

The Materia Medica Journal.

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Vol. I.

JULY, 1896

No. 1.

The
Materia Medica Journal

A Monthly Magazine

DEVOTED TO THE STUDY AND ADVANCEMENT OF THE HOMEOPATHIC MATERIA MEDICA, BY THE PROVING OF NEW AND RE-PROVING OF OLD REMEDIES, AND THE CLINICAL AND PATHOGENETIC CONFIRMATION OF ITS SYMPTOMATOLOGY.

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

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MATERIA MEDICA JOURNAL.

EDITORS { H. C. ALLEN, M.D.
W. J. HAWKES, M.D.

BUSINESS MANAGER: W. W. STAFFORD, M.D.,
100 STATE STREET.

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VOL. I.

CHICAGO, JULY, 1896.

NO. I.

SANICULA.

This is the water of the Sanicula Springs of Ottawa, Ill.

A proving was made by Dr. Gundlach.

The symptoms given are the result of the daily use of the water as it came from the spring, for the period of eleven months.

Chemical analysis shows the constitution of the water to be as follows, the figures representing the number of grains per gallon given in round numbers :

Sodium chloride	-	-	-	-	93
Calcium chloride	-	-	-	-	24
Magnesium chloride	-	-	-	-	23
Sodium bicarbonate	-	-	-	-	1
Calcium bicarbonate	-	-	-	-	14
Potassium sulphate	-	-	-	-	5
Calcium sulphate	-	-	-	-	10
Sodium bromide.					
Sodium iodide.					
Sodium phosphate.					
Lithium bicarbonate.					
Iron bicarbonate.					
Borax.					
Alumina.					

Silica and organic matter, of each a fraction of a grain.

Many symptoms will be recognized as belonging to the provings of a number of its constituents, and here as elsewhere it is not the *quantity* that gives the most pronounced symptoms. Many of the symptoms of borax, silica and alumina being as well marked and decided in their manifestation as any in the proving, yet these

elements constitute but a fractional part of a grain and comprise less than a two-hundredth part of the whole.

Mind.—The mental symptoms are quite marked, showing:

Instability of purpose, constantly changing his work, impossible to keep the mind on one subject even while in conversation.

No energy; tired feeling, especially in the lower limbs; feels better in the open air and worse in a warm room (Puls., Lyc., Kali sulph., Nat. mur.).

Inconstancy of purpose; undertakes many things, completes none.

Sadness, depressed spirits, no energy.

Feels weak and exhausted, with irresistible desire to lie down.

She feels drowsy and sleepy all the time, even in the forenoon.

Starts to do something and forgets what it was; memory weak.

Sensorium.—Vertigo, with desire for the open air and with this loss of sight, getting better as the faintness passes off.

Sea-sickness (Petr.).

Riding on a railroad train causes nausea, with desire for the fresh open air.

A man who had been six years in the United States navy and a great sufferer from sea-sickness all that time was cured by *Sanicula* water and can now go on the water with impunity.

The downward motion of an elevator produced a feeling as if everything was giving way under him, and as if the top of the head would fly off. Here we get that well known keynote of Borax, worse from downward motion.

Head.—Headache on waking in the morning, gets worse toward noon and is better in the evening.

It begins in the cervical region, extending to the forehead and eyes (Sil.) with sensation of contraction of the scalp; desire to elevate the eyebrows.

Headache is worse from motion, leaning head forward, noise, misstep or jar of any kind. Better from rest, lying down and sleep.

External Head.—Much dandruff on the top of head; itching on getting the head warm.

Back of head very sensitive to cold air (Sil.).

Eyes.—Lids burn, exuding a sticky substance, which in a few hours dries on the margin of the lids, forming white scales.

Many people go there and bathe their sore eyes, with much benefit.

Nose.—Honeycomb-like scales from anterior and posterior nares.

Thick, ropy, tenacious mucus from the throat; can only get it away by pulling it out with the fingers, when it would stretch two or three feet before breaking. Here it resembles Kali bich. and Hydrastis. Sanguinaria has a tough, ropy discharge, but the condition is so radically different that it is not to be compared with these remedies.

Mouth and Tongue.—Dark brown streak down center of tongue, which is furred and dry as leather, with great dryness of mouth and throat.

Tongue so dry it adheres to the mouth (Nux Mosch.).

Mouth and tongue very dry, yet no desire for water. This condition is worse after sleep.

Stomach.—It retards digestion, giving rise to a condition similar to that found in atonic dyspepsia.

Slow digestion, can taste the food for hours after eating.

Sour stomach, with a sort of rancid burning.

Eruclatations; sour, rancid, burning; worse after smoking.

Many cases of indigestion have been cured by its use.

Stool.—Constipation is the marked feature here, and it is of the most obstinate kind.

It resembles Alumina in its lack of desire for stool and complete inactivity of the rectum.

Would take hold of the seat with both hands and strain until it seemed as if the head would burst (Alum.).

On stopping to get breath the stool would recede (Sil.). Even a soft stool requires great efforts to expel (Alum.).

Feces sticky, requiring great care to keep the parts clean. (Plat.).

Stool so large and painful, feared he would rupture the sphincter, causing great *pain in the whole perineum*, which felt as if it would burst; had to restrain the expelling force and pick away these small gray balls of which the stool was composed.

Burning in the rectum and perineum for hours after stool (Sulph., Nit. Acid. Rat.).

It promises to be one of our most useful remedies for chronic constipation *when the symptoms correspond*; don't prescribe for a name—a diagnosis—but prescribe for the patient.

Urine.—It exerts a profound influence on the urinary sphere, giving rise to frequent and profuse urination.

The desire comes on *suddenly* with a feeling as if the urine was just at the meatus urinarius, with imperative desire to urinate.

Large quantities of pale urine of low specific gravity, almost equal with that of water.

All the provers had to get up in the night to urinate.

Dr. H. M. Bascom, of Ottawa, has for years prescribed the water for children suffering from incontinence of urine at night, with excellent results.

Female Sexual Organs.—Menses irregular both as to time and appearance.

First, thin and watery, pale red, then dark and clotted.

The pain is of a cramp-like nature, in the region of the womb, like after-pains.

The pain ceases when the flow appears (Lach., Zinc.). One time the flow lasted only three days, but had returned in three weeks. The next time it was six weeks before it came, and then continued ten days.

Pain in the back just above the sacrum, worse before the flow and from motion, better from rest.

With this pain a sensation of bearing-down and weakness in the lower part of the abdomen, as if contents would escape, worse from motion, walking, misstep or jar of any kind, better from lying down and rest in general. Great desire to place the hand on the vulva, as all the parts seem relaxed and unsupported (Lil. tig.).

Neck and Back.—Pain between the scapula, worse from motion.

Whole left scapular region very sore.

Pain deep seated in the muscles along the spine, worse on the left side, worse from motion.

Back feels *very weak* in the lumbar region, as if it would break; comes in the morning after rising, gets gradually worse until noon, then gradually better until six or seven P. M., when free from *all* pain.

Pain commencing on the left side of the umbilicus as broad as his finger, sore, sensitive, worse from the slightest touch, going round

to the spine. Just where the pain stopped, a vesicular eruption came along the line of the former pain until it reached the umbilicus, where it stopped. It was sensitive, worse from the slightest touch, burning and stinging. Zoster.

It is said to have cured many cases of "shingles."

Sleep.—Restless, tossing about in sleep.

Dreams of robbers and would not sleep until she searched the house (Nat. mur.). Awakes at 3:30 A. M. every morning.

Chill, Fever and Sweat.—Coldness along the spine, worse going into a cold room or sitting quiet. Better from external warmth and motion. Back so cold she burns her dresses in holding her back to the stovepipe to get it warm, with goose flesh on back and arms (Caps.).

Chilly all day, worse in a warm room, with dry mouth and tongue, but no thirst.

Fever lasting all night, with much headache, but *no thirst*.

The water has cured many cases of chronic ague.

Relations.—Complementary to Nat. mur.

E. A. TAYLOR, M. D.

OUR HÆMORRHAGIC FRIENDS.

The unfortunate and often serious complication of post-partum hæmorrhage will rarely befall a woman who has been under the guidance of a careful homœopathic physician during pregnancy; for perhaps there is no time in her life in which she is so susceptible to the curative power of the constitutional remedy as during gestation. Nor can the future welfare of both mother and child be so well conserved as by the removing of the constitutional dyscrasiæ developed during this critical period. The various derangements occurring during pregnancy appear to be "nature's call for relief," and should be promptly responded to.

But the complication of hæmorrhage may occur at any time and under the most varied and unexpected circumstances as well as during pregnancy; hence, the indications for the simillimum should be indelibly engraved upon the memory, so thoroughly mastered by the student, that they may be instantly available at the bedside, whether the accident occur either before, during, or after either

pregnancy or parturition, or altogether independent of it. By the timely use of the similar remedy a catastrophe may often be averted, even after mechanical means have failed; for it may be legitimately insisted upon as an axiom in therapeutics, that mechanical measures should never be relied on to correct a deranged vital process.

Acalypha.—Hæmorrhage, bright red in morning; dark and clotted in the evening.

Patient exhausted in the morning; improves as the day advances.

Hæmoptysis or menorrhagia during progress of tubercular diseases.

Acetic acid.—Active or passive hæmorrhage from nose, lungs, bowels, stomach, uterus; dark or pale red, but generally fluid blood. Constant oozing (Crotalus, Millef., Secale).

Face is pale, sunken, alabaster-like.

Patients are generally emaciated, yet may be dropsical, weak, with feeble reactive powers (China, Fer.).

After exposure to gas, charcoal vapor, or bad effects of Carbolic acid.

Follows well after Cinchona, and often completes the cure.

Aconite.—The mental symptoms are guiding. Great anxiety; restlessness; nervous excitability; *fear of death*, especially when fear of not recovering from this confinement has been an ever-present cloud during pregnancy.

Red face while lying; becomes pale, faint, and giddy on rising (rev. of Bell.).

These symptoms are often the forerunners of an alarming post-partum hæmorrhage, aggravated by moving, turning, lying on either side.

Blood bright red, clots readily, and the mental anxiety increases with the flow.

Aletris.—The hæmorrhage is profuse, dark, clotted, passive (Cinch., Ham., Sec.); from atony of the uterus.

There is marked general debility and loss of tone of the entire muscular system upon which the hæmorrhage depends.

When Cinchona apparently well selected, fails to relieve (compare Helonias).

Argentum nit.—The flow is dark, thick, clotted, profuse.

Epistaxis or hæmoptysis during menses (Bry., Phos.).

Much gastric flatulence expelled with great force; belching relieves.

Mind dull, confused; memory lost.

Time passes very slowly; everything that is being done seems done so slowly; has been flowing a few minutes, yet to her it seems hours; attendants hurry, yet to her they seem slow.

Arnica.—Hæmorrhage bright red or mixed with clots.

Constant bleeding; traumatic, resulting from injury or concussion; riding over rough roads; after severe labor or convulsions; excessive fatigue; when washing the face.

Sore, bruised sensation all through the body, especially the affected part.

Best suited to plethoric, muscular persons; dark hair, red face; nervous, cannot bear pain which causes congestion of head and face that feels hot to the patient; heat of upper part of body, coldness of lower part, or head and face is hot, body cool.

Everything on which patient lies seems too hard.

Ammonium carb.—Nosebleed when washing face in the morning (Arn. — every morning at nine o'clock, Kali carb.).

Discharge may be blackish or light colored, profuse, clotted, acrid, which makes the thighs sore and causes burning pain (compare Kali c.).

Great sadness and fatigue during menses.

Cholera-like symptoms at beginning of menses (Bov.).

Generally constipated, except during menses.

Arsenicum.—Hæmorrhages of a low or septic type occurring during course of some organic disease, and attended with marked prostration (Carb. ac., Phos.); bright red, or black, fluid; blood coagulates slowly, or not at all.

The characteristic lancinating burning pain and mental irritability serve to differentiate.

Long, continuous floodings in feeble, emaciated, or cachectic women; least effort exhausts.

Menorrhagia with aphthæ, rheumatism, disorganization of uterus or ovaries; during eruptive fevers.

Sudden, profuse, dark, exhausting.

Belladonna.—Hæmorrhage comes on suddenly, is profuse, bright red, clots easily and feels hot to the parts over which it passes; rarely dark, clotted, offensive.

If uterine, violent bearing down sensation, as if everything would be forced through the vagina; worse from every motion.

Face flushed, or head, face, eyes red and congested, with throbbing of carotid and temporal arteries.

Profuse flow between the after-pains; menorrhagia between the periods, or during pregnancy.

Genitalia are sensitive; can bear neither touch nor the least jar.

Best suited to persons with light hair, blue eyes, sensitive skin, and fair complexion, who are delirious with every slight ailment.

Persons who suddenly pass from one extreme to the other; when sick are very ill.

Bryonia.—Epistaxis or other vicarious hæmorrhage at menstrual period (Bov., Phos.), when menses are scanty or suppressed.

Hæmorrhage profuse, dark red, attended with pain in back and limbs, aggravated by the least motion (Sab.).

Bursting, splitting headache.

Nausea and faintness on sitting up.

Very irritable, everything makes her angry.

Constipation; stool hard, large, dry as if burnt.

When complicated by a rheumatic diathesis.

Bovista.—Hæmorrhage: from over-exertion; after extraction of teeth (Ham.).

Epistaxis, from traumatism or scanty or suppressed menses (Arn., Bry., Phos.).

Diarrhœa before and during menses (Amm. c.).

Flow most profuse at night (Mag. c.), or only at night (Brom.), or only in morning.

During inter-menstrual period, every few days a show; flow from every slight exertion (Cal.).

Climacteric floodings of old maids.

Calcarea.—For the chronic constitutional condition which tends to hæmorrhages, rather than the acute attack.

Frequent and profuse epistaxis in rapidly growing boys, and early, profuse, and protracted menstruation in girls, ending in anæmia and tuberculosis.

Profuse and too frequent menses during lactation, or at the climacteric.

Chronic dilatation of the pupils.

The least excitement brings on a return of profuse menstruation or menorrhagia.

Carbo veg.—Hæmorrhages in persons who have suffered from exhausting diseases.

Blood dark, fluid, venous ; flow passive.

Constant desire to be fanned.

Vitality exhausted ; extremities cold and blue.

Pulse rapid and weak ; skin blue and cold.

Epistaxis : several times daily for weeks ; easy and copious ; face pale before and after attack ; aggravation in forenoon or at night.

Burning pains in spine, sacrum, pelvis, and chest, with labored breathing ; menorrhagia ; hæmoptysis ; menorrhagia from uterine atony ; patient cold and deathly pale.

Chamomilla.—Profuse flow of dark, clotted blood, intermitting with bright red gushes ; or spasmodic at irregular intervals ; passage of lumps of offensive blood ; after abortion.

Tearing pains in legs and violent, labor-like bearing down pains in uterus.

Irritable, irascible, impatient, uncivil.

Frequent and profuse flow of pale urine, or constant urging to urinate.

Hæmorrhage of coffee drinkers ; aggravated by warmth, anger, and at night.

One cheek red, the other pale.

Cinchona.—Profuse hæmorrhage, dark, clotted, after labor or miscarriage (Ipec., Sab., Sec.).

From atony of uterus.

Occurs suddenly, with loss of sight, fainting, pallor of face, extremities cold and blue, great weakness.

Desire to be fanned (Carbo v., Bap.).

Constitutional disposition to hæmorrhage from every orifice of the body.

Painful sensitiveness of the skin, especially of the hands.

Sensation of great distension of abdomen.

Spasms of chest, abdomen, uterus.

Hæmoptysis during lactation.

Hæmorrhage from abuse of chamomile.

Coccus cacti.—Flow only in the evening when lying down, rarely when moving about (compare Bov., Brom., Mag. c.).

Sharp colic pains in lower abdomen ; first in right, then in left side.

Enormous black clots are passed from vagina ; urging to urinate, which is unable to do until a clot passes.

Vaginismus ; soreness of vulva, unable to bear pressure of clothing (Plat.).

Hæmatemesis ; spitting of dark blood.

Crocus.—Hæmorrhage from various organs ; blood black, viscid, clotted, hanging in long black strings from the bleeding orifice.

After abortion, labor, over-heating, straining, lifting, aggravation from slightest motion (Sab.).

Sensation as if something alive in the abdomen (Sab., Sulph., Thuja).

Uterine flow during new or full moon.

Passive hæmorrhage in nervous, excitable persons ; fearful ; palpitation of heart, especially at menstrual period or the climacteric.

Crotalus.—Hæmorrhages are attended by sudden and great prostration of vital force.

Hæmorrhages from all orifices of the body ; blood flows suddenly from eyes, ears, nose, mouth, gums, beneath the nails, even bloody sweat.

Hæmorrhagic diathesis in broken down constitutions ; in chronic inebriates ; blood dark, fluid, uncoagulated (Nit. ac.).

Hæmorrhage : intestinal, in septic or zymotic disease ; of hepatic or cardiac origin ; from ulcer, cancer, or vicarious menstruation.

Yellow color of whole body ; acute hæmatic jaundice.

Low typhoid states ; epistaxis of diphtheria.

Erigeron.—Profuse flooding of bright red blood, especially at climaxis ; flow in sudden gushes ; intermittent ; aggravated by every movement (Croc., Sab.).

Hæmorrhage before and after labor, with violent irritation of rectum and bladder.

Pale and weak from loss of blood (Cinch.).

After miscarriage ; from over-exertion.

Steady, painless flow during pregnancy.

Diarrhœa and dysuria.

Ferrum.—Great pallor of face which becomes very red on least pain, emotion, or exertion, and during an attack of hæmorrhage.

General hæmorrhagic diathesis.

Copious hæmorrhage, pale, watery, debilitating ; or partly fluid, partly dark and clotted ; passive, dark, grumous.

Pale, weakly women with labor-like pains.

Hæmorrhages of the anæmic ; great nervous erythism with fiery red face.

After miscarriage or parturition.

After abuse of quinine or iron.

Red parts become white.

Hamamelis.—Hæmorrhage without fear or anxiety.

Flow dark, passive, oozing, venous.

From every mucous outlet of the body.

Hæmorrhages from venous or portal congestion.

Bad effects from loss of blood (Cinch.).

Prostration disproportionate to loss of blood.

Affected parts bruised and sore (Arn.).

Vicarious menstruation (Bry., Phos., Bov.).

Uterine hæmorrhage, active or passive ; light arterial, or dark venous.

When caused by jolting of carriage riding.

Profuse epistaxis, passive, dark, not clotted, relieves headache.

Bleeding of gums after abstraction of teeth (Bov.)

Helonias.—Profound mental depression (Lac can.).

Irritable ; cannot endure least contradiction or receive any suggestion.

Always better when mind is occupied ; when doing something (Ox. ac.).

A burning sensation in vertex relieved by mental or physical exertion ; uterine headache.

Anæmic, chlorotic, from prolonged hæmorrhage (Cinch.).

Weary, languid, exhausted, yet knows no reason for it.

Passive flow from atony of uterus (Ust.).

Flow dark, profuse, clotted, offensive, aggravated by slightest motion (Bry., Erig., Sab., but flow is bright red).

Dark, offensive, prolonged, from ulceration of os or cervix aggravated by exertion of lifting; face pale, earthy, (Ust.).

Early and profuse menses, where patients lose more blood than is made during inter-menstrual period; great weakness during period.

Sore, heavy sensation in pelvis; "a consciousness" of a womb.

Ipecacuanha.—When ailments from vexation and reserved displeasure may be an exciting cause (Staph.).

Constant nausea, not a moment's relief, even after vomiting (Asar.); flow aggravated by every effort to vomit.

Flow bright red; profuse, continuous, soaking through the bed to the floor.

After parturition, miscarriage, removal of the placenta; flows with a gush.

Complete prostration; heavy, gasping breathing; pallor of face and lips; faintness on rising from the pillow; ringing in ears; stitching pain from umbilicus to uterus.

Placenta previa; labor pains spasmodic; profuse and alarming hæmorrhage.

Metrorrhagia; with nausea and slow pulse; steady flow of bright red blood.

Lac caninum.—Symptoms erratic; constantly flying from one part to another; from side to side.

Sore throats are apt to begin and end with menstruation.

Hæmorrhage; blood bright red and stringy; hot as fire (Bell.); in gushes, clots easily; constant bearing down pains (Sec. Sep.).

Before menses, breasts engorged and sensitive (Con.).

Ovarian pains alternate sides.

Climacteric floodings after Lachesis fails.

Lachesis.—Better adapted to thin and emaciated than to fleshy persons (Sec.).

Chronic ailments after long lasting grief or sorrow, especially at the climacteric; or ailments from fright, disappointed love or jealousy.

Hæmorrhagic diathesis; small wounds bleed profusely (Phos. Crot.).

When floodings are aggravated on awakening from sleep.

Intense ovarian neuralgia relieved by discharge of blood ; if bleeding returns, pain returns.

During climaxis ; profuse flow every two or three months ; flow black, clotted, acrid ; vicarious hæmorrhage ; chills at night and flushes of heat in daytime.

Tendency to malignant growths at climacteric.

In typhoid ; hæmorrhage dark, incoagulable.

Purpura hæmorrhagica (Sec.).

Melilotus.—Violent congestion to head and face, with throbbing of carotids (Bell.).

Hæmorrhage from nose, mouth, lungs, and uterus, preceded by very red face.

Hæmorrhage relieves congestion. Epistaxis profuse and frequent, during diphtheria and typhoid, with general relief.

Blood hangs in clots from nose, like icicles (Mer. sol.).

Mercurius sol.—The hæmorrhages of mercury are generally dark and clotted and aggravated at night or during sleep.

Nosebleed during sleep ; hangs in dark coagulated strings, like icicles, from nose.

Hæmorrhages of old women who have passed the climacteric ; profuse, dark, clotted ; face cold, covered with sweat ; fainting attacks follow each other in rapid succession.

Millefolium.—Hæmorrhages of all kinds, from lungs, bowels, uterus ; bright red and passive ; of mechanical origin ; in atonic constitutions ; of wounds, which bleed profusely, especially from a fall.

Hæmorrhages from uterus, bright red and fluid ; after severe physical exertion, overlifting ; after miscarriage ; painless, passive flow.

Hæmoptysis in incipient phthisis (after Acal., Acon., Arn.) ; from a ruptured blood vessel ; traumatic.

Coughing blood every afternoon at 4 o'clock (Lyc.).

Excessive nosebleed with congestion to head or chest.

Constant oozing of bright red arterial blood (Secale, dark venous fluid ; Ust., dark and clotted).

Hæmorrhage from rectum or bladder.

Hæmorrhoidal hæmorrhages.

Especially suited to lean persons, black hair and eyes, dark, swarthy complexion.

Nitric acid.—Hæmorrhages occurring in broken down cachectic constitutions; diseases depending upon mercurial, psoric, or syphilitic miasms.

Hæmorrhages: epistaxis, hæmoptysis, uterine, from fissures; light or dark, but generally fluid and profuse.

Uterine: from over-exertion; after miscarriage or confinement, with violent bearing-down pains (Sec.); kept up by ulcers on os or cervix (Kreos.).

Hæmorrhage from nose, black, clotted; night or morning; when weeping.

From bowels in typhoid; bright red and fluid, or black and offensive (Crotalus).

Hæmoptysis during tubercular process; colliquative diarrhœa.

Nitric acid patients take cold easily.

Phosphorus.—The hæmorrhagic diathesis; slight wounds bleeding profusely (Crotalus, Lachesis).

Tall, slender persons, fair skin, blonde or red hair, quick, lively, sensitive nature.

Young people who grow too rapidly (Cal. phos.).

Blood light or dark, but very fluid and difficult to coagulate (Secale).

Hæmorrhage: uterine, frequent and profuse, pouring out freely, then ceasing for a time; from malignant degeneration.

Vicarious; from nose, stomach, bowels, urethra.

From genital organs, resisting power of vessels lowered by fatty degeneration; hæmorrhage becomes so severe that general anæmia results.

Menorrhagia in nursing women and at climaxis (Lach.).

Pulsatilla.—Persons who are indecisive, slow, mild, and good-natured, affectionate, gentle, inclined to reveries; easily moved to tears or laughter.

Hæmorrhage, profuse, black, easily clotted; seemingly ceases for a time and then commences with redoubled force.

Epistaxis: blood dark, clotted; profuse, frequent; with suppressed menses; in anæmic women and children; very despondent; aggravated by lying down, or in a warm room.

Flow occurs in paroxysms ; changeable in color ; stops and starts ; profuse at times, then scanty.

Aggravation toward evening ; in warm close room, or going from cold air into warm room.

After abuse of quinine and iron.

Sabina.—Music is intolerable.

For plethoric women, who began to menstruate early, flow free or profuse and a habitual tendency to miscarry.

Hæmorrhage of bright red, fluid blood ; sometimes large clots of bright red color ; comes in gushes, especially on motion ; aggravated by least motion, often ameliorated by walking.

Profuse with labor-like pains from back to pubes, and constant urging to urinate.

After abortion, miscarriage, or labor with retained placenta and severe hæmorrhage (Ust.).

Secale.—For thin, feeble, cachectic women who have become exhausted by living in tropical climates (Nit. ac.).

Passive painless hæmorrhage, from atony of the uterus, especially after miscarriage or protracted labor (Ust.).

Blood black, fluid, non-coagulable, thin, often offensive ; menses early, profuse, and protracted.

Prolonged bearing-down pains in uterus.

Skin and extremities cold, yet feels warm and cannot bear to be covered (reverse of Ars.) ; craves cold air.

Flow aggravated by least movement.

Hæmorrhagic diathesis ; the slightest wound causes bleeding for weeks (Phos.).

Thlaspi.—Profuse passive hæmorrhage from every outlet of the body ; blood dark and clotted (Phos.).

Hæmorrhages : after miscarriage or abortion ; at the climacteric ; with violent cramps and uterine colic.

Menstruation premature, and prolonged — eight, ten, fifteen days — patient weak and exhausted ; had not time to recover before next period was due.

Each alternate period painful and profuse.

Atony and inertia of uterus (Ust.).

Hæmorrhagè from ulceration or malignant disease of os or cervix (Kreos., Phos.).

Trillium.—Hæmorrhages ; profuse, active and passive ; usually bright red, from nose, mouth, kidneys and uterus.

Profuse passive epistaxis.

Hæmorrhage from gums after extraction of teeth (Hæm.).

Flooding with fainting ; gushing of bright red blood from uterus at least movement ; frequent desire to urinate (Sab.).

Hæmorrhage : profuse at climacteric ; in abortion at third month ; ante-partum, with excessive flooding, no pain ; with prostration, palpitation, and painful sinking at stomach.

Menstruation : every two weeks, lasts a week or longer ; from over-exertion, too long a ride, lifting, etc. ; flow bright red (Cal. phos.).

Ustilago.—Hæmorrhage : profuse, passive : after retained secundines of abortion, miscarriage, or parturition.

Passive oozing of dark blood, firmly coagulated, forming long, black, stringy clots (Crocus).

Hæmorrhage : chronic uterine : at the climacteric, profuse and clotted ; with hypertrophied atonic uterus.

Hypertrophy of uterus, cervix tumefied and spongy, bleeds when touched (Nitric ac.).

Menses too early, too profuse, flow lasts ten days or two weeks ; flow dark, clotted, offensive ; gushes of bright red clotted blood when rising from a seat (Compare Cal. phos., Trill.).

Vicarious hæmorrhage from lungs and bowels.

Subinvolution of uterus with complete atony, passive congestion and hæmorrhage after each examination ; os patulous.

H. C. ALLEN, M. D.

PSORINUM : PELVIC TUMOR.

The late Dr. S. S. Moffat recently informed me of the case of a tumor in the pelvis which had been pronounced malignant by one of the ablest surgeons in Washington, who on opening the abdomen refused to attempt its removal on account of the extensive adhesions.

The following symptoms presented :

Urine loaded with pus.

Involuntary stools, so offensive that the nurse declared she could not endure the odor.

Great prostration after the operation, and after a few days developed *a ravenous hunger at midnight*, which waked her from sleep and was satisfied with dry crackers in quantity.

In Gentry's Concordance the Doctor found this symptom under Psorinum, and gave the thirtieth potency.

In two days the stools became less offensive, the urine and general condition steadily improved so that in a few weeks there was nothing perceptible on digital examination except a little thickening of the anterior wall of the rectum where the mass had pressed upon it, and where it had been diagnosed.

The surgeon claimed that opening the abdomen and letting in the air cured her ! And yet surgeons and pathologists are continually preaching antiseptis, because the air is loaded with bacteria !

C. G. GILBERT, M.D.

RATANHIA : STOOL AND RECTUM.

Thin, fetid stools, burning like fire in anus.

Discharge of blood from rectum, with or without stool.

Bloody diarrhœa.

Stool is accompanied by sweat.

Urging sensation in small of back, as if there would be stool ; hard stool with straining ; sudden stitches in anus ; fissures of anus.

Straining ; stool so hard that she cried out ; great protrusion of hemorrhoids, followed for a long time by burning in anus.

Fissure of anus ; great constriction ; stools are forced with great effort, and anus aches and burns for hours.

Excruciating pains immediately after stool, especially if bowels are costive.

Fissure of anus with great sensitiveness of rectum.

Violent itching of rectum.

Dry heat at anus with sudden stitches, like stabs with a penknife.

Burning in anus and several hours after stool, with protrusion of varices.

Burning in anus before, during, and after a diarrhœa-like stool.

Protrusion of varices after hard stool, with straining and violent pressing in rectum.

Oozing from anus.

Ascaris vermicularis ; severe itching about anus.

Pin worms in children.

Fissure of nipples in nursing women.

Case : Inactivity of bowels for a long time, but without large accumulation of hardened feces ; constantly increasing distress in rectum and anus; protrusion of rectum after stool ; great heat with frequent but ineffectual efforts to evacuate bowels and bladder ; three or four deep and angry-looking fissures of anus, also several superficial but very sore and raw abrasions of mucous membrane, extending as far as sphincter and a little beyond into rectum; sensation as if rectum and anus were all twisted up, followed by most violent cutting, not only after an evacuation, but at other times ; pain after stool as if splinters of glass were sticking in every direction into anus and rectum, with great heat ; the pains so intense she could not keep quiet ; sensation after stool as if rectum protruded and then suddenly went back with a jerk and most horrible pain ; fluttering of heart ; during pains desire to die ; relief after a stool, by hot water, so that she always sat for a quarter of an hour in a sitz-bath as hot as she could endure ; relief only while in bath.

SYMPHYTUM: BRONCHIAL COUGH.

While traumatism and *Symphytum* are generally associated by the majority of the homœopathic profession, I find upon inquiries that it is a remedy generally used in this vicinity by many of the older people for bronchial coughs. They gather the root and prepare it by pouring hot water over it in a bowl, and after standing two or three hours use the liquid in tablespoonful doses. From personal observation I find it does cure many cases of obstinate cough. It appears to cure a cough similar to that of *Grindelia robusta* or *Antimonium tart.* more rapidly and promptly than these remedies.

Case : Girl five years of age, blonde, extreme restlessness with trembling. Craving for fruits, the juices of which would make the skin surrounding mouth sore, giving it an appearance of being chapped. Sensitive about region of liver. Rattling of mucus, apparently in upper bronchia, when coughing, but no expectoration. Continuous cough, day and night, with an interval of not more than

five or ten minutes until the patient was exhausted. Very irritable. Desire for things which when offered are refused; immediately wants something else. Appetite capricious. The condition had been diagnosed by physicians as chorea before I began treatment.

Symphytum 3x. One dose daily for a week entirely removed the cough and greatly improved nervous condition. This was given four years ago and she has had but one prescription since.

O. A. WILLIAMS, M.D., Panama, N. Y.

ASARUM EUROPEUM.

Characteristic Symptoms : Cold " Shivers " from every emotion.

Imagines she is hovering in the air like a spirit, when walking in the open air.

Sensation of lightness in the limbs; when she walks, thinks she is gliding through the air.

When reading, sensation in each eye of being pressed asunder.

Cold is pleasant to the eyes; sunshine, light and wind intolerable.

Washing the face with cold water relieves over-sensitiveness of nerves; scratching of linens, rustling of silk or paper, is insupportable.

Sensation as if the ears were closed or plugged up with some foreign substance.

Unconquerable longing for alcohol; *horrible sensation in the stomach when waking in the morning. (With drunkards.)*

Nausea : Constant; in frequent attacks; worse after eating; tongue clean; nausea and vomiting of the pregnant; of cholera; stomach rejects everything; great drowsiness during the day; chronic sciatica and rheumatism, ameliorated in damp, cold weather (Caust.).

A Confirmation.— In the preface to this remedy Hahnemann in his powerful manner discusses the absurdity of grouping remedies according to their coarser or toxic symptoms, such as colic, vomiting produced by massive doses of a drug. Based upon these coarser symptoms, the allopathic school regards the action of Asarum as identical with that of Ipecac. "No!" says Hahnemann, "such

profanation of Asarum and Ipecac is intolerable, in the light of true experiment."

He further asks : " Do these substances with arsenic, sulphate of lime, acetate of copper, veratrum, etc., exist merely to be used as emetics ? "

" What else such a remedy as Asarum can produce," he adds, " may be seen by studying the provings. And every thoughtful physician must recognize its wide sphere of action."

I hope by detailing the following case to corroborate two of its very important symptoms: Mrs. J. H. S., a light, graceful blonde, aged thirty-seven, mother of one child. Two years ago an artificial abortion in the third month of pregnancy; has not seen a well day since; has been treated by a self-styled " homeopathic " physician locally for eighteen months for uterine disease, and steadily growing worse; has a burning, pushing-out sensation back of eyeballs, accompanied by a steady, dull pain all through the head. This is much aggravated by any use of the eyes. When the pain in the eyes and head is relieved, has a distressing internal soreness in lower abdomen, with great sensitiveness to jar, but not to touch or pressure; has never had any bearing-down sensations, and only a slight, watery leucorrhœa, staining the clothing yellow; has a raw, sore sensation in right ovary, aggravated by drawing legs up; has slept from childhood with left leg drawn up, which she is unable to do now. For the last month, has suffered less severely from the symptoms in lower abdomen, but has greatly increased distress in head and back of eyeballs. She lost very little blood during the abortion, but two months later had a severe flooding. She sleeps well at night and feels constantly sleepy during the day; when first waking, head and eye symptoms are aggravated. Great depression of spirits; fears insanity; is morose, irritable, petulant, which is entirely foreign to her when well; desires fresh air, and the colder the weather the better she feels. Appetite, digestion and stools normal. Menstruates every twenty-five days without amelioration or aggravation of symptoms. Examination by speculum; neither os nor cervix shows the least sign of disease. Probe enters freely two inches and a half. The uterus is freely movable and not enlarged; was told by her former physician that she had " serious " uterine disease.

My first choice was Lachesis, based mainly upon the mental

symptoms—the aggravation after sleep and the forcing out sensations in eyeballs. Of this she received a single dose in the cm. potency.

Two weeks later she reports:

Menses again appeared in twenty-five days. Head and eye symptoms markedly relieved till appearance of menses (yesterday). Fever blister on lips. Nausea on awakening in morning. Less sensitiveness to jar in lower abdomen (till the appearance of menses). Right arm goes to sleep frequently.

Give Sac Lac.—Two weeks later reports :

Mentally better ; less fear of insanity. Abdomen has been entirely free from pain and sensitiveness to jar. Eye and head symptoms have been much worse, to which a constant nausea is added during the day.

Gave Lachesis cm. one dose.

A fortnight later reports :

Mental improvement continues, also less nausea. Catamenia appeared on the twenty-seventh day. Complains more of the pressing out sensation in the eyes, and the constant dull headache ; while talking with me she frequently presses against her eyeballs, as if she would press them back into her head.

On closer questioning, I discovered that the sensation was not only an outward pressure, but as if the eyeballs were pressed *asunder* and *outward*, greatly aggravated by reading.

I now re-studied the case, and after a long search found the remedy. The repertories gave me little help, not even the excellent “Berridge’s Eye Repertory.” In this I found on page 69 : “Eyeballs pressing laterally outward,” Baptisia, Phosphoric acid, and on page 179, under the rubric, “Aggravation from reading,” I found “pressing,” but not “pressing outward or asunder.”

Neither Baptisia nor Phosphoric acid suited the case in other respects. As the “relief from cold” was one of the *marked and peculiar* symptoms, I looked through all the remedies which had this peculiarity, and in this way discovered the following symptom, No. 48, of Asarum : “When using the eyes for reading, there occurs in each of them a feeling as if forced asunder.”

Then the *old*, well-known symptoms of Asarum came to my mind, and I asked my patient if she was not relieved by washing the face

and eyes in *warm* water. "No," she exclaimed, "nothing but the *coldest* water splashed upon my face and eyes gives me any relief, and that relief continues only a short time."

Now, Asarum has the following symptoms: "On washing the face with cold water the vertigo, headache, burning on tongue, contraction of cervical muscles, and weakness of knees went off, but after drying the face they returned."

These two symptoms, coupled with the constant nausea and drowsiness during the day (Symptom 238), gave me great confidence that I had found the appropriate remedy.

She received three doses in the cm. potency, about a fortnight apart. She is now entirely free from her eye and head symptoms, and has had no return of abdominal pains, which formerly alternated with those of the head.

In this case Lachesis did much. It relieved entirely the soul symptoms, but it remained for Asarum, which was wholly specific for the "individual and peculiar symptoms," to finish the cure.

This case was under treatment and entirely cured in four months, after a "homœopathic" fraud had tampered with it by local applications and inappropriate internal remedies for eighteen months, with constantly increasing misery to his patient.

I would advise you to insert into your repertories the following symptoms: "Pressing asunder and outward of the eyeballs aggravated by reading," and *underscore* the following symptoms: "Relief by washing the face with cold water," "Drowsiness during day," "Constant nausea."

Asarum is a great and probably much neglected remedy. Its amelioration in damp, cold weather (like causticum) have been its chief indications, and by me used mainly in rheumatic affections, relieved under these atmospheric conditions.

W. P. WESSELHOEFT, M.D., Trans. I. H. A.

COLCHICUM: ASIATIC CHOLERA.

Dr. P. C. Majumdar, of Calcutta, under date of April 15, writes:

"This spring we have a widespread and serious outbreak of cholera among us. The more I study cholera, the more I am convinced of the great value of the strict individualizing method of Hahne-

mann. It is much more applicable in actual practice in this disease than his advice on generalization — if the recommendation of Veratrum, Arsenic and Cuprum can be called generalizing — for they completely failed here this year. There is invariably an invasion of fever after cholera is cured. Colchicum is the *genus epidemicus* now this season.”

ALOE IN BOWEL, RECTAL AND URINARY TROUBLE.

The following clinical experience at the Hering Medical College clinic for children well shows the great curative power of this very valuable remedy:

The patient, Gay C., was ten years old, and of the bilious motive-mental temperament. His mother's brother died of phthisis, and there was a family history of paralysis.

His grandfather on the maternal side had “kidney disease,” and his father is a sufferer from nasal catarrh.

Gay suffered much from vaccination, and has had difficulty in retaining his urine ever since he was a baby ; but he came to the clinic to obtain relief from loose stools and an agonizing pain in the rectum.

The attacks of rectal pain came on suddenly, and compelled him to sit down on the pavement, or wherever he happened to be.

He had little or no control over the sphincter, and, consequently, when a strong desire for stool came on, a discharge from the bowels could not be prevented, and he sometimes soiled himself, being unable to reach a water-closet. Examination disclosed a fissure or irritable ulcer in the posterior part of the anus.

The sphincter was so constricted it was difficult to make a thorough examination on account of the severe pain caused by the insertion of the finger. The lower part of the fissure could be seen when the nates were well separated.

He was so fond of meat that he could make an entire meal of it.

Hair dry.

Appetite poor for breakfast. Cannot retain the urine ; worse in the fore part of the night.

Very sound sleeper.

Blood seems to settle around the eyes, and down the spine, almost as if bruised.

I did not know that any case of anal fissure had been cured by Aloe, but I was sure that the *striking, uncommon and peculiar symptoms* of the patient called for that remedy, and I was determined to see what the indicated remedy could do before calling in the aid of surgery. It would be time to use the knife or other surgical means when the indicated remedy failed to cure.

On October 24, 1895, he was given one dose of Aloe m. dry on the tongue, and plenty of placebo.

October 31: Diarrhœa and rectal pain better, but urinary trouble worse. Sac. lac.

November 7: Urinary, bowel, and rectal troubles better; stool nearly black; tongue long and pointed, tip red. Sac. lac.

November 21: Says he "has never been so well in the kidneys as now." Bowel trouble a little worse; had a fall at school and has not been so well since, but was better before the fall. Sac. lac.

December 5: Has had diarrhœa, but has not had urgent desire to go to stool; attacks of pain in rectum very much less frequent and severe; his mother says she knows he is getting better; urinary trouble almost well. Sac. lac.

January 9, 1896: During last week had a slight cold and some diarrhœa; feverish; sore throat. As I thought the curative action set up by the medicine had ceased, I ordered the patient to have a single dose of Aloe 45 m.

January 23: Feels pretty well this week; no pain anywhere; urinary trouble all right; no diarrhœa and no discomfort on passing stools; has two or three well-formed stools daily (Sac. lac.).

February 6: The report is, "I am feeling the best I ever felt." Sac. lac..

February 27: Bowels move regularly, without pain; no diarrhœa; better than he has been for years; the general appearance of the boy has improved very much. Sac. lac.

March 12: No trouble with bowels or rectum; has taken cold in the eyes. Sac. lac.

March 26: Bowels and rectum all right.

April 9: Wet the bed last week; bowels all right. On account of his wetting the bed, I prescribed one dose of Aloe cm. Since

then to date has been well of his bowel, rectal and urinary troubles, and, as he had nothing to complain of, has been discharged as cured.

This case shows that the right remedy, in the right potency, rightly administered, can sometimes, at least, cure anal fissure.

It shows the great curative power of the high potencies.

It shows, I think, the benefit of waiting, after the administration of the dose, for it to act.

It shows that various "diseases" can be cured by the same remedy.

Could the patient have been cured of his ailments by repeated doses of the remedy in a low potency ?

Could this case have been cured by frequently repeated doses of the remedy in a high potency ?

What are some of the more important symptoms of Aloe relating to stool, rectum and urinary organs ?

ALOE: CHARACTERISTIC SYMPTOMS.

Sensation of heat and burning in the rectum.

Sense of insecurity in the bowels, as if diarrhoea might occur at any time.

Diarrhoea with want of confidence in the sphincter ani. The rectum seems full of fluid, which feels heavy as if it would fall out.

Diarrhoea driving out of bed very early in the morning.

Solid stool passes involuntarily, dropping away unnoticed by the sick.

Stools which pass away in "gobs" in consistence like the jelly-fish, usually dark in color, but sometimes quite colorless.

When passing wind, feeling as if stool would escape.

The stool, though not too hard, causes a pricking in anus, later continuous pain in anus, compelling him to draw it together frequently, whereby it becomes tense and achy.

Hemorrhoids: protrude like a bunch of grapes; constant bearing-down in rectum; bleeding; sore, tender, hot; relieved by cold water.

Every time on passing urine, feeling as if some thin stool would escape with it.

Diarrhœa and incontinence of urine.

Sensation as of a plug wedged in between the symphysis pubis and os coccygis.

T. G. ROBERTS, M. D., Chicago.

GONORRHŒA IN GYNECOLOGY.

Dr. H. R. Holmes, of Portland, writes of the importance of informing the laity of the dangers of latent gonorrhœa. The man who had once had gonorrhœa should never marry unless he had first consulted a physician in venereal diseases. If greater care were taken in such things there would be much less suffering among women, and much less occasion for many of the formidable gynecological operations.—*Daily Medical Journal*.

Why not strike at the fountain head? Why not cease the use of local astringements in the treatment of acute gonorrhœa, and thus escape the constitutional gonorrhœa poisoning and “the dangers of latent gonorrhœa” so much dreaded by the careful and conscientious gynecologist? Cure the patient and not suppress the local manifestation is the theory and practice of the true homeopath.

Dr. Hunter McGuire recently said before the Virginia Medical Association that appendicitis can be cured without the use of the knife.

Homeopathic physicians who have not been carried away by the allopathic craze for operating on everything, have always maintained that appendicitis and every other *itis* of the abdominal and pelvic cavities “can be cured without the use of the knife.” Brave Dr. McGuire! We fear you will be accused of unorthodox practice and expelled from the Virginia Medical Association.

Dr. Hunter Maguire has conferred an immense boon on humanity by declaring that appendicitis is never caused by swallowing grape seeds. Now all the people who have been spoiling the flavor of their grapes by biting them in two can go back to the old, delightful practice, which was perfectly safe before appendicitis became fashionable.—*St. Paul Pioneer Press*.

Perhaps once in a thousand times appendicitis may have been caused by grape seeds, yet the Virginian’s advice is good.

NITRIC ACID: LABIAL TUMOR.

Case. Mr. D.—Aet. about 30; came in complaining of a tumor on his lower lip, at the muco-cutaneous juncture, that he feared was of a carcinomatous nature, and it had much the appearance of beginning trouble of that kind. It resembled a large chancre, being hard, having the split-pea feel and appearance, surrounded by swelling, redness and indurated tissue. Its color was a livid blue and there was an irregular, ragged, fistulous, ulcerated condition of its surface, which was also very sensitive and bled from the slightest touch. The patient also gave me this symptom as to the character of the pain: "It feels as though there were two or three splinters sticking in there in addition to the burning pain." I gave him Nitric acid 30 and in two weeks no trace of the tumor remained, and there has been no return or symptoms of it to date, now about two months.

ACTEA RACEMOSA.

Case. Mrs. J.—Aet. about 38; married and has children. In good general health. Consulted me, complaining of the following symptoms :

Is afraid she is going crazy.

Dull headache in occiput and vertex.

Sharp pains extending across the hypogastrium.

Pains in left ovarian region, shooting across to the right.

General irritability and can not remain quiet.

A severe, spasmodic, neuralgic pain in left foot, extending from the small toe to the outer malleolus and part way up to the knee in the calf of the limb.

This pain was excruciating in character and would cause her to cry out when a paroxysm would come. She described it as like "an electric shock, only worse." It was always worse in the evening and at night. It was this pain she complained of principally and for which she consulted me. She had been under old-school treatment and morphine did not relieve her. I gave her *Cimicifuga* 3d and after she had taken four doses she began to get relief and has had no return.

LACHESIS.

Case. Mrs. J.—Aet. 42. Married and has three grown up children. Had been regular with menses until about a year ago, when the flow disappeared and has not returned. She considered herself through the climacteric period. She gave me now the following symptoms, some of which she had more or less during the year of her supposed climacteric :

Weakness of memory, with sadness.

Vertigo in the morning.

Headache in occiput extending down into neck and shoulders.

Tongue numb, red and trembling when protruded.

Pale, earthy-gray color of face.

No appetite whatever and perfect disgust for food when seeing it.

Hot flushes starting from the stomach and running up over the body.

Suddenly something runs from neck to larynx and interrupts breathing, awakening her out of sound sleep.

Can bear nothing around throat.

Shortness of breath.

Stiffness of neck relieved by clasping hands behind neck and making pressure.

Great weakness and trembling of whole body. This last symptom, with the suffocated feeling and flushes of heat, all coming on at night, awakening her out of sound sleep, were the ones of which she complained most. I gave her Lachesis 200 with entire relief from all her trouble.

F. C. TITZELL, M. D.

 PHOSPHORUS: MORBUS COXARIUS.

I have reported the two following cases as appropriate in demonstrating the superiority of Homœopathy over Allopathy in the treatment of the initial stages of this affliction, and thereby preventing the pitiable condition of many who had only surgical care at this stage.

The first case is that of a boy ten years old, of sanguine-bilious-

nervous temperament. Light brown hair and dark eyes, which speak volumes in this particular individual. Mentally keen and physically extremely sensitive. Inclined to be tall and lean. Those elements which constitute a vigorous vitality quite deficient. The boy has the appearance of a noble, honest and benevolent personage. He is at once dignified, proud and resolute, quick to perceive and conceive.

This patient is said to have had an abscess in the left hip-joint when fifteen months old. They have recurred from time to time and were invariably treated *secundum artem* — the knife.

At present, we find the following symptoms:

Another abscess in left hip-joint, with a decided and well marked accumulation of pus midway between groin and upper third of thigh.

Pain wakens him at night, 12 P. M., but soon goes to sleep again and sleeps uninterruptedly till morning.

Occasional shooting pain up into joint. Head of femur exarticulate and limb shortened. Acne on face at times.

Acid stomach and diarrhoea at same time, periodically.

Fond of fruit.

General aggravation in stormy, rainy weather.

Pain in hip also worse after having eaten noon and evening meal.

Offensive foot-sweat all his life.

Saliva running from mouth daily at 2 P. M.

What is his constitutional remedy? I will state here that this case was prescribed for by the senior class of Hering, '96. The opinion of the class was unanimous as to the appropriate remedial agent. Calc., Hep., Caust., Kali iod., Lyc., Lach., Mer., Nit. ac. Phos., Phos. ac., Sil., Sulph., etc., should be thought of in this ailment. I would tire you with differentiation, so we will take the *word* of the class. Phos. 5 m. discussed the abscess before their eyes. From week to week the swelling diminished, so that we permitted him to return to his home in Minnesota, January 31st. The boy came to us January 3rd. The class recognized at once the correspondence between the patient and the Phosphorus.

Silicea.—The second case is one from my private practice. A boy 10 months old; blonde. Found the child suffering great pain in left hip-joint on moving it.

Red spot over the joint.

When lying the left knee was flexed.

The following day there was considerable swelling, redness, heat and pain.

Here was an abscess with a possible syphilitic substratum.

The child very restless at night and the pain in hip relieved by *heat*. In ten days from the first visit the abscess broke and discharged a large amount of pus, black and offensive. The wound healed rapidly and the child soon regained its natural plumpness, and has not been sick a day since. He is now ten years old.

Mentally he is naturally *timid* and *afraid*. On the intellectual plane, however, clear and quick.

The peculiar mental and temperamental conditions, together with the great > from *heat* and syphilitic undercurrent, led me to select Sil. 5m.

Nothing was done *locally*. A part can never be greater than the whole. Each case presents a *punctum saliens* and the Homeopathy of Hahnemann applied in the new light solves the problem.

J. A. TOMHAGEN, Chicago.

A FEW SURGICAL CASES.

Case I.—Female, aged 22, unmarried, domestic. Anæmic since the age of sixteen, at which time the menses ceased for nearly one year. During that period the uterus expelled about two dozen small, hard bodies about the size and color of a blue damson plum. The menstrual flow then reappeared, becoming gradually more frequent, profuse and protracted until, when she presented herself to me, it had persisted for about four weeks. She had taken large quantities of quinine, iron and strychnine and the effect of each was quite apparent. Two doses of Ferrum (71m) stopped the protracted flow and caused the expulsion from the uterus of two small, fibrous, pediculate bodies, similar to the ones above described. Curettement did not help her, but the anæsthetic enabled me to become better acquainted with a couple of enlarged ovaries which had made life a burden for years. Carefully selected remedies failing to relieve the condition, an exploratory laparotomy was decided upon, and the patient's request for a double ovariectomy taken under advisement. The usual incision revealed a pair of fibro-cystic ovaries evidently capable of producing nothing but pain. Both were tied off with

catgut and removed, the virgin uterus being allowed to remain. No drainage. A classic recovery followed, the patient getting up on the eighteenth day. She has pursued her domestic labors ever since in a state of comparatively good health, but will probably always feel the bad effect of allopathic drugging.

Case II.—Housewife, aged 20, married five years; never pregnant; generally “run down”; nervous, depressed, with a yellow, “mattery”, non-offensive, bland leucorrhœa; also a dysmenorrhœa which, strange to say, failed to yield to recent intra-uterine electrical treatment by an old-school practitioner who failed to discover the cause of her troubles. The day before she came under my observation she had been examined by two old-school practitioners who correctly diagnosed a tumor, advising immediate operation, telling her it was “liable to break at any minute and kill her.” The median incision disclosed two cystic ovaries, the left one the size of a small orange and the right one as large as a big cocoanut. Both were tied off with catgut and removed. No drainage. Patient made an uninterrupted recovery and is in the enjoyment of good health. It was a matter of some difficulty to persuade her to remain in bed at least a reasonable portion of time during third week after operation.

Case III. Appendicitis.—The *early* operation. Mrs. E., aged 26. Housewife; married seven years; no children. General health below par, with history of recurrent appendicitis. First attack in summer of '93; allopathic treatment and slow recovery. Second attack in summer of '94, and treatment by the “indicated remedy” in a H. P. was so successful that it made staunch homœopaths of patient and her husband. I prophesied at this time that eventually that appendix would have to see daylight. Third acute attack came in September, '95, and I hesitated between opening an abdomen now busy with a diffuse peritonitis and the medical treatment with a possibility of perforation and an enforced hasty operation at the residence of the patient, remote from my office and under unfavorable circumstances. I risked the medical treatment and won.

As soon as possible after convalescence she came to the hospital and I removed the offending organ. Incision $1\frac{3}{4}$ inches long over McBurney's celebrated point. Separated adhesions, the relic of repeated inflammations, and removed an appendix which

was apparently so healthy that a smile over a supposed mistaken diagnosis spread over the faces of the assembled senior class. The stump was tied with catgut, buried in cæcum by purse-string stitch of same material and abdomen closed. No drainage. Upon splitting the appendix we found a stricture near the cæcal juncture, one faecolith the size of a BB shot and an ulceration (extending from the stricture to one-fourth inch of distal end), with entire absence of mucosa, submucosa and most of the muscularis, leaving only a few muscular fibres and the peritoneal covering between the lumen and the peritoneal cavity. Patient up on tenth day and recovery uneventful. Lycopodium was used in the 1 m. to relieve gas pains.

Case IV.—Appendicitis.—The *late* operation. Boy, aged ten years. Condition not recognized by the old-school attendant until counsel was called and case treated by cathartics and enemata. Eight days had passed since the first acute attack when I first saw him, and he was then sinking under an overwhelming wave of sepsis, perforation evidently having occurred. A tumor—appendicular abscess—in the right iliac region, was cautiously opened and considerable pus, of an atrociously vile odor, evacuated. The proximal half of the appendix presenting, it was ligated and removed, the stump being buried with a purse-string suture of “E” catgut. After carefully flushing with a weak solution of H₂O₂, followed by warm sterilized, calendulated water, gauze drainage was inserted and the abdomen closed. This patient died of sepsis on the tenth day and it is my opinion that nothing but Pyrogen kept him alive so long. Pulse and temperature both responded promptly to its exhibition, and fluctuations were in marked accord with the frequency of the dose. The effect of each dose was very apparent but no remedy could counteract the effect of the constant pus absorption since the appendix had perforated. The final examination revealed a score of minor pus pockets, more or less imperfectly walled off, no part of the peritoneal cavity being uninvaded. The attached portion of the appendix contained an orange seed and two apple seeds. The Pyrogen was given in the cm., cmm. and dmm. potencies (Swan), and kept the temperature and pulse at so low a figure as to be very misleading, considering the pathology in the case. Having witnessed the same effect in previous cases, I use the remedy with great circumspection.

In the above cases home-prepared chromicized catgut was used; guitar "G" for tying pedicles, "E" for tying off and burying appendix stump, ligating arteries when necessary and for closing peritoneum. Silkworm gut sutures were put through everything left after peritoneum was closed, the balance closed layer by layer with size "B" catgut and the silkworm sutures tied over all. This renders a hernia almost an impossibility, but the catgut must be like Cæsar's wife. Dressing and drainage of calendulated gauze.

I am of the opinion that where silkworm gut sutures are put through everything outside of peritoneum, guitar "E" catgut, properly chromicized, is large enough for approximating layers.

W. W. STAFFORD, 100 State Street.

ALOE: CHRONIC COUGH AND DIARRHŒA.

In December, 1895, I was called to Evanston, Ill., to see Mr. R., who was said to be dying of consumption. He had been examined and prescribed for by many physicians both in Chicago and the East, with a variety of opinions.

When I first saw him I was startled by his appearance; age about 55; tall, very gray hair and mustache; extremely emaciated; eyes staring and abnormally bright; shoulders stooping; skin yellow and seemed stretched over the bones of face and hands.

He was sitting in a large easy chair, using a bulb atomizer in the nostrils. Had an almost incessant cough, with a profuse expectoration of glairy, white mucus, which seemed tenacious and difficult to raise. Respiration very rapid; mouth open, chest heaving.

He gave me the following general history:

For years had been a prosperous merchant in New York State and until ten years ago had enjoyed good health; at that time he met reverses and came to Chicago. When he commenced to fail many circumstances contributed to his breaking down. Had colds closely following each other, followed by a chronic cough. Hypertrophy of the turbinated bodies ensued. Two years ago he had them removed by a specialist. After the operation he suffered so much pain that the attending physician prescribed a cocaine solution locally. This explained the atomizer which I had noted on entering the room. Appetite poor, can only eat pastry and milk and always has to eat sparingly, on account of the pain and disturbance following any

large meal. This pain always begins immediately after eating, was located in region of umbilicus and continued until the bowels moved.

Has night sweats, cold and clammy; very restless during latter part of night. Has to get up at five o'clock every morning and go to the closet to defecate; and again immediately after breakfast.

The feces were dark and very foul smelling.

At times he could scarcely get to the closet soon enough, and, if anything delayed him for two or three minutes, an accident was sure to occur.

The mental effort to control the bowels seeming to act as an extra stimulus to the peristalsis. Of course this was a great annoyance, as he went to the city each day to attend to business.

Physical examination discovered the left chest larger than the right; mucous rales in the bronchial tubes.

No soreness or pain in lungs.

Diaphragm and stomach sore from the continuous coughing.

Feet dry and hot; legs moist, cold and sticky.

Temperature, under the tongue, $101\frac{1}{2}$ degrees; pulse 100, small and hard.

Had a chill every morning at 7 or 8 o'clock, with the fever onset about noon. Fever lasting until after retiring at night, followed by sweat.

Much pain in small of back, especially at 3 P. M., of an aching character.

Had been in the habit of drinking stimulants, though not to excess.

Was burdened with many financial and domestic troubles. I could not gather enough distinctive symptoms to justify me in giving an antipsoric remedy (so called), so made my prescription with a view to relieving the most troublesome symptoms, namely:

The bowel trouble, with the points in mind of painful cramps immediately after eating, unreliable sphincter ani, aggravation from the least food or drink, pain about the umbilicus.

I gave Aloe m., one powder on the tongue, with placebo. Instructed him to stop all medicines, tonics, stimulants, cocaine, etc.

I also put him on a corn-bread and milk diet.

At the end of a week he called to see me as requested and reported diarrhoea much better, appetite slightly improved, chills lighter, cough the same.

End of second week all symptoms better ; cough lessened, expectoration loose, diarrhoea cured. At end of six weeks only slight cough remained. When I last saw him he had gained twenty pounds, had no cough; he looked well and said he felt well. He received no other medicine.

R. N. MORRIS, M. D.

INDIVIDUALIZATION: ITS ADVANTAGES.

It is quite fashionable among a certain class of writers in our school to fling sarcastically at what they are pleased to call "Symptom Chasing," etc. They sneer at "Key-notes" and "Characteristics," as though the symptoms in the broadest sense were not our only guide in deciding upon the remedy, and as if the "characteristic," or "peculiar" symptoms, were not the "key-notes" to the complete harmony of remedy and patient.

There is one or more "characteristic" or "peculiar" features belonging to every one of our seventy millions of people which distinguishes each from all the other sixty-nine million nine hundred and ninety-nine thousand nine hundred and ninety-nine. Not one of these millions can be dispensed with, nor will one of them be complete without his characteristics.

So it is with the medicines composing our materia medica. Not one can be dispensed with, nor can any one of their characteristics be ignored with impunity and justice to remedy and patient.

The symptoms common to a given "disease," and which determine its name, are of much less importance in deciding the choice of a medicine for the cure of a given case of such "disease" than are those symptoms which are peculiar to that particular patient.

Let us take, for example, typhoid fever. All cases of this disease will exhibit the "cloudy" or "stupid" mental symptoms which give name to this affection; and, if the peculiar symptoms of typhoid fever, rather than the peculiar symptoms of the patient, are to be our guides in the selection of medicine to cure the patient, only one remedy will be needed; for all cases of typhoid fever exhibit the phenomena peculiar to that disease.

But we find that, as a matter of fact, many remedies are curative in patients ill with typhoid fever; that *Baptisia* will be indicated in one case, *Rhus tox.* in another, *Bryonia*, *Belladonna*, *Nitric Acid*, *Arsenicum*, *Lachesis*, etc., etc., in others.

We find, further, that the symptoms upon which we decide which one to select are *not* the symptoms pathognomonic of the disease, but *are* the symptoms peculiar to the individual patient before us. But these are the "characteristic" symptoms which are the "key-notes" to the whole case, and without which there can be no scientific application of the Homeopathic law; without which there can be no accurate prescribing.

I will illustrate by detailing two cases of typhoid fever occurring to two members of the same family at the same time :

I was called about four weeks ago to a town in the southern part of the State to see a sick medical brother. I found a well-defined case of typhoid fever, not especially severe. The symptoms most complained of were the unaccountable degree of prostration, and the persistent thirst for *cold* drinks, which could be taken only in small quantities at a time, and his great *anxiety*.

These symptoms were as finger-boards or "key-notes," pointing toward *Arsenicum*. A study of this drug showed that all the other minor symptoms of the case were covered by the remedy. The result was satisfactory. In the next room lay his relative, a young lady of twenty-two. Her symptoms were also those of a well-defined case of typhoid fever, and much more severe than those of the other case. The typhoid or "stupid" condition was much more marked, cheeks remarkable for their intense dusky redness.

The most marked and characteristic symptoms in her case were delirium and dreams "about another and very disagreeable girl in bed with her," or about there being two of the patient, or about her being dismembered, one limb being here and another there, and about the anxiety and worry she experienced trying to get and keep them together. Tongue coated heavily, teeth covered with sordes; breath very offensive, patient very stupid. In this case the "key-note," the most "peculiar" and hence the most "characteristic" symptom was the delirium, and it belongs to but one remedy, namely, *Baptisia*. And I assert, unequivocally, that when that symptom is observed early in an attack of typhoid fever *Baptisia* will abort or greatly lessen the length and severity of the attack. It is a most valuable indication, and should always be in mind when examining a case of any "typhoid" condition.

Both patients responded promptly, and are now convalescent.

W. J. HAWKES, M.D.

PSORINUM: DEAFNESS.

MM. ÆT. 16 months. Large, fleshy ; fair skin ; large blue eyes.

Grandmother died from cancer. Father had the itch, which was treated locally. Anterior fontanelles still open. Hands and feet cold. Profuse sweat about head at night. Nervous, starts when spoken to sharply. Wants clothes to fit snugly about neck. Stool, hard, dark and causes crying. Tubercular meningitis at twelve and one-half months. Received old-school treatment. Eruption then appeared on scalp which exuded a thick, yellow pus, matting the hair. Cured (?) by application of a white ointment, followed by total loss of vision.

March 24.—Psorinum 42m.

March 30.—Urine ammoniacal and excoriating. Placebo.

April 3.—Thirsty at night, drinks a cup of milk. Aversion to being washed. Eruption on scalp returns. Placebo.

April 6.—Head seemed swollen near coronal suture. Don't want to be touched. Placebo.

April 13.—Vision returning slightly. Placebo.

April 20.—No symptoms. Placebo.

April 27.—About the same. Placebo.

May 4.—Hands and feet cold. Sweats about head day and night. Wants to be out of doors. Cries only when being washed. Sulph. 55m.

May 11.—Generally better, but still cries when washed. Placebo.

May 22.—Last week fever lasting three days ; no appetite ; constipated ; stools, hard, brown and very offensive. Seems better in cold weather. Placebo.

May 29.—Vision improved ; notices objects. Placebo.

June 5.—Better in every respect ; continually scratches head. Placebo.

June 12.—Feels much better. Placebo.

June 19.—Still has aversion to water. Wants to be held. Placebo.

June 26.—Scratches head day and night. Sulph.cm.

July 10.—Discharged, cured. One year later the child was brought to the clinic for an acute trouble, but the vision was perfect.

L. A. L. DAY, M.D.

EDITORIAL.

When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime.
Hahnemann.

Salutatory.—If an apology were needed for the launching of another medical journal into the arena of professional life, it might be found in the almost universal demand for a revival of interest in the study of *Materia Medica*, upon which the success, yea, even the life, of our school depends. Nearly every specialty—surgery, official surgery, obstetrics, gynecology, ophthalmology, otology, electricity, etc., etc.—has an organ devoted to its interests, by and through which its merits may be presented to the profession. Then why not one devoted to the development of our *Materia Medica*, the exemplification of its scientific basis, and the study of its characteristic features, upon which the virility and vitality of Homeopathy has depended in the century just closing, and upon which it must rely for its victorious march in the future? Every individual homeopath must depend upon his *Materia Medica* for his success, be he general practitioner or specialist. In fact, the acknowledged superiority of our specialists in every department is due to the use of their homeopathic remedies, many patients being cured after surgical measures have entirely failed. This is so universally admitted that it has become an axiom: “The best homeopathic prescriber is the most successful specialist.”

Could a more opportune time have occurred for a revival in our *Materia Medica* or the publication of a *MATERIA MEDICA JOURNAL* than the advent of the second century of the existence of Homeopathy? The *Materia Medica Pura* of Hahnemann, with his *Organon* and *Chronic Diseases*, have withstood the criticism of friends and the assaults of enemies for nearly one hundred years, and in this centenary anniversary year they emerge from the conflict, which has destroyed every contemporary medical work of the kind, confirmed by the highest test that can be applied by science, the practical application in the cure of the sick. This historical fact alone demonstrates the verity of the Law of Similars, and the wisdom of the founder of Homeopathy in the arrangement of the schema of his *Materia Medica*; and the rules of the *Organon* for our guidance in

its application. It will be the province of the MATERIA MEDICA JOURNAL to verify and confirm by both pathogenetic and clinical methods the symptoms obtained on the healthy, and in this work we bespeak the co-operation of our homeopathic colleagues of every specialty, in every clime, for the perfection of our Materia Medica and the welfare of our beloved Science of Therapeutics. In union there is strength.

THE MATERIA MEDICA CONFERENCE

which meets at Detroit, June 16, 1896, bids fair to be a red-letter day. Subjects have been announced and questions proposed for discussion which ought to interest every student and practitioner in the profession.

The answers to following questions are based on the Organon, especially §153.

“In the search for a homeopathic specific remedy, *the more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view, for it is *more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure.”

QUESTIONS FOR CONFERENCE.

Question 1. Can the Law of Similars ever demonstrate its full therapeutic powers with a Materia Medica constructed on the lines heretofore followed?

Answer. Yes! Certainly.

Ques. 2. What have been the chief errors in the mode of constructing the present Materia Medica?

Ans. The “chief errors” are in its use, not in its construction.

Ques. 3. In what particulars has the proving of drugs deviated from the rules laid down by Hahnemann in the Organon?

Ans. In no essential particulars. Less care perhaps has been taken by the later provers than by Hahnemann and his colleagues.

Ques. 4. In what particulars do Hahnemann’s rules and directions for proving drugs differ from, or fall short of, those required by the methods and precautions of modern scientific research?

Ans. In our opinion, judged by practical results, Hahnemann's rules for drug proving have produced the best results.

Ques. 5. In the proving of any drug, is the preliminary experiment, suggested in §130 of the Organon, essential to the correctness or completeness of the work ?

Ans. Whether absolutely essential or not, it is a wise precaution if the experimenter be sensitive to the action of the remedy.

Ques. 6. What evidences should be demanded as necessary to establish the genuineness of a drug-symptom, or of the symptoms obtained by an individual prover ?

Ans. A confirmation, clinical or pathogenetic.

Ques. 7. Is clinical testimony to the genuineness of an alleged drug-symptom ever admissible as a substitute for pathogenetic evidence ; and if so, under what rules and restrictions ?

Ans. Yes ! The most valuable symptoms, the individual or characteristic — from the so-called idiosyncracies.

Ques. 8. Does a limited susceptibility to the pathogenetic action of a drug indicate a corresponding limit to its therapeutic action in the same person ? If so, should not symptoms obtained from but few provers be distinguished from those obtained from the many ?

Ans. Not necessarily. Hahnemann's rule, §153 Organon, serves to distinguish these and all other symptoms in practice.

Ques. 9. What therapeutic reasons are there for distinguishing the direct effects from the counter effects of drugs ?

Ans. We do not know of any.

Ques. 10. Should not the medical profession adopt measures to guard the purity of our recognized Materia Medica against the unauthorized introduction of unreliable materials by irresponsible persons ?

Ans. Yes ! And also guard it against the unauthorized condensations (so-called) of the Materia Medica Pura.

Ques. 11. Until these, and other questions have been thoroughly considered, and if possible solved, is it expedient that the profession should undertake the radical improvement or reconstruction of the Materia Medica ?

Ans. By all means encourage proving of new and re-proving of old remedies on the basis of the Organon, §§120-141 inclusive. Can perfect the Materia Medica in no other way so well.

NEW PUBLICATIONS.

The Chronic Diseases, Their Peculiar Nature and Their Homeopathic Cure. By Samuel Hahnemann, M. D. Translated from the second enlarged German edition of 1835, by Prof. Louis H. Tafel. Philadelphia : Boericke & Tafel. 1896. Pp. 1,600. Price, \$10.00.

Here is a magnificent volume of 1,600 pages, which should be in the library of every follower of Hahnemann. The work in English has been out of print for many years, and is now, in a much better dress and a far more perfect translation, accessible to the younger members of the profession. The numerous uncalled-for omissions in Hempel's translation rendered a new translation necessary, and the publishers were very fortunate in securing the services of Prof. Tafel, one of the best German scholars in the country, for the new work.

The translator says : "There is no question but that Hempel is right in what he says of the involved phraseology and the lengthy periods of Hahnemann ; still we did not think it best to follow his mode of rendering, which, according to his preface, consists in ' mastering the sense of a period and then embodying it in a free manner in the foreign tongue.' We have preferred to follow, in this respect, the example of Dr. Dudgeon, in his admirable translation of the *Materia Medica Pura*." And the result is, we have a much more readable book.

The first 160 pages contains his theory of the *Nature of Chronic Diseases*, upon which he tells us in the Organon (foot note to § 80) he "spent twelve years in investigating the source of this large number of chronic affections, in ascertaining and collecting certain proofs of this great truth, which had remained unknown to all former or contemporary observers," a great boon which had not been put within the reach of the followers of Hahnemann by what Homeopathy had hitherto taught. The practical value of this great discovery in the cure of chronic diseases is, if possible, of far greater advantage to humanity than the application of the similar

remedy in acute diseases, for chronic diseases never get well of themselves, are never self-limited. While the pathogeneses of the antipsoric remedies are included in other works, they are here found as published by Hahnemann, with his valuable introductions, worth to many as much as the volume itself.

That psora, syphilis and sycosis are the underlying causes of chronic diseases, those who have faithfully followed the teachings of the Organon in practice have little doubt. Those who have never tried it, because they do not believe it, are not competent to answer. The triumphs of homeopathic practice have been based upon it. The work has been edited by Dr. Pemberton Dudley, and those who have had occasion to consult the volumes of the Transactions of the American Institute can appreciate the full significance of this announcement.

Every practitioner should possess this work for the welfare of his or her patients, and his or her own self-respect and professional standing; for every homeopath should be ashamed to say that every work of Hahnemann was not in his library. Besides, this work will show us how to successfully treat the chronic ailments of our patients, to cure which is the special work of the homeopathist.

How Nature Cures: The Natural Food of Man.—Comprising a New System of Hygiene. A statement of the principal arguments against the use of bread, cereals, pulses, potatoes and all other starch foods. By Emmet Densmore, M. D. New York: Stillman & Co., 1398 Broadway. Pp. 413.

Whether you believe or disbelieve the statements here made by the author, you will find much that will be of interest and perhaps obtain an idea in dietetics that may be of practical value. Like all methods of treating or feeding the sick, derived from the text-books of the other school, there are perhaps none so utterly devoid of value as dietetics. The feeding of the typhoid patient on milk, beef and other animal extracts is a fair sample of “how not to do it.”

“The doctrine that the use of bread, cereals, etc., is not only unwholesome, but is at the very foundation of nervous prostration and modern diseases, is novel and startling.”

So also is the value of fasting in the cure of many diseases, new to many; also that “catching cold” is always caused by dietetic errors.

“The central thought on which this book is written is the confident belief that sickness and acute attacks of illness bear the same relation to diet that drunkenness bears to drink. It is quite indisputable that no one needs to get drunk; all that is requisite to avoid inebriation is to abstain from intoxicants. It is in this sense that we affirm that all cases of taking cold are the result of improper food, or excessive quantities of proper food.”

This quotation is from the preface and shows the general object of the work and the character of the teaching.

A Repertory of Hering's Guiding Symptoms of our Materia Medica.
By Calvin B. Knerr, M.D. Philadelphia: Published by the F. A. Davis Co., for the estate of Constantine Hering. 1896.

This repertory completes the crowning life-work of the great Hering—THE GUIDING SYMPTOMS—by far the most practical work on Materia Medica yet issued. Individualization is the corner stone of scientific therapeutics, and this work enables the physician to individualize, to analyze and classify the symptoms, in treating the sick. The *value of the symptoms*, one of the most practical features of Hering's Materia Medica, is also retained in the Repertory, and the concise illustrative clinical cases so helpful to the clinician and so numerous interspersed throughout this grand work, are rendered easily accessible by the Repertory. As Hering so happily expresses it in the introduction to his Analytical Therapeutics, “the comprehension of general principles, ruling the whole in every part, enables the mind to find the way through thickets of endless varying symptoms.”

The method of classification is the anatomical one inaugurated by Hahnemann, developed and perfected by Hering, the regional division into forty-eight chapters. It is the best possible arrangement that has yet been devised, and is intended to concentrate and collect, instead of separating, the symptoms. “Each chapter is alphabetically divided into sections and rubrics, allowing full scope for analysis *without destroying consistency as a whole.*” As in the Guiding Symptoms, the original words of the prover and clinician are preserved to the letter, and thus individuality preserved. Taken all in all, we think it a valuable addition to the library of every homeopath.

A Hand-book of the Diseases of Children and Their Homeopathic Treatment. Illustrated. By Charles E. Fisher, M.D., editor of the *Medical Century*. Chicago : Medical Century Company. 1895. Pp. 900. Price, \$5.00.

This is a magnificent volume, well illustrated ; well printed ; up to date in etiology, pathology and differential diagnosis ; and by far the best work on Diseases of Children we have seen. The homeopathic treatment is full and as complete as a work on general practice could well be made. It is a volume of which our school as a whole can feel a conscious pride in pointing to as the equal of any volume extant on the subject of which it treats. We heartily commend it to our students and colleagues.

It is emphatically the advocate of the single remedy, the treasonable practice of alternation is condemned from beginning to end, hence this book will be of great assistance to homeopathic students as well as practitioners. Prof. Janney, of Baltimore, says : " Our colleges are turning out too many machine-made doctors and the convicted, converted, dyed-in-the-wool homeopath is getting scarce." Hence colleges which recommend this work will not only aid their students in becoming true homeopaths, but will benefit the profession by making it a text-book."

Dr. H. C. Aldrich, editor *Minneapolis Magazine*, says : " We have many books on the homeopathic treatment of children's diseases, but none just like this. It will fill a vacancy in homeopathic literature of which we have long felt the need. It is a systematic treatise, full of valuable hints, every page revealing directness and strict loyalty to Hahnemann's laws."

It is a work which may be placed in the hands of the student with confidence that he will not be led away from homoeopathy into the fields of empiricism and polypharmacy. The recent graduate may cling to it as to a friend, for in its pages he will find that which he needs in time of trouble. It is valuable as a book of reference for the busy practitioner, for it is concise and practical, and what is wanted can be found in assimilable shape without waste of time. It is a work which honors not only its author but all who practice homeopathy.

NOTES: CLINICAL AND PATHOGENETIC.

Natrum Sulph.: Rheumatism.—The *Materia Medica* gives “Lesions of the head,” only, under *Natrum Sulph.*, but I cured with it a man seventy years old, who, from the effects of a bruise on the shoulder, was unable after a year to get his coat on or off without assistance. *Arnica* and other remedies failed ; he was always *worse in damp weather*. *Natrum Sulph.* cured in a short time.

Glonoine : Headache.—You will find some women who are obliged to keep their hair cut short on account of a terrible congestive headache ; intolerance of any heat about the head on lying down. *Glonoine* will cure this condition, and you do not need an anarchist’s bomb, either.

Fluoric Acid affects the scalp prominently, causing loss of hair and baldness. The patient is cross, ill-humored and disagreeable—hence we may formulate the key-note, “Bald heads and irritable tempers.”

Graphites : Headache.—If during a headache you have vomiting, purging and icy cold sweat you would probably think of *Veratrum Album*. *Graphites* has it.

Petroselinum : Urinary Symptoms.—In diseases of the genito-urinary tract, when the patient prefaces urination with a miniature “war dance,” remember *Petroselinum* ; it has “So much pain when he passes urine as to cause him to shiver and dance around the room in agony.” It is often indicated in gonorrhœa.

Bryonia : Thirst.—When you think of the thirst of *Bryonia* as being for large quantities at long intervals do not forget that it has “Dry mouth without thirst.”

Kali carb. and Sulphur : Diarrhœa.—The *Kali carb.* diarrhœa is only by day while that most apt to be produced by *Sulphur* comes early and ends early, driving the patient out of bed about five a. m. ; it ceases before noon, the afternoon is quiet and the patient retires for the night in full confidence that his trouble is at an end. But his hopes vanish like his morning dream, as the early twilight brings his old disturber.

Sulphuric Acid.—Chronic alcoholism : Morning vomiting ; acidity of stomach ; burning in œsophagus and stomach ; sour, acrid, foul eructations. Guided by these symptoms it has been successfully used in subduing craving for liquor by taking for two or four weeks, three times daily, from ten to fifteen drops of a mixture of one part of Sulphuric Acid with three parts of alcohol.

Hering.

Thlaspi.—Premature menses : First day scarcely a show, on second day a hemorrhage, with severe colic ; vomiting and expulsion of clots ; flow continued eight, ten, even fifteen days and left patient exhausted, from which she had not time to recover before next period. Every alternate period very profuse ; one of the few remedies in the Materia Medica with this peculiar symptom.

Tellurium.—Face and body thickly covered with ring-worms, especially on lower limbs (*Sepia* on face and upper parts of body) ; rings intersect each other, in some places very thickly, so as to almost obliterate character of disease (*Sepia* rarely if ever intersects) ; great heat of skin ; restlessness ; thirst ; rapid pulse ; headache.

Oleander : Gastro-Intestinal.—The gastro-intestinal tract of the *Oleander* patient is deranged to the extent that food passes undigested, his mind is “befogged,” his headache is better from looking cross-eyed, and he itches while undressing.

Symphytum.—Mechanical injuries, bad effects of a blow, as of the fist or a snowball, on the globe of the eye. Here *Arnica* is generally used and with disappointing results. It is not a case for *Arnica*, but *Symphytum*.

Verbascum.—Spasmodic, rough, deep-sounding night cough. Deep, hollow, hoarse cough, relieved as soon as patient can take a deep breath. Can inspire, but unable to expire.

Deafness ; as if ears were closed ; as if something had fallen before ears. Deafness from filling ears with water after diving.

Zingiber.—Diarrhœa in morning, of brown mucus, followed by nausea ; from impure water or change of water ; from cold, damp weather ; stomach acid and a bad, slimy taste.

Cochlearia.—“ For the cough after La Grippe, which may be dry or loose, a hacking, annoying bronchial cough, *Cochlearia* is almost a specific.”

Calcarea picrata “will generally abort boils and pustules in the ear very quickly.”

Hemorrhoids.—“I don’t believe in orificial surgery. My treatment of piles — the worst cases — is this : Take glycerine soap, make a rich lather, and put a good quantity over the tumors. You can then handle them without causing the least pain. I insert my finger, covered with lather, into the anus, and then gather the piles together and gently press them up above the sphincter ani, then instruct the patient to do the same the next time the piles come down. I then give a dose of the indicated remedy — very generally *Nux vomica* — and that is the last I hear of the piles. Try it, and you will not think again of orificial surgery. Elderly men operated on for piles usually die inside of two years.”

SAMUEL SWAN, M. D.

Ustilago.—For the constant suffering under the left infammammary region, between the menstrual periods, where the uterus is large and sensitive, os and cervix soft and spongy, with menorrhagia, consult *Ustilago* (*Actea* has a similar symptom in young women).

Ustilago.—Menstruation profuse, flow lasting ten days, or two weeks. (*Cal. ph., Tril.*) ; at first very abundant, gradually diminishing ; always worse from motion ; flow dark and painless. When uterine tissues are soft and patulous — the condition for which the curette is often used by the gynecologist.

TRAUMATIC REMEDIES.

Symphytum.—Non-union of fractures; the pain is jagging, pricking, as if end of bone sticking into flesh. To facilitate the union of fractured bone.

Arnica.—Injury to soft tissues ; contused wounds, with much discoloration and sore, bruised feeling. Great fear of being touched by any one coming near.

Calendula.—When there is much loss of tissue, lacerated wounds, where the repair has to be made by granulation.

Ledum.—Punctured wounds in palms and soles, as from nails, awls, rat-bite, sting of insects, etc. Pain remote from seat of injury; parts cold, subjectively and objectively.

Rhus Toxicodendron.—Sprains and strains of single muscles or groups of muscles, from lifting heavy weights, reaching up, etc. < first moving > continued motion. .

Actea racemosa.—Straining and soreness of muscles of entire body, as in skating, rowing, running, football, etc.

Staphisagria.—For incised, clean-cut wounds, especially after operations on abdomen.

Hypericum.—Similar to Ledum. Punctured, contused, lacerated wounds; from needles, splinters, etc., especially under the nails, or in soft tissues rich in nerves. Torn or lacerated nerves—pains shoot up limb in streaks. To prevent lockjaw.

MORNING DIARRHŒA.

Sulphur.—Drives him out of bed in early morning, about four to six o'clock; painless, but imperative.

Podophyllum.—Anywhere from six till ten; profuse, yellowish; with mealy sediment; painless.

Natrum Sulphuricum.—Must go as soon as he stands on his feet in the morning.

Bryonia.—Must go as soon as he moves.

Aloe.—Like sulphur, is driven out of bed about 6 a. m.; can hardly rise quick enough; uncertain whether he will pass flatus or feces; unreliable sphincter.

Rumex Crispus.—Early morning diarrhœa, with tickling in throat pit; sudden urging before stool; preceded by pain in abdomen.

Kali bichromicum.—Watery, gushing diarrhœa in the morning; wakes with urgent desire, followed by violent tenesmus, which prevents his rising.

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Vol. I.

No. 2.

The

Materia Medica Journal

A Monthly Magazine

DEVOTED TO THE STUDY AND ADVANCEMENT OF THE HOMEOPATHIC MATERIA MEDICA, BY THE PROVING OF NEW AND RE-PROVING OF OLD REMEDIES, AND THE CLINICAL AND PATHOGENETIC CONFIRMATION OF ITS SYMPTOMATOLOGY.

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W. J. HAWKES, M.D.

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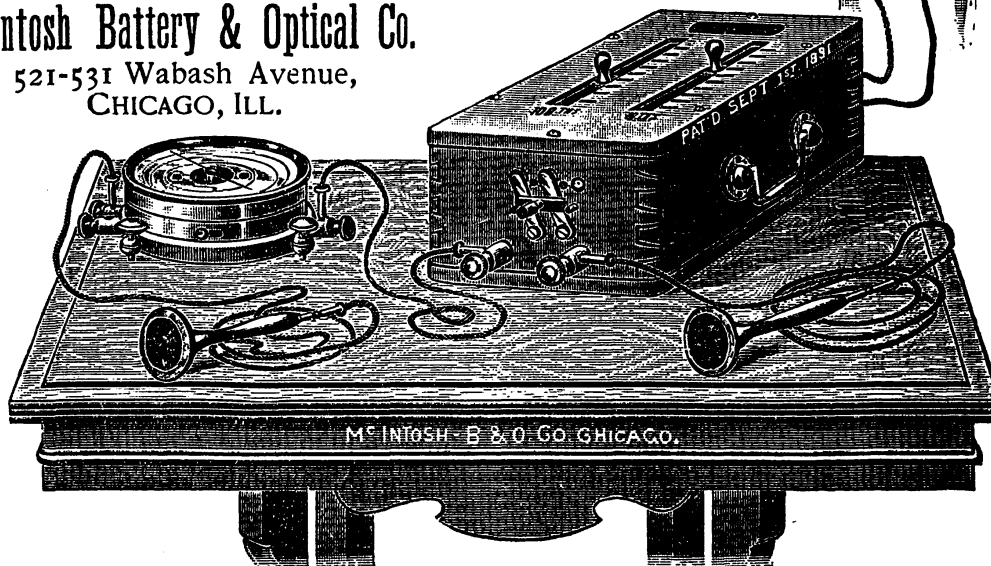
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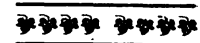
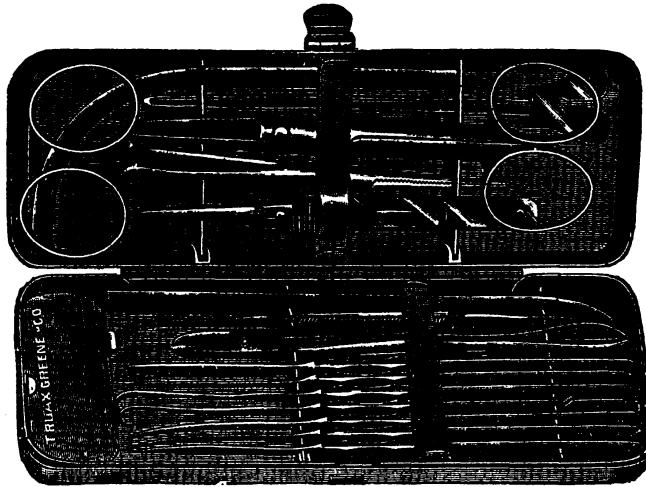
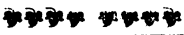
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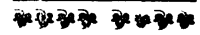
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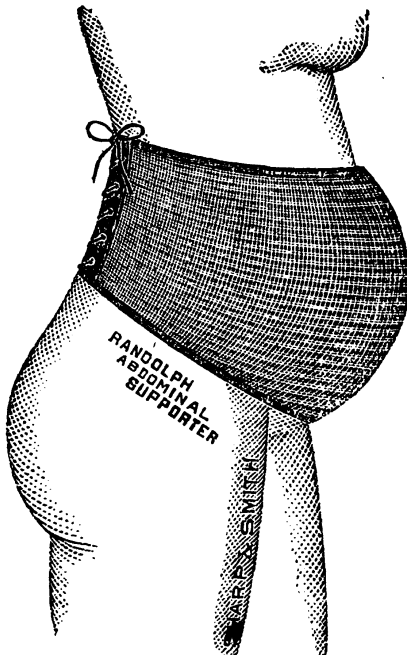
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THE
MATERIA MEDICA JOURNAL

VOL. I.

CHICAGO, AUGUST, 1896.

No. 2.

MATERIA MEDICA CONFERENCE.

HELD AT DETROIT, JUNE, 1896.

“In the Search for the Simillimum shall we endorse § 18 of the Organon, which says that the Totality of the Symptoms must be the sole indication to direct us in the choice of a remedy?”

Hahnemann's teaching on this point is expressed in full in § 18 of the Organon, as follows :

“It is then unquestionably true that, besides the totality of symptoms, it is impossible to discover any other manifestation by which diseases could express their need of relief. Hence it undeniably follows that the totality of symptoms observed in each individual case of disease, can be the *only indication* to guide us in the selection of a remedy.”

And again in § 70 he says :

“All that a physician may regard as curable in diseases, consists entirely in the complaints of the patient, and the morbid changes of his health perceptible to the senses; that is to say, it consists entirely in the totality of symptoms through which the disease expresses its demand for the appropriate remedy; while, on the other hand, every fictitious or obscure internal cause and condition, or imaginary, material, morbid matter are not objects of treatment.”

In order to answer this question intelligently, it is necessary to define more in detail the idea of totality of symptoms as taught by Hahnemann and as understood by his more thoughtful disciples.

Hahnemann's totality of symptoms consists in the systematic ascertaining of all the symptomatic facts necessary to determine

the curative remedy. The totality includes every change of state of mind, every changed condition of body, thus every deviation from health. It includes every subjective symptom that the patient can describe accurately enough to be interpreted by the physician, and every objective symptom the physician can discover by his senses, aided by all diagnostic instruments of examination. The characteristics of such a totality are its capacity of expansion and development commensurate with the progress of medical knowledge in every direction. Hence Hahnemann's Totality to-day is a much more complete thing than it could possibly have been at his time, before the days of physical examinations, of chemical and microscopical analyses, etc. While this is true theoretically, it is as yet of little practical value, because our knowledge of pure drug pathogenesis is not correspondingly complete, and awaits the pharmacological investigator of the future. Until then, in the treatment of most cases the true Simillimum must remain the ideal goal, to be striven for but rarely reached. The Simillimum is, indeed, a realizable ideal, but as a rule, the prescriber must be satisfied with the selection of a mere *similar* instead. Fortunately the very conception of similarity is one of *relative* nearness, and does not express an *absolute* relation—it is comparative always, a drug is *more or less* similar, and I think the simillimum to a given case is rather a rare prescription. Moreover, the experience and practice of the school teaches that any one of several more or less homeopathic remedies may be used with alike good results, that is, may be sufficiently homeopathic to bring about nature's reaction. If it were not true that such a practical realization of similarity is always within the reach of the homeopathist, and that it yielded good curative results, albeit not so prompt as would result from the administration of the simillimum, our practice would be largely useless.

It seems to me that this is an important point in answering our question, that a curative response is obtained from a remedy more or less similar, one falling short of the dignity of the simillimum and yet not thereby removed from the capacity of useful curative service.

Again, Hahnemann's Totality is not a mere enumeration of the symptoms, but rather an organized and systematized arrangement

of them according to certain definite principles of intrinsic value, and hence of rank. It is not a totality of mere number — of quantity — but a symptomatic human form, ensouled with distinctive characteristic individual life — a totality of quality.

In order to arrive at this, a winnowing process must be instituted after we have obtained all the symptoms of the patient, by eliminating the general symptoms and interpreting and arranging the rest according to their relative value, and thus individualize the case under treatment. In § 83 Hahnemann says :

“Individualization in the investigation of a case of disease demands, on the part of the physician, principally unbiassed judgment and sound sense, attentive observation and fidelity in noting down the image of the disease.”

Hahnemann’s first rule here is that the characteristics of the case must be similar to the characteristics of the drug.

§ 153. The more prominent, uncommon and peculiar features of the case are especially and almost exclusively considered and noted, for *these, in particular, should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. By this individualization, then, we eliminate the general symptoms common to similar pathological conditions, and present to view the individual patient, as the pathological process effects *him*. The morbid forces of the disease unite themselves more or less with the inherent weaknesses and disease tendencies, hereditary or acquired, of the individual, and give us his peculiar and therefore characteristic symptoms. But we must not always expect to find these characteristic symptoms expressed in the very words of the provings. We must learn to interpret them by the study of the expressions of the different provers, and learn to eliminate the narrow boundary line of the words, and in this way get at the real genius of the drug, where we will find the characteristics that we are looking for in making up our totality.

The Hahnemannian similarity differs greatly, as is evident, from the pathological similarity, which consists in matching diseased conditions and ultimate organic lesions by remedies producing similar organic changes. The defect of the pathological similarity is its incompleteness ; it presents but a partial view, and is therefore not a complete totality, and thus not a reliable guide to the

selection of the simillimum. Add to it the patient's peculiar, and hence characteristic, symptoms, and we obtain the Hahnemannian totality.

Practical experience in homeopathic practice has given some further distinctions in value of symptoms, according to rank, for purposes of accurate prescribing. And foremost in its ability to discriminate between symptoms is a knowledge of pathology. This interprets the symptomatology for us, and distinguishes between an external apparent homeopathicity and a truer and more real homeopathic relationship in harmony with the whole process of disease and character and type of the morbid manifestations. It distinguishes between primary and reflex symptoms and secondary modifications of health ; it gives to each symptom its rank as seen, not when considered alone, but in its relation to all the rest. It distinguishes between the absolute symptoms of the disease essential for diagnosis and the peculiar symptoms of the patient essential for the selection of the remedy, and while the former *by themselves* are unimportant for purposes of prescribing, they become valuable guiding symptoms and assume front rank when attended by any modalities or concomitants. Indeed, symptoms that affect the general organism are of the greatest value, hence in our estimation of the totality, the modalities assume the most important part.

In the arrangement of the totality the *mental symptoms* of the patient, when at all marked, are most important in determining the choice and even more important prognostically and as indications of a well chosen remedy, improvement being often foreshadowed in this sphere.

As a further aid in arriving at a practical view of the totality, the immediate cause of the present illness, if determinable, or the exciting factor, will be of paramount importance in the selection of the remedy. This Hahnemann also teaches in § 5, Organon :

“ The physician in curing derives assistance from the knowledge of facts concerning the most probable cause of acute disease, as well as from the most significant points in the entire history of a case of chronic disease ; aided by such knowledge, he is enabled to discover the primary cause of the latter, dependent mostly on a chronic miasm.”

This gives on the one hand an important place to the first, or

oldest, symptoms, and to causes, however remote ; and on the other, it elevates to commanding importance signs of constitutional defects—the underlying psoric conditions. Unquestionably such frequently modify, and relegate to comparative insignificance symptoms of acute disorder, and favor the selection of a deep acting anti-psoric remedy even in acute disorders.

Its selection would be justified by its relationship to a truer similarity than would be expressed by an uninterpreted totality of symptoms.

And again, the very *latest* symptoms deserve precedence in determining the choice of the remedy, especially in acute diseases, while in more chronic affections, when the later manifestations are mere secondary effects of the pathological lesion, they are not of the same guiding importance as the prodromal symptoms which determined the development of the organic lesion.

Other methods of arriving at the curative remedy have been advocated from time to time, and whatever success their application has met with can only be explained by the readiness with which a *similar* remedy responds even if it is not the simillimum. Chief among these short cuts for the selection of the remedy are the key-note system, the pathological basis, and the impressionist's method, all of which are familiar to students of homeopathy.

While acknowledging a legitimate place at times for all of them, the constant dependence on any of them as a basis for selecting the remedy must be found delusive. They are all deficient in meeting the requirements of the case. The key-note system is a reprehensible practice, tending to undue elevation of certain minor symptoms both in the patient and remedy and disregarding the more careful study or rational interpretation of the case and of the remedy as a whole. I am afraid that it leads to permanent mediocrity, if not to retrogression, in the study of materia medica, and is certainly unable to survive the application of modern scientific methods.

The defects of the pathological basis are its incompleteness, and since it is but a partial picture of the totality of symptoms, is therefore an unreliable basis for a prescription.

The impressionist method pointed out by Professor Allen is an alluring one, but wholly out of place with the beginner or, indeed,

average practitioner. To be sure, the genuine student of *materia medica*, if he is at the same time a practitioner of much experience and gifted with a scientific use of the imagination, will sooner or later become possessed of an intuitive understanding of the genius of a drug that may be as accurate in its supplemental knowledge of the possibilities of drug usefulness, as the recorded pathogenesis, but such is given only to the gifted few, and is practically beyond the reach of the ordinary practitioner, to whom the method is dangerous, opening the door to all sorts of vagaries about drug action. At all events it can never be hoped for except by the discipline of close study of the actual provings and discriminating observation at the bedside.

Nothing remains for us, then, than the Hahnemannian totality.

A totality so arranged is unquestionably the true basis for a prescription of every chronic disease certainly, and every other form of disease that can be modified by homeopathic medicine. And even in incurable cases, such a characteristic totality will point out the best palliative remedies ; for the homeopathic remedy, even if not curable, is often strikingly palliative, and thus greatly superior to antipathic palliation with its inseparable untoward effects.

The answer to our question, then, is an unhesitating affirmative.

We cannot hope to attain the highest aim of healing ; that is the speedy, gentle and permanent restitution of health in the shortest, most reliable and safest manner, according to clearly intelligible reasons ("Organon," § 2), except by following out Hahnemann's directions in regard to the Totality of Symptoms, interpreting this according to the rules briefly given, and which thus interpreted have been a guiding light for nearly a century of applied homœopathy.

WM. BOERICKE, M.D.,
Trans. A. I. H., 1896.

San Francisco, Cal.

DISCUSSION.

H. C. ALLEN, M.D.

From 1796, when Hahnemann published his celebrated "Essay on a New Principle for Ascertaining the Curative Powers of Drugs," to 1833, when the fifth edition of the "Organon" appeared, one of the ablest and most skilful allopathic physicians of Europe, and one of the most accurate observers the medical world has ever known, was patiently elaborating rules governing the practical application of the law of similars in the cure of the sick. These rules have withstood the test at the bedside in both acute and chronic diseases, and thus far have not been improved. The chief rule is that "the totality of the symptoms is the sole indication to direct us in the choice of a remedy." This he considered of such importance that he devoted several sections to its elaboration. The following will suffice :

Organon, § 7. In a disease from which no manifest exciting or maintaining cause has to be removed, we can perceive nothing but the morbid symptoms, it must be the symptoms alone by which the disease demands and points to the remedy suited to relieve it ; and moreover, the totality of these its symptoms, *of this outwardly reflected picture of the internal disease ; that is, of the affection of the vital force*, must be the sole means whereby the disease can make known what remedy it requires — the only thing that can determine the choice of the most appropriate remedy ; in a word, the totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease, and to remove by means of his art in order that it shall be cured and transformed into health.

Organon, § 8: It is not conceivable, nor can it be proved by any experience in the world, that, after the removal of the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain anything else besides health, or that the morbid alteration in the interior could remain uneradicated.

Organon, § 18: From this indubitable truth, that besides the totality of symptoms nothing can by any means be discovered in diseases wherewith they could express their need of aid, it follows undeniably that the sum of all the symptoms in each individual case of disease must be *the sole indication* — the sole guide to direct us in the choice of a remedy.

Organon, § 70 : That everything of a really morbid character, and which ought to be cured, that the physician can discover in diseases, consists solely of the sufferings of the patient, and the sensible alterations in his health, in a word, solely of the totality of the symptoms, by means of which the disease demands the medicine requisite for its relief ; whilst, on the other hand, every internal cause attributed to it, every occult quality or imaginary morbid principle, is nothing but an idle dream.

Thus Hahnemann, in logic and argument unequalled for force and clearness, and in manner as definite as language can express it, maintains that THE TOTALITY OF THE SYMPTOMS must be the sole guide in the choice of the remedy.

While in the main we commend the paper, we must take issue with the essayist when he says : “ Hahnemann’s totality to-day is a much more complete thing than it could possibly have been at his time, before the days of physical examinations, of chemical and microscopical analyses.” This is a very general, yet utterly erroneous belief, and the most fallacious argument in the essay.

In every case of sickness, every diseased condition the physician is called upon to treat, there are two important and necessary, yet entirely distinct kinds of symptoms with which he has to deal, *the diagnostic* and *the individual or therapeutic*. The former, by means of which we classify and name diseases as we name the streets in a city, and for similar purposes, the homeopathic physician, in common with all other schools of medicine, employs in diagnosis. These symptoms are as indispensable to him and to his professional standing as they are to all medical men ; but they are not the symptoms on which he should or can select the simillimum. Since the days of Hahnemann — even in the last decade — the wonderful advances which have been made in analysis, chemical, microscopical, physiological, electrical, have revolutionized diagnosis and surgery, in fact almost placed them among the exact sciences, and no one can appreciate their value more than the homeopathic physician.

But the therapeutic symptoms, those which belong to the patient and serve to individualize each case of sickness, are peculiarly the property of the homeopath, for his is the only school of medicine that pretends to treat the patient. He does not, or should not, use the diagnostic symptoms for therapeutic purposes. He

should not, like members of other schools of medicine, treat his diagnosis, for the totality of symptoms, as defined by Hahnemann, is never found in this class. The modern advances in physical examinations, chemical and microscopical analyses, even the wonders of the cathode ray, do not in the least change the factors in the therapeutic problem of Hahnemann. The individuality of a sick patient or the individuality of a pathogenesis of a remedy is the same to-day it was in the days of Hahnemann, and being governed by natural law will remain the same forever. A law of nature does not change with every new fad in medicine or every shifting scene in human progress. If it did, homeopathy would be robbed of its glory and the *law* of similarity would be reduced to a *rule* of practice.

So-called pure drug pathogenesis, aided by "chemical, microscopical, physiological and urinary analyses," would be comparatively but a small addition to our therapeutic knowledge, for they generalize instead of individualize; they belong to diagnosis, not to therapeutics. The pathogenesis of Picric acid had the benefit of the laboratory while the provings were being made, yet in what particular does it excel Pulsatilla, Nux vomica or other polychrests of the *Materia Medica Pura* ?

No! Were Hahnemann here to-day writing a new edition of the *Organon*, sections 7, 8, 18, 70, etc., reinforced by broader knowledge and confirmed by a more extended clinical experience, would be repeated in all their original force. Euclid's *Elements of Geometry* remain practically the same to-day as when they were written over 2,000 years ago, and the proposition of Hahnemann that THE TOTALITY OF THE SYMPTOMS is the SOLE guide for the selection of the remedy will remain axiomatic as long as natural law governs the physical world. In reply to Ptolemy, Euclid said; "There is no royal road to geometry." So Hahnemann says to his followers. "There is no successful short cut to the simillimum."

What constitutes the totality ?

Hahnemann defines the totality in :

Organon, § 153: In this search for a homeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the lists of symptoms of known

medicines, in order to find among them an artificial morbid agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view, for it is *more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms : loss of appetite, headache, debility, restless sleep, discomfort, etc., demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug.

Where are the characteristics found ?

Here is the key by which Hahnemann has enabled his followers to unlock the mystery of a successful selection of the simillimum, based on the totality of the symptoms. As the essayist affirms, "it is not a totality of mere numbers — of quantity — but a symptomatic human form, ensouled with a distinctive characteristic individual life, a totality of quality."

Hahnemann insists upon a record of the case as the first and most important step in obtaining the totality. Then the quality of the symptoms is the next step, for "the more *prominent, uncommon and peculiar* features of the case are to be *especially and almost exclusively* considered and noted, for *these in particular should bear the closest similitude to the symptoms of the selected medicine.*" Nearly every case of sickness has something about it that is *peculiar* and *uncommon* — something individual — and a remedy is to be selected which also has a *similar peculiarity* as one of its characteristic features; hence these characteristic or individual features of every pathogenesis should especially be studied.

As a statement of fact, I regret to say I agree with the essayist when he asserts : "The experience and practice of the school teaches that any one of several more or less homeopathic remedies may be used with alike good results, *i.e.*, may be sufficiently homeopathic to bring about nature's reaction." This reprehensible practice of substituting "a more or less homeopathic remedy," or of alternating two or more remedies, or mixing several remedies, cannot lay any claims to be based on the totality of symptoms as

taught by Hahnemann. It cannot be successfully maintained that Hahnemann ever taught or even suggested this *quasi* doctrine of substitution for the simillimum. While in §§ 172–184 he shows how to take and treat patients where “the symptoms are too few, one-sided, or local diseases,” and these he affirms are “often due to the observer’s want of discernment,” he does not fully discover the symptoms actually present, for he affirms :

Organon, § 272. In no case is it requisite to administer more than *one single simple* medicinal substance at one time.

With the exception of a few remedies from the toxic symptoms of which we have obtained pathological lesions, there is not now, and never can be in the future, a pathological similia. It is an impossibility in the nature of the problem to construct a scientific fabric on the shifting sands of pathology. Have not our medical brethren of other schools demonstrated the glaring defects of the so-called physiological action of remedies in their experiments on animals? No! The conclusion of the essayist is the only legitimate conclusion, viz.: “Nothing remains for us but the Hahnemannian Totality of Symptoms as the only true basis for the selection of the remedy.”

“*There is but one right way : to seek the truth and steadily to pursue it.*”

OBSTETRICAL NOTES.

Puerperal Convulsions : Hyoscyamus. Bessie L., Irish girl; eighteen years; unmarried; primipara; slight; light complexion.

Several hours after normal delivery patient was seized with severe convulsions. (Contrary to my custom I had failed to test the urine in this case, as she had been in my care but a short time before labor, and there was an entire absence of symptoms which would suggest albuminuria.)

I watched the patient closely for two hours, when another convulsion occurred. It was ushered in by *deep and prolonged sighing*, which lasted for several seconds, and in answer to my questions, the nurse stated that the attack which took place before my arrival had begun in a similar way. Ign. cm. was given in water.

The next interval was three hours. This looked encouraging, so we waited without repeating the remedy. The next attack, however, came in an hour, and although the remedy was repeated, the convulsions rapidly increased in frequency until she was having one about every fifteen minutes.

The attacks were severe and general, but careful examination showed that in each instance the convulsive action began in the muscles of the face, and especially in the eyelids. This led to Hyoscyamus, which was given in the cm. potency once, in water. Up to this time the patient had had thirteen convulsions. About one hour after the administration of the remedy a faint tremor ran through the whole frame, as if the enemy was making one last struggle, but that was all. No further convulsions occurred, and the recovery was clear and beautiful.

Case II: Bryonia: Powerless Labor. When one has learned by repeated experience, the prompt and beautiful power of Nux moschata, Kali phosph. and Secale in producing expulsive pains, there is danger of falling into the routine use of these remedies, unless one remembers that any remedy in the materia medica may be useful to produce expulsive pains, if it is indicated by the concomitant symptoms.

Apropos of this familiar truth, there comes to mind a case in which we had been vainly waiting for several hours for the transition from the first to the second stage of labor. The os had been so widely dilated, and the membranes so tense and bulging, that they had been artificially ruptured, and there seemed no possible reason why the expulsive pains should not come on.

But the pains were of a nondescript type, severe enough to keep the patient thoroughly uncomfortable, yet entirely lacking in expulsive power. The condition was so negative that I felt no clear conviction as to a remedy. I gave Secale without result.

The only symptom which I could discover by most patient observation and questioning was a stitch-like pain in the left side, which was aggravated by deep inspiration. I thought of Bryonia, but I assured myself that Bryonia was never known to produce bearing-down pains, and so waited a little longer.

But the stitch-like pain had come to stay, and I finally concluded that I might as well relieve that and then wait for further indications.

Accordingly I administered one dose of Bryonia 200, and to my surprise and delight the immediate departure of the stitch-like pain was accompanied within five minutes by such expulsive efforts that the waiting time was over, and a speedy and safe delivery followed.

Case III. M. F., aged 23; unmarried; primipara; very slight build, thin, pale, wretched color. The delivery was instrumental and of rather unusual difficulty, the head having become impacted with its long diameter *across* the pelvis, requiring the application of the forceps anteriorly and posteriorly to rotate the head into the proper diameter before it could be brought down.

This was safely accomplished, and the mother passed favorably through the ten or twelve days in bed, but soon after beginning to sit up was seized with chill, followed by high temperature and pelvic pain.

As the statement of these particulars is simply introductory, suffice it to say that Pyrogen very speedily controlled the more violent symptoms, although a lurking pain in the right ovarian region, which was aggravated every day at 3 p.m., called for Belladonna a few days later.

It had happened during labor that we had observed upon this patient a large and peculiar warty growth upon the nates, which we felt was an indication for Thuja, and we had kept it in mind that as soon as she was past the immediate need of other remedies a dose of Thuja might be given with benefit.

And now, although she was still kept in bed as a precautionary measure, she had had no medicine for several days, and we thought the time had come for that dose of Thuja. Accordingly it was given in the cm. potency, one dose, dry.

Before the next morning the poor girl was suffering severe pelvic pain, which was more intense in the left side. Remembering the symptoms of Thuja in left-sided ovarian pain, and thinking it possible that the attack might be an aggravation, I determined to *wait* to the uttermost, that by no means the ultimate advantage of the remedy should be lost. There was prolonged chilliness through the forenoon, and the pain had steadily increased from an ordinary distress to absolute agony. At 3 p.m. the temperature had arisen to 105°. The pulse was 140, the abdomen too tender

to bear the lightest palpation, and the pain as nearly unbearable as I ever had to deal with.

Remembering how poor a constitution the girl had with which to meet so severe an attack, my feeling was one of distinct alarm. I felt that she must have help at once and that no mistakes must be made.

I found that the pain was aggravated by motion, although in her agony she moved her shoulders and arms sufficiently to obscure this fact unless one observed and inquired very carefully. The pain was also aggravated by deep inspiration. The headache and faint feeling were aggravated by turning the head, and she was thirsty for large and frequent draughts of water.

Of course it was a simple matter to give Bryonia with such symptoms, but the delight of seeing its rapid and beautiful action is something which I should like to share with all who reverence our law of cure. Bryonia cm. was given in water.

Within ten minutes the agonized girl was unmistakably quieter, and in twenty minutes she was asleep. Two hours later she was quiet and drowsy, but sufficiently awake to tell me that she had almost no pain. The temperature had already fallen two degrees and the pulse had lowered to 126. I left word that the medicine was not to be repeated unless there was actual return of pain. On this basis it was given during the night. The following morning found the patient entirely free from pain and temperature 101. Another day and temperature and pulse were both normal, and from this point the recovery was rapid and uncomplicated.

JULIA M. PLUMMER, M.D.,

Trans. I. H. A.

A FEW SUGGESTIONS ABOUT MERCURIAL FILLINGS FOR TEETH.

Early in the sixties I had my first practical experience with these fillings. A middle-aged woman doing housework in a neighbor's family, asked me to cure a sore tongue from which she had been suffering several months. On examination I found a gouged-out ulcer on the left side of the tongue, which lay against, and partially around, a molar tooth. This tooth had been filled

and built up with a greyish, glistening mass and had done good service for nearly eight months. In those days lunar caustic was the proper thing with which to touch all ulcers that would not heal, and she had been cauterized several times, each time leaving the ulcer in a worse and more painful condition than before. I treated her as carefully as I knew how at that early period of my professional experience, but without any apparent change in the very sore tongue. After six weeks of treatment, I persuaded her to have the tooth drawn, to which she very reluctantly consented, and I accompanied her to the dentist's chair the same day.

The tongue was thickened, and edges of the ulcer felt very hard to the finger, and the pains were often sharp and darting; but she complained chiefly of soreness which made eating, and talking even, painful. I suspected malignant disease.

The removal of the tooth was soon followed by improvement, and in a very few weeks the tongue was healed. I firmly believe the ulcer was caused by the contact with the filling. Some people may disagree with me and exclaim: *Post hoc ergo propter hoc*. The woman, however, got well after the removal of the cause, whatever that may have been in the minds of other people.

The second instructive case occurred in 1883. A young man twenty-four years old had to leave his studies on account of inveterate dyspepsia. He was taken to Europe after having finished with all sorts of drugging in this country, and went through the usual Carlsbad cure, where he only grew worse and then was sent to Ragatz "to build up on the waters and the Swiss altitudes." He did not build up at all, but instead his stomach caused him more and more pain. When he came to me the main symptoms were as follows:

Dull aching pain in pit of stomach, extremely sensitive to touch and pressure of clothing.

Is usually relieved for a short time after eating.

Continual raising of gas, which gives only temporary relief.

Worse sitting up, better lying flat on back.

General times of aggravation between ten and twelve A.M. and again after four P.M.

Great aggravation from cold drinks.

This case I treated for over a year with what is usually called success, so that he could take up his studies again after a few months. Nevertheless, there remained constant recurrences of the old symptoms. One day he came in and asked me to look at his throat, as he had felt alternately cold and hot, with intense pain on swallowing. When I looked into his throat, I saw a very decided follicular tonsilitis, but what interested me much more was about two square inches of mercurial fillings staring me in the face. I gave him a remedy for his tonsilitis and told him that I should decline to treat him after this unless he had every mercurial filling removed. This he did immediately, and I think he spent the most of three weeks in the dentist's chair. The fillings had been put in when he was about fourteen years old. The result of the removal of the fillings was a perfect and permanent cure of his chronic gastritis.

In December, 1885, a young lady of twenty-seven years presented herself for a throat affection which had existed for three or four months, and for which she had been locally treated by a specialist without relief. She had a fine voice and came to the city to pursue her musical studies. Her voice had so entirely failed her that she was on the point of abandoning her studies and the specialist gave her little encouragement of a cure. The symptoms were as follows :

Sensation of a foreign body in the larynx, much aggravated by attempts at singing.

After singing a few notes voice grows so hoarse that she cannot produce a tone.

Has a constant desire to swallow this lump.

All symptoms of throat aggravated by any attempt to use the voice in singing.

Is always much worse during damp weather.

Has a slight post-nasal catarrh, with hawking up and drawing down of clear mucus.

Is always better while eating, and then the sensation of lump entirely disappears.

Has had much grief during the last two years.

All functions normal, and she looks the picture of health.

On examining throat I found four molar teeth filled with mercurials.

I decided to try two remedies, and if they acted palliatively, or not at all, I should decline to go on with the treatment till the fillings were substituted by gold.

Ignatia helped her wonderfully for a week, then everything returned. Spongia relieved her for a few days only.

The fillings were removed and one dose of Ignatia took away the lump and it has never returned.

I observed this case from December to May. From January 15 to May 14 she was able to sing and had no more hoarseness, and made very satisfactory progress in her art.

A case of Menière's disease treated by me during the last ten years is also instructive. I am fully aware what a vague term Menière's disease is, and that it can convey no concise idea of the terrible misery this young school teacher was suffering, till she fortunately came within the blessing of Hahnemann's teachings. It would be too long a story to relate here in detail. She had been a sufferer from intense vertigo, nausea and tinnitus, which came in paroxysms, obliging her to give up her occupation for weeks. During the intervals of freedom from vertigo, etc., she was comparatively comfortable except a constant tinnitus and dullness of hearing. She improved very much after Silicea, which was very surely indicated. Still occasional occurrences of entire incapacity to perform her duties recurred. Year after year went on, during which time she reported every six to eight weeks, without thoroughly eradicating these attacks. At one time she obtained almost two months of freedom after a dose of Kobaltum given upon the symptom of stinging pains from soft palate into left ear. The tinnitus, however, remained. Two years ago I had over a dozen amalgam fillings removed. When one of these fillings was opened to the base, a horrible odor came from the cavity; her dentist told her he had never smelt anything more foul, and dentists ought to know what a foul smell is.

Her health has remarkably improved during the two years. The tinnitus she says is now "so far off" that she scarcely hears it.

A ptosis of both eyelids has entirely disappeared during the

last year. A chronic post-nasal catarrh gives her no more inconvenience. She told me a few days ago that she should never regret the inconvenience and expense of the removal of the old fillings, even if her head and ears had not improved, because she now felt that her teeth belonged to her and she could use them with real comfort, which was a new sensation to her. These fillings had been in her teeth since her girlhood.

I have several more cases but I will only report one more. A young gentleman of twenty-five years appealed to me for the cure of an eczema which appeared chiefly on scrotum, pubis and legs. As he lived in Brooklyn, I advised him to consult one of our honored members who I knew would take the case into careful consideration. The young man was tortured by the most intense itching, especially at night, so that frequently he was kept awake three to four hours. After nearly a year of treatment he derived no benefit whatever and appealed to me again. After an examination of his case, I came to the remedy which I thought surely indicated, but I knew that my astute friend in Brooklyn must have given it to him. Among other indications there was a fearful thickening and deformity of the nails of fingers and toes. Besides the eczema of scrotum, crotch and legs, he had a thick, crusty eruption on left ear, which was so disfiguring that he was obliged to throw up a lucrative occupation. On the left side of head above the ear, a large crust had formed and the hair closely matted down into this crust. The itching was intolerable in all parts of the body affected.

By the merest chance my attention was drawn to his throat, as he complained of some catarrhal irritation there. On examination I found a whole battery of mercurial fillings which he told me had rested there since boyhood.

I knew the eczema was inherited, as I had treated and helped his father of a similar eruption on the scrotum several years before. I knew, also, that my colleague in Brooklyn could recognize an indicated remedy far better than I could. I knew that the mercurial fillings were not inherited, and their existence had escaped the attention of my colleague who had treated him for months without benefit. I sent him home to Brooklyn with the order to remove every amalgam filling. I think he had sixteen

removed. Then he came to our hospital as a private patient, as his appearance made it impossible for him to get into any other quarters, so repulsive was his condition. He remained here four months, and I have the gratification to say that he is so nearly cured that he has resumed his work. The thick crust on ear has vanished. He sleeps eight hours every night. His finger and toe nails have improved wonderfully, and his mother sent me this message: "The Lord be praised that our son is again presentable through your ministrations."

Now this is all very fine and satisfactory, but I have something to offer per contra.

A young woman whom I have been treating for over a year for intense headaches and an offensive eczema, derived great benefit for the latter affection, but the headaches persisted although the remedies given were carefully chosen. She had a mouthful of amalgam fillings, which were removed on my advice six months ago. So far the removal has not in the slightest degree aided me in overcoming the headaches. She is still under treatment, but no better. I am, however, much more confident of ultimately healing now that the amalgam fillings are removed.

Per contra, another case: A man of forty has had continual canker in his mouth, on tongue, gums and cheeks, since his boyhood. They have been especially persistent since a suppression of eczema fifteen years ago, since which time he has rarely been without one or two large ulcers in his mouth. I found he had a mouthful of amalgam fillings which he had carried since boyhood. They were all removed last October. I have treated him ever since and he is not one whit better since the removal and the treatment. Nevertheless, I feel that I have removed a possible hindrance to his cure, and if he "sticks" I hope to eradicate this psora from his system, which would probably be doubtful with the amalgam remaining.

The use of amalgam fillings dates back a good many years. No two are prepared under exactly the same formula, but they are generally composed of silver, tin, zinc mixed with mercury. Some of them have platinum or copper, also, mixed with them to give them greater hardness and to prevent their shrinking away from the margins of the cavity. Some are entirely of copper

mixed with mercury, which gives the hardest kind of filling, so far as saving tooth substance is concerned.

This paper is merely offered as a stimulus for further investigation. However, I advise you to look into patients' mouths if the indicated remedy fails, or acts only palliatively.

WM. P. WESSELHOEFT, M.D.,
Boston, Mass. *Trans. I. H. A.*

THE NEW SPIRAL CURETTE — A FEW CASES.

I. Consultation case. Patient aged 22, of irregular menstrual habit. Absence of menstruation for seven months; declared she had felt motion. No increase in size of abdomen; breasts painful. Uterine hæmorrhage which almost ceased under Ipecac., freshened and became offensive. Digital examination disclosed little enlargement of the uterus, and I almost doubted pregnancy; patient was certain, however, and bitterly disappointed at the thought of losing the child. Anæsthesia was used, and, although dilatation was sufficient to permit the entrance of the *large* spiral curette, the uterine cavity was not large enough to contain the entire instrument. The first introductory turn, however, brought out a piece of tissue about the size of the little finger and three-quarter inches long, which proved to be the entire contents of the uterus. This being my first experience with the spiral instrument, I followed it with the ordinary curette, with negative result. The *small* spiral was indicated here and anæsthesia was unnecessary, but the smaller size was not then on the market, and the anæsthetic was given because the use of this instrument was in the nature of an experiment.

II. Patient aged forty-five—abortion at the fourth month. The placenta came away naturally and, as it seemed intact, the case was allowed to take its course — this was a mistake and contrary to my custom. Symptoms subsequently called for more thorough uterine evacuation, so I determined to curette and, at the same time, remove some hemorrhoids which had offended for many years. Anæsthetic was used, hemorrhoids removed and the uterus relieved of some adherent membranes by the aid of the large spiral curette. The result was all that could have been desired.

III. Consultation case. Patient forty years old and the mother of four children. Incomplete abortion at the eighth week, with offensive discharge. The os uteri would admit the index finger and was fairly firm. The presenting mass was too friable to be removed by forceps, so the spiral curette was used, without anæsthetic or speculum and the uterine contents expelled about as an auger throws out shavings. One vaginal douche was given to remove detritus and the patient had no further trouble.

IV. Patient, twenty-six years of age—first pregnancy—threatened abortion at fourth month, with offensive discharge. The presence of hemorrhoids in this instance offered another chance to kill two birds at once. Fœtus was delivered naturally with lower extremities showing decomposition—placenta adherent. Anæsthetic was given and the large spiral curette used. This was a magnificent illustration of the capabilities of the instrument, the adherent placenta being loosened and the fragments forced back along the spiral blade, out through the os, until the uterus was cleaned out rapidly and thoroughly. The ordinary curette was then used to demonstrate to the assistant that the spiral had left nothing; the demonstration was satisfactory. The rectal work was most thoroughly done, and it was supposed that the patient would find it advisable to remain in bed for two weeks, but, at the end of a week, she broke out and went to a picnic without bad result—that terminated the case.

V. Patient, aged thirty-five, mother of five children; threatened abortion at the third month. Came to office reporting severe hæmorrhage the night before, with passage of large clots, and, supposably, the fœtus. She was placed in the gynecological chair and, using the large spiral curette, I evacuated the uterus of a handful of debris without an anæsthetic, and with but few expressions of discomfort on her part. Told her to go home and rest in bed for two weeks. She went home, but instead of going to bed, continued her heavy household duties, without apparent evil result. The hæmorrhage gave way to a daily decreasing discharge, and the patient suffered no material inconvenience.

VI. This was a "hurry up" call to a new patient; she was about twenty years old, of full habit and her first pregnancy was thus suddenly terminated, at the fourth month, in consequence of a

dance the night before. She had lost considerable blood and her face showed it — so did the slop jar. There was evidently premature detachment of a portion of the placenta. The os admitted my index finger part way, was very firm, and my first attempt to forcibly dilate elicited such a piercingly loud wail of objection that I reached for the chloroform bottle. I administered chloroform with one hand, dilated with the other and wished for a third. Then her heart went on a strike and I was compelled to stimulate. I finally was enabled to deliver the fœtus and a portion of the placenta. The balance of the latter was brought out by the large spiral curette (without a speculum), which produced good contraction and terminated the hæmorrhage in short order. This case got up in less than a week, in spite of me, and, although I watched it carefully for three weeks, I was not compelled to again interfere.

I have not tried the instrument in cases of fœcal impaction or membranous dysmenorrhœa, but have satisfied myself (1) that it will do its work thoroughly and well in cases of abortion; (2) that it may frequently be used without anæsthetic or speculum; (3) that it stimulates uterine contraction; (4) and that the dangers incident to the use of the sharp curette cannot be urged against it. That it is more aseptic than the human hand, is apparent to all. It is not an instrument to be used in committing abortion, as it cannot be inserted through a long cervix uteri unless there is material dilatation of the os.

W. W. STAFFORD, M.D., 100 State Street.

PULSATILLA : THE NEW AND THE OLD.

At the meeting of the American Institute at Deer Park, Md., in 1884, there was held a Materia Medica conference, called by Drs. Hughes and Dake, to devise methods and formulate rules for a revision of the Materia Medica. With the late Dr. Farrington and Dr. T. F. Allen, we protested against the rules for the compilation of the *Cyclopædia of Pure Drug Pathogenesis*—which proposed to omit all symptoms from provings obtained from the higher potencies — as tending to invalidate the usefulness of, if not emasculate the Materia Medica. But the rules were adopted by the Institute, the work was published, the A. I. H. subscribed

and paid for four hundred copies, and we have never seen a member who has ever been able to use it in every day practice. Now the Baltimore Club and the Boston Club propose a new revision, of which the paper of Dr. Fitch is a sample.

In the *N. E. Medical Gazette*, December, '95, Dr. E. D. Fitch presents "An analysis of Pulsatilla with the hope of helping to place our Materia Medica on a more scientific basis of pure drug pathogenesis."

After enumerating the provers of Pulsatilla (twenty-four in number) and preparations used in the provings in the *Encyclopedia of Pure Materia Medica*, the doctor continues: "We shall probably all agree that a Materia Medica to be reliable and authoritative must present as symptoms of a drug those only which are undoubtedly pathogenetic, and which have occurred in more than a single prover." "In the analysis the effort has been to find the congruence and concordance of symptoms in different provings, and present only such symptoms as appear in more than a single proving as probable pathogenetic effects of the drug."

It is a fact recognized by psychologists that the working ability of the gray matter of the cerebral convolutions, depends far more upon the *quality* than the size of the brain or the physical development of the person. In the building of our Materia Medica this fact was early recognized by Hahnemann, and it was of vital importance that in the founder of Homeopathy we had a man who realized that we needed something more than mere numbers of provers or quantity of symptoms, congruous or concordant. That it is quality, individuality, idiosyncrasy in the prover that determines the *value* of the symptoms of the proving. Hahnemann early discovered that it was in the mental symptoms of the patient and the mental group of the remedy, that the most valuable symptoms were found. In the mental symptoms, for this reason, we more often find the "key-note" or characteristic than in all other rubrics. In the mental and nervous groups we also find the modalities without which the science of therapeutics would degenerate more or less into empirical routine. For these and other reasons Hahnemann formulated his celebrated § 153 of the Organon, which bears the same relation to homeopathy that the 47th problem of the first book of Euclid bears to geometry.

Organon, § 153: In this search for a homeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the lists of symptoms of known medicines, in order to find among these an artificial morbific agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view, for it is *more particularly these that very similar ones in the list of symptoms of the selected medicines must correspond to*, in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, etc., demand but little attention when of that vague and indefinite character if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug.

Organon, § 141: But the best provings of the pure effects of simple medicines in altering the human health, and of the artificial diseases and symptoms they are capable of developing in the healthy individual, are those which the *healthy, unprejudiced and sensitive physician institutes on himself* with all the care and caution here enjoined. He knows with the greatest certainty the things he has experienced in his own person.

“Excluding the records of provers 13 to 22, which are the records of provings with the high dilutions, we have the following list as probable pathogenetic symptoms of Pulsatilla, symptoms occurring in two or more provers.”

SYMPTOMS ADMITTED IN THE NEW.

Symptoms of congruence and concordance.

The general and undefined symptoms, common to nearly every remedy and every disease.

Symptoms regarded by Hahnemann as of little value in therapeutics.

The symptoms that lead to empiricism, alternation and palliative treatment.

Symptoms which lead the users to demand a revision of the *Materia Medica*, and will never be satisfactory to any one.

SYMPTOMS OMITTED FROM THE OLD.

Symptoms guiding and characteristic.

The peculiar, uncommon and striking, which individualize patient and disease.

Symptoms which Hahnemann relied on as indispensable in curing his patients.

The symptoms that have led to the selection of the curative remedy that has made Homeopathy world-renowned.

Symptoms which satisfied Hahnemann, and are as valuable to-day as the day they were written.

- Mind.* Tendency to weep. Moroseness.
- Mind.* Mild, bashful, gentle, yielding disposition.
Silent mood; inclined to silent grief with submissiveness.
Weeping: sad, easily bursting into tears; can hardly tell her symptoms for weeping; at every nursing; at everything whether joyfu or sad; at answering a question with almost all her sufferings.
Children extremely affectionate, fond of kissing and caressing.
- Sensorium.* Vertigo. Vertigo as from intoxication; vertigo on walking; vertigo while sitting; vertigo with nausea.
- Sensorium.* Vertigo: in a warm room; > by walking in open air; from indigestion; from scanty or suppressed menses.
- Head.* Headache. Forehead, temples, or sides of head, occiput; stitching, pressive, tearing, or throbbing in character.
- Head.* Headache: < at twilight or toward evening; throbbing, pressing > by external pressure; from overloaded stomach; pastry, fats, ice cream; with amenorrhœa or suppressed menses.
Sick headache; from suppression of menses; menstrual irregularities, or gastric disorders; two or three days before menses, with diarrhœa and chilliness.
Headache from abuse of quinine, iron, mercury.
- Eyes.* Dimness of vision; weak vision; swelling of lids; lachrymation.
- Eyes.* Styes especially on upper lid.
Conjunctivitis: after suppressed gonorrhœa; pustular, discharge thick, yellow, bland; pain > from cold applications, < by heat, or in a warm room; itching, burning of lids < toward evening; after measles.
- Ears.* Noises in ears; ringing or roaring in ears; sense of stoppage in ears.
- Ears.* Deafness: as if ears were stopped; after measles; after cold from cutting hair; after abuse of quinine; can hear better on the ears; < by heat or hot applications.
- Nose.* Tickling, sneezing; bad smell, as of old catarrh.
- Nose.* Coryza: with loss of smell and taste; obstruction, worse in the evening; thick, yellow, or yellow-green discharge, offensive as in old catarrh; feels well in the open air, but has attack of violent catarrh as soon as he enters a room.

Mouth. Bitter, slimy, or sweetish taste; accumulation of saliva; sore feeling of gums.

Throat. Difficult swallowing; rawness or scraping in throat.

Stomach. Nausea and qualms; vomiting; eructations; eructations tasting of food; pain in stomach; appetite, but doesn't know for what.

Abdomen. Pain in abdomen, sharp or cutting in character; rumbling, feeling as if diarrhœa would occur.

Rectum and Anus. Bleeding from anus.

Stool. Diarrhœa; painless diarrhœa; bloody stool.

Urinary Organs. Increased flow of urine; tenesmus or strangury.

Mouth. Taste; bitter, slimy, pappy; disgusting, with white-coated tongue in morning; nothing tastes well, or loss of taste; bilious, especially after eating or smoking. Great dryness of mouth in morning, without thirst.

Throat. Throat dry < mornings; when swallowing, stinging, cutting: stitches between acts of swallowing. As if swollen or a lump in throat.

Stomach. Hunger: but does not know for what; eats greedily, followed by vomiting; thirstlessness with dry or moist tongue; desire for acids, refreshing things, lemonade; aversion to butter, pork, fats, milk, smoking; gastric derangements from cakes, pastry, rich food, particularly fat pork; complaints from eating buckwheat, onions; better from cold food and drink, worse from warm.

Abdomen. Flatulence; rumbling, gurgling in abdomen; shifting from one part to another; worse in evening or before or during menses.

Rectum and Anus. Profuse bleeding from anus during stool; hemorrhoids, blind, protruding, painful; itching in evening, with great soreness; stitches in anus; tendency to faint.

Stool. Constipation; obstinate, stool hard and large; after suppressed intermittent by quinine; menses delayed, irregular.

Diarrhœa; nightly, with rumbling in abdomen; greenish-yellow, slimy, bilious; like stirred eggs, changeable, no two stools alike; painless, not exhausting; after measles, errors in diet, fat food, pork, fruit, ice cream.

Urinary Organs. Urine: frequent desire, great urging; impossible to delay; tenesmus of bladder; burning, stinging pains in neck of bladder; spasm of bladder, passed drop by drop.

Enuresis nocturnal; after measles; worse in autumn; especially in little girls of fair complexion, mild disposition, sensitive, delicate.

Sexual Organs. Nocturnal emissions.

Sexual Organs. Male. Strong sexual desire; long-lasting morning erections; priapism.

Nocturnal emissions, with great mental depression.

Orchitis: from suppressed gonorrhœa; after measles or mumps.

Female. Tensive cutting pains in uterus, which is very sensitive to touch.

Menses too late, scanty or suppressed, especially from getting feet wet; flow only in day time, and mostly when walking; intermittent, changeable in character. Suppression of menses: after getting feet wet; from a cold; with convulsions; in chlorosis; pain in uterus; nosebleed relieves.

Respiratory Organs. Dyspnœa; dry cough from tickling in larynx.

Respiratory Organs. Dyspnœa: after slight emotions; in evening; of children, after suppression of rash; in hysteria, or with suppressed menses; at night as from vapors of sulphur; deranged menstruation or suppressed urticaria.

Chest. Oppression of chest; oppression with cough; stitching pains in chest or left side.

Chest. Oppression of chest on walking fast, ascending a height, exercise, mental emotion; on lying upon left side.

Soreness of chest, sub-clavicular, or in apex of lung.

Hæmoptysis: blood dark, clotted; after suppressed menses; with oppression of chest.

Upper Extremities. Pain in shoulder joints; stitching pain in arm.

Upper Extremities. Severe pain in shoulder joints, drawing, jerking, tearing; extending down arm to wrists in transient recurring attacks; shifting from one joint to another; < at night.

Lower Extremities. Swelling of feet; pains in legs; pains about ankles and feet.

Lower Extremities. Hip joint painful, as if dislocated; drawing and tension in thighs and legs in the evening.

Painless swelling of knee.

Knee inflamed, swollen, shooting pains. Pains < on beginning to move; constantly changing.

- Generalities.* Relief by lying on back.
- Generalities.* Compelled to move, yet motion gives no relief.
Aggravation: lying on the left or painless side; in a warm, close room; in evening, twilight; from fats, pork, ice cream, indigestible food.
Amelioration: in the open air; in a cold room; eating or drinking cold things; lying on painful side.
Symptoms ever changing; shift rapidly from part to part.
- Skin.* Pimples; pimples on shoulders and back; itching, evening, in bed.
- Skin.* Eruptions from gastric derangements, pork, pastry, fruit; violent itching in evening in bed.
- Sleep.* Sleepless in evening; unable to fall asleep; restless sleep.
- Sleep.* Wide awake in evening; cannot sleep before midnight; anxious, confused, vivid dreams.
- Fever.* Chilliness; sensation of heat; fever; perspiration; night sweats.
- Fever.* Chilliness: one-sided; flitting, in spots, now here, now there; thirstless; heat and sweat one-sided; gastric symptoms predominate.

SURGICAL DISEASES.

All surgical diseases have their origin in a morbid process, functional change of an organ, or diverted action, secretive, assimilative or emunctory. As certain as medicine will *cure* the *cause* of disease which resides within the organism, just so certain will it cure the effects of that cause.

On May 15, 1882, Mrs. A. G., aged forty-seven, a tall, slender woman with dark brown hair, steel-blue eyes, and a hectic flush upon her cheeks, with an expression of hopeless anxiety and suffering upon her countenance, applied to me for a renewal of medicine which had been given her by a physician to keep her bowels soluble, in the absence of which she experienced frequent desire to stool without relief, and a fullness, with an aggravation of the intense burning which was constant in the rectum and the left inguinal region, in which was an abnormal fullness plainly visible; and upon palpation could be distinctly outlined a firm, unyielding tumor, apparently the size of a foetal head, which she informed me had been growing for seventeen years, accompanied by exces-

sive periodic hæmorrhages, and had been called a fibroid tumor by seven different physicians, six being of the physiological school. She also informed me that every three months the periodic hæmorrhages were greatly intensified, and she wished I would be able to take care of her promptly at that time, when she would call me.

In the digital and conjoined palpation which she kindly permitted me to make at this time, I was quite confident that the diagnosis made before was correct, and requested her to suspend the physic she had become accustomed to take, and take instead the medicine which I would give, assuring her that if the medicine I gave her did not prove more satisfactory, and relieve her, I would consider the question of restoring the aperient medicine.

In one week, patient reported a sense of relief which she had not observed in all her years of suffering.

The patient was continued under treatment altogether three years, under extremely unfavorable conditions, her husband often requiring as many as five (!) and sometimes seven (!!) sexual embraces in one night, and disturbed in other respects, as a tyrant husband of this kind might be expected to annoy an intelligent but obedient wife.

There were periods of aggravation from many causes, which were met by the best remedy. The last done for her was to forcibly dilate the rectum and sigmoid flexure, and break up severe adhesions caused by the protracted pressure of the tumor and consequent inflammation, which had effectually prevented the discharge of feces of natural consistence sufficient to prevent a rapidly increasing fullness of the viscera to such an extent as to cause great distress, besides requiring her to so limit her eating as to be very discouraging to her, her appetite now being excellent. After this was well accomplished, she experienced no more trouble, and has been usually well ever since, now being fifty-seven years of age. There has been no drawing pains, erratic pains, or nervous phenomena incident to those related by patients after operations for these tumors.

Case II.—J. W., aged twenty-two, unmarried, farmer, and residing with his mother, presented himself for treatment March 3, 1878, dating his first knowledge of the trouble to three

years before; exhibiting both legs. Upon the right were two large tumors of bony hardness, apparently proceeding from the tibia, and being fixed to that bone; one was located near the ankle-joint on the inner aspect of tibia, the other near the middle of the shaft of that bone. On the left tibia were three, one on the distal extremity inner aspect, another on the outer aspect near the lower third, encroaching somewhat upon the fibula, and the third near the middle of the shaft of the tibia and outer surface pressing hard on the fibula; each appearing about the size of half a common egg. The three latter appeared most painful, and to these all attention had been given by himself and all concerned, hoping to obtain relief from the suffering, but without the slightest benefit. The pain was described as a constant and severe aching, nothing more.

I prescribed for him at this time without any benefit whatever; but nearly a year afterward, I was summoned in haste to go to his home prepared to amputate his leg. Not having seen nor heard from him since I prescribed, I did not know what had occurred, and hastily went with that intention, taking with me (six miles into the country) my brother and a student, Mr. Case. Upon arriving I found the man sitting in a chair, suffering great pain with right knee, the bursæ being much swollen and on the inner surface quite œdematous, and a slight incision was observed which had been made by a physician who had chanced to pass by, and said he would open the abscess and go on. But he did not reach any pus or fluid, and after passing his bistoury a half-inch deep, he withdrew the instrument and declared the thigh must be amputated. This alarmed the young man, and determined him to send for me and have the amputation done at once.

After making all the inquiries I could for some guide to the remedy for the cure of this condition, and when about to give up my task, I repeated the question: "Do you eat an unusual quantity of salt?" As before, he replied in the negative, but his mother being present corrected him and affirmed that he ate very large quantities of salt. Thereupon I gave him two powders of Nat. m. and Sac. lac. to follow. Three weeks afterward he returned to work, and six months afterward every vestige of the affection was gone, with no return to date.

My brother and the student who accompanied me and urged me to operate or return home because of the useless time I was spending in interrogating the sufferer, all to no purpose, have not lately jested me of that.

J. C. NOTTINGHAM, M.D.,
Bay City, Mich.

CHOREA: CAUSTICUM.

H. S., aged 14; stout brunette (bilious lymphatic); jerking of hands when dressing in morning; began four weeks ago. Tongue and all muscles on right side of body implicated in the jerking and dancing manifestation. No jerking during sleep, but begins as soon as he awakens in the morning. When a child he had eczema behind ears and on body, and boils in axillæ. Herpes zoster three years later; all treated locally with lead lotion and successfully dissipated. Had diphtheria about Christmas, and choreic twitchings have developed since. Broad, flabby tongue, with a white coating; very tactiturn, so that sensations can be elicited with great difficulty. Has been exposed to sudden changes of temperature the past four months daily, carrying sacks from a hot room to cold open air.

Remarks. The above-mentioned facts are all that could be gathered at the time, and, indeed, are sufficient for any one at all conversant with the materia medica and underlying principles of Homeopathy. Several of our students suggested *Causticum*. It was prescribed in the 200th potency on February 15.

On February 22 the patient returned and reported no change, and was given placebo.

On March 1 he reports the right lower limb more quiet, which change the mother noticed the past week, but the upper limb and head about the same.

March 8. Reports little progress over past week. *Sac. lac.*

March 15. Mother states that there is a marked general improvement on whole right side. *Sac. lac.*

March 22. About same as last week. At this juncture it occurred to me that a dose of *Causticum* cm. would expedite matters, and it was given, the patient having steadily improved for over thirty days, and now apparently at a standstill.

March 29. A marked improvement. The choreic jerking coming in paroxysms. Gave placebo.

April 5. The agitation at longer intervals; almost gone. *Sac. lac.*

April 12. No more twitchings. Arm still weak when attempting to hold anything. Patient is more talkative. More *Sac. lac.*

April 19. Arm feels lame, otherwise generally better. *Sac. lac.*

April 26. Great deal better. Can take hold of things now with greater ease and power. More *Sac. lac.*

We saw patient May 3, 10 and 17, and saw no more reason to give any more medicine. He returned to work on May 10, and on the 17th we discharged him, cured. We might have discharged him April 12, but desired to let the students have all the benefit that could possibly be derived from the case.

Remarks. Much could be said about this case. The selection of the remedy; the manner in which he began to improve; the change from constant twitchings to paroxysms of same at longer intervals; the part his temperament played in fixing the remedy more positively, etc., but will confine ourselves to the symptoms and conditions more particularly.

IMAGE OF CAUSTICUM.

Aggravation after excessive bodily exertion; after rheumatic exposure; on the right side of body; from suppressed eruption (chiefly nervous phenomena); nervous affection following diphtheria and lead poisoning; taciturnity. Last but not least, the torpid, bilious-lymphatic temperament.

This *tout ensemble* means *Causticum* every time.

J. A. TOMHAGEN, M.D.

EDITORIAL.

Materia Medica Redivivus.—Why revise the *Materia Medica*? Why change the plan upon which the *Materia Medica Pura* of Hahnemann, or its prototype, extended and improved by Hering, upon which the chief success and the reputation of our School of Medicine has been made? While its scientific construction may be challenged by members of the medical profession who have neither verified it in provings on the healthy nor in the cure of the sick, it has met all the demands legitimately made upon it in both acute and chronic disease. In Asiatic cholera and yellow fever, the most rapidly fatal of acute epidemics, it has proved more efficacious than any *Materia Medica* in the history of medicine; and in chronic affections it has enabled the homeopath to cure many intractable cases, even those pronounced incurable by the ablest specialists of other schools of practice.

The chief object in revision appears to be an honest, though mistaken, effort to utilize the wonderful discoveries in pathology which scientific medicine is continually making. It seems to be a general belief in the medical profession, even among a large majority of the homeopathic profession, that pathology has come to be an exact science; that the modern theories of disease are true and not ever-changing hypotheses, and that we, as homeopaths, should incorporate them into our *Materia Medica* and by these means find specific remedies for specific pathological conditions. That in drug provings, the experiment, to be a reliable guide in therapeutics, must be pushed to the extent of pathological tissue change, or at least to the production of the microscopical disease germ. This may be all very well in theory, but is entirely erroneous, unhomeopathic and unnecessary. The law of similars is not founded on a pathological basis. Homeopathy is not “built that way.” It is dynamic, not material. The symptoms obtained by provings on the healthy are dynamic derangements of the vital force. Hahnemann explains this fully in §§ 9, 10 and 11 of the *Organon*:

Organon, § 11. When a person falls ill, it is only this spiritual, self-acting vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease; for as a power invisible in itself, and only cognizable by its effects on the organism, its morbid derangement only makes itself known by manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician; that is, by *morbid symptoms*, and in no other way can it make itself known.

As “morbid agents” produce disease derangement manifested by sensations — morbid symptoms — so only can medicinal agents manifest derangement of healthy vital processes. It is by symptoms, and in no other way, that effects of drugs in provings can be known on the healthy.

No! the real trouble is, we do not use the Materia Medica as did Hahnemann and his early followers. We do not exercise sufficient care in “the taking of the case.” Our anamnesis is defective, and hence the selection of the remedy must necessarily be defective. We have, as a school, tried many other methods with indifferent results. Let us now in good faith return to the old methods. If the mountain would not go to Mahomet let Mahomet go to the mountain. Hahnemann’s Materia Medica is the best the medical world has ever known. If we would obtain Hahnemann’s results, we must use Hahnemann’s methods.

Woodman, spare that tree,
Touch not a single bough;
In youth it sheltered me,
And I’ll protect it now.

The Student’s Department.—For the benefit of all students of the homeopathic Materia Medica — graduates as well as undergraduates — we have secured the assistance of William Jefferson Guernsey, M.D., who will have charge of this department, and we predict for it the hearty approval of our readers. It is so arranged as to be cut out in slips and placed in a box, where it can be readily utilized in practice; but in cutting, scissors, not a paper knife, should be used.

NEW PUBLICATIONS.

Hahnemann's Defence of the Organon of Rational Medicine, and of his previous homeopathic works against the attacks of Professor Hecker. An explanatory commentary on the Homeopathic System. Translated by R. E. Dudgeon, M. D. Philadelphia: Boericke & Tafel, 1896.

Dr. Dudgeon could scarcely have conferred a greater boon upon his colleagues, in this centenary year of Homeopathy, than he has by the translation of Hahnemann's able defence of our system of therapeutics, for in defending the Organon against the assaults of the unthinking of the dominant school, he defends the art which is built upon it. During the first decade of the present century Hahnemann, Hufeland and Hecker were without doubt the best read medical men in Germany, if not in all Europe, and as a journalist of large experience Hecker was not only hypercritical but far from an honorable critic. As the author of the *Epidemics of the Middle Ages*, he was generally recognized in the profession as an able and erudite antagonist of the new therapeutics heralded by Hahnemann, upon whom he bestowed the keenest and most biting sarcasm, for Hahnemann says: "For fifteen years Hecker has been chiefly occupied in girding at my name." Nevertheless, for years he treated the attacks of Hecker with the silence of contempt. But, mistaking the silence of Hahnemann, he became more and more abusive, while the student and professional world of Germany eagerly watched the outcome, which practically meant the success or failure of Hahnemann and his law of cure. Hahnemann wisely concluded that the time had arrived for a reply. And what a reply! Hecker, master of sarcasm and controversial discussion as he was, found that in Hahnemann's hands he was a mere child in the grasp of a Hercules. Read the *Defense of the Organon* carefully and you will emerge from its perusal with a more profound respect for the founder of Homeopathy than you have ever had. With the ability of a master mind he holds Professor Hecker up to the medical world and compels him to face his perversions of fact, his wilful mis-state-

ments and garbled sentences; a fac-simile of what every homeopath has been compelled to meet and to answer from the time he entered the profession. The reader will also find his "Explanatory Commentary" exceedingly interesting; in fact, a review by its author, and a defence of both principle and corollary of the Magna Charta of Homeopathy.

Present Status of Pediatrics.—By the Bureau of Pædology of the American Institute of Homeopathy. Edited by Benj. F. Bailey, M.D.; Allison Clokey, M.D. Published by the Bureau. 1896.

This work of 300 pages is a well-meant and a successful attempt to utilize the labor of one of the working bureaus of the Institute. It is necessarily condensed, especially in therapeutics; but the etiology and differential diagnosis make it practical and reliable for ready reference. The chapters on Diseases of the Skin and Diphtheria might have been greatly improved at little expense. On *Immunity* and *Anti-toxine* the author asserts, very truly, that: "The time has not come for an authoritative decision upon the merits of either remedy or theory." But would it not have been better to have said that the remedy had not been proved on the healthy, and consequently its use in its present form would be purely empirical, as the practice of the other schools is no guide for the homeopath in therapeutics. Since Fisher's splendid volume on Diseases of Children has been published small works like this are not in such demand as they would have been a year earlier.

A Homeopathic Text-Book of Surgery.—Edited by C. E. Fisher, M.D. Chicago, and T. L. Macdonald, M.D., Washington. Profusely Illustrated. Medical Century Company, Chicago. Royal octavo, pp. 1650. 1896.

A magnificent volume: *A Homeopathic Text-book of Surgery*, by homeopathic surgeons, profusely illustrated and liberally exemplified by homeopathic therapeutics; a volume of which every homeopath in the land may be justly proud. And how could it well be otherwise? Are not such names as Helmuth, Fisher, Shears, Pratt, Walton, Macdonald, Van Lennep, Emerson, Green, Chislett, James, Lee, Morgan, Parsons, Sanders, Wilcox, Wilson and many others, the peers of any living surgeons of any school of practice in Europe or America?

It is a royal octavo volume of sixteen hundred and fifty pages of reading matter, well printed on first quality of paper with new type, well bound and well and profusely illustrated. There are sixty-four full page plates, of which twenty-three are colored, and the plates illustrating the ligation of arteries are especially practical and clear. In addition to the full page plates there are over eleven hundred illustrations, largely original, drawn from the experience of the authors. Although the volume is the combined work of a corps of homeopathic surgeons, it is in no sense a compilation from the surgical literature of other schools. There are, of course, standard illustrations—the ligation of arteries, for instance—which are the common property of all surgical text-books, but the large majority of illustrative cases are from the experience of the homeopathic schools all over the country from Maine to California, and as an humble member of the homeopathic profession, we are proud of them.

While there are a number of minor errors inseparable from the combined work of a corps of surgeons, it is the peer, if not the superior, of any single volume text-book of surgery in the English language. The work is not perfect by any means, but it is as near it as any first edition of any work generally is. Neither is it above criticism if it be read with that sole object in view. There might be many remedies added to many chapters that would materially increase its value in a therapeutic sense. But we do not look for *Materia Medica* in a surgical text-book, and while the operative procedures are the equal of any work on modern surgery, what therapeutic recommendations there are, and they are by no means meagre, are vastly more helpful than are to be found in any other work, especially the text-books of the other school.

Loyalty to our surgical authors, and loyalty to our school of practice, with the normal pride of a homeopathic physician to the cause which the *Text-Book of Surgery* represents, should secure for it a permanent place in the library of every member of our school.

A Manual of Nervous Diseases and their Homeopathic Treatment.—A compend for students, colleges and physicians. By George F. Martin, M.D., professor mental and nervous diseases Hahnemann Hospital College, San Francisco. New York and Chicago: Medical Century Company. 1896.

With twenty homeopathic colleges in active aggressive work, why should not our students have a complete series of college text-books? We are happy to welcome this manual of Dr. Martin as one of the first of a series to be published by the Century Company by noted specialists of our school. These works are not intended as substitutes for the large text-books, but for ready reference for the practitioner as well as student.

This work is apparently up to date in differential diagnosis, and the therapeutic indications, as a rule, are clear cut and positive. There are, however, a few exceptions. In the treatment of cerebral hæmorrhage it is recommended that "cloths wet with ice water be applied to the head." We do not think this in accordance with the teachings of similia. If any applications be made, why not hot? In our experience, Arnica is more frequently indicated in cerebral hæmorrhage than all other remedies, both to control or prevent hæmorrhage and facilitate absorption of clot. Also, we must protest against the general use of electricity—either the faradic or galvanic current—in the homeopathic treatment of nervous diseases. We believe that functional disturbances are often converted into organic lesions by its use, when a different result might have been obtained by the carefully selected simillimum.

On the whole we commend this work to our students as the best work yet issued in our school on the subject, and one from which the busy doctor may obtain many practical hints in both diagnosis and treatment. The publisher should also be congratulated on the enterprise manifested, and he should be encouraged by the reception given this volume to continue the good work, until we have a complete set of student manuals.

Annual Oration to the Massachusetts Homeopathic Medical Society. By N. W. Rand, M.D., Monson, Mass.

"Evolution: Its Perils and Possibilities," is the text of this well-written essay—the annual oration of the Massachusetts Society—which will repay a careful reading. Among other

things he makes an eloquent plea for better work in our colleges, hospitals, journals, societies, etc., and in this he is no doubt right. But it is far from a graceful act for a convert to homeopathy to discredit the cardinal principles of his school — one of the corollaries of the law — which he knew was indispensable to the homeopathic practice when he adopted it.

This is his view of dynamization, the greatest discovery of Hahnemann :

Now, just a word among ourselves. There is upon the face of homeopathy an abnormal, unsightly growth. It might almost be called congenital, for it appeared in infancy and seems to have been inherited. It can hardly be thought malignant, for it produces no marked cachexia and for many years has not increased in size. Indeed at present it seems to be undergoing auto-degeneration. It is, however, obnoxious to the greater portion of the body as well as to friendly onlookers, but when anything is said about its removal the members sustaining it all at once grow very sensitive, declaring that it is not an abnormal but a vital part, and that to remove it would be fatal. I hardly need mention the name of this growth, for I am sure you all recognize it as the untenable doctrine of dynamization. But what shall be done with it? It certainly disfigures our school and subjects it to ridicule. . . . I would to heaven that some local anæsthetic might be applied to the sensitive filaments, and the whole thing, by a master stroke, removed. We would then preserve it in the museums of our colleges, and ask future students to behold this relic of stupendous credulity! Then would homeopathy no longer feel abashed when science looks her in the face.

Now, “just among ourselves,” we venture the assertion that the author is using dynamized remedies every day in his practice. If not, we would like to know in what form he uses Aurum, Argentum, Stannum, Alumina, Calcareo, Carbo veg., Graphites, Ferrum, Lycopodium, Natrum mur., Silica, Sulphur, Platina, Plumbum, etc., etc., remedies which in their crude form are largely, if not altogether, inert? The potency may not be very strong, to be sure, but they are dynamized remedies just the same, if he uses them in the 2x, 3x or 6x decimal trituration, as do the majority of his colleagues. “Homeopathy is not abashed when science (even the so-called allopathic) looks her in the face.” She has withstood the severest tests for a century, has looked every science squarely in the face, maintained her principles in the only true test — the cure of the sick — which is more than can be said of her

elder sister, although she boasts of a direct descent from Æsculapius. Dynamization will bear the most rigid scientific investigation, and will neither "disfigure our school nor subject it to ridicule." All who have put it to the test of practical experience believe in it; those who have never tried it know nothing about it, and are not in a position to give an opinion.

A Homeopathic Materia Medica on a New and Original Plan. By M. W. Van Denburg, A.M., M.D. A Sample Fascicle, containing the Arsenic Group. Fort Edward, N.Y., 1895. Published by the Author.

This is a sample fascicle of a proposed New Materia Medica, and as the author says in the Introduction "that every man has a right to be, in a large degree, his own judge of the value of any given symptom," we have printed two *fac-simile* pages from the work, that every reader may judge of the value of the work. The work professes to give not only the value of the symptoms, but the authority or source from which it was derived. We do not see the necessity or justice in giving such *authorities* as Gentry, Goodno, Hughes, Johnson, Korndoerfer, Neidhard, Perkins, Bell, Burt, and even Dunham and Farrington, for all the symptoms in their works, while reliable, are taken from the standard works of Hahnemann, Hering and others. They certainly are not original authorities in Materia Medica, like Hahnemann, Hering, Allen and others.

But this volume is only a sample, put forth by the author for the approval and criticism of the homeopathic profession. If 1,000 *bona fide* subscribers are obtained, enough to warrant the publication, the work will be forthcoming; otherwise it will be abandoned. The great advantage claimed for it is that we may know the source of the symptom, whether pathogenetic or clinical, and the potency or dose used in the proving. This information may be obtained, in part, at least, from our present works and our individual opinion is that the advantage will not warrant the expense at present. But, whether published, or not, the author should receive the gratitude of the profession for his indefatigable labor.

22. Mouth, Tongue, Gums and Teeth.

*Saliva clear, with black grains in it. (F. 1.)

(b). TONGUE.

Tongue dry, without redness. (T. 2; Hn.).

Tongue coated, mouth dry (P. 10.). *Ant-c, bry, merc*, (G.)

*(Al.) Tongue white and dry. (F. 7; Hn., Al.) *Anac, ant-c, bry. n-v, puls*, (G.)

Tongue coated with a thin, white fur. (T. 3; Hg.). *Ant-t*, (G.).

*** (K.) Tongue dry, lips and nostrils dry (Al., Hg.). *Pbos*, (G.)

*** (K.) Tongue dry and parched, very thirsty. (T. 5.). *Bry, rh-t*, (G.).

Tongue dry and morbidly red. (T. 5; Hg.). *Bapt, bell*, (G.).

Tongue hot and very dry. (F. 1.). *Arg-n*, (G.).

Tongue dry, hard, and fissured. (Hg., Stillé.) *Hyosc*, (G.).

*** (K.) Burning in the tongue. (Hn., Al., Hg.; T. 12.). *Merc-c, mez, nit-ac, tereb*, (G.).

Rather red at the tip, clean. (F. 1; Hg.). *Dig, hyosc*, (G.).

*** (K.) Red and fiery, mouth excoriated. (F. 2; Hn.). *Kreos*, (G.).

Center and root coated, edges and tip red. (Er.) *Fluor-ac*, (G.).

*** (K.) Edges red, with imprint of the teeth. (Hg.) *Chelid*, (G.).

** (Al.) Furred, a red streak down the middle, tip very red. (Al.), *Phyt, rh-t*, (G.).

Papillæ prominent, tip red. (Al.) *Arum, podo*, (G.).

*** (K.) Tongue furred, dry, brown, or black. (K.).

Tongue moist, whitish in the center. (Al.) *Gels*, (G.)

Tongue swollen. (Al., Hg.) *Apis, merc, stram*, (G.).

Looked sodden, tip and edges very red and sore. (F. 1.) *Bell, merc, puls*, (G.).

Scalded lips, tongue, and mouth. (Stillé.) *Æsc, iris*, (G.)

*** (K.) A thick brownish coating on the lips, teeth, and tongue (Al., Hg.). *Bapt, chin*, (G.).

*** (K.) Tongue and mucous membrane of the mouth cold to touch. (F. 1.). *Camph, cist*, (G.).

*** (K.) Many of the papillæ were hardened and black. (F. 1.),

P., Prover. T., Toxic. F., Fatal. Al., Allen, Hg., Hering. Hn., Hahnemann. Bl., Bell. Burt, Burt. Dunh., Dunham, Farr, Farrington. G. Gentry. Guer., Guernsey. Go., Goodno. Hl., Hale. Hh., Hughes. J., Johnson. Jr., Jarr's Manual. K. Korndoerfer. L., Lippe. Ll., Lillenthal. N., Neidhard. Perk., Perkins. 1-B., 2-B. Bœnninghausen, 1st rank, 2d rank, &c.

22. Mouth, Tongue, Gums and Teeth.

Black blisters on the tongue. (F. 1.) *Muriat-ac*, (G.).

(c). TEETH.

Pain in the teeth. (P. 3 b, 8; T. 3, 7; Hn., Al., Hg.) *Ac, bry, merc, puls*, (G.).

Severe pain in the teeth, (P. 8; T. 3, 7; Hn., Al., Hg.) *Ac, bell, mez, spig*, (G.).

Pain in the teeth with salivation. P. 3 b, 8.) *Merc*, (G.)

Pain in the teeth with mastication. (T. 3.) *Bry, hyos*, (G.).

The affected tooth does not pain on mastication. (Hn.) *Rhod, sil, spig*, (G.).

Pain in the r. upper and lower molars (P. 3 b; Al.) *Mez*, (G.).

***(K.) Pain in the teeth, better from heat, worse from cold. (Hn.) *Agn, kal-i, phos, sil*, (G.).

†Pain in aching teeth worse from touch. (T. 3; Hn., Hg., Al.) *Coloc*, (G.).

***(K.) The teeth feel loose. (T. 3; Hn., Al., Hg.) *Lyc, merc, nit-ac, puls, rh-t, sul*, (G.).

The tooth feels too long; is sensitive; it ulcerates. (Hn.) *Am-c, colch, merc, sil*, (G.).

Irritating, burning, stinging, jerking, twitching toothache. (Hn., Al., Hg.).

Toothache makes her furious. (Hn., Al., Hg.) *Ver-a*, (G.).

Toothache streaking into the temple. (Hn.).

Abscess above canine; the jaw becomes necrosed. (Hn., Al.) *Arg-n, am-c, merc-c*, (G.).

Great formation of tarter on the teeth. (P. 3 b.) *Mez*, (G.).

Parotiditis (F. 6; Al., Hg.).

Toothache better from heat, but not too strong heat. (Hn.) *Lyc, mur-ac, sil*, (G.).

Toothache worse from cold; *bell, grat, merc, sil, spig, rh-t*, (G.); from touch, chewing, pressure, at night after sleep. (Hn., Al., Hg.).

Worse from cold or heat. *Hell*, (G.)

†Toothache relieved by warmth of stove; it comes on at night. (Jahr's M., 1838.

P., Prover. T., Toxic. F., Fatal. Al., Allen. Hg., Hering. Hn., Hahnemann. Bl., Bell. Burt. Burt. Dunh., Dunham. Farr, Farrington. G., Gentry. Guer, Guernsey. Go., Goodno. Hl., Hale. Hh., Hughes. J., Johnson. Jr., Jahr's Manual. K., Korndoerfer. L. Lippe. Ll., Lillenthal. N., Neidhard. Perk, Perkins. 1-B., 2-B., Bœnninghausen, 1st rank, 2d rank, &c.

CHARACTERISTICS.

STUDENTS' DEPARTMENT.

	Mind. Loss of location when walking the streets he has traveled for years.	1
	Mind. Very forgetful, especially in business: during slumber, however, he remembers all he had forgotten.	2
	Mind. Delusion that his legs are cut off, and that he walks on his knees.	3
	Mind. On seeing a man walk before him he imagines he sees the same man walking after him.	4
	Mind. Impudent behavior during childbed.	5

Glionium.

What is the mental condition in regard to
locality? **1**

Selenium.

Mention the peculiarity about memory. **2**

Baryta carb.

What is the mental delusion about the ex-
tremities? **3**

Euphorbium.

What is the mental delusion about persons
seen on the street? **4**

Veratrum alb.

What is the mental peculiarity during
confinement? **5**

	<p>Mind. Feels as though she <i>must scream</i> : always hunting up something to grieve over.</p>	6
	<p>Mind. Sensitive to criticism : imagines that it is done to hurt him.</p>	7
	<p>Mind. Afraid to go to sleep again for fear the heat of the head from which he wakened will return.</p>	8
	<p>Mind. Imagines that some part of the body is unnatural, namely:—a limb displaced: lips too thick: features distorted: that thinking takes place in the stomach.</p>	9
	<p>Mind. Cannot follow an idea for any length of time: if he attempts to think consecutively he is attacked by a painful <i>vacant feeling of the head.</i></p>	10

Lilium. tig.

How does the patient feel like giving vent
to her nervous excitement: and what symp- 6
tom of despondency does she have?

Staphisagria.

How does others' opinions of his acts 7
affect him?

Arnica.

What symptom wakens from sleep: and 8
why does he not go to sleep again?

Aconitum.

What is the mental delusion about his 9
own body.

Gelsemium.

How about the ability to think? 10

BY THE WAY.

DETROIT MEETING, '96.

Take your bicycle with you next year when you go to the A. I. H. Buffalo claims more miles of good pavement than any city in this country, and you will find yourself one of the disgusted minority if you leave your wheel at home. Leave your dress suit, if you must, but bring your wheel and knickerbockers—or bloomers, as the case may be.

* * *

This reminds me—did you get an Anheuser-Busch knife? No? Very few people did, but the A. B. Co., dispensed Malt Nutrine with a free hand—in fact, with *both* hands. It's a good thing, too. They also distributed a roller blotter, which may be used as a tack hammer at a pinch. Didn't get one? Apply to the Anheuser-Busch Brewing Association, St. Louis, Mo., and they'll send you one.

* * *

The Bureau of Materia Medica was a pure Homeopathic love feast, and the man who missed it should not fail to read every word when the transactions are printed. The theme was the indicated remedy in the potentized form and—some of you low potency men had better hang on to something—*administration by olfaction*, Drs. T. F. Allen and M. Deschere relating several instances where the relief following this method was immediate and conclusive.

* * *

Speaking of cycles, the Horlick Manufacturing Company has put out a very neat thing in the "Malted Milk Tablets," which, to a hungry cyclist, are as indispensable as a monkey wrench. The tablets are allowed to dissolve in the mouth like a gum-drop or your *first* quinine pill. The taste is a decided improvement on that of the pill, and, after a few are absorbed, it does not seem so long until the dinner hour arrives. The tablets are bottled and packed in a neat leather case, which may be strapped, like a tool bag, to the frame of the cycle.

While in Detroit I purchased an "Eezy Seat,"* which contributed materially to the comfort of a ride. I speak feelingly, for I have endured much from the ordinary suspension saddle, which is an instrument of torture and a producer of prostatic disturbances. The "Eezy" is not a saddle, but a padded seat, having an oscillating motion, being balanced on a pivot above the seat post. It is altogether the most satisfactory cycle seat I have yet tried.

*Manufactured by Victor Manufacturing Co., Detroit, Mich. Price, \$3.00.

* * *

Dr. Frank Kraft has taken a decided step in advance in his *Illustrated Materia Medica*," and his paper was most kindly received. The facial characteristics of Sepia, Calcarea, Pulsatilla, and others of the polychrests, were graphically depicted in colors, and the idea brought out clearly that such illustrations, supplemented by "word pictures" of the drug and patient, would impress the mind of the student so forcibly that the impression would be permanent.

* * *

Speaking of Dr. Kraft, he has gone to Europe to attend the International Congress at London and for a trip on the Continent. He is a bright representative of American homeopathy and it is to be regretted that a larger number of the profession could not have accompanied him; the public health is too good, the great American dollar too elusive and the vermiform appendix too well behaved to permit the average practitioner to take a continental trip this year.

ITEMS.

We announce, with sorrow, the sudden death of Dr. W. O. Clark, of Burlington, Iowa, on June 22. The particulars have not come to hand at this writing. He was a graduate of Hahnemann, Chicago, in the class of 1882.

* * *

T. Cecil Hicks, Ph.G., M.D. (Hering, Chicago, '95) has located at Louisville, Ky., and has been elected Professor of Chemistry and Toxicology in the Southwestern Homeopathic College of that city. We congratulate both the doctor and the college.

H. C. ALLEN, M. D.,
W. J. HAWKES, M. D., } EDITORS.

W. W. STAFFORD, M. D.,
BUSINESS MANAGER.

THE MATERIA MEDICA JOURNAL

100 STATE STREET

Chicago, Ill., August 1st, 1896.

DEAR DOCTOR:--

We solicit your contribution and subscription to aid in the support of the Materia Medica Journal. Every Homeopath, whether specialist or general practitioner, needs the assistance to be obtained from a magazine devoted to the study and improvement of our Materia Medica. The editors, Drs. H. C. Allen and W. J. Hawkes, are representative Homeopaths, for years widely and favorably known as among the ablest teachers of Materia Medica in the country; their names will guarantee a journal first-class in every respect. Contributions will be received from leading practitioners at home and abroad. When cases are reported, it is our idea, in order that they may be profitable as well as entertaining, to have the symptoms given in full, that the basis of the prescription may be apparent.

If this specimen meets with your approval, please send in your name early as the journal will not be continued unless desired.

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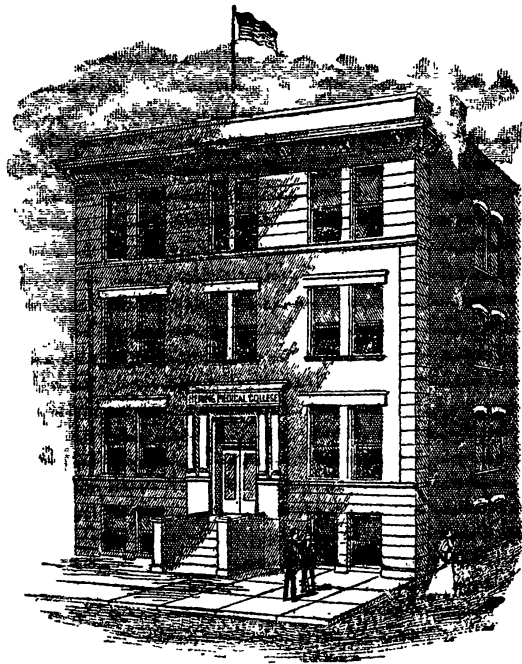
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THE MATERIA MEDICA JOURNAL

VOL. I.

CHICAGO, SEPTEMBER, 1896.

No. 3.

MATERIA MEDICA CONFERENCE.

HELD AT DETROIT, JUNE, 1896.

“In the search for the simillimum shall we endorse § 18 of the Organon, which says that the totality of the symptoms must be the sole indication to direct us in the choice of a remedy?”

(For the essay on the above question, read by Wm. Boericke, M.D., of San Francisco, see MATERIA MEDICAL JOURNAL for AUGUST, 1896.)

DISCUSSION.

BY T. P. WILSON, M.D.

Cleveland, Ohio.

I wish to say at the outset that if there be any one here who thinks he has a heaven-ordained scheme for constructing “a scientific materia medica,” implying thereby there is no such a materia medica already under construction, I am not of his class. I am not willing, even for argument’s sake, to temporarily lay aside our present construction and all that has been done since Hahnemann’s day and take up the question *de novo*.

First, as to the character of § 18. It offers for our consideration a definite issue. That issue has been presented by Hahnemann in German and by Stratton and Wesselhoeft in English.

A careful comparison of the three will show important discrepancies. It is a question in my mind if Hahnemann correctly expressed the true idea, but it is not a question if Stratton or Wesselhoeft either correctly translated Hahnemann or succeeded in catching the idea; they both failed.

Which of the three differing statements shall we follow in our discussion?

In the opening of the paragraph Hahnemann uses the words

"*Gesammtheit der Symptome*," which is supposed to be represented in English by "totality of symptoms;" and at latter part of the paragraph he uses the words "*der Inbegriff aller*," translated by Hering "*ensemble*." This word is neither German nor English. It is taken bodily out of the French. Hahnemann never used that word. Hering uses it as a synonym, for variety's sake probably. He uses *ensemble* and "totality of symptoms" throughout his translation in an alternative manner, showing that he conceived no difference between them.

Wesselhoeft avoided this method and translated the differing words as the same, and renders both "totality of symptoms." I think he would not for himself claim that he had made a literal translation.

Secondly, aside from the various terms employed by either of these distinguished teachers, we have an *idea*; and that is of far more importance to us than any verbal criticism can possibly be.

In the first place, let us take the symptoms. Their number may be a legion or more. Let us classify them.

1. Diagnostic symptoms.
2. Characteristic symptoms.
3. Modalic symptoms.
4. Concomitant symptoms, etc., etc., which may be otherwise and perhaps better stated.

Now you have the "idea." In order to find the true remedy we must have the symptoms as a picture before the mind. A slight mental and physical effort will enable us to make out a pretty complete list. That constitutes a totality. They number a legion of unlike facts. Now what are we going to do with them? The mind can grasp their totality only by going over them *seriatim*.

That this is impracticable in the every-day work of the physician must be apparent to all, for he has to do the same work with the drug symptoms, and this would be like the farmer attempting to carry his apples to the cider-mill in his naked arms.

I was taught to do this and wasted much valuable time. Thousands are deterred from entering our school because they are met at the outset with this psychical impossibility.

Now another and better use of these symptoms can easily be

made, but, of course, only by the industrious student. Let me illustrate: A musical chord consists of a number of harmonious notes sounding *coincidentally*. I have seen Blind Tom when he could name every separate note in a very complex chord. He expressed its totality. Musicians of lesser name could not do that, but, upon hearing a chord, could tell you instantly if it were correct or not.

This, which is found in a large collection of notes *simultaneously* expressed, and which tests their correctness, is expressed by no other word so perfectly as *ensemble*.

This is not a totality, but is the result obtained by the totality. This ability to catch the *ensemble* is easily within the reach of ordinarily trained minds.

Herein lies a wide difference between the neophyte and the veteran. The musical and the medical student alike must go laboriously over the detail of the totality until he is able to master the *ensemble*. The medical practitioner of long experience is able to catch almost at a glance the *ensemble* of *Arsenic* and the *ensemble* of the patient whose symptoms clearly indicate *Arsenic*. This is what his experience is worth to him. This borders upon intuitional prescribing; but there is no such thing as intuitional prescribing. It is the mastering of the *ensemble* both of the symptoms of the drug and the symptoms of the patient.

This is feasible, because it is attainable. We do our science of healing injury by attempting to do what cannot be done.

My proposition, therefore, in brief, is, that § 18 expresses a true principle; and if the phrase "totality of symptoms" were erased, and "*ensemble*" substituted, we should have not only a scientific expression of a great fact, but we should make homeopathic therapeutics so plain that a diligent student could not fail to make practical a voluminous and seemingly complex pathogenesis; and the many workers who are groaning over our vast symptomatology and those who are engaged in the work of condensing the same, would find their occupations gone.

The photographer takes in the totality of the picture; the painter presents the *ensemble*, leaving out a multitude of minor points. This is according to § 153.

A. I. H., Detroit, June, '96.

DISCUSSION.

DR. W. J. HAWKES.

Chicago.

The paper in the main and in its general answer to the question, is correct, and has my hearty approval. To my mind there can be no other answer from an intelligent and conscientious student of homeopathic medicine.

In considering this, as in considering every other question open for discussion, a correct definition of terms is essential as a starting point. The term to be defined here is "Totality of Symptoms."

My understanding is that it includes every fact which throws light upon the causes of the morbid condition of the patient, both predisposing and accidental—(etiology); the nature of this condition (pathology); and the existing morbid phenomena, objective and subjective, by which it is expressed—(symptomatology).

The first maxim in medicine is, "Remove the cause." But, unless we consider all these factors, we will not be prepared to obey.

If the family history shows during one or more decades the existence of one or more of the branches of the psoric or strumous root, that fact will materially aid us through our therapeutics in removing the predisposing cause of the trouble.

If the environment of the patient embraces impure air, contaminated drinking water, defective sewerage, unwholesome food, insufficient exercise, or any other of the multitude of disease-breeding influences which may be classed as hygienic, this knowledge, intelligently acted upon, enables us to remove the exciting cause; while an accurate measuring of the pathological condition of the patient hints toward a certain group of medicines, besides enabling us to approximate a correct prognosis.

But the "totality," as its correct interpretation asserts, embraces all these; and, inasmuch as the "whole is greater than a part," the physician who, in selecting his remedy, makes use of either one to the exclusion of the others, cannot do his whole duty as a healer of the sick.

Much is said about a correct diagnosis being the best basis for

a prescription—about prescribing for the “disease,” etc. But the disease itself is determined and named because of the symptoms the patient immediately presents. And, while the symptoms presented may be exact and unmistakable, the deduction we may draw therefrom and project into the patient, and call a certain disease, may be altogether wrong, and the prescription based thereon equally wrong.

Hence, other things being equal, we are more likely to be right with positive facts—the symptoms—for a basis, than with an uncertain deduction drawn from those facts.

Therefore, however we look at the question, the only correct basis for a therapeutic prescription is “the totality of the symptoms.” There is no other which makes perfection in prescribing possible.

In estimating the relative value of symptoms, those of a purely nervous character, other things being equal, must be given highest rank. These include, of course, “mental symptoms.”

If we observe closely, it will be clear to us that the first evidence of the approach of disease will be disturbance of the nervous system. It is also true that the first and most reliable evidence that a patient has begun to improve comes through the nervous system—there are evidences of less irritability, of more rest and peace.

Less valuable are those which follow, and which are shown by change of function of various organs and tissues. And still less valuable are those which come latest—the tangible results of the derangement of function.

In the proving of a drug we always get the nervous phenomena; we very often do not observe change of function, and it is exceptional that we find organic change, as a result of drug action.

My own views run parallel with those expressed by the essayist until we come to the point where he says, in speaking of different modes of arriving at the totality:—“The key-note system is a reprehensible practice, tending to undue elevation of certain minor symptoms, both in the patient and the remedy, and disregarding the more careful study or rational interpretation of the case, and of the remedy as a whole. I am afraid it leads to permanent mediocrity, if not to retrogression in the study of materia medica, and

is certainly unable to survive the application of modern scientific methods."

I fear the doctor has not had in mind the desirability of *defining terms* before entering upon the discussion of this proposition, neither has he given a single reason for his ruthless annihilation of my favorite and well-tried mode of starting my search for the indicated remedy !

Let us correct his first omission, and define "Key-note." The term was used first in musical language, and means the musical note which is the "key" to the tune—the whole tune, the total tune, the "totality of the tune." The key-note may be B flat or C sharp, but it is only the key which opens up the whole tune ; it is not the tune itself ! A "key" opens or unlocks something ; it is not the thing itself !

So with the "key-note" or "characteristic" system of arriving at our totality. It is properly used to open up or unlock the way to the totality of the symptoms ; no one intelligently and honestly claims that it *is* the totality, any more than the intelligent and honest musician claims that the "key-note" of the tune he is going to play is the whole tune.

The "key-note" or "characteristic" symptoms are almost invariably such as Hahnemann describes as follows, and as quoted by the essayist himself :

"The more prominent, uncommon and peculiar," and "*these in particular, should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure.*"

That which gives "prominence" to a symptom is its "peculiarity," not its severity.

Hence, the "key-note system" does not, as the essayist charges, "tend to undue elevation of certain minor symptoms." The key-notes or characteristics are never "minor" symptoms, because, in order to be characteristic they must be "peculiar" and hence prominent and valuable.

The "key-note system" is simply what its name, properly interpreted and understood, indicates: As many of the "peculiar" and "characteristic" symptoms of each remedy as possible are committed to memory in connection with the remedy to which each belongs, and when, in the examination of a case of sickness

one or more of these "key-notes" are "struck" by the patient in detailing his symptoms, a remedy is immediately suggested to the mind of the physician thus equipped; and acting upon the suggestion thus furnished, he proceeds to seek for the totality. He does not prescribe on the "key-note" alone.

With the vast number of drugs in our materia medica, the memory is able to carry only a very few of the most characteristic symptoms of each. And in general practice it is essential that the memory shall be charged with at least this much. Without some such mental equipment the physician is to a great extent like the mariner at sea without compass when brought into the presence of the sick. With it, he is tolerably sure of recognizing one or more familiar faces before the patient has finished his recital of symptoms; the rest is easy.

In conclusion I repeat: The only scientific and correct mode of prescribing therapeutically for the sick is upon the "totality of the symptoms," in the broadest sense. And the best way to reach that goal is, in my judgment, to know "by heart" as many of the peculiar and characteristic symptoms of as many remedies as possible. The greater number of these one has memorized the more "keys" will he have to the oft-times difficult problem of the "totality."

(A. I. H., Detroit, June, '96.)

DISCUSSION.

J. B. G. CUSTIS, M.D.

Washington, D. C.

Your committee kindly, or with malice aforethought, invited me to fill one of the fifteen-minute spaces in this discussion, but press of other business delayed my response until those places were all filled, and, I believe, more to your profit. The committee has certainly had an easy task in completing its list, and I look upon this discussion as having greater possibilities for profit than any in which we have engaged for some time.

Yes, I remember, I have only five minutes to talk, and, realizing that this is the limit to my time, I will have to ask your

pardon if I am epigrammatic or dogmatic in the few remarks I may make.

I suppose there is no section of the Organon that contains more truth than Section 18. In fact, it contains the key-note of the confession of faith of the homeopathic physician, and yet, in the language of its translations, it has probably driven more physicians to empirical work than any other. To say that there is no other guide for the selection of a remedy than that given by the ensemble of the symptoms in an individual case, makes an insurmountable barrier to many physicians, but no one should profess to be a homeopathist who does not believe that nothing can cure unless it meets the totality of the symptoms, consequently, anything that cures must reach the totality of the symptoms. Admit this as members of the A. I.; then we can discuss the best methods of prescribing under certain circumstances. Don't frighten the young man; don't mystify the lazy man. Let us try to do the greatest good to the greatest number of patients and physicians.

No homeopathist is so zealous in his admiration of the school that he would consider that the profession has in this one hundred years learned all the symptoms that could possibly be produced by remedies already proven.

To repeat an old assertion, as homeopathists we inherit all that has gone before us. In other words, we inherit all the experience of physicians who have preceded us, whether ranking as homeopathists or not. In actual practice, that physician is wisest who is the most independent. If he believes in our law he is justified in profiting by the experience of those in whom he has confidence. His knowledge of verified symptoms from reliable sources will justify him in prescribing on one symptom, having regard for the accompanying conditions, or, more technically, considering the modalities.

Let me give you an example: During the last month I was called upon to treat a case of intermittent fever, in which the first paroxysm commenced at ten o'clock in the morning, chills in the back, and vomiting after chill, the patient suffering more from headache than any other symptom. The next chill anticipated by two hours, the patient had some vomiting, much headache and some perspiration. Next chill anticipated. I might say, by the

way, that the patient had been a semi-invalid for a year, dating her invalidism from an attack of malarial fever, during which she was treated *secundum artem*, quinine, calomel, morphine, etc. During my visit at the third chill, I complained of the warmth of the room; the doors and windows were all closed, and I learned that everything was closed to shut out the odors from the cooking. I also learned that the first symptom of the chill was nausea, which nausea was greatly aggravated by odors from the kitchen, and that this was a constant symptom. My prescription at this visit was Colchicum, after which the next chill was lighter and proved to be the last. The patient made a rapid recovery, and her improvement is so manifest that she can hardly be recognized by her friends.

Will any one say that I did wrong in prescribing Colchicum, because my friend Dr. H. C. Allen, in his most valuable repertory, says that the patient who needs it must be old and of a rheumatic or gouty diathesis, that the symptoms must be aggravated at night, that the condition must be epidemic or autumnal and that the patient must not perspire; or because the Guiding Symptoms tell us that the patient suffering from intermittent fever who requires Colchicum must be of a rheumatic diathesis, that she must suffer more at night, and that her fever should be greater in the afternoon?

Both Dr. Allen and the Guiding Symptoms tell us that the patient has sensitiveness to odors, which is a constant and peculiar symptom. I have no doubt in my own mind that if Colchicum were observed carefully, when given in a malarial country, that poisoning by it would cause such symptoms as my patient had. Had I waited until they were produced before prescribing it, she would either still be shaking, or suffering from the effects of suppressed malaria due to quinine, given by a physician, who, by giving it, admitted his ignorance, or the failure of our law to provide a remedy to cover the totality of symptoms in the given case.

The point I wish to make is, that, as a part of our confession of faith, let Section 18 stand, even let it be considered axiomatic. It is true, always has been and always will be. Practically, we are justified in prescribing in accordance with the experience of careful and duly qualified practitioners. It is the duty of such to give the results of their experience, so that, using my case as an

example, when we find that in connection with malarial fever there is nausea which is aggravated by the odor of food, we can give Colchicum without waiting until the totality of symptoms is raised to our requirements. We all respect the condition when we prescribe Sepia for the nausea of pregnancy aggravated by the sight of food, though I have relieved the nausea of pregnancy, in the presence of rheumatic or gouty diatheses, with Colchicum. Here we find the conditions of the books aiding us in our differential diagnosis.

Finally, verification by the report of cases cured by a single remedy, justifies the physician's prescription and warrants a repetition of his practice by those of limited opportunities.

To complete the history of the case, since writing the above my patient, twenty-four days after her last chill, applied for treatment, complaining of Urticaria. I prescribed Hepar, which aroused some latent poison, and chills followed. Careful investigation showed that the rash and chills followed mental depression, the result of anxiety or grief. The exhibition of Ignatia was all that was necessary to relieve the condition.

(A. I. H. Detroit, June, '96.)

DISCUSSION.

BY WM. OWENS, M.D.

Cincinnati.

When Hahnemann used the term "totality of symptoms" he without doubt meant what he said, for he repeats the same phrase thirty-four times in the Organon alone. He did not mean, however, that every symptom should be present in every case, nor did he undertake to explain how the pathological lesions which brought about these symptoms may have been induced, and, in fact, declares that this knowledge is not necessary to the physician. He maintains further that the "vital force" is the power behind the throne which maintains life and health, and the disturbance of which gives rise to the morbid process called disease. But he does not tell what this "vital force" is, nor whence derived, but admits that it is associated with matter in some form

and that it controls the functions of every living organism, and that this "vital force" acting upon and through matter, "affecting and, as it were, infecting it," renders it susceptible to irritability, and from which all of the functions of life are evolved. He also affirms that so-called disease is only a disturbed state of the functions and feelings of the organism.

It was upon this assumption of the "vital force" in organized matter that Hahnemann erected his science of drug pathogenesis. While he demonstrated a law of drug action upon the living organism, he failed to show the relation to organic life from which all function arises. While he declares that all so-called disease is simply disturbed function, he fails to connect these functions with the organic nervous system, which is now generally conceded to be the fact.

Living protoplasm is at the present day regarded as the physical basis of life, and it alone is living matter. When it enters into the formation of cell or tissue it retrogrades and dies. We are taught that protoplasm enters largely into the ganglionic nerve cells, and that these cells control all organic functions and are highly susceptible to irritation. We shall therefore find it impossible to discover other source than the ganglionic nerve cells as a medium for the reception of irritability, cell activity, function, nerve energy and all the functions essential to life.

Hahnemann taught that there could be no true similitum of any morbid process, unless the drug contained within its pathogenesis all of the phenomena (symptoms) of that morbid process. He taught that all so-called disease was a disturbance of physiological process arising from some disturbing force infringing upon or disturbing the "vital force," perverting the functions of life, differing in their specific effects induced by the individual from the specific dynamism of each.

Hahnemann showed an intimate relationship between the so-called natural disease and those artificially induced through drug pathogenesis or otherwise. From what has been here presented, it would appear that the morbid process, whatever it may be, when applied to irritable matter, disturbs the "vital force" within it, when the result will be disturbed functions of the organism, and gives rise to so-called disease, and by these means furnishes a true

and reliable guide in the therapeutic management of every morbid process.

One point more remains to be noted, and that is the special and peculiar phenomena which every drug is known to induce. It is a fact in Science and Nature that no two substances are alike, and no two forces in Nature produce like results. Infinity in variety is the law of Nature, and as all cures are to be effected by attempts to imitate Nature and supporting her, it becomes necessary, in securing these results, to select a substance, drug or agent, which, in its pathogenesis, induces the peculiar phenomena which are observed as occurring under the morbid process as it is seen in Nature in the totality of its symptoms in each and every case.

(A. I. H., Detroit, June, '96.)

PURULENT TUBERCULAR PERITONITIS.

This subject affords a field which has been so thoroughly trodden of late, that one who has the hardihood to enter it, can hardly hope to avoid criticism, much less to point out an undiscovered feature or teach any new theory. But, untrammelled, and with a desire at the same time not to overload with details gathered from an experience with what was to me a very instructive case, I give a few facts which may prove of some value for comparison and possibly for conclusions. There is a tendency of late on the part of the strictly Hahnemannian prescriber to depend too much upon his remedies, and ignore other and especially surgical measures for the relief of troubles that justly come under the category of surgical diseases. On the other hand the surgeon is equally liable to neglect his Materia Medica, and too often resorts to his knife, without first trying remedial measures. He is also apt to believe that when this or that operative procedure has been completed, all has been done that could have been done for the relief of the patient.

The case I am about to relate, demonstrates, to me at least, how surgery does come in, at times, when medicine avails nothing, and relieves. Also how medicine comes in after surgery has done all it could do, and turns the tide toward recovery, in an otherwise seemingly hopeless and desperate case. That the opening of the

abdominal cavity, thus allowing the free escape of pus, was the great factor in the recovery of the case no doubt is true, yet I do not believe the patient could have recovered without the remedy given.

Case.—Frances Y——, aet. 5, a very bright and active child, with clear complexion and well developed body for her age. A younger brother died from tubercular meningitis aged about four years. An older sister had the same disease, they informed me, but recovered. There are distinct traces of tuberculosis in the family history, both on paternal and maternal sides, although father and mother are both living and seemingly in good health.

November 26th, now almost two years ago, was called to see the patient and found her suffering from pain in the abdomen, mostly in right inguinal region. Some tympanitis. Temperature 103, pulse 140. Occasional vomiting and a catarrhal diarrhoea. I prescribed belladonna, which reduced the temperature, relieved the pain to a degree and improved the patient's condition generally, but at the same time she did not get well fast enough to suit me. The case ran along for two weeks with apparently little change, the temperature remaining at about 100, pulse 130 to 140, small and wiry, no vomiting, but still some pain in abdomen. During this time several remedies were used in turn as they seemed indicated. Included were Bry., Merc. cor., Lyc. and Ars., but none of them made an impression on the case. Locally hot applications were used. The patient was getting weak and emaciating rapidly. Her tongue furred and bowels now constipated. Her condition was anything but encouraging. We began to get symptoms of fluid of some kind in the abdominal cavity, on percussion and palpation. Counsel was called, and a diagnosis of tubercular peritonitis with effusion was arrived at.

The case was watched daily for two weeks more, but it grew gradually worse during the time. The amount of fluid had become so large that it was with difficulty the patient could breathe, especially while lying. Something must be done and done quickly, and it was explained to the parents that she surely would die and very soon, too, if the fluid was not removed, and that she might die if it was removed. They left it with us to "do what was for the best."

On Christmas day she was anæsthetized and put on the table. A trocar and canula were introduced in the median line and, to our surprise, upon removal of the trocar, a thin greenish pus slowly ran from the mouth of the canula instead of a serous fluid as we had anticipated. We were prepared, however, for any emergency. The canula was removed and an abdominal incision made four or five inches in length, and the largest quantity of pus I ever saw came from that peritoneal cavity. I think I can safely say four quarts were removed. The cavity was then rinsed with sterilized water, the wound closed with silk worm gut sutures and drainage placed in the lower angle.

The patient now collapsed from surgical shock, aggravated by the exhaustion of the long-continued suppurative process. Her pulse became imperceptible. She gasped for breath and only breathed at long intervals. The countenance assumed a livid hue. The face was deathly pale and at the same time livid. The lips and fingers were dark—almost black. The hands, feet and entire body were cold and clammy. A little frothy saliva bubbled from her mouth and my assistant whispered that she was dead. Fortunately we had a couple of hypodermic syringes within reach, one loaded with whiskey and the other with 1-30 grain of strychnia. They were both given and reloaded for further immediate use, and given again in a short time. The heart-beat became perceptible and she gasped again for breath. She was immediately put to bed and hot water bags and bottles applied. It was with the utmost difficulty that she was kept alive during the first twelve hours. Frequent hypodermics of whiskey were given and three or four of strychnia. The next morning her breathing was more natural but short and gaspy. Her pulse was small and wiry. She had the characteristic thirst of all abdominal operations, and hovered between life and death for several days.

On account of her constitutional predisposition, Silicea came to mind. Under it, these symptoms are found among numerous others :

- Erethism and nervousness from septic exhaustion.
- Discharge of thin, greenish pus.
- Sad and low spirited.
- Sweat at night.

- The abdomen hard and distended.
- Stools scanty, lumpy and light colored.
- Cough, with shortness of breath.
- All symptoms worse at night.

These corresponded with the case in hand, and that remedy was given in the thirtieth trituration, and she began to improve at once, her appetite grew better, the sweating at night stopped and general improvement set in. The wound was dressed daily. The drainage was removed in three or four days. I kept her on the remedy for a month, and she gained in every particular. She was discharged January 25th.

She is attending school now, and writes me she is feeling better than ever and is away ahead of her class in her work.

Materia Medica certainly came in, after surgery had done all it could do in this case, and helped carry to a successful issue an apparently hopeless and desperate case, and thus terminated an experience that I do not care to ever repeat.

F. C. TITZELL, M.D., 100 State st.

HEPAR IN SUPPURATIVE CONDITIONS.

Before giving the special symptoms that call for this remedy in diseases attended with suppuration, let us look at Hepar, and see what sort of person he is and what some of his striking peculiarities are.

He has the psoric scrofulous diathesis, having a torpid lymphatic constitution, light hair and complexion and a hypersensitive nervous system. This extremely sensitive nervous system is his most conspicuous characteristic.

In disposition, he is not the most lovely person in the world, for he is mentally over-sensitive and irritable, with quick, hasty speech. He is also low spirited and hypochondriacal.

On account of his extreme nervous sensitiveness, he is very easily affected by external impressions; cannot bear the least draft of air; can feel the air if an outer door is opened in the next room. Hepar and Psorinum agree concerning cold, as both must be wrapped up to the face, even in warm weather. Of course, he cannot bear to be uncovered, and coughs if he puts his hand out of bed, or uncovers any part of the body.

He is intolerant of noise, and is as sensitive to touch as he is to cold. The pain from touch sometimes causes him to faint. Fainting with pains is very characteristic.

Some years ago he took much mercury and is suffering from it now.

His skin is unhealthy and sensitive, and every little scratch or injury suppurates.

He is annoyed by eruptions in the bends of the elbows and popliteal spaces.

When he has anything the matter with his throat, he is likely to suffer on account of a sensation as if a fish-bone or splinter was in his throat.

He has rising in the œsophagus, as if he had eaten sour things, and he is troubled much in general with acidity.

Sometimes the excessive acidity causes burning in the stomach and other portions of the alimentary canal.

He longs for sour or strong-tasting things. His eyes become affected too, and he has pain in the eyeballs as if they would be drawn back into the head.

He is very strongly inclined toward suppurative diseases, and seems to take special delight in raising a fine crop of boils. He has no trouble at all in starting an abscess of any size, and, when the surgeon is called in, it is frequently found that suppuration is inevitable.

He sometimes sweats day and night without relief, especially about the chest; the sweat is apt to be sour.

These are a few of the peculiarities of this drug, and in giving the special indications for its use in a few morbid states, there will necessarily be a repetition of many of the symptoms already given.

The following symptoms call for Hepar in

Abscess:—The abscess-tumor is hard, hot, very sensitive, and the pains are lacerating and pricking or throbbing and stabbing.

The throbbing pain is frequently preceded by a chill.

The pain is worse at night and from exposure to cold; relieved by warm applications. The sweat may be sour smelling. The pus is bloody, corroding, and smells like old cheese.

The remedy should be given in a high potency when it is de-

sired to arrest suppuration. If given when rigors and throbbing pains indicate the onset of the abscess, the whole morbid process may be brought to a speedy termination.

On the other hand, repeated doses of a low potency should be given when it is desired to hasten an inevitable suppuration. It is the leading remedy to make an abscess "point."

Illustrative case: On Jan. 30, 1896, Samuel S., aged twelve years, applied for treatment on account of a painful swelling in the left axilla which had troubled him for three weeks.

The swelling was tender to the touch, and the pain worse at night.

Headache at night; generally worse at night; ravenous appetite; sweats at night; worse every other day; red streaks down the center of the tongue; pain in the left hip.

A single dose of Hepar (1 m) was given on account of the abscess that was forming in the axilla, the tenderness to touch, the sweats, pain in the left hip, general aggravation at night, and relief of stomach symptoms from eating.

February 6. Swelling and tenderness less, and all pain gone.

Pain in hip still continues, and has extended down to the leg. The sharp pain in the left hip and leg is worse from 4 p. m. to 9 p. m. Sac. lac.

No more medicine was given, and in a short time every symptom disappeared.

February 13. Discharged cured.

I think there would have been considerable suppuration if I had given repeated doses of the third potency.

I have never seen an axillary abscess end in resolution when repeated doses of Hepar low were given.

Quinsy.—At the beginning of suppuration when there are sharp, lancinating pains with throbbing, accompanied, perhaps, by rigors and chills. Sticking in throat as from a splinter or fish-bone, on swallowing extending to the ear; cannot bear cold air. There is a frequent recurrence of the disease (Psor). After the abuse of mercury.

Ulcers.—The Hepar ulcer is sluggish, and therefore does not heal readily. The discharge is bloody, purulent, corroding and smells like old cheese. There is a pulsating sensation in the

jagged edges which are extremely sensitive to cold and touch. **Small pustules** or little pimples surround the ulcer which seems to increase in size by the coalescing of these pustules or pimples with the main sore.

The ulcer bleeds easily, and may be the seat of more or less itching, burning or stinging. Throbbing or shooting pains may also be present.

At night only, the patient may be annoyed by burning or burning-stinging pain.

Mercurial ulcers.

There is relief from the application of heat.

Very characteristic is the extreme sensitiveness of the edges of the ulcer, and the odor like that of old cheese.

Whitlow.—When suppuration is imminent.

Violent throbbing, cutting, burning, “gathering pain.”

The part affected is exceedingly sensitive to touch or cold, and the skin has a decidedly yellow color.

Pus may have formed so that it can be plainly felt.

There is relief from heat, but the patient cannot bear the weight or pressure of a poultice.

There is an aggravation of the symptoms at night, and the lymphatics may be inflamed, causing a lump in the axilla.

The patient has suffered from attacks of this disorder for a number of years.

T. G. ROBERTS, M.D., 99, 37th St., Chicago.

BELLADONNA.

Case.—September 13th at 9 p. m., I discovered my daughter, aged 4, with a light fever. It increased during the night, bowels running off, and at 7 a. m. fever 104½, delirious, picking the bed-clothes and grasping at objects in the air, pupils dilated and a wild look; throbbing carotids, and occasionally crying as though she was frightened at something. We were very much alarmed, and wired for a homeopathic physician, but could not get one. Feeling that I must give relief, I began at once on Bell. every twenty minutes until, about 10 a.m., when improvement began, then every hour. At 2 o'clock she seemed conscious and asked for something

to eat, temperature then 103. After eating, bowels moved and she went to sleep, and at 10 p.m. had no fever, and has had no indication of return. Is up and looks as well as ever. I told an allopathic physician of the case, and he said he would never have risked Bell. if it had been his child.

NATRUM MURIATICUM.

Case.—I had occasion to treat a lady for morning sickness in pregnancy, and the leading symptom was craving for salt. Said she felt as if she could eat the brine out of mackerel kit. I left three powders of Nat. m., with directions to take one after each sick spell. Saw her in a few days, and she said she had no occasion to repeat the dose.

G. F. THORNHILL,
Hering Freshman Class, '94-5.

TREATMENT OF SCALDS AND BURNS.

W. J. HAWKES, M.D.

In the treatment of the results of accidents of this nature three objects are especially to be aimed at, viz.: Protection of the wound from external irritants; allaying inflammation, and removing nervous results of shock.

If the burn be on your own person, or, if on another and you reach the patient early, a painful, but very efficacious means of lessening bad results is to keep the injured part *as hot as can possibly be borne* for a few minutes. This is as essential and effectual as the rubbing of a frozen part in snow or shaved ice; and for similar reasons: It is less destructive to slide down an inclined plane than to drop the same perpendicular distance.

When called too late to thus prevent destruction of tissue, but before the skin has been broken, and there is considerable inflammation, external application of moist heat—heat good and hot—is the best treatment; and is about all that can be done in ordinary local burns.

Where there later form blebs or blisters, I wait until they become quite full and tense, and then make a *small* opening with the fine point of a lance, and allow the fluid to escape. I am care-

ful to not destroy or disturb the skin; but allow it to remain intact, as it affords the best possible protection for the injured tissues beneath.

Where the epidermis has been destroyed, if collodion and sterilized absorbent cotton be at hand, there need be no other application to the injured part. While it causes an acute smarting when first applied, this soon passes, and a remarkably adhesive and perfect protection against external irritation is obtained.

When the collodion is not within reach, the purest and simplest oleaginous substance to be had should be immediately applied freely, and the part, thus lubricated, covered with absorbent or other cotton; the chief object being protection against external causes of irritation or inflammation.

I believe it to be not unwise nor unhomeopathic to bathe the surface of the wound with a solution of the medicine which seems most similar in its skin symptoms to the case in hand. Let it be used in the potency the physician is in the habit of prescribing the remedy in general practice. Its action in such cases is not mechanical nor chemical, nor in any sense suppressive, but is purely dynamic. Medicine reaches the nerve-centers more promptly and in greater integrity when introduced through the capillaries than when taken by way of the alimentary canal. Such medicines as *Cantharis* and *Urtica urens*, or *Apis mel*, or *Rhus tox.*, are, I believe, very useful in such cases when thus applied.

The affection called chilblain is very like a burn, both in its effects and symptoms. It is surely a "burning." We know how efficacious *Agaricus muscarius* is in the relief of such cases. We know, also, from the lore of the "old-women-doctors" of our childhood that a hot poultice of "toad-stool" has a wide reputation for producing similar results. And I am not sure but the latter is the better method, because it has the advantage of both the dynamic action from absorption and the soothing and anti-inflammatory action of moist heat, while it cannot be accused of producing suppressive or other harmful effects.

What has been said applies only to such cases and conditions as do not require active surgery—such as skin grafting, etc., and which are frequently met with by the general practitioner, and must be taken care of by him.

As I said before, the only good done to wounds or sores of the skin and subjacent tissues by external applications, as such, is of a negative character—*protection*. All claims for healing or curing qualities of such are false and misleading. They imply, when honest, ignorance of physiology and the *modus operandi* of animal life.

The conditions existing and to be met in such cases are destruction of tissue and resultant derangement of function, and their restoration. This can be accomplished only by arrest of the destructive process and by supplying new tissue to replace that already destroyed. But this is done by new growth, and growth always comes from within—never from without.

We repair (or nature does) the rent, the waste, the loss of animal tissue—not as the tailor does the rent in our coat—with a patch from without—but by new growth from within of the material furnished by the physiological proximate principles in the food, and prepared in the magical workshop where alimentation takes place, and all under the direction of that wonderful but forever unknowable power we call life!

EUPATORIUM AND SOME COMPARISONS.*

BY A. P. HANCHETT, M.D.

Council Bluffs, Iowa.

It strikes me that the one symptom or condition sure to be present when *Eupatorium perfoliatum* is called for, the red line, so to speak, of this drug, is the dreadful aching deep in the muscles and bones, not only of the extremities but of the whole body. The patient stretches and turns, sits up and lies down, and is very restless, but finds little or no relief from all the changes. The *Rhus* patient aches all over often, and is very restless, too; but he finds some relief from moving about, at least temporarily; the *Eupatorium* patient aches right along just the same. The *Gelsemium* patient often has a tired aching all over, but he is so very tired that he will not stir if it can be avoided. He rarely finds any relief in motion, rather in complete rest, in this respect resembling the

*Read before the Missouri Valley Homeopathic Medical Association, Sept. 1, 1896.

Bryonia patient somewhat, who, while having the tired aching quite similar to the remedies mentioned, finds decided aggravation of the symptoms from any exertion or motion whatever. He will generally have also a severe headache which will be greatly increased by exercise or by stooping, and will have a great deal of thirst for large quantities of cold water. The Gelsemium patient may have a dull headache and the total absence of thirst. "Has not had a drink all day," is a very frequent report.

The Eupatorium patient is also apt to have some head symptoms.

Morning headache, with a sensation of soreness internally, is the kind most often met with. Soreness and pulsation in the back part of the head, not particularly affected by exercise.

Fluent coryza, sneezing, hoarseness, with severe aching pains in the bones.

Influenza with weak pulse and great prostration; pain in the bones; pain in the back and limbs.

Epidemic influenza with great aching.

In the recent epidemics of La Grippe it was one of our most useful and frequently prescribed remedies for those cases in which great aching all over, with much prostration, was marked. There was generally present coryza, sneezing, hoarse rasping cough, but without much tendency to invasion of the parenchyma of the lungs.

It is, however, in certain types of malarial troubles that it has won its greatest laurels.

The type most characteristic is tertian, though all types are cured when the symptoms agree.

The time of the paroxysm is generally early morning. Chill at 7 a. m. or 7 to 9 a. m., but here again the exact hour of the aggravation is not of greatest importance.

Before the chill, insatiable thirst; drinking sometimes causes nausea and vomiting, and may hasten the chill. Vomiting of bile as chill passes off.

Thirst, sometimes for warm, oftener cold, drinks are desired, several hours before the chill: "he knows the chill is coming because he cannot drink enough." These symptoms of thirst are to me of the highest degree of value, indicating Eupatorium per.

A few other remedies are somewhat similar here also, but by a little careful attention can be differentiated.

Capsicum has thirst before the chill, but drinking causes shivering and chilliness, and also the Capsicum patient does not have the severe aching in the limbs and back.

Cinchona has thirst before the chill, though not for several hours as with Eupatorium, nor during the chill as the latter has. The Cinchona patient is not thirsty during the chill, only before and after. He also has not the dreadful aching.

Natrum mur. often has thirst and headache before, though oftener during the chill and fever, but with it there is profuse sweat with complete relief of all the symptoms, while the Eupatorium patient rarely sweats at all. "Prolonged heat with little or no sweat following" is one of the characteristic indications for Eupatorium.

Arnica also has severe aching, but has a bruised sensation, "feels as though pounded," and the flesh is so sore the bed, no matter how soft, soon feels hard. The thirst is somewhat similar also, but drinking is not apt to induce vomiting.

To summarize, the most prominent and peculiar symptoms of Eupatorium per. are:

- (1.) Aching, deep in the bones, with restlessness, exercise or change of posture affording no relief.
- (2.) Severe morning headache, with sensation of internal soreness.
- (3.) Influenza, fluent coryza with weak heart and great prostration.
- (4.) Chill in early morning, preceded by great thirst.
- (5.) Vomiting of bile as chill passes off.
- (6.) Severe and prolonged fever, not followed by sweat.

August 14, 1896.

SABUL SERULATA (Saw Palmetto).

A PROVING.

During the years of 1888 and 1889 I became greatly interested in reading the clinical reports of this remedy. It seemed to fill a place in medicine for the treatment of diseases so painful, and frequently so difficult to control, that both patients and doctors might

well hail anything with thanksgiving which would give relief. The lack of women provers was continually deplored, most of the provers having been men, and the remedy having been used with much greater success upon men than women. I, therefore, determined early in the spring of 1890 to prove the remedy myself, and began in good faith and with much interest to do so. Some one has said that "it is well that the future is veiled from us." I found truth verified in this painful undertaking. Had I known the torment that was to be exchanged for comfort, I fear that science, so far as my effort in this direction was concerned, would have received scant assistance. I began with five drop doses, four times daily. Being exceedingly susceptible to medicine, I thought this a sufficiently large dose to begin with. There was no perceptible effect until the third day. I had a most unusual, full, confused sensation in the head, thinking was difficult, clear or sustained thought impossible. In reading, I would find myself going over and over the same sentence or paragraph, not being able to think of what I saw, not grasping the meaning. The following day there was belching and acidity of the stomach; this was also unusual, having had perfect digestion and ability to eat anything eatable, without discomfort. The confusion in the head continued, to which was added sharp, neuralgic pains, coming and going suddenly, like Belladonna, now here, now there, in the sides and top and back of the head, through the eyes and in the temples. I now increased the dose to ten drops; I was becoming very miserable, and it was with great difficulty that I attended to my work. My appetite became poor and capricious, and one peculiarity which made a great impression upon me was the constant desire for milk, an article of diet for which I had a great dislike in my natural state of health. At this time, the fifth day, there came on suddenly, while out making professional visits, the most intense pain through the abdomen. It was more like the cramps of colic than anything else, and I tried to think what I had taken as food that could have caused it, not at first attributing it to the remedy I was taking. It soon radiated in different directions, down into the legs, up toward the stomach, much like Cimicifuga, then to the ovaries, where it settled. I had never had a pain in my life in those much talked of and greatly abused organs. I had never before realized their exact

location, but did so now, for the first time, since this pain came on. I concluded that it was from the medicine, and not from food or drink. I took one more dose that night and determined to continue the next day, but when I awoke with all these discomforts, to which was added painful urination, my courage vanished and it then became science versus suffering. Supposing that these conditions would gradually subside after stopping the medicine, I endured them with what fortitude I could. The pains in the head were no longer sharp and stitching, but had subsided into that dull, listless, confused feeling impossible to describe and equally as difficult to bear. There were conditions of mind seemingly antagonistic, indifference and irritability. Indifference as to the wishes and wants of others, and irritability, in place of sympathy, when those wishes or wants were expressed. I wished to be let alone, the mind seeming to be concentrated on self and personal suffering. I had a clear picture of those women who seem unable to get their minds off personalities, who think and brood continually upon their pains and aches, to the exclusion of all other matters; and, indeed, if they have as many as I had at this time, there is no lack of cause for this self-attention. Sympathy did not make me worse, as in *Natrum mur.*—it made me angry. It was bad enough to suffer without having to answer questions or receive attentions. Like the poor animal who crawls away to die alone, I felt that I, too, would gladly do the same. The head and stomach symptoms gradually disappeared after a few days, but not so with the ovarian and bladder irritation. These remained for days and weeks. There was tenesmus equal to a true cystitis, with, at one or two evacuations, a few drops of blood. The pains in the ovaries were not acute after four or five days, but there remained a soreness which was constant, a dull, heavy ache, difficulty in walking or riding. This was much like *Bell.* again, and it was much more pronounced on the right than on the left side. Menstruation was increased and painful, especially on the right side. I tried different, seemingly well-indicated, remedies as antidotes.

After a few days of this suffering, I had found out all I cared to know as to location and sensation. The period of aggravation was all the time, night as well as day, and patience and courage at a low ebb. Work, study and recreation, so far as pleasure was

concerned, were things of the past, and so time went on for three of the longest months of my experience. Nothing in the way of remedies relieved. I did not know what the antidote to this drug was, and feared that I had done permanent injury to the ovaries, which had before this been absolutely healthy. I cursed my folly in placing myself in such a condition, and wished hundreds of times that I had never heard of Sabul Serulata, or that all the miserable berries that had ever been grown had been destroyed before I ever heard of them. I determined to stop reading journals, lest I might become interested in some other drug, and so commit some equally absurd depredations upon my health. I thought ovaries, and dreamed ovaries, until, had I been a surgeon, I am sure I should have hunted and exterminated them as zealously as most of our present-day surgeons do. I often wondered what the effect would be were our surgeons women, and had each of them made a proving of Saw Palmetto. If so, I think I could forgive them much more readily than I now do the wholesale, needless and often criminal operations, which relieve in only three per cent of cases, and which usually leave the poor sufferer in greater suffering and a more hopeless condition than before operating. The *fad* will soon pass as all fads do, but this does not save the poor victims who have been the provers of its fallacy, nor relieve the profession from the stigma of unprofessional and unscientific treatment.

The old blood-letting, at which we laugh in this age, was not more unscientific or dangerous than the modern knife-using in the removing of organs as necessary to normal life, especially nerve connection, in woman, as are her stomach or lungs; and which only real disease, or degeneration which threatens life, should ever cause removal or the use of the knife. To the honor of our own school be it said, there is much less of it in our ranks than in those of other schools, but there is far too much of it everywhere. Excluding the few necessary cases where life is in danger, all others mean one of two things—ignorance or cupidity, either one of which have no place in a profession dealing with the sacredness of human life and that which should be even more sacred—the confidence and trust reposed in us, which no one not utterly corrupt and unprincipled will ever betray. There is nothing in law to

cover this sort of quackery. Unfortunately our colleges cannot issue a conscience to go with the diploma. But there is already a reaction setting in. Those with the greatest experience are crying a halt. The women in the profession are making careful observation and gathering statistics which, when given to the world, will startle the masses and rescue their sisters from this martyrdom which now disgraces this so-called "age of science."

The pity of it is that in all such reaction the masses lose faith in those who claim to be scientific, and resort more and more to patent medicines, christian science, hypnotism, osteopathy and all other systems, or lack of system, which may each have its bits of truth, but which can never have truth in its completeness, which the rank and file of well educated physicians should possess and use in the healing of the sick. Hahnemann said:

"The physician's highest and only calling is to restore health to the sick, which is called healing."

If the great law which he discovered were more carefully studied and thoroughly understood there would be few cases coming into the hands of homeopathic physicians in which there would be any necessity for the removal of ovaries or the vermiform appendix. Let us hope that in the twentieth century, so near us, these useful parts of the body may be permitted to remain.

At the expiration of three months of suffering, I had occasion to make a careful study of Silicea in connection with a case under treatment. A case which I had diagnosed as neuralgic dysmenorrhœa. There was the pain and soreness of the ovaries, cephalalgia, acid stomach, flatulence, etc., and I was struck with the similarity to the conditions produced by the Saw Palmetto. The thought came that possibly it might be antidotal; I had come to have but one desire in life—to find the antidote, and so stop the action of this drug. I took Silicea two doses per day, with relief in two hours, and cure in three days, and have had no more cystic or ovarian trouble. They vanished like mist before sunshine. The Silicea was given my patient with only partial relief. She was *cured* by Saw Palmetto, and has remained so for over five years. While taking the remedy there was no effect upon the mammary glands. This, I believe, would have developed by continued use. Much as I suffered from the inconvenience of the

proving, I have never regretted it since finding the antidote. In the class of cases in which I have found it curative I have found just this group of head, stomach and ovarian symptoms. When I can get this picture I have never failed to find relief, and in many cases cure.

The details of cases are so much alike, that it would be only tiresome to relate them. I believe the remedy to be a powerful stimulant to the nerve centres, and both tonic and nutritive in its action. Upon this point Dr. S. F. Dupon, of Fort Harrack, Ga. (American Therapist) says: "As an evidence of the health-giving properties of Saw Palmetto, it may be mentioned that during the time when the fruit is in season every species of animal becomes fat, even poultry." He adds: "But it is in whooping cough, bronchitis, etc., that the marvelous power of this remedy shows itself. It seems to modify in a remarkable manner the progress of pertussis."

This I have verified in three cases. In all others, other remedies have been so clearly indicated and so satisfactory in results, that I have had no further opportunity to test this drug in these cases.

Dr. W. S. Mullins, of Henderson, Ky., says: (American Homeopathist, July, 1891). "It is indicated in chronic bronchitis with wheezing hard cough, worse on lying down and until 6 a. m. worse in damp, cool, cloudy weather." Goss says: "It invigorates the nervous system generally and allays irritation of all mucous surfaces, especially those of the nose and throat. In its tonic and nutritive action it is much like hypophosphites or the tincture of oats."

Dr. N. S. Ray, of Calcutta, India, gives a case in November, 1892, (Homeopathic Recorder) where "ten-drop doses" given a gentleman for urinary difficulties, "caused such acidity, eructations, burning sensations in the stomach, with loss of appetite," that he was obliged to "discontinue the drug." There is one class of cases more than all others, where I find this remedy most useful—what I call undeveloped girls or young women.

Nature cannot do everything at once. In our modern ideas of education, we keep our children at work too much, on the "do-everything" policy. We crowd a course of study which should

occupy eight years into four. We cram and crowd, talk grades and examinations, until, to a majority of high-strung, nervous children, the days become a struggle, and the nights full of dreams of defeat. The vital forces, which must necessarily be largely expended upon the physical development, are diverted and expended too largely by the brain during the years from 12 to 16, when the body can least afford this intellectual strain.

In girls at this age we add, usually, tight clothing, with consequent compression of blood vessels, retarded circulation, with its consequent imperfect digestion, pelvic congestion, malnutrition, and, sooner or later, anaemic conditions. The generative organs are never properly developed. The years for such development pass; they cannot be retraced. The results we are dealing with continually. We should have the education, but not at the expense of the body. After these years of physical growth, almost any amount of mental labor may be accomplished by woman, without detriment to her health, as has been fully demonstrated by thousands of women in our colleges, to say nothing of the mental workers in all lines of business occupied by women (Dr. Burnett to the contrary notwithstanding).

Nature gives eighteen years for physical growth, the remainder of the "three score years and ten" for mental development. It is said that Gladstone's head has increased in measurement three inches since the age of 52. There is time enough for intellectual development, but we adopt methods which indicate anticipated atrophy and degeneration of brain tissue after 20. While we cannot change this order of things, we as physicians, must deal with its results; and they can in many instances be met successfully by Saw Palmetto; its tonic, nutritive and stimulating properties are just what this class of cases most need, and which in my hands have given some brilliant cures. I have used it in five drop doses, four times daily, till relief, then in the 1x dilution for some time, with intervals of rest from one to two weeks, then going on with the remedy. The dilution will often give greater relief in the headaches than the larger doses. It seems much like *Passiflora*, however, in requiring appreciable doses in most cases.

That my own proving was imperfect, owing to my extreme susceptibility to drugs, and inability to endure greater incon-

venience and keep at my work, I greatly regret. I rarely take more than one or two doses of a remedy for any acute illness. If well selected, the action is immediate.

Hoping that some little benefit may come to some one from the hints, at least as to the line of action of this drug, I submit this very imperfect proving of Sabul Serulata.

FREDA M. LANKTON, Omaha, May 14, 1896.

HAHNEMANN'S TEACHING.

Organon § 4. "He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health."

October 23d. Mrs. M— æt. 23.

Sanguine, bilious, mental, motive temperament.

Married six years—two children.

Cannot sleep first hour after retiring, remainder of night restless, wakens often, bed seems too hard, must lie on right side; if lies on left side pains in region of heart; if on back, pain between scapulæ.

Always feels worse mornings.

Dreams frightful; of bugs and snakes, sometimes amorous.

Before meal is finished, feels more than full, must loosen clothes.

Craves meat.

Abdomen distended with sensation of weight before and during menstruation; uterus feels heavy and very sensitive, < on first sitting, > by lying.

Feet and legs ache with cold during the day—always dry—feet burn at night in bed.

Perspires on body and head; hair falls out.

Frequent attacks of diarrhœa, always < by eating.

Urine dark, turbid; reddish sediment adheres to vessel, very difficult to remove.

Always feels better in warm weather.

Drinks tea and coffee from three to six times daily; eats meat at every meal.

Although a remedy was plainly indicated, it occurred to me, how shall I know how many of these symptoms are due to the use of tea and coffee? Therefore I prescribed placebo, a powder in one-half glass

of water, to be taken before each meal. The beverages to be stopped at once and meat not taken oftener than once a day. A decided change took place in less than one week. To-day, sleep and digestion are normal; can sleep on either side and eat a good meal with no discomfort. Urinary, bowel and uterine symptoms less marked but in *statu quo* for two weeks. The woman has gained ten pounds and is feeling stronger than for two years.

I add right here an important factor to which I ascribe much. One month before I made my first prescription, her husband secured a permanent position with a good salary. During the past two years he had met with serious financial reverses.

The salary, non-use of stimulants and placebo have put the patient in a condition that I can now make a prescription and know what the remedy does.

ELEANOR BEATTY, M.D.

Hilo, Hawaii.

IPECACUANHA: INTERMITTENT FEVER.

During the latter part of summer and early autumn of this year there was a great deal of this fever in Chicago. I treated more of it in that short space of time than ever before (1895).

Mr. S., a man of 35 years, came to me in September with intermittent fever of the quotidian type. He is a spare brunette of nervous, bilious temperament, with a good family history, and in general good health himself. Eighteen years before, while taking a trip down the Mississippi river, he was attacked with the disease for the first time. He was at this time under old school treatment. Quinine and other anti-malarial remedies were given in profusion for three months before he was pronounced well by the old school doctor.

Since that time he has had several attacks of the fever, each time lasting from four or five to several days, and cured (?) each time by the anti-malarial remedies.

Previous to the attack in August last he had spent several weeks at Cedar Lake hunting and fishing in the marshes and living in a cottage near by. Previous to the paroxysms there was for several days malaise, exhaustion, pains in the flesh and bones, with frequent yawning and profuse lachrymation, restless and sleepless nights. He also became nervous, irritable and impatient.

At the time my advice was sought he had suffered from attacks on alternate days for two weeks, each one leaving him in a weaker condition than previously.

The chill, preceded by yawning and sneezing, would come on at four o'clock in the afternoon, at first in the back, extending from that point to the whole body, lasting half an hour. During the chill he would become cyanotic in the face and hands.

The chill would be followed by high fever, thirst, nausea, vomiting of green fluid, headache and backache, also aching about the heart, and delirium. The vomiting was forcible, with much straining. The only thing retained in the stomach at this time was lemonade.

Following the fever profuse sweating would set in, when all symptoms were relieved and he would become quite well until the next attack.

The totality in this case seemed to call for Ipecacuanha, which was given in repeated doses in the 30th. Upon leaving he said that he would send for me the following evening if a chill came on, as he feared it very much. There came no call, but when I saw him two days later he informed me that there had been no further trouble except the sweat, which came at the usual time, but he felt well as ever. Placebo.

To one who treats disease according to the law as laid down by Hahnemann this cure does not seem remarkable or strange. It is what we expect, and the result confirms the truth as we have learned it.

L. C. FRITTS, M.D.

MATERIA MEDICA OF 1796 AND OF 1896.*

In looking backward through one hundred years of professional life, we, as homeopathic physicians, have many reasons for self-congratulation. Time, the inexorable enemy of falsehood and the firm friend of truth, has only testimony in our favor as workers under a therapeutic law. The opposite is true concerning systems based upon the less secure foundation of conjecture and empiricism. It can truthfully be said of all the hundreds of medicinal substances proven and in use by Hahnemann a hundred years ago and by his followers during the century, the close of which we now celebrate, that not one has been laid on the shelf as useless. Each does its work as promptly and as well to-day, under like conditions, as it did at any time in its history. It is not said or written of any one of our medicines that "Dr. So-and-So says he has found this drug useful in such a condition, but it has utterly failed in my hands to afford any relief in the same disease at the present time." Given in accordance with our law of practice, it does its beneficent work as well to-day as at any time in the past.

Not so with the numerically dominant school. Take the National Dispensatory of the old school—of the vast number of drugs used during the past two thousand years, and described between its covers, ninety per cent. are spoken of as having been tried and found wanting; that such a drug had been used by Dr. So-and-So, at such a time and in such a disease, with such and such good results, but that it has utterly failed after repeated trials in the same disease at the present time. The drugs are the same as they have been for two thousand years; no change has taken place in their nature; the laws of nature operate as of yore; man, in his essence, has not changed; drugs act upon him precisely as they did then. Why, then, this reported impotency of drugs? Why this failure and paucity of result? Why are all these formerly active drugs labeled "Useless" and laid upon the shelf? The explanation, to us who have the light of law and science to make clear matters pertaining to materia medica and therapeutics, is very easy, viz.: While the "disease" may have all the recognized, pathognomonic

*A paper read before the American Institute of Homeopathy, Detroit, 1896.

ear-marks of a hundred or a thousand years ago, or of yesterday, the "genus epidemicus" may be very different—the individual idiosyncrasies may have materially changed, the environment may be altogether new; hence the peculiar phenomena observed in the sick may be altogether different and point to a different remedy or class of remedies. These variations in what are called "minor symptoms" by the other school and which, to them, mean nothing in a therapeutic sense, are significant to us and afford the means of determining when a remedy may be presumed to be useful. *They* depend upon the name of a disease, without regard for variations, of peculiar pathological phenomena, or idiosyncrasies of the patient. *We* depend, on the other hand, upon the totality of the pathological phenomena, laying greatest stress upon the so-called "minor," or non-pathognomonic symptoms, the name of the disease being of only secondary importance. Hence, seasonal changes, novel environment, or the idiosyncrasies of individuals do not mislead us. There is no better evidence that we are governed by law and that the others are not. The experiment of the shrewd western physician nicely illustrates the fact. He wrote twenty identical letters to ten representative physicians of each school, in different cities, detailing an imaginary case and asking for a prescription. All of the ten homeopaths prescribed the same remedy. Each of the old school ten made a different prescription, several calling for proprietary compounds—patent medicines. Further comment would be superfluous. There have sprung up indications, however, within the past ten or twenty years, that some progress has been made in the materia medica and therapeutics of the old school. Most of these have evidently been taken from homeopathic works, although, in some instances, this is pointedly denied by the authors. The recent works on therapeutics by Bartholow, Phillips, Ringer and others, contain many "discoveries" of new remedies and new curative powers of old ones. They have "discovered" that mercurius, in small and oft-repeated doses, will cure dysentery; that ipecac, in small doses, will cure some kinds of nausea, but wonder why it fails in other cases. They have "discovered" that pulsatilla cures some kinds of amenorrhœa, but wonder why it does not cure all. They have even "discovered" that belladonna cures and prevents or modifies

attacks of scarlatina, but say it fails in many cases, and wonder why. We could tell them why. We have already told them, again and again, in our literature. They have stumbled upon some of our beneficent facts, but have utterly failed to grasp the underlying law which makes those facts a scientific necessity. They have, by chance, found in the bed of the stream some of the glittering grains, but have not traced them to their source in the gold-laden quartz of the mountain above. Still the signs are hopeful for their future. Their studies of such drugs as arsenicum, aconite, belladonna, mercurius, etc., as recorded in their recent works and embracing the pathogenesis and therapeutics of these drugs, make fair homeopathic reading. The drop-sical symptoms of arsenicum, as well as those of the skin and alimentary tract and the asthmatic symptoms, are perfect except in the finer characteristics. They are studying carefully the physiological action of many of our most common and useful drugs. But no credit is given for their "discoveries" of our sun-burnt truths.

* * * * *

In our own school I doubt if so much progress has been made, because there is not so much room for radical progress. While the old school are coming out of the chaos of empiricism into the order of law, we can only trim and simplify—we cannot improve our law. A considerable number of new and valuable drugs have been proven since the first publication of Hahnemann's "Materia Medica Pura." Such drugs as Baptisia, Lachesis, Lilium Tigrinum, etc., are valuable additions to our armamentarium. Much has been done, also, by such workers as Hering, Bonninghausen, Lippe, H. C. Guernsey, Raue, Farrington and others, in the line of verifying and emphasizing the most characteristic symptoms of each drug. The progress made on this line has been only less important than the valuable original provings; to this, the bewildered student and beginning practitioner will bear glad testimony—to such, this work has been invaluable. These emphasized symptoms are as the finger-boards at the intersection of many roads. Much, also, has been attempted in the direction of pruning the Materia Medica of its real and presumed dead branches. The most recent and pretentious of these, in literature,

is "the Cyclopaedia of Drug Pathogenesis." Judging from my own study of this work, more good fruit than dead branches has been lopped off; that, in the "sifting" process, more of wheat than of chaff has been eliminated. Therefore, while it is acknowledged that the need is great, and that the effort here is earnest and honest, yet to the student who would get the best results, less good than harm has been done by this work. The task undertaken by its authors was an extremely delicate and, indeed, almost hopeless one. The claim that medicine should be an exact science, cannot, in the nature of things, be sustained, and the effort to make it so cannot succeed. In order that it could be so, drugs must be proven upon healthy human subjects living uniformly in a natural state. But there are no perfectly healthy subjects in the human family in civilized life to-day; neither are they living in a natural manner. A little reflection will convince the least observant that *art* encompasses us all about, during every moment of the twenty-four hours of every day and year. In order for medicine to be an *exact* science, man must be infallible and truthful, else how can we have *exact* provings made and truthfully recorded? But it is said that "we are all poor, weak, miserable sinners," and that "all men are liars." Hence it is impossible, this side of the millennium, to make medicine an *exact* science, notwithstanding it is governed by a natural law. Therefore, Rule VII of the "Cyclopaedia," which says: "Include no symptoms reported as coming from a drug administered to the sick" must be taken with grains of allowance, for all the provers were more or less sick. Where shall be drawn the line between the little sick and the much sick, on one side of which the symptoms must be culled, and, on the other, classed as "A 1"? For *exactness* such a line cannot be drawn; for our science, as it is and must ever remain, it may be; but it must be elastic, and its elasticity must be so great as to include clinical symptoms. All standard works on Materia Medica, in our school, down to the issuance of the Cyclopaedia, contain "guiding symptoms" in black type, or marked in some way to attract the eye of the student. Symptoms regarded by such writers and students as Hahnemann, Hering, Lippe, Guernsey, Farrington, Rane and others, are emphasized in some manner as an aid to the student. We find no such help in the Cyclopaedia. When we

contrast Hering's "Guiding Symptoms" as a complete, reliable and helpful work on *Materia Medica*, with the "Cyclopedia" we cannot but be impressed by the infinitely greater value of the former. Again, all clinical symptoms are ignored in the *Cyclopedia*; no *Materia Medica* which does not include these, can have a good claim to completeness. When, as has been shown above, it is impossible for us to make medicine an exact science, it would seem unwise to exclude any reasonable aid in gathering from any source within our reach. And when it has been observed by conscientious and erudite students, and repeatedly verified by them and by others, that a given symptom, *not in the record of drug provings*, uniformly disappears under the action of a certain drug, is not that symptom as reliable as an indication for that drug, as are any of the symptoms resulting from an inexact proving? Is a *Materia Medica* which leaves out such symptoms as valuable as a guide for students, as the work which includes and designates them? I am sure it is not. Hence, while the *Cyclopedia* may be a correct registry of drug provings, it is lame as a *Materia Medica* and is not an improvement upon earlier works.

Instruction IX. reads: "Include symptoms recorded as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below." As a record, pure and simple, of drug provings, this is wise. I am convinced that a very small proportion of persons who are called healthy can receive *drug* impressions from the 12th or higher dilutions. I have repeatedly tried on myself and others in average health to produce pathological symptoms with such preparations. There is no record of drug or any other symptoms having been produced upon the lower animals by these potencies. To exclude from a *therapeutic materia medica*, however, all symptoms credibly recorded as having been produced upon members of the human family, is, in my judgment, a grave mistake, and one calculated to impair its usefulness. The same kind of conscientious experiment that convinced me that such potencies do not produce pathogenetic symptoms on the healthy, has convinced me that they do produce curative effects upon the sick; that while, as a rule, they are incapable of appreciably affecting the healthy, they are potent to appreciably influence the sick. I believe, also, that a considerable minority of provers are so pre-

ternaturally sensitive as to be capable of receiving appreciable effects from the higher potencies; and that these symptoms, instead of being cast out as unreliable because of their infrequency, should be given high rank as valuable indications. I believe, also, that most of the symptoms recorded as having been produced by potencies have been the result of curative action on their part; that they were, in great measure, caused by the reaction of the natural vital forces after having been freed from the deranging influence.

A study of the Cyclopaedia reveals the absence from the record of many of the most useful remedies, the characteristic symptoms which have for years been most valued guides in finding the totality; in many drugs the most valuable symptoms are conspicuous by their absence. In *Lycopodium*, that marvel of remedies—too much neglected—the 4 to 8 p. m., aggravation, its most reliable symptom, is wanting; the sudden satiety, though hungry when beginning the meal; the pain in the renal region aggravated by undue retention of urine and relieved on passing it; “red sand” in the urine—all are missing.

And *Lachesis*, that priceless legacy from dear old Hering, has been emasculated by pruning away such valuable characteristics as “aggravation from sleep,” “intolerance of external pressure about the throat or chest,” “purple-red appearance of the sore throat, beginning on the left side;” “suspicious even of friends, climacteric flushes, chills, etc.” So with *Chamomilla*, the teething baby’s reliable friend. What has become of the peculiar stool with an odor of bad eggs, the one red cheek, the irritable desire to be carried; etc. ?

And *Calcarea Ostrearum*. I find no emphasized mention of the cold, damp feet, the vertigo on ascending, the perspiring head of rickety children while asleep, etc., etc.

And old reliable *Sulphur*. I find no underlined record of the hot, vertex headache; the cold feet by day with the burning soles at night; the hot flashes followed by cold, clammy weakness; the gone, empty sensation in the abdomen about 11 a. m., which *must* be relieved by taking a little food, etc. Without these characteristics, who could recognize this most valuable of polychrests?

I look in vain for the marked, distinguishing features between *Rhus Tox.* and *Bryonia* in rheumatism, pneumonia, typhoid fever,

etc., which are so very marked and so absolutely essential in deciding between two most valuable remedies in these very dangerous diseases.

In short, we find almost a total absence of the really characteristic symptoms of our best medicines from the "Cyclopedia of Drug Pathogenesis." As compared with the older works on Materia Medica such as "Hering's Condensed" and "Guiding Symptoms," Raue's "Therapeutic Hints," Guernsey's "Therapeutics of Diseases of Women and Children," and others, it is an utter failure as a help to students and practitioners. On opening one of these latter books, the eye is rested and the mind encouraged by the black lines of the Guiding Symptoms. They represent the convictions of their wise old authors, based on long years of experience, observation and research, that these symptoms are more valuable than others. And those, at least, who have had the advantage of listening to the lectures of Hering and his confreres, realize the force of their expressed opinions. Those thus favored appreciate fully the confidence and help inspired by such teachings. They realize how wise, learned, studious and truthful was Constantine Hering and how earnest his teachings. And they, more fully than is possible with those who have not been thus favored, rely upon them in time of need. We have had none such painstaking, methodical, industrious and erudite workers and writers in the field of Materia Medica since the days of Hering and his confreres. His ability, acquirements and work have been second only to those of Hahnemann himself; he was the Hahnemann of America!

How different are the student's feelings when he turns to such books as the Cyclopedia for help in finding the remedy for a difficult case. He finds no guiding symptoms, nothing to give him a hint that this symptom is more valuable than that; a cyclone has swept through the forest of symptoms and has carried away the finger-boards and "blazed" trees which were for the guidance of the wanderer, and has left the rest. And all this is a result of the "sifting" process.

That which is most needed and which will be most useful to the student of Materia Medica at the present time is, First, a better knowledge of the well known characteristic symptoms of the

already well proven drugs. The general ignorance among practitioners, upon this most important part of a physician's acquirements, is amazing, and the flings and sneers cast by men of intelligence and standing at the study of characteristics is inconceivable. If we leave out the idea and study of characteristic symptoms, there is absolutely nothing of value left. That proposition, carried to its logical conclusion, leaves us with one remedy for each "disease"; for, the moment we acknowledge the possible need of a second or a third, we admit that *something* in one makes it different from the other—characterizes it; and if we admit that any one of a score, more or less, of remedies, may be needed and curative in a certain disease, we admit that *something* in each of the twenty characterizes it from all the others—and so on to the end of the list. It would seem that argument to prove that knowledge of the peculiar symptoms of each remedy—symptoms which characterize it from all others—is the most valuable and necessary of all knowledge on the subject, was altogether unnecessary. I repeat therefore, that what is most needed in the study of Materia Medica is a knowledge, as thorough as possible, of the characteristics of already well-proven remedies.

Secondly—a proving, or re-proving of substances known to possess active drug or medicinal properties and which have not been proven at all, or only partially proven. To my mind, the re-proving of substances already so well done by Hahnemann and his pupils and co-workers, or by Hering and his assistants, would be relatively a waste of time and a possible unwise unsettling of well established and correct conclusions. It seems as if improvement could not be made upon Hering's *Lachesis* or Hahnemann's *Belladonna*. I doubt if there are living to-day in our ranks men as well equipped by nature, culture and habit, or at all comparable with these masters and their collaborators, for such work. Let us first thoroughly digest and make our own the knowledge which they so well prepared for us.

The work on materia medica most needed at the present time is one made up of symptoms characteristic of the drugs, averaging not more than eight or ten to each. It must not be a book of reference—we have a plenty of such already—but to be *memorized*. All acknowledged earnest students of materia medica, of

ripe experience in practice, should be called upon for the symptoms which they have found to be unquestionably characteristic and reliable, for no single practitioner knows all such symptoms of even one remedy. This accumulation could be edited by one, or a committee of several, physicians of national reputation in that line of work. The result would be a volume far from cumbersome, containing the meat of the subject, and which would, thoroughly mastered, afford an efficient and valuable basis for a knowledge of what is essential in materia medica. Considerable mental work would be necessary in the way of memorizing and connecting the symptoms in the mind with the drug to which each belonged, but how infinitely less than is required as the matter now stands! There is no royal road to a knowledge of the homeopathic materia medica, but, once acquired, the power to cure, and the satisfaction to such as enjoy curing scientifically, compensate many times over for the labor required for its accomplishment.

W. J. HAWKES, M.D.,
100 State St., Chicago.

PSORINUM.

Case: Mr. J., carpenter, aged forty years, came to me for treatment for a long-standing case of otorrhœa of the left ear.

His case presented the following symptoms: Discharge of reddish cerumen, very offensive, from left ear, worse at night.

Sensation of opening and closing as of a valve in left ear, worse in the afternoon.

Buzzing in the ear which suddenly stopped and was followed by violent itching.

Dull heavy pain in base of brain in afternoon, which was accompanied with a sensation as though the skin of the abdomen was greatly relaxed and drawn down.

Face sallow and greasy; several pustules on chin and neck which itch intensely and bleed when scratched.

I gave him Psorinum 200, a dose every third night, and all symptoms rapidly disappeared.

GEORGE A. WHIPPY,
Ligonier, Indiana.

NASAL POLYPUS.

1896, April 5, Karl Litwitz, German, age 33, residing at 8247 Buffalo avenue, Chicago, called to have a nasal polypus treated. It was situated in the anterior right nasal fossa, about the size of a cork in a dram bottle, and was bleeding. It protruded from the nose anteriorly. No treatment before.

Sang. nitr. \mathcal{I} M. one dose, and sac. lac. three times a day.

April 14, patient reports: bleeding ceased; no other change.

April 25, patient says: no change.

Sang. nitr. C. M. \mathcal{I} dose, and sac. lac. three times a day.

May 25, patient reports no visible change.

Teuc. mar. ν . C. M. \mathcal{I} dose, and Sac. lac. as above.

July 31, patient reports the polypus cured in about two months after the first prescription. DR. GIDEON LANING BARBER.

 CURANTUR OR CURENTUR ?

Which is the correct word to use? Of the many articles written and many argumentative explanations given in current literature during the last decade, none appears to us so conclusive as to what was the intention of Hahnemann and what the reasons which guided him to his conclusions, as in a brief paper in the *New England Medical Gazette* for June, by Dr. B. Fincke, of Brooklyn. This is his conclusion:

“It should therefore recommend itself to use the motto *similia similibus* first proclaimed by Hahnemann in the afterward generally adopted complete form, *similia similibus curantur*, and thus finally lay at rest the ghost of that ever recurring controversy about a matter which after all is not of the importance which is attributed to it.”

EDITORIAL.

THE MISSOURI VALLEY MEETING.

While the meeting at Omaha, September 1st, was not remarkable for numbers, it was most encouraging and refreshing to earnest advocates of, and believers in, the Homeopathic law.

Papers read there, in which therapeutics were discussed, many of which were by comparatively young physicians, voiced a knowledge and appreciation of *Materia Medica* which might be studied with profit by many of the "Professors" of the multitudinous colleges of the land. They were in the main not only sound in their homeopathy, but admirable from a literary point of view, and a credit to that vigorous young association.

Taken in conjunction with the late meeting of the American Institute at Detroit, and its remarkable showing of revived interest in matters pertaining exclusively to our school, it was an encouraging and hopeful sign that the homeopathy of Hahnemann—true, scientific homeopathy—is coming again to the front, where it rightfully belongs.

It would seem that the launching of a "*Materia Medica Journal*" was not ill-timed.

With colleges, medical societies and journals spontaneously responding to the urgent demand for pure homeopathy in therapeutics, the outlook seems exceedingly bright for a better knowledge and appreciation of our distinctive theory and practice.

The prospectus of the Chicago society, in so far as it has been outlined for the winter, is a notable exception. In not one of the subjects for essay and discussion is there room for that which is distinctively Homeopathic. It is to be hoped that later papers may embrace some that are distinctively of our school. H.

NEW PUBLICATIONS.

The Elements of Surgical Pathology, with Therapeutic Hints. By James G. Gilchrist, A.M., M.D., Professor of Surgery, Homeopathic Medical Department, University of Iowa, pp. 343. Cloth, \$2.50: Gross & Delbridge, Chicago, 1896.

A work which is interesting as well as instructive, and one which should be found in the library of the homeopath. The pathology is good, and, as explained, marks a departure from the usual stereotyped phraseology. The treatment, as set forth, is excellent, and is almost without exception purely homeopathic. The author declines to concur in some very commonly accepted theories, and his arguments, based upon careful, discriminating personal observation and an extensive clinical experience, are entitled to great weight. It is a decided addition to homeopathic literature.

Buck's Medical Lexicon. "A vest pocket dictionary, embracing terms and abbreviations commonly found in medical literature, but excluding names of drugs and many special anatomical terms." Pp. 530; flexible half-morocco. Wm. Wood & Co.: New York, 1896.

A handy little book three and a half by two and a half inches and half an inch thick, giving pronunciation and a good definition of many words not usually found in pocket dictionaries. The type is small, but clear and easily read. The information given is wonderfully complete for the size of the book. For instance, "Yeast fungi" are defined and referred to "Saprophytes," a definition given and reference made to "Fission fungi;" this, in turn, is defined and leads to "Schizomycetes," which, finally, brings us to "Protophytes," the simplest of plants. The book is a veritable *multum in parvo*.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. A new edition, thoroughly revised by American authors. With 772 illustrations many of which are new. Philadelphia and New York: Lea Brothers & Co. 1896.

For the student, physician or surgeon no text-book of Anatomy has ever been written that has quite approached this matchless.

work of Henry Gray. For years it has been the principal, the leading text-book on this important branch of medical science. The illustrations have always been very essentially helpful to the student, and in this edition they have the additional attraction of colors happily blended in bringing out the relation of nerve and artery. No less than one hundred and thirty-five new engravings have been added, and the sections on the brain, teeth and abdominal viscera have been re-written. Surgical Anatomy of Hernia, etc., has been retained, which will lend a charm for both student and professor in their investigations.

The Homeopathic Medical Society of Chicago met in Apollo Hall, September 18th, at 8 p. m., with President Gatchell in the chair. Dr. J. P. Cobb was elected secretary, *vice* Dr. E. L. Smith resigned.

Dr. Sheldon Leavitt read a paper on "The Obstetrical Forceps." He was followed by Dr. Chas. Adams with a paper on "Reckless Surgery." The meeting was well attended and the discussion was carried on by Drs. L. C. Grosvenor, H. R. Chislett, J. J. Thompson, R. N. Foster, and others.

The following is the program as far as given out :

OCTOBER 15TH.

Essayist, Jno. W. Streeter, M.D.; subject, "Treatment of Retroversion of the Uterus."

Essayist, B. S. Arnulphy, M.D.; subject, "The Angina that Kills."

NOVEMBER 10TH.

Essayist, G. F. Shears, M.D.; subject, "Surgical Treatment of Inflammation of the Bladder."

Essayist, Clifford Mitchell, M.D.; subject, "Hematuria."

DECEMBER 10TH.

Essayist, J. H. Buffum, M.D.; subject to be announced.

Essayist, C. Gurnee Fellows, M.D.; subject to be announced.

JANUARY 15TH, 1897.

Essayist, E. S. Bailey, M.D.; subject, "The Renal Insufficiencies in their Relation to the Medical Diseases of Women."

Essayist, Wm. G. Willard, M.D.; subject, "Peritoneal Tuberculosis."

NEWS NOTES.

Dr. Frank Kraft, the caustic but genial editor of the *American Homeopathist*, has returned from his European trip with a new edge on his battle ax. His letters *en route* have been very enjoyable. He again dons the professorial gown and we hope that he will insist that the Faculty list shall contain the name of the "one woman."

* * *

Cleveland University of Medicine and Surgery opened September 23d, with an enrollment of one hundred and twenty-five; this, according to the experience of last year, means two hundred students when the returns are all in and inaugurates a session of unusual promise.

* * *

The 37th annual winter session of Hahnemann Medical College and Hospital of Chicago opened Tuesday evening, September 15th, with a good attendance. At the opening it was announced that Mrs. Caroline E. Haskell, of Chicago, had purchased and presented to the College Trustees the ground in the rear of the Hospital building.

* * *

His many friends will be very sorry to learn that the veteran homeopath, Dr. T. P. Wilson, of Cleveland, recently sustained an intra-capsular fracture of the femur, as the result of a bicycle accident.

* * *

DOCTOR: In reporting interesting cases, please make your record show the symptoms in full, remedy, potency, dose, method of administration and repetition of dose, as well as the second and following remedies, with reasons for the change.

We desire to make this journal of practical value to the practitioner. It profits no one to read in a case record, "From the symptoms Belladonna seemed indicated and was given accordingly." In order that the reader may gain anything from the experience

of the reporter, he must have the data *in full*. If Belladonna was given—*why?* Give us the basis of the prescription. Did the patient get his Belladonna in the tincture, 3x, 200th, or c m potency? Was it given in water, dry on the tongue, on sugar discs or in tablet triturate? How many doses, and the interval? When was the remedy changed, and why?

These points constitute the *git* of a case record; they render it digestible. They give us everything but an actual view of the patient and make your experience ours. *Experientia docet.*

* * *

The 11th semi-annual meeting of the Northern Indiana and Southern Michigan Homeopathic Association was held at Elkhart, Indiana, September 29th. The program was interesting but the attendance was small. Gross & Delbridge and Halsey Bros., of Chicago, had representatives on the ground. A number of new members were admitted and the following named were appointed Chairmen of Bureaux for the next meeting: Surgery, C. S. Fahnstock, Laporte; Op et Ot, W. B. Kreider, Goshen; Materia Medica, Jas. Matthews, New Paris; Practice, A. L. Fisher, Elkhart; Gynecology, Dr. Shoemaker; Pediatrics, A. R. Leib, Elkhart. Adjourned to meet in Elkhart in April, 1897.

* * *

We regret to announce the severe illness of Dr. C. E. Fisher, ex-president A. I. H. and editor of the *Medical Century*, who is battling with an attack of typhoid fever. The mental and physical strain entailed by bringing out the "*Homeopathic Text-Book of Surgery*," "*Fisher's Diseases of Children*" and a complete line of Homeopathic Quiz Manuals, in addition to the editorial work of a semi-monthly medical journal, is too heavy to be borne by any one organism. This, in addition to a recent exposure to septic typhoid, is responsible for the Doctor's present condition. We voice the general sentiment in wishing the Doctor an early convalescence.

* * *

Hering Medical College opens its fifth annual session in its new college building, 3832-3834 Rhodes Avenue, Chicago, on October 5th. Like most new buildings, this one will hardly be completed on time, but will be sufficiently advanced to allow of occupancy

on schedule time. The cut on the rear cover page of this journal gives but a poor idea of the building, which will seat three hundred in its amphitheatre and is the neatest medical college building of its size in the United States. An excellent attendance is already assured.

* * *

W. A. Dewey, M.D., the talented Materia Medica contributor of the *Medical Century*, has been appointed Professor of Materia Medica in the University of Michigan. This is a most excellent selection, and we congratulate the Homeopathic Department of the University.

L. D. Rogers and Ida Wright Rogers, M.D., have returned from a brief visit to some of the noted hospitals of Europe.

The annual meeting of the Central New York Homeopathic Medical Society was held at the Citizens' Club, Syracuse, on September 17, 1896, beginning at 11 A.M. The essayists are Doctors Isaiah Dever, W. G. Brownell, V. A. Hoard, W. M. Follett, and C. L. Olds. The meetings of this Society are always helpful, and should be well attended.

Michigan. The Supreme Court, which had been petitioned to compel the Board of Regents, by mandamus, to comply with the act of the legislature removing the homeopathic department from Ann Arbor to Detroit, has handed down an unanimous decision denying the motion. For the last two years this has been the burning issue in Michigan, and in all probability means a homeopathic college in Detroit, where there is public opinion and influence to sustain it.

EDITORS: { H. C. ALLEN, M. D.
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THE MATERIA MEDICA JOURNAL

100 STATE STREET

CHICAGO, ILL., September, 1896.

DEAR DOCTOR:—

Are you "taking too many medical journals now"—more than you "need or can read"? In the *Materia Medica Journal* we have one which you do need, and I believe you will agree with me when you become acquainted with it. Toward this end, if you will sign and return to me blank inclosed, I will send you the *Journal* for three months, FREE OF CHARGE. Do you remember the *Medical Advance*? At the zenith of its popularity it was the best of the Homeopathic journals and was made so by Dr. H. C. Allen. For the trouble which followed his sale of it, we have no responsibility. We have purchased the visible assets of the *Advance* and the man who placed that journal in the front rank will, with the able co-operation of Dr. W. J. Hawkes, do as much for the *Materia Medica Journal*. Hoping you may give us the opportunity of submitting the *Journal* for your approbation, I am

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The Diseases of Children and Their Homeopathic Treatment. A Text-Book for Students, Colleges, and Practitioners. By ROBERT N. TOOKER, M. D., Professor of Diseases of Children in the Chicago Homeopathic College. Octavo, pp. 829. Price, cloth, \$5; sheep, \$6.

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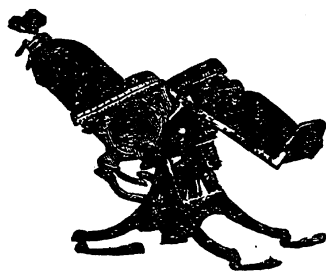


Fig. V.—Semi-Reclining.

- 1st. Raised by foot and lowered by automatic device.—Fig. I.
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- 3d. Obtaining height of 39½ inches.—Fig. VII.
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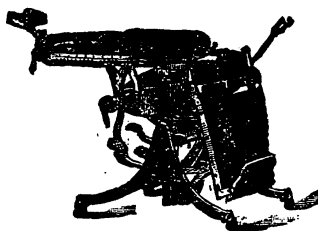


Fig. XVII—Dorsal Position.

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Vol. I. JANUARY AND FEBRUARY, 1897. Nos. 5-6.

The
Materia Medica Journal

A Monthly Magazine

DEVOTED TO THE STUDY AND ADVANCEMENT OF THE HOMEOPATHIC MATERIA MEDICA, BY THE PROVING OF NEW AND RE-PROVING OF OLD REMEDIES, AND THE CLINICAL AND PATHOGENETIC CONFIRMATION OF ITS SYMPTOMATOLOGY.

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 { W. J. HAWKES, M.D.

BUSINESS MANAGER: W. W. STAFFORD, M.D.,
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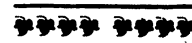
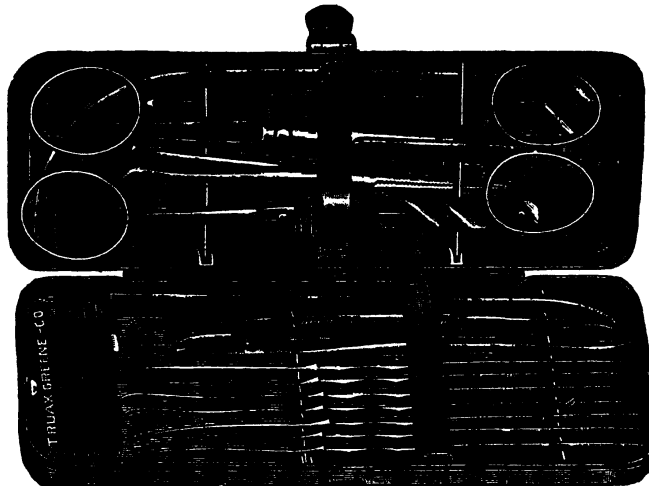
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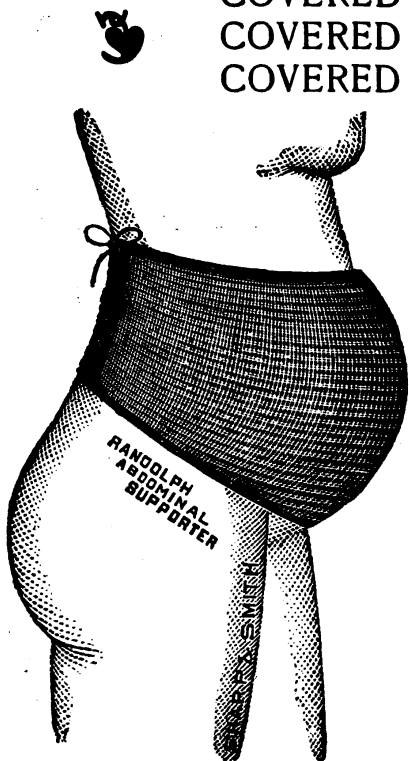
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THE MATERIA MEDICA JOURNAL

VOL. I. CHICAGO, JANUARY AND FEBRUARY, 1897. Nos. 5-6.

HAHNEMANN'S THREE RULES CONCERNING THE RANK OF SYMPTOMS.

CONSTANTINE HERING, M. D.

Hahnemann's advice is, to take all the symptoms of each case, as if it were the only one. (Comp. Organon, § 83, and following.) The same is to be done while proving; write down all the symptoms. (Comp. Organon, §§ 138, 139, etc.) In contradiction, the common old schools examine each case in order to make a diagnosis and to enable the doctor to tell the patient "what is the matter," and if they talk about the effects of a drug, they ask: "What disease does it cure?" "What pathological generality is its 'character'?" The true Hahnemannian examines each case to get such symptoms as distinguish this case from all others. He observes the strictest individualization; like a portrait-painter, he wants a photograph of each single case of sickness. Such symptoms, or groups of symptoms, as distinguish the case before him from others are the characteristic symptoms he aims at. The same in proving. We want the characteristic of a medicine—*i. e.*, such symptoms as distinguish it from all others.

Hahnemann's rule sets forth that we must aim to get all symptoms, particularly such as have hitherto been overlooked, neglected, not listened to or sneered at, to get what we necessarily must know. It is the same with provings of drugs. By collecting all and every symptom, and particularly the so-called minutiae, we obtain the characteristics. The common old schools are satisfied with a general pathological character by which drugs may be divided into classes, but never can be individualized, each as thing *per se*.

RULE I.—Hahnemann's first rule is, the characteristics of the

drug must be similar to the characteristics of the patient. (Compare Organon, § 153, and others.)

This rule has also been expressed in the following words: The symptoms of a case and the symptoms of a medicine must not only be alike, one by one, but in both the same symptoms must also be of a like rank. (Compare Archiv. xi., 3, p. 92.) It is thus the rank according to which we arrange the symptoms obtained by the examination of a case—the rank, the value, the importance of the respective symptoms of the drug—which decides when, as it will often happen, several different drugs have apparently the same similarity; it is this rank which decides in the selection.

RULE II.—Hahnemann has given us a second rule in his Chronic Diseases. We may either adopt his psoric theory or not, but if we follow his practical advice laid down in the said work, we shall, in proportion, have far better success, and will be forced to adopt at least all the practical rules contained in said theory.

The pith of this theory is not refuted by the discovery of *acarus scabiei*, nor by the *generativæ æquivoca*, nor the contagiousness, nor by the propagation of the animaculæ, nor by anything else [not even by the entire tribe of the bacteria.—Ed.] The quintessence of his doctrine is, to give in all chronic diseases, *i. e.*, such as progress from without inwardly, from the less essential parts of our body to the more essential, from the periphery to the central organs, generally from below upwards—to give in all such cases, by preference, such drugs as are opposite in their direction, or way of action, such as act from within outward, from above downward, from the most to the less essential organs, from the brain and the nerves outward and down to the most outward and lowest of all organs, the skin. (Compare Preface to treatise on Chronic Diseases, p. 7, and following.) The metaphysics of our science tell us that all drug diseases (paranoses) are in their essence and offspring opposite to the whole mass of epidemic, contagious and other diseases, all of the latter being originated by a conflux of causes (synuoses).

Hahnemann's doctrine of treating chronic diseases includes another and opposite, *viz.*, the opposite direction in the development of each case of chronic disease. All the anti-psoric drugs of Hahnemann have this peculiarity as the most characteristic—the evolution of the effects from within towards without. Thus all

symptoms indicating such a direction in the cases from without towards within, and in the drugs the opposite from within towards without, are of the highest rank; they divide the choice.

RULE III.—Hahnemann gives us a third rule, which has been overlooked by all the low dilutionists, or is, at least, never mentioned by them, and has even been entirely neglected by the theorizers of our school, notwithstanding that, without this third rule, the Homeopathic healing art would be a most imperfect one. This rule enables the true Hahnemannian artist not only to cure the most obstinate chronic diseases, but also to make a certain prognosis when discharging a case, whether the patient will remain cured or whether the disease will return, like a half-paid creditor, at the first opportunity.

Hahnemann states, in his treatise on Chronic Diseases, American translation, p. 171: Symptoms recently developed are the first to yield. Older symptoms disappear last. Here we have one of Hahnemann's general observations, which, like all of them, is of endless value—a plain, practical rule, and of immense importance.

It might seem to some so very natural that recent symptoms should be the first to disappear, older ones last, that it ought to have been observed by all and every physician at all times. But this is not the case. It was never observed before Hahnemann, nor ever before stated as a rule.

We will here set forth all the consequences of this rule of succession, but first repeat it in another form.

The above rule might also be expressed in the following words: In diseases of long standing, where the symptoms or groups of symptoms have befallen the sick in a certain order, succeeding each other, more and more being added from time to time to those already existing, in such cases this order should be reversed during the cure; the last ought to disappear first and the first last.

Suppose a patient had experienced the symptoms he suffers in the order *a, b, c, d, e*, then they ought to leave him, if the cure is to be perfect and permanent, in the order *e, d, c, b, a*. The latest symptoms have thus the highest rank in deciding the choice of a remedy.

Suppose a patient complains of new symptoms, as it often happens during the treatment of cases of long standing, particularly if

we have chosen with great care a so-called anti-psoric medicine, and the improvement has, of course, continued uninterruptedly four, six, eight weeks, after which time the improvement gradually ceases, runs out, and the patient begins again to complain rather more. In such cases we will very often find, if we again take an accurate image of the newly increased diseased state, exactly as we did before, that several new symptoms have appeared. We may represent it by the formula, *a, b, c, d, e*, have lessened, especially *e, d, c*; and now *a, b*, are on the increase again, even *c* reappears; *d, e*, are gone, but another symptom, *f*, has been added, or even *f, g*. These new symptoms are always of the highest rank, even if apparently unimportant.

It may be observed that generally they are such as will be found among the symptoms of the last-given remedy; thus the caution may here be in its place, that after such a long interval, or after such a real gain as the disappearance of *d, e*, the same drug will never be of any more benefit, the greatest counter-indication being the new symptoms. Another medicine has to be selected, and one which has *f*, or *f, g*, especially as characteristic.

The practical influence of these three rules of rank proves to be not only a manifold one, but their observance becomes a characteristic sign of difference between a mere empiric in Homeopathics, a perverted Homeopathician, and a real Hahnemannian. The first will cover symptom by symptom, without knowing or making any distinction; the second will be satisfied with a few such symptoms as tell him what he calls the scientific character, and enable him to go on the stilts of pathology; the third will observe the rules and heal the sick as Hahnemann did. It is thus worth while to look at them closer and let them pass before our eyes once more.

RULE I.—According to the first rule, we must inquire not only for the seat of the symptoms, which organ seems to be the center of the pathological action, but also for the minutix in locality, notwithstanding their complete unimportance in pathology; viz., little inflammations on the point of the nose or lobe of the ear may help to indicate Nitrum. If any of these sensations of a patient are on one side of the body or the other, if they predominate on one side, or if they pass over from one side to the other, according to this rule we carefully note it down.

2. We further inquire for each kind of sensation with much more accuracy than would be required if we had nothing else to decide than the pathological character; some peculiar sensations, trifles in themselves, may be of importance in the choice of the medicines, even such as are unexplainable by physiology or never taken notice of by pathology; viz., a feeling as "if drops of water were falling" may help to indicate Cannabis.

3. We must inquire for the time of the day when the symptoms of a patient appear to increase, are ameliorated or disappear. This is very often the only criterion by which we decide our choice. Even the hours of the day are very often of a decisive influence, viz., the hours after midnight, one to three, may help to indicate Arsenicum or Kali carb.; from four to seven in the evening may help to select Helleborus or Lycopodium.

4. Likewise every function of our body, sleeping or waking, eating, drinking, walking, standing, rest or motion, etc., must be taken into consideration, in so far as they may be one of the conditions of aggravation or amelioration of any of the symptoms of the sick.

5. In the same way all connections of symptoms following each other or alternating with one another, whether they have a pathological importance or not, are all for us of the highest rank, if, aided by them, we may distinguish one case from another, or one drug from another. The first rule, then, is, that not only the characteristics must be alike, but there must also be a similarity of their respective rank.

RULE II.—The second rule of Hahnemann introduces a kind of distinction between the different medicines which have been proved and applied, which must gradually lead to the adoption of an order of rank among them. It is a similar division to that of the so-called Polychrests. But it is not this alone; the same rule is also of great influence when we arrange the symptoms of the sick.

2. All symptoms of inward affections, all the symptoms of the mind or other inward actions, are, according to it, of much higher value than the most molesting or destructive symptoms on the surface of the body. A decrease or an amelioration of outward symptoms, with an increase of inward complaints, even if the latter apparently are of little importance, will be an indication for us that our patient is getting worse, and we must try to find out, among his

symptoms, the leading one, to indicate another, a real curative medicine.

3. Very frequently we will see ineffectual attempts, as it were, of the inward actions to throw out and bring to the surface that which attacks the center of life. We must try to assist such attempts, but neither by outward applications nor by a mere removal of that which the disease produces, and still less by medicines only similar to the same outward symptoms; on the contrary, we must inquire, principally, for the hidden inward symptoms, and compare them with the utmost care, to find among our medicines such as correspond exactly to the subjective or inward symptoms, and by preference among the anti-psorics, *i. e.*, such as act more than others from within towards without. The principal characteristics of the anti-psorics were obtained from the sick, and only by the use of potencies. Drugs cannot manifest such most important peculiarities except by high potencies, and with the most sensible persons.

RULE III.—The uses of the third rule of Hahnemann are the following:

1. During the examination of the sick we must inquire as much as possible in which order, according to time, did the different symptoms make their first appearance.

2. After such a careful and complete examination of a case, we must arrange our collection of symptoms according to their value—that is, their importance as indicative, and we must bring such as have appeared later, in the foreground, of course without neglecting the others and even the oldest. Further, we must compare, when selecting a medicine, and find whether the one to be chosen has a characteristic similarity, particularly with the symptoms which appeared last.

3. If the patient had been drugged by the old school, we must direct our antidotes against the *last-given drugs*. For instance, against abuse of alcohol or aromatics, Nux vomica; against tea, Pulsatilla or Thuja; against Quinine, Pulsatilla, Arsenicum, Natrum mur.; against Iodine and Iodide of Potassium, Hepar; against blistering, Camphor; against cauterizing with the silver nitrate, Natrum mur.; against bleeding, purging or losses of blood, Cinchona; against mechanical injuries by stretching (straining), Rhus; by bruising, Arnica; against Chloroform, Hyoscyamus.

4. In every chronic case, after a well-chosen medicine has had time to improve the case, and ceases to do good, and we have to make a new examination to obtain a full image of the new state of the sick, we must again inquire particularly after newly appearing symptoms. As we will find in almost all carefully observed cases that the new symptoms correspond to the last applied medicine, and as we know a repetition of the same drug would only aggravate, without giving relief, particularly if general characteristics, viz., with regard to times of day, sides of the body, or other localities have changed, or if other general conditions are altered, the new medicines must be chosen with regard to such new symptoms, considering them as the most indicative of high rank.

5. If we have succeeded in restoring a chronic case of long standing, and the symptoms have disappeared in the reverse order of their appearance, we can dismiss the case with full confidence as being cured, and not being in danger of returning again; if not, we had better tell the patient, even if he should be satisfied with a partial cure, that he may, before long, be sick again.

DRUG-PROVING.

AD. LIPPE, M. D.

Our knowledge of the curative virtues of drugs depends on our knowledge of their sick-making properties; this latter can be obtained only by proving drugs on the healthy. Hence it is evident that the true healer will never treat the sick with unproved drugs.

The object of this paper is to offer some suggestions for the proving of drugs, as it is obvious that the progress of the Healing Art depends solely upon an increase and thorough knowledge of the sick-making power of drugs. Hahnemann has given us, in *The Organon*, full reasons for the necessity of proving drugs, as well as directions how to do it. It would seem superfluous to reiterate the arguments he gave us almost seventy years ago, were it not self-evident that the numbers of his professed followers are not conversant with the teachings to be found in said *Organon*.

We now address ourselves principally to just such men; they are imitating a vain attempt, made more than half a century ago by a Dr. Lux, to introduce into our therapeutics the unproved products

of disease, which he claimed would, when potentized, cure the same disease. Hahnemann alludes to this "departure" in a foot-note to paragraph 56 of his *Organon*. If all persons coming under the influences of a miasm were affected precisely alike, then only would it be rational to apply the potentized product of this miasm for the cure of it; but as it is well known that different persons are very differently affected by each miasmatic and contagious disease, it is obvious that a generalization, as proposed again nowadays, cannot be accepted. Homeopathy individualizes, while the common school of medicine generalizes. All medical men who indulge in the belief that pathology has become an exact science; that the modern theories as to diseases are true, or any truer than the former ever-changing hypotheses; that we as homeopaths should take these modern hypotheses and incorporate them into our Healing Art, and, through them, find specific remedies for specific diseases; all those who go further astray and indulge in the fallacious belief that the product of a disease when potentized—highly potentized—will cure, permanently cure, the same disease in others,—these medical men will find that they have been running after a phantom. This phantom-hunt consists in seeking a fixed form of disease, pathologically labeled, and presented to innocent students of the Healing Art, in works on pathology or on diagnosis on the part of the common school, and by such works as the "Pharmaco-dynamics" on the part of the homeopaths. These phantoms make the unfortunate seeker for wisdom believe that he has found finally a specific remedy for a specific disease. Sooner or later the reality will stare this unfortunate and deceived young Æsculapius in the face, that his "specifics for specific diseases" are an illusion and a snare, notwithstanding that the teacher who allured him into this fallacious belief may have stood high in an allopathic university, or stood high on a Potentizer proclaiming such "specifics." The deluded one may then read earnestly *The Organon* of Samuel Hahnemann, and make the experiment as he teaches him to make it. Then he will abandon the phantom, and become a true healer. As this paper may reach just such unfortunate but honestly intentioned men, who are in want of the light, which they can obtain only by reading *The Organon*, we can but ask them to see what Hahnemann did say on this subject, and become interested in the study of the most philo-

sophical and logical medical work ever written by inspired man on Healing Art—*The Organon* of Samuel Hahnemann.

Our first question is: Who should prove drugs?

Every one in a tolerable state of health, able to observe on himself any changes that may take place, different from his ordinary feelings and sensations, is able to prove a medicine. The more diversified the constitution, disposition, age and sex of the provers, the better will be the provings.

To be most fully prepared for the task he is undertaking, the prover should note down his daily state of health for a week before he begins his provings. He will then find it much easier to describe such sensations and feelings as deviate from his usual normal condition. The art of observation is one of the most important faculties to be learned by the healer. Nothing will aid him more in the acquisition of this art than self-examination. Proving of drugs will be more fruitful in developing this self-observation than anything else. Once acquired, it will make the art of observation upon others a comparatively easy task. Skill in proving leads to skill in examining the sick; and having, as a prover, carefully observed all the minutest symptoms caused by the drug, one will almost involuntarily compare these new symptoms with those produced by other (already proved) drugs, and obtain, by such comparisons, an insight into our materia medica, which he could not possibly acquire in any other way.

THE DRUG TO BE PROVED.

The first object is to procure the drug or other matter to be proved in its purity; then to make a full statement as to how and where it was obtained and how it was prepared. The preparation of chemical substances was always given in detail by Hahnemann, so as to insure the reproduction of precisely the same chemical substance in the future. Plants should be collected by the prover, if possible, at the right season, and where they grow on their original soil; for instance, a flower taken from the *Cactus grandiflorus* growing in a hothouse will not make a good preparation, either for provings or as a curative agent. This preparation should be made, as it was made, on the spot where the *Cactus* grows wild, and at the right time and season, when the flower opens at night and fills the atmosphere with its fragrance.

If the drug be taken from the animal kingdom, the animal should, if possible, be preserved, and subsequent supplies should come from the same species, and under similar circumstances. The few drops of poison taken from the *Trigonocephalus Lachesis* by Dr. Hering, in Surinam, over fifty years ago, has sufficed so far to supply all the demand for *Lachesis*. What is more, the identical snake from which the poison was taken is still preserved in the Academy of Natural Sciences of Philadelphia. Preparations taken from the same species of snake, while confined in cages in menageries or any public institutions, cannot reasonably be expected to have the same medicinal power as those from the wild snake brought alive to Dr. Hering by the Indians in the country where it was caught.

DOSES.

We know that one contact with an infectious disease, one inhalation of malarious air, one sudden mental emotion, will cause a succession of phenomena and symptoms, which finally end either in a full recovery, by what is termed the crisis or throwing off of the diseased condition of the organism, or else, if the organism be in too feeble a condition to resist the influences, or if the efforts of nature to bring about this crisis have been interfered with by violent means (*i. e.*, energetic treatment), the system succumbs to the overpowering influences, and death is the consequence.

This observation of the natural causes of natural diseases must serve us as a guide in ascertaining the sick-making properties of drugs. If we wish to ascertain the artificially diseased condition drugs produce upon the healthy, we make our experiment by taking one dose of the drug; and as we do not expect an immediate effect from a contact with an infectious disease, experience teaching us that it requires days, hardly ever less than three days, before the effects of such a contact become perceptibly developed, so we cannot reasonably expect an immediate perceptible development of the sick-making effects of the one dose of the medicine to be proved. If there is no effect perceptible after, say, five days, we will have to proceed just as we do when we administer medicines for the cure of the sick; finding ourselves not susceptible to the drug to be proven, we must take either a lower or higher preparation; and when no effects follow this, we may take the potentized drug in a watery solution

until an effect is perceptible. When the question arises what preparation of the drug we should take in that one first dose, we may as well consult Hahnemann, who tells us in paragraph 128 of his *Organon*, that substances, if proved in the crude state, by no means show the richness and fullness of their sick-making powers; that the dormant powers of the drug are developed by potentization; and that we obtain a better knowledge of the properties of drugs if we take a few pellets of the 30th potency. Fifty years ago the 30th potency was the highest potency known; since then innumerable experiments, both on the healthy and the sick, have fully established the fact that a greater degree of sick-making power is developed by much higher potentizations. When Hahnemann advised a few pellets of the 30th potency as a proper dose for testing the drug, knowing that its medicinal powers are developed by potentization, his followers tried the experiment, and ascertained that the highest known potencies are endowed with a proportionately higher medicinal property than the crude substances or lower preparations possess. All depends upon the only reliable test—experiment; whoever will make this experiment honestly will find that a single dose of the highest potency will cause a succession of symptoms much more distinctly marked, much more characteristic, than any other preparations before used, even in the single dose or in repeated doses. We have, for instance, this day, no other provings of Theridion than those by the 30th potency; we have provings of Lachnanthes made by the highest potency then known (76m.) and the symptoms obtained in this manner have been confirmed by clinical experiment.

REGIMEN DURING THE PROVING.

The prover will do best to continue his usual diet and habits in general, as a deviation from them would necessarily cause some changes in his condition, and these might erroneously be attributed to the effects of the drug he proves. At the same time, he should, for this same reason, avoid all possible mental excitement and, above all, any exposures to the changes of the weather or to cold. Such exposures, during the development of the sick-making properties of a drug, might, as we know it did in several deplorable instances, fix upon the prover ailments for life. We know that a person suffering

from an acute disease has to be very careful not to expose himself to influences of mental disturbance or the weather, which in his ordinary state of health would effect him only temporarily, but which, during an acute illness, might, and often does, leave their marks, disturbing his health during the rest of his life.

THE DAY-BOOK.

The prover would do well to give first a description of himself—age, sex, temperament, former ailments or diseases, habits and the influence which changes in the weather have on him. Next, a full description of the substance or drug proved, how and where it was obtained, and how it was prepared. Next mention the dose and the time of the day. This self-examination should be as carefully conducted as the examination of a sick person. A daily journal should be kept, in which nothing is omitted. Some symptoms, or groups of symptoms, may often reappear; they should be very distinctly related again, as these frequently recurring disturbances, however long they may continue, often denote the most characteristic symptoms of the substance or drug proved. And as in the examination of the sick, so in proving, the experimenter should describe very minutely under what circumstances certain symptoms appear. Also state whether food, changes in the weather, exercise, or rest in certain position, cause new or aggravate or ameliorate old symptoms.

Finally, let us remember that the proving of drugs of all kinds, and by many persons, will not only increase our ability to cure the sick, but will also forever settle many, as yet, disputed points, such as the possibility of finding a drug which can produce symptoms forming the exact similar to a known pathological condition—a disease. Provings will still forever the disturbing posological question; provings, and their practical utilization, will confirm the infallibility of the only law of cure—*Simila Similibus Curantur*.

SUPERIORITY OF THE HIGH OVER THE LOW
POTENCIES, IN THE TREATMENT OF THE
WORST FORMS OF DISEASE.

ROLLIN R. GREGG, M. D.

A PROFESSIONAL REMINISCENCE.

If a great superiority of the high over the low potencies, in the treatment of the worst forms of disease, can be shown, then, certainly, they are shown to be the best in the treatment of all forms of disease, as the greater contains the less in all departments of Nature. And to show the greater efficacy of the high potencies in the worst diseases, I will take acute hydrocephalus, and acute encephalitis, without dropsical effusions. These, certainly, are among the worst possible forms of disease, not alone in their fatality, but in the terrible sufferings attending them. Indeed, no other acute diseases can be named that are so uniformly fatal as these, or in which the sufferings are greater. Consequently, if a course of treatment can be pointed out that is quite commonly successful in those diseases, that treatment should be followed, at least, till something better is found.

PERSONAL REMINISCENCE.

To cover the grounds taken above as fully and carefully as I wish, I must take a retrospective view as follows: I commenced the practice of medicine in the spring of 1853. From that time until February, 1865, or for about twelve years, I never cured, or saw cured, a case of fully established acute hydrocephalus, or of fully established inflammation of the brain without effusion, although I treated numerous cases of both, and was called in consultation by other physicians in several cases. During all of that time, however, I prescribed the low potencies from the third to the sixth, generally two remedies in alternation, and doses at one to two hours intervals, not daring to trust such cases to any higher potencies, or to longer intervals between doses.

In the fall of 1864, I attended an important case of acute hydrocephalus, administering low potencies, mostly the third, and in this case, at intervals of half an hour part of the time, to see if I could

not by that means make some favorable impression upon the disease. My patient died, however, as had all similar cases I had ever treated. But as it endured the most extreme sufferings for several days before life was taken, I made up my mind that such, or at least that some of such cases ought to be, and could be cured, providing the proper treatment were resorted to early in the disease. And I then resolved, if ever called to another such case, to treat it upon the strictest principles laid down by Hahnemann, or with high potencies, and the doses at long intervals.

ACUTE HYDROCEPHALUS: CALCAREA.

As strange as it may appear, the very next case of the kind I was called to, which was on the 22d of the next February—that is, February, 1865—the patient, a boy of three or four years, had been first under treatment for acute hydrocephalus for about a week, by one of our most prominent old school physicians, who gave him up to die, saying such cases were utterly incurable; and then one of our homeopathic physicians was called, and attended him two or three days, and said he could do nothing for the patient; then I was called.

I found the child lying utterly unconscious and sightless, with both eyes turned in so much that the angle of vision of each eye, could it have seen, was at right angles with the other across the nose, the eyes wide open, and no flinching from placing the finger directly down upon the ball over the pupil. All other indications of the case were equally serious; and, of course, I gave no encouragement whatever of cure. The parents, however, wished me to prescribe, and I did so.

Here, then, was an opportunity to test a different method of treatment, where little or no responsibility could attach, providing nothing were done to hasten the patient's death. Consequently, after getting all the facts I could, as to how the child was taken and had been, I prescribed Calc. carb. 6m., one dose, and awaited developments for twenty-four hours, when there was some, though not very marked, improvement, and the case was allowed to go on another day upon one dose of Calcarea. At the end of that time, or forty-eight hours after giving the dose of Calcarea, there was quite a perceptible change of symptoms, for which one dose of Nux

vomica 2m. was administered and results awaited. The next day found my patient clearly better in every respect; so there would be no doubt about allowing him to go another day without medicine, when still greater improvement was manifested; no more medicine was given; consciousness returned in a day or two after, and on the eighth day of my attendance I dismissed the boy cured, and he continued well for several years after, or until I lost sight of the family.

The boy's right eye recovered its natural position, but the left remained permanently turned towards the nose, the last I knew.

CEREBRITIS: BELLADONNA.

The succeeding fall I was called into the same neighborhood to a boy six years of age, who had been suffering ten days from inflammation of the brain, evidently without effusion, and had been under the care, from the first, of a homeopathic physician, who had been giving low potencies and doses at short intervals. This patient, too, was entirely unconscious and had been several days, and in addition had had severe convulsions, which increased in frequency and severity until a day or two after my being called, when he had successive convulsions for one entire day, and so severe that once, when his attendants left him for a minute or two, he was so suddenly and so violently convulsed that he was thrown clear off the bed upon the floor. Constipation had existed from the first, and he had one peculiar symptom that may be of interest to mention. This was a continual boring with the left forefinger under the right *ala nasi* until he bored a hole a third to half an inch in diameter entirely through the lip at that point on the teeth and gum. All efforts to hold or bind his hand would at once bring on a convulsion, so that we had to desist from that, and allow him to go on with this work.

The treatment was entirely with the high potencies—the 2m. and upwards, and doses at not less than twelve hours' interval on two or three occasions, while all the rest of the time they were given at twenty-four to forty-eight or more hours' intervals. The remedies administered were Nux vomica, Hyoscyamus, Cuprum, Helleborus, Belladonna, etc., but none of these appeared to have the least effect until Belladonna was prescribed, after the first dose of which, in the 2m. potency, the patient improved steadily and markedly for two or three days, when a second dose was given, which entirely com-

pleted the cure of the case, and I discharged the patient well, excepting some remaining debility, in ten days to a fortnight from my first call. Nor was there any impairment of mind, defects of vision, or other annoying sequelæ of the case, but a complete restoration to health, which is a no less remarkable and happy result of such treatment than the safe relief at the time of such violent symptoms.

HYDROCEPHALUS: HELLEBORUS.

The next case I will relate occurred in May, 1867, in a boy aged four years, whom I had charge of from the commencement of his sickness. For the first week or ten days his symptoms were obscure, but then rapidly developed into one of the most violent cases of hydrocephalus that I have ever seen. During that week or ten days, I prescribed several remedies at intervals of twelve to twenty-four hours, and in the single or at most second dose, but without relief. By the end of that time, the symptoms became simply frightful. Those peculiar intermitting screams of hydrocephalus, with which all are familiar who have seen the worst forms of the disease, were more or less continued night and day at intervals of a few minutes, and could be heard for some distance on the street. But what was even much worse than that were the constant struggles of the patient for hours together, rising upon his hands and knees in bed, and then plunging head first as far as he could, or was allowed to, without the slightest reference to where or what his head might strike. Of course, by this time he had become thoroughly delirious and unconscious of what he did; but to restrain him from his efforts, aside from guarding his head from injury, greatly aggravated all his other symptoms; consequently, a row of large pillows was placed entirely around his bed and secured there to protect him as well as we could in that way, and he was then allowed to take his own course. He would rise and plunge his head into the pillows, then rise at once and plunge again; and so on, continuously, for two or three hours at a time, until utterly exhausted; then he would rest a little while, a half-hour or so, when he would renew these struggles and go plunging around and around the bed again for hours. In this way he wore the skin entirely through on all projecting parts of his face, and upon the point and ridge of his nose, the cheek-bones,

the brow and upper part of his forehead, ears, chin, sides of the under jaw, etc.

At an early call one morning, after these struggles had been going on thirty-six to forty-eight hours and Belladonna, Hyoscyamus, Nux vomica, etc., in the single dose, having failed to relieve, I inquired, as I had done a day or two previously, as to the excretions from his kidneys, and found there had been no emission of urine from the previous afternoon, and that very scanty, and very dark colored; or, at least it stained the bedding deeply. This determined at once my choice of the remedy, which was Helleborus, one dose of which in the *rm.* potency was then given. Visited my patient again at 2 P. M., and found there had been a free passage of urine, but as yet there was no mitigation of the violence of the brain symptoms, the rising and plunging headlong continuing as violent as before. There was no doubt in my mind, however, that the medicine was acting favorably in its effects upon the kidneys, and that a few hours more would show relief of brain symptoms; so I did not administer more medicine to disturb the action of the one dose. That evening justified my highest hopes; for, not only had the patient passed urine freely two or three times, but had some perspiration (the first for several days), and had slept quietly two or three hours.

Under these circumstances, no more medicine was given, of course, and he was left for the night without more. The next morning I found his brain symptoms had been very severe, part of the night, but better than the night previous, and as the kidneys still continued free in their action, I concluded to still give no more medicine. The next day showed great improvement in most respects, though he was yet delirious and unconscious and had plunged about considerably at times during the night; but he was still allowed to go on the one dose of Helleborus. Twenty-four hours later all delirium and struggles had ceased, and his kidneys continued active; but he was yet unconscious, and from some change in the symptoms, I was led to give him one dose of Pulsatilla, *rm.* potency, which was allowed to act three days, with gradual improvement from day to day, though I was in great doubt whether it acted or accomplished more than the Helleborous would have done by its continued action. In the mean time he had come to partial consciousness; but from an ulcerating eruption and swellings something

like boils that now began to develop upon the scalp, I gave one dose of Sulphur in the 6m. potency; and either under this or the still continued effects of Helleborus, all the brain symptoms named ceased in another week, and convalescence was established. But this was by no means the end of the case.

From a talkative, active boy, his disease made him completely dumb for the time being. He never uttered a word for six weeks from the time he was able to leave his bed. He seemed to lose all knowledge of the use of language, but began to regain it gradually after the six weeks by playing with other children. Words came to him singly, as to a baby; then in groups of two or three, until finally after many weeks, he fully recovered his faculties in this respect, and then talked almost constantly when awake for several weeks.

During all this time I felt that a permanent injury had been done the brain; that insanity or idiocy would certainly follow, and that it would have been much better had he died instead of being saved for such a fate. But I continued the treatment by giving a single or second dose once in three or four days to a week or more, of various remedies in succession that seemed best indicated, until an entire recovery from every morbid condition of body and mind followed. And from that time he has always been the brightest scholar in all his classes at school up to last year, when he graduated with the highest academic honors ever given at the institution.

Thus it is always when we follow Nature's laws in the treatment of disease, and, at the same time, avoid over-treatment, the good results follow for years and often for lifetime; whereas neglect of the law and over-treatment always result either in the greatest disaster to the patient at the time, or in sad consequences to health for years and often for a lifetime. For instance, supposing that I had prescribed morphine or other anodynes to have kept that boy from his struggles that were so terrible to witness, death would have been inevitable within two or three days; or, had I administered doses of homeopathic remedies every two or three hours as I had formerly done, he would have died, as all previous similar but less severe cases had that I ever treated in that way.

HYDROCEPHALUS: HELLEBORUS.

The next case I was called to was three months subsequent to the last, or in August, 1867. This was a child eight or ten months old, who had been given up to die of hydrocephalus by a council of some of the best old school physicians in our city. The attending and consulting physicians all told the father that there was absolutely no cure for such cases after effusion had once taken place. It was forty-eight hours after they proclaimed effusion fully established that I was called. The child then lay entirely unconscious, and had for two days; pupils enormously dilated, with no flinching upon placing the finger upon the eye-ball, and there was every other indication of rapidly approaching death.

The first question I asked was, "Has there been any action of the kidneys for a day or two?" and upon being assured there had been little or none, I at once prescribed Helleborus, 1m.; one dose. This was followed in a few hours with a quite free discharge of urine, which was increased and maintained subsequently, with a modification of all brain symptoms day by day, until consciousness returned in about a week, and an entire restoration to health in two or three weeks. In all this time, however, only one more dose of Helleborus was given, or two doses in all of it, besides a single dose each of Bell., Nux v., and one or two other remedies in the high potencies for symptoms calling for them; but in no case was any of these doses administered short of twenty-four hours, and generally at intervals of two to four or more days. This child, too, developed as the brightest one of a large family of children, and an ornament in the school she has attended.

BELLADONNA.

Another case was that of a little girl of eighteen months, who was rendered unconscious from hydrocephalus, and a few days subsequently complete hemiplegia, left side, resulted, despite several remedies. The next day, after paralysis was established, I prescribed Belladonna, in the 2m. potency, one dose of which cured the hemiplegia completely in two or three days, and a single dose of two or three other remedies administered for other symptoms that arose later, entirely restored the child to health in two or three weeks.

HYDROCEPHALUS: HELLEBORUS.

The next case of interest was one where I was called in consultation by another physician, the symptoms and conditions resembling quite closely, when I was called, the third case reported in this series, but had not been so long developing into a violent case, nor was the convalescence as protracted. There was, however, the same terrible screaming, rising upon the hands and knees, and plunging headlong upon the bed, hour after hour. Finding there had been no excretion of urine for two or three days, I advised Helleborus in the 1m. potency, one dose of which was given with marked effect by the next day, and another dose of that a day or two later, and a dose or two of a few other remedies, entirely restored that boy to full health in a few weeks.

HELLEBORUS.

Still another case, as bad as any here reported, excepting the third, that is, less demonstrative than that, but where more profound stupor resulted after a few days' screaming, was a boy, three or four years old, who was cured by a dose or two each of *Nux vomica*, *Helleborus*, and one or two other remedies in the 1m. or 2m. potencies, and doses at not less than twenty-four to forty-eight or more hours apart.

LYCOPODIUM.

The last case I will now cite was that of a boy of ten or twelve years, who, until he became unconscious, complained of all or nearly all his pain being in the upper part of his occiput. In this case *Lycopodium* 6m., two doses, was the curative remedy after several others had failed, and the patient is now living in the best of health at the age of twenty, or a little upwards.

Now, under any treatment that I have ever seen or known, besides that detailed in these cases, every one of these patients must almost certainly have died. And I ask, in all candor, is it not about time that physicians of our school should more generally test this method of treatment for themselves, and thereby learn its efficacy, rather than continue that which we all know offers but little or no hope?

In conclusion let me say to young physicians, be extremely

cautious about giving encouragement in brain diseases of children, where they have received a fall upon the head that has probably resulted in a rupture of a blood-vessel and a coagulum of blood in the substance of the brain. These are necessarily fatal, and I have seen five or six children die in that way, the last one but a few week ago. In not one of these cases did I ever see any, or but little, relief given by medicine. Also be cautious in giving encouragement in brain diseases that succeed immediately upon very exhausting or protracted diarrhœs, protracted and exhausting attacks of whooping-cough, etc. In these cases the vitality is often so completely exhausted before or by the time the brain disease develops that there are no latent forces left in the system that can be called out or aroused by medicine, to thereby restore the patient to health, although in several cases here given the brain disease was preceded by very exhausting diarrhœa, and notably so the case taken from the hands of the council of old school physicians.

A CONFIRMED SYMPTOM.

AD. LIPPE, M. D.

A lady, forty years of age, suffering from what is called "Genuine Contracting Kidney," had improved from time to time under the effects of various remedies. When such improvement secured her good sleep, she always awoke with an irresistible desire to urinate, and then had great difficulty in passing the urine. Cantharides would relieve for a time, but other symptoms, not coming under the pathogenesis of this drug, would supervene, other remedies would again relieve her, and as soon as her sleep was restored the above symptom would again return. Bronchial catarrh and palpitation of the heart (enlargement of the left ventricle) often became prominent symptoms. Finally, a new symptom became prominent. Pains in the lower vertebræ, as if a hot iron were thrust through them. This new symptom has been repeatedly confirmed as belonging characteristically to Alumina, and is found in Hahnemann's Chronic Diseases, under symptom 831. In studying out this protractedly tedious case, there was found present also this symptom under Alumina (Symptom 636):

“In the morning, when waking, desire to pass urine with difficulty and tardy emission of the urine in a feeble (thin) stream from the female urethra.” The two next recorded symptoms (637 and 638) had at times been also very prominent in this case. She must rise frequently at night to urinate, with much pale urine. One dose of Alumina was administered, and the improvement of the condition of the patient was quite astonishing; it now continues for almost a month, and ever since Alumina was taken there are no nightly calls to urinate, and when she awakens in the morning the now much more normal urine is voided freely, as if she were in perfect health.

Comments.—Attention is called to a not frequently observed symptom, a symptom not necessarily or especially belonging to any form of disease, certainly not necessarily belonging to the genuine contracting kidney, and a symptom which, nevertheless, was an unerring guide to the selection of the truly homeopathic remedy. The pathological condition of the patient had nothing to do with the selection of the remedy. We must again express our detestation of the growing departures from Hahnemann’s methods, from the too frequently expressed opinion of labor-fearing men, of men whose only aim is to invent labor-saving methods, who demand that we must first diagnosticate a disease and then find in our materia medica a remedy which has and is capable of causing just such a disease, in other words, press our materia medica into a pathological livery. These same labor-abhorring progressists backwards into the easy allopathic methods, see no use of such a symptom as we hereby report as a confirmed symptom.* There are at this day, members of the profession, who claim to be homeopaths, and who, at the same time, wildly applaud the wildest plans to abridge or reconstruct our own materia medica, pronounced by such fblers to be as unscientific as is the materia medica of the old school. If such growlers will only go to work and give us one single, newly well-proved remedy, we might see for ourselves what all their talk amounts to. If these unfortunate men, seeking what they term positive symptoms, found them, if they then would condescend to illustrate the superior usefulness of their positive symptoms over the

* “Hahnemannian Monthly,” May 1882, page 282.

very carefully collected and arranged provings of Hahnemann and Hering, they would blush of having said, "and yet we are cherishing false facts enough in our materia medica to seriously hinder, if not effectually defeat, the application of our great therapeutic law!" The more we know of our materia medica, the more successfully can we apply our great therapeutic law, and the growler, who cannot apply our materia medica as it is for that purpose, testifies against himself, and blatantly flourishes his utter ignorance of our materia medica and our healing art. Let him who doubts the correctness of Hahnemann's great work, his *Materia Medica Pura*, do exactly as did the Vienna provers who doubted, seriously, the correctness of Hahnemann's *Materia Medica*, and believed it contained false facts. What did they do? We give documentary evidence, to be found in the journals of that day, they reproved remedies thirty-five years ago; reproved them in potencies; reproved *Natrum mur.* in the 30th potency, and not only confirmed what Hahnemann had published, but greatly added to our knowledge of the pathogenesis of *Natrum mur.*, and the Vienna provers having failed utterly in their attempt to bring discredit on the Master, were honest enough to acknowledge their conviction that the Master was a great man and his works could be relied on. Will the growler do likewise? Not a bit of it.

OPIUM.

The following vivid picture of the effects of opium is given by Dr. McIlrath, the *Inter-Ocean* correspondent who is on a bicycle tour around the world. The letter is from one of the western provinces of China where the opium fiend is more commonly found :

I have seen the opium fiend in all stages, from the novice to the exhausted hulk who, paralyzed in every nerve, sat gaunt and specterlike in a temple doorway, his sightless eyes staring with fixed glare from deep, dark-circled sockets. Every rib, every bone, even to those in his feet and lower limbs, could be counted and seen by the eye, and were it not for the odor of the deadly drug which permeates every fiber of the scant clothing and cell of the body, even in death, they might be considered starved to death. Starvation really is the cause, the devotee has no appetite but for the poppy gum, and the least attempt upon the part of the victim to stop the use of opium long enough to create an appetite, is met with such a vigor-

ous demand for food by the abused stomach that the cramps and pain are intolerable and cause an immediate return to the fumes of the pipe. I have seen mothers, pallid and nerveless, sucking the deadly smoke into their lungs and systems while at their breasts tugged a puny child born in an evil hour, to exist in those more evil, or die while yet an innocent, robbed of vitality by impercipient parents. We have employed coolies to carry burdens for us, who, in traveling 100 miles, consume only two bowls of rice during the four days occupied in negotiating the distance. The rice and inevitable tea accompanying cost 48 cash. The balance of their wages, which amounted to 800 cash, was expended in opium.

We have experienced the annoyance of waiting a half hour, until men who have been smoking for an hour, while we ate our meals, finished their work of saturating their systems up to the point where physical insensibility takes place. Men who have reached such a stage are not able to accomplish any work without the drug, and very little actual work with its aid. Boatmen on the river and laborers in the cities do not show the ravages of the narcotic as a class, for as soon as they become actual fiends they disappear from the busy arteries of commercial traffic, just as drunkards do from active business circles in other lands. I have seen a half dozen die from actual heart paralysis caused by starvation and lack of nerve force, and in each instance the strongest stimulants, such as brandy, digitalis, and nitro-glycerin, had not the slightest effect, even temporarily.

This is a verification of some of our characteristics of the remedy such as:

 Numbness and insensibility.

 Painlessness with all ailments; complains of nothing and asks for nothing.

 Emaciation and debility.

 Marasmus; child wrinkled and looks like a little dried-up old man; stupor.

 Suspension of secretion from mucous membrane of digestive canal.

 Want of susceptibility to drugs; want of vital reaction (Carb. veg. Psor. Sulph.).

KALMIA LATIFOLIA; DIRECTION OF PAINS.

H. C. ALLEN, M.D.

My Dear Doctor:—Farrington in his Clinical Materia Medica, page 357, under Digitalis, says (last sentence, first paragraph): “*The Kalmia rheumatism, like that of Ledum, almost always travels upwards.*”

This has not been my experience in practice, nor do I believe it to be always true. I find in your THERAPEUTICS OF INTERMITTENT FEVER, page 160, under Characteristics of Ledum, the following: "*Rheumatism and rheumatic gout, begins in lower limbs and ascends (DESCENDS, KALMIA),*" etc.; from which I infer that you do not agree with Farrington. Permit me to ask who is to be believed? Whose observations are correct?

Will you do me the favor to let me hear from you on this matter? With kindest wishes, I am, yours cordially and fraternally,

C. F. MENNINGER.

Dear Doctor:—Farrington's *Clinical Materia Medica* was posthumous, published from stenographic notes taken by a student, now Dr. Clarence Bartlett one of the accomplished editors of the *Hahnemannian Monthly*, and of course were never revised by Dr. Farrington. It was evidently an error in the stenographic notes, for the rheumatic pains of Kalmia descend, not ascend.

Tearing pain from hip down leg to feet.

Rheumatic pains in leg from hip down.

Rheumatism often attacks heart, and generally goes from upper to lower parts; pains shift suddenly.

Pains move downward: head; bones of face; from ear to arm; down spine; down leg; down arm to fingers.

But like Pulsatilla, Kali bi, Lac can, and some others the pains of Kalmia shift suddenly from point to point and pains may leave lower extremities and suddenly appear in the upper. Yet the *general direction* of the pains are from above downward, the reverse of Ledum, and this is so uniform and marked in the pathogenesis as to be guiding in practice.

A CASE FROM PRACTICE.

Acute articular rheumatism; pains shift from point to point, especially when beginning in upper extremities and subsequently felt in lower; joints hot, red, and swollen; pains < on least motion and during evening (Puls.), or soon after going to bed; rheumatoid pains from sudden chill or exposure to cold wind.

DIAGNOSIS IS OFTEN NECESSARY.

A case of chancroid was recently brought to my office for consultation by a colleague. It had obstinately refused to yield to ordinary treatment for syphilis, even when Hahnemann's antipsoric instructions had been followed. The case was absolutely devoid of symptoms, other than those pertaining to the local lesion, hence it was a difficult one for which to prescribe. But it was *Chancroid*, not syphilis, and the differential diagnosis was an important factor in the treatment, so important that we have compiled for ready reference the

DIFFERENTIAL DIAGNOSIS.

SYPHILIS.

Always originates from an indurated chancre, or the blood of a syphilitic.

Period of incubation from fifteen to thirty-five days after exposure.

Primary lesion, a dry *papule*, abrasion, fissure, not always noticeable.

Lesion, generally single; if multiple, is so originally, and not by successive inoculation.

Lesions, if multiple, are of the same age, and seldom become confluent.

Is not auto-inoculable.

Hetero-inoculable, only on the non-syphilitic.

Edges of ulcer sloping, hard and adherent, nearly always elevated.

Bottom smooth and shiny.

Copper-colored, dark red, or purple.

Secretion scanty, serous, not auto-inoculable.

Induration firm, circumscribed, persistent, resembling a cartilaginous ring; or is parchment-like and faint.

Local lesion heals rapidly; is shallow, seldom spreads, or becomes phagedenic in character.

CHANCROID.

Always originates from a soft chancre (ulcer), or a virulent bubo.

Begins within twenty-four or forty-eight hours after exposure.

Primary lesion, a *pustule*, or ulcer, and always remains an ulcer, easily noticeable.

Lesion, rarely single; generally multiple at first or from successive inoculation.

Lesions of various ages, and often become confluent.

Is highly auto-inoculable.

Hetero-inoculable, irrespective of previous syphilitic infection.

Edges sharply cut as with a punch, and often undermined—seldom elevated.

Bottom "worm-eaten," uneven, without lustre.

Yellow, tawny, false membranous, pultaceous.

Secretion abundant, purulent, auto-inoculable.

No induration, unless caused by caustics; not circumscribed; shades off into surrounding tissue; not persistent.

Slow in healing; an excavated ulcer which often spreads and becomes phagedenic.

Small, circular, non-inflammatory and insignificant.

Indifferent as to site, but generally prefers genitals.

Rarely painful.

Development slow, and repair rapid.

Local effects insignificant; cicatrix slight or imperceptible.

No loss of substance in parts involved during initial stage.

Is hereditary.

Syphilis always follows a chancre, in fact the system is contaminated before the ulcer appears.

Immunity to a second attack.

Is met with more often among the better classes in a given number of cases.

Is a miasma, a chronic constitutional disease.

Is not transmittable to animals.

Local treatment worse than useless.

SYPHILITIC BUBO.

Specific affection always accompanying or following chancre.

Appears during first or second week after appearance of chancre.

Glandular enlargement slight; many affected, generally a chain or group.

Specific induration constant; non-inflammatory.

Freely moveable, skin not adherent.

No pain, heat, or redness.

Indolence the chief characteristic.

Rarely, if ever, suppurates; not auto-inoculable.

Usually terminates by resolution.

Large, irregular, inflammatory and formidable.

Generally on genitals, seldom found elsewhere.

Generally painful.

Development rapid and repair slow.

Local effects often severe; cicatrix marked and easily seen.

Frequent, often serious loss of substance.

Is never hereditary.

Nothing but local lesions follow chancroid; never syphilis; no contaminations.

No immunity against successive attacks.

Is met with more often among the lower classes in a given number of cases.

Is generally considered a local lesion; not constitutional.

Is transmittable to animals.

Local treatment often curable.

CHANCROIDAL BUBO.

Not always present; may be simple or virulent.

No fixed time for its appearance.

Glandular enlargement great; usually single gland affected.

No specific induration, if hard, inflammatory.

Fixed, immovable, skin adherent.

Generally painful, with heat and redness.

Inflammation, most marked condition.

Always suppurates, if virulent; highly auto-inoculable.

Always terminates by suppuration.

Seldom becomes phagedenic.

Natural duration, a few weeks or months.

Local lesion, if bubo suppurates, generally insignificant,

Constitutional treatment generally beneficial.

Generally becomes phagedenic.

Duration indefinite, if phagedenic may continue for years.

Local lesion may be very extensive, involving deeper structures.

The ordinary use of mercury in crude doses always and absolutely injurious.

SYPHILITIC LYMPHITIS.

Frequently occurs.

Specific form occurs only in syphilis.

Indurated; vessel one-eighth to one-sixteenth of an inch in diameter.

Extends to base of penis.

No pain from handling or erection.

Skin uncolored.

Terminates by resolution, rarely by suppuration.

Nitric acid generally is as well indicated in Chancroid as Mercury is in Syphilis, the appearance and character of the ulcer being characteristic and guiding. This case was promptly cured by nitric acid.

Ulcers: flat, with elevated zigzag edges; painless; clean, looking like raw meat; discharge profuse, thin mixed with blood; deep, fistulous, irregular, ragged; bleed easily on touch.

CHANCROIDAL LYMPHITIS.

Is rarely present.

Never specific; may be simple or virulent.

Hardness only inflammatory; size, intermediate.

Follows course of vessel.

Painful when handled, or during erection.

Skin red over inflamed vessel.

Invariably suppurates; pus auto-inoculable.

CEANOTHUS AMERICANUS.

P. C. MAJUMDAR, M. D.,

Calcutta.

This apparently new remedy made much noise at one time among the physicians in our ranks in different parts of the world. But its abuse was enormous, in this country, as a spleen remedy.

Our readers are aware that this is a malarious country and enlargement of the spleen is of every-day occurrence. It was recorded in an American homeopathic journal that it is a marvelous remedy in spleen cases. Without giving proper indications the writer evidently made a mistake, and this was also done by subsequent employers.

I remember I wrote some time ago, in the pages of this journal, that Ceanothus is only applicable in cases of acute inflammatory disorder, attended with pains in spleen. In this country we generally get passive enlargement of the spleen. The organ is enlarged and indurated to any extent, and the poor victim is deprived of the supply of vital fluid so essential to healthy existence. In these cases Ceanothus has no place. I had wonderful efficacy from its administration in many cases when *pain and tenderness* in spleen are the leading indications.

Dr. Burnett's excellent work on diseases of the spleen shows several cases when Ceanothus is valuable. In these cases cure and amelioration are prompt and permanent. In this country our physicians follow blindly, without particular attention to its applicability. In this way they drug these poor patients to the extreme and rub them through the whole abdomen with lotions prepared from strong tincture. In this way consumption of the remedy was enormous for a length of time, when we raised our voice and the malpractice was stopped. Recently I had a wonderful case of supposed heart disease cured by Ceanothus. I am indebted to my friend Dr. Burnett for the suggestion of using Ceanothus, in his book on the spleen.

A thin and haggard looking young man presented himself at my office on the 26th of July, 1896. He told me he had some disease of the heart, and had been under the treatment of several eminent allopathic physicians of this city; some declared it to be a case of hypertrophy of the heart and some of valvular disease.

Without asking him further, I examined his heart thoroughly, but with no particular results. The rhythm and sounds were all normal, only there was a degree of weakness in the sounds. Dullness on percussion was not extended beyond its usual limit. So I could not make out any heart disease.

On further inquiry I learned that he had resided in a most malarious place for five years, during which he had been suffering off and on from intermittent fever. I percussed the abdomen, and found an enormously enlarged and indurated spleen, reaching beyond the navel and pushing up the thoracic viscera.

The patient complained of palpitation of heart, dyspnoea, especially on ascending steps and walking fast. I thought from these

symptoms his former medical advisers concluded heart disease. In my mind they seemed to result from enlarged spleen.

I gave him six powders of *Ceanothus* 3x, one dose morning and evening, and asked him to see me when his medicine finished. He did not make his appearance, however, on the appointed day. I thought the result of my prescription was not promising. After a week he came and reported unusually good results.

His dyspnoea was gone; palpitation troubled him now and then, but much less than before. He wanted me to give him the same powders. I gave him *Sac. lac.*, six doses in the usual way.

Reported further improvement; the same powders of *Sac. lac.* twice. To my astonishment I found the spleen much reduced in size and softer than before; I heard nothing further from him for some time. Only recently I saw him, a perfect picture of sound health. He informed me that the powders were sufficient to set him right. He gained in health, with no sign of enlarged spleen left.—*Indian Homeopathic Review.*

WAS IT CANCER?

BY C. F. YOUNG.

(Hering '97.)

Mr. W—, occupation formerly butcher, now grocer, æt. 50. Tall, spare, wiry; swarthy, keen blue eyes; stiff, wiry black hair. Irritable temper. From age of 23 to 30 was a hard drinker, a sot. Formed his own resolution to reform; did so. Has not touched a drop to this day, 20 years.

Four years ago began to have stomach trouble. Was treated by several allopaths with more or less relief of suffering, but with steady progress in a downward direction.

For three months condition as follows:

Trouble begins about 9 or 10 A. M.

Intense cramping in epigastrium, preceded and accompanied by foul eructations, with little or no relief.

Pain radiates upwards and downwards, > by cup of warm milk and by hot applications. Attack usually passed off in an hour.

P. M. Trouble began about five o'clock with the foul, sour

belching, which would continue after supper till bedtime. He fell asleep promptly, but would be awakened about 11 or 12 with intense pain in stomach as before; relief by a hot pillow held tightly to stomach and changed often. Usually culminated by 2 o'clock in vomiting of intensely acid water, the odor of which permeated the whole room. After vomiting, relief and sleep. The days and nights of the last three months were, with few exceptions, similar to above described. Always constipated.

On January 16, 1896, his accustomed attack was more severe, and on 17th he vomited chocolate colored masses, and the succeeding day had an alarming hæmorrhage from stomach. Was under a homeopath at this time, who relieved hæmorrhage by Ipecac, followed by Hamamelis. Consultation was had and case diagnosed ulcer, probably malignant. Kali bi was given for a time, also Ars. alb. 6x, Ham., Sulph. ac., etc. Nutrition was kept up by rectal feeding.

At irregular intervals, and especially after any attempt to feed by mouth, the stomach would become very sour, culminating in sour, coffee-ground vomiting. Case progressed thus for some three weeks, when it was pronounced cancer, and hopeless.

At this time the case looked to me like Arsenicum, and I wrote to Professor H. C. Allen, giving symptoms and asking his opinion and a graft of whatever he thought indicated. He sent me a powder of Arsenicum (but failed to state potency), and ventured an opinion the case might be cancer of pylorus, in which case we might expect only palliation.

I had a chance to prescribe for the case and gave a dose, followed by placebo. That night from 11 till 2 he had a fearful aggravation, and from that time never had a particle of pain for three months. Had occasional attacks of sour belching in evening, which Arsenicum always relieved. In those three months he gained in flesh and weighed 150 pounds, while his weight for years had been 130. Appetite became enormous and digestion perfect; bowels normal.

June 24, 1896, he worked all day in rain, and besides had "an affair" with a business competitor, in which he became very angry. His troubles were always worse after anger. Consequence was he had an attack of indigestion, and a return of his former

night experiences. Finally began to have coffee ground vomit, and indeed all the symptoms of the attack in the winter, with added tenderness in region of liver and pain in right shoulder.

To shorten the story, he was fed per rectum and given Arsenicum, from 1 m. to c. m., for four weeks, and contrary to all expectations recovered, and to-day is enjoying better health than for years.

Is it cancer, and will it finally kill him?

WESTERVILLE, O., Sept. 21, 1896.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

BOSTON, Mass., February 15, 1897.

To the Members—Greeting:

The officers of the Association desire to remind its members that the next meeting will be held at Niagara Falls in June.

The date of the meeting will be announced later, as well as hotel and railroad fares.

Niagara Falls is accessible to eastern and western members, and here we should not fail to have a full attendance.

Let every member feel that he has an obligation to fulfill by being present at Niagara next June; an obligation he owes to Homeopathy as it came from the discoverer's hands, pure and clean.

Let those who are prevented from attending do their duty by contributing to the different bureaus.

It is especially desirable that *confirmed symptoms* of our materia medica should be diligently collected. If every member will take the trouble and time necessary to review his records of the past year and cull from them those signs and characteristics which he or she has corroborated, others will learn much which they never knew before.

Our Association has done good work in this direction in the past, and its ambition should be mainly directed to enriching our splendid materia medica, and each year we should labor, to increase its usefulness and accessibility.

There can be no better way to accomplish this than by concerted effort and individual observations. In this way alone can we separate the wheat from the chaff.

The chairmen of the bureaux are as follows :

Homeopathic Philosophy—J. H. ALLEN, M. D., 517 Broadway, Logansport, Ind.

Materia Medica—WALTER M. JAMES, M. D., 1231 Locust street, Philadelphia, Pa.

Clinical Medicine—LAWRENCE M. STANTON, M. D., 132 West 58th street, New York City.

Surgery—THOMAS M. DILLINGHAM, M. D., 8 West 49th street, New York City.

Obstetrics—EDWARD RUSHMORE, M. D., 429 Park avenue, Plainfield, N. J.

Board of Censors—B. L. B. BAYLIES, M. D., 41 Putnam avenue, Brooklyn, N. Y.

Fraternally yours,

WM. P. WESSELHGEFT,

President.

ERASTUS E. CASE,

Secretary.

NOTES ON MATERIA MEDICA FOR THE BUSY DOCTOR.

Spinal remedies re-develop suppressed disease.

COCCULUS has re-developed an intermittent fever.

CONIUM has re-developed erysipelas that was suppressed two years before by means of medicated topical applications. Zinc has cured meningitis by re-developing an eruption suppressed by ointments or a defective vital force.

But do not give any remedy to develop any disease *unless it is indicated by the symptoms of the patient.*

ECZEMA: Never give a vegetable remedy for eczema capitis, or, in fact, for any eczema; the indications for such remedies are only apparent, not real, and very rarely cover the totality of symptoms which a more thorough examination of the case will reveal. The danger is shown in a case reported by Simon jr., of Paris, at the International Medical Congress, when, after the exhibition of Viola tricolor, serious symptoms of meningitis developed simultaneously with the disappearance of the eruption. Return of consciousness and improvement in the other cerebral symptoms began with the return of the eruption. The disease is *psoric*—Hahnemann's

name for constitutional heredity—and not functional, and must be treated with metals or the salts of metals, or, perhaps, with nosodes.

Never overlook Sulphur in erysipelas. It is generally of psoric origin. Flushes of heat to face, or back of neck and head, followed by moisture or weakness, will call for this remedy.

The pains of Sulphur were made intolerable by being covered with a feather bed (a German practice).

Asthma made worse, or brought on, by sleeping on feathers, has been relieved by Sulphur.

DIGITALIS has cured hissing in left ear as of steam rushing through a small hole, with a sensation as if the pharynx was unnaturally open.

PLATT'S CHLORIDES should be used with great caution in diphtheria or croup. In one case it seemed to drive the disease into the larynx; at any rate, the child promptly got worse.

FEVER REMEDIES.—Do n't! do n't!! don't!!! give *any* medicine for "fever" merely; you will bring down your patient with it. What would become of a very sick patient without fever? The undertaker can answer. Fever is a *result*; it is not a *cause* of anything; as a symptom it is reliable, but not half as valuable as generally believed. "Bringing down a high temperature," while it quiets the doctor's conscience, may be fatal to the patient.

THE SYMPTOMS vs. DIAGNOSIS.—Select your remedy *first* for the benefit of the patient, *then* make your diagnosis for the benefit of the family; you thus avoid the bugbear of the influence of the pathology over the prescription.

When I began to study medicine I began to take the journals, and soon found that the best cures were made by, and the most knowledge was gained from, men whose practice was to select the remedy according to the *symptoms of the patient*, which were *facts*, and not according to any *theoretical diagnosis*; physicians may disagree, or even be mistaken, as to diagnosis, but the symptoms of the patient are *positive*.

THE POTENCY.—Stop these foolish quarrels about potency, which belongs to the *art* of Homeopathy; be uncompromising about the selection of the remedy, which constitutes the *science* of Homeopathy. I give what I please. Do you likewise, and do n't call me ignorant, fool, a mongrel, or any other bad name, because I give the tincture or the cm potency.

C. B. GILBERT, M.D.

NITRO-MURIATIC ACID.

BY E. A. TAYLOR, M. D., CHICAGO.

Allen's Encyclopedia of Pure Materia Medica contains a meager proving of this remedy, and in the October number of *The Homeopathic Recorder* Dr. S. A. Jones gives us some valuable facts concerning it, based upon a proving instituted by himself and conducted under his supervision by a student at the University of Michigan in 1878. Old school authorities have long placed this remedy in the first rank for the treatment of the pathological state termed oxaluria, and indeed it seems to have been used somewhat extensively in an empirical way for the same purpose by homeopathic physicians before the advent of the proving fixed its place within the realm of law, thus enabling all who are guided by that law to use it with a degree of accuracy and precision unattainable by any other method.

A noted professor in the University of Michigan said to a homeopathic student: "You homeopaths give nitro-muriatic acid for oxaluria, and, according to your law, it ought to produce it in a healthy person." The student followed Hahnemann's injunction, and put it to the test. He began taking the acid, and soon his urine contained oxalates. He carried a sample to the erudite allopathic professor, whose ostentatious wisdom vanished like a morning dream.

Of this proving Dr. Jones says: "The research demonstrates the homeopathicity of nitro-muriatic acid to oxaluria, and greatly enlarges our knowledge of a remedy that must hereafter head the list of remedies for Grauvogl's oxygenoid constitution."

Realizing that there are no specifics for pathological states; that the oxalates are but *one* of the manifestations of the inharmony pervading, to some extent, the entire organism; that at most they are but the product of preceding changes—the effect, not the cause—let us for the time forget the oxalates, and endeavor to arrange into one grand perspective the various disarrangements of the patient (or prover), as they become perceptible, by every manifestation deviating from the normal condition. It is these—these proximate causes which lead up to the ultimate result—that must occupy

the foreground, while pathology, not to be ignored, is given its relative value, and occupies a less conspicuous position farther back in the perspective.

Studying the remedy under consideration in this way, we find the alimentary tract, in its unbroken continuity, affected from start to finish.

“Cankers” appear on the gums and tongue, dark white in color, irregular in form, with clean-cut edges and various diameters.

The gums bleed easily, the teeth ache, and A CONSTANT DROOLING AT NIGHT drenches the pillow.

PTYALISM an early and pronounced symptom (Merc., Rhus., Nat. Mur.).

SALIVATION WORSE AT NIGHT.

Tongue heavily coated, white, with ulcer-like sores in various places.

Gums red, swollen, bleeding.

Pricking pains in the throat, as though small needles had been thrust in.

A constant feeling of constriction around the throat, as from an iron ring, worse from empty swallowing.

Throat very sensitive to pressure in vicinity of larynx, about thyroid cartilage.

Pain, sore and sharp, on pressure, aggravated by passage of food, drink, and by cough.

The taste is perverted, being at times an indescribably odd taste after drinking, or a bitter taste in the mouth after eating.

Following along down, we find the STOMACH DERANGED, giving rise to *sour* and bitter *eructations*, with *pain* and feeling of *hunger* in the stomach every day.

Sharp pain in the stomach, and a feeling as if he had fasted twelve or fourteen hours, *not relieved by eating.*

ERUCTATIONS VERY SOUR, causing *burning sensation in the throat*, with an EMPTY, HUNGRY FEELING IN THE STOMACH, GREAT MUSCULAR SORENESS, with *mental depression* and despondency.

EMPTY, HUNGRY FEELING IN THE STOMACH ALL THE TIME, NOT RELIEVED BY EATING.

With all his hunger and eating he becomes thin, weak, exhausted and sunken-eyed.

Ending this alimentary "string" with the rectum and anus, we get marked and important symptoms: *constipation, with ineffectual urging to stool.*

This symptom is to many homeopathic physicians indicative of Nux Vomica; but it belongs to Caust., Ver., Nat. mur., Con., Ign., Mer., Sep., Sabad., Rhus., Sulph., and others. The relation of each to its *perspective* must be your guide.

CONSTRICION OF THE SPHINCTER ANI (Nux., Nat. mur., Plumb., Lach., Mez., etc.).

Anus very moist and sore; troubles very much when walking.

Thus we see the affection of the alimentary tract from one end to the other, with *increased secretion from both its orifices*; from the mouth ptyalism, from the anus moisture, with *constriction of both throat and anus.*

Associated with this disturbance of the alimentary canal are other marked and important conditions, especially the *mental and physical depression* and GREAT MUSCULAR SORENESS.

There is present a tired, lazy feeling, with inability to study, and loss of memory.

Inability to sustain any mental effort, with SORENESS AND PAINFULNESS OF ALL THE MUSCLES, *loss of strength and emaciation.*

Feels sick all over; must lie down; no courage or strength.

Feels very despondent and depressed; a dark cloud hangs before his mental vision, everywhere obscuring the horizon of his hopes.

Melancholy; hypochondriasis.

In the urinary sphere we find *it decreases the free acidity of the urine.*

Urine very cloudy when passed, with intense burning in the urethra when passing. The superficial prescriber, seeing this symptom, might use the remedy for gonorrhoeal conditions, overlooking the important fact that the painful micturition is due to the oxalates present in the urine. The quantity of urine is diminished.

The muscular system is profoundly affected; the scalp is painful when pressed upon; the right temple is *very* sensitive to touch; muscles of neck sore and tender to touch; abdomen exceedingly painful on sneezing or coughing; muscles of neck, back and abdomen so tender and sore he can't bear to raise himself; when lying down has to turn over in order to get up.

The remedy gives rise to disturbed metabolism, with oxaluria as one of the manifestations, indicating a close similitude to the condition which leads to *adynamic forms of disease*.

There is *mental and physical depression*, with TENDERNESS AND SORENESS OF THE ENTIRE MUSCULAR SYSTEM, with *emaciation*, SALIVATION, *prostration* and constipation.

The successful prescribing of a given remedy depends upon the perception and proper appreciation of the *perspective* of that remedy.

78 State Street.

PROGRESSIVE MUSCULAR ATROPHY,

PRONOUNCED INCURABLE BY EMINENT NEUROLOGISTS, EXAMINED, TREATED AND CURED BY HOMEOPATHY.

A young married woman who is a good comrade to her husband, an athlete, has been in the habit of entering into all his out-of-doors sports, golf, hunting, shooting, and, especially during the past summer, swimming (long distances), complained of pains in her right shoulder, which increased until her arm became helpless; the muscles about the shoulder and right side, chest and back wasted, so that the whole region became perceptibly emaciated, the subclavicular region especially sunken; the shoulder drooped, and if the arm were permitted to hang down the head of the humerus would actually slip down out of its socket, often causing extra pain in the axilla and shoulder. It became impossible to put the hand to her head, so that she could not put up her own hair, nor could she dress herself. The wasting and powerlessness involved at last the whole shoulder region of the right side of the body, pectoral, scapular, and axillary regions, and the arm as far as the elbow. Soon the trouble invaded the forearm, and also began to show itself in the right hip and thigh. Eminent specialists were consulted, electricity, galvanism, massage, and many other injurious expedients were recommended and tried, with steady decline, and the husband was told that the disease could not be and had never been arrested. Finally, after the recovery of the husband's mother (in the house of an allopathic physician, who was her son-in-law) from pneumonia, complicating chronic interstitial nephritis, the husband of my patient, who had been informed by the attending and consulting

allopathic physicians that his mother could not recover, appealed in despair to me to try homeopathic treatment for his wife. The symptoms of the case were as follows:

1. Pain in the right shoulder, extending from the top down the arm to below the elbow.

This pain was a constant dull ache, becoming, on motion, a sharp shooting; the pain was worse at night, in a wind, in the cold, on uncovering, and when lying on the right or painful side. There was a feeling of powerlessness. She could not raise the arm to her head, nor could she dress herself.

How is a remedy to be selected? No cases, cured, are on record, so that clinical data are wanting. No drug has been known to produce such a condition; in its pathology (if there be any satisfactory pathology known) the etiology is obscure; only symptoms can come to the rescue.

On January 4th a prescription was made.

January 22d the record states decided improvement; very little pain; can now lie on the right side with comfort, which for months she has been unable to do.

February 15th. Continued gain; the shoulder does not any more slip out of joint, as formerly; she is a trifle fleshier now over the right pectoral and shoulder regions.

February 28th. Can dress herself (a great gain, naturally noticeable in the household economy); the arm gets tired only after use, but not immediately after; is growing perceptibly stouter.

March 2d. Complains of drawing pain in the front of the right hip and thigh; finds it difficult to go up-stairs on account of this pain, which has been getting worse for a week past; the whole right leg feels heavy and weak.

Calcarea carb. This prescription was effective at once as to the lower extremity, but it was followed by aching in the forearms and palms of the hands after any attempt to use the hands or arms, with occasional pains about the elbow.

Return to first remedy.

March 30th. Great improvement; uses both arms freely now without pain; no pain at night; is able to lie on the right side without any discomfort.

Since that time there has been no return of the former troubles;

an occasional disturbance of digestion, due apparently to inability to exercise as much as she has been accustomed to, has required a corrective, but lately the lady has resumed, cautiously, her active life out-of-doors, and is rejoicing in her renewed health, and is able to wear her evening dresses with grace and satisfaction.

SYMPTOM ANALYSIS.

1. Region of the shoulder.
2. Right upper extremity.
3. General weakness.
4. Aggravation from lying on the right side.
5. Aggravation from lying on the painful side.
6. Aggravation at night.
7. Aggravation after becoming cold.
8. Aggravation in the wind.
9. Aggravation from uncovering.

The above points cover essentially the totality of the symptoms. Noting the value of the remedies, on a scale of four (Boëninghausen method), under each point (values estimated by the provings, reinforced by clinical experience), we find as follows:

Nux vom., 30.

Phosphorus, 30.

Silica, 28.

Bryonia, 27.

Pulsatilla, 26.

Mercurius, 25, etc.

These furnish a list for study and comparison. My first impression was to give Nux vom. first, especially in view of the stimulating allopathic treatment, electricity, galvanism, massage, tonics, etc., but a little study convinced me of the greater similarity of Phosphorus, especially as the mental state of my patient was not at all similar to that of Nux vomica; accordingly, I prescribed Phosphorus in the seventh cent. potency, doses repeated three times a day for three days, after which only an occasional dose was prescribed, except when suspended to administer three doses of Calcarea carb. for the manifestations of the trouble in the right hip and thigh.

In regard to my failure to report, in connection with the above narrative, the results of various tests of sensation, motion, and the general reactions, I can only say that such tests in no way affected

my selection of the remedy, for none of the provings have noted them, and the diagnosis made by the specialists included all of them, and probably many more, which served to establish their diagnosis and prognosis, but left them wholly in the dark as to the proper treatment. The point here made is that *the totality of the symptoms*, and not the diagnosis, in this case, at least, sufficed to cure.

T. F. ALLEN, M. D., New York.

CHOLERA MORBUS: VERATRUM.

CASE.—Woman about 45 years old, English, was taken suddenly at 10 A. M. on May 27, 1896, with a severe attack of cholera morbus. Profuse, watery and lumpy stools; vomiting of large quantity of water and mucus. Saw her at 1 P. M.; was then pale, face cold, with cold sweat on forehead; nose pinched, body warm, but hands cold; was fainting, or passing into an unconscious condition, every few moments. Could not hear when loudly spoken to; vomiting severe and continuous, of water, mucus and blood, with painful itching. Severe abdominal colic. Could not ask for water, although her lips, tongue and mouth were very dry. Had had no stool since about 11 A. M. Pulse almost entirely lost; heart sounds scarcely audible. Put about ten small pellets Ver. alb.30 dry on her tongue, and both the nurse and myself held our fingers over the radial artery. Before five minutes had passed the pulse was felt at the wrist, and it grew steadily stronger. A dose of the remedy was put in water, and she was given a dose every fifteen minutes for an hour; then a dose every two hours. She had only two attacks of vomiting after the first dose, and those of a mild type. The pulse improved steadily, although it had periods of slight weakness. The face became warm. At 2 P. M. she could talk, and had no more vomiting. At 6 P. M. pulse strong and full; she was stronger, asked for milk and moved herself about the bed; her eyes were bright, face and limbs warm, colic all gone, and she felt good. The same dose of the remedy was given for about six hours at two-hour intervals. She had some China.30 a day or so later, and nothing else at all. No stimulants were given, and the only auxiliary measure was some hot flannel cloth over the abdomen during the severe colic. She was up on May 31st.

WM. D. YOUNG, M. D.

Buffalo, N. Y.

ANSWER OF THE REGENTS OF THE UNIVERSITY
OF MICHIGAN TO THE REQUEST FOR THE
REMOVAL OF THE HOMEOPATHIC MEDICAL
COLLEGE TO DETROIT.

At a meeting of the Board of Regents, held January 21, 1897, the following report of a committee appointed to consider a request for the removal of the Homeopathic Medical College to Detroit was adopted by the board:

REPORT.

At a meeting of the Board of Regents, held December 16, 1896, there was presented to it the following question:

"To the Honorable Board of Regents of the University of Michigan:

"WHEREAS, the Supreme Court has established the validity of the act to remove the Homeopathic Medical College to the city of Detroit (Senate Bill No. 445 of the Public Acts of the State of Michigan, 1895), and, whereas, the profession is favorable to the said removal as therein provided, and is practically unanimous in this desire, as shown by the accompanying resolutions addressed to the president of the State Society and signed by the leading homeopathic physicians of the state:

"Therefore, we, the Board of Control of the Homeopathic Medical Society of the State of Michigan, do hereby urgently request your honorable board to take such action at your next meeting as in your wisdom seems best, and report the same to us at an early date."

Attached to the above petition were several documents similar in character, signed by seventy persons and addressed to the president of that association, a former member of the faculty of the Homeopathic College. In these documents the subscribers urged the Board of Regents to remove the college and pledged themselves to use their personal influence to accomplish the result.

The method by which this personal influence is to be utilized is apparent from a circular circulated through the mail, and which is as follows:

"DEAR DOCTOR:— Four years ago an attempt was made to 'amalgamate' the Allopathic and Homeopathic Departments of the University that

resulted in very nearly wrecking our college, and two years ago a bill was introduced at Lansing to abolish the college. Thereafter, at the request of the homeopathic profession, the legislature enacted 'That the Board of Regents of the University of Michigan are hereby authorized and directed to establish a homeopathic medical college as a branch or department of said University, which shall be located in the city of Detroit.' It also directed the Regents to discontinue the chairs at Ann Arbor and transfer them to Detroit; appropriated \$25,000 for building and equipment, the profession agreeing to provide a site and the trustees offering the use of Grace Hospital.

"In due time the bill was declared constitutional, the site was tendered the Regents, and they were urged to comply with the law. They refused. Homeopaths asked for a mandamus to compel them, and the Supreme Court ruled that the Regents might obey the law or not, as they chose. The college is still in Ann Arbor, with a reported total of forty-two students.

"The legislature convenes January 1st, and homeopaths must be up and doing if they finally secure what they undertook two years ago, viz.: To rectify the fatal error made twenty years ago in locating the college at Ann Arbor. While they are about it, they should go further and place it beyond the power of the Regents to hamper or surpress the college. As is well known, a 'rider' upon the University appropriation bill is the only and a certain means to enforce compliance with the law, and to secure the wish of the legislature and the profession. Two years ago the legislators said: 'Whatever homeopaths agree upon, they shall have,' and they were true to their word. The profession were a practical unit in asking for the removal bill, and the legislature equally a unit in granting it. The situation is the same now. If every homeopathic physician will give prompt and affirmative answers to the questions on the inclosed postal card, the work of seeing that the removal bill is complied with is as good as done.

"The members of the profession in eight of the chief cities of Michigan have already pledged themselves to this end, only one having declined the request to sign. Taking this as an indication of the sentiment throughout the state, a unanimity greater even than two years ago seems likely to prevail. The request is again made to each and all members of the State profession, and it is hoped that not one will fail to respond cordially and at once. If so, a new era will dawn upon homeopathy in Michigan.

"Fraternally and truly yours,

"D. A. MACLACHLAN,

"President State Society.

"P. S.— It is thought best to have a joint committee, comprising the Board of Control of the State Society, and one for the whole profession.
* * * If names suggested on the inclosed postal do n't suit, erase and insert the names you wish."

Your committee appointed to consider the question involved in the above documents would respectfully report as follows:

From the best information at hand, we believe there are in the state of Michigan about five hundred homeopathic physicians. Under the circumstances your committee can scarcely be expected to accept a petition signed by seventy persons as evidence of the unanimity of the entire profession of the state. But whether the petition represents a majority or a minority, it demands and is entitled to receive a fair and frank answer, and in discussing the question, we shall consider not only the statements in the petition, but those in the circular accompanying the same.

1. The first statement in the circular is that four years ago an attempt was made to "amalgamate" the Allopathic and Homeopathic Departments of the University, and that it resulted in nearly wrecking the Homeopathic College. The facts are as follows:

About the time mentioned the then Dean of the Homeopathic Department suggested to the board a plan by which there should be one medical school in the University, to be known as the Medical School of the University of Michigan. That in that school both schools should be represented by professors as to the chairs where the teachings were diverse. That all students should be permitted or obliged to hear both sides, be graduated as students of the Medical College of the University of Michigan, and be left perfectly free to adopt after their graduation the practice of either school as they preferred.

After consideration the board decided that so radical a change should not be made without action of the legislature as the homeopathic school was dependent upon special legislation, and thus, so far as the board was concerned, the matter ended, and the gentleman who made the suggestion has since ceased to be a member of the faculty, not, however, for that reason. In the opinion of your committee, the personal rivalries and dissensions which divided the homeopathic faculty at that time, and which paralyzed its efficiency, had a great deal more to do with the falling off in the attendance of the Homeopathic College than the discussion of this resolution.

2. A second statement is that two years ago a bill was introduced at Lansing to abolish the Homeopathic College. Your com-

mittee have no present means of verifying this statement, but they are certain that no such action was ever taken or approved by this board, nor had the board any information on the subject, nor is it in any way responsible for it.

3. The statement is made that the board refused to comply with the law. At the last session of the legislature of this state an Act, No. 257, Public Acts 1895, was passed, directing this board to remove the Homeopathic College to Detroit on *condition* that prior to such removal a suitable site for the location of the buildings of such department should be donated to the state in fee simple, and on the further condition that an arrangement be made with Grace Hospital for the use of the same on such terms as to the Regents shall seem appropriate, without expense to the state. As the board was advised by its counsel, and as was apparent from the act itself, it was not only not the duty of the board, but it had no right, to take a single step until the conditions were complied with, and it could not do this without being in danger of a claim being made that the conditions had been waived. That these conditions were exceedingly important is apparent, and that by the force of the act itself the duty was laid upon the board of not removing the department until they were complied with is also apparent, and yet these conditions have not been complied with, nor has either of them. No site has been procured or offered to the Board of Regents, nor have the board had any assurance that any fund existed anywhere with which such site could be purchased. No arrangement has been made, or suggested, or offered to be made, whereby the use of Grace Hospital free for a homeopathic college could be secured. It has been well known that for many years Grace Hospital has run behind in its expenses, and in order that the board might be safe, and the people of the state might be safe, in incurring the expense incident to the removal of the Homeopathic Medical School to Detroit, some guaranty should be given that the hospital would be sustained in the future without expense to the people of the state. Not only has this not been done, but, so far as your committee are advised, no action whatever has been taken to secure that end. Suggestions and applications have been indeed made to this board, but they have been in the nature of requests to do something, or permit something to be done, different from what is required by the condi-

tions of the act, and the doing of which might have placed the board in the position of assuming the burdens without receiving the benefits contemplated by the act.

To have removed the college without the fulfillment of these conditions would have been to disobey a law of the legislature of this state, and to betray a trust imposed by that body upon this board. From the passage of that law to the present time, there has not been a moment when the board could have complied with the wishes of the gentlemen who signed that petition without betraying that trust and violating that law, and the petition in question is in substance a request that the board do both. Shortly before the case referred to in the circular was brought, an application was made to the board for the making of some arrangement so that at the least expense the question involved in the act could be passed upon by the Supreme Court of this state and settled. It was admitted that the act had not been complied with, but it was claimed that it was a hardship upon the friends of the movement that they should be required to go to the expense of procuring a site and to the trouble of making the arrangement with Grace Hospital until that question should be decided. And they asked that, as a matter of courtesy, the board would give to them an opportunity to test the law. The board were advised that if they should pass a resolution refusing to consider any offer made by the friends of the movement, a technical ground would be laid for an application to the Supreme Court. The only offer made was a statement by the attorney of those favoring the movement that they had secured an option on a lot in Detroit. It was scarcely claimed that this was in compliance with the law, and yet, for the purpose of enabling the question to be raised, and as an act of courtesy to them, the board passed the resolution indicated. This is the only attempt at the tender of a site made to this board, and since the decision of the Supreme Court no communication whatever has been received by the board upon the subject from those favoring the movement, except the petition in question.

It is true there are now 42 members of the Homeopathic School. It is also true that the average attendance during the past five years, prior to the present college year, in that school, has been only 41; and that a little over one year ago the present faculty took the school,

without practically any attendance, and by their industry, by their ability, and by united action, they have already brought it to its present condition, in the face of the opposition of a number of homeopathic practitioners in this state, who seem not so anxious that the principles of medicine which they claim are the true ones should be taught as that they should be taught in a certain place.

The circular, however, outlines a scheme of action by which the Board of Regents of this University are to be deprived of the discretionary powers which the people of this state have vested in them by the organic law of the state — by presenting to them the hard alternative of the abandonment of those rights or the starvation of the University. It becomes, therefore, not only proper that unjustifiable attacks upon the past action of the board should be repelled, but that the question should be frankly and fully considered as to what should be done for the future. In order to fully understand this question it is necessary to consider the position of the Homeopathic Medical College in the University at the present time. It has always been admitted that, except as to a very limited number of subjects, the teachings of the students of the Homeopathic College and of the College of Medicine and Surgery are the same. All the homeopathic profession has ever asked, until lately, is that instruction in those few subjects should be separate. For the first two years of the medical course in the University the students of both colleges take the same course, listen to the same lectures, and work in the same laboratories. In this way a very large amount of expense has been annually saved to the state. Apparatus, laboratories, libraries and museums have been used in common which in case of a removal to Detroit it will be necessary to duplicate. This has for many years met with general approval. Lately, however, there has been a constant cry from a part of the homeopathic profession in this state for the institution of a homeopathic college with a full four years' course, separate in equipment and in all the teaching chairs. The board has hitherto not yielded to this demand, first, because in their judgment there was no reason why the state should be put to the greater expense necessary to the change, because it did not believe that the efficiency of the college would be thereby increased, and second, because it was impossible for financial reasons to accede to it. Medical education, under the most careful,

conservative management, is always very expensive—changes are continually being made in expensive apparatus, and in the construction and equipment of hospitals, and the working force of the college itself is more difficult to supply and at greater expense than in almost any other branch. It is felt that it is an education that deals with life and death, and that nothing which really tends to its efficiency can be regarded as unnecessary. With the limited means at its command the board has never been able to meet many of the demands of the medical faculties which it felt were reasonable. It is now proposed, in addition to what has hitherto been demanded, to remove this whole school to Detroit, and, for practically building up a new medical college, an allowance has been made of \$25,000. In the judgment of your committee \$25,000 is not enough for a building for from 50 to 100 students if the lecture rooms, laboratories and offices are all to be included in it. In our opinion such a building would cost at least twice that amount after the site was given to us. The cost of equipping the laboratories after the buildings are provided would probably be from \$4,000 to \$5,000 apiece. The following laboratories will be needed: 1. Chemical. 2. Electrotherapeutical. 3. Biological. 4. Histological. 5. Physiological. 6. Anatomical. 7. Pathological, including hygienic and bacteriological. It is claimed that men can be found in so large a city as Detroit who will act as professors in such a school free of charge, and that the expense would not thereby be increased. There are many branches, such as chemistry, biology, etc., in which the instructors must give their whole time to the work and cannot be medical practitioners at all. These must all be paid wherever the college is. In the present state of medical education specialists are demanded for the several chairs, and these are to be procured only by selection from a wide field. We do not believe that men of that class will be found who are willing for any length of time to fill the chairs without a salary. The experience of this board has been that, while volunteers might be secured for advertising purposes to take appointments temporarily, their continuance was only secured by the payment of the usual salary.

It is to be considered that in the removal of the Homeopathic School to Detroit the Regents are expected to embark on a serious enterprise, and one which might have to the University at large

very serious consequences. By the act known as the one-sixth-mill bill, from which the University derives its revenues from the state, it is provided that the several departments shall be maintained as they then existed. If, therefore, this department should be once removed to Detroit, those interested in that special school might and probably would insist that the same facilities for education by way of teachers, libraries and laboratories as are now afforded at Ann Arbor to their school should be furnished at Detroit. And to accomplish this either the state must each year add more than \$25,000 to the income of the University, in addition to the large expense of the installment of the college, or else the other departments of the University must be weakened and the efficiency of the University as a whole sacrificed to this one school. If the people of the state desire a separate school of homeopathy at Detroit, they should at least understand in advance the magnitude of the task they are undertaking, and they should not ask this board to accomplish impossibilities. In view of the wide difference of opinion which exists between the promoters of this enterprise and this board as to that expense, we would suggest that, in case such a school be established, it be established under a separate board, so that no claim can be made that the school is not treated fairly in comparison with other branches of the University, and the state may be able to ascertain the actual cost of such an institution. It will then appear whether this board is correct or not. So far as the Homeopathic College itself is concerned, we believe that, like every other department of the University, it is stronger and more prosperous because it is a part of the University, not simply in name but in fact, and that students and teachers are drawn to it, and retained in it, because of the university life in which they may thereby participate. There are numerous and important incidental advantages, arising from the presence of the other departments of the University, which would be almost wholly lacking in the new school. There are many scientific lectures given here during the year which are helpful to the students which would not be given there, and the stimulus and helpfulness of life in the atmosphere of the University would be missing. There would be simply the narrow, special and technical work by the school itself to furnish training for the students.

Your committee has thus far considered mainly the mere ques-

tion of dollars and cents. Behind all these and above all these is the more important question of its effect upon the University. Long ago the people of this state abandoned the idea of a university with separate branches in its different cities, and adopted the policy of centering all its departments in its present location. There, as we have already said, where each department has added to the development and growth of all the rest, it has grown to its present position of eminence among the universities of the world. If it is proper, to satisfy a few of the members of one of the great professions, to remove one of its departments to Detroit, it is, on the request of other of the citizens of the state, proper to remove other departments to other cities, and, once commenced, there is no visible opportunity for pausing in the process of disintegration. It would be the beginning of the end. In the opinion of your committee, to grant the prayer of the petitioners would be not only a most flagrant breach of the duty laid upon us by the legislature of this state, not only impossible with any funds within the control of this board, and not only inadvisable for the real interest of the school itself, but dangerous as the first step in a policy which, once entered upon, could not easily be abandoned, and which would ultimately lead to the destruction of the University.

In view of these considerations, as well as many others that might be urged, your committee recommends that the prayer of the petition be denied.

ROGER W. BUTTERFIELD,
LEVI L. BARBOUR,
P. N. COOK,
FRANK W. FLETCHER,
HENRY S. DEAN.

THE REPLY.

To this indictment the Michigan Homeopaths reply as follows:

First. The college is still on the "special appropriation" basis, although many supposed the one-sixth-mill bill, for the support of all the departments of the University, placed it in the "general fund," thus enabling the Regents to escape all responsibility for maintenance when opportunity offers.

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Second. The same old, old story—"the Homeopaths themselves injured their college, or failed to properly support it." This refrain has been heard ever since the college was organized, and in his annual report the president joins in it, as usual.

Third. A bill to abolish the college was introduced into the legislature two years ago, and Dr. Keifer, a member of the Board of Regents, and Dr. Vaughan, dean of the allopathic college, went to Lansing and personally worked for its passage.

Fourth. The removal law required the Homeopaths to furnish a site for the college building. They secured options on several sites, and asked the Regents to select one, that they might purchase it. This they declined to do, or at least never did, and now seem to imply that the homeopathic profession stood in the way of their compliance with the removal law, as they failed to furnish a site.

Fifth. The Regents say they were presented "the hard alternative of abandonment of our rights or starvation of the University." In 1893 the same alternative was given them; they obeyed the law, hence no starvation. If they allow it to starve rather than obey the law, who will be responsible?

Sixth. The excuse of "expense of laboratories will be too great" (seven laboratories at \$4,000 to \$5,000 each) is either fictitious or disingenuous. The pharmacist who supplies the laboratories made an estimate February 15th for necessary equipment of laboratories for 200 students, the total being less than \$5,000. The five homeopathic chairs in the University cost the state about \$22,500 per year. The same amount, with students' fees added and no hospital expense, will support a complete homeopathic faculty in Detroit, and there would be something efficient and permanent to show for it, and something to be proud of; the profession would then be thrown on its mettle, and would probably become united in support of the college. A united profession is greatly to be desired, and it has not been accomplished in the twenty years the college has been under the Regents' control on the University campus, and it is very doubtful if it ever can be.

Seventh. The real reason the Regents refuse to comply with the law is admitted when they say the "one-sixth-mill bill" entitles us to a fair share of the University funds, and that we may claim it in Detroit. They know they can keep us out of it at Ann Arbor, so

they will hold us there. In case it is removed to Detroit, they propose a separate board to manage the college. This suits us so well we have included it in our bill recently introduced in the legislature.

Eighth. "Disintegration." That was urged two years ago in the legislature, but without avail. Harvard would be disintegrated on the same plea, because the medical department is forty minutes' ride from the university; ours would be sixty minutes. Not many years hence professional and public opinion will drive both medical departments into the city for clinical teaching. The old school sadly feels the dearth of acute diseases, while ours has none at all. Emergency surgery and acute diseases are what the young graduate will first encounter in practice, and not major amputations, laparotomies and cataract extractions, now seen in the hospitals. In the smaller cities of the state local hospitals are multiplying, and necessarily care for acute surgery and diseases. The Regents know that if the homeopathic department comes to Detroit and is successful, as it is sure to be, the other will eventually follow, hence strong pressure is no doubt brought to bear to prevent removal. At last 90 per cent of the profession favor removal, and reasons that were valid two years ago are valid to-day; the conditions are practically the same. A bill has again been introduced in the legislature for removal. It provides for a complete college in Detroit, with a full faculty, donation of site, \$50,000 for building and equipment and a separate board of trustees to be appointed by the governor from a list nominated by the state society; and we think the bill will pass upon its merits, notwithstanding the opposition of the faculty and the Regents.

CHOREA: SULPHUR.

During the month of October, 1895, I was consulted in reference to the condition of a little girl nine years of age who had, during the last month previous to my call, developed some nervous conditions, which had alarmed the parents and greatly annoyed the child. She was a bright child, of sanguine-nervous temperament; I found her greatly reduced in flesh. Her disposition had undergone a complete change, as from gay and happy she had become fretful, peevish and whining. She could not co-ordinate her movements, but her hands, arms, legs and feet were continually twitching

and moving in all directions. The distortions of her face and eyes were frightful to behold. I had, evidently, a severe case of Chorea to treat and, as a diagnosis is of but little importance, I directed myself to the symptoms of this particular case of Chorea. In this case, as in many others, those symptoms which the friends regarded as the most alarming were not in themselves particularly characteristic and leading when we attempted to select a remedy. We cannot say, with the allopath, "Those nervous twitchings must be stopped," and prescribe a large dose of bromine and leave the case to a worse fate, but we must select the remedy with due respect to the symptoms leading up to the cause, which will always be found to be psora.

Now for the picture of this case:

She was peevish, irritable and quick tempered, which was the reverse of her natural disposition.

She had vertigo when standing or sitting, with bleeding at the nose, and a bursting headache.

Her face was pale and her eyes sunken.

She had sore mouth, with swollen, bleeding gums.

She could eat but little; was troubled with constipation; she passed large quantities of light-colored urine.

Previous to the inauguration of her nervous condition she was troubled with pains in the long bones, but was relieved since the establishment of the chorea.

For the above group of symptoms we prescribed one dose of Sulphur cm., and awaited results.

For two weeks the patient was no better, but rather worse, if any different. Her skin, which I neglected to say had been dry and attended with itching when in bed, now became covered with a fine rash. I knew my remedy was well chosen and, although I went to see her frequently, I held my hands behind me whenever I thought of medicine. After about three weeks we were able to see a change for the better, which continued right along to the full measure of health. This is the kind of Homeopathy we have been practicing for thirty-one years, and could present any number of cases, if necessary, of like treatment.

I. DEVER, M.D., Clinton, N. Y.

EDITORIAL.

THE HOMEOPATHIC COLLEGE OF MICHIGAN.

On another page of this issue we present the position of the regents of the University on the question of removal of the Homeopathic College to Detroit, and the reply of the profession. In addition to the superior clinical advantages to be obtained in a large city, and in one of the best-equipped hospitals on the continent, there is also the far greater advantage of an entire homeopathic teaching faculty. The claim that "the atmosphere of a large university" is a stimulus for the student is no doubt true in a certain sense, but it is more than offset by the fact that a prominent and necessarily inseparable element of this "atmospheric stimulant" is allopathic in character. The "university atmosphere" applies with far greater force to every other department than it does to the homeopathic; for, do what they may, there is always a feeling, implied or expressed, among both teachers and students, of professional differences of opinion, if not professional jealousies. But read both sides of the question and then decide what, in your opinion, will be for the best interests of Homeopathy in Michigan, for every reader is interested in the success of our cause.

OUR NATIONAL SOCIETIES.

The appeal of the officers of the I. H. A. and the A. I. H., in the preliminary notice, will be found in this issue, and should be met with a generous and united response from the members. Dr. Wesselhoeft asks for *clinical verifications* for the perfecting of the *Materia Medica*, and we are certain he will not ask in vain. Homeopathy and the advancement of scientific therapeutics demand that every member shall do his duty. Niagara Falls is the place of meeting.

The American Institute meets at Buffalo, which, from its central

location and the national reputation of the profession for hospitality, makes this an ideal convention city; while Dr. Custis's ringing appeal for united action, a harmonious meeting, and large accession of new members will, no doubt, meet with a generous response. But we fear he failed to sound a note of warning to the local committee, that *the social features* of the meeting *shall not detract from the bureau work of the institute*. The busy doctor cannot afford to have some of the most important bureaus—some in which he is most deeply interested—broken up by an excursion, however pleasant it may be. Neither will he recommend a recent graduate to become a member, chiefly for the social functions in which he may participate. If this growing tendency of local committees to excel their predecessors in lavish entertainment be not checked, the question will soon become one of, not how to induce new members to join, but how to retain the old ones. And this, irrespective of the financial burdens unnecessarily imposed upon the local members, many of whom can ill afford it. The institute can entertain itself. Let it do so for once, and let us have a meeting for work.

THE DAILY PRAYER.

BY RICHARD WAGNER.

O, INDIGENCE! thou care-bringer! protectress divine of the German musician (unless he have reached the haven of Kapellmeister* at some court theater)! O, carking Indigence! as I ever do, so let me now in this reminiscence from my life first bring dutiful obeisance to thy praise and honor! Let me sing of thee, thou steadfast companion of my life! Always loyal, never hast thou forsaken me! With a strong palm, thou hast warded from me all sudden shocks of propitious luck; and ever against the onerous glances of sunny Fortuna hast thou protected me! With an impenetrable veil hast thou always benignantly hidden from my sight the vain riches of this world! Receive thou all my gratitude for thine indefatigable constancy. But if it may be, pray do thou at length find some other foster-child than me. For indeed I should — if it were only for the sake of curiosity — like to learn from personal experience what manner of existence I might manage to lead without thee. At the least — so I beseech thee — go thou and plague with most especial cunning our political dreamers, those madmen, who are determined in spite of everything to unite our dear Germany under a single sceptre: For then there would be but one single court theater, and hence a place for but one single *Kapellmeister!* What, then, would

*Bandmaster.

become of all my hopes, my dear ambitions, which even now are dim before my eyes, and, I dread, are slowly fading—even now, when I can count so many German court theaters. But ah! I see that I grow impious. Forgive, O thou divine protectress, the blasphemous wish which just escaped me. 'Twas but momentary; for thou seest within my heart, and well thou knowest how wholly thine I am, and ever shall be, though it came to pass that there were a thousand court theaters in Germany. Amen.

Wilhelm Richard Wagner, the great operatic composer and poet, could, when the occasion demanded, write exquisite prose, as this keen bit of irony witnesseth. He says: "I never undertake a thing without first offering up this daily prayer," this supplication to "indigence," to which he was indebted for so many, if not all, his great triumphs. He was compelled to work. And how many of our readers may attribute their success to the same stern, even dire, necessity. How many of our books on surgery, obstetrics, gynecology, materia medica, practice, etc., have grown from the notes of the author's lectures, improved from year to year until the ponderous volume of, for instance, Raue's Pathology is the result. How many a professional reputation has been made or firmly established by the necessity of work, even though a silent prayer were offered for "some other foster-child than me." Many, both student and practitioner, have reason to join in Wagner's prayer: "Let me sing of thee, thou steadfast companion of my life!"

MATERIA MEDICA JOURNAL.

The illness of one of the editors, and his compulsory residence, during the severity of our winter, in California, together with college-work and an exacting practice, has delayed the JOURNAL for a few months. But in the future the issue, we trust, will be more prompt, and the back numbers made good to our subscribers by an increased number of pages, so that Vol. I, ending with the June number, will contain the requisite number of five hundred and seventy-six pages. We need not remind our readers that contributions of *verified symptoms* will be gratefully received at all times, as it is by such observations that our materia medica is to be enriched and perfected.

BOOK REVIEWS.

A Treatise on Appendicitis. By John B. Deaver, M. D. (Surgeon to the German Hospital, Philadelphia, etc.), containing 32 Full Page Plates and other Illustrations. Pp. 164. P. Blakiston, Son & Co., Philadelphia. 1896. Cloth, \$3.50.

Conveniently divided into chapters on history, anatomy, ætiology, pathology, symptoms, diagnosis, differential diagnosis, prognosis, treatment, complications and sequellæ, and after-treatment. Concise, crisp and vigorous comes this latest addition to our literature on this subject. Based upon elaborate research and his observations in five hundred cases treated by him, Professor Deaver has in this work thrown a flood of light on some hitherto dark places. To those physicians who have persisted in regarding appendicitis as a popular fad of the surgeon this book will bring a shock of surprise, the after-effect of which can but inure to the benefit of their patients. The error in some popular ideas is pointed out and the grape and apple seed are shorn of their terrors. The disease, from start to finish, is clearly, logically and scientifically explained and placed upon a rational basis. It is not a dry dissertation, or compilation of statistics, but a treatise which holds the interest of the reader from the first to the last page. There are 164 pages of reading matter and 32 of the handsomest full-page colored plates we have ever seen. The book, as regards paper, printing and engraving, reflects great credit upon the publishers. It should be found, not on the top library shelf, but on the table, of every progressive physician.

A Monograph of Diseases of the Nose and Throat. By George H. Quay, M.D., Professor of Rhinology and Laryngology in the Cleveland Medical College. Pp. 214. Philadelphia and Chicago: Boericke and Tafel.

This practical ready-reference handbook on the diseases of the nose and throat is the outgrowth of a need of such a condensed work felt by a teacher in advising a text-book for the student. It is also adapted to wants of the busy general practitioner, who has

neither time nor inclination to consult a volume in which exhaustive details of etiology, pathology, and differential diagnosis are to be found, but in which there are no therapeutic help. Hence it has been written for the general practitioner and the medical student, in each of which the author has felt the need of just such a work as he has given us.

While the therapeutics of epistaxis are good, we wish he could have been a little more explicit and much more complete in symptomatology. Bovista, Crotalus, Mercurius sol., and other giants are omitted altogether.

Also, in syphitic affections of the nose and throat several remedies might have been added with advantage to the general practitioner, who has already given the principal remedies without result, before he has need to consult the special monograph. However, these slight omissions may be added in a future edition, when the antiseptic recommendations will be dropped, because they will then be out of date, and consequently out of use, in homeopathic practice. The work is a model of the printer's art, like all publications of this enterprising house.

Text-Book of Hygiene: A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By George H. Rohe, M. D., Baltimore. Third edition, thoroughly revised and largely rewritten, with many illustrations and valuable tables. Philadelphia: The F. A. Davis Publishing Company. Chicago; the Lakeside Building. Octavo, pp. 553. 1896.

With the former editions of this text-book of hygiene we were familiar, and presume many of our readers are; but few beside teachers and sanitary officers fully realize what a revolution has been effected in sanitary science, and especially quarantine practice, by recent legislation in the United States and Canada.

The chapter upon quarantine has been entirely rewritten by Surgeon-General Wyman and Dr. Geddings of United States Marine Hospital Service, and embraces the modern principles and practice of maritime sanitation, while the chapter of marine hygiene has been revised by Dr. A. L. Gihon, Medical Director of United States Navy. But the additions for which both teachers and students will be most grateful is the set of analytical questions which has been added to each chapter. This greatly enhances its value as a practical

text-book of hygiene for the class room, and should place it in the list of text-books in the annual catalogues of every medical college in the country.

The new methods of examination of air, food, and water are very practical, and the History of Epidemic Diseases—the Plague, Small Pox, the Sweating Sickness, Cholera; Relapsing, Typhoid, Typhus, Yellow and Scarlet Fevers; Diphtheria, Influenza, Syphilis, etc.—form interesting reading, as at present influenza prevails as an epidemic, and the bubonic plague may make another tour of Europe.

A Characteristic Materia Medica Presented in Reverse Order. By Nicholas Bray, M.D., Dubuque, Iowa. Pp. 705. 1896.

While this work professes to be a materia medica “in reverse order,” it is really a repertory of characteristic symptoms from abridged works on materia medica. The symptoms are given on one page, and numbered, and the remedies are given on the opposite page, and while correct as far as they go, are chiefly notable for omissions of what might be given. Had the author used the *Encyclopedia*, or *Guiding Symptoms*, or any standard repertory or index, he could not have failed to have made the work much more complete, useful, and reliable. It is printed in large type and shows the marks of the amateur bookmaker. In different type, one-half the size would have sufficed to hold the contents. However, the labor expended on it has well repaid the author. He knows more of his subject than when he began.

Principles and Practice of Medicine According to the Law of Homeopathy. By P. C. Majumdar, L.M.S., M.D., Professor of Materia Medica and Dean of the Calcutta School of Homeopathy, Calcutta, India. Second edition. Pp. 997. Price, 10 rupees. 1897.

The introduction contains a brief sketch of the life of Hahnemann and his labors, and the distinctive principles of Homeopathy are outlined in the following:

First: Similar are cured by similars.

Second: Medicines must be proved on the healthy.

Third: Only one *single, simple* medicine must be given at a time.

Fourth: The smallest dose that will cure.

On this question of dose the author quotes Hughes's admission

of the efficacy of potentized remedies as given in his Pharmacodynamics:

“When such a man as Carroll Dunham uses the zooth potencies with success, their effects cannot be doubted.”

This statement is verified in the experience of the author in the treatment of Asiatic cholera and other acute diseases, and he even goes further, and affirms that the potencies above the zooth are still more efficacious and cure more rapidly and permanently.

As the volume is printed in the Bengali language, for obvious reasons we refrain from either praise or criticism. It is kindly “Dedicated to Professor Henry C. Allen, M.D., as a Token of Esteem and Friendship, by the Author,” for which the recipient is duly grateful.

AMERICAN GRADUATES IN ENGLAND.

A graduate from a recognized medical college in the United States may practice his or her profession in Great Britain, provided they furnish evidence that the college is recognized; but they cannot collect their fees by legal process without registration.

A WARNING TO QUACK DOCTORS.

John Ferdinand, of King's Road, Chelsea, appeared before Mr. Sheil at the Westminster police court to answer a summons taken out by Mr. T. W. Tyrrell, on behalf of the Medical Defense Union, charging him that he did

(a) “Willfully and falsely pretend to be, and take and use the name and title of, a doctor of medicine and physician, and a title or description implying that he is recognized by law as a physician or practitioner in medicine;

(b) on divers days willfully and falsely take or use the title, addition, or description M.D., thereby implying that he was recognized by law as a physician,” etc. Attorney Muir Mackenzie prosecuted. The case against the accused was that he had advertised himself as a duly qualified doctor of medicine from the eclectic schools of America, while he had signed certificates as John Ferdinand, M.D., U. S. A. Mr. Sheil pointed out that the *onus of proof lay on the defendant to show that he was qualified in some recognized American school, but as this was not forthcoming* the magistrate remarked that this was a case for the full penalty of twenty pounds and ten pounds costs, or two months' imprisonment in default of distress. Pending the return of the distress warrant, he ordered the defendant to be detained or to find a surety for the penalty and costs.—*Pall Mall Gazette*, Dec. 7, 1895.

CHARACTERISTICS.
STUDENTS' DEPARTMENT.

	<p>Eyes. Lachrymation as soon as the least pain is felt in some <i>other</i> part of body (hand, etc.).</p>	1
	<p>Eyes. Intense photophobia, without any inflammation of eyes.</p>	2
	<p>Eyes. Weakness of muscles of eyeballs; in whatever direction they are turned they remain.</p>	3
	<p>Eyes. Sensation of swelling and protrusion of eyes; the lids felt too short to cover them.</p>	4
	<p>Eyes. Canthi red as blood; the caruncula lachrymalis swollen and stands out like a lump of raw flesh.</p>	5

Sabadilla.

What eye symptom is produced by pain
in any other part of the body? 1

Conium.

What is the peculiarity of the photo-
phobia? 2

Spigelia.

How is motion of the eyeball affected? 3

Guaiacum.

What is the most prominent sensation in
the eye? 4

Argentum. nit.

What appearance does the corner of the
eye present? 5

	<p>Eyes. Sensation as if the eyeballs were lying <i>loose</i> in their sockets.</p>	6
	<p>Eyes. Dim vision. He <i>sees stars</i> all the time with any complaint he may have.</p>	7
	<p>Eyes. Eyelids red and sore, and this <i>troubles</i> him exceedingly; cannot attend to his business, he is so anxious about it.</p>	8
	<p>Eyes. Sensation of dryness in eyes; can move the lids only with difficulty.</p>	9
	<p>Eyes. Sensation as of a hair over eye, which must be wiped away; feels as if corners were covered with sticky mucus, which compels him to <i>wink</i> frequently.</p>	10

Carbo animalis.
What sensation of the eyeballs? 6

Cyclamen.
What eye symptom is associated with many complaints of other parts? 7

Aconitum.
What is the appearance of the eyes, and how does it affect him mentally? 8

Nux mosch.
What sensation is prominent in the eye, and how does it affect motion? 9

Euphrasia.
What sensation is in the eye, and what does he feel like doing to relieve it? 10

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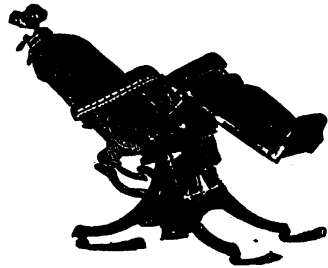


Fig. V.—Semi-Reclining.

- 1st. Raised by foot and lowered by automatic device.—Fig. I.
- 2d. Raising and lowering without revolving the upper part of the chair.—Fig. VII.
- 3d. Obtaining height of 39½ inches.—Fig. VII.
- 4th. As strong in the highest, as when in the lowest position.—Fig. VII.
- 5th. Raised, lowered, tilted or rotated without disturbing patient.
- 6th. Heavy steel springs to balance the chair.
- 7th. Arm Rests not dependent on the back for support.—Fig. VII—always ready for use; pushed back when using stirrups—Fig. XVII—may be placed at and away from side of chair, forming a side table for Sim's position—Fig. XIII.
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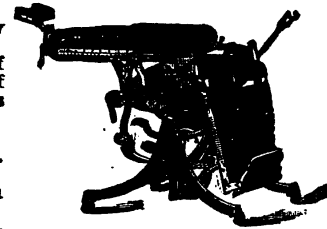


Fig. XVII—Dorsal Position.

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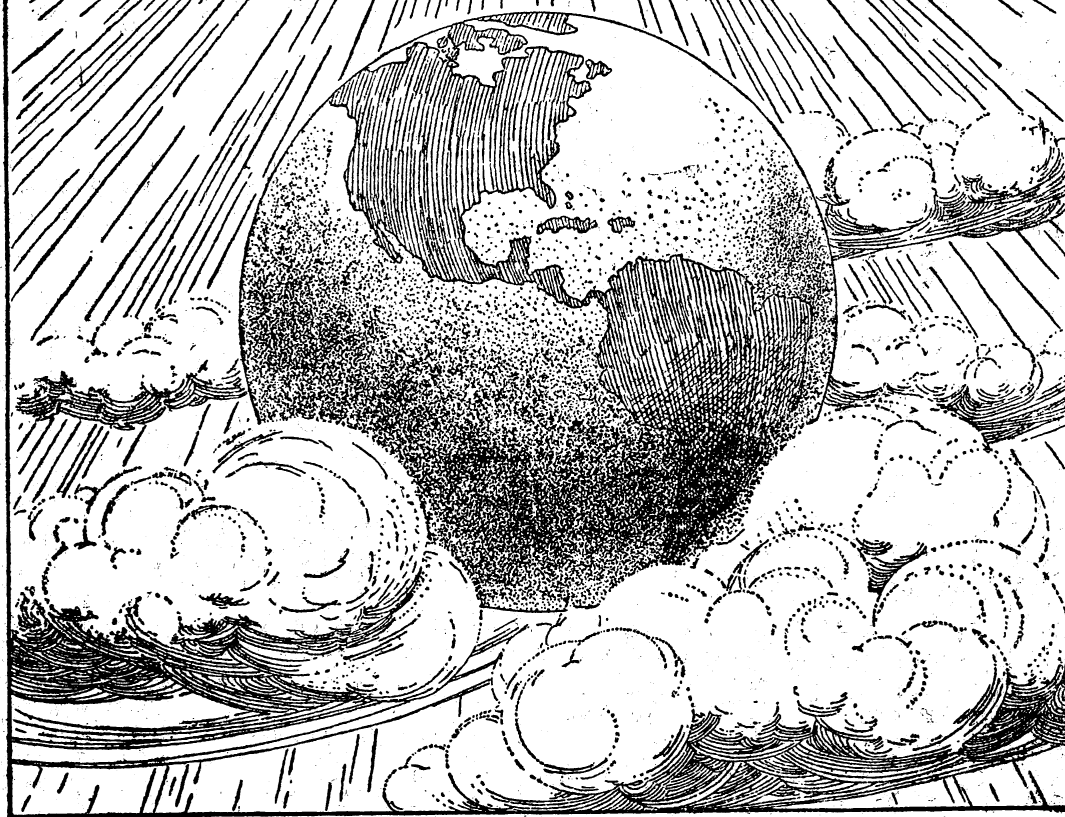
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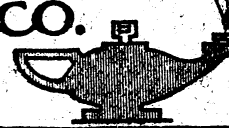
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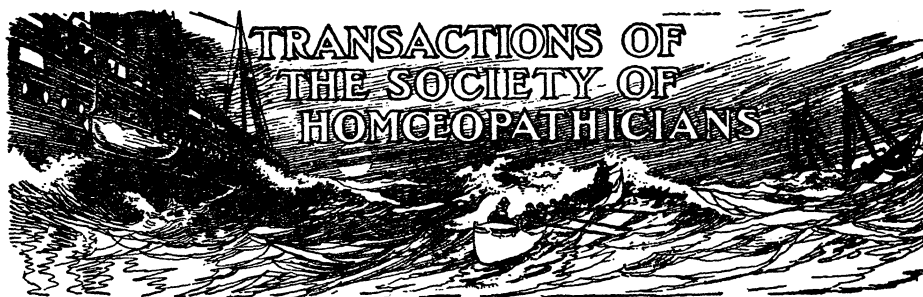
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CALCAREA SILICATA is a remedy of very deep action, with symptoms manifesting at all hours of day and night.

Evening, night, and morning are however the periods of most intense aggravation.

CALC-SIL. has a profound action upon the skin, mucous membranes, bones, nerves and glands.

Discharges from mucous membranes, from ulcers and from abscesses are THICK, GREENISH-YELLOW, PURULENT:

Especially characteristic IN THE CATARRHAL CONDITIONS OF THE LUNGS:

WITH MUCH SORENESS, AND PROFUSE EXPECTORATION, usually most pronounced in the morning.

These individuals are extremely

sensitive to drafts and to weather-changes from warm to cold; although some patients feel better in the open air.

There is extreme paleness, as observed in anæmia:

Associated with weakness,

Difficulty of respiration when ascending stairs, as in both Calcarea and Silica.

Emaciation is prominent, especially in children who have inherited phthisis.

Prostration, from least exertion, which increases many of the symptoms.

Weakness similar to Ars. and Chin., or as from loss of fluids.

The patient experiences weakness, night-sweats and faintness.

Muscles become flabby, while the

*Compiled from writer's clinical experience and Works of J. T. Kent, A.M., M.D.

body feels heavy and the organs drag down.

These patients are always cold, lacking vital heat; yet:

Are intensely aggravated through being overheated.

All internal parts have sensitiveness to jar.

Some relief is had from lying down, but most comfortable from lying on the back;

Lassitude returns, however, so soon as he walks about,

Compelling him again to lie down for relief.

Wants continually to lie down.

Symptoms are worse from motion.

Especially worse in the evening and night.

Weakness, night-sweats and seminal emissions suggest complaints following onanism.

Think of Calc-sil. for complaint of intense weakness:

Especially in the morning when walking, or:

From the least mental or physical exertion, or even:

When walking in the open air.

Intense nervous weakness; the patient complains of being always so weary.

Weakness and other symptoms all are aggravated while standing.

Numbness in single parts:

In painful parts, and:

In parts on which he lies.

Wet weather brings out all the

symptoms or sufferings of the patient;

With much difficulty does he live through the winter:

His symptoms are increased during the winter, and:

Improve in summer.

Aggravation recurs from uncovering, and:

Walking in the cold open air.

Patients are absent-minded.

Excitable and easily angered;

Worse after anger, and:

When alone.

Anxiety manifests in the evening and during the night, in bed.

General oversensitiveness prevails; oversensitive to pain: even the bones are sore to touch;

Soreness is felt internally.

Stiffness of the body, back and extremities;

When cold, and:

After sweating;

After exertion.

Inflammation, swelling and dropsy of the affected parts occur, with:

Hardness of the glands, and:

Aggravation from touch; dread of being touched.

Trembling of the body and limbs,

Associated with twitching of the muscles.

The pains of CALC-SIL. ARE CUTTING, STITCHING, TEARING, boring, burning, jerking and pressing in character;

Burning pain even in internal

parts, from impairment and slowness of function.

Sensation of pulsations, all through the body, internal and external.

Blood seems to rush from the body to the head,

With flushes of heat.

Veins therefore become much distended:

With sensation of fulness in many parts.

In view of these features, no wonder that CALC-SIL. is useful in epilepsy.

MENTAL

Patients desire many things, of which they soon tire;

Nothing suits;

They become critical.

Inability for mental concentration appears.

He loses confidence in himself;

Becomes confused, especially

AFTER MENTAL EXERTION.

Consolation irritates him;

He becomes contrary;

Timid; cowardly.

Patients often sit long in one place, looking into space; not even answering when addressed.

They often talk nonsense; of foolish things:

Talking incoherently and of impossible things, but:

Will answer questions correctly and then begin muttering.

The delirium may be passive or with speech and actions as of one insane:

Even talking to imaginary people (those long since dead).

Wife imagines that her husband (deceased) is in the next room—she grieves because she is not allowed to see him;

At other times the mother calls a living son by the name of one who died.

Patients wander about the room all night without sleep, conversing apparently with dead relatives and friends.

Many delusions about the dead;

Of corpses;

Of dogs, and:

Of images.

Have horrible visions of disagreeable persons;

Even half-awake their illusions are so vivid, they hear and answer voices of the dead.

What wonder that these patients are discontented, discouraged and in despair; they think they are incurable.

Mentally dull, they have imaginary fears and vexations from mental exertion.

All mental and physical symptoms are worse from mental exertion.

Emotional and easily moved to laughter or tears.

Forgetfulness, such that he cannot recall the sentence he has just spoken.

Easily frightened;

Startle easily, even during sleep.

Always in a hurry; yet:
 Ambition utterly lacking;
 No desire for mental or physical work;
 Averse to exercise.
 Many hysterical manifestations;
 Ideas many at night and deficient during the day.
 Many of the mental symptoms and the general appearance of the patient resemble an approaching imbecility.
 Marked irritability in the morning and evening;
 After coition;
 From consolation;
 During a headache.
 Laments and wails;
 Lascivious and loathes life;
 Moods are changeable, until he finally becomes morose, but:
 Generally better occupied.
 Extremely prostrated mentally.
 Restless, anxious during night;
 Sad in morning and during the day.
 Mental depression apparently without cause;
 With dulness of senses, yet:
 Very sensitive to noise, or:
 Sensitive to rebuke.
 Suicidal tendencies;
 Wanting to sit in silence.
 Timidity and bashfulness present at times; also
 Conduct automatic, unconscious.
 Weeps often at night, in sleep:
 From imaginary fears and worries;
 Sits and weeps, by the hour.

MODALITIES

Patient is extremely sensitive to drafts.
 Worse from cold;
 From cold air;
 From becoming cold;
 In cold, wet weather.
 From change of warm to cold weather.
 All symptoms are worse from motion.
 Prostration from least exertion.
 Many symptoms are worse from coition.
 Symptoms are worse during and after eating;
 Sensitive to wines and alcoholic stimulants.
 More comfortable on low diet;
 When fasting.

PARTICULAR MANIFESTATIONS
 VERTIGO seizes the patient when looking upward, or:
 While lying;
 From mental exertion,
 Associated with nausea.

HEAD

THE HEAD IS COLD:
 Especially the vertex and occiput; although there is:
 Congestion of the head at night;
 When coughing.
 Forehead has sensation of constriction.
 Head inclined to fall forward.
 Head feels heavy in morning;
 Heaviness in forehead especially.
 Patients sometimes suffer from hydrocephalus,

With sensation as if brain were in motion.

Pains of the head are intense, involving all parts,

Aggravated in morning;
Aggravation from cold air,
From draft,
From cold damp weather.

Headaches are worse from jar;

From light,
From noise,
From mental exertion.

May come every day, or:
Only once a week.

Pains are pulsating, burning, bursting, pressing or jerking;

The head feels stunned.

EYES

COLORS, SPOTS, FLOATING SPOTS, sometimes dazzling, appear before the eyes; making:

Reading with customary glasses impossible.

Exertion of vision causes headaches and many nervous symptoms.

EARS

Ears have DISCHARGES: OFFENSIVE, PURULENT, THICK, YELLOW AND GREENISH-YELLOW;

May be watery, offensive and bloody.

Flapping sensation is in the ears;
Heat and itching deep within;

Associated with noises.

NOSE

Vicious catarrh of the nose; of the posterior nares, extending to the frontal sinuses;

Chronic coryza, with cough,

Becoming fluent in the open air, although patient himself feels better in open air.

Hay-fever often cured by this remedy.

Crusts are often blown out of the nose, with:

Discharges: excoriating; OFFENSIVE, PURULENT;

THICK, YELLOW OR YELLOWISH-GREEN; or:

COPIOUS, BLOODY, THIN OR WATERY.

A most useful remedy in ozæna.

With much pain in the upper part of the nose, and:

Soreness inside the nostrils.

FACE

The face is very pale; of an earthy color, although:

During headache it is red, with circumscribed red cheeks and dryness of lips.

Face may be covered with boils, comedones, pimples, and scurfy eruptions.

Pain in the face, from cold;

Boring, drawing, stitching and tearing,

With relief from warmth.

MOUTH

Mucous membrane of the mouth is covered with aphthæ;

Gums bleed;

Tongue is coated white;

Mouth is dry or has copious flow of mucus.

Teeth feel sore when masticating, and:

Pain from cold air, or:

From anything cold in the mouth;

With relief from external and from internal warmth.

PHARYNX

Tonsils and pharynx become inflamed, associated with dryness and redness, with:

Constant effort to clear the throat.

Much pain in the throat when becoming cold;

When coughing or swallowing.

STOMACH

Sense of anxiety felt in the stomach;

Appetite assumes any phase.

Sensation of coldness or emptiness in the stomach.

Waterbrash; heartburn; hic-cough;

Fullness in stomach after eating.

Pains are bruised, burning, cramping, cutting, pressing;

Stitching, in the evening;

After eating.

Pulsation in the stomach;

Sensation as of a stone;

Thirst: intense, burning, afternoon and night.

ABDOMEN

Distension of the abdomen after eating;

Dropsy;

Flatulence, with much rumbling and fulness;

Abdomen and liver are hard.

Pains are burning, cramping, cutting, pressing, stitching and tearing.

RECTUM

Constipation is severe;

Evacuation difficult, with:

Sensation of paralysis in rectum, while:

Anus is constricted.

Diarrhœa occurs.

With painless evacuation:

Stool is copious, lenteric;

Odor offensive, putrid, sour;

Pasty, thin, watery.

URINARY ORGANS

Urging for frequent urination during night;

Involuntary urination in sleep, Sometimes scanty.

Cutting and burning pain during urination;

Urine either copious or scanty.

Diabetes mellitus has been cured with CALC-SIL.

Urethral discharge may be purulent, greenish, yellow.

SEXUAL ORGANS

Seminal emissions;

Sexual desire increased and strong,

Without erections.

Desire increased in the female;

Associated with eruptions on the vulva, and:

Much itching.

Heaviness and prolapsus of the uterus.

Leucorrhœa excoriating, bloody, copious;

Before and after the menses.

AIR PASSAGES

CHRONIC IRRITATION OF THE

AIR-PASSAGES, WITH COPIOUS
YELLOW-GREEN MUCUS.

Rawness in the larynx and
trachæa;

Phthisis of the larynx:

An important remedy for phthisical subjects.

Cough at night;

In morning when rising;

In evening, in bed.

Dry at night,

With much expectoration in morning.

Paroxysmal and spasmodic,

Racking the entire body.

Expectoration in morning is bloody, greenish, yellow, copious, purulent; sometimes white.

CHEST

Pain: burning, pressing, stitching; soreness and rawness.

PHTHISICAL CONDITIONS AND
EXTREME WEAKNESS OF THE CHEST.

Palpitation of the heart at night;

After eating;

From exertion;

From even slight motion.

BACK

Sensation of coldness in spine;

In back of neck, and:

In sacrum.

Much pain in the back;

Especially at night.

Spine is sore in many places.

Stiffness of the back;

Especially of cervical region;

Tension of the cervical region.

Weakness of the back;

Especially of the lumbar region.

EXTREMITIES

Coldness of the legs and feet,

Evening and night.

Contraction of the tendons of hands and fingers.

Corns: painful, sore, stinging.

Cracks in hands and fingers.

Cramps;

Itching eruptions.

Heaviness of all the limbs;

Especially the legs and feet.

Numbness of the extremities;

Especially hands and fingers.

Sensation of paralysis and stiffness of the upper and the lower extremities.

DREAMS

Anxious, frightful, horrible.

Of murder, with nightmare.

FEVER, ETC.

Chills, with trembling from uncovering;

Patient desires warmth;

Not relieved by warm room.

Evening and night have marked fever.

Skin-eruptions of many forms, and all kinds of sensations.

RECAPITULATION

INTENSE LASSITUDE;

Wants continually to lie.

Some relief lying down.

Intense weakness;

Especially in the morning, when waking, or:

From the least mental or physical exertion;

Aggravated even by motion,

By walking in the open air.

Nervous weakness:

Patient complains of being always so tired;

Least exertion prostrates, compelling to lie down again.

SENSITIVE TO COLD, TO DRAFTS, AND TO WEATHER CHANGES;

WORSE DURING THE WINTER;

IMPROVED DURING THE SUMMER.

ABSENT-MINDED;

Excitable and easily angered;

Worse from anger and when alone.

Mental derangements:

Imaginations of all sorts;

Delusions about the dead.

ALWAYS IN HURRY, yet:

Ambition utterly lacking.

Oversensitiveness prevails;

Sensitiveness to pain:

Bones and internal parts sore.

Stiffness of the body, back and extremities:

When cold;

After sweating;

From exertion.

IRRITATION OF THE AIR-PASSAGES, and CHARACTER OF DISCHARGES are most characteristic of the remedy.

DISCUSSION

Dr. Grimmer: The doctor here presents a true proving-picture of me when I was a sophomore in college; especially in the mental stages:

The lapses;

Depression;

Weakness;

Almost complete loss of memory;

Sentences were not remembered the minute after speaking;

Inability to concentrate;

Incapable of ordinary mental processes.

I took this remedy, one-thousandth potency, three or four times a day, for ten days without much result: the symptoms were very slow to appear. Of course when the action was obtained, it was tremendous; it continued with me for six months.

Intense headache was one of my first symptoms:

Worse through the temple-region; and as I remember it: more confined to the left side; with:

Sensation of a tremendous brain-tumor pressing everything out, when waking in the morning.

Sensation that I could not move; motion (to rise early) seemed impossible. After exertion of much will-power I managed to rise, and after moving about for twenty or thirty minutes that terrible pain disappeared.

Extreme sensitiveness to cold drafts was a strong point noted: I am usually warm-blooded, but while under influence of CALC-SIL. this sensitiveness was oppressive. Cold effects in catarrh were brought out.

Arnica

BY MINNIE R. BISHOP, M.D., CHICAGO, ILL.

WHEN trying to think of a remedy universally valuable, my mind reverts to ARNICA; to me it appears indeed a universal blessing.

Its magic power was first displayed to me in a case of chronic ulcer in the leg of a laundress, who had been told she must lose the limb. My practice being among "the poor," some one told me of this woman's trouble, and I accompanied Dr. Fowler, of Hering College, whom I asked to attend the case.

We found conditions simply awful;

Our guiding symptom was her "Arnica mentality."

Magic was the work;

She has been well now twenty years.

Next case was sufferer with a bunion; that patient has now for five years been walking with comfort.

Another patient with results from an old sprain has been our best advertiser for five years.

In a case of nervous prostration through fright from a fire, ARNICA wrought the cure.

A child sunk in stupidity resulting from a fall:—Was restored to health.

Using ARNICA when I see the

picture, I've always been surprised by the prompt and effective action of this potent remedy for bruises of body and of mind.

DISCUSSION

Dr. Carr: A patient came to the office a few weeks ago with an injured foot: As he had been about to step up on a truck carrying molded iron, the truck began to move. With his right foot raised and resting on the hub, the left heel was struck by some part of the truck; the toes or front of the right foot were at the same time pressed to the floor, but the truck was stopped before riding quite over the foot. When extricated from the cramped position he was unable to walk, coming to the office in an auto-cab.

Examination of the foot showed no swelling, nor was any special sign of injury visible. Giving ARNICA externally and internally, I told him to keep the foot elevated, to keep quiet, not to bear his weight on the foot for three or four days, and to be careful.

Hearing nothing from him for three days, on the Saturday he walked into the office with a crutch; told me the dorsum of the foot, about twenty-four hours after the accident, was black-and-blue, indi-

cating serious contusion with possibly straining of the tendons of the plantar surface. In about six days he walked without crutch and cane, but with some weakness in the foot; in fourteen days he was back at work.

Dr. E. Schwartz: Recalling a case of peritonitis, which was satisfactorily cured with ARNICA: A housewife moving a trunk from one part of a room to another was seized with intense pains in the abdomen, becoming steadily worse until she was quite ill.

Turning continually from one side of the bed to the other; saying she felt so sore; becoming so irritable, when I visited she would turn her back on me:

The body appeared hot;

The face was red and hot. This was the first case of that kind for ARNICA that I had had.

I did not think of it for that sort of sickness; I thought of ARNICA:

With head hot; face, body, and extremities cold:

Here, the extremities were warm; the body was warm; the skin was warm.

ARNICA 10m was given, with immediate improvement; she recovered perfect health.

Dr. Lewis: My first case of typhoid fever, after beginning the practice of Homœopathy, was Arnica typhoid; it was a typical typhoid case. During forty-eight hours I perceived no remedy-image

and used simply the history of the case. A supervisor of music in the public schools, she had worked very hard, nearing the end of school-term: I thought that bruised soreness was the prevailing symptom. She became so sore; appeared to be sore mentally also; because of that I gave her ARNICA 40m, which shortened that case very decidedly.

Dr. Loos: An Arnica fever-patient usually wants nothing to do with the doctor when he comes. In an Adirondack camp, I was with two sisters, up there for rest, of whom one had been working to her limit and was threatened with typhoid.

She declared nothing was the matter with her; she did not want any medicine: she was not going to have any medicine. Her sister realized the sickness, and matters looked serious for all of us. On the shore of a lake, at a distance from town: to carry her through a siege of typhoid up in the woods during my two weeks' vacation was not a cheerful prospect.

That one symptom led me to give ARNICA. By night, after two or three doses, she appeared a little more rationally disposed. Then she would lie down and sleep all day. In two or three days she knew that she was sick, had been sick, but was beginning to feel better; afterwards she could laugh at her persistence that nothing had been wrong when too wornout to

move about, scarcely able to eat. But she did not have the typhoid fever. She did not complain of soreness; only wanted to sleep.

Dr. Grimmer: The mental symptom mentioned is a double symptom; it has been observed in a good many cases of cerebro-spinal meningitis:

Desperately ill, vomiting black material; but ask them how they feel, and: "Fine! Nothing the matter; perfectly all right!" They are desperate cases. I believe there is only one other remedy in the Repertory showing that symptom.

Dr. Loos: Other remedies have it, but none so strong as in ARNICA.

Dr. Sherwood: Arnica is a remedy in some chronic cases, as well as acute. Last winter a very bright little boy of seven years was injured at play; an older boy had lifted him on his back and tried to turn a summersault, or to throw him over his back—some such thing. A few days after, the younger suddenly developed weakness and an inability to walk.

He was taken to hospital in St. Louis, but did not improve;

Was brought home, and the

doctor next in charge sent him off to another hospital in Springfield: there they decided that the boy had tuberculosis of the spine.

When he came home, an allopath had charge of him.

He had been drugged and drugged; finally the allopath called on me. There was not very much to the case, then at six months after the injury: there was the history of the injury, and he had been to the osteopath, to the Christian Science teacher; finally to me.

There was, however, that expression on the part of the boy: that he was all right; he would get all right. I did not know whether that was because of all the trouble he'd had, or was the teaching of the Christian Scientist. I considered tuberculosis of the spine was a mistaken diagnosis.

ARNICA, exclusively, was all I was able to see; I gave him that.

Now the boy is improving; is able to go about without crutches, much better than when he used them; in fact, he runs about now, neglecting them, when he forgets himself.

Announcement

As shown on our title-page of this issue, the editorial faculty of THE HOMŒOPATHICIAN has acquired the literary service of MR. WALLACE M. LOOS, of New York City. The steady purpose of our pages to advance the practical knowledge of Pure Homœopathy will benefit from his trained ability for clear expression of the philosophy of Hahnemann.

BUREAU OF REPERTORY

Chart and Compass of the Physician

BY A. EUGENE AUSTIN, M.D., H.M., NEW YORK, N. Y.

IN EVERY great commercial harbor there swings at anchor a vessel equipped with a full set of the most modern scientific instruments of navigation, standardized and by frequent test and inspection maintained at the utmost degree of accuracy. Every charted captain sailing from such port, before leaving compares with these standards his own instruments, correcting or verifying compass and chronometer against the misleading influences of magnetic cargoes or more unsuspected deviation by the ores of rugged metal-bearing coasts. Correction of his charts is his first duty on arriving in any port of trustworthy nautical registry; correction of his guides, the final preparation toward the new adventure.

As the master mariner needs constantly to consult his chart and compass, safely to guide his course, so must we, pilots to His chosen vessels, diligently pore over those guides first designed by Hahnemann. Precious lives and their best workings depend upon our faithfulness in study of his charts; we need always, especially when an untried voyage is before, to test our reckonings by his standards and the latest consistent charts.

As the chart is to the mariner, so is our Repertory to us; practicing under the philosophy of Hahnemann and the instruction of Kent we believe that the Repertory compiled by our master has no equal; testimony is ample to its world-wide acceptance as a guide. In my pocket is a letter from an Italian physician telling of a number of doctors in Italy who want to study with our leader. A Chinese student came to borrow the Repertory from me; as he took the book reverently in his hands he said, "I will struggle to master this." Last week a visiting student of homœopathic philosophy told me that Kent is well known and beloved in India.

We know this as the only unabridged Repertory extant. It registers remedies in many relations to symptoms not found elsewhere. As Dr. Grimmer writes: "Its construction conforms to the Hahnemannian idea of patient," in arrangement of symptoms from general to particular groups. It also follows Hahnemann's scheme of working from Mind to Generalities, thence to Particulars or parts. Self-indexed, it is simplicity itself for finding the symptoms sought, for one who will take time to become familiar with its general plan.

We have seen practitioners who over-estimated their own resources, prating of their "short-cuts," etc. We have read how this class of men persecuted Hahnemann as well as his later followers; but we have also seen some of the later persecutors led out, eventually, from their self-imposed darkness.

Kent has often reminded us that there are very few short-cuts in applying the law on which the Repertory is based; the ready exact use of our standard compass we may acquire only through deep and constant study. We must be willing to give earnest work, delving away insistently at our inexhaustibly rich mines of homœopathic lore.

An old legend told by India's students recites: To a deep spring of clear, cold water, used by wise seers for centuries, came one day a yogi who found in its water little frogs, who, seeing him, swelled with pride and began boasting: Are we not great, to permit you to draw water from this fine spring? We are the wisest of creatures, to have found this place, to which great men come to beg water of us! This is an ocean, and far in its deep we see stars shining!

Wearied at length by this foolish croaking, the seer considered: I will bring them indeed to the light! Whereupon he scooped them up and carried them to a beautiful lake where they saw the great waters, the trees, wondrous

flowers—marvelous things by them undreamed of; abundance of fine food, to their liking; the expanse of heavens filled with sunshine or mighty clouds, or radiant of the moon and the host of bright stars at night. Amazed beyond expression, yet was their delight tempered with remorse in remembrance of their past folly of empty boasting words. Their seer moved them on to ever larger places, until, with growth, realizing their limitations, they humbly begged to become the master's true students.

Let us be willing to be taught and guided by master minds. If we bring an eager mind, a steadfast purpose, setting aside thought of ourselves and ignoring the trivial criticism however loud, as no more than bayings at the moon, then by our daily endeavor we shall acquire something of the master's skill in the use of Kent's Repertory.

"Bury your conscientiousness in the field of your daily labor, and some day there will be flowers and fragrance fit for heaven."

[Babcock.]

To our chart and compass! We must know them well, to be prepared for sudden storm, to master currents of the unknown deep, to avoid baffling whirlwinds—safely to steer our charges into harborage and surcease from pain, the Blessed Isles and happy shores of health.

The Law of Cure is our ancient guide, perpetually shining with in-

spiration upon the earnest physician as the North Star for the mariner. Of it, Hahnemann says: "Besides the great trouble demanded, it requires as much honorableness, love of mankind and self-denial."

One of the glories of Hahnemann's life was his intense sympathy with the poor, and his eagerness to cure them. "No man can

come to true greatness who has not felt in some degree that his life belongs to his race, and that what God gives him he gives him for mankind."

As he persevered, so may we, until our professional work shall relieve and avoid unnecessary wrecks; when Homœopathy will be extended in glory far beyond its present bounds.

Relative Value of Symptoms

BY MARGARET C. LEWIS, M.D., PHILADELPHIA, PA.

BEWARE of the opinions of men in science.... It is law that governs the world, and not matters of opinion.... Let us acknowledge authority.... The law of cure known as the Law of Similars is a law of God; it was always so acknowledged by Hahnemann.... Experience does not make Truth; experience confirms Truth." (Kent.)

John Timothy Stone says: "After all, nothing is more helpful than honest reference to experience." This statement is my reason for referring to a subject which has been more frequently than usual brought to my attention during the past six months: The necessity of remembering and considering man's threefold nature—*spirit*, *soul*, and *body*: Spirit, THE MIND; Soul, THE WILL; Body, THE HOUSE.

In this day of what may be considered almost an intemperance in

scientific research, we are, as physicians, in danger of underrating the value of symptoms of MIND and WILL while we are absorbed in the interesting study of those of the body—of THE RESULTS OF DISEASE.

Last October's address from Dr. Kent, which requires—and bears—frequent re-study, dwelt on the necessity of considering *first things first*; of placing prime value on symptoms *of the man*, whom he defines as a "combination of the understanding and the will."

Not until the man-symptoms have been properly valued are we ready to estimate values of body-symptoms.

Dr. Grimmer's article on The Repertory, at the same October meeting, emphasized the same truth and illustrated the wonderful aid of the Repertory toward making an intelligent study of the first

value symptoms, as well as of all others.

Following the acquaintance with these papers, there came to my knowledge cases of insanity, both threatened and advanced. My study of these cases and my difficulties in gathering and interpreting their symptoms have led me here to suggest once more the need of a proper valuing of symptoms, of remembering the relation of one set of symptoms to another set, and to the whole.

These cases, more than any others, have forced me back to a re-study of the Homœopathic Philosophy; of the sane man—sane in mind, will, and body; and of the natures of disease and of remedies.

We must know the sane man before we are prepared to study the insane.

Insanity is defined as a "Separation of the mind and will." (Kent.) So insistent are the demands of the body-symptoms, in many cases of insanity, that it is necessary positively to ignore the body until the mind- and will-symptoms have been interpreted and valued; this was Hahnemann's teaching to which Dr. Kent repeatedly refers.

Experience in treatment of my insane cases has emphasized the need: To aid in preventing this separation of mind and will. The promulgation of latter-day germ-theories is creating and fostering

an atmosphere, such that the development of mental disorder is highly stimulated.

Fear of disease prevents man from availing himself of necessities of life, however bountifully provided. Constant dwelling on this fear affects the healthy mind and will work such change that the body itself becomes a soil suited to disease-germs—lacking the resisting-power of a healthy body.

By teaching to our patients truth concerning the relation of mind, will and body, and the relative values of each in producing order, which is health, we may counteract a dangerous influence. Patients to-day are more ready than ever before for such instruction. Through sad experience their eyes are open to the folly of treating organs; of mental treatment alone; now are they ready to think concerning the WHOLE MAN.

Through Hahnemann has been given to us the Law of Similars, obedience to which enables us so to apply remedy to disorder that this separation of mind and will may be annulled and order be restored. We have our tools with which to work in treating mental cases; what has been your experience in utilizing them?

DISCUSSION

Dr. Pierson: Recognition of the double manifestation of the mind is important toward our understanding of its lack of harmony.

'The "reason-gifted mind" (Hahnemann's term,) effects such use as the individual makes of his environments; the "will" exercises tendencies inherited in large part from ancestors and is more nearly "the individual;" every form of insanity may find its explanation through disharmony of the two. In this field, where the law of cure

applied in all its purity is giving freedom to these vexed minds, Homœopathy is winning noble laurels.

Dr. Schwartz: The urgent suggestion through this paper indicates the distinction to be recognized between the will and the intellect, when seeking to restore the balanced law of mental control.

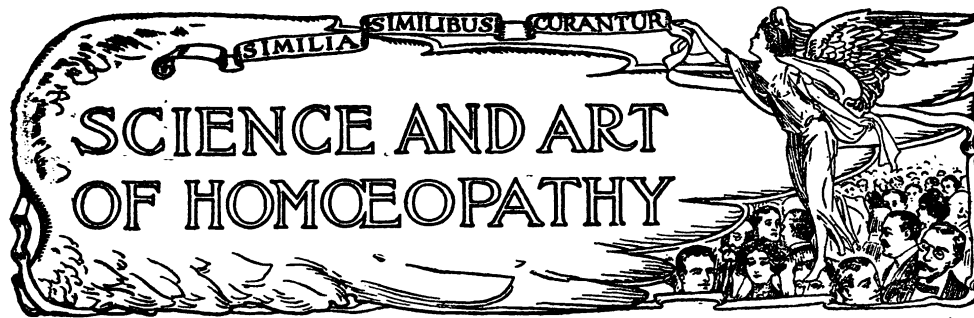
Mental Disorders

In these diseases we must be very careful to make ourselves acquainted with the whole of the phenomena, both those belonging to the corporeal symptoms, and also, and indeed especially, those appertaining to the accurate apprehension of the precise character of the chief symptom, of the peculiar and always predominating state of mind and disposition, in order to discover (for the purpose of extinguishing the entire disease,) among the remedies whose pure effects are known, a homœopathic medicinal pathogenetic force—that is to say, a remedy which in its list of symptoms displays, with the greatest possible similarity, not only the corporeal morbid symptoms present in the case of disease before us, but also especially this mental and emotional state.

To this collection of symptoms belongs in the first place the accurate description of all the phenomena of the previous so-called corporeal disease, before it degenerated into a one-sided increase of the psychical symptom, and became a disease of the mind and disposition. This may be learned from the report of the patient's friends.

A comparison of these previous symptoms of the corporeal diseases with the traces of them that still remain, though they have become less perceptible (but even now sometimes become prominent, when a lucid interval and transient alleviation of the psychical disease occurs), will serve to prove them to be still present, though obscured.

—THE ORGANON, SECS. 217-219.



"If the physician clearly perceives what is to be cured in disease, . . . if he clearly perceives what is curative in medicine . . . and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what is undoubtedly morbid in the patient, so that recovery must ensue, . . . if finally he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent: then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art." ORGANON, § 3.

Brain and Muscle in Medicine

BY R. DEL MAS, PH. D., M. D., HUGO, MINN.

TO HIM for whom a visible pathology is all we may find of disease, only the heroic doses will appeal, with the knife, opiates, expectorants, anti-septics, the ointments, counter-irritants, tonics, the purgatives, diaphoretics, alteratives, the baths, electricity, massage, hypnotism, etc. His view of disease is material; to him only crude forces appear applicable for the treatment of human ailments. The idea that material effects (the organic and functional changes,) result from invisible causes (dynamical forces,) will not lodge in his brain. For him, all effects have visible causes; he will not perceive within the fecundated seed that orderly and impalpable energy which presides through formation, development and conservation of the human, the brute and the plant. Nor does he

realize that so long as these energies are not deranged the health and growth of plant, animal and man are the orderly flow of such forces.

The life-force builds man along lines of organic conception, for organic function: "man is prior to his organs;" the geometry of life is seen by even the untrained eye, but only the master-mind may conceive what builder-force the architect has set within the structure.

Dynamical forces are on a different plane from that where work the physical and chemical energies; these can only through their visible ultimates affect the former: as when such energies would crush out a life. Only forces acting on the same dynamical plane with the life-energy may hinder or refresh its beneficial, healthful action; may,

by preference, lead to reconstruction of the physical house of man.

To one who reflects upon the subject, diseases appear but secondary to patients; he will see:

Unity in health,
Unity in disease,
Unity in life, and:
Unity in death;

He will see the once-healthy being become a sick individual, though one and the same; yet subject in the one instance to healthful impulses, in the other to the action of disease-forces.

As a consequence, he will treat patients and not diseases—will realize that back of a cancerous breast or an ulcerated stomach resides an organized being whose fount of life has been polluted at its spring by agents dynamical, not material; hence:

He will know that the surgeon's knife removes but the ultimates or the concrete products of disease, but does not reach the dynamical disturbance that impedes the orderly impulse of life-force from centre to circumference and diverts it to abnormal action.

How shall we regard one who, using his muscles and not his brain, endeavors only to extirpate the outward expressions of disease; who, for treatment of a skin-affection, promptly seeks a lotion, an ointment, the knife, the X-ray or the radium emanations to control it? Or who for catarrh in nose, throat,

or eyes, bladder, bowels or uterus resorts to various washes intended to remove and suppress the offending discharges for which the normal emunctory channels are defective or useless? He will not perceive that such catarrhal discharge is but the explosion of accumulated toxins formed within and between the cells of the body; his wisdom does not comprehend that he has wrought toward destruction of mind and body by causing metastases to more distant internal and vital organs.

Suppression of a skin-disease or checking of catarrhal discharge may induce an asthma, neuralgia, insanity, dementia, palpitation of the heart, tuberculosis, cancer, or others of many ailments that render man useless and his life miserable. Though the foolish may sneer at the assertion of these relationships, the sober observer will take notice when, after re-establishment of a discharge which was checked by pseudo-scientific treatment, the chronic ailment then induced will now disappear.

Consumption, cancer and insanity would be absent from this world if man's activities were moral and hygienic; the same sad ailments may be largely eliminated by the diligent activity of doctors enlightened and honest. But he who teaches suppression or checking of the toxins' discharge, by external treatment, irrespective of re-

sults in more internal organs, is a culprit perpetuating illness and misery in mankind.

Delusions after delusions have visited upon the medical man, have obscured his intelligence, rendering him an unconscious pest. While nature's beneficent law would rid the body of toxins, as of all its poisonous waste-products, the hand of the medicant is raised to stay that work of salvation by treatment which prisons the fleeing enemy within the frame of man.

In a recent yesterday we heard of devils haunting the body of man, and of exorcism to drive them out; again, of deleterious gases permeating the channels of the blood-circulation, for venting which the sick was bled, even unto death. To-day, high-priests of a medical cult declare that germs are causes of one and all disease; that anti-septic or germicide must be used internally and externally, for killing the microbe. From the groping knowledge of yesterday unto today's blind teaching of disease-causes spreads an ignorant materialism and helpless therapy.

There is a law governing the treatment of human ills, that they be cured, and not suppressed; cured from above, downward; from within, outward; and in the reverse order of their appearance. Such treatment will re-establish order from center to circumference, will bring to the disturbed vital-force a

degree of reactionary aid to neutralize the harmful action of disease-cause.

Energy exerted upon the economy in the attack of disease-cause is energy of action; reaction of the life-force is the answering energy. Drugs and disease-causes severally produce similar effects and imposed against one another arouse reactions in man; that reaction may be beneficial in the sick one under action of a given drug.

The drug whose pathogenesis is most similar to the symptoms of *the patient*—not to those symptoms merely diagnostic of disease—will also be most similar to the reaction of the body suffering the disease.

Since drug-action is the same in the sick as in the healthy, as Claude Bernard taught, in order to know the range of action upon man, of any given drug, it must be proven first on the healthy man. Proving upon the cat, mouse, dog, rabbit, frog or guinea-pig afford gauges only for its usefulness to those of their kin.

Large and repeated doses of a drug similar in action to that of the disease will amplify the action of the latter, causing an aggravation in the patient. Clinical experience approves the admonition that a prescriber's aim should be to give the drug in those doses and potency which, from the moment of administering, lead to reaction.

Curative treatment for disease

consists in treatment of the patient—the individual patient—and not of the species.

We have no specific cure for pneumonia, for typhoid, for syphilis, or for any other specifically-named disease. Associated with the symptoms common to a named disease, each case presents symptoms which characterize the patient. In that current case the drug whose characteristics are similar to those of the sick man in his illness is then the specific for his cure; it is the similitum to the case.

The deranged vital force in the

sick man must be restored to its normal integrity; to effect this, only a treatment which is internal and in action similar to the morbid cause will be helpful. Through potentization the energies of the drug must be released and raised to the dynamical plane wherein the life-force may respond to them.

Once the inner man, tenant of the human estate, is re-established on his throne of health and power his realm is governed by order, and the peace he enjoys within radiates in love and harmony, throughout, to the outermost.

Superior to Inoculation*

BY HENRY L. HOUGHTON, M.D., H.M., BOSTON, MASS.

A HOMŒOPATHIC prescription implies three things:

First: The preparation of a drug;

Second: A proving of the drug on a number of healthy individuals;

Third: The giving of the drug in proper dosage according to the Law of Similars.

Diseases are named as a matter of convenience; it is easier to speak of "small-pox" than to enumerate the aggregate of symptoms to which this purely descriptive name has been applied. Giving a name to a disease does not alter the fact that the disease manifests itself in

different ways and in varying degrees of severity in the same epidemic, and that, similarly, epidemics of the same disease vary from each other.

The fact that names of diseases are relative, and not absolute, and that one epidemic varies radically from another, as we have all seen in scarlet fever, explains why a specific has never been found which fitted all cases or all epidemics of any disease, and why no specific for any disease ever can be found.

In Section 43 of the *ORGANON* Hahnemann states: "But very different is the result, where a new

*Read at Annual Meeting of Worcester Dist. of Mass. Hom. Med. Soc., Nov., 1914.

disease that is similar and stronger is superadded to the old one; for in that case the former [the new] annihilates and cures the latter."

Cow-pox and small-pox are similar diseases, and follow the above law, and it is because of this that vaccination found a place in the medical world.

The conditions produced by anti-toxin and by diphtheria are similar diseases; and:

The conditions produced by Belladonna and by scarlet fever are similar diseases.

Vaccination may modify an epidemic of small-pox; on the other hand, the highest percentage of mortality from small-pox of which we have any record was among the frequently-vaccinated U. S. soldiers of the Philippines who contracted small-pox; according to Surgeon-General Sternberg their mortality was between forty and fifty per cent.

Antitoxin is similar enough to diphtheria so that by its use the mortality has been reduced from what it was when the treatment was principally by use of stimulants. Can a physician working according to Hahnemann's instructions do any better than this?

We know a number of remedies, among them Thuja and Antimonium tartaricum, produced in provings a set of symptoms very similar to small-pox. Clinical experience has shown the very great

value of these remedies, both in the treatment of small-pox and as preventives against contraction of the disease.

In one epidemic the majority of cases may call for Antimony tart.; in such an epidemic Ant-tart. would be the best prophylactic that could be given—just as Belladonna was an absolute preventive in an epidemic of scarlet fever where Bell. was the curative remedy, as described by Hahnemann in a footnote to Sec. 33 of the ORGANON.

In an epidemic calling for Vaccinum or Variolinum, such remedy would be the best preventive.

Drugs administered by the mouth are subject to the action of the various protective fluids of the alimentary tract: the saliva, the secretion of the tonsils, the gastric juice—so on through the intestinal tract; in other words, the body is poisoned to a minimum degree by the substance introduced by the mouth, as compared to the introduction of the same substance directly into the skin or muscles by scarification or by an hypodermic needle.

Hahnemann demonstrated, as many experiences have since confirmed the fact, that the so-called provings of drugs in crude and especially in potentized forms—minute doses—usually result in benefit to the prover when properly conducted under careful observation. On the other hand, volumes

have been written on the ill effects, both acute and chronic, of vaccinations, and volumes will be written of the ill effects, acute and chronic, from the administration of antitoxin.

To sum up briefly: When we have nothing to guide us, the administration of Variolinum internally will give all the protection of vaccination without its ill effects;

When we have learned the epidemic's remedy, that remedy administered internally will give the greatest protection.

Diphtherinum when given by mouth will give all the protection that antitoxin will, without its ill effects, as will the epidemic remedy when we have found it.

In any of these instances if the disease develops, such administration of a prophylactic will not interfere with our further curative treatment of the case.

The statements of the homœopathic hospitals, both in this country and abroad, show far better results in diphtheria from homœopathic treatment, extending back many years prior to the introduction of antitoxin, than the best results obtained from use of the antitoxin. The necessity for prescrib-

ing for each case individually, according to the symptoms present, holds in diphtheria and small-pox, now, as it has always in every disease; and we should make no exceptions to this rule in these or any diseases; this steady practice is justified by the results obtained by Hahnemann and by his followers to the present hour.

Shall we stop short of our best because others attempt a fraction of it in an empirical way?

Disease products, so-called nosodes, have played a brilliant role in homœopathic cures for many years;

Burnett was using Tuberculinum or Bacillinum in a scientific way several years before Koch's first announcement, and could at that time have given the latter information which would have prevented the disasters which for years made Tuberculin of ill repute.

Since Hahnemann's laws of cure give the best results in curing and palliating disease, we may not yield his certain points of guidance through compulsion by "the dominant school" who wreak their partial knowledge in crude application of one such law.

The Society of Homœopaths

Dr. H. W. Pierson, Chicago, Ill., has been appointed Chairman of the Bureau of Clinical Medicine for the Annual Meeting, July, 1915, at Niagara Falls, Canada.

The Organon, the Guide*

BY C. S. TISDALE, M.D., JOPLIN, MO.

If Homœopathy is to survive the countless confusion in therapeutics which characterizes our age, its survival will be due to the restoration in our colleges of a full, complete, careful and far-reaching study of the ORGANON.

None should ever expect to practice the homœopathic art of healing successfully who is not well trained in the principles upon which it is founded, as these are set forth in that marvelous little book, the ORGANON.

THE TEACHINGS of the ORGANON, so well founded upon the basic rock of inexorable truth, are so far ahead of the time in which they were given that modern science is just beginning to catch up with and to confirm them.

When we look back over the history of Homœopathy and its early victories at the hands of Hahnemann himself and of such pioneers as Franz Hartman, Staph, Boenninghausen, Hering and Lippe, then find them repeated in more recent times by Dunham, Nash, E. A. Farrington, H. A. Allen, and even younger members of the profession; when we realize that all these men were trained in the doctrines presented in the ORGANON, we cannot but recognize how important this Organon-study must be as a basis for the study of homœopathic medicine.

Its great principles can never grow useless and out-of-date, as they are founded on eternal truths which must ever have a place in our lives, a use in our practice.

Its truths are real, positive, eternal and self-evident, based upon the tangible facts gleaned from the life-long observation and personal experiences of Hahnemann.

THE FORCE WITHIN

The ORGANON leads us beneath the surface of things, away from external appearances and results of disorder, into the very presence of actual causes where we may learn how the sick are to be observed in their expressions, their needs made known and supplied.

Hahnemann elsewhere declares that disease-producing or morbid forces can derange man's vital force only by acting upon it in a dynamic manner; that is to say, that as vital force is dynamic it can be disturbed only by other forces of a dynamic nature, never by crude material things.

THE NORMAL MAN

The vital force is exerted from the interior to the exterior of the organism, from within outward, from center to circumference, from above downward, from the indi-

*Extracts from an article published in Medical Century, Oct., '14.

vidual to the mind, and from mind to body.

This is in keeping with the modern doctrine in biology that all processes of growth are from within outward. This is considered as the *law of direction*, which governs the operation of vital force in all its processes of life and growth: the flow outward into the outermost, from things that are in the interior. It is through an understanding of this principle that the interior states may be discerned upon the exteriors of the life.

THE ABNORMAL MAN

The teaching of the ORGANON is that every true disease first begins in the innermost expressions of vital force. It follows, that as the disorder flows out through the mind activities into the bodily structures, the process of cure must begin in things that are innermost and proceed to things that are outermost; starting in the vital, and proceeding to things of the mind, and lastly to things of the body.

Every individual in health becomes known to us through our observation of those features and expressions which are strange, rare and peculiar; we could not know one person from another unless each had some peculiar and characteristic features and expressions which others did not show.

We observe sick people upon the

same principle that we do when in health, and thus learn to individualize each patient.

These strange, rare and peculiar symptoms reveal to us the true image of the patient. Upon the totality of these strange, rare and peculiar symptoms the ORGANON teaches us to base the homœopathic prescription. *Only by these peculiar symptoms can we find the true similimum.*

When this group of symptoms is found, be they ever so few in number, the largest part of the work is over and the search for the remedy is very easy.

The ability to determine these strange, rare and peculiar symptoms is the one thing which spells success in the homœopathic art, and reveals the work of a master.

THE REMEDY

Since the homœopathic prescription must be based upon the totality of these strange, rare and peculiar symptoms which reveal the patient, it follows that a *similar symptom-picture* must be present in the *provings* of the remedy selected.

The law of *Similia* demands that we find a correspondence and likeness between the patient's picture and the picture of the remedy. This correspondence can never be found in the picture presented by the diagnosis, but by those things which are strange and pecu-

liar, exceptions to the things of the diagnosis.

When the individuality of the remedy corresponds to the individuality of the patient, then, and only then, can it be homœopathic to a given case.

Whatsoever diagnosis is made, even if there has never been recorded a cure of a given complaint by the remedy so selected, such remedy is certain to cure in any curable case, when given in suitable potency.

Upon the correct application of this principle rests the peculiarity and the success of homœopathic cures.

GERMS

Disease-germs, so-called, follow in the path of disease-processes, not as disease-causes, but as products of disease action, as necessary scavengers whose function is to clean up the tissue; but in so doing they store up within themselves the energy of the disease-producing force.

Because they thus contain this cause of the disorder, they can carry it to others where it acts in its diagnostic way, in susceptible victims.

It is this invisible, dynamic, disease-creating power that pervades the toxins produced in the organism. And it is in harmony with the ORGANON to say that the bacteria develop as scavengers to feed upon the toxins produced in the

system, in which act they become infected; and carrying the cause, they may transmit it. In themselves, free from toxins and prior to their feedings on toxins, they are harmless.

Bearing in mind that the first and original cause of a disease acts in and upon the more interior vital force, upon the more interior planes of existence, we perceive that all those causes which appear to act upon the patient from without represent only the so-called secondary causes, or exciting causes. They are in reality only modifying circumstances, to be considered as modalities of the case and therefore a part of the symptom-picture of the patient.

Homœopathy, then, as laid down by the ORGANON, becomes a matter of close study of individualities, requiring us first to know the normal individual as revealed by the peculiar features pertaining to the personality. When this is known, we may observe the patient as an individual revealed by strange, rare and peculiar symptoms of sickness.

When we observe the three individualities: the normal man, the abnormal man and the remedy, we have observed the foundations upon which a sound practice of Homœopathy may be established.

Careful study of the several editions of the ORGANON will convince a candid reader that Hahnemann's

work grew as his experiences and observations multiplied. From a belief that the healing power is a property of crude drug-substances only, he attained to the conception that there is in medicinal substances an interior vital force, invisible in itself, which acts upon the vital force of the patient more directly, with greater energy, and producing longer and stronger vital reactions of the patient, in proportion to the degree in which it is divorced from the crude-drug substance. From this discovery arose the perception of the doctrine and law of potency.

Geoffrey Martin, in a recent work, "The Triumphs and Wonders of Modern Chemistry," states: "Man came to realize that within the very atoms of matter there exists such incalculable vast funds of energy—that the sum total of all the energies previously recognized and now called extra-atomic are as nothing compared to them. Indeed, the energies hitherto known to us are merely the overflow trickling from the immeasurable ocean of intra-atomic energy." Have we not simply harnessed these so-called intra-atomic energies, when we employ the higher potencies?

When the physicist Thomson states that if the energy in the atoms of one grain of hydrogen were liberated it would be able to lift a million tons to a height of more than one hundred yards, may

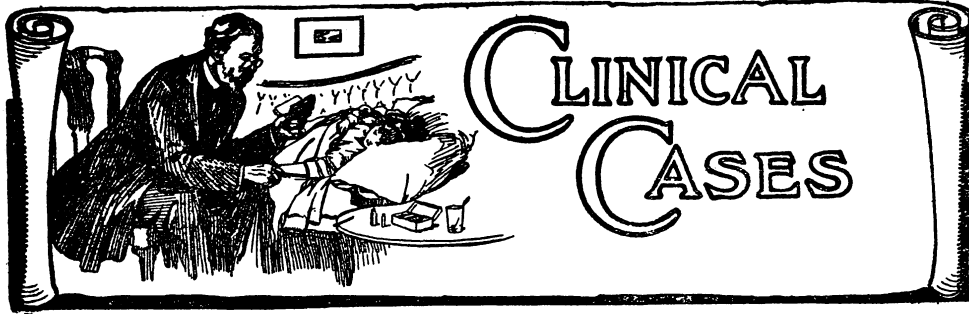
we not expect that the energy liberated from one grain of *Natron muriaticum* may so disturb the vital force of man as to make him violently sick, whereas the crude salt has no influence upon him?

The unseen world is, after all, the only real realm of power and cause, while the one which is seen is but an effect.

We no longer deny the chemical nature of invisible rays of magnetism, electricity and light; we have seen the register of radio-active energies penetrated through apparently solid substance and cast as shadow upon the sensitized film: we have the radiographic results from triturations of magnetized steel filings, from 1x to 6x attenuations:

Who among us can define the limit of human susceptibility and can say that it is not more delicate than the most sensitive film ever humanly devised?

We are to-day upon the shore of a world of transcendental force and substance, of which a few have had the vision; there is much of the law of potency yet to be unveiled: but so long as each succeeding increase in the attenuation displays a power that can alter man's health, that potency will make sensitive people sick and will restore the sick to health; whenever such results manifest there is an active force in being, however invisible.



"The individualizing examination of a case of disorder, . . . demands of the physician nothing but freedom from prejudice, sound sense and attention in observation, and fidelity in tracing the picture of the disorder."
ORGANON, § 83.

Renal Calculi*

BY W. D. GORTON, M.D., AUSTIN, TEXAS

RENAL CALCULI are developed from both normal and abnormal ingredients of the urine, and their chemical composition is varied. Most frequently they consist of uric acid.

Normal urine will dissolve these calculi; and the indicated remedy will render urine normal. The symptoms are so pronounced that a selection of the remedy is not very difficult for one well versed in *Materia Medica* and the use of the repertory.

The indicated remedy will relieve the pain more quickly and scientifically than will a narcotic and will prevent a recurrence of the trouble, when intelligently administered.

As the life-force of the remedy should be on the same plane of vibration with that of the disease-cause, our remedies should be

selected from the higher potencies for satisfactory results. Should a paroxysm of pain occur while the doctor is present objective symptoms should not be ignored, but all subjective ones possible should be obtained. The remedy should relate to the side on which the pain is, all other symptoms agreeing.

CASE I

Nov. 4th, 1913.

This patient, J. S. C., is nervous, excitable, has been worried and chagrined of late over domestic matters.

I was called to see him at 5 P.M. and found him groaning and tossing about, declaring that he could not endure the pain. Cutting pain extended from right kidney down ureter to bladder. Mother and brothers were very much excited; something must be done quickly.

This family belonged to the old

*Read at the 1914 Annual Meeting of Texas Homœopathic Medical Association.

school. There was no time to work the case out by repertory, although I did look up one or two points to confirm my choice of remedy.

Lyc. cm was given, dry, and within ten minutes there was improvement. At the end of half an hour the pain was entirely relieved except for soreness, and there has been no recurrence to the present time.

Lycopodium is distinctly a right-sided remedy, although it may have pain in the left kidney. It covered the case, and there was no calculi nor sand in the sediment of the urine.

CASE II

June 21st, 1914.

This patient, J. W. B., is penurious, nervous and irritable; thinks that every attack of sickness will be his last. He comes from a tubercular family, although he has not developed the trouble as yet.

As effects from taking cold, he has long-continued cough; pain in right upper chest. Has never used Homœopathy for renal colic.

I found him walking the floor, suffering intense pain in right ureter, which had continued at intervals all night. Twelve years ago and again last year he had very severe attacks, voiding several calculi.

Lyc. cm.

Pain was relieved in half an hour and there has been no return, nor

did any sand or calculi pass.

Aug. 29th. Patient returned, with a cold that had continued for two or three weeks accompanied by a very troublesome cough; and pain in upper right chest, worse coughing and from deep inspiration.

Lyc. cm, two doses, removed all of these symptoms.

Lycopodium is this patient's remedy, suited to many of his ailments, and should be repeated at proper intervals; but I shall not have occasion to prescribe for him again until his trouble recurs in some aggravated form. He weighs more now than for years.

We hear many experienced prescribers say: "Patients will not wait for our remedies, a narcotic must be given at once or such cases will go to some other physician." This may be the experience of many, but if we are prepared for our work it is not so difficult to do the proper thing for our patients in these emergencies. What would one think of a public speaker who would come before his audience wholly unprepared? Human life and suffering call for thorough preparation on the part of the physician. It is our duty to burn the midnight oil until we can go unhesitatingly and with the assurance of a Master.

Bellis Perennis

BY WOMEN'S HOMŒOPATHIC MEDICAL ASSOCIATION OF PITTSBURGH, PENNA.

BELLIS PERENNIS, or the English daisy, is first mentioned in the literature of Homœopathy by Dr. Henry Thomas in 1858, who proved it upon himself during the previous winter, using a tincture made from all of the fresh plant.

He took twenty drops of the tincture, daily, for fourteen days without any symptoms, but two weeks after discontinuing it a large boil developed upon the back of his neck, with:

Dull aching pain, bruised pain;
Some difficulty in keeping head erect;
Slight nausea;
Lack of appetite; and:
Slight dizziness.

A week later the boil was very large,
Dark fiery-purple color,
Very sore,
Burning, aching, accompanied by:
Cold aching from occiput to sinciput;
As though brain in frontal region contracted.

The symptoms subsided from application of Bell. tincture and 3x, internally.

Each time that he used BELLIS, either externally or internally, a fresh boil appeared.

Another prover experienced more marked mental symptoms:
Strange shivery sensations creeping over him;
Mind confused;
Memory weak;
Speech incoherent;
Impatient; out of sorts with everything and everybody.
Sleep heavy.
Dull, stupid, all day.
Eyes twitch and jerk.
Tongue coated: yellow fur.
Splenic region: fullness and soreness.
Nausea.
Heat and retching in rectum.
Fæces light colored.
Pimples on face and neck.
Blotches on chin, resembling barbers' itch.
A young woman reported:
Languor, ill feeling all through body.
Heat internally and externally.
Chest: soreness and aching.
Nose bleeding.
Flatulence.
Dryness of mouth.
Sleeplessness.

THERAPEUTIC USE

Clinically, it is used for sprains and bruises, similar to Arnica.

Traumatism of any part may call for BELLIS.

Auto-traumatism.

Ill effects of masturbation.

Sore, bruised pain in any part.

Boils in any part.

Venous congestion due to mechanical causes.

Complaints due to cold food or drink when the body is heated.

Effects of exposure in cold wind, or any sudden chilling of the body women with:

Vertigo in elderly people.

Breasts and uterus engorged.

Varicose veins in pregnant women, with

Inability to walk.

Abdomen lame.

Uterine sore pain.

Worse on left side.

Related to Arnica, Arsenicum, Hamamelis, and Staphisagria.

—MARY E. COFFIN, M.D.

BELLIS PERENNIS is indicated in pregnant women with *pressure symptoms* in the abdomen, with:

Varicose veins and swelling about the vulva.

Patient is tired and fagged out.

She remains in the house; does not walk, and can but half work.

Abdomen is sore, heavy, unwieldy, lame.

The back is so lame, and the muscles of the abdomen and thighs are so stiff and sore, that she can scarcely exert herself.

These symptoms occur when twins are present, or a large foetus,

With much weight in the abdomen.

In these conditions I prescribe

BELLIS; it invariably gives the patient relief and freedom of motion.

I have found it also one of the very few remedies indicated for:

Pain and soreness in the coccyx, after a fall or an injury.

Here, also, the key-notes are lameness and soreness through the back, with the tired fagged-out feeling through the body.

It is useful for women who are very large, heavy and unwieldy in the abdomen, but might also relieve in women not so heavy, yet worn out by frequent pregnancies, who are "too tired to go through another pregnancy," with the "fagged uterus," as Dr. Clarke expresses it, in Dictionary of Materia Medica.

—ANNA D. VARNER, M.D.

A woman who had for many weeks kept at work daily by her "will," was unable to recuperate with the rest each day and night afforded. In the evening of a day of special taxation from frequent demands and disturbed rest, she had:

Intense headache in occiput and forehead;

Aching throughout the body;

Nausea;

Weakness and prostration.

BELLIS PERENNIS 200 was given, at 8 P.M.

Within a half hour she was sitting up, in comfort, and spent the evening reading. During the following days she was free from the fagged weariness characteristic of the preceding weeks.

—JULIA C. LOOS, M.D.



CONDUCTED BY G. E. DIENST, M.D., AURORA, ILL.

The Inquisitive Student

BY G. E. DIENST, M.D., AURORA, ILL.

EDITORIAL NOTE: *This serial, based on facts, was begun in May, 1913, in THE HOMŒOPATHICIAN, and will be continued in successive numbers until the fundamental truths (principles) underlying sickness and cure have been discussed for the benefit of the student of health and cure.*

Dr. Keith: I have recently shown you, Mr. Johnston, the essentials in a sick man and in his remedy. I have tried also to teach you the value of potentizing remedies. May I be assured that you have given those very important problems careful study?

Mr. Johnston: Yes, indeed! Every item in taking a case, repertorial selection of a remedy, and elements relating to potency have received my careful study. These have increased my desire to know more. I am convinced that my study has scarcely begun. Let me press my questions on broader planes of sickness and its treatment, that I may the more perfectly prepare for the life work now before me.

Dr. K.: I am very much encouraged by your zeal. What

thoughts are stirring you at this moment?

Mr. J.: I have been thinking very seriously about the "researches into the secrets of nature," but I fail to find what I want. It has led me into various hypotheses, many of which proved contradictory. My effort to grasp some single thing in disease and its cure which might prove universally satisfactory and unquestionably dependable has failed, and I ask: What one peculiar or universal symptom in disease demands assistance?

Dr. K.: My dear sir, there is no universal peculiar symptom of disease characteristic in each individual, sufficiently clear to denote curative measures.

You can not determine an accurate diagnosis, nor make an ac-

curate prescription upon one universal symptom.

Though one symptom may occur in many similarly sick individuals, it is not of sufficient weight to determine disease-nomenclature or its curative remedy.

Have you not read those burning words of the Master who says:

"Inasmuch, then, as in disease nothing that expresses the need for assistance can be discovered by observation, except the complex of symptoms, it follows that it is precisely the *totality of the perceptible symptoms*, and that alone, which must afford the significant indication in disease for the selection of a remedy."

The hand, though an essential part of the human body, is not *the* body; a wheel is an essential part of a wagon or of a street car, but it is, of itself, not the wagon nor the street car. So, though a universal symptom may be an essential symptom in disease, it is not the disease, nor can it serve accurately as a basis for the selection of a remedy in disease.

Let me emphasize for your profit three points in the quotation from the Master:

- (a) Complex of symptoms;
- (b) Totality of perceptible symptoms;
- (c) Significant indication . . . for the selection of the remedy.

The sum total of the disordered human being, as expressed by signs

and symptoms, is the unit of disease and is the base upon which the curative remedy is selected. Any basis of diagnosis and of treatment other than this unit is defective, and leads to inaccuracy of judgment, faulty conclusions and uncertain methods of treatment. The physical organism is vitalized by a force unseen, imperceptible to the human eye, intangible. Disturb this force—that vitalizing force—and the physical and mental organism at once shows signs of disorder. Although the signs and symptoms may be manifold, according to the tissues and organs placed out of harmony by this disturbance, nevertheless the *germ*, the seat of disorder, is the one unseen, imperceptible, intangible vital force. The more this force becomes depleted, the nearer the physical organism approaches death. Therefore, thought must ever centre in and around the disturbed vitality and the causes of this disturbance, when thinking of its restoration.

Mr. J.: This being true, I am more than ever amazed at the materialistic conception of disease, and the application of drugs to disease, or, rather, to the disturbance of that force you have just depicted for me. What, then, am I to understand by the *healing principle* of medicine?

Dr. K.: A very pertinent question, and I am pleased to answer.

Here, again, turn with me to that great law of our fathers:

“Since the *Healing Principle* of medicine can not itself be actually perceived, and since in pure experiments by the most acute observers nothing can be determined in drugs which constitutes them medicine except their power to bring about distinct changes in the health of the human body, and to excite, especially in the healthy, various unmistakable symptoms of disease: it follows that, if medicines act as remedies, they make known their inner healing principle and bring their remedial power into play only through this ability to cause symptoms, and it follows also that, when we wish to decide which among several remedies is the most appropriate for any individual case of illness, we can put our confidence only in those disease-phenomena which medicines produce in healthy bodies; for these form the only evidence of their inherent tendency to cure.

That which causes the brain-cells to think, to choose, to will; that which causes the organ and tissues of the body to work together in harmony, and produce conscious man in action, is the *life force*, and without it the body, with all pertaining to it, is inert.

The curative principle of a drug, as I have already told you, lies not in its color nor weight, neither in its odor nor taste, but in that unseen,

intangible life-force inherent in the remedy. Withdraw this force and your drug is inert. The vital element in a drug, therefore, which distinguishes one drug from another in its effects upon the vital element of human nature, is the healing property of the drug; for without this element there can be no result from its administration.

In selecting a remedy for the sick, it is absolutely imperative that the remedy selected has within its vital energy the power to produce in the healthy human organism sensations, thoughts, and symptoms, similar to the sickness for which it is selected. Anything other than this, while it may, on certain occasions, relieve pain temporarily or prolong life, yet does not cure.

It may change the operations of the vital force, within, and produce strange and unlooked-for ultimates, but it does not restore harmony within, nor accelerate the energies of nature.

Mr. J.: This is a most serious problem. Never before have I observed the intimate relation between a remedy and a life; nor has it ever dawned in my confused thought how closely a drug is related to death. I must ask for time to assimilate these ideas before receiving more.

Dr. K.: Take all the time you desire. Study with a receptive mind. There are scores of men

practicing medicine who know nothing of these things; many who refuse to know. Remember that:

“As disease has nothing to show, by removal of which it can be changed into health, save the complex of its symptoms, and as:

Medicines can show nothing of

their power of healing, except their tendency to excite disease-symptoms, it follows that:

Medicines, to be true remedies, must uproot and remove the symptoms of illness by the power manifested in the symptoms which they themselves can excite.”

A Review Quiz

INTRODUCTORY NOTE: *The following questions are presented to students: (a) To stimulate thought on the subjects; (b) To elicit answers and essays on the subjects the questions suggest.*

We indulge the hope that some active pens may be stirred by the thoughts aroused by these questions. We shall be pleased to publish deserving papers sent in response to the questions, on the subjects they suggest.

PHILOSOPHY OF HOMŒOPATHY

28. What pictures the image of sickness?

29. How is the totality of symptoms obtained?

30. Of what value, in selecting a remedy, is the knowledge of tissue change?

31. What is the target at which the prescription is aimed?

32. Define local and symptomatic treatment. What is the objection to prescribing for individual symptoms or groups of symptoms?

33. What is the result of disease, in the body, if allowed to progress?

34. When may disease-results be removed mechanically? Why not before?

35. What are indispositions?

How do they differ from miasmatic diseases?

36. What are proofs of a curative action?

37. What does a physician acknowledge by use of adjuvants?

38. State the objections to the use of two remedies at the same time for one case of sickness.

39. To what extent is it possible to abort diseases of a definite self-limited course?

40. Define susceptibility.

41. Define homœopathicity.

42. What is death?

43. What is the result (in the body,) of cure?

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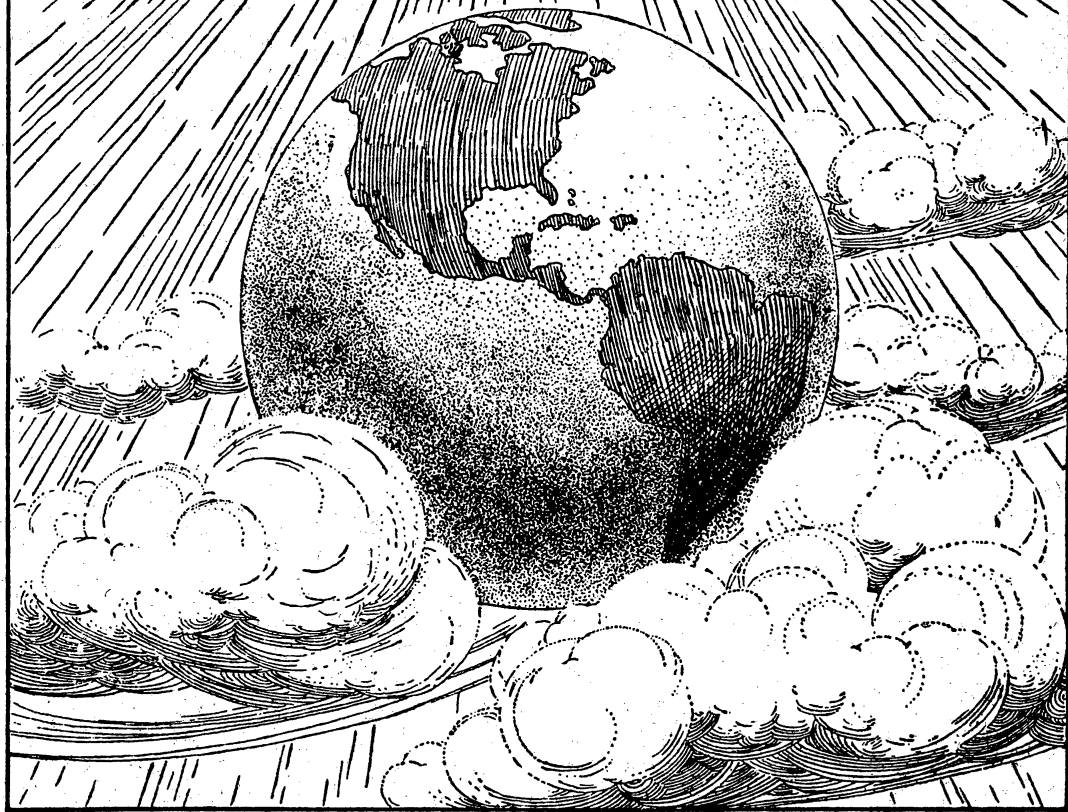
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A JOURNAL FOR
PURE HOMŒOPATHY

CHARACTERISTICS NUMBER



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A JOURNAL FOR PURE HOMŒOPATHY

EDITED BY

JAMES TYLER KENT, A.M., M.D., and JULIA C. LOOS, M.D., H.M.

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APRIL, 1912

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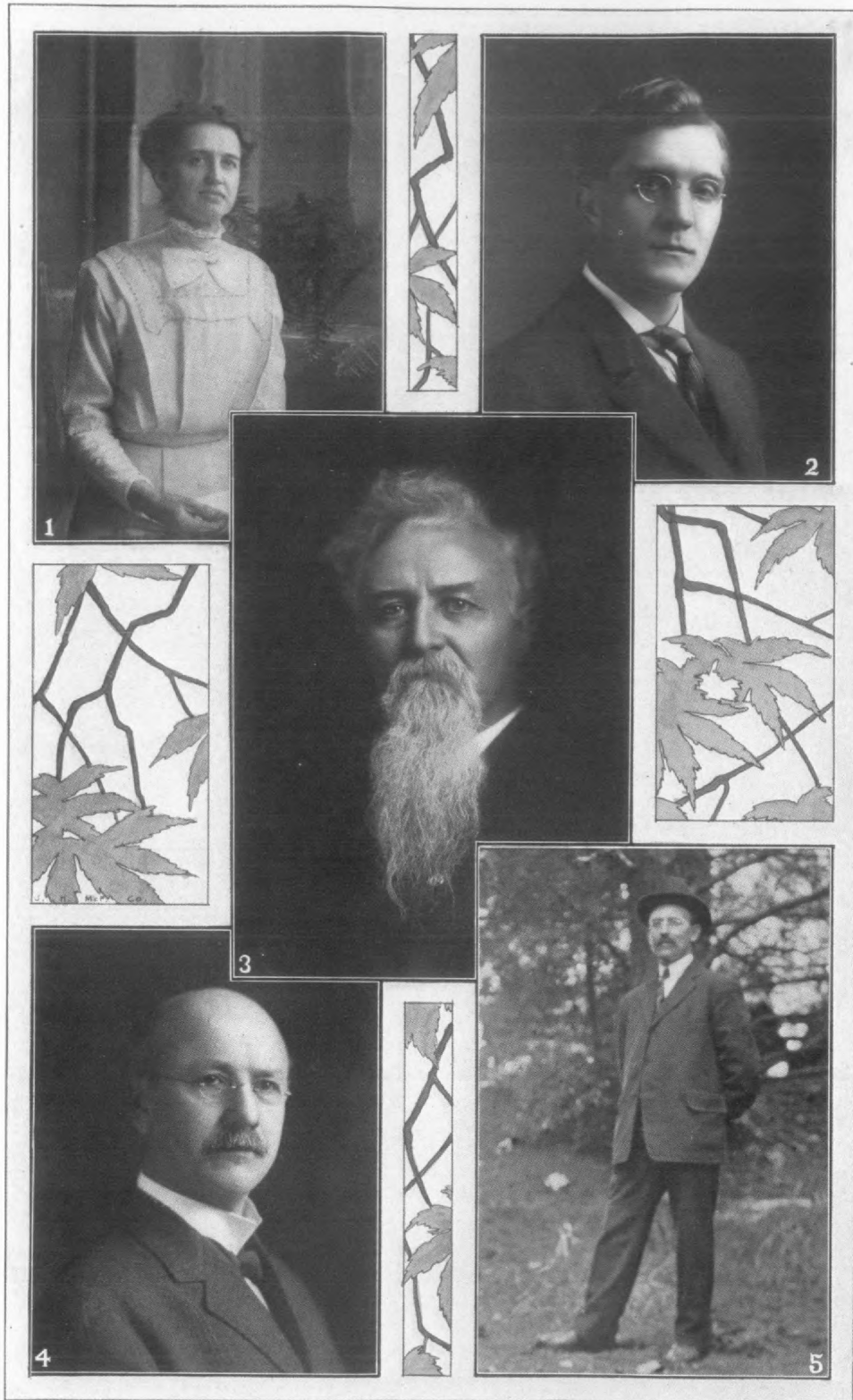
First business meeting will be called Monday, June 3,
8 p.m.

Program may be found in the next issue.

BE OF GOOD CHEER

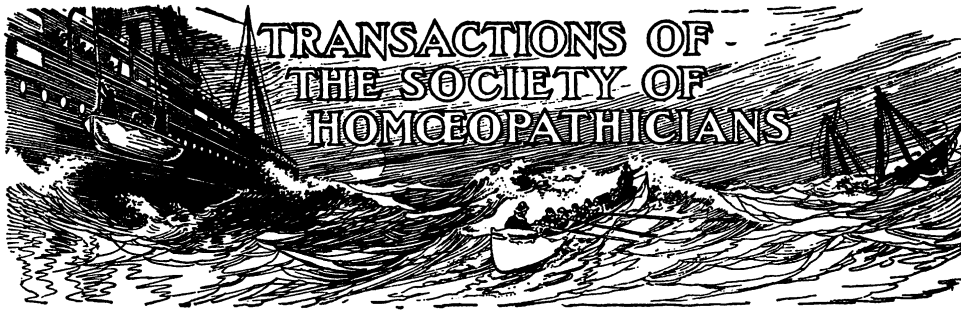
Be of good cheer, brave spirit; steadfastly
Serve that low voice thou hast served; for know
God hath a select family of sons
Now scattered wide thro' earth, and each alone,
Who are thy spiritual kindred, and each one,
By constant service to that inward law,
Is weaving the sublime proportions
Of a true monarch's soul. Beauty and strength,
The riches of a spotless memory,
The eloquence of truth, the wisdom got
By searching of a clear and loving eye
That seeth as God seeth. These are their gifts,
And Time, who keeps God's word, brings on the day
To seal the marriage of these minds with thine,
Thine everlasting lovers. Ye shall be
The salt of all the elements, world of the world.

—RALPH WALDO EMERSON.



SECRETARY AND SOME CHARTER MEMBERS OF THE SOCIETY OF HOMŒOPATHICIANS;
WESTERN STATES

1. Julia C. Loos. 2. A. W. McDonough. 3. J. C. Holloway. 4. G. E. Dienst. 5. R. del Mas.



"Its object shall be to foster and develop the principles of Homœopathy, as promulgated by Samuel Hahnemann, to increase knowledge of them and their application."

"Its prerogative shall be, guided by the authority of these doctrines, to determine what is Homœopathy and consistent therewith."

CONSTITUTION, ART. I, § 2 & 3.

Recognition of Characteristics

By JULIA C. LOOS, M.D., H.M., HARRISBURG PENNA.



PATIENT who had been for more than ten years under my treatment, and had been practically built over anew, developed, this spring, a condition of angina pectoris, complaining of intense pain in the heart region, burning, paroxysmal, extending through to the back and down into the abdomen; grasping, sinking sensation, and as if falling downward, in the heart. For six weeks, I prescribed for this patient, with varying degrees of relief, but not the evidences of real improvement which we expect. She had received Tuberculinum, Tarentula, Aurum, Bella. Lil. tig., and Lachesis, and each time I thought I surely had the correct remedy. Finally, I took myself in hand, and forced myself to disregard the fact there was any heart trouble, while I gave attention to the patient and sought the symptoms most characteristic of her. I found the irritability, the sensitiveness to noise, aggravation from cold and other symptoms pointing to Nux. vom. Then, though I should not have thought of Nux. vom. for the condition of her heart, I had the satisfaction of witnessing a very marked improvement after use of Nux. vom. 45m. Whereas she had been propped on a chair, unable to stir or to have her position altered without distress, in a few days she was walking about the rooms and had only occasional pains in the heart region.

A patient at a distance was under my care for some time and had improved so that imminent death was no longer feared, but the lack of steady improvement made her daughter conclude that ultimate death, and that in a few weeks, was the only possible thing, especially as another doctor, whose prescribing and judgment warranted respect, had expressed the opinion that nothing would help the patient. Dr. Kent was consulted and prescribed, and after the remedy had made a definite impression, and appeared no longer beneficial, a report was written describing the actions of the patient, which

at that time were more prominent than any pains. The reply came, directing a speedy administration of TARENT. HISP.; the last letter and the action of the preceding remedy having opened the case clearly to his vision. To make a long story short, TARENT. HISP. picked that woman out of bed and restored her to the family, so that in less than three months she was down-stairs at the table for her dinner. This remedy was a stranger to me, but I then and there began to study it and grasped something of its nature; though I should have been unable to recognize it at such long range, with even what I did grasp of it then. It was a mystery to me how it stood out clearly to our master.

Later, I had a young woman patient, whose case I had followed for years, who had heart symptoms. She had been restored from acute serious sicknesses by Homœopathy, each time manifesting weakness referred to the heart. Finally, she had been under the care of another homœopath during a nervous prostration. This prescriber had blamed me severely for neglecting to take into account a very definite heart lesion, for which he proceeded to prescribe "heart remedies in tangible doses." Finally, when she was able to travel and I saw her again, taking all the history into account, I prescribed TARENTULA, and a different kind of reaction followed—that internal sense of strength and good-feeling which we love to have our patients experience.

In two other cases, after much study and prescribing, I was made to realize the intense ugly disposition, so hateful that everybody was made uncomfortable. In one instance, I traced it with the repertory through a long list of mental symptoms where several other remedies ran also very close; in the other, the repertory, using it as best I could, did not lead me to it, but it came all at once in contemplation of the case. Both of these cases were helped by TARENTULA and turned into different tracks. How long it was before I recognized those characteristics!

In another patient, of over eighty years, I worked long with the detailed symptoms relating to the stomach and digestive organs. In searching the repertory after many palliations of inconsequence, I found *CAD. SULPH.* occurring frequently, and read the remedy in the *Materia Medica*. Thereupon I recognized an exact description of just the condition in hand, and used the remedy in the thirtieth potency, the only one immediately available. This gave almost immediate relief to the distressing vomiting and made the patient more comfortable, though it appeared too far advanced for permanent improvement.

All these patients had many symptoms, among which I endeavored to select the characteristics; yet how often I failed to distinguish just what did characterize the patient. In these instances, not the pain nor the modalities characterized the condition, but something made up of a combination of these,—*the peculiarities of the patient when sick.*

The unprejudiced mind must approach each case, to determine anew what are the characteristics. In one, the character or location of pains; in another, the modalities; in another, the periodicity; in another, the definite mental features. Features that mark one are entirely absent from another.

We marvel at the perception of our master prescriber and teacher. How can he perceive, beyond, through and above all the symptoms, to recognize the characteristics and make center-shot prescriptions that go to the very core? Can we, also, learn to look into the case and perceive?

When we become familiar with the remedies and their strange, rare, and peculiar features, to know them as intimately as the people about us, we shall be able to recognize their resemblance in the patients.

DISCUSSION

We do not wonder that a man who stands head and shoulders above his companions should be great, we rather expect it; but sometimes we see men not especially remarkable in physique, who yet are giants in intellect. Rockefeller, for instance, a giant in finance, sees far beyond

other men; and is able to amass a fortune of over sixty millions. He sees fifteen years ahead, knows what will happen; looks deeply into all things; sizes you up when he meets you and you know nothing of it for fifteen years, and then you find that he has estimated your strength or your weakness and turned it to advantage. After many years of meeting doctors, Dr. Austin was led to Dr. Kent. He saw that there was a man who could see beyond and perceive more than any other man even mentioned. His help with cases opens new lines of thought and study.

One case that had been carried in and out, day after day, for study, was a woman whose husband was sycotic; her life had been spoiled; she had had many symptoms, sought in the repertory. When her doctor looked these over, he saw much contradiction in the case, and asked Dr. Kent about it. "Plain *Tarentula* case," said he. From the condition she had been in, when it would appear that the heart would simply use her up from a few minutes' walking on the beach, she improved, under *Tarentula*, so that in four months she was able to travel to New York.

After that, when she was in need of medical attention and could not quickly reach her doctor, those who had failed before refused to interfere. "Wait," they said, "for him who helped you before." Old-school men in New York made it possible to have homœopaths treat their patients in the hospitals, just from the results observed in this case.

Dr. Holloway: We must direct the mind in the proper channel. It takes training to prepare a physician to go deeply and comprehend the trend of disorder, to look into a patient's individual life and see the grand characterizing symptoms that call for curative remedies. When a doctor reaches that point, he makes a success, irrespective of how long or where he studied. It takes thought, training, education. Without Hahnemannian training a man will never learn that, though he live to be as old as Methusaleh.

Dr. Holloway reported the case of a man who had never used homœopathic medicine in his family, who came to the office for relief for his condition. On the last night of April,

after retiring, he turned from the position in which he was lying and became so dizzy he was almost sick. With slight thought of it, he turned back and rested in the former position. Next morning, when rising or standing, scarcely able to walk, he experienced an ill, sick sensation. He obtained some salts, and used that for "a thorough cleaning out." Then he bought some pills at the drug-store. These gave no relief and next day he took a "tonic." He said he had been worse each day for a week and was really alarmed, and if the doctor could do anything for him he wished he would. He had a good physique, was a hard-working, industrious man, and said his appetite had been good and his stomach had given no trouble until that time.

He was asked in what position he had been lying, that first night, before he took salts, and replied he was on his back. He next was asked to which side he turned and, after some study to recall the occasion, said he turned to the left side; but this was the first time he had given that point any attention. After further investigation, the doctor found that "vertigo when turning to the left side" was the most impressive thing in all that the patient said, and he used this as a clue. He avoids prescribing on one symptom, but takes one symptom as a pointer, and this was the clue. He prescribed *CONIUM*, and told the man to report in three days unless he became worse.

In due time, he reported, smiling, saying it appeared impossible that so much could be done by that medicine, but he was improved. There was no difficulty in curing that case.

Another patient, an intelligent married woman, had a chronic cough for years. Every morning, after waking, the expectoration was thick, yellowish white; at 10 A.M., the character of sputum changed to transparent white, and continued so until night. When asked if her disposition was always just as sweet, she said that, before the menses, she was so ugly one could scarcely live with her; she had no control of her temper, although she had just said that there were no special symptoms before, during or after the menses. *NATRUM MUR.* changed the entire case, and the cough ceased.

Dr. Thacher had a case for the use of *TARENTULA* three years ago, in a young woman suffering insanity of adolescence. She was shut up in an asylum for months at a time, and sent home as cured, repeatedly, but finally was sent home as incurable. The case was masked, but had had no "homœopathic meddling," having been under old-school treatment. After studying the case awhile without detecting the characteristics, and finding it a puzzling case, he sent eight or ten pages of record and anamnesis to Dr. Kent for consultation. The master asked, "What do you think of it yourself?" to which he replied he thought it was the devilishness of the girl herself.

Dr. Kent called attention to *Tarent.* hisp. and advised his studying it in connec-

tion with the case. The case was started, in some doubt, with the thirtieth potency. She had been seven years in this condition; in two months she was so much improved that the doctor had three other cases of insanity from the same town.

She was treated with a series of potencies, the change proceeding through a heart condition so intense that the father called a local doctor, who pronounced a diagnosis of organic heart lesion for which there was no help. When this was reported, Dr. Thacher directed that there must be no interference with the treatment for the sake of her reason and life, one of which might suffer, otherwise. When he called at 2 P.M., he left one powder dissolved in six teaspoonfuls of water, to be given every fifteen minutes; report to be sent at 6 A.M. There was no report at that time. At 10 A.M. the case was reported "all right." After that a stomach trouble developed, and now an old rash is appearing on the skin. She has improved mentally, though has periods of depression, which appear at longer intervals and of less intensity. There is a steady improvement.

Another case, the wife of a physician, was brought to Dr. Thacher. She had suffered from sciatica for seven days, and the doctor had prescribed for the sciatica, 2m, cm., half dozen remedies in as many days. It was quite mixed, for when it appeared to resemble *Rhus.* he gave *RHUS 10m.*, and the next morning there appeared a decided improvement, but at 2 P.M. she was much worse. He was asked to bring all the symptoms of the past ten days, and said she was lying in distress, it was impossible to do anything with her. At this time Dr. Thacher advised phoning to Dr. Kent, and a brief report was sent. After a short interval, came the response "Give *Stramonium 10m.*" Fifteen minutes after it was administered the patient turned and slept and there has been no trouble, since, in one and half years.

How does he do it? The bill of forty-five dollars for telephoning was paid with much pleasure by the husband. It surely is from the exercise of use that such ability is developed. Experience, ranging through many classes of patients, finds that the man living nearest to nature expresses sickness in the most clear-cut form, while those with the privileges of the highest education present the least clear-cut images.

Dr. Stearns: It is difficult to wait for a case to develop or to have the symptoms brought out, yet we must learn to develop the case before prescribing. Interpretation of pathology sometimes leads to comprehension of the case. Even the pathology is consistent; nothing is developed incon-

sistent. The entire moving picture of developing symptoms forms the true pathology.

A case of cough with characteristic winter aggravation and other variable modalities, had uric acid in the urine. Not seeking the remedies with uric acid, the solution for this case was found in *Rhus*, the winter aggravation and other such symptoms leading to it. Some pathology is worth nothing in prescribing but nothing is nonsense in the patient if we interpret correctly.

When, in the early days of study, a case of varicose veins appeared it was expected that it would require surgical attention and a new idea was received when the prescriber said he never had to operate in such cases. A prescription was made and when, a few days later, came the report "not much improved," a book was consulted and the remedy found, with delight. The student caught the spirit of the work from later association with such men as look deeply and work out their cases. We see the men who know more than we do who yet work out their cases. We must respect those who disagree and yet give credit for the work we do.

A South African had malaria and used forty grains of quinine a day but was unable to stop his chills. He was a man without moral sense, known as "Dynamite Dick." After many prescriptions, it was realized that we were not working with the right symptoms. Between paroxysms he was sleepless; closing the eyes brought visions of things done and thought something dark, heavy, coarse, before him. Calc. carb was found to have such delirium tremens and the case was found to resemble CALC. CARB. throughout. 200th brought slight response; cm. was followed by a slight chill at the time it was due. Then nothing appeared for several weeks and when relapse occurred on twenty-third day, he used quinine but the relapse was not severe. Two chills, beginning in the abdomen, called for CALC. CARB. only one dose being given.

Dr. Almfelt, having been accused to such drugging that he would take the medicine offered and then spit it out, was led to the school of Homœopathy and first embraced it because it offered not such bad medicine. Having attended several schools, he finally found the philosophy taught by Dr. Kent satisfied his mental hunger. He can appreciate the system of looking to the patient rather than to his particulars; this appears natural.

BUREAU OF CLINICAL CASES

Renal Colic vs. the Patient

By JULIA C. LOOS, M.D., H.M., HARRISBURG, PENNA.



NE morning I was called to see a patient suffering with intense pain, which she said began rather suddenly about 3 A.M., and became more and more intense. She was obliged to rise from bed and sit. I recognized the symptoms of renal colic, and gathered what symptoms I could on which to base a prescription; much more difficult, as it proved, than to determine the diagnosis.

At 8.10 I gave a dose of *NUX VOM.* 45m, with much assurance of immediate relief. At 8.45 there was practically no change, and having observed the patient during the half hour, I prescribed *LYCOPodium* 43m. This was followed by a period of rest, then a return of restlessness and pain, and the dose was repeated in three-quarters of an hour. A half-hour later, *BELLADONNA*, and forty minutes later *BERBERIS*, were given. Then there was the first successful effort to void urine, when about two drachms were expelled. At 2.30

I returned to the patient to find her unrelieved, possibly in more pain, and gave *ARS. ALB.*

She rested from 3 to 4 P.M. and again, sleeping, from 4 to 5 P.M., when the pain suddenly ceased. At bedtime she was so comfortable she started to recline and settle for a good rest in bed, but, as soon as she assumed the reclining position, the pain returned, and she was forced to sit the remainder of the night.

By 6 A.M. the pain was so intense, accompanied by retching, that I was summoned, and carefully tried to figure out from the behavior of the patient which of the list of renal colic remedies was most similar. Several remedies were given, in succession, as each proved unequal to the demands, and again at 2 P.M. the pains ceased suddenly, and I assured her there would be no return.

At midnight she proved me a false prophet, for the pains returned and became intense so that I was called at 4 A.M. Each day she

appeared to be weaker from the strain of the previous day. I determined to reach the base of the trouble this time, and, before going to the house, took time not only to dress, but to consider carefully what *symptoms of the patient* were present, and with the repertory worked out a remedy from the view of the patient as she was, regardless of the fact that renal colic occasioned the suffering.

This study brought me to a recognition of the image of Sepia, and I went to the patient, whom I found prostrated from the suffering, too weak to make an effort of recognition, to speak aloud, to do anything but sit as I found her, with head resting on a chair in front of her, every motion occasioning pain, in addition to the constant distress from the soreness in the region of the ureter.

Notwithstanding all this, I gave a dose of SEPIA, saying I had gone to the general who was commanding these sieges; that I proposed now to rout the general, and he would no longer command the forces of onslaught and we should have no return of the trouble. I did not prove to be the false prophet this time, for the pain gradually lessened, so that she could change her position and take a deep inspiration, and in a half-hour she was actually laughing and talking aloud, and one hour after the dose of Sepia I was able to leave her in fair comfort. Later she passed three small calculi in the urine and one or two smaller crumbs.

I have reported this case to indicate the difference in effect of centering attention on the acute manifestation and concentration of attention on the patient and approaching the local condition from the remedy image of the patient. It is easy to be led by the distressing conditions, but the physician needs be master of himself and train himself to look to first things first. We know this, and yet do yield to the temptation, in the presence of urgent demands for relief.

DISCUSSION

Austin:

The past year's experience convinces me more than ever of the value of Homœopathy.

A man on the golf-links had a sudden attack of gall-stone colic, and dropped his play immediately. He was advised to have a quarter-grain of morphine, but SEPIA shortly relieved him of pain. Said a surgeon near-by, "You had better examine that man and see if you can make a diagnosis, he might have appendicitis." The next time he tried it with morphine, but he was so sensitive they were unable to place him under its influence. SEPIA IOM relieved him

so quickly it occasioned the wonder of the surgeon. Many cases give just such beautiful action; when they do not, it is because we do not see the remedy. Palliation is attained most quickly by remedies so selected.

Thacher:

I gave the acute remedy in a case when not improving and the friends were not going to wait; after digging out the chronic remedy, the trouble stopped. In the second attack, the apparently indicated acute was repeated in higher potency. This was repeated when there was another return, and after the chronic remedy there were more stones. In three months' time the patient was improved.

After BERBERIS, in such a condition, another patient turned over and slept; the next day it returned at a later hour, the patient would not wait, used morphine, and I lost sight of him.

A psoric basis prevents the kidney's functioning properly.

Kent:

In any case of gall-stone or kidney colic you cannot tell if there will be more stones. When the stone has been formed, it is separate from the patient. When the patient is under the influence of pain, it is the spasm from the stone in the ureter; clutching of the muscles. The remedy that fits the constitution has a tendency to prevent the manufacture of more stones and relieves the spasm that occasions the pain. After the remedy there may be an outpouring of stones, either renal or gall-stones. In one case a teaspoonful of stones were discharged in one or two days. The fibers were relaxed and the kidney was emptied of stones. This the remedy does when aimed at the patient. Often Belladonna is indicated; it is not deep enough for the patient, but it is complemented frequently by Calc. c. or Calc. ph. when the picture is of Bella., and Bella. will relieve the suffering but does not meet the condition. Natrum sulph. will often fit the constitution and relieve the acute trouble.

Natrum sul. or the constitutional-whatever-it-is, induces healthy bile formation. You cannot promise there will be no more colic if you fit only the condition. So long as stones are there, they may be passed. The constitutional remedy is the best

thing for the patient. It will set the kidneys to manufacturing healthy urine. There is no more to say about it, but it takes time.

You will not cure all old liver and kidney cases. The patient may be incurable, and such will continue to manufacture stones. They have too low a vitality. Sometimes the carefully selected remedy will hold the patient but ten days or so. Then the chances are against cure, and the surgeon can do no better. If the remedy hold long in a steady improvement and rouses reaction, he can be cured. The reason cancer and consumption cannot be cured in some patients is that the reaction does not hold up.

Holloway:

A tubercular man of thirty-one years had chills, fever, sweats, diarrhoea, with the vitality rapidly failing and appetite gone, was unable to stand up to the regular routine of work. I caught enough of the picture to see the remedy. Conium 3m worked marvelous results. One dose lasted for weeks, when the symptoms returned, but no chills, no hectic fever; consolidation and constriction absent. He was relieved by a second dose, and the man improved. Then the symptoms returned with consolidation and constriction. CONIUM cm gave a fearful aggravation. He had not enough vitality to withstand the strong reactive power of that potency. Following Boenninghausen I gave a lower potency. The aggravation disappeared, he rallied, improved, and if he can tide over a few years he will do well.

Austin:

A lady of seventy-five or seventy-eight years needed Nuv. v. I was disappointed that it did not hold, but hated to fail, so I wrote Dr. Kent about her, sending the symptoms. Said he, "Give her medicine and keep it up for a week or two in the 50m." She had seen several doctors before I had her. I gave the 50m. and there was a slight improvement. After the fourth dose, she was the wonder of the neighbors. I would not have dared to give the high potency that way to an old lady, but Dr. Kent told me to and I did it.

In another case, a woman of eighty-eight, the symptoms said ARSENICUM. I thought she was going to die. I gave the 500 and a copious perspiration started, and Dr. Kent said, "She will recover."

Dienst:

I was called, six or eight weeks ago, to see a man with paralysis of the left side, whom I had seen during the winter, and thought to

myself that he appeared to be failing. I prescribed for the paralysis, with some misgivings. There was some ear trouble which I advised letting alone, to await the outcome of the remedy. A specialist had called it an erosion and recommended its removal. The part was removed and, unknown to me, an intense hemorrhage occurred. I found him with intense pain and chill and low vitality, and gave SULPH. 200, telling them that so long as the ear discharge continued he was doing well.

The chill continued for hours, the discharge ceased, and few hours later intense fever appeared. It was two days later that I learned what had occurred. Pains ensued in mastoid region and left side of head, and we feared an abscess. Then the wife told me she thought he should have seen me two years ago. He had an herpetic eruption dried up on the hands, and had not been well since. The left foot was paralyzed to the knee.

Was death due to suppression of the eruption, or did I not know what to do? The vitality appeared so low, I could not keep the ear discharge flowing.

Holloway:

Unquestionably you might regard it due to suppression. It is Nature's plan to throw out from internals to the external. There was suppression by local application and then it was too late, the case had gone too long.

Stearns:

What is the explanation of antidoting high potencies by use of low ones? In tuberculosis, for instance, Sulphur is occasionally too deep-acting, and a less similar remedy may work up to a stronger totality so that better results may be possible.

Kent:

The correspondence doctrine of series and degrees comes near to mastering the question of using potentization. The crude drug and the potentized remedy are opposite in action.

In proving a remedy, of one of the elements that exists in the body (Sulphur, for instance, helps make up the body), the prover takes crude Sulphur until it produces a proving. He is unable then to appropriate it from the food to build up the body, being cloyed with it. The symptoms of the Sulphur patient indicate that she needs it, but she is not able to

appropriate it from the food. Each resembles the other.

Give the patient with symptoms of Sulphur the potency; if you give it cruder than it is in the natural body, etc., it only makes her worse. The higher potency of Sulphur restores order and she appropriates it from the food, not being fed enough to poison her.

There are distinct degrees from the potency to the crude form; according to the excitability of the patient, she reacts to the 200, 500, 1200, and so on, these being only illustrative. If a given remedy will make an individual react and appropriate that which is needed and help to appropriate from the blood that which is taken, the reaction may be to 5m, and though not eaten it is in the blood.

Degrees are in sevens, as in octaves of music. If you strike too high she is not sensitive, it is not sufficient. Keep to the mild potency so long as it works. It is not well to jump too many degrees. From the crude to 10m there is a range of degrees in the ordinary person. You do not go from the first to the last, in music, it does not preserve the chord, you take the thirds and fifths. You can repeat the series, beginning with the lower potencies, and do good work.

The patient will recognize these series. Too high a potency gives an unnecessary aggravation, and then will not perform the best curative action.

The best action is the slight aggravation, as in the first few hours in the acute disorders.

The ideal is the one that gives no aggravation but amelioration. We do not seek to produce an aggravation, that is not the best, not the longest curative effect.

No law is established for aggravations and ameliorations. Only by study of records in practical experience, can we see the best action in patients.

Stearns:

Can you give too deep-acting potency to be curative; would a less similar give safer results?

Kent:

The cruder approaches the opposite and antidotes; the low potencies approach in degrees to the higher potencies. In the Sulph. patient who needed Sulphur ten or twenty years ago, and today it would kill Nux, Pulsatilla, Senega, palliate but cure. I have seen Sulph. and Phos. act so strongly that I have regretted it. In lung cases, consider whether she has lung space enough to make recovery probable. If she can bear it, give it in a low potency, but do not give it if there is not lung space enough to warrant it.

Austin:

I have a mentally deficient child, whose mind becomes clearer every time I advance in the plane. She has had BARIUM SULPH. It is an unusual case. Would you go to the bottom, and recommence the series, or higher to mm?

Kent:

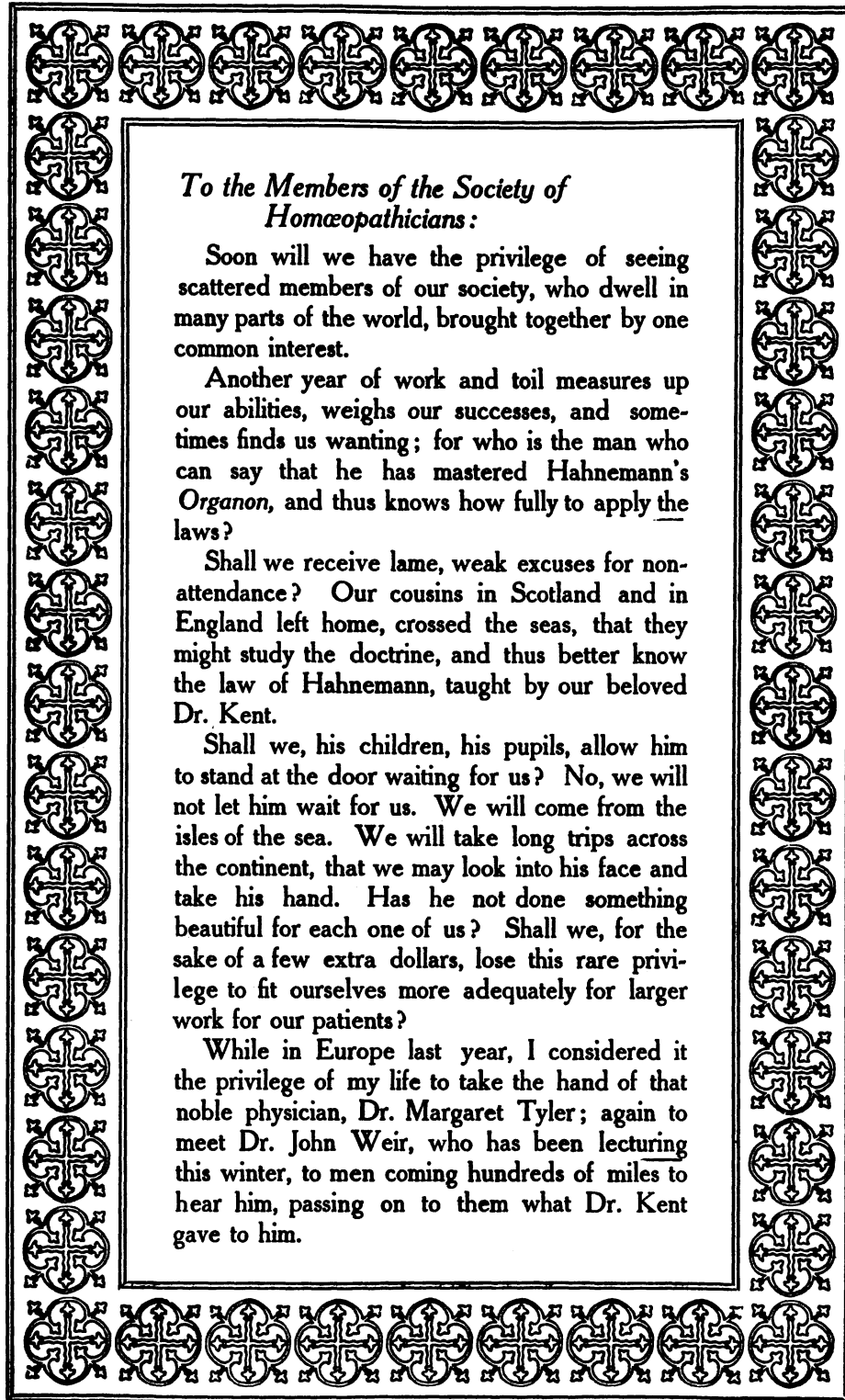
There you may be going into trouble and confusion. One patient may run up safely, but ninety-nine cases would not have any action in those high potencies. The object is to keep the patient under the influence of the remedy the longest time possible; to follow up with just enough difference to react, to reach the best-acting plane.

From experience, I am led to use of a series from 1m to Dm (5cm) including 10m, somewhere near 50m, and cm.

Other potencies are made, to observe what action is forthcoming. You encourage the patient to become oversensitive by using the highest potencies, instead of going low to begin again.

As a rule, two doses (sometimes three) in the same plane give the best results. It has become almost routine, as the records indicate that the third dose in the same potency gives no effect.

It is a mistake to mix degrees and the different makes. If Skinner, Fincke, or Jenichen has been started, stick to the same series and the same scale.



*To the Members of the Society of
Homœopathicians :*

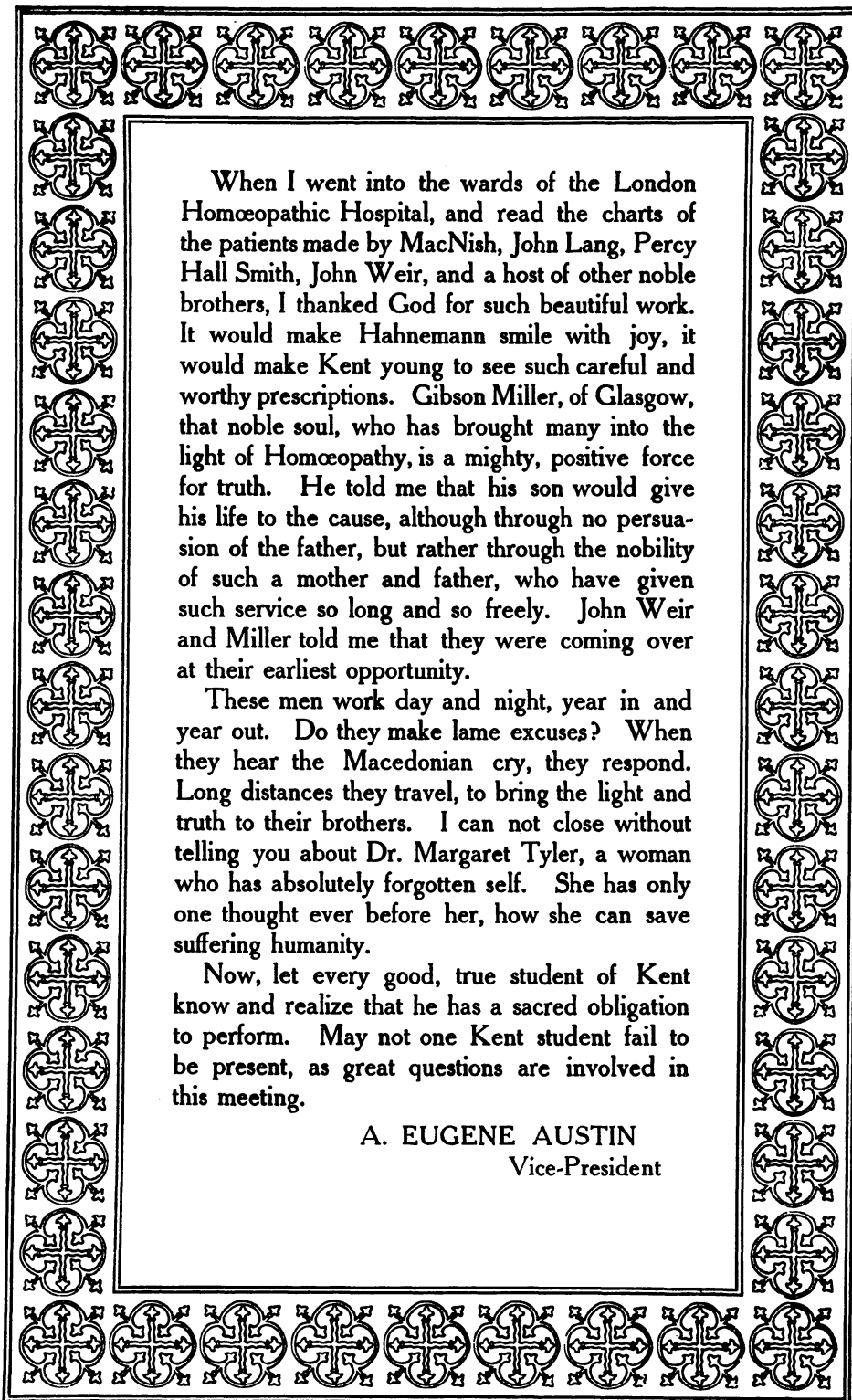
Soon will we have the privilege of seeing scattered members of our society, who dwell in many parts of the world, brought together by one common interest.

Another year of work and toil measures up our abilities, weighs our successes, and sometimes finds us wanting; for who is the man who can say that he has mastered Hahnemann's *Organon*, and thus knows how fully to apply the laws?

Shall we receive lame, weak excuses for non-attendance? Our cousins in Scotland and in England left home, crossed the seas, that they might study the doctrine, and thus better know the law of Hahnemann, taught by our beloved Dr. Kent.

Shall we, his children, his pupils, allow him to stand at the door waiting for us? No, we will not let him wait for us. We will come from the isles of the sea. We will take long trips across the continent, that we may look into his face and take his hand. Has he not done something beautiful for each one of us? Shall we, for the sake of a few extra dollars, lose this rare privilege to fit ourselves more adequately for larger work for our patients?

While in Europe last year, I considered it the privilege of my life to take the hand of that noble physician, Dr. Margaret Tyler; again to meet Dr. John Weir, who has been lecturing this winter, to men coming hundreds of miles to hear him, passing on to them what Dr. Kent gave to him.

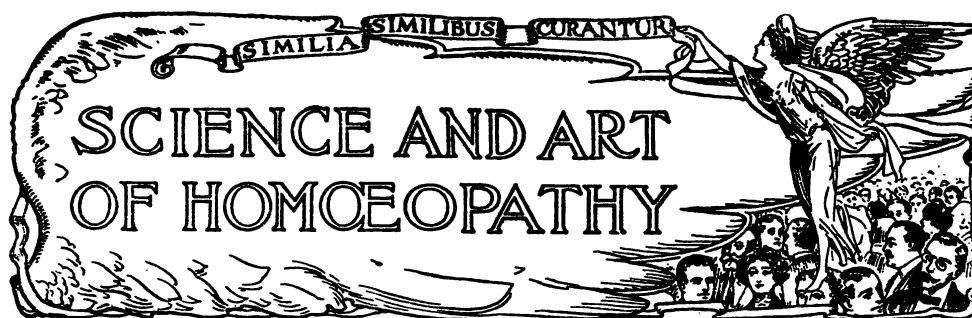


When I went into the wards of the London Homœopathic Hospital, and read the charts of the patients made by MacNish, John Lang, Percy Hall Smith, John Weir, and a host of other noble brothers, I thanked God for such beautiful work. It would make Hahnemann smile with joy, it would make Kent young to see such careful and worthy prescriptions. Gibson Miller, of Glasgow, that noble soul, who has brought many into the light of Homœopathy, is a mighty, positive force for truth. He told me that his son would give his life to the cause, although through no persuasion of the father, but rather through the nobility of such a mother and father, who have given such service so long and so freely. John Weir and Miller told me that they were coming over at their earliest opportunity.

These men work day and night, year in and year out. Do they make lame excuses? When they hear the Macedonian cry, they respond. Long distances they travel, to bring the light and truth to their brothers. I can not close without telling you about Dr. Margaret Tyler, a woman who has absolutely forgotten self. She has only one thought ever before her, how she can save suffering humanity.

Now, let every good, true student of Kent know and realize that he has a sacred obligation to perform. May not one Kent student fail to be present, as great questions are involved in this meeting.

A. EUGENE AUSTIN
Vice-President



"If the physician clearly perceives what is to be cured in disease, . . . if he clearly perceives what is curative in medicine . . . and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what is undoubtedly morbid in the patient, so that recovery must ensue, . . . if finally he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent: then he understands how to treat judiciously and rationally, and he is a true practician of the healing art."

ORGANON, § 3.

The View for Successful Prescribing

By JAMES TYLER KENT, A.M., M.D., CHICAGO, ILL.

The success of prescribing depends upon the view taken of the totality of the symptoms. The view of any given totality affords the indifferent or the marked success of any given prescription.

The grasp of the symptoms, in part or as a whole, is firm or lax in accordance with the view taken of the parts and the whole collection of symptoms. What else can be understood by the image of any case expressed in symptoms?

To be able to view the totality of symptoms so that the most similar remedy will appear to the mind is the aim of all healing artists. As the view varies, so varies the success.



THE examination of the patient is always made in accordance with the view of the totality the physician is in the habit of taking. Some can never learn to examine a patient so that the symptoms, when written out, will have the form required for a review. Any successful prescriber would know by reading the totality what is lacking to make up an image. But let us now suppose that the case has been properly taken, and that it is a full, well-rounded case, with all the various symptoms that belong to perfect case-taking.

One will view such a case from its pathology, or from its probable pathology.

Another will view it from the temperament, color of hair and eyes, or what star he was born under.

Another will view it from the key-notes he can find in it.

Another takes the usually set

phrases of the patient with the opinions and wordings of tradition, or the opinions of some previous physician.

In such manner, a distorted view of the whole case is formed.

Again, it is observed that the totality contains an alternating image, or one set of symptoms one time and a different set another time. The prescriber's view may be formed from one group to-day, and from another after the change has come, which leads to change of remedy with every shift; but at the end of the year the patient has grown steadily worse. Yet he has cured(?) each group of symptoms to his and his patient's satisfaction. Such work is a failure from the imperfect view had of the whole case. He fails to view the patient from the totality of the symptoms: from all the symptoms.

Removing symptoms may not restore health to the patient. Curing the patient will remove the symptoms and restore his health (ORGANON § 8).

We have assumed that the symptoms have been well taken, and therefore the view of the case is possible, which must be, of the symptoms which represent the patient as a whole; the symptoms that represent all the organs and parts; all the symptoms and conditions and circumstances of the organs and parts; all the pathology of the organs and parts; age, sex, habits and business.

Suppose the symptoms to be viewed come directly from the patient, what can be seen, heard from the patient and companions,—all are presented without interruption. One reader will ignore all but the pathology; another will notice only the keynotes; another will notice only the diagnostic symptoms. In each instance, something is ignored or neglected; or, at least, the view of the case is absent.

Hahnemann's teaching has never been improved upon. We must be guided by the symptoms that are strange, rare, and peculiar. How shall we do this?

By first fixing in mind what symptoms are *common*, then it will be easy to discover what symptoms are *uncommon*, or, in other words, strange, rare, and peculiar.

Common symptoms are such as are pathognomonic of diseases and of pathology, and such as are common to many remedies and are found in large rubrics in our repertoires; e. g., constipation; nausea; irritability; delirium; weeping; weakness; trembling; chill; fever; sweat.

When such symptoms have taken their places in any given case, it will be seen at once that what remains must be uncommon, therefore peculiar and, as such, are always predicated of the patient as a whole, and of his parts in particular.

However, some of these common symptoms may become peculiar where their circumstances are peculiar; e. g., trembling at any time or at all times all over the body and in the limbs is a strong and most troublesome symptom, but it is not peculiar nor uncommon. But trembling *before a*

storm, or during stool, or before menses, or during urination, is rare and strange.

Weakness is also common if constant, but if it comes only *before menses, or before stool, or during a storm,* it is at once quite uncommon, and changes the view of the case.

Chilliness, if constant, is common to many people, and is a strong common general as it is predicated of the whole patient, but if it comes only *before or during menses, before or during stool, or while urinating, or only when in bed in the night, or only while eating,*—then it is strange and peculiar, or uncommon.

All of these are common to no disease known to medicine, hence they become striking and help to form a *view* of any given totality.

It must now be seen that the physician who has in mind only the pathology as a basis for his prescription has only what is most common, and therefore has no view of the totality, and therefore violates the first principles of prescribing. He prescribes for results, for endings, and not for things first, not for causes.

It must be known that the symptoms that exist in childhood and since childhood, and such as were present before any pathology existed, are the corresponding symptoms of causes, as all causes are continuous into effects. They are not causes, but they represent causes, and often are all that can be known of causes, and they furnish a view of the case from causes to endings: from causes to ultimates: to pathology. It is important to discover these early symptoms in any chronic sickness. The symptoms through childhood down to the present describe the progress of the sickness. These give an experienced physician a good view of the case, with its probable endings or pathology.

It is well to have all such results in view, but these ultimate symptoms are of the least value, and without the fullest representation in symptoms they are of no value as showing forth the view of the case by which to find the remedy. But a physician

must have a good and full knowledge of all these, as well as of anatomy and physiology, or he will not have the basis for good judgment, and hence will form a distorted view of the totality.

The symptoms that represent the patient as a whole are of great, and often of the greatest value, especially such as are expressed in the patient's own speech.

The mental symptoms, composed of his reasoning powers, loves and hates, and memory.

And then his general bodily symptoms and their circumstances, such as worse from cold, from warmth of every kind, from weather, wet and dry, from motion or rest, time of day, etc. These are of highest importance when they apply to the whole body.

Two sets of aggravations and ameliorations must come into view, viz: those that apply to the whole being and those that apply to his parts. These are often the opposite in parts or organs from what they are in general bodily states of the patient, and must be looked up in the repertory in sections that relate to the part mentioned.

A woman consulted me for a violent rheumatic pain in the shoulder. She came into my office with her arm bound to her side to prevent moving the arm, as the motion of the arm increased the pain in the shoulder, yet the patient walked the floor constantly to ameliorate the pain in that painful shoulder. The pain in the shoulder was worse before a storm. *DULCAMARA* cured at once. This shows how a part may have an opposite modality from the whole body.

Nothing has harmed our cause more than books that generalize modalities, viz: by making a certain aggravation or amelioration fit all parts as well as the general bodily states. Cold air may aggravate the patient but ameliorate the headache. Stooping seldom aggravates headache, backache, cough and vertigo in the same degree, yet *Bœninghausen* compels you to look in one place for all of them, and they are marked with the same gradings.

The patient is often better by motion, but his parts, if inflamed, are worse from motion.

Lying aggravates backache, headache, and respiration in different degrees, and the patient in still another manner. If each symptom is not inspected, and considered with a view to its own circumstance, the result will be widely different. Parts are better by heat when the patient is better from cold, and vice versa. The headache is better from cold, and the body is better by heat.

If we do not consider these circumstances, we do injustice to the patient and his parts. Therefore the circumstances that relate to the general bodily states and the circumstances that relate to the parts and organs must be considered separately, or the view of a given case will be vastly changed.

Ever so perfect an understanding of the pathology and pathological symptoms in a given case gives no view of the case for homœopathic prescribing. The common symptoms, without the peculiar symptoms, may give a good understanding of a given case except for prescribing. Common symptoms alone will lead to failure of the prescription. We might as well attempt to prescribe for nervous dyspepsia, gastritis, jaundice, gall-stone colic, enteritis, constipation, or a bilious temperament. The beginner often fails because he has secured only the common symptoms.

The symptoms of the organs and parts taken by themselves give an imperfect or one-sided view of the case. They fail to give the symptoms of the patient in such a form as to present a perfect view. There is something lacking. Many cases coming for advice express the particulars, and fail to give the symptoms that characterize the patient. This must be one of the most frequent causes of failure with the young physician.

This can be illustrated by the study of discharges. Discharges are common to inflamed mucous membranes of ear, nose, throat, trachea, vagina, etc., and as such each is only a partic-

ular, but the part or the inflammation does not cause it to be green, bloody or viscid. Therefore this must be due to some change in the whole economy which makes it general, and increases the value of the symptom from common to peculiar, and therefore changes the view of the case. Laudable discharges are natural and common. Therefore, let me repeat that if the part is inflamed there will be discharge, but that does not cause the *color*.

So it is with blood when it is fluid and fails to clot; it is peculiar.

The symptoms that characterize the whole mental and bodily states sometimes present such a *view* that the remedy may be seen at once; again, all the foregoing classes of symptoms are necessary to furnish a *view* of the past and present. When such a complete view presents itself, the prescription becomes easy.

If prescribing is to be made easy, it is to be done by securing such a perfect view of the *whole case* as would be expressed by saying that "The sole basis of the homœopathic

prescription is the totality of morbid signs and symptoms," as Hahnemann taught so many yeras ago. It will be seen, therefore, that carelessness in taking the symptoms, as well as in *viewing* the symptoms after they are noted, must lead to indifferent results. Remember that it is not the totality of the symptoms taken by a careless or ignorant physician that constitutes the basis of a homœopathic prescription, but the totality of all the symptoms the patient has.

With menses too late or suppressed or scanty, the patient weeping, with aversion to fats, nausea, vomiting, weight after eating, the young man will say Pulsatilla at once; but wait a moment. The patient is very chilly, likes the house, never needs the open window, is worse from motion, wants to keep very quiet; now you change your mind and give her Cyclamen. Or, if she is better in motion and in open air, and craves it, and is too warm, then Pulsatilla.

The physician cannot be careless, and cure as Hahnemann did.

The cry of the age is for love—love is the grand emotion. The cry of the mother, of the father, of the child, the cry of the young man and the young woman, is for love.

The world is dying because of the lack of love-expression and because of too great an expression of intellect. The business man thinks and thinks, plans and plans, schemes and schemes more and more, day by day—and loves less, hour by hour. He collapses from "overwork" over mentality (intellectuality). The club woman thinks and studies and plans and has "nervous prostration."

Mind (intellect) perceives, takes in; love or emotion radiates, gives of itself and continues to give. Learn to love more and more by observing motion,—activity. Out of a consciousness of universal activity shall come universal love.

LEON ELBERT LANDONE.

Comparative Value of Symptoms in the Selection of the Remedy*

BY ROBERT GIBSON MILLER, M.D.

It is a common experience to find cases reported in our journals, presenting large and complex masses of symptoms, to which, as a whole, no remedy in the Materia Medica corresponds, no reason being given why the remedy that proved curative was selected in preference to many other competing ones. We can learn little or nothing from these cases. Even when we study some of the model cases reported by masters in homœopathic prescribing, we are often utterly at a loss to understand why the curative remedy was selected, unless we understand the rules that led them to give a preference to certain symptoms and to relegate others to a very secondary place.

Hahnemann advises us to base the selection of the remedy upon the totality of the symptoms presented by the patient, as they are the outwardly reflected image of the internal and invisible disease, and the only means by which we can truly apprehend this internal distunement of the bodily forces.



DO not at this point propose to go into the observations and arguments that led Hahnemann to advise that the choice of the remedy should depend almost entirely upon the symptoms, to the practical exclusion of pathology. If these symptoms are to be our guides, what do we include in this term?

Every deviation from perfect health experienced by the patient, or observed by others, including all disturbances of functions and sensations, all alterations in the external appearance of the patient, and also all probable causative conditions.

As a rule, in acute disease there is little difficulty in determining the totality of the symptoms, for the deviation from health is usually sharp and well defined. As an acute, supervening disease never forms a complex with a chronic one—the latter being suppressed until the former has run its course—care must be taken, when ascertaining the symptoms of the acute disease, to exclude from consideration the symptoms of the now latent chronic disease. According to Kent, at times some symptoms of the chronic dis-

ease may persist, and be active during the acute disease. Such symptoms are peculiar, because they have not disappeared, and are often guiding in the choice of the remedy for the acute disease.

But, when we come to deal with chronic diseases, the problem is more complicated, for we have to take into account not only the present symptoms, which often show only a very partial picture of the disease, but must also include many former symptoms that are not now active; for even in those patients that have suffered for very long periods, and from many apparently diverse troubles, *there always is method and order running through all their illnesses* if only we can find the clue.

While, theoretically, we should consider all the symptoms experienced by the patient since his birth, excluding those due to acute disease, yet the task is a very difficult one both for patient and physician, and we can only make very cautious use of these bygone symptoms. Even if we could trust to the accuracy of the memory of our patient, or his friends, these old symptoms can be used only with the greatest care, for so many of them may have arisen from

*A paper read to the Section of Medicine and Pathology, December 1, 1910.

Faulty environment,
The abuse of drugs, or the
Acquisition of some other miasm,
that they would not truly indicate
the course and progress of the disease.
This is also very often the case when
no such question of old, bygone symp-
toms is involved; and those who are
guided in the selection of their
remedies mainly by the symptoms are
in special danger of overlooking such
causes, and have to be perpetually
on guard lest they fall into the error
of ascribing to disease what is really
due to other causes.

Dunham, in "The Science of Thera-
peutics," gives many instances where
such mistakes have been made, and
only a wide knowledge of drugs, of the
habits of the people, and the special
conditions under which many occu-
pations are carried on, will enable us
to avoid these errors.

Such, for example, was the case of
a young lady who, for a very con-
siderable time, presented a perfect
picture of the classical symptoms of
Sulphur, and upon whom that reme-
dy, in all potencies (to say nothing
of other remedies), failed to produce
the slightest effect. It was finally
discovered that she was in the habit
of using sulphur to cleanse her teeth
and upon this being stopped the
symptoms at once ceased.

A maker of crucibles for casting
steel ingots, who had suffered for
seven years with all the symptoms of
Graphites gastralgia; for him that
remedy did no good, until it dawned
upon me that I had somewhere read
that plumbago was now being used
for making these molds.

When we have excluded all symp-
toms due to such causes, there is the
vast number remaining which can
be ascribed only to disease proper,
and it is with these in particular I
wish to deal tonight.

SELECTION IN CHRONIC CASES.

Theoretically, we endeavor to
find a remedy whose symptoms cor-
respond exactly—as regards both
character and intensity—to those

experienced by the patient. This can
rarely, if ever, be done, and in chronic
cases, at any rate, we have, as a rule,
to make a selection from amongst
the mass of symptoms, and to base
the selection of the remedy mainly
upon these. If it were necessary
always to select a remedy that cor-
responded perfectly to every one of
the symptoms, our already vast materia
medica would be utterly inadequate,
and we should require at least 10,000
more fully proven drugs. Who would
care to undertake the task of search-
ing for a simillimum in such a laby-
rinth? It is quite bad enough as
matters are at present, but we must
think of our remedies as complex
tools, capable of doing many very
different pieces of work, which to the
uninitiated would seem to require
many diversely shaped ones.

Who have made finer cures than
the old masters in Homœopathy,
with their very limited number of
fully proved remedies? But they
knew each one through and through, in
a way that few of us do nowadays,
and in their hands a comparatively
few medicines were, in the majority
of cases, sufficient for all their work.

It was because they were able to
comprehend not only the spirit of
each remedy, but also those symp-
toms that characterized the patient.
Following in their footsteps, we also
must endeavor to learn to grade the
symptoms according to their respec-
tive values, and not to act as mere
symptom-coverers—an opprobrious
name that has at times been only too
well deserved.

In every case of disease there are
always two classes of symptoms:

First, those that pertain to the dis-
ease—that is, the common or patho-
gnomonic ones; and,

Second, those that pertain to the
patient;

And in all advanced cases a third
class that pertains to the ultimates
or results of disease.

To attempt to select the remedy in
accordance with the first and last of
these alone is simply to court failure
in the majority of cases; for so many

remedies will be found to correspond more or less closely to the first, at any rate, that unless we have some other means of individualizing, we shall be quite unable—except by good luck—to select the correct remedy. Still less can we hope to find a sure basis if we depend upon the pathological condition; for very few drugs have had their provings pushed forward enough to elicit such effects, and consequently we should have to depend mainly upon such cases of accidental poisonings as happened to be available.

Dunham, writing upon this subject, points out that the drugs varying according to the size of the dose may produce three sets of symptoms viz:

(1) The chemical.

(2) The mechanical, or revolutionary, consisting chiefly in violent efforts on the part of the organism to eject from its cavities the offending substance; and

(3) The dynamic, contingent on the vitality, or resulting from the relation of the peculiar properties of the drug to the susceptibility of the living healthy organism.

He still further subdivides the dynamic ones into the generic—or those common to all members of a certain class of drugs,—and the specific.

As an example of the former, Arsenic, in certain doses produces vomiting, diarrhoea, cold perspiration, cramps in the limbs; but Cuprum, Veratrum, Antimonium tartaricum, which belong to the same group, produce identical symptoms;

The specific ones are those that are peculiar to one remedy and serve to distinguish it from its relatives.

In the vast majority of poisonings, little else is produced than the first two classes—viz., the chemical and mechanical; and the symptoms obtained therefrom are of little value in the large majority of cases we are called upon to treat. Our main reliance must ever be placed upon the symptoms that signify the patient; and Hahnemann directs that we should be particularly and almost exclusively

attentive to those symptoms that are peculiar to, or characteristic of, the patient, and not to those that are common to the disease. Kent, after many years' experience, states that he regards this advice of Hahnemann's to be the strongest thing that the master ever wrote. ORGANON § 153.

In acute disease, there is not much difficulty, as a rule, in recognizing the symptoms that are peculiar to the patient; for the symptoms usually appear in an ordinary manner, and the common or pathognomonic ones are well known. When we deal with chronic diseases, our difficulties are largely increased, for they are often so complex in nature that it is not easy to separate the symptoms that are peculiar to the patient from those that are common to the disease. ORGANON §§ 82, 152.

In many old-standing chronic cases, especially those that have been long under allopathic treatment, these peculiar and characteristic symptoms have so completely disappeared, or have been so utterly forgotten, that our difficulties are thereby increased. Nay, it is even the case at times that the characteristic symptoms may never have existed except in the patient's ancestors, and under these circumstances cure is practically impossible.

It is as if, during the exploration of some old city, a coin were discovered, by which, if we could determine the year of the king during whose reign it was issued, we should be in a position to fix an important date. If the coin were well preserved, any skilled numismatist would promptly furnish us with all the information we desired; but, if it were much worn or eroded, while he might from the shape or composition of the metal be able to determine the dynasty under which it had been issued, it would be utterly out of his power to state the individual king, to say nothing of the year of his reign.

PECULIAR SYMPTOMS

Let us take a few examples of the symptoms that are peculiar to the

patient, as distinguished from those that are common to the disease.

The common or pathognomonic symptoms of dysentery are bloody mucous stools, pain, and tenesmus. From these alone we can determine the group of remedies that correspond in general to this disease, and in J. B. Bell's classical monograph on this subject over fifty remedies are mentioned; yet, from these alone it would be impossible to discover the individual remedy for the case under treatment. If, however, the patient has

Much thirst, and
Every time he drinks he shivers, and
Each drink is followed by a loose stool,

These symptoms, being unusual in the disease, and consequently peculiar to the patient, would guide to CAPSICUM as the remedy.

Dyspnœa, œdema, palpitation of the heart and albuminuria are the common symptoms of many kidney troubles, and from them alone we cannot determine the curative remedy; but, if we find in addition that there is

A strong craving for fat,
Urine intensely strong, and
A sensation as if the urine were cold when passed,

Then these would be peculiar to the patient, and point to NITRIC ACID as the remedy.

Let us turn to characteristic modalities. In a case of spasmodic asthma, an aggravation from lying down is so common as to be valueless in the individualizing of the remedy; but, if we find there is much relief from lying down, as in Psorinum, or from assuming the knee-elbow position, as in Medorrhinum, then these, being peculiar and characteristic, will be invaluable.

In hysteria we have an illustration of the danger of prescribing for the symptoms that are common to the disease, and hence not peculiar to the patient. It seems the most natural thing to gather up all the incongruous and peculiar symptoms that characterize this disease, and to prescribe for them. But when we realize that this incongruity is the very essence

of the disease—in other words, is pathognomonic of it—we then perceive that we have been prescribing for the symptoms that represent the disease, and not for those that characterize the patient. In such cases, the true guides to cure, if discoverable, are to be found in the *changes of desire*, the *aversions*, the *loves and the hates*; and these are particularly difficult to find, for the hysterical patient conceals her real hates and loves and relates what is not true.

In the foregoing, stress has been laid on the supreme importance of paying the greatest attention to the symptoms that are peculiar to the patient, but it would be foolish to ignore the symptoms that signify the disease. They must, indeed, be taken into consideration; but as subsequent to, and of much less value than, those that are predicated of the patient.

In a very large number of cases, no one remedy corresponds to all the peculiar symptoms, but three or four seem to have equal numbers of them, and of approximately the same value. In such a state of affairs, the remedy that has also the common symptom best marked must prevail. It must ever be kept in mind that *there must be a general correspondence between all the symptoms of the patient and those of the remedy*, and that, however helpful the peculiar symptoms may be in calling attention to certain remedies, yet they are not the sole guides; for after all, it is the totality of the symptoms that determines the choice.

It is true that at times a brilliant cure has been made by a remedy that corresponded only to those symptoms that were peculiar to the patient, and *was not known* to possess any strong resemblance to the common symptoms of the disease; but, even in such a case, it is almost absolutely certain that further provings will reveal that the remedy has the common symptoms also.

RANK OF SYMPTOMS

When using these peculiar and characteristic symptoms as the main

guides in the selection of the remedy, it is important to bear in mind that they must be *equally well marked in patient and in remedy*. In other words, no difference how peculiar and outstanding a symptom may be, either in the patient or in the remedy, unless it be of equal grade in both we must pay little heed to it.

For example, if a patient experiences occasional and slight heat in the soles of the feet at night in bed, this symptom would not be of much importance in selecting Sulphur as the remedy, because in that drug this symptom appears in such a vigorous and outstanding way that the provers declare that their feet burn at night as if they had been on fire.

Take a case of rheumatism, markedly aggravated in dry weather and better in damp. In such a case, the selection of Phosphorus as the remedy could not be based upon this modality, for, while Phosphorus has it, it is only in the lowest degree.

Even in a case with, let us say, ten peculiar and characteristic symptoms, of which one remedy has eight, but of a very low rank, while another has only five, but of high rank and corresponding to the rank of the symptoms as experienced by the patient, in such a case it is very improbable that the first medicine will prove to be the curative one. The second is much more likely to be so.

It is this question of the rank of symptoms that is the chief objection to the numerical method of selecting the remedy. It seems to have fascinated some minds, for, while it is laborious in the highest degree, it seems to promise certain and exact results; but medicine—even homœopathic—is not yet an exact science, and it is extremely improbable it ever will be, even when we have perfected our armamentarium. Consequently, all such mechanical methods are to end in failure, for quality will ever be of infinitely more importance than mere quantity.

In opposition to this numerical method, some physicians have gone

to the other extreme, and have been content to be guided in the selection of the remedy by one or two peculiar and outstanding symptoms, practically ignoring all the others, because they have overlooked the fact that, *unless there be a general correspondence between the symptoms of the patient and those of the remedy*, it is not reasonable to expect a cure.

This so-called "keynote" system of prescribing is very attractive, as it seems so easy, and saves all the laborious comparison of competing drugs that is involved in the numerical method, and also because by means of it many brilliant cures have been made; but it is, from its very nature, a wrong method, and in the large majority of cases is doomed to failure, because it ranks one or two symptoms very high and practically ignores the others.

Having discussed the difference in value, so far as the selection of the remedy is concerned, between the symptoms that signify the patient, and those that signify the disease, we would turn to the other great division of symptoms—viz.: the generals and the particulars.

GENERALS

The general symptoms are those that affect the patient as a whole, and, because of this very fact, they are naturally of higher value than the particulars, which affect only a given organ.

What the patient predicates of himself is usually general, as when he says: "I am thirsty," "I am sleepy,"—thereby indicating that his whole being is so affected, and not merely one or two particular organs. So much higher may a general symptom rank that, if it be a strong and well-marked one, *it can overrule any number of even strong particulars*.

Let us take a case of gastric catarrh, with

Semi-lateral headache.

Roaring in the ears.

Greasy taste.

Aversion to fat and butter which aggravate greatly.

Fullness and pressure of the stomach after eating.
Flatulence.
Chilliness.
Vomiting of the food.

So far Pulsatilla and Cyclamen compete equally. If we have in addition

Diarrhoea only at night.
Nausea from hot but not from cold drinks.
Palpitation when lying on the left side.

Then the balance would turn towards Puls.

If we find that

The patient has the greatest aversion to the cold open air.
Is always aggravated by the least cold.

Then this one strong, general symptom would overrule the marked particulars that Puls. alone had, and declare plainly that Puls. could not be the remedy, notwithstanding the fact that it alone had the three strong particulars.

On the other hand, a number of *strong particulars* must not be neglected on account of one or even more *weak generals*.

Let us take another case of gastric catarrh, with

Severe pain over the right eye.
Bitter eructations.
Pain in stomach.
Worse from cold, and better from hot drinks.
One cold and one hot foot.

So far Lycopodium and Chelidonium correspond about equally to the case. If there is in addition

Constant pain under the inferior angle of the right scapula.
A yellow-coated tongue with indented margins.
Clay-colored stools.

No one would hesitate to give the preference to Chel. If, on further examining the case, we find that

The patient always feels worse all over—though not in a very marked degree—after eating.
That he feels better moving about than when sitting.

These generals would be against Chel. and in favor of Lyc., but they are *only weak and not strongly marked generals*, and consequently should not be allowed to overrule the *strong particulars* that indicate Chel.

1. Amongst general symptoms is to be included the mental state, which, reflecting the condition of the inmost part of man, is bound to be of the utmost importance, and—as Hahnemann so strongly insists—must always, if well marked, take the highest rank in the selection of the remedy. These symptoms are naturally the most difficult to elicit, for people, as a rule, shrink from revealing their inmost thoughts and motives, their hatreds and yearnings, their evil tendencies, and their delusions, etc., and it requires the greatest tact and a full knowledge of human nature to win the confidence of our patient, and so understand his deepest thoughts.

Of course, we are all aware of the value of the more common mental states, and these influence us, consciously or unconsciously, in the choice of our remedies. We all recognize, for example, the fastidiousness of Arsenic, "the gentleman with the gold-headed cane;" the irritability of Bryonia, Chamomilla, and Nuxvomica; the gentle, yielding, lachrymose Puls.; the ever-varying moods of Ignatia, the hauteur of Platina; the lack of self-confidence of Silicea; but there are many less apparent conditions, which have to be deeply probed for, though when found are invaluable. Such are the presentiment of death of Apis.; the lack of natural affection of Sepia and Phosphorus; the strange impulses to kill those dearest to them of Mercurius and Nux.; the suicidal promptings of China.—not open and obvious like those of Natrum sulph, but hidden, shame-faced, and mixed with fear. These latter, in the early stages, few patients care to allude to, yet their value to us is inexpressible. Even amongst the mental symptoms there are various ranks, and consequently they vary greatly in their value.

All symptoms of the will and affections, including desires and aversions, are the most important, as they relate to the inmost in man. Of less value are those relating to the intellect, while those of memory are to be ranked lowest of this group.

2. Amongst our other generals are the effects of sleep and dreams,—such as the aggravation after sleep of Lachesis and Sulphur; the aggravation from loss of sleep of Cocculus; and the great relief from sleep of Phos. and Sepia.

Again, how often has the study of the dreams revealed the hidden key to the remedy! For in sleep man is off his guard, and his subconscious self can assert itself, and under such circumstances the veil is often lifted a little, so that we are able to apprehend in some degree the deep and hidden mysteries of that disordered life we call disease. Of course, such dreams must be regular and persistent to make them of value, and great care must be taken to eliminate the effect of all external influence.

I recall a case of aortic aneurism, giving rise to much pain and many other pressure symptoms. The patient had not the slightest idea what his disease was, yet he dreamed, night after night, of pools and seas of blood, and so distressing was this that sleep was one wild nightmare. The other symptoms were valueless so far as the selection of the remedy was concerned; but, taking the dreams as my guide, I gave Solanum tuberosum ægotans, which completely removed the dreams, and so relieved the pains that he went down to his grave in peace.

3. But one grand general—viz., the effect of different temperatures upon the patient as a whole—is often of the greatest service in calling our attention to special groups of remedies and excluding other groups, so that the labor of selection is thereby greatly lessened. It is by no means always an easy general to use—in fact, I am more careful in questioning patients with regard to this than with regard to anything else.

How often, in response to our question as to how they are affected by heat and cold, they will reply: "Oh! I can't stand heat!" But, on inquiry, you discover they hate cold, but cannot stand a close, stuffy place; or perhaps they may say so because

they are worse in summer—which is not necessarily the same as aggravation from heat, for summer, in this climate at any rate, means more than heat.

Another frequent source of error is the tendency to mistake any undue readiness to perspire as an indication that heat aggravates. On the other hand, many confuse an undue tendency to catch cold with aggravation from cold; but when we have eliminated these errors and find the patient markedly aggravated as a whole by heat or cold, we are greatly aided in our choice of remedy.

This question of temperature is often very valuable when the body as a whole is markedly affected by one temperature, and some special organ by the opposite; for example, we find a general shrinking from cold under Ammonium carb. and Carbo vegetabilis, yet their respiration is relieved by cold air. Cycl. has the same aggravation, except with regard to its headache and catarrh; Magnesia phos., except for its cough and some headache; China., except for its stomach symptoms; Phosphorus, except for its headache and stomach symptoms: as a patient suffering from headache and general rheumatism of the body remarked, if he could only have his body in a bath and his head in an ice-tub, he would be supremely happy.

Conversely, the general aggravation of heat of Lycop., except for its stomach and some rheumatic symptoms; of Secale, except for some headaches and neuralgias, illustrates the value of this general. The exquisite sensitiveness of the mercurial condition to both extremes of temperature, finding comfort only at a medium temperature, is doubtless known to all of us, and must often have served us in good stead when the other mercurial symptoms were absent.

4. There is little need to call attention to the general effect of the various weathers, but many a valuable hint is obtainable from them, not only in a positive but also in a nega-

tive way. In many conditions such as rheumatism, where we expect as a rule to have an aggravation from weather changes, the absence of such an aggravation becomes peculiar and characteristic, and enables us to throw out of consideration whole groups of remedies.

For example, where change of weather does not influence a rheumatism, we can safely exclude *Dulcamara*, *Nux moschata*, *Phos.*, *Ranunculus bulbosus*, *Rhododendron*, *Rhus*, *Sil.*, *Tuberc.*; if wet weather does not affect, we can eliminate *Calc.*, *Merc.*, *Natrum carb.*, *Natr. sulph.*, and *Ruta*. Such negative conditions are not sufficiently used.

While the mere absence of particular symptoms that strongly characterize a remedy cannot be relied on as excluding that medicine, yet when strong generals that characterize the remedy are absent we can, with a fair degree of confidence, exclude that remedy, simply because each drug is a unity, and such characteristic generals are their very web and woof.

5. Amongst the generals must be included the influence of the various positions, such as the strong aggravation of most symptoms by standing, of Sulphur and Valerian; the aggravation of lying on the right side, of *Merc.*; the peculiar aggravation of *Phos.* when lying on the left, yet aggravation of the head symptoms when lying on the right. To be of any value as a general symptom, the patient as a whole must be markedly influenced by these, and if only one organ is so affected they take only low rank, being particulars.

6. The tendency of disease to affect particular parts of the body is often well marked, and may be a general of considerable value. Such, for example, is the semi-lateral nature of many illnesses that require *Alumina*, *Kali carb.*, *Phos. acid.*; or, if the right side is mainly affected, *Apis*, *Bell.*, and *Lyc.*; or, if it be left-sided, *Argentum nit.*, *Lach.* and *Phos.* Again, how often has the oblique appearance of symptoms led to the choice of *Agaricus* or *Asclepias tuberosa* as the remedy, and even

more frequently the appearance of symptoms on alternate sides has led to a cure by *Lac. caninum*.

7. Let us consider how profoundly time influences our diseases, and how common it is to find the symptoms aggravated regularly at particular hours. Here, indeed, is a valuable and great general whose proper use will enable us many a time to decide which is the true remedy. It may be the morning aggravation of *Chel.*, *Natr. mur.*, or *Nux.*, or the evening one of *Bry.*, *Bell.*, or *Puls.*—perhaps coupled in the latter remedy with the exceptional aggravation of the stomach symptoms in the morning.

Or if we find the cases characterized by periodic return of the symptoms—whether it be daily, as in *Aranea*; or on alternate days, as in *Chininum sulph.* or *Lyc.*; or every two weeks, as in *Ars.* or *Lach.*—we here, again, have a general of the greatest value. It is worthy of note that the less the disease that happens to be under consideration is itself normally characterized by periodicity, the more does this periodic return of symptoms indicate special remedies which have this characteristic in a marked degree. This is well exemplified in the case of ague, which is normally characterized by the periodic return of the paroxysm at fixed intervals, due as we are all now aware to the segmentation of each variety of the parasite at definite times. The mere fact that this periodicity is common to the disease, and hence not peculiar to the individual patient, has led the most successful prescribers for this disease to base their prescription on other factors that are present rather than on the periodicity, though, of course, by no means excluding it from consideration.

8. The various cravings for, and aversions to, various substances are as a rule general symptoms, for they depend upon some deep need in the body as a whole, and, if outstanding and definite, must always take high rank. It is easy to understand many of these, such as the aversion to fat

of Puls., for it also disagrees, or perhaps also the craving for salt of *Natr. m.*; but the reason for many others is utterly beyond our ken at present.

For example, an intense craving for pork in a case of rheumatoid arthritis, which presented no symptoms beyond those common to this disease, put me upon the track of *Crotalus* and led to the cure of the case, though the patient had been bedridden for over six months.

9. One more of these general symptoms I would allude to—viz.: the influence of eating. Of course, so far as it affects the stomach directly, it is only a particular, and we do not, as a rule, find it to be of much help in the selection of the remedy; but when the man as a whole is thereby influenced, and states that he feels better, or worse, all over, by eating, then it becomes a general of high rank. Especially is this the case when symptoms in parts far distant from the stomach are so influenced, such as the aggravation of the pains in the limbs of *Indigo*, or the amelioration of *Natrum carb.*, or *Kali. bichromicum*.

The effect of special foods is at times general, affecting the man as a whole; but, as a rule, they affect only the digestive organs, and in that case are merely particulars. It is through forgetting this distinction that all of us at times rank their influence too high, and are disappointed when remedies, selected more or less in accordance with them, fail to cure the case.

10. The special senses are often so closely related to the whole man that many of their symptoms are general. For example, when the patient states that the smell of food sickens him, this is a general; but if he only experiences a subjective, offensive smell in the nose, this would merely relate to the one organ and consequently would be only a particular, and of comparatively low rank.

11. General symptoms are not always recognized at once to be so, but on examining a series of particular organs we find that a symptom or

modality runs so strongly through them all that it may be predicated of the patient himself. Here we have a general made up of a series of particulars.

For example, if we take a case in which, wherever the pain happens to be felt, whether in head, or chest, or limbs, there is relief from lying on the painful side, this becomes so common as to characterize the patient as a whole; or, if we find that in all organs and tissues affected the pains are boring from within outwards, as is found under *Asafœtida*, then this symptom can be raised from being an ordinary particular to a general of low rank; or, if the pains, wherever they may chance to be located, are always associated with numbness, as in cases requiring *Plat.* or *Cham.*, then this may also be regarded as a general, though, of course, of a comparatively low rank.

But there is a real danger of overdoing this dependence on generals in the selection of the remedy, and a glaring example of this is seen in *Bœnninghausen's "Pocket Book."* In this he overdid the generals, for he generalized many rubrics that were only particulars.

For example, writing is a rubric of particulars, and in no instance is the patient himself worse from writing; but in some cases it is the eyes, from looking; in others the hand, from exertion; or in others the back, from sitting bent. If we are searching for the remedy for a headache aggravated by writing, a rubric composed after this manner would be useless. But the rubric "aggravation from motion" is on quite a different footing; for, if we have a case requiring, say, *Bryonia*, we find so many particulars aggravated by motion that it appears that the very patient himself is worse from motion, and consequently in this case motion is a general.

12. There is one other general—the greatest of them all—which I must not omit, for it is created by the blending of all the generals and particulars into one harmonious whole.

For lack of a better word, we speak of, let us say, the "Sepia" constitution, meaning thereby that special diseased condition of mind and body for which that remedy has so often proved itself curative, that we come to look upon it almost as an entity. At times it is plainly discernible by all, and capable of being described in words,—such as the leuco-phlegmatic constitution of Calc.; the tall, thin, narrow-chested one of Phosphorus; or "the lean, stooping, ragged philosopher," as Hering called the Sulphur patient. Far oftener it is something much more subtle, such as that of Arg. nit., with its fears and anxieties and hidden, irrational motives for all it does.

To very few of us is it given to penetrate into these secrets, and to understand that almost indefinite something which often lies behind the mere symptoms, modifying and characterizing them all, and so becoming the governing element in the whole case. The masters in our art are those who have had the power to understand this great general, and we stand amazed at their skill in penetrating right into the heart of the most complex cases and evolving order and consequent cure out of seeming chaos.

PARTICULARS

While the general symptoms are of the highest rank, as a rule, simply because they relate to the man as a whole, we must on no account undervalue the particulars. In fact, many cases seem to be composed only of particulars, and have few or no generals of any importance. In such a case, where no one remedy corresponds to the case as a whole, we must base our selection upon those particulars that are most characteristic and peculiar; for it must be borne in mind that both generals and particulars may be either characteristic and peculiar with, say, a vague aggravation from cold and damp, an indefinite depression of spirits, or an irritability without any qualifying con-

ditions, or not of much intensity,—then the characteristic particulars must lead.

1. There is one matter in connection with prescribing the particulars that may give rise to a difficulty in selecting the remedy. In alternating complaints, such as of eye and stomach, we may find that, say, Euphrasia is more sharply related to the eye symptoms than the deep-acting remedy that best fits the whole case, and that Puls. corresponds to the stomach ones better than the deep-acting one does. We must ever remember that there is one deep-acting remedy that is more similar to the whole patient than these special remedies, because it corresponds better to the general symptoms.

I have previously quoted Hahnemann and Kent with regard to the importance of paying heed mainly to the symptoms that are peculiar, but this is only one aspect of the truth; for the highest rank of all belongs to those symptoms that not only are peculiar, but are also general.

A very good example of this is a case with very high fever, let us say, of 105°, yet without the least thirst. Here we have without doubt a very peculiar symptom, for the absence of thirst with such a temperature is a most unusual thing, and this thirstlessness is a general, for it is the whole man that is thirstless. Of course, if we had only temperature of, say, 101°, this symptom would not be specially characteristic, and consequently of comparatively low rank.

2. Before we pass from the consideration of particulars, I would call attention to the fact that common particulars may in certain circumstances assume a comparatively high rank. Two common symptoms which, if they appeared alone, would be of little importance, when associated, at once become of considerable value—the coryza with polyuria of Calc. is a good example of this. In this connection it is worth noting that a remedy can cure groups of symptoms, even where they did not

appear as concomitants in the proving; and this is the case even when the components of the group were observed by quite separate provers. Kent, in his great repertory, has left out the majority of concomitants, and has retained only those few that abundant clinical experience has demonstrated to be frequently associated.

Other examples of this raising of the rank of common symptoms are:

Where the common symptom is associated with a peculiar modality, such as the chilliness of Puls., worse near the fire.

Or a special localization may emphasize a quite common symptom, such as the aching pain at the inferior angle of the right scapula of Chel.,

Or finally, the mere intensity of a common symptom, such as the overwhelming sleepiness of Nux m., gives it a value that otherwise it would not possess.

OTHER IMPORTANT CLASSES

1. Ranking close behind, or even at times taking precedence of the peculiar and general symptoms, must be placed the last-appearing symptoms of a case. These symptoms, to be of any real importance, must, of course, be outstanding and definite, and if so they are always of the first importance in the choice of the remedy. So much is this the case that, where no remedy can be discovered that corresponds to the case as a whole, it is at times necessary to be guided almost exclusively by them. When so prescribing, it is not to be expected that the remedy will influence the case very deeply, or cause any markedly curative results; but it will modify the symptoms and open up the way for other remedies.

The foregoing refers to the symptoms that have been the last to appear, before homœopathic treatment was instituted; but even when the appropriate homœopathic remedy has been given and modified the case, and new symptoms have appeared, the same law holds good. Hering,

however, cautions us to note that these new symptoms will generally be found amongst the symptoms of the last-given remedy, but only of low rank, and not guiding in the choice of the second remedy.

These new, or last-appearing, symptoms may be old ones which had disappeared many years ago, and have now returned through the action of the first remedy. Accordingly, before using them as guides in the selection of the second remedy, we must have patience and make sure that their return is permanent, and not merely a temporary reappearance while on the way to final extinction.

2. Another very important rule of Hering's, the observance of which will often prevent many mistakes and save much study, is: that the second remedy must bear a complementary relation to the first; and hence the last remedy that has *acted*, either homœopathic or allopathic, forms one of the most important guides in the selection of the second. The knowledge of this rule is a great time- and trouble-saver, for, in the majority of cases, a reference to the tables of related medicine would enable us to select with ease the remedy that is to follow.

3. Toward the beginning of this lecture, I made passing mention of the value of old symptoms which had long ago disappeared, pointing out that, for many reasons, they were often of very uncertain value. While it is seldom advisable to give them any very high rank in the selection of the remedy, yet they are of the utmost value in confirming the choice of remedy, or in differentiating between competing remedies selected in accordance with the now active symptoms.

As an example of this, Kent mentions the case of a man who had long suffered from neuritis of the limbs, whose present symptoms did not point decisively to any one of five or six competing remedies. It was discovered that in infancy he had been affected by eczema capitis, very similar to that caused by Mezereum, one

of the competing remedies, and on examination of the pains in the limbs produced by that remedy it was found that they closely resembled those now experienced by the patient. This remedy proved curative and reproduced the original eruption.

Dunham's well-known cure of deafness by the same remedy is another example of this use of old symptoms.

4. In the cases just mentioned, the diseases cured were not characterized by any marked pathological changes, but in cases where these changes have become quite definite it is useless, in the majority of cases, to prescribe upon the symptoms that now present themselves. We must here also seek to discover the primitive symptoms that the patient experienced long before any definite pathological change took place; and though the task, as I stated, is difficult, yet we can often obtain enough data upon which to base our prescription.

5. I need hardly say that no one, even when he has been able to obtain the fullest and most accurate description of these old symptoms, expects to be able to cure diseases that have advanced so far as to lead to practical destruction of organs and tissues. It is only the beginnings of such processes that are amenable to medicines, so far as positive cure is concerned.

Even in comparatively recent and uncomplicated cases of chronic disease, when the symptoms have been suppressed and the whole character of the disease changed, the symptoms that now present themselves must in the great majority of cases be our guides, though at times it may be necessary to select from amongst the competing remedies one that is known to have an antidotal relation to the suppressing drug. This is not, however, invariably the case, and it is at times necessary to give the original symptoms the higher rank and to be guided by them, to the exclusion of those now present.

As an example of this, an otherwise healthy young man, who had suffered for over a year from sciatica, presented himself with stitching, cutting

pains in the calf, worse at night, better from heat, worse in motion, relieved by flexing the limb. Coloc. and other drugs failed to give relief. It was found that the disease, which was originally located in the upper part of the nerve, had been vigorously treated by external applications, with the result that not only was the situation of the pain altered, but its character and modalities had been completely changed. The original pain was of a tearing nature, and was greatly aggravated by sitting—not quite so severely felt while walking—and there was almost complete relief when lying down. Ammonium mur., selected in accordance with these old symptoms, promptly cured.

7. Tonight I can make only passing reference to the so-called primary and secondary effects of drugs, to which some good prescribers have assigned different values in the selection of the remedy. So far as my experience goes, it does not seem to matter in what order the symptoms may appear in a proving—if the remedy can produce them, it will also cure them, irrespective of their position in the disease, and, consequently, so far as rank is concerned we cannot differentiate between them.

PATHOLOGY

I stated at the beginning of this lecture that Hahnemann insisted that we must be guided in the choice of the remedy almost exclusively by the symptoms, to the practical exclusion of pathology; but I think there is a good deal of confusion with regard to this matter. So far as I can see, Hahnemann did not object to the use of the pathological changes as guides for theoretical reasons, but only for practical ones.

It is true that to a limited extent it is practical to use pathology as our guide, and we all do so use it. Whenever we have to prescribe for eruptions or ulcers—which are, after all, pathological changes—we do not hesitate to be governed by anything that is peculiar or characteristic about

them, such as their color, shape, and position, because by means of these peculiarities we can differentiate. But, when we come to deal with gross pathological changes in the deeper organs, we meet with two difficulties.

In the first place, we are unable in the living patient to determine those minute differences—though doubtless they do exist—which, if discernible, would enable us to differentiate.

And, in the second place, very few of our remedies have had their provings pushed far enough to cause corresponding pathological changes.

These, I take it, are the practical reasons that led Hahnemann to ignore pathology; and, though our knowledge of this subject has enormously advanced since his day, his reasons still hold good.

But we cannot, even in the selection of the remedy—to say nothing of its absolute necessity in all questions of diagnosis and prognosis—ignore pathology, for without it we cannot understand the true course and progress of a disease. Only by means of it can we know the symptoms that are common to the disease, and hence those that are peculiar to the patient. We also thereby know, at certain stages of some diseases, no matter how similar the symptoms produced by certain remedies may appear to those of the patient, yet that, owing to the superficial character of their action, it is not possible for them to prove curative.

For example, in pneumonia, in the stage of exudation, while the symptoms may apparently call for Acon., we know that this remedy, owing to the superficial nature of its action, cannot produce such a condition, and closer examination will reveal that some deeper-acting remedy, such as Sulphur or Lyc., is needed.

Pathology enables us to decide, when new symptoms arise, whether they are due to the natural progress of the disease or to the action of the remedy. We must clearly understand that *it is the patient that is curable*, and not the disease, and

without a proper understanding of pathology we are liable to err.

Take a case of inflammation of a joint that has gone to ankylosis—the suitable remedy will cure the inflammation, but will be powerless to break down the adhesions, and surgical aid must be sought. The same holds good with regard to tumors, for when the patient is cured the tumor will cease to grow and perhaps may be absorbed, but very often it persists, and must be removed by the knife.

Pathology also warns us that it is dangerous to attempt to cure certain conditions of disease, such as advanced phthisis, or deeply situated abscesses, or where foreign bodies are encysted near vital organs. In such cases, Nature can cure only by ulcerating out the foreign substance, and the exhaustion entailed by such an operation is often fatal. Of course, in such cases, if a surgical operation is not deemed advisable, we can do much to relieve by means of short-acting remedies which have no tendency to excite Nature to get rid of the foreign body or dead tissue by suppuration.

CHRONIC MIASMS

I now come to a matter which has given rise to the sharpest controversy in the past, and which many have absolutely rejected, viz., Hahnemann's doctrine of Psora. I would not have alluded to it this evening, after having spoken of so many things that I cannot expect all to accept, unless it had been that the discussion of the comparative rank of symptoms would not be complete unless this matter was considered.

All are agreed, at any rate, on the existence of the two other chronic diseases, viz., Syphilis and Sycosis, and I would like to indicate, before closing, the views of the man who more than anyone—even more than Bönninghausen—has elucidated the course and progress of these diseases—I mean, of course, James T. Kent.

Kent holds that these chronic diseases may exist either in an active

or a latent condition, and may present themselves in three ways, viz.:

As a single miasm.

Two or three miasms co-existing or separate, but only one active at a time.

Two or three miasms forming a complex.

But, to come to the point we are interested in this evening, both Hahnemann and Kent teach that we must attack the one that is uppermost at the time, and ignore the symptoms of those that are latent, except in the last monstrous phase, where two or three form a complex, which is a rare thing, and seldom brought about except by the prolonged abuse of unsuitable remedies.

Where two miasms, say Syphilis and Sycosis, co-exist, it is not uncommon to find them alternating, though only one is active at a time. In such

a state of affairs we naturally will select the remedy solely in accordance with the symptoms of the now active miasm, and ignore those of the one that has become temporarily latent—in other words, only the symptoms of the active one have any value in the selection of the remedy that is required at the moment.

Such, gentlemen, is a very imperfect sketch of the rules that must guide us in determining the comparative value of the different classes of symptoms, a matter of the utmost practical importance in connection with the problem of the cure of complex chronic diseases.

And it is solely by our success in the treatment of this class of disease that we can hope to convince our brethren of the old school that the true and only law of cure is that of *similia similibus curantur*.

Hello!

When you see a man in woe,
Walk right up and say "Hello!"
Say "Hello" and "How d'ye do?"
"How's the world a'usin' you?"
Slap the fellow on the back,
Bring your hand down with a whack;
Walk right up and don't go slow;
Grin an' shake, an' say "Hello."

Is he clothed in rags? Oh sho'
Walk right up and say "Hello!"
Rags is but a cotton roll,
Just for wrappin' up a soul,
An' a soul is worth a true
Hale and hearty "How d'ye do?"
Don't wait for the crowd to go,
Walk right up and say "Hello!"

When big vessels meet, they say
They salute an' sail away,
Just the same are you and me,
Lonesome ships upon the sea;
Each one sailing his own log,
For a port behind the fog.
Let your speakin' trumpet blow,
Lift your horn an' cry "Hello!"

Say "Hello!" and "How d'ye do?"
Other folks are good as you.
When you leave your house of clay,
Wanderin' in the far away;
When you travel through the strange
Country t'other side the range;
Then the souls you've cheered will know
Who you be, an' say "Hello!"
S. W. Foss.



"The entire pathogenetic effects of the several medicines must be known; that is to say, all the morbid symptoms and alterations in the health that each of them is especially capable of developing in the healthy individual must first have been observed as far as possible, before we can hope to be able to find among them, and to select, suitable homœopathic remedies for most of the natural diseases."
ORGANON, § 106

The Application of the Remedy*

BY A. EUGENE AUSTIN, M.D., H.M., NEW YORK, N. Y.

Samuel Hahnemann, Seer, Prophet, Philosopher, constructed with mountains of intellectual thought. The forcible, the sagacious and wise men of the nations advanced and stood before these mountains of thought, conquered. History tells us that Socrates was so persistent in solving problems that, at one time, he stood three days facing the east, pleading for more light to solve his problem; nor did he change his attitude. Finally, as the sun rose, he said a prayer, and journeyed homeward with his proposition solved. The great laws of the philosophy of Homœopathy Socrates never solved. Plato came near to the knowledge of the homœopathic law, when he said that man should be prescribed for as a whole, meaning body and mind.



HAHNEMANN, the Seer of Cöthen, encompassed by opposition and malice, forgets self. As an outcast, hungry, wretched, blasphemed, and driven from village to hamlet, with a soul calm above the crowd of angry old-school doctors and apothecaries, he realizes that fire cannot burn nor storms quench nor destroy the soul. He sees that worthy seers and masters have failed, are failing and will fail, as they kneel in the shadow and darkness of the night of ignorance around the tree of knowledge, to which they have not the secret word or key. Gazing at its massive roots which have held its definite laws through the ages, and its bark covering deeply its concealed treasures, not a branch, nay, not a twig nor flower, can they move, although its leaves are for the healing of the nations.

What sound impinges on my ear?
 Is it the voice of Æsculapius, or rather friends of the ill man making sacrifice of a cock, in gratitude for his recovery, to the gods? No, this is superstition; but Hahnemann's principles are founded on the tides of eternal law. Yes, trained and cultured physicians of Europe, you sent these to us with your fathers of wisdom. We, grandchildren, bring them back and lay them at your feet in gratitude. We have tried them, and they have never failed us when applied or demonstrated by the intelligent. We are grateful for the benefaction. Again you honored us with some of your very best men to walk in Hahnemann's paths with Dr. Kent, who bears the same torch which the great German Master always kept so brightly burning. Thus we, from the United States, send back what you so graciously loaned us,

* Presented at the London Congress for Homœopathy, July, 1911

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proving again that all the love in the hearts of the nations is one great love, that all the minds of intellectual worth are one mind. This message I bring you after a century of testing.

Applied Materia Medica according to law, put in usable form by Hahnemann's genius, is a fascinating science. You must consider the remedies your personal friends. Some are born kingly and queenly, and thus do kingly and queenly things for the masses. Others are in the realms of royalty, while others, through years of faithful service, have been knighted even from the lowest walks of the three kingdoms. We must know all about them; their names, where they select their birthplace, whether on mountain-side, along the brooks, in the plain or valley, or the depths of the sea; their habits of action; their likes and dislikes; whether quick, short, deep, or superficial in action; the hour of aggravation and amelioration; the potency in which they work well. Learn each in its odd, rare, and unique ways, making it stand alone from its fellows. (You must think over these conditions as you see them, daily, expressed in provers, patients, and read of them in your books.) How long they will preserve tunement; what ones are complementary to each other; which follow each other well; which are inimical and antidotal. The correspondences of the three kingdoms have their resemblances in man, as he is made up of the three; thus you have his image and cure.

The master of a science sees far more; his thoughts live and play among them. He is not oppressed by the vastness that appears to be beyond all compassing. He brings the stars, the flowers, the minerals, and animals—all parts of the visible beauty of nature—into one perfect whole. Thus, when you enlarge your acquaintance with the remedies, the entire aspect of the Materia Medica is changed. It is not simply a brilliant assembly of helpers with which to cure, but a group of trusted friends, whose names and faces you have been

trained to know and love. It is humiliating to hear men, old enough to know better, say: "I have tried this or that remedy, and it has failed," proving, again, that even an exact law in the hands of the ignorant becomes a menace instead of a blessing. The mirror reflects back just what one brings to it.

In the ancient books of Sanskrit, you read of the vital force governing the body. Yes! it is just one of the same forms, holding the stars in their pathways, allowing the seas to come just so far along the shores of the hundreds of Universes. "Calc. carb. is one of the greatest monuments of Hahnemann's genius," writes Dr. J. H. Clark, of London, in his invaluable dictionary. His method of preparing insoluble substances brought to light a whole world of therapeutic power, unknown through the ages. Would you want to practise today without these? Nat. mur. has been given a kingly place in my heart, curing several cases of insanity for me. Pepper given by Kent cured a homesick girl who was bound to leave college.

Science is proving each day for our school that Samuel Hahnemann was a Seer, a Prophet, a Yogi. Today, one of Germany's greatest physicians, Professor Pfluger of Bonn University, is witnessing a demonstration in Chicago to prove that all atoms are in constant vibration. This is done by spraying oil into a vacuum, and, as you watch, these small oil-drops are bombarded by a few remaining molecules, which knock them around as a punching-bag. Prof. Milliken experiments, showing electricity to be a definite substance. As I hear my machine running the potency higher, I feel like telling these men to study Hahnemann's writings.

One two-hundred-millionth of a grain of salt can be detected, and this atom is composed of two parts. Again, if you place this in the candle flame, you get two lines instantly, near together in the yellow spectrum, whether in the chemist's laboratory, in the sun, or in the dog-star. Potas-

sium gives three lines; lithium, one yellow and one red; silver, two green lines; hydrogen, five lines; and iron, nearly one thousand.

Every remedy has its lines of color or tunement, thus causing distunement to cease, which equals health. Shall we not meditate briefly? Hahnemann's father taught Samuel Hahnemann the art of concentration when a small boy. When you analyze the light, although it comes from a most distant star, you find it is composed of the same substance. The dog-star has several unknown substances. It would take us by train, at the present rate of speed, five hundred million years to reach them. Here they come to reveal to us in their beautiful woven light events transpiring in other worlds than our own, making the story of potency over again. We enter wisdom's wide-open portals only as we have knowledge to know. I say again, it is not enough to know the remedies by name. They can do work far beyond belief when applied by a master's mind.

Many men think that when they have applied the remedy all has been done for the patient. Such resemble a man who has eyes, but sees not; ears, but hears not. Let us rather choose the intellectual peaks bathed in light, and thus, law, which reveals to the earnest seeker many different things after the remedy is given. The circle of all knowledge ends at its beginning point in perfect symmetry. If you commence your reasoning, and observation points only in shallow reasoning, small will be the circle of your power in the application of the remedy. If your circle commenced among peaks of intellectual thought, the result will be that every dark valley of disease full of difficult symptoms will be brought into full light, (like the sun rising in the eastern sky with its rosy finger-tips of dawn), and not a playing shadow of symptom will remain.

Hahnemann chose the paths of greatest resistance, and blasted them away before him. Many, yes, too many, select the paths of least resist-

ance. They enjoy living with the crowd's praise, which is like walking in a dark room. You stumble over every friendly thing in it. How different when you walk in the same room lighted. Let us be as the standard-bearer in the battle of Alba, who when officers and men alike fled, calling to him to follow with the colors, exclaimed in no uncertain language, "*Bring your men back to the colors.*" Let us face with pleasure great opposition found in the old school, sadly also among the ranks of unbelievers and scorners.

In homœopathic prescribing, close observation is very necessary, as the future of the patient depends upon your conclusions, and your actions depend upon your observations. If one is not conversant with the import of what he sees, he will do wrong things, making wrong prescriptions, changing his medicines.

There is only one way, and nothing can take the place of intelligence. Many have only notions on this subject, and see nothing after the prescription is made. If we are not accurate observers, our prescribing will be indefinite.

After an accurate prescription is made, changes in the patient are observed through signs and symptoms, expressing the inner nature of the disease. We must wait and watch patiently, that we may know what to do and what not to do. The remedy is known to act by the changing of symptoms, the disappearance, the amelioration of symptoms. The changes in order of the symptoms are all effected by the remedy, and these changes are to be studied.

Remedies aggravate or ameliorate. The aggravation is of two kinds: one, aggravation of the disease, in which the patient is growing worse; one, an aggravation of the symptoms in which the patient is growing better. The true homœopathic aggravation, I say, *is when the symptoms are worse, but the patient says, "I feel better."* We must know what all these states signify: the time; the place; how the aggravation occurs; how the melio-

ration takes place; duration; direction of symptoms.

The patient must be the aim of the physician. He must center his whole mind on the patient. Very often a patient says, "I am grower weaker," and yet you know that what he says is not true, as the symptoms tell always a truthful and faithful story of the patient; and when you tell him you find him better, he rouses up and wants to eat.

Thanks be to those laws that govern our school. They of the old school have nothing but the information of the patient. This is of little account after making a homœopathic prescription. The patient's opinion must be corroborated by the symptoms, and this is often the case. We must know by the symptoms if the changes are sufficiently interior or exterior. The physician must be acquainted with their significance, so that he will know by that whether the disease is being treated from the innermost, or that the symptoms have merely changed. Incurable diseases will very often be palliated by mild medicines that act superficially upon the sensorium, nerves, and the senses, while the deep-seated trouble goes on and progresses, and is sometimes made worse; but the patient is sometimes made more comfortable by them.

OBSERVATIONS FOLLOWING THE PRESCRIPTION

1. A patient comes to you with a hollow cough; he is lean, anxious, careworn, suffering from poverty. The symptoms indicate an antipsoric; he has needed it since his birth. You give it, and in a few days he returns, every symptom aggravated. The physician likes to hear of an aggravation of symptoms; but each week the patient comes back still worse since he took that remedy, no amelioration following this aggravation. This is the first observation: a prolonged aggravation and final decline of the patient. Our antipsoric was too deep. It has established

destruction; the vital reaction was impossible; he was incurable.

It is wise in doubtful cases, to give nothing higher than 200 potency, and watch and be prepared to antidote your remedy.

2. Now you have a case not progressed so far, and, although the aggravation is long-lasting and severe, after many weeks his feeble economy begins to react with improvement. At the end of three months, he is ready for another dose. In doubtful cases, go to lower potencies.

3. Then, in some cases after long aggravation, you get final and slow improvement.

4. Again, after administering the remedy, a quick, short and strong aggravation is followed by rapid improvement of the patient. The improvement is marked; he has abundant reaction, and there is no tendency to structural change in vital organs. All his changes are on the surface and not essential to life. You see this also in acute cases.

5. You have a class of cases very satisfactory, where there is no organic disease and no tendency that way. When you give a remedy to these patients, there is no aggravation. In these cases, it is more a condition of nerves, and the tissues are not changed, and the vital force is able to work through them in order.

6. I do not like to obtain first amelioration, then aggravation, after a remedy is given. Two things are to be said of this: either the remedy was only a superficial remedy and acted as a palliative, or the patient was incurable.

7. Sometimes you find the remedy was an error; it only knocked off some grievous symptoms, did not affect the constitutional disorder. It is fortunate for you if the symptoms return as they were, otherwise your patient must wait through grievous suffering. Be honest, and own up you made a poor prescription. The deep remedies work a long time, for weeks at times.

8. Patients have made a good recovery for a month, then come in

and say they are not well. If he has not been on a drunk, or touched chemicals, or come into the fumes of ammonia, you are suspicious of this case.

There is a class of patients where the relief of symptoms is too short after the constitutional remedy is given. If there is a quick rebound, that amelioration should last. If it does not, some condition interferes with the action of the remedy. I have noticed this in desperate, acute cases,—violent inflammation of the brain, where all symptoms left for an hour, and then I would have to repeat the remedy in half an hour. You soon know that patient is in a desperate condition. Belladonna and Aconite action is sometimes instantaneous, but the best reaction comes in one or two hours, as it is likely to remain.

If there is short amelioration, organs are threatened. In chronic diseases, there are structural changes, and organs are destroyed or being destroyed. Many times patients come to you and you can help them only so much. Those having one kidney or the lungs limited in performing their work, you can only palliate and make comfortable in these instances.

9. Some hysterical patients prove everything, and the remedy acts as does a disease. The remedy has its prodromal period of progress and period of decline. Such patients will prove the highest potencies. You can cure their acute diseases with low potencies, the 30th and 200th.

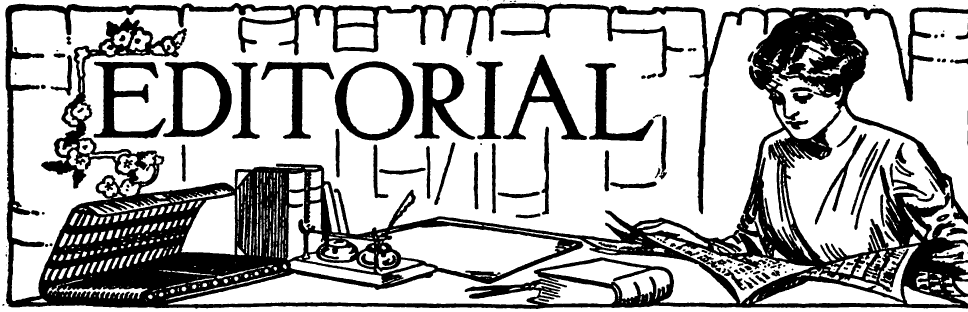
10. The doctor does not like to see many new symptoms appear after a remedy is given. Sometimes they are old forgotten ones; but, if this is not the case, finally the patient will settle down to the original condition, with no improvement manifest.

11. How happy it makes the physician to see old symptoms appearing and disappearing in the reverse order of their coming, and taking the patient into harbors of cure! We must watch, as Dr. Kent says, with the greatest care, the directions symptoms take. When diseases go from center to circumference, from the centers of life-organs such as the heart, lungs, brain, and spine, all is well. To see skin eruptions, rheumatism in fingers and feet: is pleasing to the doctor, coming from the center to circumference.

In saying farewell, may I ask you in parting to spend time in walking along the whole path Hahnemann trod so beautifully, that you may see the grandeur of this great soul's life, so tender and delicate in feeling for suffering humanity that their slightest ills were registered on his heart, as the seismograph's registering of even the slightest tremor on this old planet of ours. To me Hahnemann forms this picture: He sits in the chariot—the Homœopathic Law of Cure, as a witness. The horses are the remedies. His faithful followers who know the art are the charioteers; the reins in their hands control the right application of the remedies, leading the chariot into the victorious procession for the amelioration of suffering humanity.

Yes, his laws, governing the art, resemble the three dimensions; can be measured by time and space, having birth and death, yes, height, breadth and thickness; but the spirit-like action of remedies resembles the fourth dimension—it cannot be measured by space, time, breadth, nor thickness; it has neither birth nor death; it is eternal.

Hahnemann said: "These laws are the revelation given me by God."



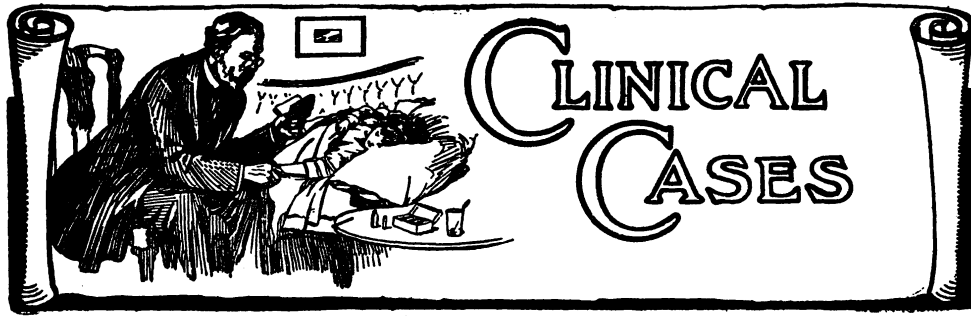
IT naturally comes into our minds to celebrate the birthday of Samuel Hahnemann on the eleventh day of April. Some will do this by a banquet, some by speeches, some by silent heart-throbs. Some will celebrate openly and outwardly, while in secret they administer tinctures in physiological doses and compound tablets, and alternate two medicines, neither of which is related to the sickness in hand. The silent, heartfelt thankfulness that Hahnemann was born and lived his life and left us the results of his discoveries in the ORGANON, CHRONIC DISEASES, and MATERIA MEDICA PURA, is the best way to celebrate this wonderful man's birthday.

Hahnemann fulfilled his usefulness, and no man ever took his place. This is true of all great and useful men. Every man that does his utmost in useful work leaves no one to do his work. Every man must seek his own work and do it; men fail when they try to fulfil another man's work. Many great men have followed Hahnemann; each has done his own work. Men have become great in Homœopathy in following the principles laid down in Hahnemann's ORGANON, in teaching, translating, compiling, and prescribing, but not a single man has become noted by using tinctures, compound tablets, or ignoring the doctrines of potentization. Some of these have become noted politicians, but none of them have been noted teaching the Philosophy or the Materia Medica. The men who have been noted teachers in our Materia Medica have been men who have openly stood for the principles of potentization, the single remedy, the similar remedy, and all the principles found in the ORGANON. All such men will celebrate the birthday of Samuel Hahnemann; many others will make speeches, and eat and drink and be merry. K.

THE custom of pasteurization for milk is coming into much favor among those who trace all evils to bacteria as causes. There is a prospect that it may be required, by legislative enactment, that all milk be treated to this process for family use and especially for infant-feeding. Let us be certain whether we want this procedure carried out for the food that is to nourish our children before we advocate or permit it to become a legislative enactment. May we have some discussion of the subject in the pages of THE HOMŒOPATHICIAN by those who have given attention to the subject and can deal with it from the viewpoint of principles?

IF you have failed to receive any numbers of THE HOMŒOPATHICIAN ask at your post office for copies minus the wrappers. One of them may be yours.

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"The individualizing examination of a case of disorder, . . . demands of the physician nothing but freedom from prejudice, sound sense and attention in observation, and fidelity in tracing the picture of the disorder."
ORGANON, § 83.

Chelidonium Majus Case—A Hahnemannian Cure

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



IN November, 1907, the daughter of Mrs. N., age sixty-three years, wrote: "My mother is dangerously ill. Our allopathic doctor says he can do nothing more for her, and is sure she is suffering from a form of cancer. We took her to London, where she was in the hospital two weeks, returning home two weeks ago. There they said they could do nothing unless they operated, and the doctor was not sure it would be a success, as he was not certain whether it was a disease of the gall-bladder, with gall-stones, or a malignant growth, and we felt she was too weak to pull through the operation. Two doctors and a physician have given her up as incurable. The doctor at the hospital said she might not live a week, and should go home at once. No gall-stones were found while she was in the hospital.

"About three years ago, she had a bad siege of jaundice, treated allopathically, and ever since, her skin has been more or less yellow and itching. From that time her health has gradually broken. She has had very bad paroxysms from time to time, with shivering and vomiting. Since July she has been much worse, and lately has had about two paroxysms every week.

"She seems very much worse this week, having had pain since Novem-

ber 3rd. She has been in bed ever since her return from the hospital. The journey tired her dreadfully. We feel she cannot last much longer unless relieved."

Her father died, at the age of forty-four, of phthisis from getting wet. Her mother lived to eighty years. No cancer is known in the family. Her symptoms were as follows:

Paroxysms begin with shivering; the tips of fingers and the feet icy cold, with a sensation of pins and needles. Relieved only by artificial heat; sometimes three hot bottles used even in the hottest weather.

From being icy cold she passes into an awful state of heat.

At times her clothes are quite wet with perspiration.

Intense pain across chest and "stomach," at the time of coldness.

Thirst intense during cold and heat. Generally takes soda and milk.

Sometimes she fancies hot milk and water; occasionally lemonade.

A tumblerful serves for three times. Retching and vomiting of undigested food, but no blood.

Mammæ pain around each nipple, worse in the right.

Back, only occasionally, pain under scapulæ.

"Stomach." Most intense pain is in center of stomach. Sometimes it lasts for hours and she finally becomes light-headed.

Position does not affect it.

Intense, from wearing tight clothes. Back aches if sits up long at a time.

Cold brings on a paroxysm at once.

After such a paroxysm, skin is a deep yellow, and this last week it has been more yellow than ever before; the color of a sunflower.

Skin itching.

Urine dark and thick.

Constipation. At all times stools are white or clay-colored, even when she is not in pain.

No appetite. Feeds mostly on Benger's Food, fruit, vegetables, and fish, but never enjoys any food. Would take nothing if left to herself.

Cannot digest any meat, which would bring on a paroxysm.

Gradually wasting; is nothing but skin and bones."

DIAGNOSIS OF REMEDY.

The characteristic symptom, or key-note, was *coldness of finger-tips*, which belongs pre-eminently to Chelidonium. (Kent's Repertory, page 944, second edition.) A reference to the Materia Medica showed that this remedy corresponded well to the totality of symptoms. On November 7, I sent her a few powders containing CHELIDONIUM cm (Fincke); a powder to be dissolved in a tumbler of water and a dessert-spoonful taken every four hours until she was better, then less often, for six days in all. She was then to wait without medicine, and report results.

Dec. 2. The patient, herself, wrote:

"The good your medicine has done me is really wonderful, after having been given up as incurable by two doctors and a physician. The pain lessened at once and ceased after the second powder. I have not suffered any pain since. My appetite returned at once; I enjoy each meal, and every day I grow stronger. The itching of the skin is less. Stools evacuated only by use of enema."
No Medicine.

1908, Jan. 9.

Writes that she has gained over fourteen pounds in weight; jaundice, quite gone; skin, the natural color, also the evacuations. Has had no more of the bad paroxysms of pain.

For about a week has had slight pains in chest and under left scapula. Icy coldness in finger-tips, but not now in toes, has returned at times.

Jan. 10.

CHELIDONIUM IM (F. C.) one dose.

Feb. 16.

Writes that on night of Jan. 10, could not sleep because of a sharp pain in region of umbilicus; it has now quite gone. (Possibly a Chelidonium symptom.)

Feb. 22.

Saw her for the first time and examined her, but found no trace of liver disease. She had had no more pain. Stools natural, but has constipation unless she uses enemas, which she is to discontinue gradually. Has had constipation for twelve months. Appetite good, but meat causes gastric pain. Has gained twenty-eight pounds or more since treatment. No itching of the skin. No coldness of extremities.

1912. Jan.

Has remained quite well ever since, except occasional dyspepsia which quickly yielded to the simillimum.

COMMENTS

1. This case illustrates the value of keynotes, *as a starting-point* in the selection of the simillimum to the *totality of symptoms*. They should not be relied upon to the exclusion of the totality.

2. Would a single dose have proved sufficient? Possibly so, but as the patient's vitality was weak and reaction probably slow, and as she had taken allopathic drugs which might hinder, I thought it best to repeat the dose until improvement commenced. Had the patient resided near me, instead of over one hundred miles distant, I should have given a single dose and watched its action.

3. Can I "lay the flattering unction to my soul" that I have cured malignant disease with Chelidonium? We know that the allopaths, being deficient in therapeutics, have attained to great excellence in diagnosis; so much so that their diagnosis is generally confirmed by the post-mortem. At least, my patient believes it, and I will do nothing to disturb her simple faith.



Menorrhagia—Two Cases with Comments

BY BENJAMIN C. WOODBURY, JR., M.D., PORTSMOUTH, N. H.

In presenting the following cases, the writer offers no apology for thus appropriating an excerpt from the pen of Dr. Carroll Dunham; for, in our opinion, such communications belong to Homœopathy. There are vast storehouses of valuable case records in our early-published journals that could well be brought forth again, republished and re-read. We of a younger generation, now that opposition to our Homœopathy is apparently less keen, need occasional backward glances at the lives and works of those pioneers of our art who, against opposing odds, struggled not in vain, in a good cause, and left to us the heritage of therapeutic liberty.

We wish to call attention to the article in question, owing to its close similarity to the symptomatology of the case here given. We shall briefly record our own and then a short sketch of a case of Dr. Dunham's, which was published in the New England Medical Gazette, Vol. V., No. 1, 1870.

CASE I



IN the month of October, 1907, the writer was consulted by the mother of Miss F—, age 15 years, who had always been of a rather retiring nature; fair, blond, began menstruating at an early age. Her mother sought counsel in regard to her daughter's condition, which was about as follows:

Thirteen months previously, the mother accompanied her to a neighboring city, where they consulted a dentist, who found it necessary to administer an anæsthetic to extract two or three teeth. The extreme shock and fright at the anæsthetic affected her very profoundly, and there followed an attack of wild delirium, and such alarming symptoms that the operator finally relinquished his undertaking.

Thereupon followed a period of marked depression of spirits, with very profuse uterine flooding, which had never been manifest before, and these symptoms had continued unabated to the time of consulting us. In the meantime, two or three old-school physicians were consulted; one relieving her for a time, another very much aggravating her condition. The writer, personally, did not see the patient, and never has seen her; the reason being that her mother did not bring her, as she lived in constant dread of physicians, and the possibility of local or surgical treatment.

Her symptoms were these, as given by her mother:

Continual sadness; brooding over her trouble.

Dread of society; fearing to go about lest the flow increase.

Weeps easily.

Menses profuse, flooding.

Obliteration of any sort of regularity. Flow very changeable, scanty, then profuse; dark, then light; thick then thin.

Flow only in daytime, none at night. General health fairly good, does not appear to have suffered much from loss of blood.

Bowels regular.

No headache.

Stomach, sometimes sense of goneness.

PULSATILLA 200, one dose to be followed by five powders of SACCHARUM LACTIS.

Feeling sure that PULSATILLA would be a good remedy to begin treatment, owing to the characteristic *changeable flow and changeableness of symptoms*, this was prescribed, and the mother instructed to report in two weeks.

Two weeks later. Flow ceased four days after beginning with the medicine.

Returned, in less degree, after the powders were all used.

General improvement in mental condition.

PULS. 200 and SAC. LAC.

Personally, the writer did not see the mother again, but another physician, with whom the case was left, saw her and the daughter, repeated the remedy again, one more dose; then, owing to the history of the case, *the origin of the difficulty from fright*, prescribed OPIUM in the 200th

potency, and thereafter, with no more medicine, the patient made a complete recovery.

After prescribing the PULSATILLA, on going over the case, the writer found in the repertory as follows (*Gentry's Concordance Repertory*):

Menses flow by day only—Caust., puls.

Menses profuse during the day—Caust., (coff., cycl., ham., cact., nat. mur., puls.).

Menses—more during day, while walking about—Puls.

Menstrual flow ceases when lying—cact., bov., caust.

Menses—flow only when moving about—Lil. tig.

Ceased to flow when she ceased to walk (Caust.—on lying down, Kreosote, Mag. C.).

Examining the allied remedies carefully, we find the leading symptoms as follows:

PULSATILLA

Derangements of puberty.

Menses suppressed from wetting the feet.

Too late, scanty, painful.

Intermitting flow with evening chilliness, with intense pain, restlessness and tossing about.

Flow more during the day.

Too late, scanty, dark, thick, clotted.

Changeable flow, intermitting.

Symptoms ever changing.

CAUSTICUM

Menses too early, too feeble.

Only during the day, ceasing on lying.

Melancholy moods.

Ailments from sudden emotions, fear, fright, joy, etc.

(Not the changeable character).

Suited more particularly to persons or children with dark hair and rigid fiber.

KREOSOTE

Menstrual flow ceasing on sitting or walking about.

(May be a corrosive leucorrhœa.)

CYCLAMEN

Menstrual flow dark, profuse.

Ameliorated during flow (Actea and Puls. worse during).

NATRUM MUR

Mood sad, weeping aggravated by consolation.

Pelvis intense bearing down toward the genitaliæ as if everything would protrude (Lilium tig.) which was absent in this case.

Thus we have differentiated Pulsatilla by its changeable flow, sadness and weeping; melancholy mood; flow only during day; suitable to light-haired females, mild temperament, who weep easily; worse during the flow.

There was in this case a temporary suppression of the menses, preceding the excessive, intermittent flowing, that was suddenly terminated by the fright above mentioned; and the flowing once begun had continued unchecked until patient consulted us. We especially mention this in view of the fact that we ordinarily think of Pulsatilla in cases where the menses are scanty and suppressed, or late in appearing.

Since the above was written, upon writing the mother of this patient, it was ascertained that there had been a return of the difficulty and she had become almost despairing of her daughter's recovery, but had finally decided to try "Divine Healing," and that helped her. "She is not right now with her monthly turns, but is very much better. I left off her taking the Divine Healing treatments before I ought. I think a few more will make her all right. She says very often that she wishes she could get some of Dr. W——'s little powders." At this time the patient was sent some more medicine (March 1910), and we have since heard from her no further. This is mentioned in view of the fact that so often in our case records we are unable to verify cases which, while they gave much promise of radical cure, are lost sight

of, through change of locality or other causes. Undoubtedly, there was a psoric background, else the patient would have "stayed cured."

CASE II

Space will not permit the recording of this case in detail, but we have taken some extracts from Dr. Dunham's article as follows:

A CASE WITH COMMENTS

"Mrs. S—, age twenty-seven years, fair and stout, has been married six years, never pregnant. Before marriage, menstruation was normal; soon after marriage, it became irregular, as follows:

Menses would appear at intervals of three or four months.

Flow continued with scarcely an intermission for twelve or fourteen weeks.

Not much during the day but abundant at night (learned on careful investigation).

Discharge generally dark and thick. Accompanied by pain, more or less severe.

Feeble and anæmic, during the flow, though not apparently emaciated.

Platina 200, China, Crocus, and Hamamelis had been given up to this time without effect.

MAGNESIA CARB. 200.

Four days later. Flow ceased at night for two days, now has entirely ceased.

Five weeks later menstruation appeared and there was no recurrence of the former long-continued trouble.

MAGNESIA CARB.

(Chronic Diseases)

Menses too frequent and too profuse.
Dark and thick discharge.
Flow more profuse at night.

BOVISTA

(Hartlaub & Trink. "*Materia Medica*" Vol. 3, Symptoms 382 to 394.)

Menses tardy and scant.
Flow more abundant at night.
Discharge watery.
Diarrhœa before and during menses (Ammon. carb.) might also be added.

Dr. Dunham goes on to discuss, in his masterly way, the comparison between Mag. Carb., and Bovista, the other similar remedy (both having flowing worse at night) and finds this difference:

"These remedies, so different, agree in this one symptom, increase of flowing at night."

"We could avoid error in a prescription only by taking cognizance of the totality of the symptoms, Hahnemann's approved method. Should we venture to base a prescription on this remarkable symptom alone, as a characteristic or 'keynote,' we should probably fail in half our cases. *Ex uno disce omnes*. There is no royal road to knowledge of the *Materia Medica*."

Can there be any system of therapeutics that tends more to scientific accuracy in prescribing than the Law of Similars? Surely, were not the above cases restored "*cito, tuto, et jucunde?*" "What more could gentlemen wish?"

Readers are asking for papers that present the practical application of principles in treating sick people. They want reports of clinical cases treated by the master prescribers, with the indications on which the prescriptions were based clearly picked.

Writers need not fear to be too explicit in detailing reasons for the prescriptions. These are requested so that others may be aided in looking into their cases and perceiving the characteristics.

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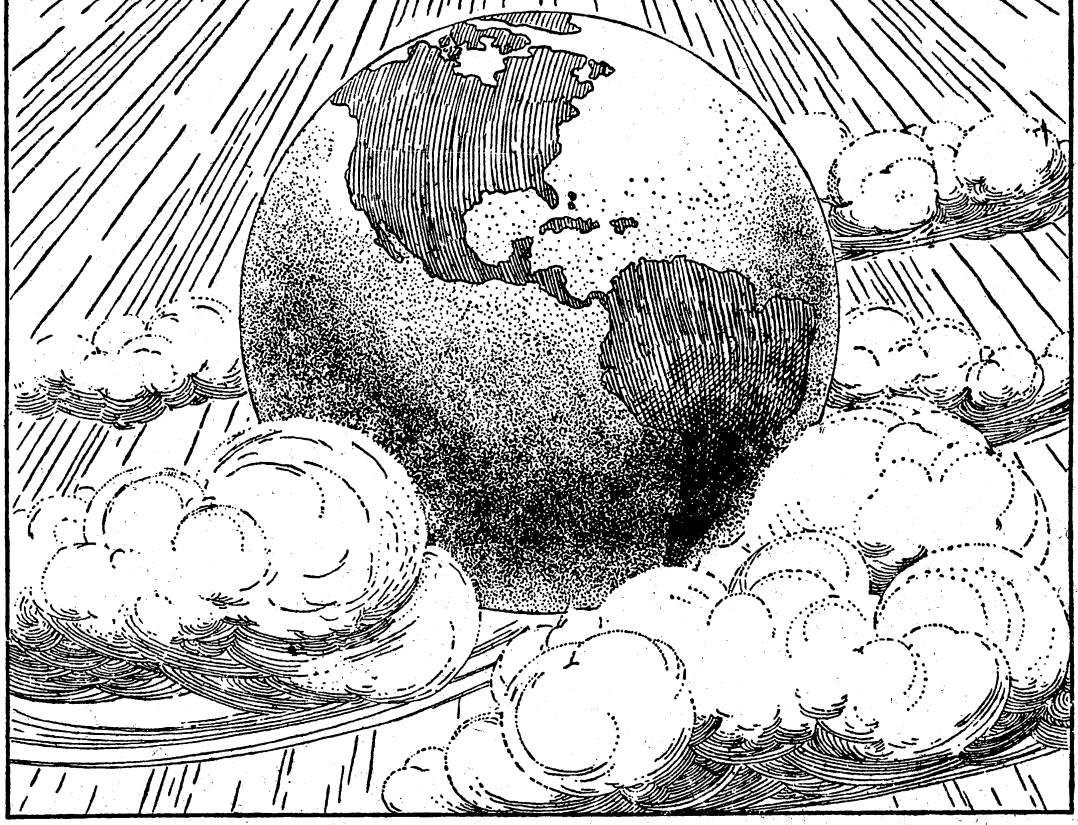
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Vol. I

MAY, 1912

No. 5

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The June issue will be especially for the laity, and will include articles of information about Homœopathy and plans for its extension.

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Last Call for Chicago

JUNE, 1912



THE program for the Third Annual Meeting of the Society of Homœopaths, so far as it could be announced, to date, appears on another page of this issue.

The President and Vice-President, in former numbers, have sent out their respective calls to the members scattered widely over the country, to assemble and unite their devotion for combined work and increased strength and power.

The Local Committee has arranged for accommodations at the Auditorium Annex, Chicago, for all who will attend, urging that each engage his or her room in advance (See rates in February HOMŒOPATHICIAN). A good attendance assures a good meeting-place without additional cost.

The success of the meeting depends on each individual member.

MEMBERS: Engage your rooms now.

So far as possible arrange to travel in company with those traveling from the same section and along the same route.

Be present for the first business meeting, Monday, June 3, 8 p. m., for important subjects to be discussed; remain for the college exercises, June 6, afternoon and evening, to greet the newcomers in the professional field of action.

Bring something of interest for discussion.

If you cannot possibly be present, send something of interest for the others to share.

JULIA C. LOOS, *Secretary*

LIFE

Life is real! life is earnest!
And the grave is not its goal;
Dust thou art, to dust returnest,
Was not spoken of the soul.

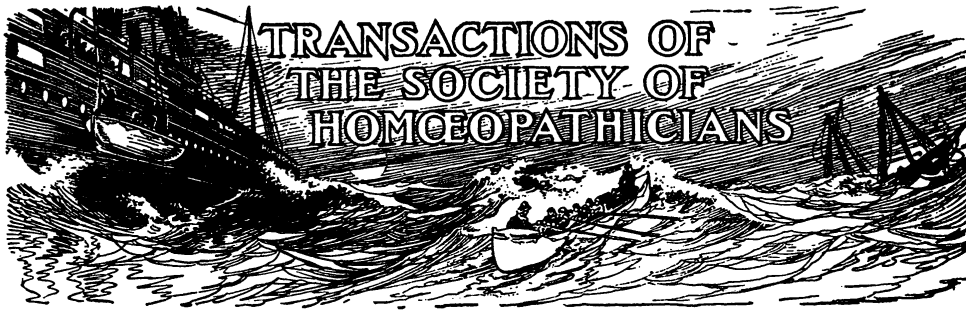
Not enjoyment, and not sorrow,
Is our destined end or way;
But to act that each to-morrow
Finds us farther than to-day.

Let us, then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait.

- HENRY WADSWORTH LONGFELLOW



1. Mary Florence Taft
2. Alice H. Bassett
3. Carrie E. Newton
SOME NEW ENGLAND CHARTER MEMBERS, SOCIETY OF HOMOEOPATHICIANS



"Its object shall be to foster and develop the principles of Homœopathy, as promulgated by Samuel Hahnemann, to increase knowledge of them and their application."

"Its prerogative shall be, guided by the authority of these doctrines, to determine what is Homœopathy and consistent therewith."
CONSTITUTION, ART. I, § 2 & 3.

Letters from Absent Members and Friends

THE essays by Dr. Kent (in the Transactions of the First Meeting of the Society) are grand. They help one to look on the inside, beyond the externals. I hope the doings of the Society may be used and issued in a journal, or at least embodied in the annual report.—R. S. H.

I MADE a one day's stop in Chicago, with a patient, and heard Dr. Kent lecture at the school. He is wonderful in his grasp of the *Materia Medica*. Personally, I feel like a child in comparison with his profound grasp of doctrine and practice. Everyone with whom I have spoken, who received the Transactions of the First Meeting was very much interested in them.—F. S. K.

MIGHT I suggest that copies of the Transactions be used for Missionary work here? You have no idea how hard it is, but we are fighting for our principles, and I am glad to tell you we are winning. Truth always lives. England has wakened and we ask our American brethren to hold out the helping hand.—J. W.

OF COURSE, a man must be sick inwardly before showing outward expression, and his mental symptoms—his loves and affections—express it in the highest degree, and must be covered by the remedy. I have always tried to give them the most importance, but Dr. Kent's two papers in *The Transactions of the First Meeting of the Society of Homœopaths* present the thing in such a clear light that I wish to thank him for the help they have been to me.—S. A. K.

THE *ORGANON* is the gospel of the Hahnemannian, but the assertions of the *ORGANON* are demonstrable in the light of modern science and with the pen of a logician. They must be expounded as is a geometrical problem, clearly, concisely, tersely, and irrefutably. We must not say, "Hahnemann said so," and base our lines upon his. This merges into childish composition, and attracts no attention from the mind that wants proof. We must demonstrate our principles, our therapeutic philosophy, with the aid of science and logic, and illustrate them concisely and clearly.—R. D. M.

IN MY office as treasurer, there have come tangible evidences of the universality of the teachings of pure Homœopathy, in that fees have come to me from widely separated points; so that we have a charter membership which includes both sides of the Atlantic and the north, south, east, and west of the United States, and copies of the Transactions of the initial meeting have been even more widely disseminated. This is encouraging, for our short existence as a Society urges us to even more arduous exemplification of that for which the Society was formed. It has been my hope, until recently, to be in attendance. Fate decrees otherwise, however, so I send greetings and wish you all success.—R. B.

ALTHOUGH I had not the privilege of sitting at your feet in the regular way, Sir, I still claim to be a devoted pupil of yours—and that is, perhaps, all the qualification I possess. I enclose the application filled out, and report of three cases treated by me, as required by the rules of the Society.—K. N. B.

I SHOULD like to send you a word of greeting, and wish the Society every success. I feel that I owe much to my visit to Chicago, winter before last, and I have since been able to satisfy myself thoroughly of the power of potentized medicine, and the great necessity for care in its use. In many cases, it is certainly “playing with fire.” I say, right here, that one cannot study too much the principles of action of potentized medicine, as laid down by Hahnemann and his illustrious successors, and elaborated by Dr. Kent.

I wish I could be with you at the meeting, but that is impossible. I hope that the Society may see fit to publish a journal in which the highest standard of Homœopathy is maintained.—P. H. S.

I SHALL think of you in those few days, and be with you in spirit; I only wish I could be present in body also. Keen as I am on the Hahnemannian Homœopathy, I know that I should gain fresh keenness and strength after meeting you again. There are very few real homœopaths in this country, *yet* I am sure there are going to be many. I shall look forward with eagerness to my copy of the Transactions of this next meeting. I thought the last copy, alone, was worth joining the Society, to say nothing of the bond of union between us here and you and your followers on the other side. I wish I could shake the hand of every member.—H. F. W.

MY ONLY desire is to introduce Homœopathy—the real thing—into England. But for Dr. Kent and his faithful friends, this would be impossible. A child may work the homœopathic miracle, but it is very difficult work for a doctor, *unless he has been trained by a master*. We people, with the best of wills, did not know how until you taught us. But the change that is going on in this city is unbelievable. We have really made great progress in three years. These scholars of Dr. Kent’s are splendid. Not only do they come back full of enthusiasm, but they are all ready to teach and help. Dr. W. is a genius. Homœopathy, here, will owe him an enormous debt.—M. L. T.

THE Transactions, received today, are a joy and encouragement. The movement that is now actively changing the character of things here promises to lead to very great things.—R. G. M.

PROGRAM—JUNE 3-6, 1912

MONDAY, JUNE 3

CALL TO ORDER—8 o'CLOCK P. M.
MARKING THE ROLL
ADOPTION OF ORDER OF PROGRAM
SECRETARY'S REPORT
TREASURER'S REPORT
CENSORS' REPORT AND ELECTION OF MEMBERS
BILLS AND NOTICES
LETTERS FROM ABSENT MEMBERS

TUESDAY, JUNE 4

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Cancer: When Curable and When Incurable
Wm. H. Schwartz, Perkasio, Pa.
Effect of the Mind in Sickness . Richard Blackmore, Farmington, Conn.
A Case Margaret C. Lewis, Philadelphia, Pa.
A Case Frederick S. Keith, Newton Highlands, Mass.
(Titles to be furnished)

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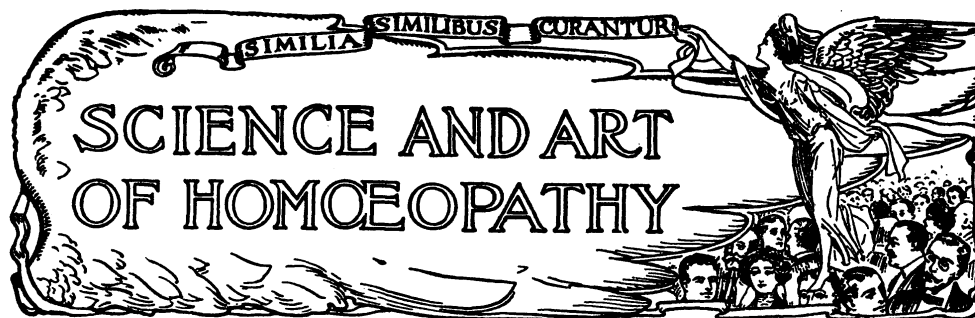
WILLOUGHBY W. SHERWOOD, *Chairman*, Chicago, Ill.

The Tripod of the Repertory R. del Mas, Hugo, Minn.
Why I Use the Repertory E. A. Moulton, Chicago, Ill.
Selection of the Indicated Remedy by Use of the Repertory
Elmer Schwartz, Chicago, Ill.
Remedy Selection Necessitating the Repertory
Julia C. Loos, Harrisburg, Pa.
A Promised Paper From Chicago, Ill.

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S. A. HANLIN, *Chairman*, Pomeroy, Ohio

A Sketch of Causticum R. del Mas, Hugo, Minn.
Naja Julia C. Loos, Harrisburg, Pa.



"If the physician clearly perceives what is to be cured in disease, . . . if he clearly perceives what is curative in medicine . . . and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what is undoubtedly morbid in the patient, so that recovery must ensue, . . . if finally he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent: then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art."

ORGANON, § 3.

Temperaments

By JAMES TYLER KENT, A.M., M.D., CHICAGO, ILL.

We see many absurd statements in our homœopathic literature. Many of these statements are the ex-cathedra statements of our ablest men. These are quoted and handed down as accepted and demonstrated wisdom. Our clinical reports are full of these traditional whims. The clinician reports a case that is clear and strong in the reasons for the use of the remedy that cured, but he ends his reasoning by saying that, in addition to the symptoms, he favored the remedy because her hair was auburn, or blond, or dark, according to the remedy selected, which is fully approved by the guiding symptoms.



MAN who is given to asking questions will naturally desire to know if Pulsatilla ever produced light-colored hair, or has ever changed dark hair to blond. If the former, then it is pathogenetically related to the case; if the latter, it is clinically related to the case. If neither, then why give such reasons for selecting the remedy?

If Pulsatilla has cured fifty consecutive cases in blondse, without a single failure, when the symptoms were such as were produced in healthy people, is that an iota of proof that it will not cure just as speedily in brunettes? And if it is not a reason that it will not cure in brunettes when the symptoms call for it, does it appear a fallacy to give Pulsatilla to a woman because she is a blonde?

If dark hair is not a symptom of disease, how can any physician use it as even one symptom in any given prescription? If it is a natural condition, why think of it as one of the

elements to be considered in making a prescription? If the hair must be red to be a distinguishing symptom in any given case, how red must it be to make the remedy clearly indicated; or if only slightly red what other remedies would shade in because of this slight difference in the color of the hair?

The true basis of a homœopathic remedy is the collection of signs and symptoms, and these must be morbid, has been the teaching of Hahnemann and his ablest followers. And such teaching is the only teaching that conforms to law.

What benefit is it to pursue the study of biology to discover the difference in the natural constitutions of human beings, when it must be the *sick (morbid)* condition in the constitutions of human beings that must be fully and extensively evolved to guide the physician in healing sick people?

The color of the hair and eyes, the form or shape, the tall or short, are

not generally considered morbid, nor do they take any part whatever in the sick image of any given totality of symptoms. The bilious temperament is too vague and too variable, even when morbid, to guide to a remedy; for he may be better or worse from motion, cold air, warm air, changes of weather, exertion, and so on to the end of our modalities. No two observers mean the same thing when they speak of a bilious condition or temperament.

If the mental predominates, it would mean half the remedies in our *Materia Medica*, even if he is morbid in the mental make-up. The motive temperament is found in a large number of our most active and steady workers in both mental and physical employment. The sanguine temperament is found in many who are sound in body and mind, and the words do not recall a single proving. Temperaments are not caused by provings, and are not changed in any manner by our remedies, however well indicated by symptoms found in persons

of marked temperamental make-up. To twist these temperaments into our pathogenesis, symptomatology, or pathology is but a misunderstanding of our homœopathic principles.

One who knows how to find a homœopathic remedy for sick people does not pause long to take the measure of the normal constitution of his patient, who has changed from the normal to the abnormal constitution. This morbid condition of body or mind, or both, is composed of signs and symptoms not belonging to the health of the patient, no matter how recent or long-standing they may be. The study of general and particular symptoms so clearly defines and outlines this morbid constitution that the study, from first to last, becomes a positive and scientific problem. It is not something fanciful, but can be demonstrated at the bedside as a positive and certain procedure from beginning to ending, and it is entirely based upon facts, omitting all opinions and theories.

The Vitalistic vs. the Materialistic Conception of Homœopathy

BENJAMIN C. WOODBURY, JR., M.D., PORTSMOUTH, N. H.

The trend of scientific thought during the century just passed has, apparently, to the ordinary professional mind, advanced very much along lines conducive to a belief in the ultimate verification and corroboration of the homœopathic doctrines, and also in ultimate acceptance of them by the professional body at large.



HE early homœopaths, led by Hahnemann and his immediate followers, were experimenters along the lines of doctrine and potency; then investigations began among certain German physicians, with the formulation of rules for the dosage to be employed.

In this country, the field was, at this time and shortly following, divided about equally between the advocates of the high and the low attenuations. Unquestionably that Homœopathy which shaped our early traditions and secured to us, its im-

mediate posterity, a recognized standing in the community, in the state, and, first of all, in the homes of the sick, was based upon what has been called the *spiritualistic theory*, as opposed to the *materialistic* tendencies of the medical practice then existing.

Thus, the Homœopathy of our early pioneers and of our fathers may be said to have held sway in this country, until the investigations into posology and pharmacy, instigated by the American Institute of Homœopathy, in the early eighties. The Bureau's Report ("Transactions" for

1879, '80, '81, and '82) contains the arguments pro and con which, to the majority of homœopathists, sounded the death-knell of this so-called old-fashioned Homœopathy.

That there could have existed, in spite of all this evidence, unfailing, conclusive, and unequivocal (so considered), any advocates of the infallibility of the so-called high and highest potencies (be they Jenichen's, Lehrmann's, Fincke's, Skinner's, Swan's, Dunham's, or others of more modern manufacture), was for a long time a subject of much surprise to the many; while to the few, believing thoroughly in the teachings of the ORGANON of Hahnemann, no proof was more satisfactory or palpable than that of *clinical experience*. That is to say, faith in the Law of Similars was so firmly established in the minds of this minority, that they were able quietly to continue their observations, and apply its principles in practice, with a measure of success which not only has not waned, but has become more firm and steadfast as the years have gone by.

If we look for the source of this faith (and we are here not classing the homœopathist as a faith-healer so-called, but simply as one healing through his own steadfast belief in the universality of Law, unerring and unalterable, upon which the ORGANON of Hahnemann is based), its origin will not then appear so far-fetched. The cause of this growing belief is to be found within, not without, as may be said of the materialistic basis of Allopathy. Thus, not from environment or contiguity has this new-old school of Homœopathy been fostered and preserved. Allopathy and that type of materialism which has of late crept into a certain portion of the ranks of Homœopathy, with the ripening theories of such scientists as Darwin, Huxley, Tyndall, and Hæckel, which have tended ever toward materialistic conceptions, and therefore toward corresponding methods of practice, have done much toward the growth of the popular belief that Homœopathy, as the true

healing art, was fast suffering a decline.

Quite the opposite has been the case with those Hahnemannians who, true to the higher law (recognized as bequeathed from the Divine to man through the agency of that master of the healing art, Samuel Hahnemann), have looked within it, and to those correspondences within themselves, then, by appropriating to their uses all scientific data found to be true and conformatory to its basic law, have advanced the great Cause of Homœopathy in spite of scientific and dogmatic opposition.

The materialism of science sees but a created cosmos, the origin of which is not only unknown but relegated to the unknowable. Acknowledging its creative force as having been in operation for a certain indefinite period, and then to have ceased its activities, leaving only its stored-up energy (that which manifests itself in chemical and physiological processes), it thus leaves out of account entirely the fact that force once set in motion (even though it can in all probability never cease its activities) cannot itself exist without reaction or counter-action. The creative energy or force now in manifestation must, therefore, either have been pre-existent, or be developed at the time or point of contact. Hence the same law that moulded a planet and made it habitable to historic or prehistoric life must continue in operation, and repercussing in action and reaction in all of the three kingdoms of created life, itself being endowed with creative force according as it becomes *en rapport* with its environment.

Always then must we recognize that back of phenomenon there is law; and may we not therefore term this law action or life, and the phenomenon (apparent) counter-action, both together being manifestations of cosmic energy? Granted then, that we apply the term law to cause, and phenomenon to effect or result, the Homœopathician sees plainly in disease (outwardly expressed) but the inter-action or inter-dependence of

cause and effect. The medium of this action and reaction then, may be taken to express itself through the maintenance of the vital equilibrium (the health of man, or absence of symptomatic indications).

This equilibrium, we are told by Hahnemann, is maintained in healthy action and reaction by the vital force or dynamis, an idea taken evidently from the vitalistic teachings of Hippocrates, Stahl, and other early writers. In order to maintain this polarity, we must first of all have action, which we must recognize as either life itself or as one of its distinguishing attributes, manifesting itself on the physical plane as vitality or vital resistance. Reaction, similarly, which must be the result or antithesis of action, is the response of the organism to the stimuli of the life-forces, or, at all events, the opposite pole of action, the other most distinguishing characteristic of life. This response being one of the chief properties of organic protoplasm, the basis of all life, the vital force and the preservation of its equilibrium must be the resultant of the life-forces upon the physical organism. In so far as we are able to say, neither can exist without the other, while revealing itself as life in the physical body. Hence, Hahnemann tells us, the two "constitute a unit, although our reason, in its process of thought, separates this entity into two ideas for the convenience of comparison." (ORGANON, § 15.)

It is this dynamic or spiritualistic basis of Homœopathy that has made it so vital, so all-inclusive in its philosophy. Disregarding this conception, we recede from the teachings of Hahnemann, and approach dangerously near the shoals of materialism.

Therefore, while there may be a modicum of truth in the teachings of the ORGANON and of the master, to the materialistic-minded Homœopath, he can never acquire that interior, first-hand knowledge so essential to the proper conception of the principles of this great healing art.

The true follower of Hahnemann

must be a veritable medical mystic, capable of looking into the *interior of his patient's being*, through the *outwardly focused image of the interiorly disturbed dynamis*; recognizing such disturbances and functional unbalance as the *first cause of disease*. These must be matched by an interiorly divined (disease-remedy) image, pictured in the provings of his drug. These two symptom pictures must be made to constitute a unit, or, at all events, to approach unity in similarity; and, in accordance with the law which he knows *governs the correspondences of similar entities*, a cure will result.

Mystical, fantastic, fanatical? Does it so appear? If mystical, so let it be; it will enhance, at all events, the value of its philosophico-spiritualistic basis. If fantastical, let its results so prove, or disprove. If fanatical (apparently), investigate. "Fools deride. Philosophers investigate."

Everything in nature and about us is today speaking aloud of the mysterious workings of the Unseen. Withdraw life, the unseen or finer forces (which are as much a part of life itself as the visible) from the grosser, more material, and naught but dead physical matter remains. Destroy completely the action and interaction between the vital force and its physical envelope, and naught but (apparent) death remains; still, however, *life in some other form*. Spirit, however, in so far as it is able to pass over or be disembodied from the physical, while not admittedly proven, must not be said to be impossible.

If we recall the experiments of Reichenbach, and his deductions regarding an *odic force*, and very recent experiments with certain radioactive bodies, even though we may give no credence to certain fairly well-established metaphysical phenomena, we shall have apparently some measure of corroboration of the working of those finer forces of nature, of which the homœopathic hypothesis must of necessity form no small part.

(To be continued in June issue.)

The Chronic Miasms with Relation to Children*

BY RICHARD BLACKMORE, M.D., FARMINGTON, CONN.

In these days, much study is being expended upon heredity, especially physical heredity. Some of us are prepared to admit that many ills of childhood are due to causes other than post-natal carelessness and indifference from parents or guardians, but perhaps the majority may regard such things as marasmus, rachitis, pneumonia, and a thousand and one other things, as extra-parental. About the only thing candidly acknowledged, as of inheritance, is a syphilitic or a sycotic taint, all the others being relegated to the happenings of the infant's care and environment after birth. Nevertheless, I am confident that, to the thinking mind, many problems are presented which such a theory does not adequately cover, and much midnight oil is burned over the hopeless tangle.



A social meeting of a few members of the American Institute, at Narragansett Pier, last summer, some discussion occurred among them as to the efficacy and sphere of action of

- (a) The homœopathic remedy.
- (b) The physiologic remedy.
- (c) Surgery.

On the foregoing, some expressed the opinion that, if every child could have homœopathic treatment up to adult life, there would be little call for either the semi-heroic treatment or for surgery. (*Homœopathic Recorder*, July 1911, page 315.)

Here is a very important confirmation from a body of men belonging to our largest society, of the need of careful prescribing during "childhood's happy hours." It is important to note that there appears no particular mention of prescribing for these young people in disordered conditions, but rather, as one might say, as a prophylactic measure against derangements of adult life. Amplified, this implies that the child constitution may be so strengthened as to withstand conditions of disorder which otherwise might overwhelm the organism, and so give rise to conditions, which, in the opinion of these gentlemen, would demand "either semi-heroic treatment or surgery." Unless we know what we are to strengthen, or against what we are to protect, we are sailing upon an uncharted sea.

Whether we believe in physical

heredity or agree with Dr. G. Archibald Reid, that certain diseases, *per se*, are not transmissible, there remains the fact that the sins of the fathers (including those of the mothers) are visited upon the children. It is every-day experience with many of us, to witness syphilitic and sycotic children born into this world.

Follow out Weissemann's theory of continuous germ-plasm, and where does it land one? Straight into the realm of constitutional dyscrasie; and it is not one whit more easily comprehended than, nor so logical and so lucid as, our Master's doctrine of the Chronic Miasms. Studying the diseases of children leads one along many by-ways to obscure endings, unless he has, as guide, the star of Homœopathy, with its pure light and reasonable teachings.

If, for a moment, we lay aside our materialistic ideas and go back to the teachings of Hahnemann, we shall read much of Vital Force. The ORGANON is full of it.

What is Vital Force? Western Science is not yet prepared to give an answer. For the most, Western Scientists deny that there is such a thing. They recognize physical and chemical force, and they believe that Vital Force is but another form of these which Science has not yet mastered. Dr. Kleinschrod, however, has given, in his "Eigengesetzlichkeit des Lebens" (Inherent Law of Life), what he considers proof of the fact

*Written for the Penna. State Homœopathic Society, Sept., 1911.

that there is such a thing as Vital Force, and in his "Ehrhaltungs des Lebenskraft" (Conservation of Vital Force), he has sought to indicate how it is conserved, and how it may be strengthened or weakened. He says:

Vital Force is the natural principle of animate nature, or life, and is synonymous with the essential activity of Life or Animate Nature; while Force is the natural principle of inanimate nature, or of the so-called lifeless world, synonymous with the essential activity of Lifeless Nature, or of a Lifeless Natural Structure.

Interpreted into terms of energy, he probably means that "the essential activity of the lifeless world is the active conversion of Kinetic energy into Potential energy; the essential activity of life is the active conversion of Potential energy into Kinetic energy."

This is close to the truth, and it is an occasion for rejoicing that a modern philosopher should proclaim teachings so closely analogous to those of Hahnemann; only he is not so correct as the founder of our system, who considers Vital Force as a manifestation of the ONE UNIVERSAL LIFE, and in this he agrees with occult teachings of hoary antiquity.

Derangements of this Vital Force result in disorder—in disease, so-called. The question is pertinent:

Since Vital Force is a manifestation of the ONE UNIVERSAL LIFE, and since in "Him, there is no variableness neither shadow cast by turning," why is there such a thing as disorder, disease?

This is very much another story, and demands a separate consideration (Karma) at a less hurried time. We may study a part of the story, just touching a mere fringe of it, in the consideration of the Chronic Miasms, and particularly of that one of them which Hahnemann called Psora.

CHRONIC MIASMS

The Chronic Miasms are Psora, Syphilis, and Sycosis. How shall they be recognized? In a general way, it is easy and customary to recognize a syphilitic or sycotic child. We look for them from an unclean parentage. The

symptoms of a three-months old syphilitic child require no recounting here, nor do the characteristics of a sycotic child, born of sycotic parents. Rather should our attention be directed to the large majority of apparently healthy children, born with an ordinarily clean heritage.

The philosophy of Homœopathy teaches that

Psora is the source of all contagion. If a man had not had psora, he would not have had the other two chronic miasms; but psora, the oldest, became the basis of the others.

Physicians of the present do not comprehend Hahnemann's definition of psora. They think he refers to the itch vesicle, or some sort of tetter. Hahnemann's idea of psora was that it corresponds to that condition of man in which he has so disordered his economy to the very uttermost that he has become susceptible to every surrounding influence. Cause does not flow from the outermost of man to the interior, because man is protected against such a course of affairs.

Causes are so immaterial that they correspond to, and operate upon, the interior nature of man, and are ultimately in the body in the form of tissue changes that are recognizable by the eye. Such tissue changes must be comprehended to be the results of disease, only, or the physician will never recognize

- What disease cause is;
- What potentization is;
- What disease is; or
- What the nature of life is.

MANIFESTATION IN CHILDREN

Caring for children up to adult life is one of the most important hygienic and prophylactic occupations which can command the attention of physicians. It properly should begin with the obstetrician, for upon him rests a large share of the task of restoring man to his pristine purity of organization. The helpless child appeals to the best in one, independent of whether or not he be a physician; while to the healer of the sick there is an additional incentive to sympathy and painstaking care.

In considering symptoms of disorder from which our young patients may be suffering, we are at once confronted with two sets of conditions:

One, that in which we are handicapped by their inability to express, in language, their subjective symptoms.

Another in which we see things as they are, as pretense and artificiality do not exist, the patient being too young to dissemble.

To the correct understanding of these we should bring an unbiased mind.

A child chafes around the buttocks, and it is said the discharges are acrid or pathologically wrong in some way. Perhaps they are, but why?

The teeth are late in appearing. Why? Eruptions appear on the head.

Difficulty in walking or learning how to walk.

The bones, especially the long bones, calcify slowly.

Why? All these and a thousand others, are evidences of psora, and must be eliminated.

The syphilitic and sycotic miasms are not so deeply seated, nor nearly so common, as are the manifestations of psora; nor is it of any avail to ridicule its existence. IT IS. It manifests itself in many ways, and is a heritage from long lines of psoric ancestry.

Often, unfortunately, psora is engrafted upon a syphilitic or a sycotic base, or upon both, so that occasionally a case is seen in which all three miasms are almost hopelessly intermingled. In such an unfortunate condition of affairs, that which is most prominent must first be attacked. In any event, the first few years of life—the first cycle of seven—are very important, and much may be done by the careful homœopath to eradicate this psoric taint.

THE MODERN VIEW

The psoric theory meets with opposition because, among other reasons offered, it is claimed that Hahnemann lived before the Bacteriological age, with all that is thereby implied. Let us consider:

Does the Bacteriologist try to grow his cultures upon, or in, unsuitable media? No, indeed; he chooses carefully that which will give him the best results. Bouillon, Agar-agar, Gelatin, or what not, are chosen for definite purposes, and because of the suitability of any one of them for the special case in hand.

Do figs grow on thistles? Not usually.

Do tubercular germs grow in an unsuitable soil? Not usually.

Nature does not make two sets of laws, and tuberculosis will not be found in one who was not first, and is not at the time, psoric.

The bacillus follows the tubercle, does not precede it. This is dangerously close to saying that "germs are the result of disease, rather than its cause;" but is that so very far away from the modern trend of thought among thinking men who realize that those things which are unseen are the more important? I think not. Anyway, it is true.

Pray do not misconstrue this into a disregard for cleanliness or aseptic precautions, where such are necessary or advisable.

As homœopaths, we recognize the syphilitic and sycotic miasms, but the majority look askance upon the psoric diathesis, probably from a misconception of Hahnemann's intent. As before mentioned, he referred to more than the simple Itch. He did not refer to the disease produced by the itch mite—scabies—but he did mean that such conditions flourish especially well upon a psoric base and, in fact, are present in no other.

It appears much to resemble placing the cart before the horse to feed a child lime-water in his milk. If he is unable to take from his nourishment sufficient mineral salts to balance nature's demands, he is crying for an anti-psoric remedy, not for crude lime. If a child's assimilation is so at fault that what we call marasmus eventuates, it is the child who needs attention, not particularly the end product of the preceding condition; the child, not his disease.

Of course a proper attention to diet is indicated. Let me say, once for all, that legitimate hygienic and dietic adjuvant measures are necessary, provided they do not introduce into the body another drug, crude or of other form, differing from the constitutional anti-psoric remedy so urgently demanded, and often not so very difficult to find.

The point I am trying to make clear is that something intangible, unseen, is at the bottom of the defect in assimilation; and this unseen "something" is the latent psora present in the vast majority of us. You notice I say "us," which includes myself. Only anti-psoric remedies have placed me where I am today, in the enjoyment of absolutely good physical health.

APPLICATION OF REMEDIES

One of the principles of Homœopathy is that the remedy must correspond in symptoms, nature, and degree. This last qualification is perhaps more obscure than the other two. We ought to recognize and remember the peculiar plane upon which children are. Not very far removed from the source whence they come, and not yet contaminated with the grosser earth-life, they live on a slightly higher plane than that which obtains later in life, when all their pretty phantasies are destroyed. The grosser physical particles are, so to speak, as yet in the minority; or, presented in another way, the child's internal self is more prominent than its external self, and necessarily of a finer grade. Therefore the medicine must correspond to this higher degree of the child's individuality.

Unfortunately, there are no scales, weights, measures, or other manner of computing this difference in degree, so that it becomes difficult to degrade it to the realm of demonstrability; but one's inner self knows this is so, and the materialist will look in vain for proofs in terms of gross physical matter.

This subject of the Chronic

Miasms is so vast that to cite examples would cover the entire field of resultant disease-pictures. Bear with me while I refer to two.

What possible infection, what possible pathological cause, was there, last winter, for a case of intense brain-disorder in a small patient just over a year old? The entire field of causative factors was carefully gone over, without avail. The child was seriously ill with incipient cerebral phenomena, so that we despaired of its life. In this case, the remedy was not immediately apparent; but, when its image was clearly brought out, it proved to be an anti-psoric of the most pronounced type.

I am treating another little chap afflicted with what is superficially called "eczema facialis." He receives an occasional dose of the indicated remedy, and here, also, it is an anti-psoric. This boy's physical heritage is clean beyond the average, and fortunately his parents are very intelligent, and say that the psoric theory sounds reasonable to them.

It is my aim to have these two boys grow up, freed from the psora, which is undoubtedly present in each. Thus one might go over his case records and observe, in a majority of them, the outcroppings of psora.

Fifteen years ago, in discussion of my own case with a physician, and apropos of a query as to whether a certain remedy would help, that worthy man said, "No; what you need is a deeply acting, anti-psoric remedy and, when we find it, it will probably prove to be one of long action, also."

This is what started my thinking about the miasms, and I am thinking about them yet. If this rambling, incomplete, and entirely rudimentary discussion starts anyone else thinking about them, the effort will not have been in vain.

In our physical make up, we are the resultant of many and long-continued forces. The men and women of the future will be what we and Homœopathy bequeath.



"The entire pathogenetic effects of the several medicines must be known; that is to say, all the morbid symptoms and alterations in the health that each of them is especially capable of developing in the healthy individual must first have been observed as far as possible, before we can hope to be able to find among them, and to select, suitable homœopathic remedies for most of the natural diseases."

ORGANON, § 106

Constipation, and Comparative Treatment of Both Schools*

BY FRANCES D. BLOOMINGSTON, M.D., H.M., CHICAGO, ILL.

Of all common complaints, there is none more obstinate or abused than constipation, and probably it receives less attention and study on the part of the profession than any other abnormal condition. And why? Possibly they fail to see there is a constitutional cause in the majority of cases, especially in infancy.



WHAT is the dominant school doing for constipation? They claim that great advance is being made in the preparations to meet this growing and obstinate trouble, although use of the old stand-by, Castor Oil, is still in vogue, and they continue to recommend that great cure-all, Sal Hepatica.

For this, as for all other nostrums, the only direction for use is "the complaint;" if a symptom is given it is valueless.

What is their great advance, and what are their scientific discoveries that will aid the human family in this growing complaint? Certainly chemists are constantly striving to compound new and palatable articles to meet the demands; and they are using every attractive inducement to call the attention of the Progressive Physician and innocent laity to their wares.

Let us examine into their methods. My purpose in this paper is to lay bare the methods of both schools for your consideration, and then leave

them for you to judge which is scientific.

The well-known firm of Fellows & Company advertise a large variety of cathartics, and after naming a half dozen kinds, state the following:

These have become famous clinically and are recommended by *all leading* physicians and druggists.

Such accuracy has been obtained that the number of *minutes* or *hours* are given in which results become evident, and any of these preparations can be obtained in proper doses according to the needs.

Think of this, fellow workers, this is considered scientific medicine! It is forced upon the people as such by the dominant school. Shall we sit quietly by and do nothing?

At the Annual American Therapeutic Society, May, 1902, a paper was read stating the value of Chromium sulphate in various diseases, and emphasizing the "clinical observation" that constipation is replaced by regular evacuations in chronic diseases." Why? It is very easy for the Homœopath to say, but does it permanently cure? No!

*Presented to the London Congress for Homœopathy, July, 1911.

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Here we have the poor sick body, laboring under all it can stand physically, being experimented upon! This is a disgrace to the medical profession, when with honest investigation into Hahnemann's law, definite means could be used to cure without experimenting on the sick.

One chemical house points out the value of antiseptic properties in cathartics.

In this age of growing microbes and bacteria, producing infectious conditions of the stomach and intestines, this certainly is a feature that should receive serious consideration. Teraline offers this feature, combining three important factors, an antiseptic, a stimulant, and a lubricant. It is advertised as follows:

This compound is especially indicated in obstinate constipation, due to inadequate secretion of the intestinal fluids, or a lack of power. It is especially adapted to persons of delicate physique that cannot endure powerful drugs.

How considerate! In other words, it must enter the economy as a chemical vibrator, gently stirring up the sluggish system, and thus stimulating it to perform its duty.

Then there is the famous Lapactic Pills, S. & D. formula. "A tonic laxative, never causing pain in acute or chronic constipation," and here is the attractive statement accompanying it:

Great care is taken in compounding these pills; the drugs are previously assayed and critically tested; accurately weighed by the Chief Chemist of the Pill Department; thoroughly mixed by special machinery under his constant supervision. They are made, coated, sorted, counted, and bottled by specially devised and remarkably accurate machines.

What method could be more hygienic, aseptic, and scientific? And it should attract the attention of all "Progressive Physicians," from the sanitary standpoint at least. But look at the the compound—Aloin, Strychnine, Ipecac, and Belladonna. Is it not a wonderful combination?

Has the medical profession at large forgotten Dr. Osler's warning: "And worse than all other things the habit

of drug-taking?" What will they not do for the greed of gain?

Here comes Prof. Adolph Schmidt, M.D., with a new method of treatment for this mortal ill, who says, "It has attracted the attention of the leading and progressive physicians the world over;" and further announces his "Reguline is a food; its simplicity and harmlessness are most gratifying, as there is no irritating laxative." It has been ascertained that Cascara is the mild laxative.

What are we coming to that even our food must contain some drug to work constantly upon Nature, instead of finding the cause of the abnormal condition and correcting it by properly selected and indicated remedies!

The babies must not be forgotten, poor wee things, that know no better than to cry for Castoria.

One could continue indefinitely with these ever-changing prescriptions of noxious drugs, that are merely money-makers for the chemists, health-breakers to the habitual indulger, and easy prescriptions for the physician who prefers not to use his brain. It does require hard study to select one remedy to do the work of three or four drugs, and that is what the homœopath does.

The efforts on the part of these wise men are as naught compared to the latest discovery and absolute cure for constipation. No drug enters into this field of research. Here we enter the sacred domain of surgery.

An article appeared last winter giving a brief survey of a positive cure for constipation, as follows:

When the descending colon has become so involved that obstinate constipation results, then remove the colon and sigmoid flexure, and connect the transverse colon to the rectum. If the transverse is also affected, then connect the small intestine directly to the rectum.

With all due respect to the surgeon for his timely aid in cases of necessity, we, as followers of Hahnemann, will never resort to this operation. But the foregoing are the things we have to combat in this special line, and all other lines in their special methods.

We must also fight with *definite work*, and show the world *strong* and *unquestionable results* so convincing that there can be no question in the mind of the public as to our ability, and our scientific knowledge in the Art of Healing the Sick.

There is only one law of cure, and it requires the thoughtful, logical, and scientific mind to grasp and carry to perfection its principles; and combined with these qualifications must be tender sympathy, and deep insight into human nature.

Having considered the "scientific" methods of treating constipation, we will turn our attention for a time to the Hahnemannian method that has stood the test of nearly a century, and proves as efficacious today as when given to the world, if we adhere to the principles. Otherwise we fail.

Some may ask: "Can chronic constipation be cured by the homœopathic remedy?" Certainly! and many of you can corroborate the statement, but victory lies in properly taking the case, the same as for any other abnormal condition. If we prescribe simply for constipation, we fail the same as those of the other school.

In what way does the Homœopath differ from the Allopath in prescribing?

1. We must have a knowledge of *how to take a case, without prejudice toward patient or remedy.*

2. We must be able to *see a clear picture of it*, as distinct from every other case.

3. Have a *clear mental vision of the remedies*, and be able to select one corresponding to each separate individual.

We are apt to find constipation a reflex of some more important derangement, and can often cure it without taking it as a main factor of the case.

The rubric in the repertory gives one hundred and fifty remedies to be thought of—thirty of these stand high; sixty-five in second place; the remainder have the condition, but not emphasized.

Time would not permit extensive

research; therefore we will consider only a few of those less frequently used, and apply the law under the various headings: Torpidity, Pregnancy, Infants.

TORPIDITY

ALUMEN

Evacuations, hard, knotty, dry; large black balls and masses of small ones joined together (somewhat resembling opium).

Much difficulty in expelling stool, and oftentimes ineffectual urging; may go two or three days without desire; straining long at stool (Psorinum).

Pain continues long after stool.

Rectum may be ulcerated and bleeding, hemorrhoids ulcerated and very painful, worse after stool, and rectum feels full.

Headache, pain on vertex, with burning and weight, ameliorated by pressure and cold applications. Sick headache once or twice a week, generally in the morning.

Vertigo worse lying on back, with weakness in pit of stomach (Aesc.) relieved by opening the eyes, by turning on right side.

In this patient we find a general weakness of all muscles, a lack of tone. Limbs are weak, bladder weak, and urination is slow.

Frequent cramps in stomach; violent, colicky pains and death-like faintness.

ALUMINA

Is frequently found the chronic of Bryonia.

Many symptoms run close to Alumen in general, although it has strong characteristics of its own.

Such torpidity of the rectum that *soft stools are extremely difficult*. Stool resembles putty and adheres to the rectum, requiring much straining; urine passes at the same time (Platina). No desire until a large quantity accumulates.

Chilliness during stool, sometimes nausea and faintness; perspiration breaks out, and patient despairs of ever being relieved.

Feel generally worse in the afternoon; in warm room; from the use of salt, pepper, potatoes, wine, vinegar; and while traveling (Plat.); usually aggravated at the new and full of the moon.

Better in fresh air; mild summer weather; and from warm drinks.

CAUSTICUM

This is particularly indicated in persons of dark, sallow complexion and rigid fiber; sad, hopeless, melancholy and easily brought to tears; weak and psoric; with greasy taste in mouth.

Here we find almost a paralyzed condition of the sphincters, and intense dryness of the rectum. Fruitless urging, with anxious, red face, constriction of sphincters; pain *during* stool.

Child holds contents back as it is so painful, and he passes it more easily when standing. Evacuations knotty, small in size and shining as though greased.

Burning in anus after stool; relieved expelling flatus. Much pain in rectum and anus when walking.

Generally worse in the evening; in clear, fine, weather; from cold air; drafts; getting wet or bathing; and from acids and sweets.

Ameliorated from cold water; from warmth and in damp weather.

COLLONSONIA CANADENSIS

Here we find pelvic congestion and uterine disorders, a congestive inertia of the lower bowel; weight and pressure in the rectum, with intense irritation and itching of anus.

Obstinate constipation with hemorrhoids and palpitation.

The heart's action is persistently weak, but rapid.

Stools hard, light-colored, indicating inactivity of the liver.

Much pain and flatulence.

Sensation of sticks in the rectum (Aesc.); with extreme tenderness and prolapsed anus.

Bowels more apt to move in the evening, or there may be alternate constipation and diarrhoea, (ANT. C. CHEL., NIT-AC., NUX V. OP., PODO.).

LACHESIS

Constipation of years' standing, especially in those who have abused the use of alcohol, mercury, narcotics, and liquors in general. The symptoms are most interesting to study.

OPIUM

Another for chronic condition. No urging (Bry.); evacuations many days apart, then only a few hard, dry balls.

Dryness of mouth, fauces, and intestinal canal.

Under this remedy we find the condition often resulting from ovaralgia or ovaritis and from lead poisoning.

When given high at long intervals (three or four weeks), it rarely fails. This remedy is especially adapted to corpulent women who are inactive, with torpor and inertia of the rectum.

PSORINUM

One of our nosodes. Where this remedy has been indicated, I have obtained excellent results.

Patient appears begrimed, greasy, as though the pores of the skin were filled with dirt. Skin inactive, very slight perspiration, even during hot weather.

Poor circulation, can't get warm, must dress warmly during warm weather. Wants head protected from cold air and drafts.

Obstinate, chronic constipation, with much backache in lumbo-sacral region. Stool once in three or four days, then so large and painful patient dreads expelling it, as voiding is very difficult.

Sensitive throat, tonsillitis or quinsy every winter, and expectoration of offensive, cheesy deposits.

Mentally gloomy and depressed.

I usually give a dose once a week (500 or 1m) for a month, then once in two months of a higher potency. It reconstructs the patient.

CHILDREN

This trouble in children may be due to heredity, but with a bottle-fed baby the diet is usually the cause.

Sterilized and certified milk produce more derangement of the bowels than any other one thing. Then cathartics are given by physician or parent with pernicious results.

I am convinced that a large percentage of infant deaths the past summer were directly traceable to these two causes. Oatmeal gruel which is frequently put into the food increases the demand upon the digestive organs, and disturbances result.

If the food does not agree, *find the cause and give the indicated remedy to restore a healthy condition*, and the food will be properly assimilated.

ALUMINA

In bottle-fed babes with constipation, Alumina takes precedence. Too much farinaceous food with inertia of the rectum; sticky stool, pasty, soft, stool; difficulty with much straining.

APIS

Constipation with meningeal involvement; child restless, screaming out during sleep; urine scant and dark; head hot; child grasps head or rubs occiput with hands; bright red pimples on skin.

KREOSOTUM

Constipation with emaciation during dentition. Stool hard and dry, expelled only after much effort; child struggles and screams as though he would have a spasm.

Any remedy in the Materia Medica indicated by the totality of symptoms can be successfully used. Watch the *character* of the stool as much as the *peculiar* physical and mental symptoms.

You will find that we do not put our old, tried remedies on the top shelf every year, and resort to new and unknown compounds.

CONSTIPATION OF PREGNANCY

To conquer this difficulty in the pregnant woman often establishes a normal and natural condition in the child, that otherwise would suffer

from the mother's previous abnormality.

The case should be carefully taken, and the peculiar and uncommon symptoms will assist in selecting the remedy. As before remarked, any remedy that is thoroughly indicated can be used.

KALI CARBONICUM

She has a sensation as though the rectum were too weak to expel its contents, and she feels distress an hour or two before stool; there are sticking pains in the abdomen, anus and rectum during and after stool; much flatus; pains pass from back down buttocks and thighs.

She fears she will abort.

RATANHIA

Urging sensation in small of back as if there would be a stool; most obstinate constipation. Intense heat, with frequent and ineffectual urging to evacuate bowel and bladder. Stool hard. Dark, inflamed, oozing fissures of the anus.

RHODODENDRON

Nervous persons with rheumatic tendency.

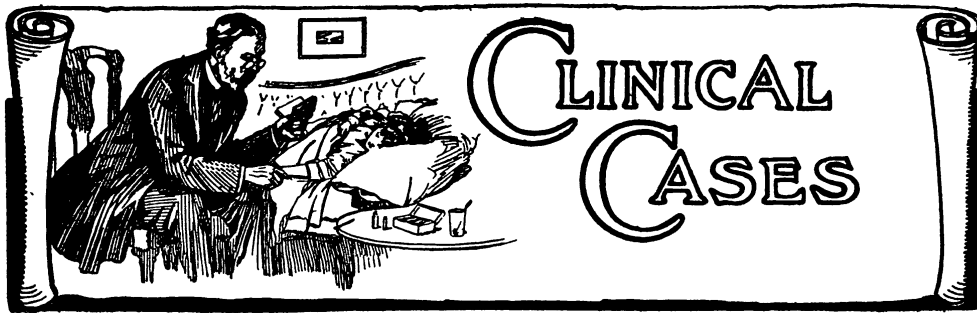
They dread storms in general, fear thunder storms, for electricity aggravates. Rheumatic pains come at the approach of a storm or in windy weather.

Stool soft and pappy (Alum.), requiring much urging, but generally painless; if any pain, it is a drawing from rectum to genitals. Stool brownish and undigested, accompanied by much flatus. Mentally dull, forgetful, and averse to all occupation.

OTHER REMEDIES

I have selected these remedies and they have many unusual symptoms, and they also portray the necessity of looking deeply into the conditions of the patient.

Besides these, Bell Carbo veg. China, Cheledonium, Conium, Hepar, Verat. alb. and Platina furnish interesting study.



"The individualizing examination of a case of disorder, . . . demands of the physician nothing but freedom from prejudice, sound sense and attention in observation, and fidelity in tracing the picture of the disorder."
ORGANON, § 83.

Law Changes Not*

By A. EUGENE AUSTIN, M.D., H.M., 8 EAST 58TH ST., NEW YORK.

Hahnemann's principles are founded on inimitable laws. They change not. Honorable, loyal followers of Samuel Hahnemann, who believe because they proved the truth of Similia Similibus Curantur, my revered Professors, Drs. Timothy Field Allen, Martin Deschere, Wm. Tod Holmuth, Eugene B. Nash, James Tyler Kent, and the written testimony of a host of other great scholars, have brought me to the pure, true light of Homœopathy. Do you know them? Then you are not ashamed to acknowledge them as Masters in Medicine, and benefactors of the race! The laws that govern the universes change not. Hahnemann discovered the laws of cure. He used them. We who are his faithful followers will use them, and they will unceasingly continue to be used when other methods have failed and faded away.



CASE 1. A woman 50 years old, college-bred, came to me suffering with paranoia. She felt she had been jilted through her sister's poor judgment. She threw things at the servants, kicked the doors down, struck different members of her family. She even got up in the night and 'phoned to the police-station and fire-department, thinking that New York, and thus her family, were being consumed by fire.

I found that the odd and peculiar symptoms, the generals and particulars—the totality—pointed to NAT. MUR. This I gave, commencing with the ten-thousandth. I gave her seven doses in three years, going to the two-millionth, giving it twice on the ten-thousandth plane, twice on the fifty-thousandth, twice on the hundred-thousandth, and once on the millionth plane, at very long inter-

vals. The last time I saw her was at one of her sister's receptions. She was helping entertain the guests, happy herself, and able to give happiness to others.

CASE 2. A gentleman aged 65, with senile dementia. His father died of softening of the brain, and there is much insanity in his family. I took his history, spending many hours in study on the case. He had been cured, he said, of syphilis and several attacks of gonorrhœa, and spent several years in search of health in this country and abroad, and was slightly helped and much discouraged. He had to give up his business. Under my care the past four years, he has been away from business but three weeks. He is president of several companies, one doing a business of many millions annually.

His first remedy was SULPH., holding him two years: from the 10m

*Written for the New York State Society meeting, at Albany, N. Y., Feb., 1912.

(187)

to the cm, two doses of each was used before a higher potency. When his symptoms showed he needed it, which was at long intervals, I repeated the dose. Second remedy was CALC. CARB., used in the same way, going from the 10m to the cm. This held him for one year, then ARS. IOD. was given; one dose 10m did but a very little. Then he had many symptoms of LACHESIS which worked well. He is now in excellent health.

CASE 3. A woman 55 years of age, spending her summer in Maine, called out to me as I passed her cottage, "Dr. Austin, I heard you had gone to see Mrs. H. [a woman suffering with heart-disease]. How is she?" Knowing I had gone to the Maine woods to rest, she said, "If you need any drugs for Mrs. H., I have strychnine, morphine, and digitalis, which I am taking daily." I thanked her and told her we homœopaths had better things, and opened my little case. It really made her smile; she was too well bred to laugh at me, but she felt sorry for me that I should be such a fool as to feel I could cure patients with such an outfit.

Some weeks elapsed, and I often saw her as I passed the cottage where she was lying on a mattress, to which she was carried each day, on the porch where she sewed, read, and tried to sleep the hours away. One of Mrs. H's family had told her how I had so greatly helped their mother the previous night.

She said to me, "You seem to have great faith in that case of yours."

"Yes, I have absolute confidence in the laws that govern the giving of the remedies, and thus it has been my companion when traveling in many countries, crossing the oceans, climbing the mountains, never failing to give help to suffering humanity when I was able to choose wisely."

She laughed, saying, "I take more medicine every week than is in the bottles of the whole case."

"Has it cured you?"

"No, and never will."

I said, "I could cure you."

I wished I could recall this remark, as I did not know the symptoms, and it *might* be an incurable case. As the days passed, and I was not called I was glad, for I felt she might challenge me, and if I failed to find the remedy I should bring a scar to Hahnemann's name and hurt the cause, as she was a woman of influence and the wisest men in Yale, I learned, were treating her.

One night her husband knocked at our cottage, saying his wife was feeling very sick, and would I come? I walked over those rocks silently and thoughtfully on my way to their cottage. I felt it was to be a test case.

All her symptoms pointed to Arsenicum, but the thought came: "She has had so much crude medicine I had better give Nux. vom. and clear it away." Yet the symptoms were ARSENICUM ALBUM., and this I gave in the 200 potency.

In the morning she was better. From that time she was my friend, her husband was grateful, the family courteous.

She steadily grew better and stronger and I could see she was getting well. ARSENIC starting this case on the road to health, TARENTULA took her off the mattress that she had lain on all these years. They said she had a leaking heart-valve; I never found it. They said she had nephritis; I do not know, as I had no way there of testing, but I do know she went home to New Haven walking to the steamer, walking to the train, although still weak. That fall she traveled from New Haven to New York and back the same day.

That successful case opened the door to homœopaths in the hospital at New Haven, Conn.

We do not have to experiment with this or that upon our patients, in the vain hope of finding some drug-combination or serum that will be a cure-all. We do not depend on these shifting sands, nor do we have to cause little animals to suffer with the vain hope of finding out ways and means to aid those that are ill.

Natrum Sulph. in Impacted Gall Bladder

By JULIA C. LOOS, M.D., H.M., HARRISBURG, PA.

This case illustrates the force of the discussion of the subject of Gall-Stone Colic and its Treatment, which appeared in the April HOMŒOPATHICIAN as part of the Transactions of the 1911 meeting of The Society of Homœopaths. We are sometimes slow to adopt and adapt the truth which is apparent to reason but, when practically applied, Truth is an unparalleled force.



MRS L., 37 years of age, gave a history of having been in poor health since childhood, suffering frequently with paroxysms of pain in right hypochondrium and dorsal region of back, below the right scapula. These sieges have frequently been diagnosed "gall-stone colic." There had been none for about a year when the present siege began. She has been in the habit of taking olive oil in half-tablespoonful doses; has also used sodium phosphate as a laxative. For the past year, she has kept some medicine prescribed by the last doctor attending her. This she uses occasionally, when she has slight pain in the liver region.

(The symbols used are those found through the proving records: <=aggravation, increase; >=amelioration, decrease).

July 3. Right hypochondrium aching in axillary line, below right scapula, extending through to front of abdomen and downward in right lumbar region. Discomfort began on 1st. as a swelling; last evening sensation of soreness appeared and has appeared and disappeared gradually, spasmodically, intermittently these two days.

Pain > with leg flexed, > bending double so to bring the thigh firmly against the abdomen.

Cannot straighten when standing, walks stooped.

> heat applied.

< reclining on left side (pulling from right side).

Eruptions and flatus from rectum.

Vomiting at 4.30 P.M., ejecting food eaten at noon.

Nausea with the pain.

Heat and perspiration with pains; restless during pain.

Changing position.

5 P.M.

CHEL. 1m.

9 P.M.

Lyc. 1m. Pain appeared easier after first dose, but intense at intervals since.

Using the repertory with the rubrics Hypochondrium pain extending to back;

Abdomen pain > flexing the limbs;
Abdomen pain > bending double and must bend double.

> reclining on painful side and
< from cold;

Brought Chelid. Kali c. and Lycopod. prominently to notice, hence the above prescription.

During the next four days she was observed, attended two and three times a day, according to the variations in pain. The night of 3rd, when pain appeared not improving, she used one of the powders she kept on hand for such pains and then slept, with some relief, but the pain did not disappear.

July 4.

MEDORRHIN. 1m.

No new remedy was given until July 7th, when the following additions had been made to the record:

July 7. Vomiting 4th and 5th. Nausea after drinking, > vomiting.

Vomit—yellow fluid "bile."

Pain and swelling decreased after vomiting.

Sleep broken frequently (during very warm weather).

Mouth dryness with thirst > by drinking.

Feverish, flushed from 7-12 P.M.

Rectal evacuations absent except flatus.

Pain < 2.30 A.M. and > after 5 A.M.; returned 3 P.M.; next day < 4 A.M. and 3-4 P.M.

Less in the back; lower in abdomen.

Restless with it, weeping, when pain intense.

< from jar. Heat with pain.

Lump extends lower in abdomen.

Temperature $\frac{1}{2}$ degree above normal; pulse between 100 and 110

Flatulence occasions difficult respiration, pain and pressure about heart > by eructation.

Has eaten small quantity food past two days.

Lyc. 43m.

July 9. Imp. Had a rectal evacuation this morning. Has eaten and slept more and more comfortably. No heat last night.

On the 12th of July, I left her in care of my substitute, as she continued improving and two days later she was dressed, out of bed.

Aug. 1.

Report indicated that the trouble had not cleared away. Pains returned frequently when eating and forced her to sit in a heap on the floor until the paroxysms passed. Nevertheless she was up and attending to some household duties.

Lyc. 43m. Symptoms < again.

Aug. 6.

Swelling is larger and pains worse, though she had felt much better on the alternate days since 1st.

Pain extending to hip which has a bruised, numb sensation.

> by hot applications and hot water drinks; almost scalds herself, the hotter the better.

CHEL. 1m.

Aug. 7.

The patient appeared so critically ill that I was summoned to assist. A sudden chill at 4 P.M. was followed by fever with temperature of 103°.

Pains shooting down to thigh and numbness and tingling in thigh and over entire body > in fingers.

Restless, but pain < from motion.

Vomiting < cold drinks; "yellow, bitter bile."

PYROGEN. 1m. 11 P.M. Pulse 120, temperature 98°.

There appeared some reaction after this. An intense chill occurred at 2 A.M. but pain in hip had disappeared and restlessness was lessened. On the 9th, 11 A.M. pulse was 108 and temp., 100°. Temperature decreased to 99° on 11th and to normal next day but the pulse continued at 108. There was vomiting each day. No rectal evacuation after the 9th. Measurements taken on 9th indicated the swelling from the lower border of the ribs extending to two inches to the left of the umbilical line, two inches below the umbilical line and two inches above the umbilical line.

Urine was dark yellow, with white, thick, gelatinous sediment, and scant, though more copious later, with flocculent sediment.

Rectal urging was ineffectual except to void flatus.

The repetition of Pyrogen on 11th brought practically no relief.

An anamnesis was prepared on 12th, and at the same time the following telegram was sent to Dr. Kent, in Chicago:

Recurrent biliary colic; gall bladder fills one-third abdomen, six days. Adhesions. Desires cold; changing position; aggravation night eleven to six. Local aggravation motion, painless side; amelioration thigh flexed, warmth. Urine flocculent sediment. Temperature normal, pulse hundred eight. Urging stool only flatus relieves. Tongue dry, fissured coating. Thirst moderate. Fullness drinking. Thigh sharp pains. Wire prescription and advise as to operation.

The patient had been seen twice by a surgeon, once as consultant when the chill first occurred. He advised that my arrival should be awaited before interfering surgically, though he thought that would be the demand later. I was confident that with the indicated remedy she would do all the operating necessary, but was not satisfied that I saw that remedy image. As it appeared to the surgeon that would be needed, and I was desirous of support for my position, I included this request in my consulting telegram.

When no word came by noon, I yielded to the temptation to give the remedy that the last study with the repertory led me to think the nearest, viz. Phosphorus. There was no brilliant response, though the night was a trifle easier. The night of the 11th had been sleepless, continually uneasy, with restlessness and aggravation from any motion, so that turning in bed required assistance of two persons.

The response to the telegram came within seven hours consisting of two words: "Natrum sulph."

Aug. 12.

NAT. SULPH. 59m.

That night there was practically no pain, but some good rest and refreshing sleep. Comparative comfort continued from that time.

- Aug. 19. Urine copious, yellow sediment, without form.
 Rectal evacuation in comfort; apparently normal quantity, lumpy dark brownish green.
 Abdominal lump decreased in size and consistency, steadily, without much pain other than occasional stinging stitches.
- Aug. 20. Patient stood and walked about her room, quite erect and without increase in suffering.
- Aug. 15. Down-stairs, assisting in preparation for supper.
 Lump in abdomen not apparent to palpation. Slight sensation of fullness in right hypochondrium.
 Occasional stitching pain in region of gall-bladder.

The only external evidence of the contents of the tumor was in the green color of the fecal evacuations

and the thick deposit of yellow, mealy sediment in the urine, forming, at times, one-third of the volume voided.

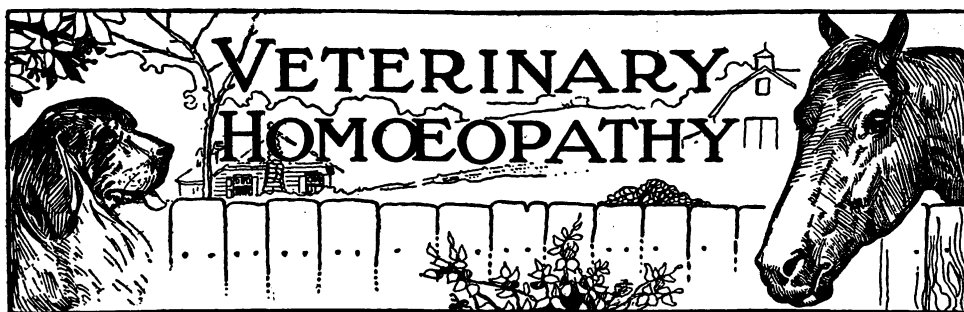
As there had been suggestions from former medical attendants that operation might be necessary some time, and the patient was not in favor of such treatment, she and her family were delighted with the results of this, the worst siege she had experienced, especially as she herself was so quickly restored to strength and general comfort. The comparison of this and what they had heard of weakness following surgical operations contributed to their satisfaction. No return of trouble has ensued, to date, April, 1912.

When you take into consideration the venous system, the portal system and its close association with the heart in establishing the circulation of blood in the abdomen, and the work that it does in the abdomen as a great receiving apparatus, you will not be surprised to find that heart and liver affections are associated with hopelessness and despair. Notice, on the other hand, something that will set you to thinking, perhaps: in cases of phthisis, none of them is hopeless; they think they are going to get well; the lungs are almost gone with tubercles, but he knows if he could only get up that little something out of the throat he would get well. Notice then that peculiar relation between the lungs and the understanding, and between the heart and the will. With every little trouble located in the heart there comes hopelessness, but when the manifestation of disease is in the lungs there is hopefulness.

The symptoms of asthma and of difficult breathing you would naturally expect to be associated with the cardiac affections. Notice this also, that the difficult breathing is of two kinds, such breathing as involves the lung, and such breathing as involves the heart. So it is we have an asthmatic condition of dyspnoea that is cardiac in character, and dyspnoea that is purely respiratory. These are entirely distinct in character. One belongs to such remedies as have a predominance of action on the affections, and another belongs to those having a predominance of action on the intelligence; one will involve the lung and finally bring on emphysema; the other one is entirely different in its character, with irregular heart action, and only secondarily associated with emphysema.

Study your pathology with these things in mind and you will be able to perceive the nature of sickness and its results. These things are not mere observation, whims, and theories, but are the outcome of studying things from internal to external.

—Kent's *Lectures on Materia Medica*.



Some Aconite Chicks

By C. S. TISDALE, M.D., CHICAGO HEIGHTS, ILL.

EDITORIAL NOTE.—*One poultryman, in speaking of medicine for chickens, expressed his sentiment that, if chickens are not strong enough to meet the conditions of their environment after hatching, they are not worth attention that might continue their existence. This article, contributed by one deeply interested in the culture of high-bred chickens, from which he is able to receive much inspiration, indicates that disaster may be averted, to advantage, among the feathered friends.*



AN Aconite chick, as an Aconite person, is one that normally is strong, vigorous, energetic, quick, and active, in whom disorder comes as a violent storm, with intense weakness, restlessness, prostration, and anxiety with fear. Every part is violently, suddenly, and profoundly affected, regardless of the nature or name of the complaint.

The writer had fifteen little, downy, baby chicks hatched in the incubator March 29 and 30, 1912. They were Rose-comb White Leghorns, from very choice prize-winners at Chicago, Madison Square, and other large poultry shows. By nature, they were active, strong, vigorous, for little ones, and always on the alert for their food. Hatched in an incubator at a temperature of 103° F., they had gradually been hardened to a temperature of 98°, and placed in a brooder, with a hot-air house heat of this temperature.

During the night of April 2, and perhaps on the morning of the 3rd, the brooder-lamp light went out, and there was a sudden drop in the outside temperature. On the forenoon of the 3rd, these chicks were found

to have been chilled, one appeared as if it would die immediately.

They were profoundly prostrated, their feathers gave the expression of fear and anxiety, and, in spite of weakness, they were restless.

Of course we removed them to the house and by the stove, covering them warmly. In the past, this alone, has, in numerous instances, failed to save one chick, when so badly chilled. In the symptoms displayed, we saw the image of a remedy characterized by rapid, vigorous, violent action of sudden onset from severe exposure to cold (the brooder temperature dropped from 98° to 40°—a violent change for baby chicks).

Aconite thus appearing upon the horizon, covering the symptom picture, I was strongly impressed to try it. I did so with the feeling that it could do no harm, and no faith that it could do any good.

One single granule, the size of a pin-head, of the 30th potency of ACONITE was given to the little fellow with the appearance as if he would die. Were that chick able to speak our language, he would have said: "Doctor, there is no use, it is too late, I am going to die and I know it."

Such an idea was pictured on that chick's features. That chick had a very perceptible aggravation of his restlessness and weakness, and then made a rapid recovery.

A few granules of the remedy in potency were then dissolved in a small quantity of drinking-water, and the others were allowed to drink of it, which they did freely. Within a few hours those chicks were as lively as ever, and as noisy and as greedy as ever. The one I thought about to die was as lively as the others.

As the brooder had been started in operation and again warmed, the chicks were returned the afternoon of the same day. Chicks that have been chilled usually have bowel trouble within a few days. So far, nothing of this sort nor any bad effects have been seen.

Being naturally skeptical, it has been difficult for me to yield to conviction; but in this instance I am completely persuaded that Aconite saved

those chicks from death, and adds one more proof of the universality of the Law of Cure brought to light by the immortal genius of the great master, Samuel Hahnemann.

Let those who raise chickens, turkeys, ducks, birds, dogs, cats, horses, or cattle—any animals, for pleasure or profit—take this knowledge: Whatever the disorder may be, *if the patient is previously active, strong, robust, and energetic, and appears suddenly, violently, profoundly prostrated, with intense restlessness, anxiety, and fear, following severe exposure to cold or other debilitating, devitalizing influences* (shock, fright, or grief), Aconite, from 30th upward, will stay the patient until the force of the storm has passed.

Do not use it hours after the onset. The Aconite case does not linger. Either vitality wins, in a short time, through fever and sweating, by crises, or the patient is overcome and death wins out.

If the beliefs of men were due to processes of reasoning, where they have not reasoned they would not believe. But do we find it so? Is it not true that the men who have the most positive opinions on the largest variety of subjects—so far as they have ever heard of them—are precisely those who have the least right to them?

Socrates, we remember, was counted the wisest man in Athens because he, alone, resisted his natural tendency to believe, in the absence of evidence; he, alone, would not delude himself with the conceit of knowledge, without the reality. It would scarcely be too much to say that the intellectual strength of men is in direct proportion to the number of things of which they are absolutely sure. . . . We should clearly realize the difference between holding an opinion on trust and holding it as a result of our own investigations.

The cultivation of the "Why?" attitude of mind and the answering of one's own questions is also helpful, if not carried to excess. "Doubting Thomas" is not always a term of reproach in these days of scientific habits of thought.

—Atkinson's *Your Mind and How To Use It*.



HISTORY presents the world's progress through successive ages—as the Stone age, the Iron age. The era in which we live at present is relatively to be recognized as the Vital, or Psychic, Era.

In every department of commerce, mechanics, science, literature, religion, and art, the Vital element now receives new consideration.

Some one has declared that every article of manufacture is valuable in proportion as the worker's soul has entered into its composition. Those things made without the producers' interested application are not to be compared to such as are the product of real, zeal-energizing attention and purpose, in the course of planning, construction, and performance.

Years ago, when a famous artist, asked how he mixed his paints, replied "With brains, sir," the thought arrested attention. Today that idea prevails in the fields of labor and of art; the important factor is the Vital one, dominating all other considerations of method, grade of material, or construction of machinery.

In the development and the strengthening of species in agriculture and floriculture, the Vital element receives most attentive care in manipulation; chemical composition of soil, climatic influence, and natural selection are become second to the regulation of the bacterial influence in the soil and of the pollen fertilization. In animal culture, the Vital condition has as studied attention as the food-supply; the emotional stability of the milch cow is as carefully regarded as the food-values of different fodders.

In the field of the human labor-market, individual efficiency of the workers, even to the most unskilled, is calculated by the master mind; quality of service is valued before quantity. Repeated experiment has shown that quality and the actual amount of physical and mental work in the child at school, and in the adult operative, are affected by the variations in their emotions.

Positions of responsibility are assigned to those more recently entering the various industries—in preference to promoting those long in the service, as was formerly the custom—the aim being to appropriate the fresh vitality and gain a fuller efficiency, rather than to reward those who have been efficient in time past, at a weighty cost to present product.

In the field of music, the newer criticism recognizes and praises the soul element more than the technique of both composer and performer. It is this quality which makes music more vital to the ear, and in the life of the hearer.

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And, in the art of painting, the vitality called "atmosphere" is as necessary as color.

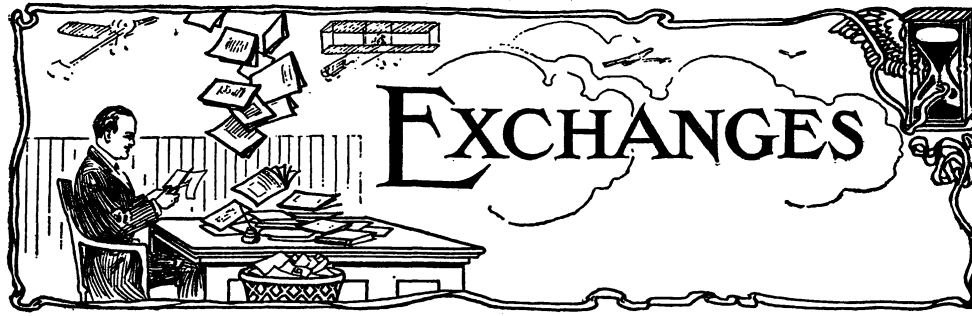
All these instances but indicate a predominance of the Vital element in the affairs of man. More than in any or in all of these avenues, is it rational to recognize the value of the Vital Force as the regulator of health in the living being. It is, in fact, inevitable, for satisfaction and success, that we should accept and develop this idea, emphasized by Hahnemann: Every change in the functions and in the tissues of the physical body endowed with life is dependent upon that vital control, inasmuch as function and tissue formation are wholly impossible without it.

THE final commandment in the Decalogue of Homœopathy is: "Thou shalt require obedience to hygienic law." Ordinarily the term hygiene calls to mind only those habits and conditions concerned with food, clothing, and physical environment. However, it also includes mental and moral hygiene. The homœopath recognizes, in the recent fostering of "New Thought" ideals, the assumption of cures by religious exercises, and the practice of mental therapeutics, and extended resort to mental hygiene. The normal relation of mental and physical operations is for the production of health. It is disorder in the emotions not merely dependent on physical conditions that has a detrimental and sick-making influence. The physician needs to discriminate which is cause and which is effect in the patient.

THIS issue of THE HOMŒOPATHICIAN is printed as an enlarged edition, copies being distributed to the new graduates of the colleges throughout the country. In addition, each subscriber is supplied with a second copy to be handed to a friend. Other extra numbers for this purpose will be sent on request. This number presents the subject of Vital Force, the element of difference in the conceptions of health and sickness held by the vitalist and by the materialist. Many students and physicians refuse to accept the idea of any other than materialistic explanations of the phenomena of life, simply because they are not acquainted with the rational explanation of observed activities. So far as the readers of this magazine know of such students, they now have the opportunity of sharing with them this extra edition, inviting attention to this most important subject.

In future numbers, contributions upon the subjects of Vital physiology and the relation of blood-pressure and blood-count to the indicated remedy will be presented. It is, of course, recognized that the current numbers devoted to special subjects do not assume to exhaust the discussion in any one number. All the branches of our doctrines and their application are live subjects of thought and discussion, and there is always to be said—at least in verification—more for each of them than can be included in any one issue.

We expect to have these specialized subjects featured through many numbers during the course of publication. All contributions on each of these subjects of continuing interest will have welcome reception and due attention, and will be used to the best advantage.



Foreign Exchange Notes

By R. DEL MAS, M.D., HUGO, MINN.

EDITORIAL NOTE.—*In the following comments on some of the papers appearing in the current literature, the Foreign Exchange Editor reveals something of the impression made on the lover of Homœopathy, its Science and Art, when confronted by dissertation and clinical work falling somewhat short of "The Real Thing."*

Journal Belge d'Homœopathie

January-February, 1912

Variola. By Dr. Charles Castellan.

The clinical observations of the author are not decidedly homœopathic, as Hahnemann would have it, because of the alternation of remedies used. We fail to see why a given patient should at the same time present the picture of *Belladonna* and that of *Mercurius sol.*

The practice of alternating remedies is certainly not based upon logic, and will never foster a clean-cut therapist, nor develop his remedial sense.

The use of *Variol. 6th* is not to be recommended, especially when prescribed *ad libitum*, either as a preventive or a curative agent for smallpox. Dr. G. E. Dienst has reported having done better with higher potencies. Our best prescribers on this side of the pond use the remedy in single doses and very high, and are pleased with the results. It is here also where Doctor Castellan notices we "vaccinate internally," while he entertains the forlorn hope of having European justice come to the standard of ours in recognizing "internal vaccination." Yes, America is the land of the free.

Consideration of a Few External Homœopathic Treatments. By Dr. Aug. Schepens.

The author is bound to see the necessity and the homœopathic efficacy of using external remedies for the cure of *erysipelas*, *crusta lactea*, *intertrigo*, etc. Such a view was not that of Hahnemann (*vide ORGANON* §§185-203). But, of course, Hahnemann practiced pure Homœopathy.

Homœopathic Medical Circle of Flanders

Meeting of October 5, 1911

It is somewhat repugnant to the Hahnemannian sense to have a man laud this or that remedy for this or that disease, or say he generally uses a specified remedy for a disease named. Hahnemann prescribed on *the totality of the symptoms of the patient*, irrespective of the name of the disease, for he knew how to individualize. The homœopath who takes not the trouble of individualizing in the choice of the remedy must alternate his remedies and hunt for those recommended in our "Medical Practice" books, for the diseases he spares no effort to diagnose, and in the treatment of which he always unfolds

his strength and too often his stupidity. The allopath acts in a similar way: he diagnoses and then gives a remedy recommended for the name of the trouble he imagines he has found.

Rivista Omiopatica e l'Homioptia in Italia

January-February, 1912

In his "Notes to the Table" of the patients treated in 1911 in the Homœopathic Hospital of Turin, Dr. Theo. Moschetti gives us only common symptoms upon which his prescriptions appear to be based; that is, the reader fails to see in his clinical cases upon what "characteristics" he prescribed.

In "Case 7" the author tells us he gave MERC. SOL. and HEPAR SUL. in succession, in order to accelerate the formation of pus. It stands to reason he thought his pelvic peritonitis was merely a local and material affair he could control with two of our suppurative remedies, as an allopath checks a heart or controls it with Digitalis. Although Hepar follows Mercurius well, nevertheless it antidotes it, and we fail to see which of the two was indicated. The use of any such suppurative remedy for an internal abscess is far from being commendable. In this case the abscess opened into the rectum. What of it if it had ruptured into the peritoneal cavity?

Doctor Moschetti uses, apparently, remedies for pathological conditions, and, in the alternating fashion, together with local treatment. We are sure he could do better if he had time.

In his "Case 38" he tells us APIS, given for more than a month, finally caused a left knee to lose its rheumatic, effusive swelling. We are inclined to think the knee would have recovered alone, if only Apis had to be given for a period covering a month and over.

In report of "Case 12" he speaks of metritis of the neck of the uterus, with copious leucorrhœa. But what were the "characteristics" of that

leucorrhœa, and those of the patient who had it? Once more we notice the materialistic view of diseases entertained by too many of our good men. This "Case 12" was curetted, and given HYDRASTIS, and next AUR. M.-N., for internal treatment. Very likely the remedies were given because they are known to be good for "metritis" and "leucorrhœa." This is not a purely homœopathic cure, perfected with the indicated remedy or remedies alone. An allopath could and would accomplish as much with his curette, douches, and empirical prescriptions.

Le Propagateur de l'Homœopathie

January, 1912

Transactions of the Regional Society of Homœopathy.

Acute and sub-acute articular rheumatism are discussed, and ponderable doses, Aspirin and the alternation of remedies are advocated, or, rather, resort is made to them.

Doctor Noack recommends Viola od. for rheumatism of the right wrist. Is there any reason—when we treat conditions instead of patients—why, for the right wrist, Colch., Nat. p. and Rhus t. should not be just as good? We should lose the habit of associating remedies with disease-names.

The "alternating effects" (of drugs) of Hahnemann are again analyzed by the earnest student, Dr. Jules Gallavardin, who is also the chief editor of "Le Propagateur." Such a study has its value, but, from a practical point of view, clinical experience bears testimony to the fact that primary and secondary symptoms of drugs, as found in the symptomatology of the patient, disappear under the indicated remedy. The rule still holds good, that *the remedy that covers the patient* and not this or that apparently affected part, *is the simillimum*, irrespective of whether the symptoms may be primary or secondary when the pathogenesis of the drug is compared. Whether the symptoms were first or later in appearance, undeniably they were occasioned by the remedy.

Transactions of the Regional Society of Homœopathy

February, 1912

Chronic articular rheumatism is à *l'ordre du jour*. We doubt if such subjects as those which bear the name of a disease, when discussed in our meetings, can be of any advantage, except as fostering the spirit of allopathy and ways of practice so common and patent in too many so-called homœopathic physicians. When we hear this man laud this or that remedy for this or that disease-name, viz., rheumatism, we should pity him and pray for his conversion to Homœopathy. The best we can do in homœopathic practice is to select a remedy that covers the patient in his totality of symptoms, without any consideration for the name we give to his trouble. As Hahnemann expressed it: "The homœopathic physician, unbiased by the prejudices of the common school, does not recognize appellations, but treats each case *according to its peculiarities*" (ORG. §73).

Two New Victories Gained by Homœopathy over Surgery. By Dr. Charles Berney.

The Doctor emphasizes the fact of studying the remedy and the patient, and of fitting the remedy to the case. In view of this Hahnemannian assertion, we should like to know why, after OPIUM had opened the impacted colon, the doctor gave CRATÆGUS for the weak heart, OPIUM 30th to prevent a reimpaction, and HYDRASTIS for fear his patient had an intestinal tumor?

As to the other case, that of a tumor in the right mamma of a woman, the reader, impartial and desirous to learn, is willing to ask: "If PHYTO-LACCA was indicated, and the simillimum, why SCROPHULINUM N., CHELD., an ointment of Iodine, and another of Phytolacca berries (tincture) were used? And why should the cure be attributed to Phytolacca alone?"

The simillimum alone will cure any curable case, without the help

of mongrel practice. Homœopathy will never make a headway when the spirit of Galen, and not that of Hahnemann in its entirety and purity, dominates. Let us be humble enough to read and follow the ORGANON.

The Cardiac Action of Digitalis. By Dr. J. Coste.

In his two illustrative cases, the writer reveals a great power of observation and judgment, or individualization; and when he has acquired full confidence in the Law of Similia, in our remedies and in himself, we shall see him no longer use purgatives, cupping and other adjuncts, which are but remnants of a barbarous art. (*Vide Hahnemann's Lesser Writings*, pp. 437-438.)

HOMŒOPATHIC WORLD

March, 1912

A woman who had suffered for one and a-half years with a *fluent coryza*, following a siege of influenza in the winter of 1909, had

Nov. 20. Nose, *water in clear streams*, "runs like a tap."

Clear watery mucus in the morning.

Smell and taste lost.

Stiffness; sore, raw pain.

Sneezing very much.

Subject to exacerbations.

Cough, at times, even *at night*, sometimes preventing sleep, accompanied by sensation of suffocation.

General debility and anæmia.

Always *very tired*, unable to sleep in afternoon.

Much treatment, including local Glycothymoline spray, inhalations, cauterization of the mucous membrane, sojourns at Newcastle, Switzerland, and south of France, all had availed nothing.

Physical examination revealed congestion, swelling over the turbinates, but no occlusion of air passages.

Pulse 65, occasionally omitting pulsations.

Lymphatic glands of neck (corresponding to affected area) enlarged.

ARSEN. ALB. In a few weeks, cough and nasal symptoms ceased.

CINCHONA 3x, thrice daily. In a few days she was reported more cheerful, better in herself, and able to work more without being so tired. Enthusiastic in praise of Homœopathy.

Case of J. Roberson Day, M.D.

American Exchanges

Medical Advance

March, 1912

A delicate boy ten years old, supposed to have tubercular tendency, had

Cervical glands enlarged.

Conjunctivitis, painful and persistent for months.

Involving ocular and palpebral conjunctiva.

Exceedingly congested.

Every attempt to open the lids resulted in pain and profuse gush of tears.

Excessive photophobia.

Yawning frequently in forenoon, although usually sleeping well at night.

RHUS TOX. Prescription based on above group of symptoms.

Eyes healed, enlarged glands subsided, pale cheeks took on a rosy hue of health, and he became hearty, healthy, strong, and vigorous.

Case of E. A. Taylor, M.D.

North American Journal of Homœopathy

A paper presented at the American Institute of Homœopathy, by Dr. W. S. Mills, refers to the doctor's boy

of fifteen months, suffering with broncho-pneumonia. Child very cranky; respiration 60; vomiting; all coming on at night;—led to several remedies before a consultant pointed out the resemblance to IPECAC. The 200th potency was recommended, but the father was very dubious as to its efficacy until, after six hours, the child awakened from a peaceful sleep and sat up in bed to play. This case served as an introduction for the doctor, to the use of Ipecac in infantile pneumonia.

Every student of Kent's "Lectures on Materia Medica" will find the characteristic similarity to Ipecac in these cases detailed, also the strong distinguishing features between Ipecac and Antimonium tart. The author of this report differentiates by the fine and coarse râles, but the true distinction is the difference in nature and pace, emphasized in the volume mentioned; the rattling of Ipecac is early, and that of Ant. tart later in the course of the case.

Index to Clinical Verifications in Current Literature

Remedy	Pot.	Symptoms	Prescriber	Publication	Issue	Page
<i>Causticum</i> ..	45m	Warts; effects of burn.	Stanton	Medical Adv.	3-'12	144
<i>Ant. Crud.</i> ...	200	Warts around nails.	"	"	"	145
<i>Nat. Mur.</i> ...	10m	Headache, sun effects.	"	"	"	145
<i>Epiphegus</i> ...	30	Spits much during headache	"	"	"	146
<i>Senega</i>	2m	Bronchitis; cough ends in sneezing.	"	"	"	147
<i>Squilla</i>	900	Respiration difficult lying on right side.	"	"	"	147
<i>Tilia Europ.</i> ..	30	Rheum. pain < perspiration; warm, profuse perspiration, beginning sleep.	"	"	"	148
<i>Colchicum</i> ...	500	Paralysis dorsal muscles; pain < motion; yellow, lumpy intestinal mucus.	"	"	"	148
<i>China</i>	8m	Flatulent colic; chill then heat with persp.; spasmodic cervical drawing.	Loos	"	"	128
<i>Tuberculin aviare</i>	30m	Recurrent grippe; grippe sequellæ; pneumonia.	Hayes	"	"	117
<i>Ipecac</i>	1m					
<i>Ipecac</i>	200	Asthma; vomiting. Broncho-pneum.; vomiting; resp. 60.	Mills	N. A. Jo. Hom.	4-'12	241
<i>Sepia</i>	3x	Headache; pelvic disorder; constipation; sedentary habits.	Leavitt	Jour. A. I. H.	4-'12	1256
	6x					
	12x					

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Hold Firmly



THE HOMŒOPATHICIAN presents its card to you, the graduates of 1912. It brings fraternal greetings of welcome from those in the broad field of practice to you, passing from the halls of instruction to assume the responsibilities for which you have been preparing during the past four years.

Your college sends you forth, confirming this preparation by conferring the degree, Doctor of Medicine. You will now have the opportunity to prove yourselves true physicians—teachers and healers—of the children of humanity. It is the province of this magazine to help you to reach by strong roots to the source whence flows the power and strength that is to blossom forth into your work. Your efforts will yield fruits of success in proportion as the elements flow continuously through rootlets, trunk, and branches to the uttermost. Where these truths cease to flow, in your argument and in your practice, there will barrenness begin, and therefrom the branches will bear no good fruit.

This number of THE HOMŒOPATHICIAN emphasizes *Vital Force* as the ruling factor in those to whom you will be called professionally. This is the first great idea for you to hold firmly. Physical and chemical forces are manipulated in the laboratory, with wonders of their own, but in all organized, living beings—hence in your patients—physical and chemical forces are dominated by the

intangible, unseen, immaterial vital force, creative in its action. This is the subject of your manipulation as physician. Hahnemann has demonstrated that a *parallel* to this causative influence in human beings exists in *plants* and *mineral substances*, and forms the basis of their individuality. He also revealed to the world of science the manner by which these parallels may be manipulated best to become effective instruments to correct disturbance of mankind.

Potentization of drugs affords the form for administering their active substance easily, which will most quickly and strongly reach the organism *where disorder* exists.

The only method by which to learn the effects of each drug upon the human organism is by *testing it upon the healthy*, eliminating all other drug and sick-making influences.

These points Hahnemann announced a century ago. A few wise ones appreciated the truth and applied the knowledge in use. The world of boasted science is slowly creeping along, waking to the light, perceiving through partly closed lids and latticed windows rays of the same truth.

Temptations will be many to induce you to abandon these ideas, and substitute methods based on grosser material conceptions. Hold, then, to that which is good and has been demonstrated to be true, and measure methods and theories that may appear in the future by these fundamental principles.

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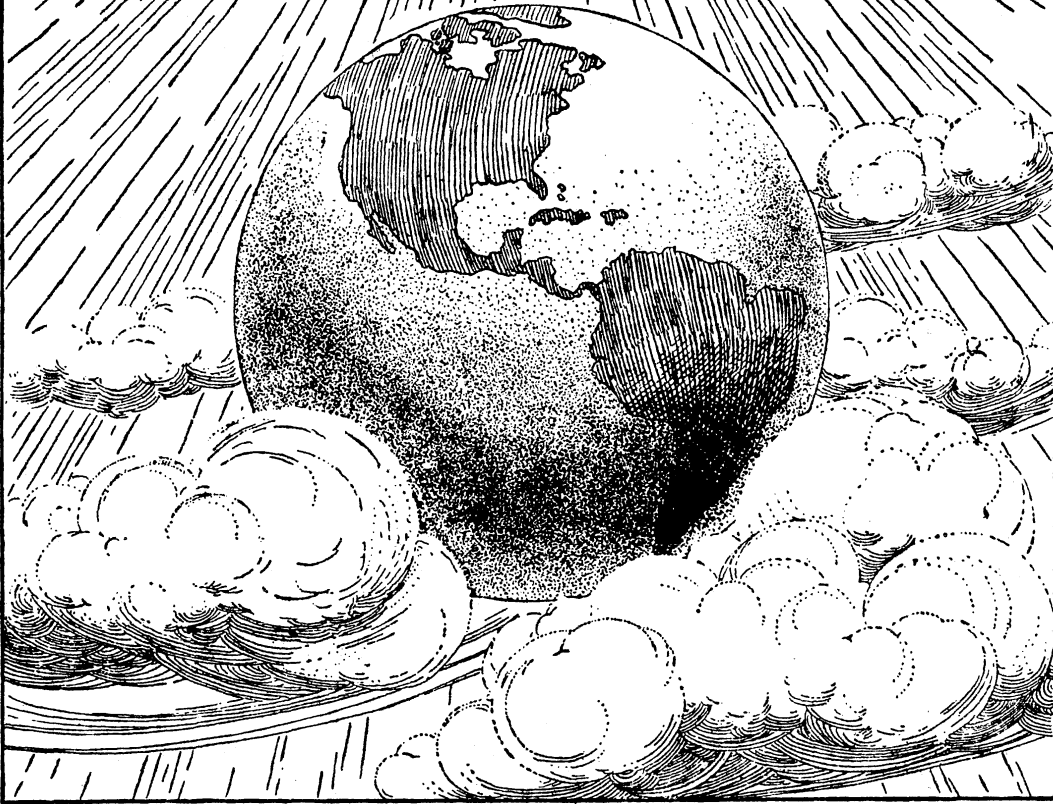
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JUNE, 1912

No. 6

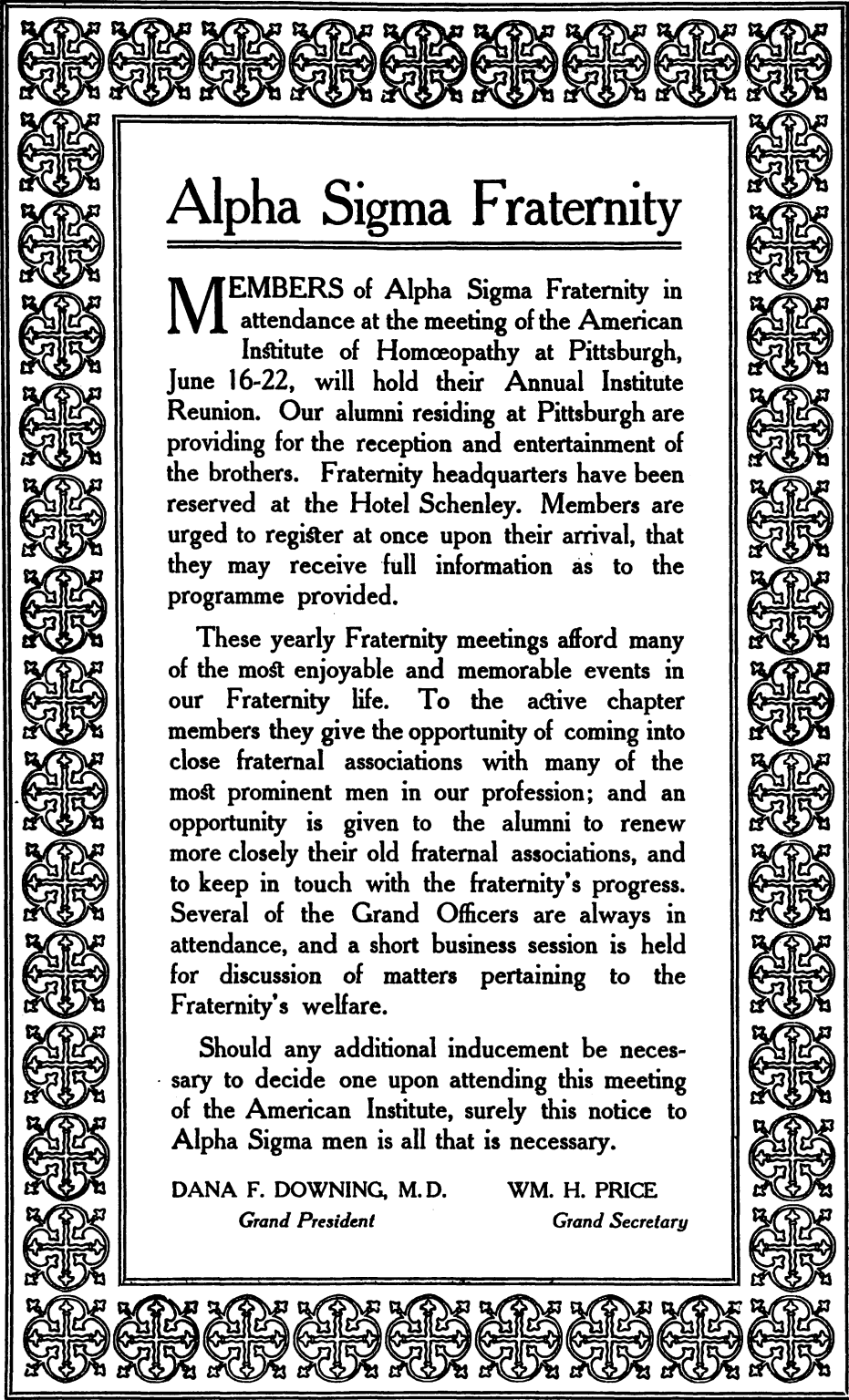
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The next popular number will contain a simple presentation of Hahnemann's explanation of PSORA, the chief Chronic Miasm.

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Alpha Sigma Fraternity

MEMBERS of Alpha Sigma Fraternity in attendance at the meeting of the American Institute of Homœopathy at Pittsburgh, June 16-22, will hold their Annual Institute Reunion. Our alumni residing at Pittsburgh are providing for the reception and entertainment of the brothers. Fraternity headquarters have been reserved at the Hotel Schenley. Members are urged to register at once upon their arrival, that they may receive full information as to the programme provided.

These yearly Fraternity meetings afford many of the most enjoyable and memorable events in our Fraternity life. To the active chapter members they give the opportunity of coming into close fraternal associations with many of the most prominent men in our profession; and an opportunity is given to the alumni to renew more closely their old fraternal associations, and to keep in touch with the fraternity's progress. Several of the Grand Officers are always in attendance, and a short business session is held for discussion of matters pertaining to the Fraternity's welfare.

Should any additional inducement be necessary to decide one upon attending this meeting of the American Institute, surely this notice to Alpha Sigma men is all that is necessary.

DANA F. DOWNING, M. D.	WM. H. PRICE
<i>Grand President</i>	<i>Grand Secretary</i>

It is easy in the world to live after the world's opinion; it is easy in solitude to live after your own; but the great man is he who in the midst of the crowd keeps with perfect sweetness the independence of solitude.

—RALPH WALDO EMERSON

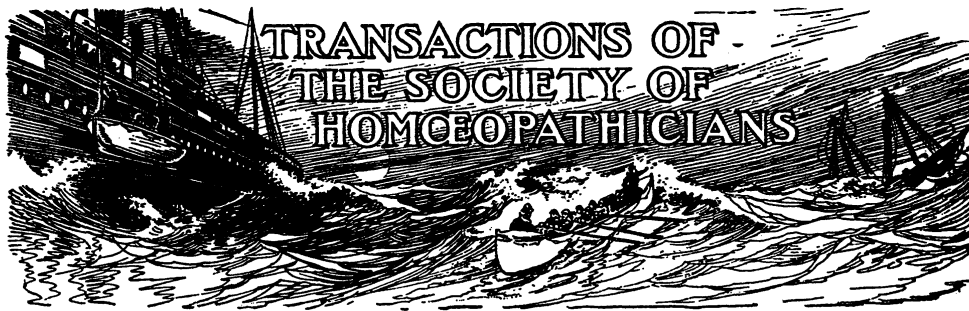


Indian-Pipe

BY FLORENCE EARLE COATES

In the heart of the forest arising,
Slim, ghostly, and fair,
Ethereal offspring of moisture,
Of earth, and of air,
With slender stems anchored together
Where first they uncurl,
Each tipped with its exquisite lily
Of mother-of-pearl,
Mid the pine-needles—closely en-
woven
Its roots to embale—
The Indian-pipe of the woodland,
Thrice lovely and frail!

Is this but an earth-springing fungus—
This darling of Fate,
That out of the mouldering darkness
Such light can create?
Or is it the spirit of Beauty,
Here drawn by love's lure,
To give to the forest a something
Unearthly and pure:
To crystallize dewdrop and balsam
And dryad-lisped words,
And starbeam and moonrise and
rapture,
And song of wild birds?



"Its object shall be to foster and develop the principles of Homœopathy, as promulgated by Samuel Hahnemann, to increase knowledge of them and their application."

"Its prerogative shall be, guided by the authority of these doctrines, to determine what is Homœopathy and consistent therewith."
CONSTITUTION, ART. I, §§ 2 & 3.

Coöperation by the People



AT the close of the last annual meeting of The Society of Homœopaths, subjects for meditation were assigned by the president, to be discussed by the members at the Session for 1912, which will be held in the Auditorium Annex at Chicago June third to sixth.

The subjects assigned cover some of the distressing conditions of rheumatism, cancer, tuberculosis, viewed in the light of Homœopathy.

There are other subjects which many of the members and some of their patients have seriously considered, which will also be discussed at the coming meeting. These concern the more thorough founding and extension of Pure Homœopathy:

- Extending a knowledge of its principles;
- Training students in its colleges to comprehend its application in treating the sick;
- Providing for hospitals in which the sick may obtain purely homœopathic treatment, whereby its efficient power may be wholesomely demonstrated.

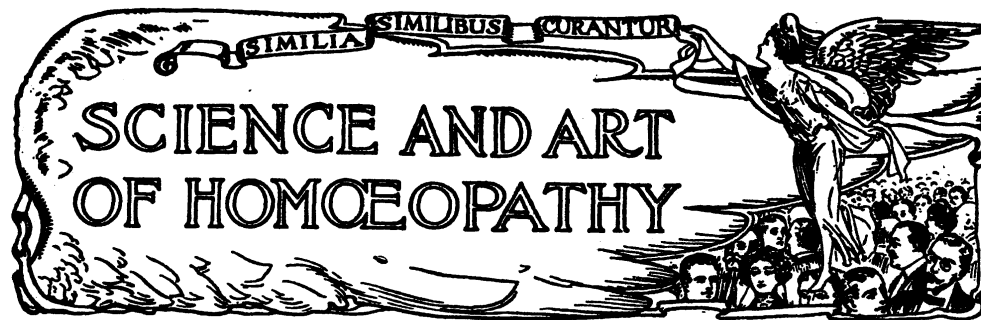
At the organization of The Society of Homœopaths these subjects for propaganda were contemplated, in addition to those relating strictly to the art of medicine. The By-Laws therefore provide for Contributing Members:

Contributing members shall be persons interested in the promulgation of the work of the organization, contributing ten dollars or more, annually, to its treasury. They shall be admitted to all regular meetings, with membership privileges except discussion, voting and holding office. They shall be elected by vote of the Board of Censors.—By-Laws, Art. 1, §5.

The German Homœopathic League has existed for several years with headquarters at Hahnemann House, in Berlin. (See page 228.)

Such a League in each country, with local chapters in various districts, will serve excellently to unite the efforts of those not professionally engaged, yet vitally interested, in the cause and its advancement. Organization of this sort would assure the permanent establishment and development of rational healing. Funds and personal interest are equally necessary. The energies of the physicians must be primarily devoted to the healing work immediate to their hands. So keenly do they accept this responsibility for the care of their patients, that the annual sessions of their associations procure their attendance with difficulty, when necessitating absence from those demanding their attention.

Urgent appeal exists, therefore, for suggestion and for funds toward increasing the use of Homœopathy in the interest of the common weal: restoration of health by the superior methods which the rational treatment affords.



"If the physician clearly perceives what is to be cured in disease, . . . if he clearly perceives what is curative in medicine . . . and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what is undoubtedly morbid in the patient, so that recovery must ensue, . . . if finally he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent: then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art."
ORGANON, § 3.

Classification of Constitutions Useless in Prescribing

By JAMES TYLER KENT, A.M., M.D.



WHY should we attempt to classify constitutions as an aid in prescribing? Every individual is a constitution, and no two sick persons can be classified as of the same class to the satisfaction of any clear, observing, and thinking homœopathist. It is fatal error to classify constitutions, as no two are sufficiently similar, when observed by a genuine homœopathician to form even a common class. Human beings are a thousand times more complex than the chess-board in the hands of most skillful players.

Every change of combination in mental or physical signs and symptoms brings a new view of the entire patient as observed collectively. Normal mental methods come to all thinkers in such diverse appearances as to justify the well-known statement that no two minds are alike. In similar manner, all abnormal minds appear to the alert physician as sick individuals. Mental abnormalities may be classified by their common manifestation by the alienist, but the classification is never useful to the homœopathist when searching for a remedy. The classification is made

up from common symptoms of the mental-disease symptoms for the purpose of medical diagnosis, but *the peculiar symptoms in each and every morbid mental case must guide to the prescription*, and these prevent classification.

Nothing leads the physician to failure so certainly as classification. The physician who prescribes on a diagnosis is a failure, except for his chance shots. Individualization is the aim of every homœopathic physician. The symptoms that represent the *morbid constitution or disorder of the individual* are the ones that the skillful prescriber always seeks. Symptoms that are uncommon in one constitution are common in another, because such uncommon symptoms are common to some diseases and uncommon to others.

Classification is necessary to the proper study of diseases, pathological conditions, and diagnosis, but every case of sickness in an individual is so dissimilar to another case that each and every patient must be examined and measured by the symptoms that represent his disordered economy, or prescribing will be followed by very ordinary results.

A homœopathician may prescribe rapidly and successfully if he quickly perceives in each individual all that is strange, rare and peculiar.

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The Vitalistic vs. the Materialistic Conception of Homœopathy

BENJAMIN C. WOODBURY, JR., M.D., PORTSMOUTH, N. H.

(Continued from *May number.*)



THIS vitalistic or dynamical doctrine recognizes the penetration or dissemination of spirit through and throughout all matter, if not its separability. If we admit for argument's sake—

That finer particles of matter (so fine in fact as to be clearly beyond the power of physical science to detect) are separable from the grosser forms of physical substance, and grant what many of the leading scientists are coming to recognize—

That all matter is but varying degrees of motion or vibration—then, as a counter argument, allow

That all life, even spirit, may be but matter in varying rates of vibration, (only of higher form, more rapid motion, so attenuated as to pass over into what may be called the spiritual realm)—we shall then be forced to conclude

That the finer and finest substances (liquid, gaseous or etheric) may still carry with them even finer particles (vibrations) embraced within their innermost essences.

It has long been known that certain fragrant or pungent substances, such as musk, may continue casting off particles (invisible emanations) for hundreds of years with no appreciable diminution in their material substance or form;

That certain definite chemical reactions occur when two forces of proper polarity unite;

That some material substance (though astonishingly minute) is embraced in the radium emanations.

Does not this wondrously infinitesimal material yet contain vibrations so fine as not to be detected by the senses or by any scientific methods yet discovered?

Then shall we not have entered the

realm of physically formless but not spiritless? This must consist of vibratory motion as rapid as the wing of desire; the flight of thought; the immortal Hope of the Soul or the divine aspiration of the Spirit! This will be the realm of the invisible, pulsating, Creative Force, within, behind, before and throughout the material.

If we grant, in accordance with Newton's theory of light—that its rays consist of material particles emitted by luminous bodies in space, or the undulatory theory—we yet have the unexplained definition of ether, even though it be admitted by all that it is an elastic medium permeating all space and having a real existence.

If we agree with the great scientist Michael Faraday: that an atom extends throughout the universe, or with the Hahnemannian philosophy: that it is inconceivable that any medicinal substance can be so minutely subdivided that it will not contain some part of the original substance (Appendix to the *ORGANON*, § 143), we are yet confronted with the question as to what that substance is, so infinitely flexible, so infinitely divisible. Is it spirit, or is it matter, or some intermediary conducting substance?

If we accept the vibratory theory, there must be finer and still more fine vibrations, ascending and descending throughout all the realms of the Universe—physical, superphysical, etheric, metetheric, or spiritual. All these vibrations then will represent the invisible all-pervading dynamis, the invisible essence or "spirit" of the drug. The philosophers of old wrote wisely when they called man a Microcosm, likening him to the great Macrocosm. Similarly we might

transcribe Michael Faraday's statement somewhat as follows:

The universe extends throughout the length and breadth of the atom, which is to say, that in this miniature world reside potentially the same forces and cosmic energies that extend from it up to man and beyond.

If we wish to adhere only to what can be physically demonstrated, this may yet contain that which is in the ordinary sense indivisible; namely: the superphysical or spiritual. Then we may still believe that in the high and highest potency there reside potential forces of vibratory rate, extending from the physical substance of which it is composed to the highest possible refinement possessed by the Natural Kingdom from which it is derived. Furthermore, these potential vibrations or dynamic powers of the drug (emanations,) are released by the subtle process of subdivision to which the Hahnemannian methods of succussion and attenuation subject it, and its creative energy and other forces are thus augmented, conserved, correlated and transmitted in the infinitely divisible particles of the accompanying menstruum. Thus the curative powers of the drug are developed through Homœopathy's method of attenuation, by virtue of its power of increasing the vibratory rate of its dynamical properties. In similar manner its inherent vibratory possibilities are released and made available.

Thus is appropriated the "spirit" of the drug for the uses of man. If

we continue to believe in the efficacy of the higher potencies, there will always be something of the purely physical in their very nature, for it is a law of the universe that nothing is ever lost. It does not alter the position, for within the purely physical, however minute may be the subdivision, there will yet be the invisible, unweighable, undiscoverable essence of which we can become conscious solely through its ability to alter the vital force of man.

Finally, if we are so mystical as to see with Maeterlinck the "souls" of the physically embodied friends of men, or the invisible essences of the imponderables, to such of us the task is easy. We have embodied here the working theory of Hahnemann, his dynamico-spiritual, or vitalistic hypothesis, the basis of which is manifest in the recognized power of such invisible potencies to make their figmental impressions upon the mind and soul.

Here we see manifested the action of those subtle and imperishable vital forces of drug substance in high and highest potency, and an exemplification of a philosophy which is as old as the mind of man; a support of the belief in the infinite divisibility and indestructibility of matter and the Immortality of the Soul.

Such is the divine philosophy of Homœopathy; recognizing in every Kingdom of Nature its material, visible substance, its invisible, etheric or spiritual essence, together (material and immaterial) constituting a unit.

"All are but parts of one stupendous whole
Whose body Nature is and God the soul."

Is Homœopathy Slow?

By JULIA MINERVA GREEN, M.D., WASHINGTON, D. C.

Very frequently the practitioners of pure Homœopathy hear a patient exclaim: "Homœopathy is so slow." If the doctor hears this remark occasionally, how much more frequently do the patients say it to each other, or do those who are prejudiced against Homœopathy make use of the idea?

It is easy to see how people accustomed to the methods and results of the allopaths consider real Homœopathy slow in the treatment of chronic ailments, but not in acute conditions. Therefore let us consider why it appears slow.



WHAT is the aim of Homœopathy?

Hahnemann says: "The highest aim of healing is the speedy, gentle and permanent restitution of health in the shortest, most reliable and safest manner, according to clearly intelligible reasons." By health, he means "the alleviation and obliteration of disease in its entire extent." The requirement here is that cure shall be not slow, but speedy.

What is disease—that which must be cured quickly, gently and permanently?

It is disorder, not even lack of order, but disorder. The patient presented to the strict homœopath for treatment resembles a house in disorder. Perhaps only one room is in evident disorder, but the condition of this room affects the entire house. It will not be enough to rearrange a few pieces of furniture, here and there, nor to repaint the house and freshen its lawns; we must go to the center of things, and create cleanliness in orderly fashion, and from the center to the outside.

Just so is it with a homœopathic cure. We do not treat diseases, we treat disordered patients. The curable patient must have his entire self, from the innermost to the outermost, placed in order, and then there will be no disease. If the patient, himself, is made orderly, his parts and organs will come into order, and he will be cured.

In acute conditions, this is done so quickly, that frequently those watching at the bedside are filled with wonder at the apparent magic in the

change they see. Sometimes in five minutes, often in fifteen, will appear a reaction to the proper medicine, so marked that the doctor and the bystanders are amazed. Then the patient progresses, from a serious condition to complete recovery, in a few days or a week, and the cure is permanent and gentle. No one calls this slow work. All agree, considering it marvelously quick and benign.

It is in chronic disorder that the work appears slow, and the people to whom it so appears have not seen, or do not recall, the magically quick results in the severe acute disorders. Yet, in these cases of quick progress and in the slow ones, the method is the same. The course of cure is from within, outward; from the man himself to his inner organs and parts, and then to the outer parts, until all are in order. Any other sequence does not result in cure. This is the only way to make a man permanently well.

This course of cure, as it is seen in its entire effect, in long, chronic cases, has been compared to progress uphill, or over hills and valleys, to reach the summit of the highest hill in the distance. The climber reaches the top of the first small hill, then descends rapidly into a valley not so low as his starting point; then he climbs slowly a higher hill, descends into a valley not so low as the first; and so on. Each hill climbed and each valley reached is higher than the preceding, until the highest hill of health is reached, and this has no valley beyond.

The valleys are discouraging, being reached so soon after the hilltops, but the climber can see, in looking back over his course, that progress

has been steady, in fact, and the way rather short, considering the high pinnacle reached at last. Gazing back from the top, he realizes that his journey has been steady, gentle, and not too long.

Many reasons why Homœopathy appears slow are found in many kinds of obstacles to the cure. Patients who are accustomed to ignoring their ailments, and those who are naturally unobserving, or are not trained in the kind of observation necessary as a basis for homœopathic prescribing, hinder the doctor seriously, and sometimes prevent possibility of cure. These people must be educated patiently to observe and to report, so that the picture of the disordered condition becomes clear enough to permit finding the correct remedy.

In such cases, it frequently happens that one symptom, or a group of symptoms, which serves to open to the view of the doctor the entire condition, may not be mentioned until after weeks, or perhaps months, have been wasted in misdirected effort. The symptoms have been present, but the patient has not observed them, or has thought them too trivial or foolish to be mentioned, or has been diffident about speaking of them. Many a time, Homœopathy or the doctor is blamed for this sort of failure, and the patient seeks aid elsewhere, thinking that Homœopathy has failed.

Another large obstacle is lack of skill, on the part of the physician, in selecting the remedy. The study of the Homœopathic materia medica is a deep, life-long study, and correct work requires skill, diligent effort, and good judgment. The improper remedy will not cure, but the correct one does, every time, in curable cases and under favorable conditions.

When the patient takes other medicine, in course of treatment, whether he tells the physician or not, this constitutes a grave interference to cure, or prevents cure. Evil habits of life, poor surroundings, lack of fresh air, overwork, worry, and

sorrow are tremendous factors with which to reckon, when curing our patients.

May we not say, then, that Homœopathy is not at all slow?

When it can change a serious acute condition to convalescence in a few minutes, or a few hours, and return the patient to work, feeling as well as ever in a few days—

When it can cure chronic conditions that are rather superficial and do not deeply affect the entire organism, in a few days, or at most a few weeks, leaving the patient perfectly well—

When, in periods varying from a few months to two or three years, it can eradicate deeply seated, chronic disorders, having origin in previous generations, and having been wrongly treated for years or for generations—

May we not say that Homœopathy works rapidly?

For this is cure; not suppression of symptoms; not removing one so-called disease, to have another appear; not removing one manifestation after another, only to leave the patient, finally, an invalid.

Viewed "by and large," Homœopathy is more rapid than any other treatment. During the treatment, a sense of general well-being (not experienced except under such influence as that of the correct homœopathic remedy) comes quickly, and encourages the patient through all subsequent suffering, during the process of cure.

If, after thus viewing the entire subject, there is no progress in the proper, orderly direction, then blame conditions surrounding the patient, or blame the doctor; but do not blame Homœopathy. The earnest, conscientious homœopath is glad to confess failure, and to try more earnestly next time, but he cannot easily endure having the fault laid at the door of principles which are sure, firm and unchanging.

Is Homœopathy slow?

The founder of Homœopathy, all strict physicians of Homœopathy, and hosts of their patients unite in answer: "No."

Is Homœopathy Slow?

By A. W. McDONOUGH, M.D., WHAT CHEER, IOWA

Homœopathy is both rapid and slow.. The action of the homœopathic remedy is rapid, but spread of the recognition and practice of Homœopathy has been very slow.

With reason in all things, it is not difficult to recognize the causes of these opposed facts, slowly approaching wholesome resolution toward a more consistent agreement.

BEING founded upon the infallible Law of Similars, the homœopathic prescription has a definite basis of selection, which is not a guess-work. The selection of this or that remedy is not made because a remedy is good for a certain disease. A remedy is not given because it is the standard treatment among the leading physicians of the country. Ascertaining first the totality of the symptoms manifested in the individual patient, then the remedy most similar in effect to the symptom-image shown is selected, and a curative result will most surely follow—and quickly.

All strict homœopaths attest to the rapid action of the homœopathic remedy. They have seen it act before the powder has all dissolved on the tongue. Before leaving the house, they have heard the mother say: "Doctor, she seems easier," and early the next morning have been awakened to hear at the telephone such a report as: "Doctor, Mabel is so much better this morning, you needn't come again." The homœopath must have a large number of patients, or have scant financial return, as the action of the correct homœopathic remedy brings rapid results in well-being of the patient, with protracted good health.

The homœopathic remedy acts with the speed, sometimes, of lightning, but the spread of the system of homœopathic prescribing progresses almost at a snail's pace; at times the progress appears to be at full ebb. The Old School says that Homœopathy will die out entirely; but there is no danger of that. How shall it

die, when it is governed by fixed laws and principles; when it is the only system of therapeutics known to man, today, that will so cure disease that it will not return? The unfaithful claimants of the name, with their foundationless money-making expedients, will fade, but Homœopathy never will.

The student who has learned the real grandeur and efficiency of Homœopathy is tempted to try to convert everyone whom he can interest in the subject. The common question that greets him is: If Homœopathy is such a wonderful thing, how is it that there appear to be so few Homœopaths and so many allopaths? It is a most natural question, but the answer is readily found.

First: Homœopathy is young, probably 125 years old; allopathy is as old as the history of man.

Second: Under influence of strong organization of the old school practitioners, National and State legislatures are unfavorable to Homœopathy, and definitely accommodate allopathy.

Third: The same organized strength of the allopathic profession bitterly opposes Homœopathy through other channels; it does all in its power to discredit Homœopathy, and has exerted effective strength to close its schools in some locations. That result was recently had in Minnesota, and the wrestle is still in progress in Iowa.

Fourth: An important reason for the slow advance of Homœopathy is the fact that the profession is divided within itself and imperils its own stability and progress.

An element as different from true

Homœopathy as day is from night today dominates many so-called Schools of Homœopathy. Each year their graduated classes enter upon practice as honest and conscientious men and women, trying to use the homœopathic remedies; their training has not grounded them in the principles of the system nor their application; they fail in attempts to cure, and after a few failures become disgusted with what they received as Homœopathy; then they renounce and denounce the name, join the old-school societies, and but naturally send their students to old school colleges. Meanwhile the faculties

of the depleted colleges, dissenting among themselves, wonder why the seats are vacant; wonder what they may have done to drive students from them; wonder if their graduates have forgotten Alma Mater or have rejected Homœopathy. No, the doctors have not forgotten their Alma Mater. They remember her, well. They remember they asked her for bread, and that they received a stone.

False Homœopathy will burn up its schools, but from live embers among their ashes will rise faculties of beautiful and pure Homœopathy that shall with health redeem and cure the world.

Echoes from the International Congress, 1911

We often ask why Homœopathy does not prosper with the same rapidity as it did during the first twenty-five years of its introduction into this country. I believe we shall have brighter prospects if we return to its first principles, and follow in the footsteps of those capable prescribers who adhered to THE ORGANON as their guide.—SIMPSON.

Unless we go back to the real homœopathic spirit that began with Hahnemann, we shall not go forward. We must hold the essence of Homœopathy if we are to go solidly as a successful profession.—FISHER.

We are all spirits, manifesting in material bodies, and we can, in Homœopathy, trace and observe the effects of our remedies in a definite way, just as we trace cause and effect in the events of our daily lives. We know no condition nor state of things in which homœopathic action cannot be proved.—CLARKE.

There is a place for every potency, from the crude to the very highest, and it is our duty, in such a congress as this, to find out what laws should govern us in the use of each potency.

A strange practical fact is that, wherever men and women hold this theory of vital force, Homœopathy is advancing; wherever the materialistic view is held, Homœopathy is not advancing. Those who believe in vital force are making converts and bringing the world round to Homœopathy.

I think we can say, without boasting, that there has been something added to the world's knowledge of Homœopathy, and a stimulus given toward search for truth. We have reasserted our belief in the Law of Similars and in the minimum dose; we have differed in many things, but difference is the essence of life.—MILLER.

CULTIVATING HAPPINESS

To be able to bring the capacity for enjoyment to its highest; to be able intelligently to choose that which will bring the greatest ultimate happiness in accordance with right action; and finally, to be able to use the will in the direction of holding fast to that which is good and rejecting that which is bad—this is the power of creating happiness. The feelings, the intellect, and the will—here as ever—combine to manifest the result. . . . To profit by pain, to transform present unhappiness into a future greater happiness—that is the privilege of the philosopher.

—W. W. Atkinson, *Your Mind and How To Use It*.



"The entire pathogenetic effects of the several medicines must be known; that is to say, all the morbid symptoms and alterations in the health that each of them is especially capable of developing in the healthy individual must first have been observed as far as possible, before we can hope to be able to find among them, and to select, suitable homœopathic remedies for most of the natural diseases." ORGANON, § 106

Vaccination—Prophylaxis

By G. E. DIENST, M.D., AURORA, ILL.

EDITORIAL NOTE.—*The following article, by one who has investigated the subject of prophylaxis of smallpox by other methods than vaccination, is merely suggestive of what some future number of this journal may present on the subjects when these become the special feature for one month. Those who know the evil and the good should take pleasure in bringing the truth to the attention of legislators and executive officers in a way that cannot be ignored. How far the federal or state authorities may reasonably dictate to citizens in regard to health concerns has become a vital and important consideration.*



"VACCINATION" is a noun, it is the name of an act—an operation. It is the name of a certain process by which the skin is opened, the capillaries are exposed and a substance called vaccine is put upon (not injected into,) the abraded or scarified surface; this is to prevent smallpox, by some mysterious condition it produces.

Vaccination, then, is a single process: a single, simple, medicinal substance only, is administered through the scarified surface and, in time past, the single administration of the single remedy was supposed to make one immune for many years. In modern times the act is repeated more or less frequently according to the caprice of the individual physician or the health authorities. If the abraded surface—the scarified parts—became sore, however intensely, it is said to "take," and the immunity of the individual is supposed to be commensurate with the extent of lesions formed and symptoms produced. If

it does not "take," the immunity of the patient is questionable, and, for the sake of good measure, the operation is repeated. Very little has been made known as to how the immunity is produced.

Having an extreme aversion to exposing my ignorance regarding that which really makes an individual immune, I am forced, with a feeling of indescribable humiliation, to ask certain questions for information. I realize that any ignoramus can ask questions. I must, therefore, be classed with the ignorant, for I am more than positive that I cannot answer even my own questions.

What causes the immunity? Is it the small quantity of vaccine virus and its communication to the blood by means of scarification?

Is this infinitesimal quantity of virus taken into the blood corpuscles and by means of the general circulation of the blood distributed to all parts of the body equally, or to certain parts in particular, to produce the immunity?

If so distributed, is it not so minutely divided as to be inert? A man weighing 180 pounds has this infinitesimal quantity of vaccine virus so subdivided in his body as to give an equal portion of the virus to each red corpuscle—of which there are many millions—and does this produce immunity?

If this virus is so subdivided as to affect every blood corpuscle, will it not also, by further subdivision, affect the cellular tissue and other tissues nourished by this blood?

Do not the constituents of the blood and the contact of the virus with other substances of the body destroy this virus in a few days, and make it inert?

Or does it produce a disease so similar to variola that the disease, as such, can find no abiding place in the body?

If it produces the same disease in a form so much greater and stronger than variola, does this explain why we so often have atrophy of the muscles, malnutrition, dermatitis, amblyopia, furuncles, tetanus, and other diseases, after vaccination; and, if so, is it not more malignant than variola itself?

Or does this vaccination raise the opsonic index, increase the vital force and resiliency of the body to such an extent as to make it immune against variola?

If so, is it always necessary to produce, artificially, a lesion, an abscess, accelerated pulse, high temperature, loss of appetite, sleeplessness, and delirium, in order to elevate the vital force beyond all power of contagion?

How often must this process of producing lesions, etc., be repeated, in order to maintain the vital force on a plane so high above variola as

to make the individual perpetually immune?

Again I ask: How can so small an amount of a single simple substance, administered at infrequent intervals, by producing an artificial disease, elevate the plane of health to such a degree as to make the human body immune to a similar disease of more or less malignancy?

Why are not all people so vaccinated affected in the same manner and for the same length of time?

Why are some persons destroyed—why is death produced in some—while others are not affected?

Does the virus contain some element that is destructive to the health and the life of some people, and of some ages, and inert in others?

If so, how may I differentiate between the susceptible and the non-susceptible individual?

Why vaccinate the non-susceptible?

Is it ever necessary, when an artificial disease is produced by vaccination and continues to such lengths as to impair the health permanently, to counteract this prolonged disease, and how can I best do it?

How am I to measure the amount of virus for each individual, so as to bring the plane of vitality or immunity to an equal degree in each individual, without impairing the general health and producing, what appears to some of us, unnecessary lesions and symptoms?

Now, truly, it was my purpose to attempt an answer to these few simple questions; but, as has previously been intimated, one fool may ask more questions than ten wise men can answer, and I, therefore, forbear. The subject is given to the ten or more wise men from whom I hope to hear in the near future.

Behold the Miracle of Spring;

It is the same Power that Heals you.

—*Popular Therapeutics.*

Treatment for Insanity

The following extracts taken from Kent's Lectures on Materia Medica indicate the homœopathic relation of only a few remedies for conditions of insanity, and also suggest the basis on which a good prescriber selects the remedy for a given case.

When such manner of selection is practiced for the patients in hospitals for the insane, then will be revealed the great power of Homœopathy for relief in some of the most deplorable forms of disorder.

ARSENICUM ALBUM

The *anxiety* that is found in Arsenicum is intermingled with fear, with impulses, with suicidal inclinations, with sudden freaks and with mania. It has delusions and various kinds of insanity; in the more active form, delirium and excitement.

The *mental* symptoms show in the beginning anxious restlessness, and from this a continuation toward delirium and even insanity with all that it involves; disturbance of the intellect and will.

He lies in bed, tormented day and night by depressing ideas and distressing thoughts. This is one form of his anxiety; when tormented by thoughts, he is anxious. In the delirium he sees all kinds of vermin on his bed.

These are instances of insanity that take on first a state of anxiety, restlessness and fear. Religious insanity, with the delusion that she has sinned away her day of grace, the biblical promises of salvation do not apply to her, there is no hope for her, she is doomed to punishment. She has been thinking on religious matters until she is insane. Finally she enters into a more complete insane state, a state of tranquillity; silent, and with aversion to talk.

In a case of mania: In the chronic state he is tranquil, but in the earlier stages, in order to be an ARSENICUM case, he must have gone through the ARSENICUM restlessness, anxiety and fear.

Fear is a strong element in the mental state, fear to be alone; fears something is going to injure him when he is alone; full of horror; he dreads

solitude and wants company, because in company he can talk and put off the fear; but as this insanity increases he fails to appreciate company and the fear comes in spite of it. He has a violent increase of his fear and horror in the dark, and many complaints come on in the evening as darkness is coming on.

"Averse to meeting acquaintances, because he imagines he has formerly offended them." Great mental depression, great sadness, melancholy, despair, despair of recovery. He has dread of death when alone, or on going to bed, with anxiety and restlessness. He thinks he is going to die and wants somebody with him. The attacks of anxiety at night drive him out of bed.

"Anxiety like one who has committed murder." This is one form of his anxiety; he finally works up to the idea that the officers are coming in to arrest him. Some unusual evil is going to happen to him; always looking for something terrible to happen. "Irritable, discouraged, restless." "Restlessness, cannot rest anywhere." "As a consequence of fright, inclination to commit suicide."

AURUM METALLICUM

Insanity runs through the remedy, but it is an insanity that begins in the will and proceeds to the intellect; it is first observed as a perversion of the affections. It is astonishing that one could get into such a state of mind, such horrible depression of spirits that there is an absolute loss of enjoyment in everything. You take away man's hope, and he has nothing to live for, he then wants to die. Such, it seems, is the state in this medicine.

Self-condemnation, continual self-reproach, self-criticism, a constant looking into self; she does nothing right, everything is wrong, nothing will succeed, hopelessness.

The causes of this state of anxiety are prolonged anxiety, unusual responsibility, syphilis, and loss of property. Persons who have been repeatedly drugged with Mercury have established upon themselves a mercurial disease, with enlargement of the liver, and this is almost always attended more or less by melancholy and sadness and such hopelessness as we find in AURUM. AURUM produces such affections of the liver as are associated with cardiac affections, endocarditis, dropsy of the heart, and rheumatic affections that have gone to the heart. You will notice that wherever the *affections* are preëminently disturbed in mental disease there is either cardiac weakness, endocarditis, enlargement of the heart, or some organic or functional disease of the heart. You will very often find a history of taking Mercury that has superinduced a rheumatic state that has been rubbed away with liniments until the heart is affected, and with this comes hopelessness, insanity of the will, disturbance of the affections.

Then it appears to spread in this remedy from the will to the understanding, and the intellectual portion of man becomes involved. Think what a state it is for a man who has been in good condition of health, respected in his business circles, to have a desire to commit suicide! You will see other kinds of insanity, and a breaking down or a state of feebleness of the intellect; he cannot think or reason; his affections are practically intact, but he finally goes into a state of imbecility, or he becomes wild and commits suicide from impulse. That is an instance where the intellect has been affected first and spread to the will. Sometimes this state comes on, and no disturbance in the man's intellectual nature has been observed; it is intact, it is sound. He has been sound in his business affairs, he has been a good father, he has been

observed by those around him to be intelligent, but he has silently brooded over his state and his hatred of the world; he has told nobody of it, and then he has been found hung in his room. The man's intellectual nature keeps the man in contact with the world, but his affections are largely kept to himself. A man can have affection for all sorts of things and perversion of the affections, but his intellect will guide him not to show his likes and dislikes to the world. The affections cannot be seen, but man's intellect is subject to inspection. He cannot conceal his intellect. We shall see that the affections are interior, they are covered with a cloak, they are his innermost, and are hidden from inspection; but the understanding is the outermost garment, it surrounds and hides the affections, just as does the garment he wears over the body hide the body. The affections that AURUM resembles are those like unto the very innermost nature of man.

"Ailments from grief, disappointed love, fright, anger, contradiction, mortification." "Pain makes her desperate, so that she would like to jump out of the window." He meditates upon death, upon suicide; he wants to get out of the world, wants to destroy himself, has no love for his life, which he thinks is worthless.

HYOSCYAMUS

The mental state is really the greatest part of HYOSCYAMUS. Talking, passive delirium, imaginations, illusions, hallucinations; talking, rousing up and talking with a delirious manifestation, and then stupor. These alternate through complaints. And during sleep, talking, crying out in sleep, mumbling and soliloquizing. Then there are wakeful periods, in which there are delirium and illusions and hallucinations, all mingled together. Sometimes the patient is in a state of hallucination, and the next minute in a state of illusion. Which means that a part of the time what he sees as hallucinations he believes to be so, and then these hallucinations

become delusions. Again, the things he sees he knows are not so, and then they are illusions. But he is full of hallucinations. He sees all sorts of things, indescribable things, in his hallucinations. He imagines all sorts of things concerning people, concerning himself, and he gets suspicious. Suspicion runs through acute sickness; it runs through the mania in insanity. Suspicion that his wife is going to poison him; that his wife is untrue to him. Suspicious of everybody. "Refuses to take medicine because it is poisoned." "Imagines that he is pursued, that the people have all turned against him, that his friends are no longer his friends. He carries on conversation with imaginary people." Talks as if he were talking to himself, but he really imagines that some one is sitting by his side, to whom he is talking. Sometimes he talks to dead folks; recalls past events with those that have departed. Calls up a dead sister, or wife, or husband, and enters into a conversation just as if the person were present.

HYOSCYAMUS has another freak in this peculiar mental state. Perhaps there may be a queer kind of paper on the wall, and he lies and looks at it, and if he can possibly turn the figures into rows he will keep busy at that, day and night, and he wants a light there so he can put them into rows, and he goes to sleep and dreams about it, and wakes up and goes at it again. Sometimes he will imagine the things are worms, are vermin, rats, cats, mice, and he is leading them as children lead around their toy wagons—just like a child. The mind is working in this; no two alike. Perhaps you may never see these identical things described, but you will see something like it that the mind is reveling in, strange and ridiculous things. One patient had a string of bedbugs going up the wall, and he had them tied with a string, and was irritated because he could not make the last one keep up.

HYOSCYAMUS did him a great deal of good.

HYOSCYAMUS delirium, in an insane state, sometimes takes on something of wildness, but not often. It is more passive, talking and prattling, sitting still in one corner and jabbering, or lying down, or going about. "Undertaking to do the usual things, the usual duties." That is, the housewife will want to get up and do the things she is used to doing in the house; the cooper will want to make barrels and the usual things belonging to that business. Wants to carry on the usual occupation in his mind, talks about it, carries on the things of the day, and he keeps busy about it, so it is a busy insanity. Also, the delirium takes on the type of a busy delirium. "Thinks he is in the wrong place. Thinks he is not at home. Sees persons who are not and who have not been present. Fears being left alone. Fears poison or being bitten." These phases sometimes take on fear in the sense of fear, but it comes from that suspicion that was spoken of; he suspicions or fears these things are to take place, and hence he is suspicious of all his friends.

Another thing running through the remedy, in insanity and in the delirium of fevers, is a fear of water, fear of running water. Of course, hydrophobia, which is named because of that symptom being a striking feature, has fear of water, but some remedies also have that fear of water.

There is another form of his delirium, and there are two phases of this. He wants to go naked; wants to take the clothing off. At first you might not understand that. HYOSCYAMUS has such sensitive nerves all over the body in the skin that he cannot bear the clothing to touch the skin, and he takes it off. That occurs in insanity and sometimes in delirium, and he has no idea that he is exposing his body. He appears to be perfectly shameless, but he has no thought of shamelessness, no thought that he is doing anything unusual, but he does it from the hyperæsthesia of the skin.

Complaints involving any of these

mental phases may come on in a young woman from disappointed affections, from coming to the conclusion that the young man in whom she has reposed her confidence has become wholly unworthy of her. It drives her insane, and she may take on any of these phases.

LYCOPODIUM

The mental symptoms of LYCOPODIUM are numerous. Aversion to undertaking anything new, aversion to appearing in any new role, aversion to his own work. Dreads lest something will happen; lest he will forget something. A continually increasing dread of appearing in public comes on, yet a horror, at times, of solitude.

Often in professional men, like lawyers and ministers, who have to appear in public, there is a feeling of incompetence, a feeling of inability to undertake his task, although he has been accustomed to it for many years. A lawyer cannot think of appearing in court; he procrastinates, he delays until he is obliged to appear, because he has a fear that he will stumble, will make mistakes, will forget, and yet when he undertakes it he goes through with ease and comfort.

This is a strong feature also of Silicea. No medicines have this fear so marked as these two.

LYCOPODIUM also has a religious insanity, which has a mild and simple beginning, a matter of melancholy. This religious melancholy grows greater and greater until he sits and broods. He has very often aversion to company, and yet he dreads solitude.

The LYCOPODIUM patient wakes up in the morning with sadness. There is sadness and gloom. The world may come to an end, or the whole family may die, or the house may burn up. There seems to be nothing cheering, the future looks black. After moving about awhile, this passes off. This state precedes conditions of insanity, and finally a suicidal state comes, an aversion to

life. See how this remedy takes hold of the will and actually destroys man's will to live. That which is first in man is his desire to be, to exist, and to be something, if ever so small. When that is destroyed, we see what a wonderful thing has been destroyed. The very man himself wills then not to be. It is a perversion of everything that makes the man, the destruction of his will.

MERCURIUS

The mental symptoms, which deeply show the nature of the remedy, are rich. A marked feature running all through is *hastiness*: a hurried, restless, anxious, impulsive disposition. Coming in spells, in cold cloudy weather, or damp weather, the mind will not work, it is slow and sluggish and he is forgetful. This is noticed in persons who are tending toward imbecility. He cannot answer questions right off, looks and thinks, and finally grasps it. Imbecility and softening of the brain are strong features. He becomes foolish. Delirium in acute complaints. From his feelings he thinks he must be losing his reason. Desire to kill persons contradicting her. Impulse to kill or commit suicide; sudden anger with impulse to do violence. She has the impulse to commit suicide or do violent things, and she is fearful that she will lose her reason and carry out the impulses. Impulsive insanity, then, is a feature, but imbecility is more common than insanity. These impulses are leading features. The patient will not tell you about his impulses, but they relate to deep evils of the will; they fairly drive him to do something. Given a MERCURIUS patient—and he has impulses that he tries to control, no matter what—MERCURIUS will do something for him.

NUX VOMICA

Melancholy, sadness, but all the time he feels as if he could fly to pieces, jerks things about, tears things up; wants to force things his own way. Driven by impulses to commit acts

that verge upon insanity—the destruction of others.

STRAMONIUM

When considering STRAMONIUM, the idea of violence comes into mind. One cannot look upon a patient who needs STRAMONIUM, or who has been poisoned with it, without wondering at the tremendous turmoil, the great upheaval taking place in mind and body.

Full of excitement, rage, everything is tumultuous, violent; the face looks wild, anxious, fearful; the eyes are fixed on a certain object; face flushed, hot raging fever with hot head and cold extremities, violent delirium. In his anxiety he often turns away from the light, wants it dark, is aggravated especially if the light is bright. High fever with delirium; the heat is so intense that it may be mistaken for Belladonna, but it is usually a continued fever, only at times remittent, while the intense fever of Belladonna is remittent always.

STRAMONIUM is like an earthquake in its violence. The mind is in an uproar; cursing, tearing the clothes, violent speech, frenzy, erotomania, exposing of the person.

It is useful in mania that has existed for some time; attacks of mania coming on in paroxysms, appearing with more or less suddenness, so that a single attack would look like Belladonna, but the history differentiates. Belladonna would hardly be more than a palliative in the first attack, and the second exhibition of it would do nothing.

When the delirium is not on, the patient has the appearance of great suffering, forehead wrinkled, face pallid, sickly, haggard; in head-pains, indicative of intense suffering from meningeal involvement.

Strange ideas about the formation of his body, that it is ill-shapen, elongated, deformed; strange feelings concerning his physical state. All sorts of illusions and hallucinations. One must distinguish between these states. An illusion is an appearance in the

vision or mind which the patient knows is not true. An hallucination is a state that appears to be true. A delusion is a more advanced state, when the patient thinks it is true and cannot be reasoned out of it.

He sees animals, ghosts, angels, departed spirits, devils, and knows they are not real, but later he is confident of it. He has these hallucinations especially in the dark. At times he has an aversion to a bright light which is painful, and again he must sit and look into an open fire, but this may cause cough and other symptoms.

Puerperal convulsions and insanity. It has the septic nature. Those cases going on for a while as melancholic, low-spirited; she believes she has sinned away her day of grace, yet she has lived an upright life; sad; imagines strange things, does strange things, until finally violent delirium comes on; she screams aloud; exhorts people to repent; face red, and eyes flashing; exhorts and prays in incoherent speech. In such cases STRAMONIUM should be compared with Veratrum.

In cerebral congestions, the delirium subsides into unconsciousness; the patient has the appearance of profound intoxication; pupils dilated or contracted (in Belladonna they are dilated). Marked stupor, stertorous breathing, lower jaw dropped.

VERATRUM ALBUM

The mental symptoms are marked by violence and destructiveness; he wants to destroy, to tear something; he tears the clothes from the body. Always wants to be busy, to carry on his daily work. A cooper who was suffering from the VERATRUM insanity would pile up chairs on top of one another. When asked what he was doing, he replied that he was piling up staves. When not occupied with this he was tearing his clothes, or praying for hours on his knees, and so loud that he could be heard blocks away.

Exalted state of religious frenzy; believes he is the risen Christ;

screams and screeches until he is blue in the face; head cold as ice, cold sweat, reaches out and exhorts to repentance. Alternate states of brooding, screaming and screeching. "Despairs of his recovery, attempts suicide." Insane people are not hopeless; those approaching insanity are, but after they become insane, they think that everybody is crazy except themselves. Those bowed down by great grief and despair are likely to go into a state of violent mania. VERATRUM carries them through the state of despair.

Young girls go on for years with menstrual difficulties, and preceding each menstrual menses is a state of despair; never smiles, the world seems

blue, everything is dark; these are preparing for a marked state of insanity. VERATRUM is a remedy that would keep many women out of the insane asylum, especially those with uterine troubles. Girls at puberty suffer with dysmenorrhœa, hysterical mental states, diarrhœa, and vomiting. During the menses they become cold as death, lips blue, extremities cold and blue, dreadful pains, sensation of sinking, mania to kiss everybody, hysteria with coldness at the menstrual period, copious sweat, vomiting, and diarrhœa, etc.

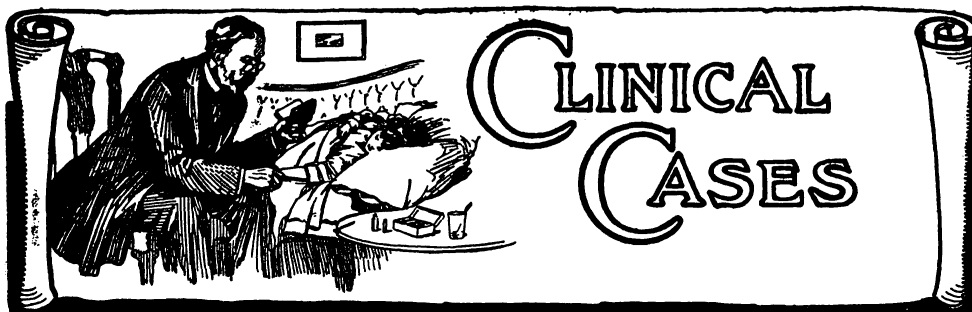
A few such remedies would empty our insane asylums, especially of recent cases. Insanity is curable if there are no incurable results of disease.

THE SUBCONSCIOUS MIND

In that great region the mind manifests many of its activities and performs much of its work. In that great region are evolved the emotions and feelings which play such an important part in our lives, and often manifest a vague disturbing unrest long before they rise to the plane of consciousness. In that great region are produced the ideas, feelings, and conceptions which arise to the plane of consciousness and manifest that which men call "genius."

In the subconscious field is performed that peculiar process of mental mastication, digestion and assimilation with which all brain workers are familiar, which absorbs the raw mental material given it, separates, digests and assimilates it, and re-presents it to the conscious faculties some time after, as a transformed substance. It has been estimated that at least eighty-five per cent of our mental activities are performed below or outside of the field of consciousness.

—W. W. Atkinson, *Your Mind and How To Use It*.



"The individualizing examination of a case of disorder, . . . demands of the physician nothing but freedom from prejudice, sound sense and attention in observation, and fidelity in tracing the picture of the disorder."
ORGANON, § 83.

Homœopathy Is Not Slow

By JULIA MINERVA GREEN, M.D., WASHINGTON, D. C.

ARNICA

A strong, muscular man, whose work was the handling of trunks on a baggage-wagon, received a severe bruise in lower left chest from the corner of a falling trunk. A surgeon found that no ribs were broken, and sent him home without help.

Next day he was bent far forward with the pain. This pain had kept him awake all night, and made him groan, from any motion of the body or any jarring or touch in the bruised region.

A dose of ARNICA in the thousandth potency was given him at 2 P.M., and two more to be taken home and used if necessary.

In three days he returned eager to know what magic was in that medicine. He said he could walk erect before he had reached home, could move with much less pain, could touch the sore chest and even bear some pressure. He had slept all that night, felt himself limber next morning, and returned to work that day. He needed no more medicine.

HYPERICUM

A slight, delicate young woman, with left leg amputated above the knee, fell on a slippery pavement, striking the end of the stump. Most excruciating nerve pain in the stump soon began, and was agonizing all night. Next day she was nearly

frantic with the pain, and with the general nerve-racking caused by it.

She was given HYPERICUM in the thousandth potency. The pain was better in five minutes and comparatively easy within an hour. She slept that night.

Next day a severe drawing pain started, as if the bruise in the stump were suppurating and pointing. A dose of HYPERICUM 50m dispelled that, and there was no more trouble.

NUX VOMICA

A slight, wiry, very nervous man of 87 years came to the office late one forenoon, with a cough which had continued for a week, during which time he could not sleep, and had become weak, even staggering. As his general symptoms—not the cough—called for NUX VOM., that was given in 45m potency.

After 2 P.M. he felt calm and quiet, as if under the influence of some drug. He slept all night without waking, and felt refreshed and stronger; cough much looser, expectoration free, pain entirely absent.

He felt sure he had been dosed with morphine, but awoke feeling so much like himself that he knew he had had no opiate.

ARSENICUM ALBUM

An apprehensive, nervous, emaciated little lady, 82 years of age, had been subject to severe attacks

of indigestion for many years; had sometimes fainted in them.

July 19, 1910, she had the worst attack she ever experienced. At 6 P.M. she was throwing herself about in bed in agony, declaring that she was dying, and looking as if she might die at any moment.

Her face was pale, pinched, bluish, cold, with an anguished expression.

Severe pain in stomach and abdomen, pressing round the heart.

Almost gasping for breath.

Violent nausea with frequent vomiting.

Copious diarrhoea of soft fecal stools of intensely foul odor.

Pulse quick and weak.

A powder of ARSENICUM 2c was dissolved in one-quarter glass of water, and two teaspoonfuls given, five minutes apart.

The pain was better after the first dose and ceased after the second. No more vomiting nor diarrhoea.

When the pain had ceased she was prostrated, too weak to move or talk; pulse was thready and uncertain.

When this had persisted for half an hour, one dose of ARSENICUM 50m was placed on her tongue.

In a very few minutes the pulse was steady and she soon slept.

Recovery was excellent, with no return of the trouble.

OPIUM

A little boy, aged 8 years, was desperately ill with meningitis. It began suddenly, in the evening of February 22, 1909. The temperature had reached 106° three times during the first week, and delirium had been intense. On March 1, the temperature dropped from 104°, at 4.30 P.M., to 95.6°, at 9 P.M.

About 9.20 P.M., a sudden collapse followed a day of quiet, with good pulse. Then the pulse fluttered, stopped, and fluttered again.

His face was light red, dry and cold; body, warm and moist.

Countenance drawn, lips pursed, or mouth gaping open.

Some twitching of fingers.

He improved, and became worse again, following the use of two remedies, given in succession.

By 3 A.M. he became worse, perspiration became cool, body cold, face bathed in perspiration, pulse scarcely perceptible.

It was then that he became restless, threw off the covers and looked about, asking why doctors and nurses stay all night, saying he was quite well and wanted to rise for breakfast.

This set the doctor to studying afresh. A dose of OPIUM 23m was put on his tongue at 4.20 A.M., another at 5:20. A little improvement occurred between doses, and a steady gain after the second one. He slept, and wakened, stretching; pulse slower and steadier.

When he heard the breakfast bell he almost sprang up, determined to go down to breakfast. The amount of strength required to restrain him was amazing, after the desperate condition until 4 o'clock.

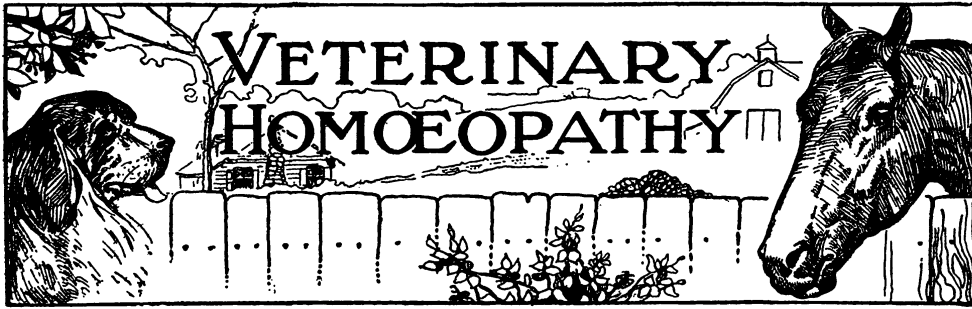
He made a quick, uninterrupted recovery, without discomfort, was out of bed March 11, and up two hours at a time by the 13th. He became a ruddy, healthy boy, soon making up, in the remainder of a term, for all he had lost in school by his absence.

VERATRUM ALBUM

A nurse, during her hospital training, gave the following history: Ever since puberty, she had suffered intensely during the menstrual periods. The periods were regular, but flow was scanty, and accompanied by nausea, vomiting and diarrhoea; general coldness and cold perspiration on the entire body, but especially on the face; dizziness and faintness. This suffering continued for two days, and incapacitated her completely, leaving her very weak.

She received one dose of VERATRUM ALB. 34m, during the first week following a period. She felt well during the next period and continued at her work.

There has been no trouble since.



Some Veterinary Cures

By A. A. POMPE, M.D., Vancouver, Wash.

EDITORIAL NOTE.—*The following cases are of interest, though symptomatology is not very extended. The author suggests that we often must—and can—prescribe on what we see, though the definite steps to the conclusion that a certain remedy is needed are not always clearly pronounced. He calls it a sort of intuition. In reality, it is the result of cultivating a "Materia Medica Sense," and recognizing remedy images without conscious analysis.*

ANTIMONIUM CRUDUM

A horse had a split exactly in the middle of one of his front hoofs, several years ago, so large that a knife blade could be inserted for a considerable distance. The crack was entirely obliterated after the horse received a dose of ANTIMONIUM CRUD., and the owner, a veterinary, was much astonished.

GRAPHITES

Several horses with quarter cracks have been cured by GRAPHITES in single dose.

COLOCYNTH

Probably many homœopaths have cured horses in colic by a dose of COLOCYNTH. These are almost too common to note.

SILICA

A horse had its foot cut by barbed-wire fence. The foot was intensely swollen above the hoof and suppurated for months after. The boy who owned it had been for a long time my patient, and he told his father he would ask me to cure it. This the father ridiculed. The horse received a small powder of SILICA on its

tongue; in just one week the boy presented the animal completely cured, the foot entirely normal. He said when his father saw the result his eyes nearly bulged out of his head.

CARBO ANIMALIS

A farmer mentioned that he thought he would have to kill a two-weeks-old colt, because it could not stand up; *its feet would double up underneath it.* He laughed at my offer to cure it, but he took the one dose of CARBO ANIMALIS 1m and gave it to the horse. Several remedies have "doubling of the feet under." I cannot tell just why I selected this one, unless that it is deep-acting.

The colt recovered, while many of its half-brothers and half-sisters, suffering the same, were killed.

MERCURIUS VIVUS

Three years ago, a horse had diarrhœa, and sweat profusely; *the water dripping from him, without giving any relief.* The veterinaries had failed to help him, but one dose of MERC. VIV. 1m cured him promptly.

ÆSCULUS HIP.

Five years ago, a valuable Percheron stallion had an obstinate cough,

which had baffled the veterinaries for weeks. I had read in Hering's Condensed Materia Medica that AESCULUS HIP. is good for chest complaints of horses. One dose of that remedy cured him, but the owner gave it no credit. "It was too simple and insignificant a dose to cure a large horse."

KALI BICHROMICUM

I cured a horse suffering from "Grippe," with *profuse, stringy mucus hanging* from both nostrils, with KALI BICH. 1m.

SILICA

Last winter, a farmer asked for some medicine for one of his best cows, which had a sore foot and was able to walk only on three legs. There was a suppurating wound, from an injury sustained several months previously, though no foreign body could be found in the wound. One

dose of SILICA 1m was given. In reply to the question asked, in the presence of a large number of people, if that was all it was to have, I said "Yes, if the remedy is correct, it will probably be all the cow needs."

In two weeks, the cow walked on that foot as well as ever. The farmer does not succeed in convincing the people to whom he tells of the cure. They do not believe it.

SULPHUR

While driving along the road, last summer, I noticed a four- or five-weeks-old chicken, all humped up, as so many stand before they die. The thought of SULPHUR came to mind, probably because of the stoop-shouldered pose of the Sulphur patient. I gave the woman who owned the chicken a dose of this remedy 5c, to be given to the chick. A week later, in a postscript to a letter, she said: "Chicken as lively as any of them."

Proving of Mouldy Corn

By F. E. GLADWIN, M.D., H.M., PHILADELPHIA, PENNA.



IN some sections of the country, last winter, there was much wet weather, and the dried corn became slightly mouldy. Before this was discovered, it was fed to the pigs, shortly after which they became sick. It is said to be notorious, among farmers, that nothing can be done for a sick pig. Whether the condition reported here was a proving or a poison, sugar (conveying the homoeopathic remedy) can accomplish something, contrary to the belief of the farmers—that they know all the possibilities for pigs.

The first thing noticed that was wrong about the large black pig that I saw, was a swelling of the right hind leg, in the fleshy part, extending downward. Soon she refused to use the leg; then the other leg gave out.

1912

Jan. 2. She lay upon the floor, unable to stand, though she did her best to rise. Her eyes were dull, and her appearance was so sick that I told the people I should be surprised if she lived until the next morning.

Respiration short, rapid.

Shivered and trembled, though her skin was hot. The more I placed my hand upon her, the more she shivered.

Urine profuse and offensive.

Constipation; no stool for several days until today;

a large, hard, knotty mass, mixed with blood and mucus.

Eating: refused her ordinary food, but ate all the celery tops and spinach that was brought to her.

Wanted salt.

Thirst intense for cold spring-water;

Refused the warm milk that was brought until it had been thoroughly chilled by cold spring-water.

Emaciation rapid.

SULPH. 55m Cured her, but she did not grow fat until after she had received the second dose, two months later.



THE suggestion that Homœopathy is passing away, and the repeated assertion that it has lived its time of usefulness and will soon be lost in the advance of medical science, suggests the familiar childhood insistence that a cherished thought is true, despite full evidence to the contrary. Frequent iteration may induce a vague acceptance of such statements, but in this instance no matured conclusion will confirm them save through ignoring the authentic record of our progress and our prospect.

Was there ever a time, since the birth of Homœopathy, when there was so much opportunity for its employ in hospitals and schools of instruction? Was there ever so much coöperation for its investigations or so much expressed desire for this method of treating the sick? Those who are not trained in the principles of its practice have learned to recognize the popular favor it enjoys in the present time, and flaunt the word "homœopathic" as a recommendation for other forms of treatment, to enlist public favor in their behalf.

Evidence is presented in this one number of THE HOMŒOPATHICIAN of the demand for the pure *treatment, prompt, mild and permanent, according to principles that are clearly intelligible*; corroborative also of the growing appreciation of the principles on which it is based, and of a recognition of false pretense offered as a substitute. There is also a constantly increasing recognition of what is possible, in results, from use of this rational art of healing. Physicians and patients are learning to accord more value to the Vital Element, so that the old phrase, "While there is life there is hope," has more significance than it ever had. We are learning to measure the vital strength of the sick one, more than the nature or the extent of the disorder present. The beauty of normal health may be evolved though hidden beneath the darkened surface, as the pure white Indian-Pipe rises through unpromising wood-mould that suggests no life or beauty.

In determining what conditions of disorder can be dispelled by the homœopathic remedy, no wise doctor would assume to place limitations. Such conditions of disorder as may develop under the influence of disturbed vital force, we are more or less clearly perceiving, it is possible to eradicate by restoring order. So long as we can detect the image of a similar remedy, in the characteristics of the patient who suffers such disorder, we have reason to expect a curative result. Many forms of disorder yield now to the homœopathic remedy that only a few years ago were considered hopeless.



The Birth of Homœopathy



H (Hahnemann) first proved the nothingness of the old system, after eight years of scrupulously careful practice, and retired conscience stricken to private life and poverty—but with the firm conviction that somewhere in the universe there was an undiscovered method of restoring health to the sick, harmonious with natural law.

He experimented with quinine on himself, and after repeated experiments with this and other medicines he prescribed them in sickness for *similar symptoms* with the greatest success, revealing to himself and to the world *the only perfect unalterable method of cure*, by virtue of the natural *Law of Similars*.

Moreover these experiments proved beyond question the three fundamental principles of truth upon which the structure of Homœopathy is reared, all three of which must be strictly observed if the science of medicine is to remain a human factor in restoring health to the sick in the shortest, safest and sanest manner.

These fundamental truths are:

First, that the only possible way of learning the curative virtue of a medicine is to prove it on those in health;

Second, that the totality of symptoms *alone* constitutes (represents) the disease.

Disease is the true condition of affairs in sickness represented by the totality of symptoms; diagnosis is represented only by those symptoms which indicate the tissue changes without regard to the personal idiosyncrasies.

The only just verdicts are those rendered after weighing all the evidence before the court and if the true disease is to be known in sickness we must know all the symptoms—mental, moral and physical—that can be obtained subjectively and objectively. We are not unmindful of the value of diagnosis for purposes of prognosis, but how absurd to attempt to restore health to the patient by treating the symptoms of diagnosis alone. What honorable court of medical law could announce the curative verdict by exclusion of the most important evidence?

The third fundamental principle of truth demonstrated by Hahnemann in his experiments was that the curative virtues of medicines are increasingly developed by potentization.

Hahnemann did not *discover* the infinitesimal dose, but rather it was revealed to him through careful experiment and observation, proving also the law of divisibility of matter, which teaches that the spirit-like force of simple substance is released from matter in proportion as its envelopes are removed, thus placing it on or nearer the plane of the spirit-like vital force.

Substances formerly considered inert brought forth no symptoms whatever in medicinal provings till after the sixth potency was used, and many more symptoms were produced by them, in later provings, by the higher potencies. The characteristic symptoms of many of our remedies have been produced only by the two hundredth and higher potencies.—J. W. MULLIN, M.D. The Sacred Prescription, (*Hom. Recorder*, Jan., 1912).

Remedy Images

Nature has two sets of photographs, or, perhaps better, a negative and a print. One she gives in the *Materia Medica*. The other she reserves for herself, which she is fond of displaying, one at a time, through the human organism in sickness. You have learned, or may learn, the *materia medica* picture so that you carry at least its bold outline in your mind. Nature suddenly holds up to

you one of the duplicates for you to match. You observe she is exhibiting a *Podophyllum* complex, and this you duplicate upon the spot. The prescription made, if she has not tricked you, you confidently anticipate relief from your *Podophyllum*. But if she has exhibited a *Stramonium* picture which you have mistaken for *Helleborus*, or *Senega* which you have tried to match with *Sticta*, you have deceived yourself and the patient must pay the bill, and probably will not be much better unless Nature herself ceases to display her pathological signal calls.

Accuracy depends upon two things: first, a correct impression of the drug; second, careful observation of the picture. To illustrate: Dr. A. sees a fretful child. Its history is that it has been previously well and thrifty.

It was taken suddenly ill.

Ill-natured to the limit of ugliness, although when well it was placid and pleasing in disposition.

Strikes its mother in the face and refuses to be comforted after it has been passed from the arms of one caressing person to another, at its petulant request.

Appears to have nipping belly-pains, now twisting its limbs into acute angles, again straightening them out with a shriek.

Watery, greenish stools, and vomits fluid resembling bile.

Head is sweaty, and a rosy spot blushes upon the cheek.

Here are, at least, the outlines of a figure that Nature produces often enough. There are suggestions present of several remedies, but the entire portrait is of but one individual remedy.

The sweating face and greenish stool suggest *Calcarea*, but reflecting that the child is naturally vigorous and is not discratic, the *Calcarea* image is not there.

Not observing the mentality of the child, the vomiting and diarrhœa hint at *Podophyllum*.

Noting a red cheek which suggests fever, *Belladonna* comes up, but should be passed over. The ugliness in the modality is in marked contrast to the mental states of *Belladonna*, and the arterial throbbing pressure is lacking.

The colicky nippings with doublings are the earmarks of *Colocynthis*, but the full face of the correct remedy is composed of more than ears. Casual observation might see in the face only ears, cheeks or eyebrows, but a full view of our child, which required but a single sweep of the eye, does not recognize any of these suggestions as correct.

We must acquire the ability to know remedies as we know people, but the number one may know, owing to the difference in sense perceptions and mental "recalls," varies with individuals.—W. B. HINSDALE, M.D., *Univ. Hom. Observer*, April, 1912.

Testing Homœopathy

To those who are doubtful of the value of Homœopathy I would say study and test its principles. Select a healthy human subject, perhaps yourself, and administer a medicinal agent until symptoms are produced. Note the symptoms carefully, and when you are called upon to treat a sick person, suffering from the same symptoms, administer this remedy in a potentized form; if your judgment is not at fault in selecting the potency, you will be surprised to see the symptoms of the disorder disappear. This is a verification of the Law of Similia.

Unfortunately many students upon completing their medical courses consider themselves proficient and make no further effort to familiarize themselves with the practice of Homœopathy.

Homœopathy has proven to be more than a passing phase in the history of medicine. It has demonstrated its power because it is based upon scientific laws and has opened to the therapist an inexhaustible field of investigation. Only the ignorant and indolent doubt the value of Homœopathy; the ignorant, because they are too prejudiced to avail themselves of the opportunity of investigating the truths of Homœopathy, and the indolent, because they

find it requires more time, study, and effort than they are willing to give.—B. F. BOOKS, M.D., *Hahnemannian Monthly*, April, 1912.

Homœopaths Wanted

In all letters that we receive from lay people, asking for physicians, the invariable request is for a strict homœopath. In many letters, it is especially mentioned that no allopathic-homœopath is wanted. In some is mentioned the fact that the locality has a so-called homœopath, but his patrons are unable to see the difference between his treatment and his allopathic competitors' and are dissatisfied. There is no question but that there are thousands of openings for good homœopaths, those worthy the name, who do not cater to popular clamor; who practice Homœopathy in its purity.—EDITORIAL: *Medical Century*, May, 1912.

Verification from Allopaths

"The mills of triturating machines grind exceeding fine—and true!" says Dr. E. Petrie Hoyle, in a letter to *The Medical Century* (May, 1912), in directing attention to observations made by Dr. James Alexander and Dr. Jesse Bullowa (Allopaths,) and reported to the New York Academy of Medicine, demonstrating Hahnemann's teachings of trituration and succussion. The gentlemen appear sublimely unaware of the fact that 117 years ago the master of Homœopathy incorporated the practical application of their discoveries in his instructions for the preparations of medicines.

The doctors reported:

"If one examined the suspension of any fine powder, with an ordinary microscope, the individual particles exhibit a slight trembling motion known as the 'Brownian movement.'

"Although this movement is more marked in the case of small particles, it is not sufficient to keep them afloat, and they gradually sink out of solution.

"But with the ultra microscope it has been demonstrated that *with increasing fineness of subdivision* (our further trituration) the motion of the subdivided particles *continues to increase in speed and amplitude* until it becomes so vigorous, and extensive, that the particles no longer settle *but remain permanently afloat; that is, they form now what is termed a colloidal solution.*

"*If the subdivision (our higher trituration,) is proceeded with still further, they gradually pass into the sphere of true or crystalloidal solutions, wherein the particles of the dissolved (trituated) substances are reduced to molecular dimensions, or even split up into IONS.*"

China Arsenicosum

A girl aged sixteen had been ill for several months and received treatment based on the diagnosis of tuberculosis.

In March, 1911, her complexion was pale, suggestive of chlorotic anæmia, which blood-examination corroborated, by the abnormal cell-relation and a color index of 60. The pulse was rapid and respiration was short. Menses, a colorless, scanty flow, once in two or three months. Debility prevented attendance at school and lessons in music. She had small appetite, craving for pickles, variable nausea.

Directions were given regarding diet, exertion, rest, and open air supply.

CHINA ARSENICOSUM 3x was prescribed and continued, without other remedy prescription.

Improvement began immediately. Menses became normal after the second period; rosy color appeared in cheeks, and by September she had gained fifteen pounds, with the blood quality registering about normal. By December, she presented a robust appearance, with rosy complexion, and normal, regular menstruation.

The report, as given in *The University Homœopathic Recorder*, is evidently deficient in symptoms, but the prescription resulted in such a change as we delight to observe.



"There's a chiel amang ye takin' notes an' sure she'll prent it."—(OLD ENGLISH).

Homœopathy in Many Countries

A few extracts from the reports by the delegates from various countries, presented at the London International Congress for Homœopathy (1911), are here offered, for extending a slight acquaintance of the needs of Homœopathy throughout the world. In the different countries, the people are adopting many plans for insuring an opportunity for the light of truth to penetrate to their particular corners.

Surely there is splendid opportunity for the proposed international council to consider the best methods for satisfying these needs. Union of the efforts of so many determined peoples must result in strengthening the power in each country, and finally establishing the rational science and art of healing.

BELGIUM

In Belgium there are four veterinary surgeons practicing homœopathically, and the increasing number of pharmacies where homœopathic remedies can be obtained is proof of the constant demand for these remedies. In Brussels and Ghent there also exist pharmacies which are exclusively for Homœopathy.

We continue to demand official teaching of Homœopathy in one of our universities, and the creation of a homœopathic hospital. . . . We see, unfortunately, no immediate prospect for a realization; . . . we are therefore, as in most European countries, reduced to appealing to the public by the brilliance of our cures; but this method is laborious, and obliges one to recommence with every generation.

Confident of the superiority of our method of cure, and supported by evidence of the progress which Homœopathy is making in the world at large, we continue to believe that the doctrine of Hahnemann will one day receive official recognition among us.

GERMANY

The history of Homœopathy in Germany during the last ten years presents a very remarkable advance, especially regarding the progressive diffusion of our method of treatment amongst all classes of the population, as well as the scientific and practical work of the German homœopathic physicians; and last, not least, the growing comprehension of our allopathic colleagues, even amongst the medical corps of our universities, who more and more acknowledge the principles of the homœopathic doctrine.

In comparison to this considerable increase, the authority of our school in its native country is not yet proportionate to the importance it has gained in a vast portion of the German nation. The cause of this disproportion is the comparatively small number of homœopathic physicians—in all Germany not half a thousand—and this will, with the greatest probability, not be altered before our universities can be induced to open their gateways for the doc-

trine of Hahnemann. Although for years we have had a homœopathic states' examination at Berlin for those Prussian physicians who intend to practice as homœopaths, with the license for dispensing homœopathic medicines, and although this official examination is passed every year by a number of our colleagues, yet there is not one medical college in Germany with a professorship of Homœopathy.

The most extensive lay society is the "German Homœopathic League," founded six years ago. Its center is Berlin, and its home the "Hahnemann House." The league is spread over all Germany, and has now more than 16,000 members. Its object is the propagandism of Homœopathy, and the enlightenment of the public concerning the essence and development of our doctrine, and last, not least, the unanimous coöperation of the homœopathic physicians and followers of Homœopathy in fighting for the victory of our good cause.

In the "Hahnemann-House" also the post-graduate courses of the Berlin Society take place. Theory and practice of homœopathic materia medica, pharmacy and therapeutics are taught. The courses are held at Easter and in autumn every year, and are always attended by a number of young physicians, especially of those who go in for the homœopathic examination in Berlin; but also foreigners often attend the lectures.

Practical clinical instruction is also given at the hospital, and a considerable number of our young German colleagues have gone through the Berlin hospital during the six years since it was founded. In fact, the Berlin hospital, together with the course in the polyclinic, can be called our medical college.

Many students, before visiting the Berlin or Leipzig institutions, attend the lectures of the renowned Professor Hugo Schulz, University of Griefswald, who teaches homœopathic materia medica. In Munich there is also a homœopathic hospital, conducted by our colleagues of that city.

In Stuttgart, the capital of Würtemberg, in which country Homœopathy always flourished, there will soon be erected a large homœopathic hospital. A few private hospitals and institutions exist.

For the last few years, the German homœopathic physicians have had to fight for their dispensing license, which is, as already mentioned, obtained by passing the "Homœopathischer Dispensivexamen" in Berlin, and granted to us by the Prussian government since the days of King Frederic William IV. A certain party—the German Chemists' Society—is trying to convince the German Reichstag of the necessity of abolishing the law; whereas we homœopathic physicians have proved that we cannot rely on the chemists—the few purely homœopathic chemists excepted.

THE NETHERLANDS

A most important event was that a committee was selected by Her Majesty the Queen, in 1904, to publish a Homœopathic Pharmacopœia, a supplement to the Pharmacopœia Neerlandica. This committee has now nearly finished its task—an extremely difficult one, the committee having no example whatever. The Netherlands will be the first country wherein an official Homœopathic Pharmacopœia exists.

In 1904 the success of Homœopathy in our country became even greater, because at the end of the year the Netherlands Homœopathic Hospital was begun. . . . And this is the place to bring a hearty word of thanks to Dr. and Mrs. J. H. Clarke, of London, by whose aid very liberal gifts came to the Netherlands for this purpose—a token of the inexhaustible benevolence of the British Homœopaths, and the sharp-wittedness wherewith they see that the cause of Homœopathy is no national, but a universal one!

RUSSIA

We have two homœopathic societies in St. Petersburg, of which one

is medical and the other non-medical. In the latter, though there are medical men among its members, yet they are there, as it were, merely for the performance of medical functions.

Students and medical men beginning their career, if desirous of studying Homœopathy, have no facilities for doing so in Russia, and are obliged to turn to a land beyond the seas—to free America, the only land in which homœopathic training is organized on a large scale, and surrounded with all clinical conveniences and apparatus. Such journeys, however, are attended with great inconvenience, and are not within the means of all. It is clear that one of the greatest and most immediate wants of Homœopathy in Russia is a medical school, which could easily be organized if medical means and forces were united.

Both our societies stand on a solid financial basis. We have reason to believe that the union of the two societies is a matter of the near future, and, should it take place, it will be the first step toward the regeneration and reconstruction of Homœopathy in Russia on a broader basis. It will then be possible to count on a more regular and persistent propagandism of Homœopathy, both among the profession and among the public.

INDIA

In mentioning the institutions of Homœopathy in India, Dr. J. N. Majumdar directed attention to the Calcutta Homœopathic Hospital. He and Dr. Roy had wrought for this hospital, the first of its kind in the East, and now see their hope realized. It is true that efforts have been made from time to time, and hospitals have been established, but their existence has always been short. The building now under construction stands on a beautiful piece of ground in splendid location, the gift of the munificent lady, Ranee Kustur Munjuri, who purchased it at a cost of about £2,000. An adjoining plot of ground was also procured from the Calcutta Municipality. In May, 1910, Maharajah Durbhanga, one of the richest noblemen of Bengal, laid the foundation of the main building of the hospital, and it is expected to begin active use of the hospital during the winter, 1911.

There are several medical schools that teach Homœopathy, and through the medium of these institutions many homœopathic practitioners are found throughout Bengal. There are a great many Bengalee books on Homœopathy that are eagerly read by the public. Many of these are translations from standard authors.

DIPHTHERIA STATISTICS

By W. A. DEWEY, M.D.

Condensed from report in Trans. London, Homœo. International Congress

In the following, the summary from periodical literature of homœopathic practice* of all languages includes no cases in which anything was employed except homœopathic remedies in homœopathic doses.

The majority of the cases were from the reports of German confreres, for two reasons:

First.—Legal rules in Germany require particular attention to the reporting of cases; and

	Cases	Deaths	Aver. mortality
*HOMŒOPATHIC TREATMENT			
1883-1905			
Thirty-three doctors	3,629	178	4.5%
ALLOPATHIC TREATMENT. PRE-ANTITOXIN DAYS			
1883-1894			
Statistics from Berlin, Strasburg, Boston City Hosp. and Mass. Board of Health.....	32,880	9,986	34%
ALLOPATHIC TREATMENT, ANTITOXIN DAYS			
1894-1909			
Statistics from city hosps. in Boston and Phila., Detroit, Gt. Britain, New York and Mass. Health departments	146,302	17,625	12%

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Second.—Each physician is a graduate of some German university; therefore each is educated in the same way as his allopath confreres, and thus not more likely to make mistakes in diagnosis.

These statistics might be extended, but they are sufficient to indicate:

First.—That the allopathic mortality in diphtheria has decreased over 50% since the advent of Antitoxin, which dates from 1895–1896.

Whether this decrease in mortality is due wholly to Antitoxin may be well doubted, for the reason that during this period the mortality in all other infectious diseases in which there is no serum used has been very markedly decreased.

Hygienic measures have doubtless contributed in no small degree to decreased mortality in diphtheria as well as in other infectious disease.

Setting aside the fact that Antitoxin contains Carbolic acid or Trikresol or other similar preservative (all known to be powerful drugs in whose provings we find *malignancy, prostration and the production of a membrane in the throat*) to an amount equaling our 3x dilution, it is not at all improbable that there is some homœopathicity in the procedure, due either to the presence of the preservative or to the similarity of the antitoxin itself to the disease.

There could be no antitoxin without diphtheria. It is *similia* rather than *contraria*. The abandonment of the procedures of pre-antitoxin days also may account in a large degree for the betterment of the statistics.

Second.—That the best statistics of antitoxin have never equaled the worst mortality rate of homœopathic treatment.

Homœopathic physicians who are careful prescribers, the world over aver that their mortality rate in diphtheria never exceeds 10% and most of them acknowledge a death rate of from 4 to 7% only, and all acknowledge that no additional benefit is derived from a combination of antitoxin and homœopathic remedies.

Dr. Kroner, of Pottsdam, Germany, treated sixty-nine cases of diphtheria. Sixty-one of these he treated homœopathically, and but two died; eight cases he treated homœopathically, at the same time using the antitoxin, and of these three died.

Third.—That homœopathic physicians should not use antitoxin.

In the face of the foregoing statistics from careful prescribers—showing the superiority of homœopathic treatment in this disease—a homœopathic physician who would use antitoxin either does not understand his

birthright, or else, from ignorance of its benefits, allows himself to be swept along by the popular clamor for antitoxin.

The allopathic school, elated by the results of this near-homœopathic procedure, have captured the public ear and are willing to make this practice compulsory by legal enactment.

It is the duty of the homœopathic profession to turn the tables upon them and *make it compulsory, for a patient suffering from diphtheria, to call a homœopathic physician.*

If the allopathic statistics of antitoxin are 22% better than those before antitoxin days, and warrant its compulsory administration, surely homœopathic statistics, which are 30% better than in pre-antitoxin days and 7.5% better than in those of antitoxin itself, are entitled not only to a hearing, but to legal protection, if such be feasible.

It may be interesting here to note the discovery by the allopathic school of one of our greatest remedies in diphtheria, and the results of its use applied empirically. In the *Allgemeine Medicinische Zeitung*, of Berlin, in 1888, appeared an extract from an article by Dr. H. Selden, of Goteborg, Sweden, referring to the use of Mercury cyanide in diphtheria.

Dr. Selden, from 1879 to 1882, treated 564 patients with genuine diphtheria with the ordinary measures of the time, Chlorate of potash, etc., and lost 523 cases, a mortality of 92%.

In 1883 he treated 160 cases; 132 of these he treated with Mercury cyanide and only one died; the other 28 cases he treated in the old way and all died.

In all, up to 1888, he treated about 400 cases with the cyanide with a mortality of 4%. He used the remedy in doses of from 1/500 to 1/1000 of a grain.

Other Swedish physicians reported a total of 1,400 cases treated with Mercury cyanide, with a mortality of 4.9%.

Dr. Luddeckens, of Leignitz, in the *Therapeutische Monatshefte*, reported that he and his father treated 110 cases with Mercury cyanide with a mortality of 4–5%.

Dr. V. Villers, of St. Petersburg, a homœopathic physician, used it under strictly homœopathic indications in 100 cases and lost none.

Dr. Erichsen, an allopath, of St. Petersburg, used it in 25 cases and lost but 3.

Thus it is seen that the use of Mercury cyanide, even in allopathic hands, gives a general mortality statistic of about 5%, and unlike antitoxin it is useful in fully developed cases and even those of the most malignant type. It was probably too homœopathic to be generally adopted by the allopathic school.

One of the latest works on Bacteriology gives the following as the procedure in making antitoxin: 0.5 c.c. of toxin and 0.5 c.c. Iodine-potassium iodide solution (Lugol's solution). This is injected into a horse in increasing doses for two or three months. The blood is then drawn off from the jugular vein and stood for two or three days in a cool place. Then the serum is pipetted off and to preserve the same .05% of Carbolic acid or .04% of Trikresol added.

There are methods of concentrating the antitoxin which further complicate the substance, by the addition of Ammonium sulphate, Sodium chloride, Acetic acid, and Sodium carbonate, making it, from a homœopathic view-point, a truly wonderful mixture from which to expect a scientific deduction of drug action.

It may be of interest to review briefly the pathogenic action of the remedies, Carbolic acid and Mercurius cyanatus.

CARBOLIC ACID

There have been many cases of poisoning with this drug in varying strengths, from the crude article to weak solutions, and also some homœopathic provings. The symptoms are:

1. Profound prostration and a rapid sinking of the forces.
2. Fetid discharges and tendency to tissue destruction.
3. Dark, dusky face; a membrane involving the nose and mouth, and large accumulation of exudate.
4. Low adynamic fever; thready pulse; cold hands and feet.
5. Uvula whitened and shriveled; fauces covered with mucous exudation.

From a careful proving of Carbolic acid many more symptoms similar to the disease would be elicited. The drug, however taken, seems to have an affinity for the throat, nose, and larynx, and while some of the effects above given are manifestly due to its local action, its elective affinity would show itself, however taken and in whatever dose.

The remedy classes with *Arsenicum*, *Lachesis*, and *Crotalus*.

Carbolic acid and Trikresol are not the only preservatives that might be added to antitoxin. It is our belief that were Mercuric cyanide in a solution equaling 1 to 1,000—or even weaker—used as the preservative, the results of antitoxin would show far less than a 12% mortality, for it could then be used in cases that are advanced beyond the third day with success.

The adherents of antitoxin claim that it is excellent in the onset of the disease, not so good the second day, of questionable value the third day, and practically useless after that. Such a claim might be made of any treatment in any disease.

Homœopathy has remedies suitable for all stages, and will cure cases that have been abandoned by antitoxin enthusiasts.

MERCURIUS CYANATUS

This drug seems to get most of its symptoms from the hydrocyanic acid of its composition. Thus we have included in its effects:

1. Intense and sudden prostration, with very high pulse. The extreme weakness is most characteristic.
2. Exudation in the throat, first whitish, turning to greenish and threatening to become gangrenous. Glands tender and inflamed.
3. Fetidity of discharges from the throat and nose.
4. Nosebleed, brown blackish tongue, nostrils invaded by the disease.
5. Malignancy and extreme prostration are the watchwords.

There is no closer comparison than such symptoms to many cases of advanced diphtheria.

The remedy classes with *Kali permanganate*, *Baptisia*, and *Muriatic acid*.

Institutions

The Evans Memorial

On the sixth of March, 1912, the Robert Dawson Evans Memorial Building was dedicated and pre-

sented to the Massachusetts Homœopathic Hospital, to be devoted to Clinical Research and Preventive Medicine. The dedicatory exercises, conducted in the auditorium of the

building, occupied an entire afternoon and evening. This auditorium, which has a seating capacity of about 250 persons, is to be used for popular lectures on health and hygiene, one phase of service for which the donation provides, quite apart from the generous laboratory facilities furnished by the institution. The supervision of the entire work is entrusted to Dr. Frank C. Richardson.

This gift from Mrs. Evans, in memory of her husband, places at the disposal of the profession of Homœopathy a long-desired place for independent research work, wherein to develop the science of its practice according to modern methods of investigation. It is earnestly to be desired that the uses of the institution will be such as to increase and extend knowledge according to the principles offered by Hahnemann as the basis of Homœopathy, and that it will not serve merely for conducting investigations as made by those who reject, or are ignorant of, the laws of our system of therapeutics.

May it never be employed for tracing paths through dark byways and lanes to the back dooryard of Homœopathy, but through the wide, illumined avenues to the entrance of the palace where reason is enthroned in honor.

Hospital Problems

Some interesting problems relative to the use of hospitals have arisen in England, within the past few months.

The 62nd Annual Report of the London Homœopathic Hospital records a curious dilemma. The late Sir Henry Tyler devoted much personal interest and energy and a large sum of money to the support of the hospital, freeing it from debt, endowing a bed, and finally providing for its extension by the erection and furnishing of the new wing, dedicated last summer. This wing provides sixty or seventy extra beds for the use of patients.

Of the new beds, it appears that he intended to place three, for the

medical treatment of women, under the supervision of his daughter, Dr. Margaret L. Tyler. Before the completion of the new wing, the benefactor died, without having made any formal provision for his daughter's participation in the work. According to one of the rules by which the hospital is governed, no hospital beds shall be used by doctors who are not on the Hospital Staff. Another rule provides that appointments to the Hospital Staff shall be made only from the registered corps of dispensary physicians, in the order of seniority of service.

While Dr Margaret Tyler qualified in medicine, as a step in establishing the recognition of the truth of Homœopathy, having worked vigorously for eight years in the outpatient department, without formally registering in its list, she has never competed for, and has not received, appointment on the hospital staff. Consequently, with due reverence to the name of Tyler, and grateful for the benefits conferred by the family, the board of managers of the hospital is obliged, in conformance to the rules of the institution, to refuse the request that three beds be assigned to the care of Dr. Tyler.

In connection with the Leicester (Eng.) Homœopathic Hospital, those interested are confronted with the necessity of determining in some definite way what privileges shall be granted for the admission of patients who are to remain under the care of doctors not practicing Homœopathy. Some of the directors and some members of the staff are disposed to have them so received and treated, while others, determined to protect the reputation of the hospital and the statistics of Homœopathy in practical application, oppose the admission of any patients except for homœopathic treatment.

It appears that patrons and contributors, being vitally interested in the results obtained in the wards and in the use to which their money is devoted, must at length be con-

sulted in regard to privileges and procedure in the affairs of such public institutions.

Rittersville Hospital for the Insane

A new State Hospital for the Insane under the control of homœopaths, was opened in March, 1912, at Rittersville, Penna., being the first state hospital for homœopathic treatment of the insane in Pennsylvania, though such hospitals have been conducted for some time in New York, Massachusetts, and California.

In addition to building appropriations, \$100,000 was appropriated for furnishings. The property includes 210 acres of land, which the authorities have concluded is too small an area, and they are about purchasing more land, with a view to doubling the original plot.

The present provision is for the accommodation and care of one thousand patients, under the superintendence of Dr. Henry Klopp, who was called from the Westboro, Mass., State Hospital for the Insane to fill this new position.

Since the building was opened for inspection, there have been numbers of visitors daily, some days thousands. Some of the visitors manifest a morbid curiosity to see the padded cells for violent patients, but they are told that such will not be employed in the care of the insane here. Gentle,

kind treatment, with a view to correcting the mental disorders with homœopathic remedies, is to be the practice. This includes avoidance of exciting influences, rather than violent restraint.

Endowment Fund for Homœopathy

President T. H. Carmichael, of the American Institute of Homœopathy, has appointed a committee, selected from the various sections of the country, to manage the details of raising A PERMANENT ENDOWMENT FUND, and perhaps planning for the methods of its expenditure. It is expected that the committee, when organized, will be in itself a great propagandistic element, from the stimulation of zeal due to a knowledge of the aims and purposes of the work.

Medical College United to University

Cleveland-Pulte Medical College has identified itself with Baldwin University (Ohio), which demands literary acquirements second to none. This reduces the expense of the Medical College, as all laboratory instruction will be under the direction of the University, and makes possible a shortened period of study for obtaining both Medical and Science or Arts degrees.

Legislation

The Use of Public Money

The state appropriation of \$60,000, granted to the Illinois State University Medical School was to be used in taking over the Physicians and Surgeons School in Chicago (allopath). The independent medical practitioners of Illinois appealed to the Circuit Court, urging that the public money

was thus to be used to build up one school of medicine to the disadvantage of others, but especially that Constitutional provisions were not followed in the passage of the appropriation bill. The Circuit Court upheld the statute, but the Supreme Court reversed the decision and the appropriation will not be thus used. Thanks to the independents!

Books

Lectures on Materia Medica. By James Tyler Kent, A.M., M.D., Second Edition. Boericke & Tafel, Philadelphia, Penna., 1911. 982 pp. 8vo. Cloth, \$7, net; Half Morocco, \$8, net. Postage, 30 cts.

The second edition of Kent's LECTURES ON MATERIA MEDICA presents some two score remedies additional, with those formerly depicted, together with the modern mechanical improvements of a conveniently light volume, well printed from neat, clear type of good-sized face, on a thin antique paper, well bound, to open flat.

The value and charm of Dr. Kent's lectures consist in the presentation of each remedy as a vital functioning being, shown in language free from technicalities, conveying to the mind of the reader a simple image distinguished by its characteristics as it would appear in a sick person.

As with all the author's writing, this is a presentation of Materia Medica essentially from the homœopath's stand-point, emphasizing the individual peculiarities as most important; tissue pathology and diagnosis are secondary. It is a collection of 181 "character" sketches, in which may be clearly perceived the relation of each remedy to the superficial and to the deep-seated disorders. Nature, pace, and symptomatology are included in each portrayal.

It is not too great a demand that every remedy presented in this volume should become familiarly known to the prescriber; for the successful homœopath there can be no favorite prescription. Polycrests and remedies especially related to particular tissues or organs, remedies of deep and of superficial action, those frequently and those seldom needed are all essential, for each patient appearing for treatment is an individual problem. The remedy seldom called into use is as necessary, when the patient's condition pictures it, as the one demanded most frequently; familiarity with each remedy develops with use.

An important feature of these Lec-

tures is the interspersing of the Philosophy of Homœopathy—prime requisite toward knowing how to administer the remedies, developing the homœopathician's perception in studying his patients.

Briefly, the entire purpose of these lectures may be summed up as this: Development of acquaintance with the remedies so to enable the prescriber to perceive the needed remedy in each patient for whom it is indicated, admitting no substitute to be as good as *the indicated remedy*.

In his preface the author refers to his Lectures on Philosophy and the Repertory of the Materia Medica; in reading this, and again in reading the preface of each of these works, there is a seeming suggestion that each must be supplemented by the others. This is no seeming: it is quite true that each of these subjects is but a portion of the grand unit, Homœopathy, and so inter-related that complete comprehension of any one must include familiarity with them all.

Transactions of the Eighth Quinquennial Homœopathic International Congress held at London, England, July 17 to 22, 1911.

Two vols. Octavo, paper covers. Edited by E. Petrie Hoyle, M.D. Published by The Congress Committee, London, England, 1911.

For convenience of the reader the Transactions of the London International Congress have been bound in two volumes: a total of 841 pages and nine pages of cross-index.

The first volume is devoted to the index, list of officers of the Congress, the President's Address, Reports of Homœopathy as it progresses in the countries of the world, and two scientific Sections—Science and Art of Homœopathy and Materia Medica and Therapeutics. The second volume contains reports of ten other several Sections of the Congress.

The two volumes present contributions from 124 writers in many countries.

Necessity for economy in publishing the Proceedings has required the omission of Discussions following the readings of the several papers presented, except in the Section of Science and Art of Homœopathy. The reader has a sense of something omitted, and wishes the more that he might have heard what they said who heard the papers read.

The HOMŒOPATHICIAN has presented a few extracts from the excellent address of President Burford, and a few of the papers from the scientific bureaux. A few extracts from the Reports from various countries will be found in other pages of this number.

Your Mind and How to Use It. By William Walter Atkinson. Published by The Elizabeth Towne Co., Holyoke, Mass., 1911. 12mo. 224 pp. Cloth, \$1.

We are accustomed to the thought "The mind is the man himself," and homœopaths continually emphasize it in considering health and disorder. In "Your Mind and How To Use It" are presented very clearly and simply the workings of the mind and the demonstration of the fact that

all the work of the body and all the activities of the living being are impelled and controlled by the mind, which is not in one organ but within all parts. Would you know how to develop or strengthen the memory; to foster imagination; to increase the power of concentration, instead of having the thoughts wander when needed for a special subject; would you learn to control the passions and maintain harmony in the relations of different people? In this small volume each of these subjects is plainly discussed, and the reader involuntarily notes illustrations within his own experience that verify the assertions made.

For arousing their patients to normal mental habits—mental hygiene—homœopaths will be especially appreciative of the clear, intelligible discussion of these subjects which enter so largely into the problem of disordered health. The book should be a practical help in explaining mental influences to patients and to guardians of growing children, at the same time serving as a stimulus and recreation to the physician.

Echoes from London International Congress, 1911

I was a very unwilling believer in Homœopathy. I went to investigate it, that I might be able to prove its fallacy; but in the course of inquiry I became convinced of its truth. I have practiced it for thirty years, according to my light and experience.—ROCHE.

The strict follower of Hahnemann goes to the requirements of scientific practice much more than the physicians who would have us believe that pathology has made obsolete the dogma of Hahnemann, laid down in THE ORGANON.—WOUTTERS.

We must realize that, in this day of specialists and specialism, we represent the only specialists in internal medicine. The field of medicine is ours. . . . Especially is this field of medicine abandoned to our care.—REILY.

. . . The note struck by all is this fact: that there are no diseases at all, only sick people. This makes a great difference in our ideas. If we think of sick people, we think of personalities, and these are immaterial. Unless we think immaterially we cannot understand the value of high potencies. The remedy must essentially be similar to the person who is sick; similarity must consequently mean that the length of action of the remedy and the length of action of the sickness must be similar. The depth of the sickness in the life of the individual must find similarity in the capacity of the remedy to act deeply. This depends upon its potentization. You cannot get a deep effect with 1x, you must go to 1m. This is not dogmatism merely, it is a matter of experience. Take any particular case, take Sulphur—give SULPHUR 1x; it will not last so long, nor rouse the patient's orderly vital force, as will 1m.—DISHINGTON.



Non-professional Appreciation

By A GRATEFUL OBSERVER

EDITORIAL NOTE.—*The enthusiasm of this writer, a teacher, is not a degree lessened by the fact that she is wholesomely ignorant of the technicalities of morbid conditions. Being a keen observer, she is quick to detect the evidences of disorder, although, from her almost sublime confidence in the possibilities of Homœopathy, her appreciation of such disorder is not depressing to herself or to others. When she deems it advisable to offer a word in behalf of a sufferer, she speaks of what she knows, not on the authority merely of what she has been told.*



OMŒOPATHY has effected such marked benefits for some of my acquaintances that it is almost impossible for me to remain silent when I see others suffering. Many persons, coming to me for entirely different information or business, who, at the same time, suffered deeply acting disorders of health, I have sent to receive the care of Hahnemann's devoted followers.

A room-mate, of several years ago, predisposed to consumption, suffered severe effects from cold, after wearing flannels that were not thoroughly dried. She sent to her physician for medicine, which was promptly received: a dark liquid, to be taken frequently in spoonful doses. It so distressed me to watch the effects of that medicine—from each dose of which the face was flushed to a purple-red—that I sent a detailed description of the patient, and of her response to this medicine, to a physician practicing Homœopathy.

Though at first angered at the reply received, containing a caution of danger from use of medicine of such violent effects, her good judgment soon induced her to place herself

in the care of a practitioner of Homœopathy. The quick relief of the acute disturbance, and the final elimination of the tendency to consumption, with a practical rebuilding of the girl's constitution, caused her friends to marvel at the change.

The girl's aunt, who had been an invalid for years, suffered an acute siege of disorder in the digestive tract. Her physician said he had done all for her that he could, yet she failed to respond to treatment. We sent a hurry call for a Hahnemannian homœopath from a distance, who arrived within a few hours. The invalid rallied immediately in response to treatment, and after a few weeks had no further need for medical aid for more than two years.

This same girl's mother, after long suffering with persistent indigestion, which the doctor in attendance failed to subdue, finally gave herself in charge of the same physician, and was cured.

When visiting a friend, I lifted the screening cover from a child's coach where a three-months-old sufferer of marasmus lay, asleep; but I shrank back frightened, for the child appeared

lifeless, though the mother assured me that she was breathing. After a few weeks' careful prescribing by an ardent follower of Hahnemann, the child was practically resurrected. Her cheeks became plump; her eyes lustrous; her skin, clear and soft. By the time she could walk alone, she was a most beautiful child, strong, hearty and happy, and now, developed to girlhood, she is even more efficient than her brothers and sisters. The action of the remedy selected homœopathically is so surely curative we wish all disordered people might receive its benefits.

Personally, I owe a complete rejuvenation to Hahnemannian Homœopathy. I was a child of unhandsome appearance—a bulging forehead and weepy eyes, with hair stringing down over the eyes and ears in straight wisps. When two years old, some very heroic allopathic treatment for lumps in the neck left scars from lancing, that are visible to the present time. Never a round, rosy-cheeked, robust child, I was not apparently a sick one. In early adult life I kept a small case with various pellets, to check incipient colds and ward off possible illness from exposure to inclement weather. I remember that, in addition to these, camphor was a remedy most often, and doubtless most unwisely, used. Thus I thought to avoid the services of a doctor.

Since I have submitted body and mind to the direction of Hahnemannian Homœopathy, it has been an intense relief to know that expo-

sure to inclement weather need have no ill effects, so long as my general health is good and that, if it does not remain good, the physician can promptly restore it to order. Since I have ceased to worry over the ailments that might overtake me, promptly reporting to the medical adviser the ills that do appear, I have *really* lived, with a sense of life coursing through my body. The stringy hair has become soft and wavy about the temples, and I am dauntless and courageous. When first the change became evident in my appearance, friends used to ask what had wrought the difference. I gave the credit to the doctors.

Some almost miraculous power appears to exist in the tiny pellets and powders used by Hahnemann's followers, a change so evident and so vital occurs in the patients who implicitly follow the dictates of students of the great Master. The cheeks gain a bloom similar to that of a perfect child; the eyes sparkle with new zest of life.

We, who have experienced these things, earnestly wish that more people could know the abounding energy of life that results from restoring order in the vital force, and appreciate the practice that leaves to that vital force the work of eliminating diseased tissue from the individual's body. The world, surely, would reflect more of the rosy tints of Heaven, and there would be fewer sins of the fathers to be visited upon children of coming generations.

IDEALS

Not only is one's knowledge dependent upon what he perceives, but his very character also results from the character of his percepts. . . . By directing his attention to desirable objects and perceiving as much of them as is possible, one really builds his own character at will. . . .

Our ideals are the supports of what we call character. If we create an ideal, either of general qualities or else these qualities as manifested by some person, living or dead, and keep that ideal ever before us, we cannot help developing traits and qualities corresponding to those of our ideals.

—W. W. Atkinson, *Your Mind and How to Use It*.

Things the People Should Remember

1. Remember that the true doctor's greatest desire is to *heal* the sick.
2. Remember that the violation of Nature's laws produces sickness, often resulting in speedy death.
3. Remember that *you* may be responsible for your mental or physical condition, so do not blame another.
4. Remember that, by ignorance or carelessness, you may destroy more health than a dozen doctors can restore.
5. Remember that indiscriminate drugging and doping for real or imaginary ills fills more graves than wars and floods.
6. Remember that the advice of grandmothers, aunts, friends and neighbors may be kindly, and given in sincerity, but as a rule they are poor doctors.
7. Remember that sickness in its incipiency is much more easily cured than when it has almost destroyed the body. Call the doctor in time, or suffer the blame yourself.
8. Remember that only few diseases can be thrown off by cathartics and emetics. Diseases do not all start in the channels of the digestive tract.
9. Remember that numbing the body so that it cannot feel the pain is not curing disease—it is courting death.
10. Remember that the simple, single medicinal substance from the hands of a wise and prudent doctor will accomplish more in producing health than shiploads of drugs from the hands of fools.

Some Don'ts for the People

1. Don't imagine that the doctor's greatest ambition is to cause pain—he has a higher calling.
2. Don't frighten children with threats to call the Doctor to cut off an ear or a toe. The effect of such fright might cause serious consequences, sometime, when they need the doctor.
3. Don't disobey the doctor's orders in anything. He is your best friend—obey him.
4. Don't question the size, frequency or taste of the dose of medicine given. It is so selected for your good, or it would not be given.
5. Don't visit in the doctor's office. He is a busy man and moments are valuable. There may be others waiting whose time is precious.
6. Don't gossip; don't complain about your neighbors. Tell the doctor your symptoms as clearly as possible, so that he may aid you.
7. Don't call the doctor out at night unless it is very necessary. He is human, and needs rest and sleep.
8. Don't annoy the doctor with tales of aches and pains when you meet him in public places.
9. Don't curse the doctor when some member of the family dies or is incurable. It may be partly your fault and not his. Do not forget him when he saves your life or cures your ills.
10. Don't attempt to deceive a doctor about your symptoms on any account. It may cost you more than truthfulness and honesty.

G. E. DIENST.



How Homœopathic Cures Are Made*

By J. C. HOLLOWAY M.D., GALESBURG, ILL.

Homœopathy courts investigation; willingly answers all the reasonable questions; raises the layman to the rank of intelligence, free speech and personal liberty; advises the closest self-observation, and encourages him in telling all he can, in the most minute detail, concerning his bodily symptoms and mental state; teaches him that he is a co-worker in the cure of his own malady; reposes confidence in him, and makes him feel that his words are believed and considered; elevates him to the dignity of a homœopathic patient by teaching him that he alone can impart to his physician the information that will lead to a cure of his disorder.

1.—The curative power of any medicine is hidden in its inner nature, and is known as its dynamis.

2.—This dynamis is unfolded and developed by dilution and potentization, a process peculiar to Homœopathy.

3.—The dynamis, when thus unfolded and prepared for use, is immaterial, or destitute of sensible matter, and hence has a "spirit-like" action.

4.—No medicine, when thus prepared, can irritate the stomach, drug the system, accidentally kill, or form the drug habit.

5.—These dynamic medicines must first be tested in healthy human subjects, in order to ascertain their peculiar action on the mind and body, or the kind of artificial sickness which each is capable of producing.

6.—Disease results from a deranged vital force, and hence is dynamic;

Disease cause is of a dynamic (spiritual) origin and nature, and hence is not perceptible to the senses, and is not discoverable like material germs, and can be removed only by dynamic means. Of course, allopaths have at least twice announced that they have discovered the cause of disease (always a *material* cause), and so have inventors often announced the discovery of perpetual motion. But in each case they only *fancied* they had made such discovery. They have never discovered the cause of disease, and they never will, for disease cause, like disease itself, is

dynamic (spiritual), and not something one can feel with the fingers nor see with the microscope. Allopaths have been floundering for two thousand years in a vain search for the material cause of disease, and in a vain effort to discover specifics that will remove that cause according to the classification of diseases which they have so cleverly devised.

7.—The beauty of harmony is seen in the conception of disease of a dynamic (spiritual) nature, resulting from a deranged vital force which is itself a dynamis, said derangement being caused by unknown morbid influences of a dynamic (spiritual) nature, and extinguished by medicinal powers having a dynamic (spirit-like) action.

8.—Every derangement of the unseen, spirit-like vital force finds expression in symptoms, subjective and objective; and where there are no symptoms there is no disease.

Only by these can any man know that the human system is in a state of disorder. Whether these be produced by unknown morbid influences resulting in natural disease, or by the spirit-like action of some dynamic medicine resulting in artificial sickness, *the totality of the symptoms, the symptom-image, is the only evidence.*

9.—The therapeutic application is made by *the Law of Similars*. That is to say, if the image of natural sickness in the patient is similar to the image of artificial sickness in the

*Portion of contribution to Hahnemann Round Table of Philadelphia, Penna., published in *The Critique*.

prover; or if the totality of the symptoms of the patient is similar to the totality of the symptoms of the prover (which the medicine itself has produced when tested) that medicine is homœopathic to the case and will cure.

10.—Said prover must exercise the closest self-observation, and be able to define the character, location, aggravation and amelioration of every sign and symptom produced during the experiment. He must observe the time, position, weather conditions, motion, rest, and every action of the body by which this or that symptom is made better or worse.

The patient to be treated and cured must be equally observing. Every patient properly educated in homœopathic principles is careful to observe how his ailment is affected:

By cold air or the warm room;
By eating or drinking;
By cold or hot food or drinks;
By lying on the painful part;
By beginning to move and continued motion;
By flexing the thigh;
By slow or rapid motion; and
Whether this occurred before or after midnight, morning, forenoon, afternoon or evening;
Whether after a fright, a fall, a serious illness, or a long siege of old school drugging;
Whether from excessive joy, jealousy, personal affront, or unhappy love;
Whether he perspires when asleep and how it stains the linen;
Whether the sweat is general or of only a part, and what part;
Whether the sweat ameliorates;
Whether it has any odor, and what it is like.

All these and a thousand more he is mindful of and is ready and willing to communicate to his physician upon his arrival.

Then the homœopathician says to himself: "What medicine, when tested, produced an image of sickness having similar odd, peculiar, unusual and distinguishing symptoms? That medicine will cure, or start the cure."

The same homœopathician, when called to treat the most intelligent patient trained under allopathy, despite his most skillful questioning,

finds he does not know anything definitely, only that he needs a physic! And the same patient, if asked to describe his suffering, will knowingly grin and say: "That's what I want *you* to tell!"

The people must be taught homœopathic principles until they realize that no one in the world can know that the pain is better by lying on the painful side but the patient himself; and that this is true of all subjective symptoms. They must learn that the physician who pretends that he can tell "what is the matter" and exactly what medicine to give, merely by looking at the patient is a fake—always.

11.—Modalities, as illustrated by the foregoing, and the testing of medicines on healthy human subjects, make possible individualization in actual practice, and the people should learn.

That each patient must be treated according to his individual symptoms, and not the generalizing method of selecting the medicine according to the diagnostic name of the malady;

That the best diagnostician and reader of pathology has no advantage whatever, outside the domain of surgery, in curing the sick;

That what he must know is, the symptom-image of the individual patient;

Then the individual medicine which has produced a similar image;

Then how to administer that medicine when properly prepared.

Without this knowledge—whatever he may know about pathology and diagnosis—he cannot cure. And our Master has said that a physician's only mission is to cure.

Laymen are highly capable of learning these things if given an opportunity. But how can they learn without a teacher? Throw out the life line of pure Homœopathy by the dissemination of proper literature; by a clear explanation of homœopathic tenets; by implanting the unadulterated homœopathic principles, and the question of effective propagandism will have been settled.



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—MARY E. HART.

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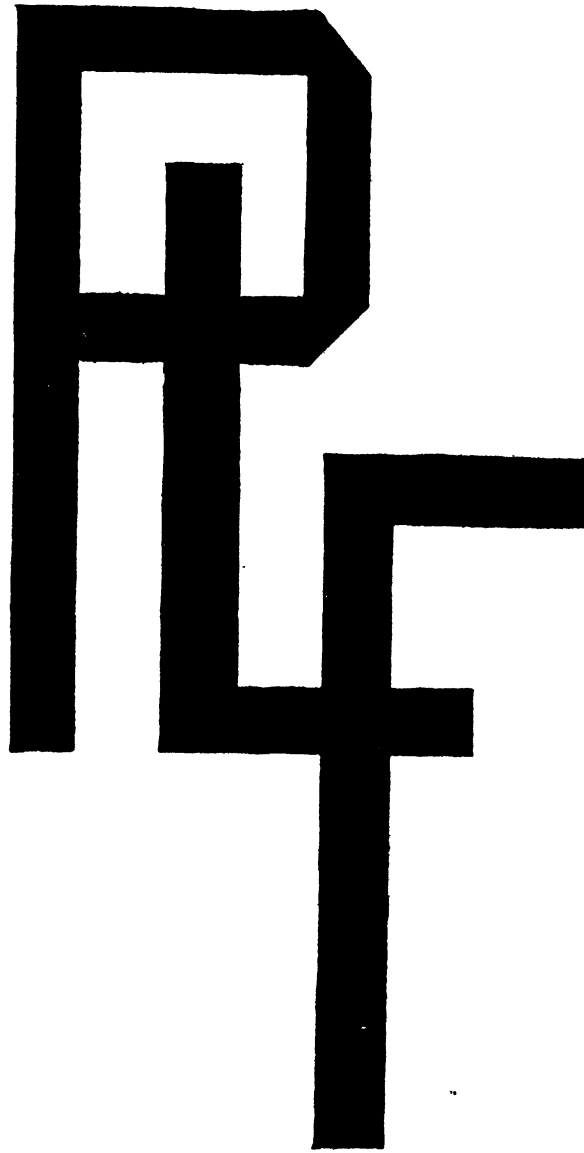
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