon will the present fad be replaced by another equally ridiculous? Not long ago a Regular practitioner of high standing in Philadelphia said: "In ten years all your antitoxin syringes will be in the ash-barrel, and you will be ashamed that you were ever guilty of using antitoxin for diphtheria." This prophecy need not be limited to anti-diphtheritic serum. The history of medicine for a thousand years is one series of kaleidoscopic changes. Homœopathy alone has remained unchanged during the century of its existence, and goes on curing in the old, simple, sure and speedy fashion, searching deep into the life-force for the real cause of disease and removing it, leaving pathology and the "bugs" to take care of themselves.

Christian Science.

In the November issue of *Anubis* (London) Dr. E. W. Berridge scores Mrs. Eddy and Eddyism in an article, entitled "*Christian Science: Weighed in the Balance and Found Wanting.*" The article amounts practically to a review of Mrs. Eddy's book. The doctor begins by reciting some of his experiences with faith-healers. He says: "I was told by a recent convert that I ought to read the inspired bible, Mrs. Eddy's '*Science and Health, with Key to the Scriptures.*' This I have done, taking the edition of 1902. The author asserts more than once that the mere reading

of her book has cured disease; if so then Homœopathy received an additional argument in its favor, for certainly I experienced more than one headache from wading through the deadly dull pages of that dreary volume, full egoistic assumptions, verbose and tautological to a degree."

By quotations from this book Dr. Berridge shows that Mrs. Eddy, while "blowing her own horn with no uncertain sound, denounces all other cults as mere human opinions, which, although they may show occasional gleams of divinity, are not 'scientifically Christian;' that she practically claims to have completed the imperfect teachings of Jesus, but that her dicta in many instances are at variance with her professed text-book, the Old and New Testaments. He shows further that she denies the inherent power of medicine—"unsupported by faith therein, the inanimate drug becomes powerless"—and claims that death following the administration of poison, even though physician and patient were expecting favorable results, is caused by human belief.

With one sentence at least the reviewer is in hearty accord; it is this: "Communications gathered from ignorance are pernicious in tendency." He adds, "Yea, verily."

How easy would be the practice of Homœopathy if we could see all our cases in the beginning. Cases in which complications hinder the proper action of the remedy, cases which are incurable, and those which die on our hands have usually come to us from some Old School practitioner who has bungled and mixed the symptoms with his "rational" application of drugs. At a recent meeting of the Sioux Valley Medical Association, Dr. W. O. Harvey of Omaha, in a paper on the "*Prevention of Diseases Peculiar to Women*," stated that mastitis, abscesses, fissured nipples and eczema of the breast were potent factors in the development of mammary carcinoma, and that therefore care should be exercised to prevent these primary troubles. Unfortunately Dr. Harvey and his colleagues are unable to prevent them in the great majority of cases. The homœopathic remedy properly administered is the only reliable preventive, not only of abscess, but of

superabundant scar tissue after an abscess has opened and begins to heal. Experience teaches that there is a smaller cicatrix and hence less chance of the ultimate growth of cancer when the remedy instead of the knife has been the means of bringing the trouble to a head. But it must be remembered that *Hepar* and *Silica* are not the only drugs that will do this.

It is not surprising that Homœopathy is held up to ridicule by the allopaths when prescriptions like the following appear in the columns of our homœopathic journals:

FOR CHRONIC NASAL CATARRH.

℞. Sodii Boratis 60.0 (ʒ ii.)
 Acidi Benzoici 0.6 (gr. x.)
 Misc. Fiat pulvis no. I.

SIG.—To half a tumblerful of water add half a teaspoonful each of the powder and glycerine. Use freely as a lotion.

B. A. V. OINTMENT, FOR ECZEMATOUS INFLAMMATION AROUND AN ULCER.

℞. Bismuth Subnit ʒii.
 Acid Salicylic ʒi.
 Vaseline lb. i.

M. SIG.—Use locally.

Our worthy homœopaths who are in the habit of prescribing cod liver oil and excusing themselves by the assertion that it is a food and not a drug, should take note of the following advertisement of a large drug house: "*Morrhual*, (Extractum *Morrhue* Alcoholicum). Alkaloids and all curative principles of cod liver oil."

Wanted.

WANTED.—Back numbers of the Journal of Homœopathics, volume I, 1897. Address B. X., care Journal of Homœopathics, 1400 North Spaulding Avenue, Chicago.

Obituary.

Timothy Field Allen,

1837-1902.

One by one the good old timers are dropping off, and their places are being filled by the younger generation, which, alas, is none too loyal to the truths of Homœopathy. Timothy Field Allen, although perhaps not so much of a "Hahnemannian" as Dunham or Lippe or Wells, nevertheless stood fast for the single remedy and above all for the integrity of our *Materia Medica*, of which he was an able and enthusiastic exponent.

He was born at Westminster, Vermont, April 24, 1837, and died in New York, December 5, 1902. After graduating from Amherst College in 1858, he entered the medical department of the New York University. In 1861 he received his diploma as Doctor of Medicine, and was awarded the degree of Master of Arts by his former Alma Mater. When war was declared against the South he enlisted as acting assistant surgeon and saw active service at Point Lookout. On his return to private life he entered into partnership with Carrol Dunham.

From this time on his success in medicine was assured, and at the time of his death he enjoyed a widespread reputation as an expert in the medical and surgical treatment of the eyes, as a teacher of *Materia Medica* and as an author. He was for a short time professor of chemistry in the New York College for Women, but he left that institution to become professor of anatomy in the New York Homœopathic Medical College and Hospital; but not until his appointment to the chair of *Materia Medica* and Therapeutics and the directorship of the laboratory of experimental pharmacology did his real life-work begin. In 1874 he began the compilation of the *Encyclopædia of Pure Materia Medica*, finishing the ten large volumes of this magnificent work in five years. Until the completion of the *Guiding Symptoms*, this was the only exhaustive text-book on the subject, and has by no means been superceded by Hering's posthumous work. The *Encyclopædia*

was soon followed by the *General Symptom Register of the Homœopathic Materia Medica*, which is the repertorial index, and, later, by the *Handbook of Materia Medica and Homœopathic Therapeutics*, containing the pith of the larger work interspersed with numerous clinical notes from the author's wide and varied experience.

He was also editor of a revised edition of Bœnninghausen's *Therapeutic Pocketbook*, and, with the collaboration of the late George S. Norton, wrote a monograph on *Ophthalmic Therapeutics*, which comprised material collected through his close identification with the New York Ophthalmic Hospital, whose president he was at the time of his death. Many other smaller works and contributions to current literature came from his pen.

Besides his interest in *Materia Medica* he was a great student of botany. He was a charter member and one of the directors of the New York Botanical Garden. He was also a fellow of the American Association for the Advancement of Science and of the New York Academy of Science.

Dr. Allen always took an active part in medical society work. He was president of the Homœopathic Medical Society of New York in 1876 and of the American Institute of Homœopathy in 1885.

His work has been manifold and varied, but it is especially as the compiler of the great *Encyclopædia* that the name of Timothy Field Allen will go down in the annals of Homœopathy.

H. F.

Book Reviews.

A MANUAL OF HOMŒOPATHIC MATERIA MEDICA.—By J. C. Fahnestock, A. M., M. D. Published by the Author. Piqua, Ohio. 1901. 16 mo. 246 pages. Cloth, \$1.50; flexible cover, \$2.00.

This neat little volume, in point of conciseness approaches the ideal manual, containing much valuable information concerning one hundred and eighty-six drugs. Here and there important symptoms have been omitted, such as the crawling, biting of

Agaricus, the aversion to being looked at of *Antimonium crudum*, the tendency to the formation of pseudo-membrane so characteristic of *Bromine*, and the peculiar aggravation from thinking of complaints in *Oxalic acid*. But one side of each leaf is left blank so that additions may be readily inserted. The treatment of good old *Sulphur* is exceptionally fine. When one wishes to get at the salient features of a remedy without having to wade through the long array of symptoms in Allen or Hering, Fahnestock's manual is a handy little volume to have.

H. F.

CATS.—How to Care for Them in Health and Treat Them when Ill. By Edith K. Neel. Boericke & Tafel: Philadelphia. 1902. 48 pages. Cloth, fifty cents.

Animals under domestication are more liable to disease than when in the wild state. This is especially true of thoroughbreds which have passed through many generations in this unnatural environment. Those who are fond of cats and are aware that Homœopathy is just as good for animals as it is for man, will certainly appreciate this little volume by the mistress of Lake Keuka Cat Kennels. The author shows a knowledge of correct practice when she advises stopping the remedy as soon as improvement is noticed, and again when she says that in constipation from worms the former and not the latter should be treated. This is offset to some extent by her recommendation to alternate in certain instances. Animals need but few remedies, and respond more quickly to the action of the right one than human beings do, so that the use of two medicines in alternation is no more justifiable in the one case than in the other. *Sulphur* and *Psorinum* should have been included in the list of remedies for eczema, the latter not only because of its usefulness in skin eruptions but also because of its wonderful ability to correct a general nondescript condition characterized by emaciation, unkempt appearance of the coat and sometimes by stunted growth. The indications for remedies throughout the book are well selected and when taken together with the directions for general care and feeding furnish an excellent little manual.

H. F.

Lectures on Homœopathic Philosophy

JAMES TYLER KENT, A. M., M. D.,

Professor of Materia Medica and Homœopathics, Hering-Dunham Medical College and Post Graduate School of Homœopathics.

Every physician who desires the greatest success in the practice of Homœopathy should own a copy of this book. These Lectures, delivered originally at the Post Graduate School and reprinted in revised form from the *Journal of Homœopathics*, are based upon Hahnemann's Organon and the Chronic Diseases and present in clear, comprehensive form and the teachings of those works, together with much valuable information as to the handling of difficult, acute and chronic cases, drawn from the wide experience of the author.

299 Pages. Price, \$2.00, postpaid.

KENT'S REPERTORY

This work represents twelve years of careful research through the whole field of Homœopathic literature. Besides possessing the advantages of all other repertories, far surpasses them in point of completeness and arrangement, which is simplicity itself. It is divided into MIND, SENSORIUM, HEAD (External and Internal), EYE, EAR, NOSE, FACE, MOUTH, THROAT, EXTERNAL THROAT, STOMACH, ABDOMEN, RECTUM, STOOL, BLADDER, KIDNEYS, PROSTATE GLAND, URETHRA, URINE, GENITALIA, MALE and FEMALE, LARYNX and TRACHEA, RESPIRATION, COUGH, EXPECTORATION, CHEST, BACK, EXTREMITIES, SLEEP, CHILL, FEVER, PERSPIRATION, SKIN, GENERALITIES, the latter section containing more than can be found in Boenninghausen's Pocket Book. The ease with which a given symptom or rubric may be found and the exhaustive nature of the work render it the most serviceable repertory on the market.

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Department of Materia Medica.

Belleborus Niger.

Lecture by PROF. J. T. KENT.

There is one condition that is ever present in Hellebore. It is stupefaction. In all of its complaints stupefaction occurs in greater or less degree. Sometimes it is a complete stupor, sometimes a partial stupor, but it is always akin to stupefaction and sluggishness.

Hellebore is useful in affections of the brain, the spinal cord, the general nervous system and the mind, but especially in acute inflammatory diseases of the brain and spinal cord and their membranes, and in troubles bordering on insanity. There is a peculiar kind of imbecility or stupefaction of the body and mind. Sluggishness. The extreme state is complete unconsciousness, which is found in the mental state. Complete unconsciousness in connection with cerebral congestion, or inflammation which has gone on to hydrocephalus, cerebro-spinal meningitis, or cerebro-spinal inflammation, or inflammation of the brain, with stupefaction. Even early in the disease Hellebore lacks the wildness and acute delirium found in *Stramonium* and *Belladonna*. It is passive. Again, it fits in after the wildness of the delirium has passed away and the patient has settled down into a state of stupefaction. The patient lies upon the back, eyes partly open, rolling the head, mouth open, tongue dry, eyes dazed and lusterless, staring into

space. Staring at the individual talking. Waiting a long time to answer, or not answering at all.

Violent attacks of brain trouble frequently come to a sudden end, but those that are more passive linger, and that is where Hellebore comes in. The Hellebore case will linger for weeks and sometimes months in this state of stupefaction, gradually emaciating. He lies upon the back with the limbs drawn up; he looks pale and sickly. When questioned he answers slowly. The text says: "Stupefaction bordering on insensibility." Another common expression is: "Diminished power of the mind over the body." The muscles will not act; they will not obey the will. It is a sort of a paralytic state, but "stupefaction" expresses it. Cannot project ideas; cannot rivet the attention; cannot concentrate the mind. The patient appears semi-idiotic,—of course, without the characteristic shape of the idiot head.

Delirium is not common, and when present it is muttering. There is more stupefaction, more "do nothing," more "say nothing," than delirium. Yet there is evidently confusion of mind; he cannot think. In many instances, very late in the disease, the patient can be roused up, and he will act as if he were attempting to think, as if he were attempting to answer, attempting to move. But he simply stares at the doctor with eyes partly open and a dazed expression on his face.

When questioned the Hellebore patient is not able to tell you what he has in mind, unless considerably aroused and agitated. But when so aroused he will talk about spirits, or say that he sees devils. He sees in his imagination those images that he has read about, or seen pictured, as the devil, with horns and a tail. A young person who had never heard of the devil, or of spirits, would not have that form of hallucination in his delirium. The hallucinations are shaped in accordance with what he has been taught to imagine.

Hellebore has a peculiar quasi-hysterical condition—a form of insanity. She imagines she has sinned away her day of grace. Like *Aurum*, she believes that she is doing wrong, that she is committing an unpardonable sin. That is as near as the remedy approaches to insanity.

With all this, when unconscious, there is a great deal of stupe-

faction and sluggishness. The following is a clinical statement which is not observed in accordance with the proving: "An old woman having been accused of theft by the women around took it so much to heart that she hanged herself. This suicide produced such an effect on the women of the village that one after another accused herself of having caused the death of the old woman" etc.

The most striking type in Hellebore is the sick child. It comes in especially in children between two and ten years of age. The staring—lying on the back and staring at the doctor with half-closed eyes while he is waiting for an answer to his question—is typical of the remedy. Sometimes the lips move without any sound. The lips move as if the child wished to say something, but on further questioning the words he wished to speak are lost, forgotten.

In hydrocephalus there is a sharp scream, the brain cry. The child will cry out in sleep. He will carry the hand to the head and shriek, like *Apis*. But the *Apis* hydrocephalus is far more active and acute. The *Apis* patient kicks the covers off; this patient does not mind the covers, he does not mind anything. He is not easily disturbed. He lies upon his back with the limbs drawn up, often making automatic motions with the arms and legs. Sometimes one side is paralyzed, but the other keeps up these automatic motions.

Hellebore is useful in the low form of disease known as "apathetic typhoid." These same symptoms guide to the remedy. Dull; indifferent to all external impressions. Rarely much disturbed by being touched, or by being covered too warmly, or by not being covered at all. He does not seem to be sensitive to heat, or cold, or pricking, or handling, or pinching. Listlessness. What is called in the text "stubborn silence" is more an apathetic silence, an inability to speak. It appears as if he refused to answer, but he does not; he does not know how to answer; he cannot think.

Fixed ideas in persons who are said to be just a little "off their balance," a little queer. And that fixed idea will stay; there is no use trying to argue him out of it. The woman gets a fixed idea that she is going to die on a certain day—and nothing can

get it out of her head. This is not like *Aconite*, because there is no fear of death. *Aconite* has fear of death and fixes the time of death. Fixed idea that she has committed some sin, which she will at times name and describe, or perhaps only mention vaguely—but it is very real to her.

When able to be about the patient appears to be sad, because she sits and says nothing, and seems to be in a woful mood. But there is not that great lamentation, with walking the floor and wringing the hands, that we find in *Aurum*. It is an apathetic state; she appears sad and melancholy, whereas perhaps she does little thinking. Any attempt at consolation, so long as the patient is able to think, only aggravates the trouble. Like *Natrum muriaticum*, the complaints are aggravated by consolation, but the complaints of *Natrum muriaticum* are not at all like these. If the Hellebore patient is able to meditate upon his symptoms, they seem to grow better.

Sometimes there are convulsive motions in this remedy, but they are more likely to be automatic. Motions that seem to have nothing to do with the will. He simply makes motions, like one moving in an absent-minded state.

The Hellebore patient is benumbed everywhere. The whole sensorium is in a benumbed state, a stupefaction, a blunting of general sensibility. The text says: "Vision unimpaired." Nevertheless he sees imperfectly; he does not regard the object his gaze is fixed upon; that is, his range of vision appears to be correct, yet if questioned a little as to what he saw, he has no recollection of it; it has made no impression upon his memory or his mind.

Vertigo, with nausea and vomiting. Vertigo from stooping. With the general stupefaction the head rolls and tosses. You will notice that the child lies upon his back and rolls his head from side to side. The eyes are partly open, and he keeps boring the back of his head into the pillow. This is partly unconscious and partly to relieve the drawing the muscles of the back of the neck. These muscles keep shortening, as the disease progresses, just as they do in cerebro-spinal meningitis, until the head is drawn back as far as it can go.

There is burning heat in the head; shooting pains; pressive

pains in the head from congestion. Violent occipital headache. Dull aching in the occiput; benumbed feeling in the occiput. A feeling like wood; fulness, congestion and pressure. The headaches, the motions of the head and the appearance of the face are those occurring in congestion of the brain. I have seen children, after passing through a moderately acute but rather passive first stage, lie in this stupid state, needing Hellebore for weeks before they received it. When it was given, repair set in; not instantly, but gradually. The remedy acts slowly in these slow, stubborn stupid cases of brain and spinal trouble. Sometime there is no apparent change until the day after the remedy is administered or even the next night, when there comes a sweat, a diarrhoea, or vomiting—a reaction. If the child has vitality to recover, he will now recover. If the vomiting is stopped by any remedy that will stop it, these signs *must always be left alone*. They must not be interfered with; no remedy must be given. They are signs of reaction. If the child has vitality enough to recover, he will now recover. If the vomiting is stopped by any remedy that will stop it, the Hellebore will be anti-doted. Let the vomiting or the diarrhoea or the sweat alone, and it will pass away during the day. The child will become warm, and in a few days will return to consciousness—and then what will take place? Just imagine these benumbed fingers and hands and limbs, this benumbed skin everywhere. What would be the most natural thing to develop as evidence of the rousing up of this stupid child? It is necessary for you to know this. It is not really a part of the teaching of the homœopathic materia medica, but you must know what to expect after giving this remedy. It is a clinical observation which you will see if you see Hellebore cases, and *Zincum* cases. *Zincum* is, if possible, even more profound in its dreadful state of stupefaction than Hellebore. Well, that child's fingers will commence to tingle. As he comes back to his normal nervous condition, the fingers commence to tingle, the nose and ears and eyes commence to tingle, and the child begins to scream and toss back and forth and roll about the bed. The neighbors will come in and say, "I would just send that doctor away unless he gives something to help that child;" but just as sure as you do it you will have a dead baby in twenty-four hours. That child is getting well; let him alone. You will never be able to manage one of

these cases if you do not take the father into a room by himself and tell him just how the case will proceed. Do not take the mother; do not tell her a word about it, unless she is an unusually excellent mother, because that is her child, and she is sympathetic, and she will cry when she hears that child-cry; she will lose her head and will insist upon the father turning you out of doors. But you take the father aside before hand and tell him what is going to happen; explain it to him so he will see it for himself; and tell him that if this is not permitted to go on, that if the remedy is interfered with, he will lose his child.

It is not so much the awful pains, but it is the itching, tingling and formication that cause the appearance of extreme agony. Sometimes in every part of the child's body it is a week before all these symptoms go away of themselves—but they *will* go away, if let alone.

All this will make you nervous. Do not stay and watch the case too long, because if you do you will change the remedy. I never heard of one solitary cure like these in the hands of an Old School doctor.

The face has a very sickly appearance; sunken; gradually emaciating. It has a sooty appearance, just as if soot had gathered from the air and had settled in the nostrils and in the corners of the eyes. You will say that the patient is going to die. Quite likely—without Hellebore. The remedy fits the kind of cases that the allopath knows nothing about and has no remedy for. His prognosis is always unfavorable. The face, of course, expresses the mental symptoms. Wrinkled forehead, bathed in cold sweat. Paleness of the face and heat of the head. Twitching of the muscles of the face. We find that kitting of the brow and wrinkling of the forehead in just this kind of brain trouble. We find a similar kind of wrinkling in *Lycopodium*, but the trouble is all in the lungs. In this remedy the nostrils are dilated and sooty. Not much flapping, just extremely dilated. The eyeballs are glassy and the lids sticky.

There is violent thirst in these fevers, and unusual canine hunger. The nausea and vomiting are nondescript. In the early part of the proving there are diarrhoea and dysentery; with copious white gelatinous stool; stool consisting solely of pale tenacious mucus. And then comes paralytic constipation, and these pros-

trated, emaciated brain cases, such as I have described, will lie for days without stool, or any action of the bowels. After a day or two they will not even respond to injections. Little, hard, dry stool. Again, when reaction comes, it very commonly comes with a diarrhoea, or a sweat, or vomiting; perhaps with all three of these conditions.

The urine is retained or suppressed; sometimes it dribbles away—passes unconsciously. Urine passed in a feeble stream; bloody urine.

The patient lies on his back, with his limbs drawn up; or slides down in bed. After these complaints pass away, the limbs may become dropsical, and then Hellebore is not suitable. Great debility; great relaxation; the muscles refuse to act. Convulsions of sucklings. Epilepsy with unconsciousness. Traumatic tetanus. Constant somnambulism; cannot be roused to full consciousness. Soporose sleep.

Viola Odorata.

The Clinique for January contains the report of a case of uterine fibroid in a woman forty-two years of age, in which the pain and dragging due to the increasing size and weight of the growth were relieved by packing bruised violet leaves over the abdomen and in the vagina. The woman had heard that this was a good domestic remedy for pain, and after consulting her physician, whose galvanic treatment had ceased to benefit her, she began using the crushed leaves in April, 1902. Two months later she made the following report:

The bearing-down sensation had disappeared; she could walk without fatigue; she slept well, whereas formerly the pressure of the tumor had caused restlessness and insomnia; she was in better general health and more able to work than she had been for many years; she suffered absolutely no pain in the pelvis, and she was entirely free from vesical or rectal tenesmus.

The woman afterwards used an infusion of violet leaves, and in the following December this was still doing good work. in spite of the fact that examination showed the tumor to be undiminished in size.

General Symptoms of the *Materia Medica*.

30111. *Baptisia Tinctoria*.

HARVEY FARRINGTON, M. D., H. M., Chicago, Illinois.

ZYMOTIC FEVERS.

Mental confusion ; difficult concentration; *unconsciousness*.

Aversion to mental exertion.

RESTLESSNESS.

Delirium ; DELUSION THAT THE BODY IS DISMEMBERED AND SCATTERED ABOUT THE BED, *or that it is double*.

VERTIGO.

Faintness; PROSTRATION.

Bruised soreness.

PUTRESCENCE.

Enlarged glands.

Hæmorrhage.

Paralysis.

< *morning* ; EVENING ; night.

Remarks.

The intrinsic nature of *Baptisia tinctoria* is summed up in the one word *typhoid*. The essential features of the remedy are so intimately related to the well-known group thus tersely expressed that the ailments it cures, even when lesions of Peyer's glands are out of the question, are nevertheless qualified by a strong typhoidal element, or tend toward typhoid fever. This is because *Baptisia* acts profoundly on the cerebral centres and on the blood. A description of the kind of typhoid case for which it is suitable will therefore serve as a starting point in illustrating the general characteristics. Whether early or late, prostration and offensiveness are the dominating features. The very serious conditions depicted by the well-developed type of *Baptisia* typhoid show that it is most needed in the later stages of the disease, but it may be the remedy from the very beginning. The premonitory signs are general weakness, unsteady gait, malaise, bruised soreness, back-

ache, dull headache with pressure at the root of the nose and soreness of the eyeballs vertigo with faintness, mental torpor and a peculiar "wild scattered feeling" in the head, like the excitement preceding a delirium, producing an inability to collect and concentrate the thoughts and a consequent aversion to mental effort. Towards night there is some rise in temperature, the wild feeling grows worse on closing the eyes, and sleep is disturbed by dreams of excessive physical exertion, running, climbing, and by frequent nightmare, from which he wakes in a burning heat and wants the windows thrown open.

If the remedy be given at this point, the whole trouble may subside; but it is sometimes difficult to recognize the picture of *Baptisia* in the early hours, and *Gelsemium* or some other remedy may be given, with only palliative effect. The disease is not aborted, and proceeds upon its regular course. The face grows dusky red and turgid, and, as intelligence is replaced by stupor, it assumes a truly besotted appearance. Delirium of a low muttering type comes on, and the "wild scattered feeling," previously indefinite, now takes the form of a delusion that the body is dismembered and scattered over the bed, and the patient tosses about in an aimless endeavor to get the parts together again. The muscular soreness is now so acute that no place in the bed feels soft enough, and this combines with the mental state just alluded to, to produce extreme restlessness, which may continue even after the increasing prostration makes motion impossible. The patient lies like a log, totally indifferent to all surroundings or lost in profound stupor, from which he may be aroused and perhaps answer a question correctly, but he immediately lapses again into unconsciousness.

The mouth is smeared with sordes, the gums are spongy and bleeding and the tongue, when protruded, shows a dark brown center with red borders. There is soreness and gurgling in the right iliac region. A horrible stench fills the room. The yellow papescent stool, the viscid saliva, the sweat, all the secretions, fill the room with a penetrating pungent odor that remains long in the nostrills after gaining the open air. At length petechiae appear on the skin, and black blood comes away from the anus.

Now we do not intend to intimate that the remedy should be given on the name of the disease, but for the sake of further il-

lustrating how the special features of Baptisia characterize the case, no matter what it may be called, we shall mention several points that clinical confirmation has brought within the remedy's positive sphere of usefulness.

In throat troubles, for instance, the bruised soreness, the mental state, the fœtor and above all the prostration are sure to be present.

We can readily conjure up a picture of diphtheria and malignant or gangrenous sore throat. We should note in this connection that the mucous membranes are horribly ulcerated, that there is surprising absence of pain, and that owing to a peculiar paralytic condition only liquids will go down without choking. As particular instances of the tendency to paralysis exhibited in the general prostration, may be mentioned the occasional ptosis, or the paralysis of the whole of one side of the body. The cervical glands are enlarged. In certain cases of ulcerative stomatitis Baptisia may be required to stop the ulcerative process.

Again in eruptive diseases, such as scarlatina, small-pox or measles, the Baptisia state may supervene. It must be a malignant case or one that is going into a typhoid state. The eruption ulcerates, is interspersed with dark ecchymoses, and prostration and stupor progress to an alarming degree.

An arthritic tendency is illustrated by gout. Here the peculiar Baptisia delusion, which always includes the idea of division or multiplicity, persuades the prostrated, comatose patient that one toe is conversing with the other.

As further instances of glandular involvement we may mention mumps, orchitis and bubo, the general symptoms of course deciding the choice.

THE ENNO SANDER PRIZE of the Association of Military Surgeons of the United States, for 1903, will be awarded to the author of the best essay on *The Differential Diagnosis of Typhoid Fever in its Earliest Stages*. The Board of Award will consist of Dr. Austin Flint, New York; Colonel Calvin DeWitt, U. S. Army and Prof. Victor C. Vaughn, Ann Harbor. Full information regarding the contest may be obtained from the Secretary of the Association, Major J. E. Pilcher, Carlisle, Pa.

Department of Homœopathics.

A Plea for Homœopathy in the Treatment of the Diseases of Women.

CHAS. THEO. CUTTING, M. D., Newtonville, Mass.

Let us visit any one of the homœopathic dispensaries in the large cities to-day, and we find women of all ages and nationalities waiting patiently for the busy gynæcologist to give them a few minutes of his time. They pour into his ear symptom after symptom, and are then subjected to a digital examination, the speculum is introduced, local applications are made, tampons or pessaries inserted, and a medicated douche prescribed. Strange to say, we see these same women there day after day, week after week, aye, month after month, and in the end they are only partially relieved, if at all. Many times the disease, or what perhaps was only an acute manifestation of some psoric condition, has been suppressed, or a deep-seated constitutional disease has been developed.

The patient is then handed over to the surgeon, or, becoming disgusted with Homœopathy and its exponents, seeks the allopath, and another failure is laid at our door. Can we wonder?

Did I say "*homœopathic*" dispensaries? Blush, ye would-be disciples of Hahnemann, false followers of that great man! That institutions bearing the name of the glorious system of medicine he founded should descend to such foul practices, violating every law of Homœopathy! Cannot our principles be relied upon to-day as they were of old, or are we so engrossed with scientific research that we have no time for the study of the *Materia Medica*?

The glory attendant upon operative procedures in the realm of gynæcology in the last few years has unfortunately had the effect of obscuring, to a great extent, the medical treatment of many disorders of the female. That a reaction has set in is evidenced by the recent publication of numerous text-books upon non-surgical gynæcology, the whole trend of which is to emphasize the im-

portance of constitutional conditions as causative factors in the production of diseases of women, and the absolute necessity of treating such *causes* before the local manifestations can be cured.

Conservative physicians of all schools throughout the world are endeavoring to restrict the always unpleasant and often disastrous surgical operation to those cases in which medical treatment has been persistently and judiciously applied, but without avail. And a homœopath should seldom have use for the surgeon in diseases of women.

We will consider some of the cases coming to our office for treatment. First, then, are the young girls, ranging from thirteen to eighteen years of age, during the transition from girlhood to physiologic womanhood. They come to us with anæmia, chlorosis, delayed, irregular or painful menstruation, together with marked nervous symptoms, and the accompanying back-aches, etc. Our Old School friend always, and the homœopath(?) often, prescribes Iron, tonics, and the like. The gynæcologist suspects malformations or displacements. The poor child is often made to go through what seems to her a most degrading performance, namely, an examination. Further, she is taught how to insert vaginal suppositories, and is told to make weekly visits to the office.

Then we have women during the child-bearing years with menorrhagia, erosions of the cervix, lacerations, and the many symptoms indicating perhaps a sycotic history.

Later on comes the woman during the menopause. Sometimes we find her symptoms grave, sometimes purely neurotic, but always calling for aid. Now what shall we do with these cases?

They come to us as homœopathic physicians, and they have a right to expect—yes, demand—good homœopathic treatment, but I most positively declare that by following the absurd methods of to-day in gynæcological work, we deny Hahnemann and Homœopathy, and why call ourselves homœopathic physicians?

A former president of the Obstetrical Society of London (allopathic), says: "It has seemed to me, in making a general survey of our ground and weighing our present position, that the great importance given of late years by many prominent workers to the progress of uterine surgery has tended to throw the balance some-

what too much over to the surgical side of the scale, and that operations and mechanical methods of treatment have displaced, somewhat unduly and hurtfully, the medical and psychical consideration in uterine cases."

The good doctor is quite correct, and it is for the followers of Hahnemann to demonstrate to the world, through the poor suffering women, that surgery is often unnecessary, that local applications are an abomination, and that the single remedy, prescribed according to the law of similia, will cure, if the disease is curable, and in any case will relieve and alleviate the symptoms. We say, as did Dr. Thomas Skinner, of London: "I bow to Homœopathy, as every modest woman must, and as every right-minded physician ought, as that which is wanted in order to roll back the fearful tide of mechanical interference in the treatment of the diseases of females, which is the greatest scandal of the age."

But even if we are homœopaths we must endeavor, as Hahnemann always did, to investigate the cause of the disease. We should know thoroughly the anatomy and physiology of the female generative organs in order to intelligently understand our patient's condition. Nor should we rely on her symptoms alone for this purpose, but resort to digital, bimanual and specula examination, looking for cervical tears, lacerations of soft parts, abnormal conditions of tubes and ovaries.

I well remember a conscientious homœopath who prescribed for a patient months without avail, only to have another physician find a pessary embedded in the cul de sac of Douglas, which, upon removal, relieved all symptoms.

Do not understand me to say that all our women patients should be examined. Far from it. But we should use good judgment and common sense, which some good prescribers seem to lack.

In the "Organon," paragraph 83, Hahnemann says: "Individualization in the investigation of a case of disease demands on the part of a physician principally unbiased judgment and sound senses."

If the woman comes to us with the old story that her "womb is causing her trouble," she expects the physician to pay particular attention to what seems to her to be the paramount trouble, and she usually expects to be carefully examined. She knows nothing

of psora, and wouldn't believe it if you told her. We should be able to make such an examination in a careful, methodical manner, noting all pathological conditions, and bearing them in mind while selecting the remedy. Unless this is done we shall often fall into error, and our picture will not be a complete one.

After we have listened to our patient's story, perhaps have examined her vaginally and abdominally as has seemed necessary, during which ordeal we have gained her confidence and, let us hope, her respect, we now proceed to "take the case."

The symptoms she has volunteered are but factors in the case, and if we stop here, endeavoring to prescribe, we shall meet with failure—and deservedly so. For if we are not familiar with the "Organon," paragraphs 84 to 99, we shall miss the key to the whole situation, and all the pathological knowledge, skillful technique, etc., never has and never will enable us to find the indicated remedy.

Behind dysmenorrhœa, amenorrhœa, menorrhagia, leucorrhœa, etc., we see psora or sycosis, and such conditions can only be cured by carefully noting the symptoms and prescribing for the patient, not the condition.

Possibly there is no time in a woman's life when Homœopathy will prove such an anchor as during the menopause.

The many ills incident to this time can be promptly met by the remedy, and only the true followers of Hahnemann know with what ease and safety we can guide her over this time.

A word as to local treatment. There is nothing more pernicious in gynæcology than the vaginal medicated douche—unless it be the pessary. As a rule, all douches are to be condemned. But there are times when a vaginal douche of sterile water may be of use. We are to remember, however, that the uterine and vaginal canals are like all other channels of the body, *self-cleansing*.

I firmly believe that the less a woman has her attention called to her sexual organs the better off she is. And given a healthy woman, who becomes a victim of the douche habit—you will soon find her developing plenty of symptoms, some pathological, but mostly mental.

Douches, tampons, pessaries and local applications all have a devitalizing action on the human body, either in health or disease.

With such remedies as Sepia, Pulsatilla, Belladonna, Lachesis, Calcarea carbonica, Kali carbonica, Conium, Nux vomica, Platina, Phosphorus, Secale, Sulphur, Thuja and Zincum, prescribed according to the principles of Homœopathy, what need have we of local treatment?

To cure without local treatment of any kind is what the Hahnemannian and he alone can do.

What about uterine displacements, prolapsus, fibroids, cysts, cicatrices of cervix and perineum? The single remedy will remove the many symptoms due to these conditions in most cases. With careful prescribing for, and constant watching over the patient, you will find after a time that not only have the symptoms been relieved, but the condition itself shows marked improvement.

Let us be better homœopaths, let us study our *Materia Medica* longer and more earnestly, read over the "Organon" again and again, in order that we may follow more closely in the footsteps of our great master.

Dynamic Origin of Disease.*

HUGH HOVER, M. D., Stanford, Illinois.

In taking up the subject, it shall be my aim to confine myself, as nearly as I am able to Hahnemann's Idea of Disease—to disease proper—*i. e.*, to the manifestation by symptoms, of a disturbance of the equilibrium of the vital force of man which has a period of prodrome, a period of progress, and a period of decline in an orderly way, in acute disturbances, and a period of prodrome and one of progress but no tendency within itself, to decline in chronic conditions. We will not take into consideration indispositions, due to green apples in the alimentary tract or other mechanical disturbances, which we know not to be disease at all but conditions analogous to a big wet bundle of wheat thrown into a threshing machine cylinder, and which must be dealt with in a mechanical way.

* Read before the Central Illinois Homœopathic Medical Association, June, 1902.

Hahnemann says that disease is dynamic, that it is a disturbance in the equilibrium of the vital force. He says in Section 9 of the *Organon*, "In the healthy condition of man, this spiritual vital force, the dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious vital operation, as regards both sensation and function, so that our indwelling, reason gifted mind can fully employ this living healthy instrument for the higher purposes of our existence."

Now if this spiritual vital force, the dynamis that animates the material body rules with unbounded sway and retains all the parts of the organism in admirables, harmonious vital operations as regards sensation and function, let us see what it is. Man in his original condition, man in his ideal state, man as he was created, was perfect. He had no pathology. He had no morbid anatomy nor morbid sensations. In a word he was free. He was not conscious of his various organs and tissues and only recognized himself as a perfect whole. Everything was harmony. He had nothing but physiology.

In man, as we find him, there are two things to consider. The man in the light of his physical being, and the life principle, the vital force, which animates the physical man. In examining the physical man we find that part of living man which is composed of the elements of the earth, muscle, bone, nerve, tissue and fiber; the house in which the vital man dwells; the brick and mortar, the iron and wood, the tenement, the part of which at death (or when the tenant ceases to occupy the tenement) decays and resolves itself into the elements, to again in ages to come, go to make up a part of other physical substances. To live again a rock and fruit and flower and tree, and to make a part of countless thousands of other human frames, only again to resolve itself into the earth from whence it originally came. That part of man which in itself has no power to maintain itself in the present condition, nor propagate its species. Man devoid of dynamis; man devoid of animation, man devoid of power.

Now we turn to the man proper, to the force which makes it possible for the physical man to exist as such. The animation, the life, the controlling force, the spirit, the ego, if you please.

That force, without which, if a child be born into the world with every organ, tissue nerve and cell perfectly formed, no organ, tissue, nerve or cell will ever operate or perform its function, but the perfectly formed physical being will again go to mix with the elements. That force intangible, which, if dominating a physical body and "retaining all the parts of the organism in admirable, harmonious vital operation," ceases to manifest itself, that body immediately resolves itself in decay and functionates no more. Take the full blush of perfect early manhood, the athlete with all his beauty of symmetry fully developed and surcharged with animation. There life is typified at its best. Every organ, tissue and cell presumably performing its function normally. Let the fury of the lightning or any other force oppose its force to that of life and overcome it without any external manifestation of violence. All the harmonious operations cease, but what is the change? All the organs remain physically the same. Microscopical and chemical tests made at once will show no change. The form is still perfect as it was a moment previous. Weigh it, it has lost nothing which the force of gravity can detect, but there evidently is something gone. It is the vital force, the life force, the spirit force of Hahnemann. It is a subtle force. It is invisible, intangible. It, like all forces, is intangible, imperceptible by finest lense or reagent except as it is measured by its manifestation. Force manifesting itself is the only way that it can make us cognizant of its existence.

This life force, this vital force, this force without which man ceases to be in his present form, is the force which operates and controls the operations of physical man and the organs of which he is composed. It is the dynamis that animates the material body and rules with unbounded sway, retaining all the parts of the organism in admirable, harmonious vital operation, as regards both sensation and function. The force which governs waste and repair. So long as that force is operating undisturbed, every organ, tissue and cell is performing its function in perfect harmony and a state of absolute health prevails. The man is unconscious of his organs and their operations so long as a perfect equilibrium is maintained, but disturb that equilibrium and harmonious operation ceases to exist. Manifestations of the disturbance are made

evident by nature's language-symptoms. Man becomes conscious of the change and says, "I feel." His sensations and functions are disturbed and later, cell changes and pathological conditions supervene.

Right here allow me to pay, in a very inadequate way, my respect and avow my reverence to the peers of the past century, to the master scientists who have developed Chemistry, Microscopy, Pathology and Bacteriology. Those who have made the most profound research and scientific classification of disease results and given it gratis to the world. But in accepting the finished product of their investigation, in accepting Bacteriology and Pathology as the scientific classification of certain conditions, let us not forget that those conditions are the result of a disturbance in the equilibrium of the vital force, and that without that disturbance there can be no organic changes, for organic changes are always the result of disease and not the disease itself. The hardened breast is not the disease, though we call it, with its attendant symptoms, cancer. Neither is the blush of the skin erysipelas, nor the pustular eruption small-pox. They are the external manifestations of the disease. The disease proper is intangible, invisible. It is disturbed force. Conceive, if possible, of an individual whose life-energy, whose controlling force, is flowing harmoniously, waste and repair going on normally, as having cell degeneration.

Now if we grant that, given a physical being, dominated by a simple substance, a force, which, operating undisturbed, will cause that physical being to functionate harmoniously, and that a disturbance in the equilibrium of that force in man will ultimately result in disease, then we conclude that the origin of all disease is dynamic, for force can be met, perverted or changed only by a force which is acting in a plane with the force acted upon.

If we do not accept the dynamic origin of disease as the true one, then must we prove that scarlet fever, measles and small-pox, and in fact all acute infectious and contagious diseases, do assail the economy by other than dynamic means.

Department of Clinical Medicine.

Remedies and Their Comparisons in the Treatment of Scarlet Fever.

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First of all I wish to say that I have taken for my guide the remedies listed under the rubric "Scarlet Fever," in Kent's Repertory, those of the first and second degrees only. If I were to include them all this paper would be longer than your patience, and, as these are the remedies most frequently indicated in the disease, I feel that they are sufficient.

AMMONIUM CARBONICUM is indicated in scrofulous constitutions, with low vitality. The rash may be slow in developing, or may recede from defective vitality, or there may be a faulty development. It is more often of the miliary type, which alone would distinguish it from the smooth eruption of *Belladonna*. The Ammonium carb. rash is usually malignant in character, because the patient favors malignancy. It is preceded by evening uneasiness, with burning, hot head, tossing about and screaming. With the red miliary eruption there are stupor, deep sleep, heavy breathing, involuntary stools and marked vomiting. The throat is dark red and putrid, with a tendency to gangrene of the tonsils; swelling of the right parotid gland; sticky salivation and threatened paralysis of the brain. Desquamation at times is very marked.

Apis will at times have to be differentiated from this remedy when there is the deep impression on the great nerve centers. The aggravation is enough to determine which remedy is indicated, for the two are directly opposite in this respect, being *Apis* aggravated by heat and Ammonium carb. ameliorated.

Calcarea carb. is somewhat like Ammonium carb. as to its constitution, and may be confused at times. *Calcarea carb.*, however, is not often indicated during the stage of eruption, *Belladonna* being the remedy then, and *Calcarea carb.* coming in for

the sequelæ, or, more properly speaking, the latent psoric manifestations which are aroused, such as enlarged glands, ear discharges, marasmus, etc., the patient remaining pale and languid, with no tendency to convalescence. Occasionally Calcarea will be called for during the eruption, when the Calcarea constitution is present, and there is swelling of the glands, first on the left side, then on the right, and threatened paralysis of the lungs. These symptoms would distinguish it from Ammonium carb. which has swollen glands on the right side and tendency to paralysis of the brain.

Rhus tox. scarlet fever is quite like *Ammonium carb.* in the eruption and in the appearance of the throat, etc., but the *Rhus* cases develop more typhoid symptoms, and there is the characteristic restlessness always present in *Rhus* complaints.

APIS MELLIFICA is indicated when the skin is intensely hot, the rash very red, or the skin hot and cold in places; the rash may be tardy, with typhoid symptoms; ulcers in the throat, with repelled or delayed eruption; sore throat, enlarged tonsils, very red or glazed appearance; puffiness, stinging pain when swallowing; complication of diphtheria; stinging itching of the skin, causing restlessness; scanty or suppressed urine; ascites; rash in spots, diffused over the body; sudden disappearance of the rash, leaving scattered red spots. *Apis* is often useful for the bad effects of scarlet fever, as well as for suppressed or improperly developed eruption, where the patient takes on inflammation of the brain, hydrocephalus, dropsy in any of the cavities, or a general dropsy. During desquamation there is œdematous swelling of the skin.

Arsenicum may have to be differentiated from *Apis* in the dropsy. It also has delayed or suppressed eruption, when the rash suddenly pales, becomes livid or intermixed with petechiæ, and heart or lung troubles, or dropsy with waxy skin, develop. There is much greater weakness than in *Apis*, but the great distinguishing feature between the two remedies lies in their aggravations and ameliorations; *Arsenicum* is a cold remedy and *Apis* is a hot one.

Belladonna may be mistaken for, particularly if the brain *Apis* is affected and there is irritation of the nerve centers, but there should be no difficulty when you see the patient well covered,

and when the desire to keep warm is present even with the fever,

BELLADONNA is probably more often indicated in scarlet fever than any other remedy, but it is a much abused remedy in this affection, and there is no doubt but that, in the hands of the routinist, it causes many sequelæ and complicated cases. The routinist prescribes for the scarlet fever, forgetting that there is an individual to be considered, and the disease runs its natural course, arousing the psora and giving rise to those various conditions known as sequelæ. The Belladonna eruption is smooth and scarlet, generally with a white circle around the mouth. There is dryness, heat, itching, burning, and more or less bloatedness of the parts. The throat is always inflamed and swollen, and a greater or less degree of brain irritation is always present. It is not necessary for me to go deeper into the remedy in this affection, or to take up its differentiation, as it is so well known.

LACHESIS is a valuable remedy in cases where the eruption fails to come to the surface, and there is marked swelling and redness of the throat, with difficulty in swallowing and great tenderness to touch; elevated papillæ on the tongue; severe pain in the head; flushed face; great restlessness and prostration. Malignant cases, where the patient is utterly prostrated, both mentally and physically; cannot be aroused; profound stupor; lies on the back with mouth open; left parotid enormously swollen; great quantities of dried offensive mucus in the pharynx, nasal passages and on the tongue, obstructing breathing and swallowing; swelling of the cervical glands; black lips; all the signs of blood-poisoning. When the eruption does appear it is of a miliary character, turning black or bluish in color. Another marked feature of Lachesis is that when the scarlet fever has taken on this malignant character and has poisoned the blood so thoroughly desquamation is delayed and the patient develops dropsy, either general, pleuritic or pericarditic, followed by boils or carbuncles of a dark, bluish-purple appearance.

Apis may, by a superficial observer, be mistaken for Lachesis in the aggravation of all the symptoms after sleep, and in the stupor and muttering delirium.

The zymotic state, with black urine and watery, offensive stools, may resemble *Arsenicum* and mislead to that remedy.

LYCOPODIUM is indicated when the rash suddenly pales, the glands swell and the face becomes bloated and paler than natural. The patient becomes drowsy and awakens from sleep frightened, seems to know no one, but soon drops to sleep again, only to re-awaken with the same symptoms. During the desquamative stage there are rise of temperature, hot dry skin, great thirst, wilfulness and ill-behavior, paleness and œdema of the face, scanty urine with strangury, ascites, etc. There is also colic during desquamation. Lycopodium comes in when there is a secondary eruption of dark blotches on the hands, thighs, back and face. Where there is a falling of the hair following scarlet fever *Lycopodium* is often the remedy. It may have been the remedy during the stage of desquamation, and had it been recognized and given would have prevented the falling of the hair. But we often forget to look for symptoms in this stage if the patient is apparently getting along all right, and more often we are prevented from doing so because the laity generally look upon the patient as being well, and suspect that the doctor is looking out for his financial interests, unless there are marked indications to show that the patient still needs attention.

MERCURIUS is indicated when there is great swelling and inflammation of the glands of the neck, and ulcers upon the palate and tonsils, with ash-colored exudation. With this there are aphthæ in the mouth, with profuse salivation. Before the eruption appears there is marked anxiety with burning heat and restlessness. The eruption consists of slightly elevated papillary red spots upon a red base, which finally assume a pale-red appearance. The face becomes very red and swollen. There is delirium and marked depression, even to stupor. After the eruption has developed the burning skin often alternates with moisture; this moisture, which at times amounts to a sweat, aggravates the whole patient. Great itching and restlessness, which, like the patient in general, is worse at night and violently aggravated by the heat of the bed. The tongue takes on a dirty yellow coating, the breath is very foul, and in nearly all of the *Mercury* cases there is a painful diarrhœa. These symptoms cause it to resemble *Baptisia* somewhat.

Another feature of the Mercury case is that the nasal bones are swollen and painful to touch, like *Aurum metallicum*.

This remedy has an otitis with bloody offensive discharges like *Graphites* or *Pulsatilla*, which are not as often indicated for the ear discharges as is generally supposed.

NITRIC ACID. Cachectic persons. The throat is very much affected. Soreness and swelling of the tonsils, the inflammation extending to the nose, with a profuse, thin, purulent discharge. Dryness of the mouth and tongue, which is cracked. Swelling of the parotid and sub-maxillary glands, like *Mercurius*.

Nitric acid is a remedy that is often called for in neglected cases which leave the patient with an offensive, purulent discharge from the ear. The character of the discharge is very much like that of *Silica*, but aside from this there should be no confusion between these two remedies.

The rash is of the miliary type, with a very hot skin. The pores are often very prominent on account of their black appearance.

RHUS TOX. In this remedy typhoid symptoms are quite pronounced. There is great restlessness and uneasiness, delirium and great prostration. Swelling of the glands and inflammation of the cellular tissue of the neck. The throat is dark red; the discharges are all acrid; there are often foetid involuntary stools during sleep. Emaciation. Pains in the limbs and joints. The characteristic eruption is a dark-red or miliary rash with vesicles surrounded by bright red areolæ. The itching is marked and causes a great deal of restlessness, particularly at night.

The low typhoid character of the remedy makes it necessary frequently to differentiate it from *Baptisia*.

Its differentiation from *Ammonium carb.* was given when speaking of that remedy.

These are the remedies for scarlet fever given first place in Kent's Repertory. Of these in the second rank I will take time to mention only the chief characteristics and points of distinction. Some of them I have already said enough about.

AILANTHUS GLANDULOSA. Malignant cases. The eruption is livid, mostly on the face and forehead; petechiæ. Mucous membrane of the throat dark, almost livid; ulceration with foetid discharge. Cerebral symptoms are marked. They resemble *Hyoscyamus* somewhat in the constant muttering delirium, with sleeplessness and restlessness.

The zymotic state is like *Baptisia* as well as *Hyoscyamus*. Hot, dry, harsh skin, dry parched tongue, sordes and thin watery, offensive diarrhœa. Aside from the low nervous typhoid symptoms there is no need for a differentiation.

ARUM TRIPHYLLUM. Frequently there are cases in which the nervous symptoms show themselves in the way that is so characteristic of this remedy, and that distinguishes it from all other remedies. Picking at the nose, lips and fingernails, causing bleeding; the sorer they get the more he picks. Scarlet eruption all over the body, with much itching and restlessness. Ichorous discharge from the nose, excoriating the nose and upper lip.

BRYONIA. Delay or sudden retrocession of the eruption, with symptoms of pleuritis or meningitis and dropsical conditions.

Hellebore has the same conditions, but the two remedies are quite different. *Hellebore* shows much more of a dropsical tendency with the inflammation, and is usually accompanied by diarrhœa, in scrofulous children and during dentition; the *Bryonia* patient shows more irritability, and the bowels are, as a rule, constipated in this condition.

CAMPHOR also may be called for when there is a sudden retrocession of the eruption. There is great cold of the skin and profound prostration. Collapse, with weak scarcely perceptible pulse, showing oppression of the brain.

Camphor differs from *Hellebore* in its great depression and collapse, and in the rapidity with which this condition is developed.

It differs from *Cuprum metallicum* in lacking the tendency to convulsions and cramping of the muscles. In *Cuprum* convulsions precede the appearance and follow the sudden disappearance of the eruption. The patient also shows more fear in this remedy; he seems to be afraid of everyone and clings tightly to the nurse.

Veratrum album differs from *Camphor* in this state, in having much more sweat.

CARBOLIC ACID is frequently indicated in malignant cases. The putrid tendency is very marked, as is shown by the ulceration of the throat, mouth and lips, and by the sordes. The eruption is of a dark red color, and never of the vesicular type. It itches excessively, better after rubbing, but this leaves a burning pain.

A peculiar feature of this remedy, and one that will serve to distinguish it from all others, is the white circle around the mouth with the dusky red face. *Belladonna* has the white circle with a bright red, smooth eruption.

CROTALUS HORRIDUS may have to be studied at times, together with *Phosphorus*, *Phosphoric acid* and *Secale*, in the low zymotic state marked by considerable ecchymosis.

It must be differentiated from *Lachesis*, the chief distinguishing feature being that in the latter the skin is cold and clammy, while in *Crotalus* it is cold and dry.

HYOSCYAMUS. Late appearance of the eruption, causing great nervous excitement, with rapid typhoid tendency, muscular twitchings and subsultus tendinum.

Hyoscyamus resembles *Belladonna* somewhat in its nervous symptoms, but the late eruption, the typhoid tendency and the dark red flush should be enough to differentiate the two.

PHOSPHORUS and *PHOSPHORIC ACID* may have to be studied in the low state, with ecchymosis. In *Phosphoric acid* there is perfect indifference to everything, and bluish-red spots appear on the parts upon which the patient lies.

STRAMONIUM is often indicated in cases that are accompanied by convulsions which are excited by touch or by looking at bright shining objects. There is constant restlessness, with jerking motions of the whole body. The eruption is coppery-red, with heat, dryness and itching of the skin.

SULPHUR is to be thought of, in slowly progressing cases, such as we find in scrofulous children, or in those who are intensely psoric. It is probably more often indicated during the stage of desquamation than any other remedy, when the latent psora begins to manifest itself, having been aroused by the acute condition. The patient does not convalesce, but takes on some of the constitutional complaints that are commonly called the sequelæ.

Journal of Homœopathics

Devoted to the Interests of Pure Homœopathy

HARVEY FARRINGTON, M. D., EDITOR.

E. A. FARRINGTON, M. D., BUSINESS MANAGER.

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Editorial.

Retrospective and Prospective.

WITH the present issue, the JOURNAL OF HOMŒOPATHICS completes its sixth volume. Ever since the first number was published in April, 1897, the JOURNAL has maintained its integrity as an exponent of Hahnemannian Homœopathy. It has declared unequivocally for the single remedy, the minimum dose and the universal application of the law of *Similia Similibus Curantur*. Necessarily its limited space has been devoted almost entirely to *Materia Medica*, Homœopathic Philosophy and the reports of clinical cases—the individuality of the remedy, its mode of application, and the results of its dynamic action.

That there was a place for a journal of this sort has been shown by the support which it has received during the entire period of its existence. Great Britain, Germany, Sweden, Italy, India,

China, Siam, Australia, Canada, the United States, Mexico and Brazil are all represented on its mailing list. We take pride in stating that, although it has brought no financial remuneration to its editors—no similar journal ever did—it has nevertheless been self-supporting, in spite of the fact that its source of subject-matter and advertisements is of necessity very limited. Articles and cases cannot be solicited from the profession at large, because very few physicians know what true Homœopathy is. Advertisements of proprietary medicines and crude drugs cannot be accepted, because their use is diametrically opposed to the teachings which the JOURNAL upholds, and because giving them place in its advertising columns would imply at least a tacit recommendation. The JOURNAL has been severely criticised for assuming what has been considered an extreme position—a sort of straight-laced orthodoxy which cries anathema upon every dissenting voice. There may have been some apparent justice in this criticism. In the endeavor to uphold the teachings of the Organon, the JOURNAL may have at times appeared dogmatic; but it must be remembered that its pages have always been open for discussion.

Hahnemann was not infallible, nor did he ever claim to be, but he gave to his fellow men a system of medicine which will never be superseded. This system has stood the test of over a century, yet no one is willing to admit that it has reached perfection in every detail.

Discussion, the interchange of views based upon correct knowledge and sound experience is necessary to the proper growth and development of any science or art. But there are certain essential truths which constitute the very foundation, and are, so to speak, axiomatic. These must be held indubitable or the system falls.

What are the essentials of Homœopathy? We believe them to be :

1. The law of similars.
2. The treatment of the patient, and not of the patient's disease.
3. The recognition of the three great chronic miasms

This is what the JOURNAL has been fighting for, and for this it will continue to fight as long as it exists.

It may be asked, Why leave out the question of potency and

repetition of dose? We believe that any one possessing the qualities of a physician, who practices conscientiously, with these three fundamentals as a guide, will be led to see that the minimum dose will invariably cure more gently and more speedily than any other.

It is our firm belief that Homœopathy will some day become the dominant school. Truth in the end must prevail, no matter what the odds against it. But Truth uses as a means to the furtherance of its ends those who are its faithful followers. The mere conviction that Truth is all-powerful does not in the least relieve us of our responsibility. Each one must contribute his share towards the success of Homœopathy, not only by a right application of its principles in his private practice, but also by presenting to the medical societies and by writing articles for the medical journals.

With the exception of its worthy contemporary, the *Medical Advance*, the JOURNAL OF HOMŒOPATHICS is the only medical magazine which champions the cause of *pure* Homœopathy. Those who have the interests of this cause at heart should do all within their power to lighten the task of the editor—which is by no means an easy one—not only by prompt payment of subscriptions, but by literary contributions as well. If each one of our subscribers would send us one case or one short article a year the JOURNAL, as a teaching medium, would be greatly broadened, strengthened and improved.

Let us have your ideas, the results of your experience and your study. Do your part toward improving the JOURNAL, and the JOURNAL will do its part in increasing in size, scope and usefulness.

During the coming year the JOURNAL will continue upon the same general lines that it has followed in the past. The lectures on *Materia Medica* by Prof. J. T. Kent will appear as usual, and Dr. Harvey Farrington's *General Symptoms of the Materia Medica* will be continued without interruption.

It is our purpose to devote some space each month to a review of current medical literature, selecting from the many articles published such extracts and fragments as may be of special interest to our readers. We shall also gladly give place in our

columns, under the head of *Correspondence*, to any communications of general interest from our subscribers. Problems in Homœopathics, questions regarding the use of the repertory, and all queries of a like nature will receive a cheerful answer whenever we are able to give one. Dr. Kent has kindly consented to aid us in this task.

The assistance of our readers is most earnestly requested in making our *Personals* and *News Notes* as complete as possible. Changes of address and all items of general interest are acceptable.

Again we urge co-operation. Let us stand together and work together, for in union there is strength.

EVERYBODY'S MAGAZINE for February publishes an article on *The New Medical Science of Prevention*, by Dr. Thomas L. Stedman, that is well worth a careful reading. The paper deals particularly with diet and physical culture, and a saner or more broad-minded view of the subject has never been presented in a literary periodical. If more of such articles were published by the popular magazines the laity would be better off to-day.

On the subject of germs Dr. Stedman says: "All this new research has brought about the disclosure of another truth which is of vital import not only to the doctors, but to the public at large. It has demonstrated that germs are not the sole factors in the production of infectious disease, but that, as in the case of other plants (most known disease-producing microbes belonging to the vegetable world), a receptive soil is essential to the growth of the germ. Bacteria—many of them of the varieties known to excite diphtheria, consumption, pneumonia, typhoid fever, tetanus, and other serious and often fatal maladies—are constantly in us and about us, in our mouths and nostrils, in our intestines, in the food we eat, the water we drink, the air we breathe; and if their mere presence were enough to cause disease the world would long since have been depopulated. But in the physical as in the moral world right *is* might, and nature does not deliver us over bound to our enemies."

The direction in which the best thinkers are tending is well illustrated by the doctor's use of the term *excite*, in preference to the uncompromising word *cause*, which a few years ago was invariably applied to the relation of bacteria to morbid processes.

The following quotation points out very clearly the fallacy into which nine out of every ten among the laity fall regarding the so-called "nature-cures." "It is sometimes claimed that these amateur practitioners, self-styled professors of hydropathy, osteopathy, naturopathy, vitapathy, somatopathy, and the like, do good, and therefore should be tolerated. 'Since they abstain from drugs, which they do not understand,' says one apologist, 'they do no harm, and their advocacy of physical exercise frequently results in good.' But he forgets that this very abstention from drugs may lose a confiding client his life; while the physical exercise, which undoubtedly does good in suitable cases, may be fatal when wrongly used."

Concerning the habit of self-drugging, so common in America, the doctor writes: "Perhaps the greatest foe to the health of the present generation is the pernicious habit of self-drugging. Nerve tonics, blood purifiers, sleep producers, and especially laxatives, are consumed by the gallon and the hundredweight. The primary effect of any of these poisonous mixtures is seemingly good; the nervous fidgets, the 'tired feeling,' the insomnia or the constipation is promptly relieved by the first few doses. Naturally, when the symptoms return, as they are bound to do, the sufferer turns again to the bottle or the pill-box. Again he gets relief, and again he is driven back to his drug, taking larger and larger doses as the habit is forming, until at last the fetters are forged and a new 'drug-fiend' is created."

Our brothers of the allopathic school might learn much from the following sentence: "It is not disease in general that a wise physician treats, but the particular form of disease in the individual; it is the patient, his constitution, his tendencies to physical ills, his idiosyncrasies in reacting to particular remedies, either physical or medicinal, that must be treated, and not simply obesity, or gout, or neurasthenia." Would that even a few of our "regular" friends might read this and ponder it well in their hearts.

In an article read at the 53d annual meeting of the American Medical Association a paper was read by E. Fletcher Ingals, M. D., of Chicago, upon the prognosis and treatment of croupous pneumonia. He mentioned that during a certain period covering fifteen months the average mortality of such cases treated at the Cook County Hospital was 36 per cent. In the discussion which followed Dr. William Osler, of the Johns Hopkins University, spoke as follows :

“ I did not propose to enter into the discussion of the treatment of pneumonia—the session is too short—but I rise to make an appeal. We have had presented a statement which should impress all of us as appalling. When we think that other infectious diseases we treat have had their mortality reduced some 10 or 15 per cent., it is terrible to realize that we, as physicians, must listen with mute, impassive faces to the announcement of a 36 per cent. mortality in pneumonia. It is an old story, one to which we have been listening for years and years. You will find that in private practice, in hospitals, in jails, in barracks, in field and in the camp, the mortality has always been about 25 per cent. What I feel deeply is that something should be done, in a systematic and energetic way, to study this problem of pneumonia and to see if we cannot reduce this death rate of 36 per cent. Gentlemen, this mortality is dreadful, and if it occurred in typhoid fever it would be considered appalling. This record—by no means an uncommon one—should stir us up to do something energetic. I should like to ask the hospital physicians to pay more attention to the specific study of these cases, to study carefully the methods of treatment, and to see if we cannot devise some way to reduce this high mortality. We do not give enough attention to the study of pneumonia ; many look at it in a helpless sort of way ; our best knowledge should come from general practitioners who study the disease in an intelligent and proper manner. I am sorry Dr Ingals did not tell us of the mortality on the homœopathic side of Cook County Hospital—whether it was lower than the mortality on the side of the regular practitioners. Homœopathy taught us a good lesson in the treatment of pneumonia ; it led to the abandonment of bleeding, sweating, the use of tatar emetic and other depressing agents.”—(*Homœopathic Student.*)

The stability of "regular" practice is well illustrated by a comparison of the above statement of Dr. Osler regarding the treatment of pneumonia with the following quotation on the same subject from his *Principles and Practice of Medicine*, edition of 1900. He says: "We employ bleeding nowadays much more than we did a few years ago, but more often late in the disease than early. To bleed at the very onset in robust, healthy individuals in whom the disease sets in with great intensity and high fever is, I believe, good practice."

Verily, the methods of modern scientific medicine resemble the leaves on the trees both in number and longevity.

It is said that Dr. J. M. Hirsch of Chicago proposes to introduce into the Illinois Legislature a bill to regulate the practice of hand-shaking. This time-honored custom, it is argued, is an important factor in the spread of disease. For instance, Mr. X — with influenza—goes out walking. He blows his nose, and transfers his handkerchief to his coat-tail pocket with his right hand. At the next corner he meets Mr. Z. and the two friends shake hands most cordially. Mr. Z. carelessly strokes his moustache with his shaken hand, and—presto—another case of influenza.

It will cost five dollars per shake to indulge in this pernicious habit without a certificate of health from the family physician. This reminds one of the anti-kissing bill that was introduced into the Virginia General Assembly.

A few years from now nobody will have an opportunity to get sick. Each citizen of the Republic will be vaccinated. He will be inoculated with the antitoxins of diphtheria, scarlet fever, mumps, measles, anthrax, glanders and tetanus. His blood will be sterilized with formalin, his lungs fumigated, his alimentary canal aseptitized, his skin immunized with mosquitoline, and once a month he will submit to the tuberculin test and the Widal reaction. He will drink pure hydrogen monoxide, bottled in bond, and his daily pabulum will consist of extra-inspected double-digested cero-bovi-gluten-gritlets, flavored with pepsin. After that we shall have to buy a license to think.

Not long ago a Chicago newspaper published an advertisement of a laxative called "Homœopathoids." The advertiser explains that these are not homœopathic pills; the name suggests that they are easy to take. Doubtless the name Homœopathoids will catch the eye—and the purse—of many poor mortals whose half acquaintance with the New School leads them to believe that anything branded with the hall-mark of Homœopathy is "good to take." When the harm is done, and an incurable ailment is engrafted upon the constitution, then, alas, they learn that even Homœopathy has its counterfeits.

All hail to the victorious lemon! No more shall we bow down in abject fear before Mr. Eberth's pet bacillus. In the fruit-stand of the Dago on the corner may be found enough concentrated germ-killer to wipe out all the typhoid fever within a mile. Dr. Asa Ferguson of London has made the startling discovery that the juice of the lowly lemon is sudden death and sure destruction to the virulent vegetable which is responsible for the dread disease. According to the Chicago Board of Health, one teaspoonful of lemon juice to half a glass of water is enough to do the work. Hereafter the soda-fountains should do a thriving business. It is no longer necessary to build a fire and boil your drinking water; buy a lemon-squeezer, and save coal.

Personals.

Bushrod Washington James, A. M., M. D., well known as an authority upon climatology and one of the most popular members of the American Institute of Homœopathy, died at his home in Philadelphia, on January 6, 1903, aged sixty-six.

Dr. Harvey Farrington announces that on and after March first his hours at 815 Marshall Field Building will be from 10 A. M. to 1 P. M.

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J. T. KENT, M. D., Chicago, Ill.

Dear Doctor : It gives me much pleasure to testify in favor of your incomparable Repertory, which I have used diligently since its first appearance and with constant satisfaction.

There is no other Repertory half so well arranged, for you have followed the natural order of anatomical arrangement, and as a consequence the symptom desired can be found more speedily than in any work of the kind, and with more remedies than in any other, all well arranged for comparison.

In short, I am delighted with the work, and grateful to its author for producing such a model of convenience and thoroughness, and I heartily recommend the volume to all physicians.

Yours cordially,

(Signed.) EDWARD CRANCH.

Book Reviews.

A DICTIONARY OF DOMESTIC MEDICINE, giving a description of Diseases, Directions for their General Management, and Homœopathic Treatment, with a special section on the Diseases of Infants. By John H. Clarke, M. D. American edition, revised and enlarged by the author. Boericke & Tafel, Philadelphia. 1901.

The name of Clarke is in itself a recommendation, especially since the publication of his *Dictionary of Homœopathic Materia Medica*. In general we do not approve of the "family doctor book," not because it deprives the physician of the opportunity of earning many a fee, but because faulty prescribing is apt to result from the meagre information contained in it. The wrong remedy frequently repeated in low poteny often does great harm, and when the physician is called he has a mixed case to deal with. Dr. Clarke has obviated this danger to some extent by giving general directions as to repetition and form of dose, and by a few hints on "Constitutions." The subjects are arranged in alphabetical order for easy reference.

H. F.

THE MATTISON METHOD IN MORPHINISM. A Modern and Humane Treatment of the Morphin Disease. By J. B. Mattison, M. D., Medical Director, Brooklyn Home for Narcotic Inebriates. E. B. Treat & Company, New York. 1902. Cloth; 40 pages. Price, one dollar.

This little brochure deals briefly with the subject of morphin disease in its various phases, devoting most of its forty pages to a discussion of the plan of treatment devised by Dr. J. B. Mattison during his thirty years' experience with narcotic inebriates. The method aims at avoiding the painful ordeal of abrupt disuse and the tiresome delay of prolonged decrease. It secures, according to the author, minimum duration of treatment and maximum freedom from pain. The principal remedial agent used is sodium bromide in continued doses. To one who is interested in the study of morphinism this short monograph will prove very readable.

E. A. F.

HYPNOTISM. A Complete System of Method, Application and Use, Prepared for the Self-Instruction of the Medical Profession. By L. W. DeLaurence, Instructor at the School of Hypnotism and Suggestive Therapeutics, Pittsburg. The Henneberry Company, Chicago. Cloth; 256 pages. Price, \$1.50.

So much has been claimed for hypnotism, and there have been so many frauds connected with it, that the medical profession has naturally been slow to investigate its pneumona seriously. Prof. DeLaurence's book presents a fairly complete outline of the subject, although there is a little too much of the "one-night performance" about it to please the average physician. Stage hypnotism and medical hypnotism are hardly compatible enough to be included in the same volume. The author makes a strong plea for the more general adoption of mental suggestion as a therapeutic measure, and takes up in some detail the various arguments for and against its use. The book is well illustrated, and contains many interesting facts and anecdotes.

E. A. F.

Prolonged convalescence is a rarity in the practice of the physician who use, Perfection Liquid Food.

A Proving of Thallium.

William N. Bullard reports the case of a physician who had taken *Thallium* for purposes of experiment. The symptoms induced were slight diarrhoea, numbness in the fingers and toes with extension up the lower extremities, involving the lower abdomen, the perinæum, the inside of the thighs, and the inner surface of the legs. The nerves of the lower extremities were painful, and there was considerable weakness and partial paralysis of the lower extremities. Treatment consisted in rest in bed, dry heat to the limbs, and *Iodide of Potassium* in small doses. Later, when the pains had ceased, electricity was applied to the lower extremities. The condition was plainly a multiple neuritis. It followed the usual course of this affection and the patient eventually recovered completely.—*Medical Record*.

132 W. 58TH ST., NEW YORK, 2-21, '02.

DEAR DR. KENT :

To praise the work—and what could one not say in praise of it—seems like praising those nearest and dearest to you; you hesitate because there is so much to be said and because of the disposition to take the least things of life for granted. Silently I have appreciated and thanked you for the Repertory.

Yours very truly,

(Signed.) LAWRENCE M. STANTON.

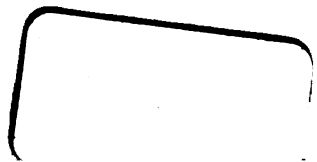
Results are what count. After the indicated remedy has begun to act, the doctor who stimulates the reactive powers of his patient by the judicious use of Perfection Liquid Food obtains results.

“When carefully selected remedies fail to act favorably.”—Let no one understand that *Sulphur* is the only remedy capable of removing psoric complications, but simply that *Sulphur* will be likely to be oftener indicated here, because it oftener covers the usual manifestations of psora.—*Nash*.

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