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# THE HOMŒOPATHIC RECORDER.

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## EPIDEMIC AND ENDEMIC DISEASES.

### TYPHOID FEVER (CONTINUED.)

I have not much more to say concerning this fever, for it is the *Etiology* alone which particularly interests me. Anatomical characteristics, symptoms, diagnosis, prognosis, etc.—all these will be found fully given by our various authors. I sometimes think that my mission is to show how many questions may be raised about these fevers which the combined wisdom of Europe and America is unable to answer. Rather a thankless task, yet I purpose going on with it if only to show how much we have still to learn.

I confess I should like to see this bacillus of Eberth, which is said to be the cause of typhoid fever; for nothing so impresses the mind as to see the thing about which we read. But I fear my curiosity will never be gratified. From the very first I entertained a strange prejudice against the germ theory, the reason for which I cannot explain, unless it be that I associated its advocates with the advocates and practicers of vivisection, which perhaps I should not have done. But, truly, it may be said that if the germ theory is going to be of as little use to mankind as the theories obtained by experiments on animals, then of course we can dispense with it very well. All these things may be of *scientific interest*; but as regards *therapeutic value*, we may write largely the word *Nil*. Take this very disease of typhoid fever. A bacillus has been discovered. Has this discovery led to the discovery of the antidote? What is the remedy recommended by Dr. Stevens, for example? His antidote is as follows: "*Quinine, Antifibrin, Phenacetin, Opium, Creasote, Bismuth, Nitrate of Silver, Calomel, Turpentine, Gallic acid, Strychnine, Digitalis, Musk, Bromide of Potassium, and Alcohol.*"

Not much connection here between the poison and its anti-

dote! But it may be said that I am doing Dr. Stevens an injustice in capitulating all these remedies which he has mentioned, because he does not intend to advise that all these remedies should be given to every patient, but that we should select from them according to the symptoms which each case presents. Well, this is true; but does not this long catalogue of drugs prove my assertion that the discovery of the bacillus of Eberth has done nothing whatever to furnish us with the appropriate germicide. There is evidently great vitality in the bacillus. When attacked only by the old-fashioned remedies, however heroic, it takes no notice of them. But when attacked by the medicine which Homœopathy has suggested, it yields to it. At all events such has been my experience.

Typhoid fever, unlike malarial, and many other fevers, is a preventable disease. Where there is perfect sanitation there can be no typhoid fever. It may be difficult to ensure this, but it is not quite impossible. At present persons in every grade of society are continually contracting the disease—none are exempt. What is most of all to be regretted is the ignorant treatment to which most of them are subjected. Light, in medicine, as well as in morals, has come into the world, but it would seem as if the people preferred darkness. \* \* \*

When I began writing these letters on fevers I remarked that the *Endemic* fevers were either *Malarial* or *Typhoid*. Upon further consideration, I must add to these two others, viz.: *Typhus* and *Relapsing* fevers.

### Typhus Fever.

The *fons et origo* of typhus is difficult to find. As an infectious disease, spreading from patient to patient, it can be traced well enough; but how does it arise *de novo*? Guesses have been made concerning its origin, but no one seems to know for a certainty. It must be an *Endemic* disease, because only certain localities suffer from it. In England, so far as I know, it is confined to Liverpool and its adjacent town of Birkenhead, although, of course, the infection may sometimes be carried to other parts. If Liverpool be really the only centre, it is a singular fact. Some physicians endeavor to account for it by saying that there is much poverty and over-crowding in this town. But there is much poverty and over-crowding in many other towns. London, England, has an immense population of poor people, who also crowd together, yet in London I have never met with nor heard of any case of typhus. There must then be some other



cause. I have often thought that perhaps there is some peculiarity in the *soil* of Liverpool which gives it this unenviable distinction in typhus; but what the nature of the soil is I do not know. Independently of typhus fever, this town is a notoriously unhealthy one. The weekly bulletins of mortality show this. That there is a peculiar atmosphere in Liverpool I have myself experienced, and I am convinced that had I remained in the town I should not have lived to write this letter to-day. I cannot but think that this peculiarity arises from the nature of the ground there, especially in the absence of any other determined cause. If it is not so then I can form no other conjecture. It must also be borne in mind that Manchester and Preston, and I think I might include two or three more—all Lancashire towns—are pretty nearly as unhealthy as Liverpool. This gives additional weight to the theory that the Lancashire soil is peculiar.

Professor Roberts says: "The opinion is strongly held by some eminent observers that typhus fever may be developed *de novo* independently of any infection, in consequence of great over-crowding and destitution." Why, of course, if it ever was thus developed it may be so developed again. Now, if over-crowding and destitution were the sole causes of the origin of the typhus contagium, we should expect that this fever would be identical with *Relapsing* fever, for these are the very causes which produce the latter. But they are not identical diseases; therefore we naturally expect to find some *additional cause* in the case of typhus. If this cause is not to be found in some singularity of the soil about Liverpool then the problem still remains unsolved.

If I were going to speak of the symptoms attending typhus (which I am not) I could give a graphic account of them, having experienced them all myself. Many years ago, whilst looking after the practice of one of my friends in Birkenhead during his absence in Switzerland, I had to make daily visits to several patients with typhus fever. Before many days were over I fell a victim to the disease myself, but, strange to say, never suspected what ailed me until my friend, Dr. Craig, came to see me, and I had just consciousness enough left to notice that, after looking at the thorax, he said "typhus fever." I presume he saw the typhus rash.

As to treatment I have had no *Homœopathic* experience. I think it was the fashion at that time, in allopathic practice, to

give *Acetate of Ammonia*, and no doubt that was what I gave the patients committed to my care. I believe they all recovered; but for my own part I recovered without taking anything. I see that several medicines are mentioned by Dr. Hughes, as *Bell.*, *Hyos.*, *Bapt.*, *Opium*, *Acid phos.* and *Arsen.* The one I should be inclined to select myself would be *Phosphoric acid*. By the way, Dr. Hughes says that in 1864 "there were thirty cases of typhus treated at the London Homœopathic Hospital," of whom two only died. I presume that in 1864 the difference between typhus and typhoid had begun to be recognized, and this being the case it would have been interesting to know how the disease originated. Dr. Hughes does not tell us, but I think it would be safe to conclude that the disease was an importation.

I spoke just now of the high death-rate in Liverpool. To-day's newspaper informs us that the rate for the first week in the present month of November was 37.6 per thousand! These figures tell their own tale. In London the average is about 20 per thousand.

#### Relapsing Fever.

Although there is much resemblance between this fever and typhus, yet they are not identical. According to the bacteriologists there are in relapsing fever certain organisms named *spirilla*, and these are supposed to produce the disease. In typhus it is admitted that no germ has hitherto been found.

The period of incubation is said to be from five to eight days, but during this period no microbe is to be found. And yet it is stated that this spirilla is the cause of the fever! Now, if this microbe is found in the blood "only during the paroxysms" of the fever how can it be the *cause* of the fever? If it were the *cause*, one would suppose that it would be found in the blood *before* the paroxysm. As it is not, then we may almost conclude that it is the *result* of the fever.

There is, however, one other hypothesis. These spirilla might originally be too small to be detected even by the microscope, and only after they have obtained their full growth, that is, when the paroxysm has come on, can they be discerned. Then during the paroxysm they may disappear and a fresh set may be arriving at maturity, to produce in due time another paroxysm. I make the bacteriologist a present of this argument in his favor. But, after all, fevers do occur when no microbe can be found at any stage of the disease, as in the case of typhus, *e.g.* Germ, or no germ, or, *propter hoc aut post hoc*, is of little consequence, but

what is of great consequence is to know that relapsing fever is the result of famine. In England and America we shall not often have to treat this fever. In Ireland, however, it has been better known, and should we be doomed to have "twenty years of resolute government" under my Lord Salisbury we may hear of it again. This Parthian shot by the way.

Now, if relapsing fever be the result of a famine in any country, and so appear in an *epidemic form*, may it not also appear as a *sporadic* disease? There may, in any country, be isolated instances of starvation and thus be isolated instances of relapsing fever, and I think I have met with such. The most striking case I am acquainted with occurred outside my own practice. I knew this gentleman very well. The fever from which he died was not the result of poverty, but from being unable to take sufficient food and even to assimilate that which he did take. I was not in London during his final illness, but the doctor who attended pronounced the disease to be *typhus* fever and gave a certificate to that effect. Now from what I know of this gentleman I feel convinced that it was not typhus fever from which he died, but relapsing fever, caused by inability to take nourishment.

With regard to the *treatment* of this fever, I will quote from Dr. Hughes: "Of the Homœopathic treatment we have three special sources of information. The first is an account given by Hahnemann himself of the fever he treated in Leipsic in 1814, which I must agree with Dr. Russell in considering to be of this variety. His main remedies were *Bryonia* and *Rhus*, each in the twelfth dilution; one or other being given according as the pains were relieved by rest or by motion. He treated 183 cases without a single death, while the mortality under the ordinary heroic treatment was considerable. The second is Dr. Kidd's experience in the fever which desolated Ireland in the year 1847. He treated at Bantry 111 cases, of which he considers 24 to have been instances of typhus and 87 of relapsing fever. He lost two cases only, which were presumably among the sufferers from typhus, so that his mortality was also *nil*. His chief remedy was *Bryonia*. Our third authority is Dr. Dyce Brown, who treated 50 cases in an epidemic in Aberdeen in 1871. He gave nearly all his patients *Baptisia* 1, and found it, by comparison with the natural history of the disease, materially to expedite the crisis. He also lost no case.

"It appears, therefore, that relapsing fever need never prove

fatal under Homœopathic treatment, and that *Bryonia*, *Rhus* and *Baptisia* are its chief remedies.”

G. HERING.

*London, England.*

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STORY OF THE PROVERS WHO ASSISTED  
HAHNEMANN.

By Thomas Lindsley Bradford, M. D.

JOHANN WILHELM WAHLE.\*

On the fourth of April, 1853, died in Rome, after a six months illness, Dr. Johann Wilhelm Wahle, a true friend and protector of the Homœopathic method of healing; the immediate cause of death being repeated strokes of apoplexy. While we are inclined to attribute his death (which occurred far too early for the interest of science) to the fact that his stout build of body could not acclimatize itself in Rome, we are not disposed in any way to doubt the assertion of the family who believe his death caused by persecution. It is well known that Wahle, I believe about the year 1848, in the time of the disturbances in Italy, was arrested and imprisoned for several days, during which time he was more than elsewhere exposed to the influence of the Italian climate.

The consciousness of his innocence, which, indeed, was also soon satisfactorily established, sustained him, and although the most just and honorable satisfaction was given him he could not in his acknowledged uprightness get over his grief for the bitterness of his disgrace, since he thought that his moral standing had been injured. His family think that ever since that time they have perceived in him traces of illness which, manifesting themselves more distinctly every year, caused an ever more eager wish to be delivered from it by returning to his German fatherland.

Whatever the cause the fact is undeniable, and we survivors can only lament Wahle's death without criticising the wise rulings of Providence.

Wahle was born in the year 1794, in Radisleben near Ballenstaedt, a little town in the Duchy of Anhalt-Bernburg. His father, who was at the same time shoemaker and farmer, had no

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\* *Allg. hom. Zeit.*, Vol. xlv., p. 369.



other intention than to bring up his son to the same occupation. But the talents of the boy showed themselves so prominently that the pastor of the place himself took the trouble of instructing him in the Latin language. This had at least the effect that Wahle on his confirmation, when he had to choose his future career, did not enter his father's workshop, but went as an apprentice in Ballenstaedt, with a barber, and after serving his apprenticeship came in his journeyings, then customary with journeymen, to the city of Leipsic. When he had made himself well acquainted with the state of affairs there, being eager to enlarge his knowledge, he attended medical lectures from 1819 to 1823. Much of what he heard may not have suited him; at least we may think so from the fact that he desired to make Hahnemann's acquaintance. This occurred just at the time when owing to the death of Price Schwartzberg, under his treatment, the public judgment was not so favorable, and a beginner in medicine would easily have been excused if he had kept far from Hahnemann.

Nevertheless the impulse in Wahle to learn something better than his calling at that time was so strong, that in the year 1820 he made himself better acquainted with Hahnemann's system, soon after made his personal acquaintance, and faithfully supported him in his provings of medicines. But this intercourse did not last long, for Hahnemann soon accepted a call to Coethen and left Leipsic. After this Wahle joined some of the few beginners in Homœopathy who lived in a closely united circle (in ecclesia pressa), and he sought to continually enlarge his knowledge of this new doctrine, using all the leisure time at his disposal especially for the proving of medicines.

By this he acquired such a remarkable gift of observation that few could excel him therein, and his practiced eye together with his skillful use of Homœopathic medicines gave him the supereminence over many who mockingly looked down on him because they had regularly learned by rote the old conventional formulas of medicine. Despite of this they could not deprive him of the reputation of a very skillful practitioner. In time his position became even more difficult, his successful cures bordered on the fabulous and gained for him an ever increasing fame among patients far and near, as being a most successful healer. He therefore entirely gave up his former occupation and married. With the increase of his fame the attention of the medical police was also more pointedly drawn to him, for the authorities had



in no way ceased in the fury of their persecution of Homœopathy. They were indeed no more able to lay any impediments in the way of this new doctrine, and only indirectly sought to be rid of its adherents by an ever renewed edict against their dispensing their own medicines, raising thus as their breastwork the apothecary's privilege.

Still they did not despise any smaller aids in order to neutralize more and more the courage of Homœopathic physicians. To avoid the frequent oppressive measures on the part of the authorities, Wahle had gladly accepted the proposition of his friend Dr. Haubold to treat the more difficult cases which would excite the attention of the public, under his protection, as his assistant. In this way quiet action seemed for a time secured to him, but a new law expressly passed to affect the Homœopathic physicians soon destroyed this *modus vivendi*, for they were forbidden to employ an assistant who had not studied in Leipsic, who had not made clinical visits and passed the baccalaureate examination. With the Homœopaths this law was strictly enforced while other physicians, who were in a like case, received all manner of indulgences. Fortunately our friend Wahle had already received a doctor's diploma from Ailentown in America, and his voluntary determination to leave Leipsic received a distinct direction through the mediation of the Royal Counsellor, Dr. Wolff, in Dresden. This physician had been asked by Dr. Braun whether he could recommend to him a good practicing Homœopathic physician for Rome, and he recommended Dr. Wahle, of Leipsic, as a man in every way desirable. Thus Wahle, in the year 1840, emigrated to Rome, and his removal was lamented by many whom he had restored to life and health, and who regretted the future loss of his services.

Our friend Wahle left Leipsic to his own advantage, for with all his industry and all the acknowledgment of his worth he would never at Leipsic have acquired so extensive a circle of usefulness as he found in Rome, where his extraordinary practical talents introduced him into the most cultivated circles in which he had access to the highest personages and received their confidence. Love for Homœopathy with him always advanced with equal steps with the love of diseased humanity, and the latter continually incited him to new investigations, whereby he was often enabled to make possible what had formerly seemed impossible, and more and more to prove the sufficiency of Homœopathy.

His reputation as an author is just as well established in Homœopathy as his fame as a successful practitioner had spread throughout the whole of Europe. With respect to this his articles on encephalitis and on croup should be mentioned, where the truth is given in a faithful and unvarnished manner. We have, indeed, no independent works from his hands, but the *Archiv* and the *Allgem. hom. Zeitung* contain many observations and relations of experience from his pen, among which the provings of Kreosote and *Cimex lectularius* deserve especial mention. Many other provings made on himself and on others with great circumspection and exactness were written out completely by him and only awaited the critical file to prepare them for the press, when death called him away from the completion of his work.

As a man, equally as a father of a numerous family, he stood worthy of honor. The great sympathy manifested when his death became known confirms the esteem, love and intense devotion which he enjoyed and which are the fairest laurel-wreath on his all too early grave. He is reaping the reward of the harvest cultivated with so much assiduity, and many tears of sadness and mourning on the part of his poor, now forsaken parents, flow at his departure from this life. (Signed) H.

De Veit Meyer says :\* Again one of the disciples of Hahnemann has gone to the eternal home. On April 9 of this year (1853) Dr. Wahle died in Rome where he had practiced his noble profession for the past ten years. His name and work are well known to all Homœopathists. He passed through the severe struggle which Homœopathy had to endure in its infancy. He came out of the conflict as a conqueror. After he had endured innumerable and varied discords and attacks in his native land, he repaired to Rome where he kindled a new torch, as a genuine Apostle of our doctrine.

Here also he waged a new warfare and achieved a new victory. Here he diligently sowed the new seed and reaped a delightful and rich harvest. With the same honesty of belief and with the same zeal he had formerly shown, he labored here in the seven-hilled city. His fame spread abroad and hundreds sought his help, which he distributed in unstinted measure but, alas, for only a short span of life. There now weep and mourn for him those whose sufferings filled his mind with tears and his heart with sorrow. We plainly saw what love and confidence he en-

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\* *Hom. Vierteljahrsschrift*, Vol. iv., p. 239.

joyed. Actuated by a feeling of gratitude to Hahnemann he came to Leipsic to participate in the erection of a monument to his memory.

The report of his presence there was scarcely noised about when a great multitude of his former patients flocked to him for consultation. It was wonderful to see how he led back backsliders to Homœopathy by some significant word, or by reminding them of what he had done for them. He departed from Leipsic as reluctantly as from a place to which he would never return. He had scarcely arrived again at Rome when he was attacked by a disease which soon proved fatal. We mourn in him a valiant colleague, a profound thinker, a shrewd observer and a true friend. Would that it may be permitted us to rear an everlasting memorial to him by the publication of his highly important literary remains. And may we right soon be enabled to inscribe in the annals of Homœopathy a record of this stirring and fruitful life whose dissolution has afflicted us so grievously.

Farewell, dear friend, thou who didst present us with thy favor and love for a few moments of acquaintanceship! Rest from thy weary pilgrimage! Rest, yea, rest in peace! May the grave give to thee that peace of which so many of the sons of earth sought to deprive thee!

*Leipsic, April, 1853.*

In the *American Homœopathic Review* for January, 1860, is an article by Dr. Carroll Dunham upon Mezerium, in which he says: The late Dr. Wahle, of Rome, one of the most distinguished of Hahnemann's own pupils, and well known by his acquirements in the science of *Materia Medica*, considered the provings of Mezerium, which were first published in the fourth volume of the *Archiv*, to be both erroneous and defective.

It is no very uncommon thing to find a Homœopath who considers a portion or the whole of our *Materia Medica* defective. But the peculiarity which distinguished Wahle was this: whenever he saw an error or a defect, he thought it his duty rather to go to work and correct the error or supply the defect than simply to expose them and denounce the *Materia Medica*, taking credit meanwhile for his own acuteness. Accordingly he instituted a new proving of Mezerium.

Kleinert says: \* Wahle was an indefatigable Homœopathic worker, prover and exceedingly skillful connoisseur of remedies

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\* "Geschichte der Homöopathie."

who began his career as a common barber, and died a renowned physician, in Rome, at a very early age.

He published no books, but was an extensive writer for the Homœopathic magazines.

Hughes says of him (Chronic Diseases, p. 328) in a foot note to *Arsenicum*: 'The remainder (of symptoms) are Hahnemann's, obtained in his later manner, and Wahle's (eighteen in all), a prover unnoticed in the preface, but whose name frequently occurs among the second series of the Master's followers.

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FRED. WALTHER.

Hering says:\* "Fred. Walther who went to parts unknown, proved with the class under the eyes of the Master.

No other data has been found.

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JULIUS WENZEL.

No data obtainable.

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W. E. WISLICENUS.

Of Wislicenus but little data can be found. Hartmann says:† Wislicenus who is still living at Eisenach (1848) also belonged to the Provers' Union. His retiring disposition, his quiet, friendly nature, united me to him all the more closely, as I found it in harmony with my own cheerful yet timid disposition, and because we almost always attended the same lectures, which increased our intimacy and allowed us to pursue our private studies together. We also engaged with each other in the proving of drugs, and endeavored to aid each other in selecting the most suitable expression for the sensations which we experienced, and we informed each other of the changes which occurred in our external appearance, in our dispositions and upon the surface of our bodies. Often have we been grieved and distressed by some drug symptoms observed upon ourselves which frequently made it necessary at the next proving to take a weaker dose, as Hahnemann had previously directed us, because he always

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\* *Hahn. Monthly*, Vol. vii., p. 176.

† *N. W. Jour. Hom.*, Vol. iv., p. 188. *Méd. Couns.*, Vol. xi., p. 242. "Kleinert."

doubted regarding symptoms which disquieted us, whether they were the effect of the drug or of some particular disease.

In the *Allgemeine hom. Zeitung*, Vol. 69, p. 32, July 22, 1864, the following note appears: Wislicenus, Leipzig, July 22, 1864. On the 14th of the month died the last remaining scholar of Hahnemann, Dr. Wislicenus, Sen. at Eisenach. Peace be to his ashes.

Hering says: \* W. E. Wislicenus, from a learned family, favorably known both in Europe and America.

Lorbacher says: † Of Wislicenus the elder, all that we know is that he was a quiet, modest man of reserved disposition, which in later years increased as a sort of anthropophobia. Still, as a diligent and conscientious prover, he has earned a title to our gratitude.

Rapou says: ‡ At Eisenach in the Duchy of Weimar, long ago, there practiced one of the first practitioners and writers of our school, Doctor Wislicenus, who labored successfully to base the new method upon clinical experience; who has contributed many useful observations and excellent articles upon the blood, upon the treatment of syphilitic affections, which may be found in the first six volumes of the *Archiv*.

Ameke says that in 1821 Wislicenus made trials of Homœopathy in the Garrison Hospital at Berlin, under the control of military surgeons. The results were favorable. The military doctors took away the journal of the cases kept by Wislicenus under their superintendence, in order to read it at their leisure. In spite of his earnest entreaties they forgot to bring it back again. (Ameke, p. 312.)

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This is all that the compiler has been able, after extended research to discover concerning the lives of these, the men who laid the foundation for the Homœopathic Materia Medica. It may be of interest to mention that quite a number of provings by them were published in the *Archiv* of Stapf, from 1825 to 1840.

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\* *Hahn. Monthly*, Vol. vii. p., 196.

† *Brit. Jour. Hom.*, vol. xxxii, p. 456.

‡ Rapou, "Hist. de la doct. med. hom." Vol., 2. p., 549.



ITEMS FROM THE SIXTEENTH ANNUAL SESSION  
OF THE INTERNATIONAL HAHNEMAN-  
NIAN ASSOCIATION.

The last meeting of the I. H. A. was held at Watch Hill, R. I., last June, and the proceedings make a handsome little octavo volume of three hundred and seventy-seven pages. In his address, President Baylies said of the duty of the members of the association :

“It is our part to teach humanity to man, to release him from traditional medical barbarism, to make him master of his own person, by so instructing him and the framers and ministers of our law that the absurd and cruel practice of contaminating his blood with one disease or complex of diseases, to protect him from another, shall be abolished; that he may accept the protective and recuperative action of the mild power of nature afforded under the Homœopathic law. To accomplish this great end, let us have unity and harmony. Let no selfish motive or private interest mar our devotion as brothers in our contest with the Gorgon medical error; and as members of this association let us have no enemies but the enemies of our cause; other associations who faithfully strive for this end are not enemies, but friends.”

**A Glorious Climate.**

Corresponding Secretary W. P. Wesselhoeft, M. D., has been making a tour of the earth and contributed an interesting report of what he had seen. We clip the following from his report for the benefit of those interested in climates:

“Now that Alexandria can be reached in two weeks, Egypt, with its wonderful dry and exhilarating winter climate, must become a great resort for Americans who are financially able to avail themselves of its invigorating and rejuvenating air. I speak from personal observation when I say ‘rejuvenating air.’ Others as well as myself felt the influence very soon after our arrival in Cairo. We all felt the desire for physical activity, and the older members of our party observed that their breathing capacity was materially increased. I am troubled with short breathing when making an ascent, but I found little difficulty in ascending the pyramids, or even running distances that at home would seriously affect my breathing. Another peculiarity is the freedom from perspiration. At home a horseback ride makes it necessary for me to change my clothing if I would not

risk sitting in wet clothing, but in Egypt after long rides I never felt the necessity of doing so. I have often observed the 'size' who runs for hours in front of carriages, going at the rate of six to eight miles an hour, and rarely observed a drop of perspiration on their faces, while in India and Japan all such efforts were continually accompanied by mopping of the face. The same is true of the donkey boys, who follow their animals all day long at a rate of four to five miles an hour."

### Gonorrhœa.

Dr. T. S. Hoyne treated of suppressed gonorrhœa of which there must be a good deal about, owing to the almost universal treatment of that disease by external means; that is, injections. Dr. Hoyne limited his paper to two puzzling cases, both of which turned out to have had gonorrhœa and had it cured; *i e.*, suppressed, by injections. *Medorrhin* brought back the flow and then the other ills vanished. In discussion Dr. Gregory said that he had brought back the flow in a suppressed case with *Pulsatilla*. Another man, "who would not drop his vile habits" even during treatment, was given *Agnus castus* for gonorrhœa. "A year or more after a second prescription was called for, and I was informed that although he had previously had a number of attacks those sugar pills cured him more promptly, and, what was more, made him more vigorous than he had been before in years."

Dr. Allen told of a case of a man suffering from gonorrhœal rheumatism who, under *Medorrhinum* had a renewed discharge of the gonorrhœa and at once a cessation of the rheumatism and other pains.

### Proving by Induction.

Dr. B. Fincke reported notes of numerous "provings by induction" which is done by holding vial containing remedy in the hand.

### Vaccination.

Dr. M. R. Levison sent a paper on Vaccination from which we quote the following for surgeons to digest: "I confess I am at a loss to understand how any person professing confidence in the teachings and principles of the great Hahnemann could ever give countenance to the blood poisoning process of vaccination—nor yet how *any* surgeon, who believes in *asepsis*, can deliberately pour septic material into the blood.

## Bursa Pastoris.

The Bureau of Materia Medica, presented a proving of *Bursa pastoris* participated in by fifteen provers and running back as far as 1851 in point of time and taking, with schema one hundred and five pages. The matter was arranged by Dr. B. Fincke. He states that Dr. Anton Hoffmann, Frankfort-on-the-Main, once told him that "if I had nose-bleeding, to take a bundle of the plants under my arm and it would stop immediately." The proving is preceded by many citations from ancient authors, beginning with Hippocrates. Among them Paracelsus seems to have given the most practical point: "In *Bursa pastoris*" he says, "resides the virtue of staying the blood in dysentery and menstruation." To this is added the following singular confirmation of the truth of Hahnemann's great discovery: "However, there also resides in it the virtue of exciting the abdominal flux and of non-resisting the bleeding, but oftener also promoting it."

Some cures are cited also from old school authorities. One was of a woman three weeks after accouchement, who had stranguary, urine dribbling away drop by drop, with constant pains in the urethra. Urine turbid, with deep red sediment. Under thirty drops of the tincture five times a day the patient was cured in eight days. Sandy sediment seems to be one of the key-notes of the remedy.

Dr. Herr is quoted as authority for the statement that in dysuria when passage is painful, with spasmodic retention the remedy gives relief, and at the same time much white, or red, sand is passed.

A French physician is quoted as having stopped with the second dose (20 drops of tincture) a bad hæmorrhage from miscarriage.

To judge from Dr. Fincke's summary of the provings *Bursa pastoris* might be a good remedy for gout, especially as it is known that its use is apt to bring out much sand with the urine. In the proving the great toe joints seem to be constantly affected.

## Arnica.

A short communication from Dr. Dudgeon on some symptoms he had observed on himself from *Arnica* brought out some discussion in which Dr. Baylie finds the remedy useful in protracted labor from weakness and irritability of the womb. Dr. B.

G. Clark finds cold feet and cold nose two striking features of the remedy.

### Appendicitis.

This was the title of the paper by Dr. Jas. B. Bell, of Boston. The point he made was this: If clearly defined cases of appendicitis do not show improvement in twenty-four or, at the outside, forty-eight hours, under remedies, then, to prevent perforation, the surgeon should be called in. From the drift of the discussion it seems that the majority of the association sided with Dr. Bell.

### Homœopathic Surgery.

Dr. E. E. Case, Hartford, Conn., had a railroad man apply to him for treatment of tumor near top of right ear, about the size of a walnut. *Baryta carb.* cured.

A man aged twenty-four stepped on a rusty nail that penetrated sole of left foot. Lockjaw set in. *Hypericum* cured.

A youth of sixteen with many broad flat warts scattered over hands and fingers resisted treatment until he was given *Verrucinum*. Two other warty ones yielded to the same remedy. *Verrucinum* is "a preparation of the wart itself."

### Ovariectomy Averted.

She had been examined by the most skillful old school men, who said ovariectomy was the only hope but were doubtful if even that would avail. The case was hopeless from their point of view. It then came to Dr. A. McNeil, and "I worked her case out by *Bœnninghausen's Therapeutic Pocket-book* on Yingling's checking list." The result was, ultimately, complete recovery.

Bœnninghausen's work is a good book with which to work out difficult cases.

### Medorrhinum Again.

A delicate young French Canadian came under Dr. D. C. McLaren for cough and rapid prostration that looked like phthisis. His remedies did no good, until for certain reasons, he was led to prescribe *Medorrhin*. Next day he was sent for in haste. "On arrival the patient asked me to close the bed room door, and then removing the bed clothes disclosed to view a profuse gonorrhœa." All the threatening symptoms had disappeared and the gonorrhœa was soon cured.

The doctrine of the chronic diseases is true.

The same physician cured a mammary tumor in left breast of recent and rapid growth with *Conium*. Treatment began May 13th and on June 12 "she came again to my office and triumphantly announced herself cured."

In this and the other cases called from these "proceedings" the dose was always a high potency.

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TRANSACTIONS OF THE MAINE HOMŒOPATHIC  
MEDICAL SOCIETY AT ITS TWENTY-NINTH  
ANNUAL MEETING.

A neat little brochure of one hundred and twenty pages from which we extract the following items :

A Golden Era.

President Edwin F. Vose, M. D., in his address, gave utterance to the following encouraging prophesy : " I believe the time has arrived when the followers of, and the believers in, the law of drug action, as promulgated by Samuel Hahnemann, will no longer be subjected to the finger of scorn and ridicule on account of their opinions. Therefore it seems to me that we are on the threshold of a golden era of prosperity for Homœopathy, and it simply rests with ourselves to ensure its long continuance."

Truly, as Burnett says : " Homœopathy is the winning horse in the medical derby." It wins because it is *sound*.

Belladonna.

Dr. J. M. Prilay concluded his essay on this remedy with the following extremely suggestive words : " The most successful specialists of to day depend as much upon their *Materia Medica* as upon other means at their command. And if we all will make a specialty of *Materia Medica* we can do more good for our patients, more good for Homœopathy and for ourselves, than in any other way before us to-day." So a good *Materia Medica* man is a pretty good all-round specialist.

*Belladonna* seems to be a favorite among the Maine brethren, for Dr. Nancy T. Williams also read a paper on that remedy, from which we take the following, not because it is new, but because it is the truth well put :

"This (*Belladonna*) was the first remedy whose value I came



to know. With this my debut was made in the medical profession. It was in the fall, when sore throats, as my patients called them, were prevalent, accompanied with throbbing headache, flushed face, aching through the whole body, back and limbs, difficult swallowing, even empty swallowing was done with a great deal of effort, causing drawing of the muscles of the face and sides of the throat. These conditions I noticed came on towards evening, so that the doctor must be sent for about dark. In this case the family doctor lived a mile away. I, with my little chest of Homœopathic medicines in the same house, being near at hand, as the evening was dark and stormy, had a chance to try my skill for the first time as a doctor. The next morning my patient was much better than she had ever been before in so short a time from one of these attacks. It was a great surprise to the family, and neighborhood as well, that these very small pills should work such a change, so as a reward two evenings after, through their recommendation, I was called to see a neighbor living two doors away. The story told by this patient of her sufferings represented a perfect duplicate of my former one, so *Belladonna* was given. Much to my delight the next morning the woman was so far relieved that she needed no more attention professionally." And after thirty years' experience when the same conditions prevail *Belladonna* is still efficacious.

#### Fagopyrum.

The author of that standard work, *The Homœopathic Therapeutics of Rheumatism and Kindred Diseases*, Dr. D. C. Perkins, read a paper on *Fagopyrum*, in which he makes the following rather startling assertion:

"There is, perhaps, no well proven remedy in the *Materia Medica*, of equal value to that of which I present a brief study, that has been so wholly overlooked by the Homœopathic profession. There certainly is none which possesses a more marked individuality, and which more fully fills a place by itself. It is safe to say that not one in ten of those who practiced the healing art has ever used it or is familiar with its pathogenesis. Having not unfrequently cured cases with it which had refused to yield to other remedies apparently well indicated, I have come to regard it as among the important drugs in our superabundant *Materia Medica*."

We cannot attempt to give an abstract of Dr. Perkins' paper, but must refer our readers to Allen's *Encyclopædia of the Homœopathic Materia Medica* or to Hale's *New Remedies* (Symptomatology).

ogy) which contains the provings originally published in the Transactions of the American Institute of Homœopathy.

### Materia Medica Notes.

Dr. A. L. Harvey finds that *Magnesia carb.* is one of our best remedies for facial neuralgia, especially if left sided.

Case I. A. C. D., aged fifty, carpenter, complexion light, figure spare. Has suffered with facial neuralgia for years. At intervals of two or three weeks will have an attack, which usually lasts from three days to a week before there is any relief. Never could get relief from anything. Sharp pain shooting from left side of face, with head worse at night or from pressure or jar. *Spig.* 1x. did no good. *Magn. Carb.* 2c. cured in one day, since which time he is never without the remedy. When he feels the pain coming on a dose or two of the remedy cures it and there is no further trouble."

Case II. R. B., aged twenty-two, blacksmith, complexion light, figure full. Has been subject to facial neuralgia for several years. Attacks are apt to come on after taking cold. Pain in left orbital region, shooting down into eye, face and back to occipital region, very severe. Pain begins in the morning, grows worse till noon, then subsides. No pain at night; rests well. Appetite good, bowels regular. *Spigelia* 1x, or *Kali Bi.* 3x, had usually promptly cured these attacks. Last April, however, he got no relief from either remedy. I gave him *Magn. Carb.* 2c, and he was well in twelve hours and he has had no trouble since.

Dr. Harvey also thinks that *Acetic acid*, internally and locally, should receive attention in the treatment of cancer.

### Ascites.

From Dr. C. M. Foss' paper we take the following interesting clinical cases:

"Della L., aged 18, no menses for fifteen months, chlorotic, dry hacking cough, with quick pulse, any excitement increases them to 120 and higher, with headache, poor sleep, with constipation, abdomen gradually enlarging for the past year, can sit up about one-half of the time; after I had attended her for six months I called counsel, who decided drawing off the fluid was the only chance; she was now as large as a woman at full term, I gave her *Senecio aureus* 1x dil., with rapid improvement of all the symptoms; she had no other remedy or potency then until cured; it has been over fifteen years and she remains well, the menses returned within a short time with a rapid improvement of all of the attending symptoms."

“The next case was Miss S., aged 21 years; when I was called she had been attended by two old school physicians, who gave little hope of her recovery. Found her pale and anemic, abdomen distended as much as a woman at full term, she was growing thin in flesh every day, could sit up but little, urine scanty, but entirely suppressed; I gave her *Senecio aureus* ix diluted, with a rapid recovery.”

#### Curious Symptoms.

In a discussion Dr. Perkins relates the following:

“Once a lady came into my office and said she was sick, but was unable to make any very accurate statement; finally she said she felt like a pulp mill. After a great deal of search I found, under *Nitric acid*, a feeling as if there was a machine working in the abdomen, and I thought that came as near to it as anything I could find, so I gave it with good results. Another odd symptom was a lady who felt as though the abdomen was full of ice. That I found under *Calcareæ*.”

#### Hæmorrhoids.

Dr. E. T. Vose contributes a long paper on the treatment of Hæmorrhoids, from which we quote the following:

“But it is in this form of external hemorrhoids that I have been the most successful with the indicated remedy, and in my hands *Aconite*, *Æsculus hip.*, *Bell.*, *Hamamelis* and *Nux vomica* have given great relief. *Aconite* for the inflammatory condition with severe pains through the hips, *Æsculus* for the unnaturally dry condition with the feeling as if there were sticks in the rectum; also for the itching from the pruritus accompanying the condition, *Belladonna* for the spasm of the sphincter and tenesmus, *Hamamelis* for the soreness and rawness around the anus with pulsation in the rectum, *Nux vomica* for the urging to stool with tenesmus and stitches of pain through the anal region. These with local applications that seemed to be needed—including cold water, *Æsculus*, *Bell.* *Hamamelis* and poultices have about covered my treatment for this painful variety of hæmorrhoids.”

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#### SOLANUM CAROLINENSE IN EPILEPSY.

In 1889 Dr. Napier called attention to *Solanum Carolinense* as a remedy in the treatment of epilepsy, stating that it was used as a domestic remedy in the South for convulsions and “that he had successfully prescribed it in his practice.” Dr. Charles S.

Potts, of the University of Pennsylvania, contributes a paper (*Therap. Gazette*, Dec., 1895) on the remedy, giving some new points, from which the following is condensed:

At the clinic for nervous diseases of the University Hospital, *Solanum Carolinense* was tried in a series of twenty-five cases, twenty-one of which were idiopathic, three organic, and one probably so. Of these, eight of the idiopathic cases either did not return after the first visit or else were not under observation sufficiently long to offer a fair test. In the remaining seventeen cases the following results were obtained—viz., five, two of them organic, were not improved. In the remaining twelve the results showed more or less benefit from the use of the drug. The five cases in which no improvement was noted were afterwards placed upon other treatment, either antipyrin and bromide of ammonium or the mixed bromides with amelioration of the symptoms in four; in the remaining one no drug seemed to be of service. The dose used at first was 10 drops. This dose was found to be useless, and after the first few cases they varied from 30 drops to a teaspoonful three or four times daily. No unpleasant effects were observed, excepting a mild diarrhœa in some cases. This was also noticed by Dr. Herdman. He also noticed that in large doses the temperature was lowered and the pulse slowed.

In many epileptics diarrhœa is more of a benefit than otherwise.

The conclusions derived from the results obtained in seventeen cases are:—

1. That the drug has a decided influence for good upon the epileptic paroxysm.

2. That this influence is probably not so great or so sure as that obtained by the use of antipyrin and the bromide salts or even of the mixed bromides.

3. That in those cases in which it is of service it relieves the paroxysms, without causing any other unpleasant symptoms, such as are sometimes caused by the use of large doses of the bromides.

4. That the dose ordinarily recommended is too small, and that as much as a teaspoonful or more four times daily is often needed to secure results.

The following are some of the cases in which the remedy seemed to act beneficially.

H. T., male, aged thirteen years. Idiopathic epilepsy; had



his first spell when five years of age; averages one paroxysm daily. The *Solanum* was first given in 10 drop doses *t. i. d.* without effect. When increased to 25 drops the spells were lighter in severity, but occurred about as often. The dose were finally increased to a teaspoonful four times daily. After being put upon this dose he was under observation six weeks, during which time he had six seizures much lighter in severity.

T. H., male, aged twenty-eight years. He had epileptic seizures for the past three years. They followed an injury to the head which rendered him unconscious, but produced no other visible injury. Since this, however, has had almost constant headache. First spell six months after the injury, and have been very frequent since, averaging three to four weekly; they are of ordinary type. *Solanum* in 40 drop doses three times daily was ordered. Spells at once decreased in frequency and severity. During the last six weeks he was under observation he only had three spells, very mild in type.

C. R., male, aged twenty-one years. Epileptic seizures for past three years following an injury. Had been trephined in right parietal region before coming under our observation. After trephining the symptoms improved, but got worse again; when seen by us was having one daily. 40-drop doses of *Solanum* caused diarrhœa, and dose was reduced to 30 drops *t. i. d.*, when diarrhœa ceased. Under this treatment he had no spell for two weeks. In the following month he had three spells; was then lost to observation.

A. N., male, aged thirty years. First spell one year ago; have since occurred every two weeks; good deal of headache. Ordered *Solanum* 30 drops *t. i. d.* No spells for one month and headache ceased. He then stopped attendance.

J. D., female, aged eighteen years. First spell when thirteen years old; has one spell a month at the time of her menstrual period. About a week before this period was given 40 drops *t. i. d.*, and escaped the usual spell. The following month, however, she had one.

I. K., female, aged twenty-five years. Nocturnal epilepsy for past three years; about one spell a month. While using 40 drops *t. i. d.* went three weeks longer than usual without a spell. The dose was then increased to 1 fluidrachm *t. i. d.*; she then ceased her visits.

F. S., female, aged twelve years. First spell five weeks ago; has been having them daily since. *Solanum*, 30 drops *t. i. d.*,



ordered; this dose was gradually increased to 1 fluidrachm *t. i. d.* During the three months that she was under observation her spells averaged in number about one a week.

H. B., male, aged eighteen years. First convulsion at age of ten years; then had none until three months ago; has had general convulsions about once daily since. *Solanum*, 40 drops *t. i. d.*, ordered. He was only under observation nine days, having during that time four spells, much milder in character.

A. C., female, aged fifteen years. First convulsion one year ago; they have been increasing in frequency; now has one about every three days. During the three weeks she was taking 30 drops of *Solanum* three times a day she had one spell, that occurring during the third week.

H. K., male, aged eighteen years. First spell when fourteen years old. Every three or four days has several attacks in succession, an average of about one daily. While taking *Solanum* in 40-drop—afterwards increased to teaspoonful—doses he had twelve in thirty-eight days, an average of a little less than one in three days, going six without having any.

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## SECOND ANNUAL MEETING OF THE HAHNEMANN ASSOCIATION.

The second annual meeting of the Hahnemann Association was very successful, being held at that well-known resort for good dinners, Delmonico's, November 21st, 1895.

An assemblage of ladies and gentlemen, filling Delmonico's large banquet hall, was present from New York and vicinity, with a number of members and visitors from Boston, Philadelphia and other places.

The social part of the meeting before the banquet was exceptionally successful and every one enjoyed a pleasant hour of social converse. After a most excellent dinner the President, Dr. J. Lester Keep, in calling the meeting to order, gave in a short address the history and aims of the Association, to not only honor the memory of Samuel Hahnemann but to advance the interests of Homœopathy by interesting and associating laymen and physicians in a body which can make its influence felt. Dr. F. J. Nott in a very happy manner filled the post of toast-master and introduced the following speakers:

Senator J. H. Gallinger, of New Hampshire; Hon. D. H. Chamberlain, ex-Governor of South Carolina; Hon. W. H. McElroy, and Rev. H. A. Brown, D. D.

Dr. Pemberton Dudley made a few remarks and wished the Association success on behalf of the American Institute of Homœopathy, particularly in this coming centennial year.

A short address brought the meeting to a close.

The following officers were elected: President, Neasteri Desehere, M. D.; First Vice-President, F. J. Nott, M. D.; Second Vice-President, C. W. Butler, M. D.; Third Vice-President, C. S. Macy, M. D.; Recording Secretary, S. H. Vehslage, M. D.; Cor. Secretary, H. D. Schenck, M. D.; Treasurer, Alton G. Warner; Member of Executive Committee for three years, J. Lester Keep, M. D.

Among those present were; Drs. Korndorfer and Dudley, Philadelphia; L. A. Phillips, Boston; Mr. Henry Huetz; ex-Mayor Collins; Mr. Mathews; Mr. and Mrs. Colman; Dr. and Miss Dougthy, Dr. and Mrs. Shelton, Dr. and Mrs. Norton, Dr. and Mrs. Porter, Dr. and Mrs. Roberts, Dr. and Miss Paine, Drs. Wilder, Schley, Dennis, Baem, M. Belle Brown, Gaddes, J. V. H. Baker, Cort, Dearborn Neary, Dr. and Mrs. J. Lester Keep, Chapin, Warner, Dr. and Mrs. Schenck, and Drs. Paige and Atwood.

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### PAMBOTANO.

Readers of the RECORDER will remember that the late Dr. S. Lilienthal first called the attention of the profession to this remedy by a translation which he sent to this journal. Very little of interest concerning the remedy has been published since, until the following appeared, for the translation of which we are indebted to the *Therapeutic Gazette*.

CRESPIN (*Bull. Gén. de Thérap.*, August 15, 1895), after a study of the physiology and method of administration of this drug, illustrated by very interesting cases, comes to the following conclusions:

1. *Pambotano* succeeds in many cases where *Quinine* and other drugs have been entirely inefficient.

2. The drug is most successful in cases of quotidian, intermittent, and the simple continued forms of this fever. In chronic malaria it is equally advantageous; but in the bilious form, the pernicious accesses, the neuralgias, it has not given as satisfactory results.

3. In the majority of cases it markedly increases the appetite, and is apparently a stomachic far superior to *Quinine*.

4. *Pambotano* does not appear to act as a specific against malaria, but rather by raising the general health and favoring the discharge and elimination of the infectious elements through the skin: this discharge is almost entirely through the skin.

5. This mode of action explains the success of this drug in various forms of infective diseases (la grippe, typhoid fever, etc.), as observed by Valude.

6. The absorption of *Pambotano* is always very rapid.

7. It is a drug that is absolutely harmless.

8. When it becomes well known it will render great service, especially in intermittent, continued, and chronic malarial fevers.

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### IDIOSYNCRASIES.

The winter session of the leading medical schools opened on the 1st day of last month. It has been an immemorial custom to have the session opened by an inaugural address given by one of the members of the staff of each medical school. This, in theory, is an excellent thing. It gives an ornamental character to a session of hard work; but when the process is repeated year after year in each medical school the lecturer runs dry for want of novel material, all the interesting and original topics having been exhausted long ago, and hence we generally find the addresses are flat, stale, and unprofitable. They usually consist of good advice to the young student, or a panegyric on the loftiness of the profession he is adopting, or are a series of platitudes which, perhaps, the tyro may relish, though we doubt even that, but which to everyone else, hearer or reader, is voted "slow." Good material cannot be always ready to hand, and the result is failure. Our own *Hahnemann Oration* came to an end very properly, because, after the first half-dozen addresses, which were full of interest, everything was said that was to be said. In fact, it would be, now-a-days, worthy of consideration by the staff of the medical schools, whether it would not be best to dispense with this interesting relic of history, and give up altogether the function of an introductory address, leaving to each teacher the liberty to make to his own class any suggestion, ideas, or thoughts which he might deem to be appropriate to his own pupils. This year the record is the usual one, and is not very profitable reading. Sir Edwin Arnold's address is an exception, but we can hardly look on it

as a medical address, though delivered as such, and very charming in its own way. One other address, by Mr. Pollock, at the opening of the session at St. George's Hospital, we may also except, as a part of it dealt with a topic which is extremely important for the student or practitioner to take to heart, and on which we take the opportunity of enlarging in this article. This topic is "Idiosyncrasies" in patients in regard to food and drugs. That is, the fact that a considerable number of people are affected in a very peculiar way by certain articles of food or certain medicines, which thousands of others may take without developing such peculiarities. These peculiarities, or idiosyncrasies, are not infrequently pooh-poohed by medical men as the result of "fad" or imagination, and therefore to be disregarded or laughed at. Mr. Pollock, however, very wisely inculcates on his hearers the necessity of treating such with respect, not with ridicule. To do otherwise shows a mind of a very narrow order, a want of capacity for accurate observation, and a lamentable defect in judgment, which are fatal to the success of a physician. In the matter of food, it is of the highest importance to note well when a patient says that he or she cannot take certain articles, and a great cruelty, to say nothing of its being a tactical blunder, to ignore these idiosyncrasies and insist on the patient taking them, that we may be convinced that the difficulty is real and not imaginary. Mr. Pollock gives two marked examples of this idiosyncrasy in food. He says:

"The following instance is remarkable, related to me by the late Dr. Roupell. A relative of his could not partake of rice without most alarming symptoms. You would say with truth one of the most innocent productions of the vegetable kingdom, one upon which thousands of the natives of India and China almost entirely subsist. Some friends of the person referred to wished to test the truth of this peculiar or supposed effect of rice, and knowing that he was fond of biscuits had some prepared with one grain of rice in each. These biscuits were placed near him after dinner, and he partook of two or three. He became uncomfortable and had to leave the table, observing at the same time that if he were not morally certain he had not partaken of rice at dinner he was being poisoned by it.

"Another amusing instance is that of a man who could not eat gooseberries without their producing an eczematous eruption on some part of the body. When dining with a fashionable party, soon after the champagne had been handed around, he



observed to a friend sitting next to him—and from whom I heard the facts—that the wine was not champagne, but gooseberry wine, and pulling up his shirt-sleeve showed him the specific eczematous rash appearing. But what applies to the rice in the one case, or to the gooseberry in the other, also applies to many drugs in the Pharmacopœia.”

There are many articles of food which develop in certain people unusual effects. Some can eat eggs by the dozen with benefit, while others cannot touch an egg in any form without being made ill by it. We know of a case where this peculiarity existed, and where her friends laughed at it, and resolved to test it by putting a small portion of an egg into her food in such a way that it could not be recognized, the result being a sharp attack of illness supervening directly. Some can take an egg when cooked in a pudding, but are made ill by one boiled or poached. We have known patients who invariably suffer from constipation if they eat eggs, while others we have known are affected in the reverse way, from diarrhœa. One patient told us she never required to take any medicine if she became constipated, as all she had to do was to eat an egg for breakfast, and more than an occasional one produced griping pains and diarrhœa. Hence, we frequently hear it said that eggs are “bilious.” So with milk, an almost universal food and an immense stay in illness. Most of us have met with cases where in no form could milk be borne, producing gastric pain, nausea, loss of appetite and coated tongue, while others cannot take it by itself, but can do so in the cooked form to a certain degree. Fish, even whiting or sole, will digest with difficulty in certain persons, while others find chicken most indigestible. Lemon juice will sometimes cause sickness and gastric pain, while fruit, so wholesome in itself, is insupportable to a few. Oysters, so largely consumed all over the world, are a *bête noir* to certain individuals, while other shellfish are known to be uncertain in their effects. We met, not long ago, a lady of delicate digestion, who told us that lobster agreed with her when almost nothing else would, and another said the same thing of salmon.

When an article of food disagrees with a given individual there is generally a sense of dislike to its taste, going even to loathing. Not only is it the height of folly to disregard these idiosyncrasies, but in ordering a special diet for the invalid the true physician should first ascertain that nothing he has advised is a food which the patient “cannot take.” There is another



side, however, to the care required in thus individualizing cases. It would hardly be credited that doctors with whom personally milk and eggs, for example, disagree, would consider them poison for everybody. Yet, we have known such. They will tell every patient, "Don't touch milk or eggs; they are poison;" and this simply because they are poison to him individually, and while the patients have averred that they had taken milk and eggs all their lives and were very fond of both, or either! Such want of philosophical reasoning is as bad in its own way as the ridiculing of idiosyncrasies.

But if it is necessary thus to watch the peculiarities of our patients in the matter of food, it is still more essential to do so in the matter of drugs. And Mr. Pollock lays stress on this point. He says:

"Sir Russell Reynolds has sent me the following notes: 'An elderly lady and patient known to me was highly susceptible to the influence of *Opium* in any form, even to the minutest dose, its use inducing symptoms like Asiatic cholera. Many years before I had witnessed these effects she had casually mentioned this peculiarity to me. In prescribing for her when suffering from bronchial catarrh I put in ten minims of compound tincture of *Camphor*. About half an hour after I was summoned, and found that she had been vomiting and purging, and was in a state of collapse. I had entirely forgotten the peculiarity with relation to *Opium*, and in prescribing scarcely realized that in ordinary *Paregoric* I was prescribing *Opium*. In this case the dose of *Opium* must have been  $\frac{1}{24}$  of a grain.' *Mercury* will salivate rapidly in some instances, whether given internally or applied in the form of ointment. The importance of this fact in practice is illustrated by a case which occurred to me when surgeon here. I had operated on a young woman for cleft palate. The parts were satisfactorily brought together with every prospect of early and complete union. In almost all operations in the mouth the tongue often becomes much coated. The house surgeon of the day considered it desirable to order a dose of *Calomel* in consequence of the state of the tongue the day following the operation. The patient became most freely salivated, with the result that all union of the wound was arrested, and for the time being the operation proved abortive. I could refer to other cases of idiosyncrasies with respect to the influence of *Opium*, *Belladonna* and other drugs, but I think I have said sufficient to convince the importance of treating all idiosyncrasies with careful con-

sideration. No doubt several of you can recall instances of idiosyncrasies in your intercourse with relations and friends, but what I wish to impress upon you is the importance of not ignoring in practice cases you may have brought before you. Treat them with respect, not with incredulity or contempt.”

We are bound to say that the chief offenders—or we might almost say the only offenders—in the way of pooh-poohing drug idiosyncrasies are to be found in the old school, and Mr. Pollock may well inculcate on his audience the necessity of care and watchfulness in this respect. How often do we hear of patients under old school treatment who say that *Opium* in any form has an exciting instead of a soothing effect, and yet the doctor laughs at it and prescribes *Opium* all the same till he finds out his obstinate mistake. So with *Quinine*; we can hardly get an old-school practitioner to believe that the usual Allopathic dose of *Quinine* will, in certain—nay, in many—cases, produce severe headache, vertigo, and disorders of digestion. So with *Belladonna*, which we have seen produce excitement and other physiological effects in even the 3d centesimal dilution. So with *Nux vomica*, which, with some patients, only aggravates constipation unless given in high dilutions, as the 12th or 30th. We know of one gentleman who can never take *Nux vomica* as low as the 3d centesimal dilution, at bed-time, without being kept awake in a state of excitement. Certain people tell one that *Nux* never does them a bit of good, though seemingly well indicated, while *Pulsatilla* invariably does what every doctor thinks *Nux* is indicated for. Mr. Pollock’s case of salivation by *Mercury* in the form of a single *Calomel* pill has many counterparts in our *Materia Medica* records. There is a well-known case recorded in our journals where a lady, who knew her idiosyncrasy in regard to *Mercury*, beseeched her Homœopathic attendant not to give it to her in any form. Being sceptical of the accuracy of her notions, and finding *Mercurius* indicated, he gave it to her in the 6th centesimal dilution, not telling her what the medicine was. The following day she charged him with having given her *Mercurius*, as marked salivation and other mercurial poisoning effects had begun to develop. With the knowledge of such facts, it is a highly narrow-minded proceeding to ignore such idiosyncrasies, while, after a warning beforehand, the patient cannot but lose confidence in the doctor as one to be relied on and trusted in illness.\*

\* In an interesting article by Dr. Harrison Blackley, in the July number

But to Homœopaths, idiosyncrasies in drug-action have a much greater interest and importance than the mere practical necessity of watching their peculiarities in prescribing. These often develop symptoms of the drug, which are very characteristic of it, and which are not developed in the ordinary run of patient or prover, and so elucidate facts of extreme value. In how many persons does *Cinchona* or *Quinine* develop symptoms resembling an attack of ague? and yet, when produced in the few, they give the key to the value of *Cinchona* in the treatment of ague, and it was this power of the drug to produce a close simile to ague that was the Newton's apple to Hahnemann in discovering his law of similars. So uncommon is this susceptibility of some persons to *Cinchona*, that though there is ample evidence on record of its power to produce the simile of ague, many writers of the old school calmly deny the fact, thereby, of course, showing their ignorance of the literature of the subject. So with *Ipecacuanha*; how many, or rather, how few, develop symptoms of bronchitis and asthma, and yet its power to cause such is the fact underlying its value, recognized by both schools, in the treatment of cases of bronchitis which most resemble the *Ipecacuanha* symptoms, and in the treatment of asthma. These idiosyncratic symptoms are of no use to the Allopath, except as curious facts, but to us they are pregnant with meaning and with therapeutical value. How philosophical and far-seeing were Hahnemann's observations on idiosyncrasies, as found in his much abused but masterful work, the *Organon*. In paragraphs 116 and 117 he says: "Some symptoms are produced more frequently; that is to say, in many individuals, others more rarely or in few persons, some only in a very few healthy organisms. To the latter class belong the so-called *idiosyncrasies*, by which are meant peculiar corporeal constitutions, which, although otherwise healthy, possess a disposition to be brought into a more or less morbid state by certain things which *seem* to produce no impression and no change in many other individuals. But this inability to make an impression in every one is only *apparent*. For as two things are required for the production of these, as well as all other morbid alterations in the health of man, to wit, the inherent power of the influencing substance and the capability of the vital force that animates the organism to be

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of this *Review*, other illustrations of this drug idiosyncrasy are given, and he gives cases also of the reverse condition—one of seeming insusceptibility to certain drugs in doses which would powerfully affect most people.

affected by it, the obvious derangements of health in the so-called idiosyncrasies cannot be laid to the account of these peculiar constitutions alone, but they must be also ascribed to the things that produce them, in which must lie the power of making the same impressions on all human bodies, yet in such a manner that but a small number of healthy constitutions have a tendency to allow themselves to be brought into such an obviously morbid condition by them. That these potencies do actually make this impression on every healthy body is shown by this, that they rendered effectual Homœopathic service as remedial agents to *all* sick persons, for morbid symptoms similar to those they are capable of producing (though apparently) only in so-called idiosyncratic individuals." In these profound views, as in all others, Hahnemann was a century before the bulk of the medical profession, who are so feebly apt to deny or laugh at what they do not understand. The fact of the existence of idiosyncrasies teaches a large and important lesson, from whatever point of view it is regarded, and we are pleased to find Mr. Pollock taking up the subject, in however cursory a manner.—*Monthly Homœopathic Review*.

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DEATH FROM SERUM.—(M. John Lemoine.)—The 29th of December, 1894, a young girl, aged 22 years, complaining for several days, with the throat filled with grayish false membranes and presenting all the characters of diphtheria, applied for treatment and was removed to Lariboisière on the 30th of December. Injection of Roux's serum, quantity not known. That injection was sufficient to produce great amelioration, and the patient went out cured on the 7th of January. On the 14th a polymorphous eruption appeared. On the 18th articular pains which increased for several days were accompanied by violent febrile movement (102 to 104.2) and by a cardiac bruit de souffle.

On the 29th the patient vomited everything she took. The urine contained no albumen. On February 6th, dyspnœa and hæmoptyses were present. The condition continued to grow worse, and the patient died the 30th of March with asystolic symptoms; urine very albuminous, heart irregular (?), intense dyspnea, and a little generalized œdema.—*L'Art Medicale*.

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APPLES AND BAKED BEANS.—A correspondent of *Popular Science Monthly* advocates the use of apples and baked beans as a



diet for the American people, and says that we ought not to export a barrel of apples but eat them all. "I have found apples to have a fine tonic effect on the stomach; one good apple will usually give me a fine appetite in ten minutes. I usually eat two or three good-sized apples at every meal; they constitute a large part of the meal, not an embellishment of at the end of it. I have found since using apples largely, that the physical power of endurance under labor, either mental or physical, is very much increased; also a gain in flesh. This I attribute largely to the fact that apples assist the digestion and assimilation of food of other kinds. Chemist's record that apples contain a larger per centage of nitrates and phosphates (food for brain and muscles) than any other fruit."

The many cases of heart failure we hear of nowadays is not, in his opinion, so much heart failure as heart starvation. "We consume too much fat forming food, and the result is a shrinking and weakening of the muscles of the heart and other important organs. The muscles of the heart shrink away and fat is substituted in place (fatty degeneration). Whatever a person's occupation may be, a good supply of muscle making, brain and nerve-making food should be daily eaten. Baked beans—properly baked—contain over twenty-five per cent. of nitrites for muscles, and fully four per cent. of food for brain and bones; but they must be thoroughly cooked. I would not care to eat them cooked less than twelve hours. Beans should not be eaten unless one is really hungry—the appetite sharp."

The writer hails from the neighborhood of Boston and his suggestions are hereby respectfully submitted without comment.

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CROTALUS HORRIDUS.—Dr. Benjamin in *Medical and Surgical Observation* published in 1771 relates the following incident which led to the discovery of "rattlesnake wine." "A very wealthy old gentleman in the West Indies had long been afflicted with leprosy to an high degree, which was deemed incurable by his physicians. Apparently in a dying state he made his will, leaving a large legacy to a female servant who had lived with him many years. This circumstance being known to the servant, she and her paramour studied and contrived how to make away with him in such a manner as to raise the least suspicion. They put the heads of rattlesnakes into the wine he drank, thinking it would prove an infallable poison; on the con-



trary he grew better, and the criminals, imagining the poison was not strong enough, added more snake-venom, whereby the gentleman was restored to perfect health. Conscience finally put his servant upon her knees before her master, confessing her crime. Forgiveness was granted, and the old gentleman gave her a small sum of money, ordering her to depart and never see him more."

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## BOOK NOTICES AND GOSSIP.

**Delicate, Backward, Puny and Stunted Children: Their Developmental Defects, and Physical, Mental, and Moral Peculiarities considered as Ailments Amenable to Treatment by Medicine,** By J. Compton Burnett, M. D. 164 pages. Cloth, \$1.00. By mail, \$1.05. Philadelphia: Boericke & Tafel. 1896.

The Homœopathic medical profession is well supplied with books on the diseases of children, but it has no book that covers the ground occupied by this. Every physician knows what to do when confronted by diphtheria, croup, scarlet fever, measles and the other ills of children, but when confronted by cases such as are treated of in this book few can do more than say that the case is hopeless. For instance, to quote from the book an illustration: "On May 16th, 1883, a young lady, sixteen years of age, was brought home by her father, a clergymen, then residing in Kent. \* \* \* The most salient point in the case was the fact that while the right half of her trunk was nicely developed and the right breast normal and perfect in form the left breast was only rudimentary, like a boy's, the left arm not much more than half its proper size. The roof of her mouth was very much arched, the left side of her face drawn to one side, so that her mouth was awry. Her speech very imperfect, indeed, she being unable to articulate, and her sense of hearing bad, being clearly in a similar state of arrested development." Such is a specimen of the cases treated of in this work. The medicinal treatment of this case extended over a space of less than two years. At the end of that time the girl was almost normal and ten years later the cure held good. We are well aware that books of this nature, books that depart from the routine,

are regarded with suspicion by many in the profession. This is unavoidable, but those who are willing to investigate and not condemn without a trial will be benefited by the perusal of this unique work—and so will the blighted bits of humanity that come under their care.

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**A Manual of the Practice of Medicine.** By George Roe Lockwood. 935 pages. Cloth \$2.50, Philadelphia: W. B. Sanders, 1896.

This book is arranged somewhat after the manner of the well-known work by Osler, and will probably be a stiff rival for that successful book, with those who are seeking manuals of practice embodying the views of the medical profession who do not come under the Homœopathic banners. It is printed in the usual excellent taste that characterizes all of Mr. Saunder's publications—good paper, clear type and fine illustrations—and any one wanting a text book of "regular" practice cannot go amiss in selecting this one.

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**Notes on Practice of Medicine: A Verbatim Report of Lectures** Delivered before the Cleveland Medical College by Prof. G. J. Jones, M. D. Session 1893-1894. Reported by George W. Hopkins, '96. 264 pages, interleaved. Cleveland. 1895.

The reporter requests the reader to bear in mind the fact that Dr. Jones has not revised or corrected these notes, but adds that he has used great care in their publication to avoid mistakes. Looking through the remedies we find that "*Drosera* is one of the best remedies we have for tuberculosis," also "*Eupatorium per.* is another remedy not often used, but of great value in some cases" where there is chilliness, little perspiration and bone pains; alcoholic stimulants are also advocated where patients are debilitated, have no appetite and sweat profusely. Under the heading of Dysentery he says among other things: *Merc. corr.* has been given much more than it deserves. It has been advised many times when it was utterly useless. There is a class of cases; however, where it is the best remedy. I have never seen it act satisfactorily unless there was extreme tenesmus of the bladder as well as the rectum. Here it will relieve if you give a small enough dose. In typhoid he finds *Gelsemium* oftener useful than *Baptisia* "and following *Gelsemium* perhaps no

remedy is more indicated than *Bryonia*." Under Malarial Fevers after deprecating the abuse of *Quinine*, which is still a valuable drug, he says: "You are generally called during the paroxysm, and the remedy which I almost invariably give at that time is *Gelsemium*." *Ipecac* is a remedy for cases spoiled by too much *Quinine*. There are a few specimens of the lecturer's therapeutics taken at random. The printing and get-up of the book could be easily improved.

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ONE of the numerous Homœopathic practitioners of India has written to the publishers, Messrs. Boericke & Tafel for permission to translate their English version of Hahnemann's *Organon* into the vernacular Bengali, which, needless to add, has been cheerfully granted.

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THE latest Homœopathic journals we have seen are the *Heving Bulletin*, of Chicago, and the *Hospital Tidings*, of Philadelphia. The *Bulletin* is edited by Drs. H. C. Allen and C. E. Fisher. The make-up and matter of the first number show that no amateurs are running this college quarterly, but men skilled in medical journalism.

The *Hospital Tidings* is a little paper devoted to the interests of the Hahnemann Hospital, of Philadelphia, and conducted by the lady friends of that hospital.

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DR. YINGLING'S *Accoucheur's Emergency Manual* is proving itself to be quite a popular book, so the book sellers say. We always regret that title, for as a matter of fact it is not an "emergency" manual, in the accepted sense of the word, conveying, as it does, an idea that quick and cool-headed work is needed and no time for consulting books. But Dr. Yingling's book, after you pass the title, is all right, is sound, and may be made very useful. It treats only of medicines, and it gives the remedies that may be called for by the pregnant woman from conception on to birth of child and consequences. It is much more than an "emergency" manual, and, in its "inviting ecclesiastical binding of flexible black with gilt," as the *New England Medical Gazette* puts it, will be a most useful consultant to any practitioner who treats pregnant women.

THE dignified *New York Medical Journal* received a copy of Dr. Burnett's *Diseases of the Liver*, recently published, and calmly crushes Burnett in a four line review. It states that the book is a "Homœopathic book," that the author writes of drugs curative in the diseases of the liver, but "there is no attempt at pathological study in the work, and therefore there is little to recommend in it." Curing the patient is not worth considering, it seems. When one considers the opposite points of view occupied by the two great schools of medicine to-day, it may be clearly seen why the two should cease their quarelling. The one looks at a sick man with a view to curing him, while the other sees in him a pathological problem. If any one wants to get some excellent advice on curing liver diseases let him consult Burnett's work, but for liver pathology go elsewhere.

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SOME one has played the publishers of the Standard Dictionary a very shabby trick. He selected a number of "indelicate" words, yet which have a place in any unabridged dictionary, and on this basis circulate such statements as the following:

"About two years ago the publishing house of Funk & Wagualls brought into the world a monstrosity entitled the Standard Dictionary of the English Language."

"So far as relates to its collection of obscene, filthy, blasphemous, slang, and profane words, it has no counterpart in dictionaries of the English Language."

Those who possess *The Standard* will know how malicious this is, and those who do not can see from the very statement how false it is. Circulating libels of this sort are not profitable, and not honest.

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THE Homœopath may just as well make up his mind that a good book on materia medica should be like the Christian's Bible, his constant companion. In this respect there is much to be admired and commended among what is known as the high potency practitioners of our system. If they would just consent to keep within the limits of *material probability* we could love and admire them without stint or limit. Their zeal for exactness is most commendable and praiseworthy."—*St. Louis Journal of Homœopathy*.

BAILEY & FAIRCHILD, of New York, announce "The Doctor's Series" to be issued quarterly at \$2.00 a year. Each number will be a complete work of fiction by medical authors. King's *Story of a Country Doctor* will be issued in January, to be followed in March by Dr. Phillips' wonderful novel *Miskel*.

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DR. SHRADY, who pilots the *Medical Record*, takes "our esteemed contemporary, the *Medical News*, at the helm of which is the author of Gould's *Medical Dictionary*, to task for "a reprehensible habit of misspelling a good many words." This is a habit that most men have, but we were always under the impression that dictionary makers were free from it.

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*Practical Urethroscopy*, by Dr. Wossidlo, Berlin, Germany, is the title of a reprint pamphlet from *Medical Record* issued by The Trow Directory Co., of New York. It is a strong argument for the more extended use of the urethroscope by the medical profession; "There are," says Dr. Wossidlo, "even now genito-urinary specialists who consider urethroscopy unnecessary," much to the loss of patients affected with suppressed gonorrhœa, and their wives. Two cases are cited in the pamphlet, one of a man who had had gonorrhœa six years previously and another nine years. In both, who never dreamed that their troubles were due to this cause, the urethroscope revealed the presence of gonococci.

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ANOTHER pamphlet by Dr. Fred. C. Valentine, of New York, entitled *Urethroscopy in Chronic Urethritis*, also emphasizes the importance of urethroscopy. Now if Drs. Valentine and Wossidlo would only learn the great use of some of our Homœopathic remedies in casting out these suppressed diseases they would make another long step in the way of true medical progress. Our literature abounds in cases of men suffering all manner of ills from suppressed gonorrhœa, or other diseases, "cured" by outward applications, in which the proper remedy has again brought the ailment to the surface, where it was quickly and permanently cured.



BURNETT'S last work, *Delicate, Backward, Puny, and Stunted Children*, points the way for the rescue of many abnormal mites of humanity, and, incidentally, for much study, glory and profit to the practitioner.

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SOME years ago the late Dr. Samuel Swan, assisted by Dr. E. W. Berridge, published the first volume of an original *Materia Medica*. Following the title page appears this note:

“This first Fascicle of a *Materia Medica* is placed before the profession as a feeler—if the demand for it shows that it meets a ‘long felt want’ the publication will be continued—if not this will be the first and the last.”

Apparently there was no long felt want supplied, for no other volume was published, and the sheets of this one, we believe, were destroyed by the burning of the building in which they were stored. But though there was no general demand for the book there has been, from time to time, calls for copies of it which could not be supplied. Recently Boericke & Tafel discovered a dozen new copies in England and have brought them back to this country, and while they last can fill orders for the book. The leading feature of this volume is the proving of *Lac caninum*, by seventy-three provers, arranged by Dr. E. W. Berridge. The remedy ought to be a good one for the convivial gentlemen who see snakes, for we find

“Sensation, or delusions, as if surrounded by myriads of snakes.”

“—most horrible sights (not always snakes).”

“Was afraid for many nights to go to bed, for just before bed time a huge snake would coil itself beside the bed on the floor.”

“Wake at night with a sensation that she was lying on a snake.”

“—imagines all sorts of things about snakes.”

The proving is full of curious symptoms as, for instance: “As soon as he went to sleep would stop breathing, and was only kept alive by keeping him awake; apparently respiration was kept up by voluntary effort.”

The price of the work is \$3.00.

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MESSRS. BOERICKE & TAFEL have received from the translator, R. E. Dudgeon, M. D., the manuscript of a work by

Hahnemann hitherto unpublished in English. Its title is "Hahnemann's Defence of the Organon of Rational Medicine and of his previous Homœopathic Works against the attacks of Professor Hecker. An Explanatory commentary on the Homœopathic System. Translated by R. E. Dudgeon, M. D." This defence was published (for reasons explained by Dr. Dudgeon in his Preface), as the work of Hahnemann's son Friedrich, but is the work of Hahnemann himself. Dr. Dudgeon writes: "This work is more especially interesting to all Hahnemann's disciples and admirers, as it is the only one in which he defends his teachings from the attack of his opponents. From the title it would seem that it is also a reply to the adverse criticisms on all his previous Homœopathic works. In short, it is a complete answer to the objections made to his teaching." This work possesses much more than a mere historical interest; its keen and forceful reasoning is just as powerful and as true to-day as it was in the past, and we might add just as much needed. The publishers promise to bring it out in their best style.

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GOUT AND ITS CURE.—Burnett has written so many monographs, and so many practitioners bought them, and read them, and learned to value their teaching, that it is not necessary to do more than announce the appearance of this little book. Like everything coming from the pen of Dr. Burnett, it is written with care, has in view an object, and is thoroughly suggestive. It is heartily welcome.—*Pacific Coast Journal of Homœopathy.*

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*The Practice of Medicine*, by Dr. Custis, will probably be out before the next issue of the RECORDER. It will be a complete work on practice and will cost somewhere near two dollars.

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MESSRS. BOERICKE & TAFEL make the following announcement anent the *Chronic Diseases* :

TO THE MEDICAL PROFESSION.

The *Chronic Diseases* is nearing its completion, and it has turned out to be a very much larger book than was at first anticipated. This increase in size will necessitate an increase in the price, which to non-subscribers will be at least \$10.00 and

possibly more. As the subscription price has been fixed at \$8.00 all those who have subscribed will receive it at that price, and to treat all alike we will hold our subscription list open until the work is actually on the market. Any one wishing to take advantage of this offer will please notify us at an early date by postal card or letter. The book will be sent C. O. D., *all charges pre-paid*.

Very Respectfully,

BOERICKE & TAFEL.

*Philadelphia, Pa., Jan. 2, 1896.*

It is estimated that the book will run to nearly 1650 pages of the same size as those of Dr. Dudgeon's translation of the *Materia Medica Pura*. It will be bound in half morocco only.

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DR. BRADFORD brings his second historical work to a close in this number of the RECORDER. His first one, it will be remembered, was the now well known *Life and Letters of Doctor Samuel Hahnemann*, that, for the first time, gave to the world a complete and thorough biography of the great medical reformer. The *Story of the Provers* is scarcely less valuable and important giving, as it does, all that is known concerning the men who did so much for Homœopathic *Materia Medica*.

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THOSE who want an excellent work on the therapeutics of the eye should get the second edition of the famous original "Allen & Norton" while it lasts. It is a book of 342 octavo pages and sells for \$1.00, while it lasts.

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THIS (*Diseases of the Liver*) is a small volume of 258 pages; the second revised and enlarged edition of a well known work. The author is a prominent practitioner, of first standing in London, England, and, though Homœopathic in his tendencies, is recognized authority on hepatic diseases. The subjects very carefully considered are Jaundice, Gall-stones, Liver Enlargements and Cancer. This little book may be read with pleasure and profit.—*Medical Summary*.

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THE *Medical News* has folded its tents and left Philadelphia for New York, where Dr. J. Riddle Goffe takes editorial charge of it. Whether he intends to continue the war on Homœopathy after the manner of its late editor, Gould, remains to be seen.

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## SERUM AND PHYSIOLOGICAL SALTS.

Readers of current medical literature will remember that Professor Gales, of the Smithsonian, claims to have discovered that mental states of an acute nature produce actual chemical changes in the blood that may be detected by analysis. Apropos of this a correspondent of one of our exchanges quotes from an old writer the assertion that various mental states enumerated cause the serum, and consequently the blood, to become thick, slow and acid, to which is added the statement that "The majority of diseases are diseases of the blood, and may be treated by giving a medicine for the blood." These things in connection with the present vogue of "serum-therapy" and the old ideas that cling so persistently to the rank and file of the efficacy of "blood purifiers," may not make a brief summary from the *Macrobiotic* concerning Physiological Salts out of place or unacceptable here.

In Homœopathy we have an almost infallible means of clearing away the disease, or the disorders, of the blood, after they have manifested themselves, but no means of keeping the blood healthy. This latter is what the author of the *Macrobiotic* asserts may be done by the use of "Physiological Salts," a composition of the various salts that enter into the blood in their proper proportion. These Physiological salts are to be dissolved in water and the water used a beverage. He claims that there is no mineral water on the earth that is at all comparable in efficacy with this "Physiological salt water" in normalizing the serum of the blood, in correcting, or "purifying" the abnormalities of the blood and its serum. And curiously enough—in connection with the present serum rage—he asserts that when diphtheria is about these salts because of their making healthy blood and serum, should be used in every family. This is a very dif-

ferent matter from injecting alien serum into the blood, but on the whole, it looks like a much more sensible proceeding. We quote:

“By drinking this Physiological salt water the most natural means of transfusing blood is provided, as it corresponds in composition to the serum of the blood and is absorbed in the intestines by the lymphatics whence it passes through the lymph of blood. The lymph being at once electrified and rendered capable of resisting chemical decomposition, the whole organism is beneficially affected, for the electric ‘fluid’ passing along the walls of the chyle-vessels into the whole system, the result being that the effect on the patient is immediately visible. This weak solution of salts does not introduce anything of a foreign nature into the body, but only adds substances which are absolutely indispensable, as at least one-quarter ounce of salts are passed off by the urine every twenty-four hours as a consequence of the oxidation caused by breathing and must be restored to the system, else the amount of bodily electricity will be diminished. It consequently forms a beverage suitable for every condition.”

“When we recognize that most of the so called diseases are either only varieties of those already described or else mere disconnected symptoms, we find that general therapeutics resolve itself in all cases into the endeavor to set at work those agents which produce electricity, which either separately or combined are capable of producing the desired effect in the case of the special disease under consideration.”

Whether the salts “produce electricity” or not is a question that need not be considered—especially as no one could prove or disprove, the proposition—but the simple fact that this rather refreshing drink seems to be quite beneficial, in many cases is worth noting.

Again on page 146 our author says: “Give to the fever patient Physiological salt water. \* \* \* It satisfies the thirst, moderates the heat, electrizes the intestines, the walls of the arteries and veins and the kidneys, and stop the fermenting disintegration of the albumen of the blood.”

Elsewhere he speaks of this water exercising an “antiseptic power;” *i. e.*, arresting the disease process.

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#### CALENDULATED ANTISEPTIC GAUZE.

At the request of Dr. Charles Woodhull Eaton, Medical Di-



rector of the Des Moines Life Association, Messrs. Boericke & Tafel have prepared a Calendulated Antiseptic Gauze for the use of surgeons, and especially Homœopathic surgeons. Dr Eaton writes:

"It is to me a strange sight to see our Homœopathic surgeons making such a large use of iodoform and bichloride gauze. That they are using them daily and in quantities, I believe to be partly because the surgical supply houses are constantly offering them, and partly because they *must* use them or forego medicated gauze altogether. This is comment, not criticism, for our surgeons would logically and naturally use the *Calendula* gauze if they could obtain it, and were it placed before them with the other gauzes, nine out of ten would take the *Calendula* gauze. My letter has a double motive.—I want the *Calendula* gauze for my own use, and I should be glad to see Homœopathic surgeons using the gauze which logically belongs to their faith and practice."

A very excellent article has been prepared, put up in the usual bottles employed for this purpose, holding one yard each. Those who have used it speak in high terms of the new gauze, and in the near future it will probably largely take the place of the iodoform and other gauzes heretofore used.

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#### CHICAGO NEWS ITEMS.

Dr. Zero Mark, of the North Side, was quite badly burned, while putting out a fire which occurred lately in his place of business. He says that *Succus Calendula* acted like a charm, new granulations forming in a few hours after using.

The new Dunham entertained their friends, in fine style, lately, the occasion being the dedication of their new building.

Interesting speeches by Drs. Fahnestock and Cheeseman were followed by some very good music, and a nice luncheon.

Dr. W. E. Quine of the P. and S., in a public lecture lately given at the Cook County Hospital, told his hearers why he was "Not a Homœopath." It occurred to us that the reason was that the doctor has *always practiced* Allopathy. It takes practical experience to make some people see the truth. The lecture was, however, very spicy and interesting.

Dr. Wilson A. Smith, has taken an office in the Reliance

Building, on the Homœopathic floor, as has also Dr. H. P. Skiles.

Dr. Beaumont, the oculist, has located in the Columbus building, 103 State street.

Dr. Emma Geisse died very suddenly on the 25th ult.

We have five Homœopathic colleges now in Chicago, and all of them are flourishing.

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DYNAMIZATION.—Among the "Therapeutic Hints" of the *Medical Record* is one credited to "Stewart," who says "one grain of thoroughly triturated calomel is equivalent to five to ten grains of the untrituated drug." Aye, and go on to the 3x or the 6x and you will do better still.

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THE HAHNEMANN MONUMENT.—Those who have followed the earnest and self-sacrificing work of the Hahnemann Monument committee have necessarily caught some of its enthusiasm, and recognize the full force and power of the plan for the erection of this statue. But to those who are in great part ignorant of the lofty conceptions and noble aims back of this marble embodiment of genius, and who shun the committee as they would a collector of customs, we have a word to say. The founder of the school has never been properly honored by those who have profited by his wisdom, and the erection of this beautiful monument at Washington will honor both the school and the man. Such a monument placed upon the site now considered at the nation's capital would add dignity to the name and strengthen the cause of Homœopathy. To fail now when half the amount is raised and the contract signed would cover us with deserved shame.

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A WORD ABOUT PURE MEDICINES.—Very often it is the wrong method or bad ingredients in preparing our medicines, that are mainly responsible for our failure and ill reputation of Homœopathy. In one case of multiple warts a brother practitioner prescribed *Thuja*. Although his selection was right, it did not act, although the patient took it for two months, no benefit resulted from it. After two months I was called in to treat the same patient and I prescribed the *Thuja* again,

and the whole group of symptoms disappeared in about 17 days. In another case of bronchitis with fever, I prescribed *Ars.* 200 and allowed the patient to buy it from the nearest dispensary, but finding no improvement in 5 days I took it with me and gave the child a few globules, and in one day he was free from fever and bronchitis. I can cite numerous such instances, but the above two cases would in my opinion be sufficient to show that it is sometimes at least the bad medicine that is responsible for our failure. It is therefore very necessary to remind the Homœopathic public that they should take special care in selecting the firm from which to indent their medicines, and to bear in mind some points which are of utmost importance in Homœopathic pharmacology. These are 1st, cleanliness; 2nd, using pure, good ingredients; 3d, homogeneous mixing.—*A. C. Bhaduri, in Indian Homœopathic Review.*

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AVIARE.—At the forty-fourth semi-annual meeting of the Homœopathic Medical Society of New York, noted in the October number of the RECORDER, Dr. T. F. Allen, who had just returned from Europe, spoke of the interest *Aviare* was exciting in several medical centres there. *Aviare* is a species of tuberculin obtained from fowls, by tuberculous infection. It is used in the treatment of bronchitis of the apex of the lungs. Messrs. Boericke & Tafel, in response to the demand from the profession in the United States, have imported the remedy *Aviare* and can supply it from the 6th to the 30th centesimal at the rate of 45 cents per oz.

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HOMŒOPATHIC ASYLUM FOR THE INSANE IN NEW JERSEY.—The Committee on Legislation of the Homœopathic Medical Society of the State of New Jersey, consisting of Drs. Hubbard, Kinne, Holmes, Adams and Applegate, are after a new asylum for the insane in that State, to be under Homœopathic management. They have issued a circular letter and blank for petitions. They make one point that is refreshingly breezy; *i. e.*, "The wards of the State Hospital for the Insane, to which the attention of the Legislature was called by Governor Werts in his last annual message, are over crowded and wholly inadequate to accommodate the demand. They are all under the

*exclusive and sectarian control of the Old School method of treatment*, thereby denying to the representatives of Homœopathy the system of medical management they desire, which is manifestly wrong and indefensible."

We have taken the liberty of putting the point in italics. If any of our New Jersey friends want a copy of the petition address Charles H. Hubbard, M. D., 508 North Third street, Camden, N. J.

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RECURRENT HOMŒOPHOBIA.—The latest seizure of the patient, *The Medical News*:

"*A Hahnemann Statue*.—An esteemed contemporary remarks that 'Germany has never ventured to erect a statue to Hahnemann.' Literally speaking, this is true, yet there is in Germany a statue to the man who discovered 'the inner, monstrous, chronic miasm—psora, the only true fundamental cause and producer of innumerable diseases which figure under the names of hysteria, rachitis, scoliosis, cancer, jaundice, amenorrhœa, hæmoptysis, asthma, impotence, migraine, deafness, cataract, etc.' (*Organon der Heilkunst*, Section 80. This work, be it remembered, is still used as a text-book in Homœopathic medical schools.) Our contemporary has evidently never encountered, in his wanderings abroad, a life-size, bronze statue 'to the memory of Samuel Hahnemann.' It is placed in a conspicuous corner in Leipsic and is considered a good representation of the great potentizer. With reference to the position of the figure a Viennese wit propounded a rather neat conundrum: 'Warum sitzt Hahnemann?' Answer: 'Weil er für die Homeopathic raising money for nicht stehn kann.' As to the success of the Hahnemannians in their statue in America, there is one aspect of the matter not sufficiently emphasized. Both the monument and the money-raising are made a standing advertisement. The honor of principal involved is purely figurative or assumed.

But what of the gentleman of the A. M. A. who are trying, not very successfully, to raise money for a statue of Benjamin Rush! Are they seeking "a standing advertisement?"

And, talking of advertisements, may not the great Gould himself be seeking advertising by his Homœophobia? This thought is suggested by the fact that nothing else he writes seems to attract much attention.

JUSTICE TO THE DEAD.—The New York *Medical Times* says :

For instance, we detect in that really great blessing to mankind, diphtheria antitoxine, simply a new development of a law which was vainly urged upon medical men during the early part of this century by Lux and his fellow isopathists. Not one of the modern resurrectionists of their theory, not even that noblest of them all, Pasteur, has had the grace to pay a just tribute to the memory of those brave men who suffered scorn and persecution for daring to declare that disease could be cured by using a mitigated poison gathered from the self-same disease. This seems a most intolerable bitterness of ingratitude in those who enjoy the plaudits of mankind for doing what those men suffered obloquy for in the days when our grandfathers were boys. It is their duty, and should be our pleasure, to wreath the laurels around their neglected brows and plant forget-me-nots upon their lonely graves.

If a tribute is due to the memory of Lux, should not one also be offered to that of the late Samuel Swan ?

TUMOR TREATED BY TRILLIUM.—The following case was one of very much interest to me, and hence this resumé:

Mrs. D. L.—, aged 33, had never been pregnant, but has suffered for a number of years from profuse and exhausting hemorrhages. Has noticed a tumor in the abdomen for five years, which has been diagnosed by different physicians as fibroid, fibro-cystic and ovarian tumor.

I was called to attend her August 1, 1894 ; found her nearly exsanguinated and suffering great pain, caused by the efforts of the uterus to expel its contents. The flooding had ceased temporarily. Examination revealed intense prolapsed very low and fundus as large as a five months' pregnancy. I replaced the organ as well as I could and tamponned, and put her on *Trillium pendulum*, 3x, five drops in water every three hours.

No more hemorrhage occurred at this time, and but one attack since—now fifteen months under observation. I may state that the patient has taken the *Trillium* three times a day in three drop doses ever since.

This patient was thoroughly examined when she had been taking the remedy one year. The tumor seemed to be smaller, cervix normal, and the patient is able to do her work all of the time, except two or three days at the menstrual epoch. I do not think she is cured, nor do I think the remedy capable of causing absorption of the growth, but the patient is comfortable and able to fill a useful position in life ; and as long as operative interference is denied I am very well satisfied with the results.—*V. F. Huntley, M. D., in Medical Century.*



## PERSONAL.

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Dr George Herring has removed to 151 Seven Sisters Road, Holloway, London.

The business manager of the Amick Chemical Company died of consumption.

Out in Michigan they have a new name for la grippe—Trilby.

George M. Gould, M. D., of \$100 pamphlet fame, has tackled "Ouida" on the vivisection question. If George isn't careful she will flay him alive. When "Ouida" goes for a scalp she gets it.

"*Blastomyces*" are the latest from bug-dom. "They multiply by budding" and contain "an abundance of chromatic protoplasm."

Remember the new Calendulated Antiseptic Gauze—the best gauze surgical dressing.

**WANTED.** To learn of a town of 10,000 or more, good location for an Eye and Ear Specialist. Also, FOR SALE, cheap, leading Homœopathic general practice. Population 19,000. Address A. F. Randall, M. D., Port Huron, Mich.

Those who want materia medica "key notes" will find them in greater abundance and arranged more conveniently in the new *Regional and Comparative Materia Medica* than in any other work.

Four years more and all the world will be of the last century, save the newest babies.

Begin the new year right by subscribing to the HOMŒOPATHIC RECORDER, now in its eleventh year.

"I'm too poor to buy cheap goods," remarked the sage the other day.

They say that Chinamen have no original cuss-words.

The new *Homœopathic Text-book of Surgery* is a beauty—throws its big rival, the *American*, completely into the shade.

Dr. Geo. W. Smith has removed from 1320 Walnut street to 806 N. Broad street, Philadelphia.

The Monroe doctrine enforced means that the borders of the Anglo Saxon race shall never more be enlarged in the Western Hemisphere.

Dumas says that when a man acknowledges he is a fool he ceases to be one.

A new work by Hahnemann will be the literary event in the Homœopathic circles in 1896.

The Health Department, of Chicago advises its citizens to wipe their lips with "carbolized rose" water before kissing.

Dr. R. H. Hopkins (*Buffalo Med. Jour.*) says the New York law compelling the teaching of "Physiology and Hygiene" in the public schools is an "offense" against science, art and religion, and its text-book the "laughing stock" of students.

"For a long time there has been a growing sentiment throughout Germany that diabetes has not been properly treated."—*Medical Record*. How about several other ailments?

The man who doesn't know is a very numerous breed, but the man who admits the fact is a very rare bird indeed.

Dr. H. S. Phillips has removed from Toledo to 158 Third Ave., Pittsburg, Pa.

Dr. J. Perry Seward, 113 West Eighty-fifth street, New York, now represents the *Medical Century* in that city.

# THE HOMŒOPATHIC RECORDER.

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## WHY IS DR. QUINE NOT A HAHNEMANNIAN?

By request Dr. William E. Quine, President of the Chicago College of Physicians and Surgeons, answered the question, in the amphitheatre of the Cook county hospital, "Why am I not a Hahnemannian?" It is said that the lecture "sparkled with wit, and was full of telling points;" that the speaker said it would take a Diogenese lantern to find a pure Hahnemannian; that he had a contempt for what he called sham Homœopaths "who used the name as a trade-mark, and who, after all, were nothing more than birds of prey;" he wanted his hearers to be honest, but if they were not built that way why then to be lawyers." Then he wound up as follows:

"Homœopathy has unquestionably done a noble work, introducing a revolution that has exterminated bleeding, purging, vomiting, salivating and the like torture of the wretched dying. Hahnemann banished the lance. He demonstrated that the sick could get well without any medicine at all. He promoted the philosophical study of disease. He taught the prudence of small doses and the accuracies of medication. Who else had done as much as this for therapeutics? In spite of his absurdities and rancorous abuse, Hahnemann wrought a great and good work in the transition period of the Napoleonic wars. But his self-styled disciples at once began to repudiate his most distinctive theories. The Allopath to-day has no thery for every case. He welcomes all light and is free to practice medicine as he pleases, subject only to the law of the land. If you believe in similars or contraries, no matter. Walk right in. The attitude of the old school toward the new school is often misunderstood. There is broad toleration, as set forth with authority by the National Medical Society. Why is the medical profession still divided? Because the new school will not give up the name

of Hahnemann, though it has so unanimously discarded Hahnemann's teachings. They do not now maintain that *Similia Similibus Curentur* is infallible or the only cure. Why longer repeat the shibboleth? Again bigoted and irreconcilable anger on my side of the debate, lack of generosity, lack of everything that characterizes the Christian spirit, has been and is now of great assistance to my Homœopathic friends in keeping us apart. All my powers, slight though they be, are enlisted for a reunion."

But in all that one fails to see any sound reason why Dr. Quine should not be a Hahnemannian, or let us say, Homœopath, save the implied one that he has never studied, or practiced, Homœopathy; if he will do *that* we think his next address will be "Why I Am a Homœopath," or bear the old title "How I Became a Homœopath." If he will follow in the footsteps of many illustrious men of his own faith who set out to disprove Homœopathy, not by mere assertion, and the taking of opinions concerning it at second hand, but by intelligently comprehending its principles, learning them from the original works in which they are found, and then giving those principles a fair and unbiased test at the bed side, if he will do this there can be no doubt of the result; *he* at least would then accept the great law and would not consent to have the words Hahnemann and Homœopathy banished to the literature of the past.

The assertion, so often made, and which no man could establish before a jury, that men are Homœopathic physicians simply for the use of the word as a "trade mark," is unjust, unfair and ungenerous. It is a great pity that men who make it would not first read Dunham's classic *Homœopathy, the Science of Therapeutics*; they would then see what they do not see now, namely, that Homœopathy is the science of therapeutics and does not exclude anything in medicine save unscientific therapeutics.

The fact that there are Homœopathic physicians who may at times resort to Allopathic methods proves nothing whatever against Homœopathy, and is really an argument that thinking men should never use. Homœopathy, as we have seen, excludes nothing but unscientific therapeutics, and if the men of other schools make a therapeutic discovery there is no reason why Homœopathic physicians should not avail themselves of it. Many wonderful discoveries are ever and anon heralded, and no doubt many Homœopathic physicians, who in their hearts know better, will "give it a trial," with the result that they always return to the therapeutics of Hahnemann sadder and

wiser men. None of these widely heralded discoveries last more than a few months.

We should like to have Dr. Quine give in the pages of the RECORDER the reason for his assertion that the Homœopathic medical profession "has so unanimously discarded Hahnemann's teachings." We have been inclined to the belief that, on the contrary, those teachings are being more universally accepted every year; this belief being based on the fact that the sales of Hahnemann's *Organon* shows no signs of falling off. By referring to Bradford's *Homœopathic Bibliography*, we find that the first edition of this work was published in Dresden in 1810, and up to Hahnemann's death in 1843 there had been five editions in all published in Germany. There have also been editions of that work published in French, Hungarian, Swedish, Spanish, Russian, Italian and English, nearly thirty editions in all, not counting the reprints from plates. Quite recently Dr. Dudgeon, of England, prints an entirely new translation of the work richly annotated. It is also at present being translated into Bengali. This book has been before the world since 1810, yet to-day it is one of the best selling medical works published. This is fact bucking against assertion and fact gets the best of it. Can Dr. Quine, or can any medical publisher, point to a single book of the Allopathic school, excepting dictionaries, dispensaries and the like, that was published even ten years ago that is not dead to day?

And another point. Some two years ago the Homœopathic publishing house of Boericke & Tafel announced that should a sufficient number of subscriptions to a new translation of Hahnemann's *Chronic Diseases* be received they would bring out a new edition of that work. It is a book that will run something over 1,600 large octavo pages. A sufficient number of subscriptions were promptly sent in and probably next month this book will be in the market. Men do not buy these old books because of merely sentimental reasons but because they are instinct with the life of truth and they can find that truth no where so well put as in Hahnemann's own books,

Would it be honest to drop the words Hahnemann and Homœopathy in view of the fact that it would be necessary for the profession to continue to use what they stand for or drop into therapeutical chaos? Eliminate the well-known "indications," nearly all of which can be traced back to the *Materia Medica Pura*, or the *Chronic Diseases*, and how much would be left of



value? Eliminate *Aconite*, *Belladonna*, *Arsenicum* and the others of the old familiar list, and what has Dr. Quine's "broad" school to offer instead? We have looked over a very great many medical books, and among them the very latest; they are very satisfying until you come to a point of looking for something to *curc* the patient, and then they go to pieces. Now it is this fact, that Homœopathy fills this aching void in Allopathy that constitutes its one and only reason for being. But what a reason is that!

Homœopathy has got along without Allopathy for many years. Homœopaths are always more than willing to impart their knowledge and to welcome all inquirers, but when it comes to disbanding, of letting go their hold on that mighty anchor, *Similia Similibus Curenter*, it will be found that the number who are willing to do so is as infinitesimal as the Hahnemannian dose.

There is one means, however, by which a union could be readily effected, and that is for Dr. Quine and his fellow physicians to study Homœopathy. If they were to do this they would all become Homœopaths, and then the "trade-mark" would no longer be needed. Until then it is not only needed but demanded by the public. This is something that gentlemen who want to drop Homœopathy as a distinctive school never seem to realize. In Germany Homœopathy has no official standing and no schools. There the position of the medical profession is practically what Dr. Quine wants it to be here. As to the result of this, we quote from the March, 1895, *Populaire Zeitschrift fuer Homœopathic*:

If an adherent of Homœopathy called from this world thirty years ago were permitted to come back to-day he would be astonished at the progress made by *Similia* in its native country, Germany. The number of physicians practicing Homœopathy indeed has not increased in ratio to the increase in the number of physicians, for the rivalries of medical opponents and their continued assaults and those of the medical and daily journals have acted as a check to the adoption by physicians of Homœopathy. Only in the last decade can we report a gratifying progress, although the demand for Homœopathic physicians is by no means satisfied.

The progress made by Homœopathy with the public, however, is very different, and we do not claim too much when we assert that at this day there are at least thirty times as many adherents as there were thirty years ago. Thus Dr. Schwabe's central pharmacy, at Leipzig, gave the number of adherents of Homœopathy, who are in steady intercourse with it at the end of the year 1891, as 60,000. As to the social standing of these believers in Homœopathy, we may mention the fact that among their numbers are fifteen members of reigning European dynasties; forty dukes, potentates and princes of houses not now reigning; twenty-one hundred and



twenty counts, barons and baronets; six hundred and ninety-five German and foreign military officers; two hundred and five higher and lower civil officers, professors, etc., and twenty-seven monasteries in Germany, Austria and in foreign parts.

Homœopathy is very much alive to-day and growing rapidly, and you can no more "down" it than you can whistle down the wind. Better gracefully acknowledge the fact and not expend so much energy in seeking to accomplish the impossible.

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### " PHOSPHORSAURER KALK."

By T. L. Bradford, M. D.

Twenty-five years ago Dr. Constantine Hering told in the Hahnemannian Monthly the story of the provings of *Calcarea phosphorica*. He writes:\* "Only the first useful application in 1833, was made according to a theory. An old gentleman, residing in the Northern Liberties (Kensington, Philadelphia) had been taking homœopathic medicine for a headache. He came to his physician in his carriage once a week or a fortnight. He had, while improving, stayed away unusually long, over a month, when he sent a message to the effect that he wanted *his powders* to relieve his headache, as he had to undergo an operation. Six weeks before he had fallen down stairs and broken his thigh bone. The fracture had been set but would not heal, and several doctors who examined the case carefully, declared an operation necessary. The symptoms corresponded so closely to those of *Calcarea carbonica* and also to *Phosphorus* that it was difficult to decide which one would be the best. Lime water was therefore poured into a tumbler and a solution of crystallized pyrophosphoric acid in distilled water, added by drops, until the reddened litmus paper remained unchanged. The whitish gelatinous precipitate was pressed down between blotting paper, and as much as could be taken out with the point of a pen knife added to the usual powders of milk sugar. The directions were: a powder evening and morning, and *operation to be postponed*. A week or ten days later the patient came to the door in his carriage, but would not step out, being afraid he might hurt his leg. He said he was much pleased with the postponement of the operation, and had sent his doctors away, to return in a week. When they came they declared *the fracture healed*. The

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\* *Hahn. Monthly*, Vol. vii, p. 382.

callus could be distinctly felt, as he was very spare. A few days after Dr. Gideon Humphreys, an old navy surgeon, and Dr. Jonas Green called to get some instructions, as they were willing to make homœopathic experiments. They had heard of the case above reported, and also that provings were the safest means of becoming introduced to, instructed in and convinced of the truth of homœopathy. They were therefore willing to try the same preparation, which was particularly selected to give them the idea that a broken bone could as little be produced by provings as an intermittent or scarlet fever or any other disease, and yet could be cured. The preparation was triturated in their presence and proved in the first and second centesimal. The same preparation was afterwards proved by others, especially by Dr. Bute. The results were published in the *Correspondenzblatt*, at Allentown.”

Turning to the first homœopathic journal ever published in the United States, the *Correspondenzblatt der Homœopathischen Aerzte*, and which was published, Hering said, to save postage on letters between the homœopathic pioneers, we find in the number for February 8, 1837, the following history and provings of Phosphate of Lime which are presented exactly as published in the little German journal “in Allentaun an der Lecha” sixty years ago.

PHOSPHATE OF LIME.\*

The preparation which produced the following symptoms and curative effects needs some excuse. I had long desired (see *Archiv* XIII, 2, pp, 3, 4), even before I was able to obtain them, to make provings of all the chemical constituents of the human body, and especially of phosphate of lime, even of varying constitution. When on account of some theoretic views of mine I once desired to quickly obtain some phosphate of lime, I let some diluted phosphoric acid drop down into lime water so long as a cloud formed in it. The liquid then gave an acid reaction; I washed and dried the precipitate. Some experiments were made with this, and in part with good effect. Since I had convinced myself of the strong effects of this preparation I made use of it, when the Doctors Humphrey and Green in Philadelphia desired to make experiments with homœopathic preparations, and I triturated this preparation in their presence. From this we received some symptoms, sufficient to convince the provers of the efficacy of triturations, and to cause them to form a closer ac-

\*Translated by the Rev. L. H. Tafel.

quaintance with Homœopathy. Doctor Bute also made some provings and several very successful applications of it, which especially proved the great difference between this preparation and the basic phosphate of lime. It is a mixture of several phosphates, and it will be difficult to determine what phosphates and what proportions of them there are. But so long as in the above mentioned manner the same mixture ensues, this remedy may still be retained. In one of the next numbers of this journal our provings of basic phosphate of lime will be given; of this we have about a thousand symptoms, and it has proved itself a highly important remedy. Later on also the other combinations of phosphoric acid and lime will follow.

The numbers indicate the trituration; † the untrituated preparation. Symptoms without an appended number are of the 1st and 2d trituration.

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Somewhat moved. [2. C. Hg.]

Great ill-humor and indisposition to work; he is quite unwilling to do what he ought to. [2. C. Hg.]

Total loss of memory, so that he does not at all know what he has done just before and what he ought to do. [2 Humphrey.]

Toward noon, some vertigo and nausea (1st. d.). [Humphrey.]

5. Some headache, with flatus in the abdomen; after the 2d dose. [Humphrey.]

In the afternoon *headache* with indisposition to work, some pressure on both sides, more *posteriorly*; the same in the open air, diminished a while after supper, but still continued to some degree all the evening. † [C. Hg.]

Headache, like a fullness, a painful straining of the brain within against the skull, worst on the top of the head; it recurs almost regularly every 10 seconds, finally it becomes continuous, but aggravated every 10 seconds. Worse when moving, especially when crouching down; aggravated even when changing one's position while sitting; more pressive on sitting up after lying down; also on rising from sitting down and then attended with vertigo; better when lying quiet and after gently scratching the head. [2 C, Hg.]

Headache in the morning on awaking, heavy, painful obtusion, as if close to the bone: inside and outside, worst on the vertex. Aggravated on bodily exertions, it seems to pass off during mental work and to return when exerting the body; relieved by washing with cold water. [2 C. Hg.]

Headache, like an obtuse feeling, inside below the skull.  
[2 C. Hg.]

10. Headache, better at first on going into the open air.  
[2 C. Hg.]

Not worse on drinking wine, but then when coming into the open air, a severe headache, less when scratching the head, but only while scratching lasts. [2 C. Hg.]

Head and face hot during the headache; at the same time surly and lazy. [2 C. Hg.]

Itching on the hairy scalp, inciting to scratching, for several evenings.† [C. Hg.]

Above the right ear (during the itching of the head and the scratching), a violent, severe pain on a small spot, which is excessively sensitive to the lightest touch. It disappears suddenly after a while.† [C. Hg.]

15. Coppery eruption in the face. The face was full of red pimples with yellow pus in the apex, and when pressed upon, there was a stinging pain. [Bute.]

An itching sensation in the eye.† [C. Hg.]

A violent, painful smarting sensation in the left eyelid toward the outer canthus compels rubbing. This is painful but gives no relief, in the afternoon. [2 C. Hg.]

For several days, a sensation as if something had gotten in the left eye, it seems to move to and fro on the eye, most toward the inner canthus, also on the upper part of the pupil; it cannot be discovered, it frequently disappears for a short time. Very troublesome and much in the way. In the morning, pus in the inner canthus; later on, some swelling and redness on the upper part of the inner canthus. [2 C. Hg.]

This sensation as of something having gotten in the eye, *he always feels again*, even after several days, *when it is only mentioned*. [2 C. Hg.]

20. Several times she has a sensation as if something had gotten into the nose (like a crumb while eating); this cannot be got out. [2 C. Hg.]

Interiorly in the right corner of the nose on the tip, itching and sort of soreness.† [C. Hg.]

In the morning, while blowing the nose, thin, bright red streaks of blood on the mucus. [2 C. Hg.]

A sensation as if something was sticking on the inner side of the lower incisors; it feels like a painful small swelling of the gums.† [C. Hg.]

Much and sour saliva.† [C. Hg.]

25. In the throat, a sensation as after much weeping, or as after much running, a sort of contraction. [2 *C. Hg.*]

In the morning on awaking, sore throat, worse on the right side, deep in the fauces, more posteriorly; it ceases after rising and during breakfast; warm drinks give no pain. [2 *C. Hg.*]

Pain on the right side in the tonsil (after mustard.). [2 *C. Hg.*]

Less appetite at noon; in the afternoon, headache, more appetite in the evening, then the headache is better. † [*C. Hg.*]

Better appetite than for a long time before † [*C. Hg.*]

30. More inclination to smoke; the headache is easier. † [*C. Hg.*]

Nausea, for two hours, with vertigo and headache, worse when stooping, dull, muddled state, and confusion of thoughts. [*Humphrey.*]

Nausea after drinking coffee, and an incipient heartburn, a very disagreeable sensation, attended with a muddled feeling of the head, headache and great ill-humor. [2 *C. Hg.*]

Soon after taking a dose, great weakness and lassitude, acute pains in the stomach and in the knees, with headache lasting all day. Next morning, pain in the right big toe, worse while walking, lasting all day. A few days later he took another dose, which brought back the pain in the stomach, the headache and weakness, with diarrhœa. The stomachache lasted also the next day, at times very severe; with diarrhœa of watery, burning stools. The diarrhœa continued the third day with violent pains in the stomach at every attempt at eating. The fourth day it was much better; all symptoms had disappeared on the fifth day. [4 *Bute.*]

Severe pain in the abdomen, with inflation, and unusually frequent stools, first normal, then soft (3d to 4th d.). [*Humphrey.*]

35. Inflation and pain of the abdomen, then a stool, and immediate disappearance of the symptoms. [2 *Green.*]

Much flatus and rumbling in the abdomen with some pain, after two doses of the first trit. The same appeared much more violently after the third dose and at the same time a muddled state of the head, which was soon aggravated to a dull pain, which became continually more keen during stooping. This continued more or less all day, until there ensued a thin stool, preceded by an acute pain; next day all had disappeared. [*Green.*]

Difficult emission of flatus; little relief afterwards. [2 *C. Hg.*]

Unusual, but scanty stool in the evening, *with very much flatus.* † [*C. Hg.*]



Diarrhœa, with very many small white dots and flakes, like pus, hardly visible (3d d.). † [*C. Hg.*]

40. Very fetid diarrhœa. [*4 Bute.*]

Diarrhœa after cider. † [*C. Hg.*]

Micturition, more copious than usual (3d and 4th d.). [*Humphrey.*]

Frequent copious micturition, with lassitude and weariness. [*Humphrey.*]

Urine, dark colored, smelling like strong tea. [*4 Bute.*]

45. In the afternoon, very dark urine, something quite unusual. [*2 C. Hg.*]

Cutting, drawing pain in the glans, toward the upper part, only while sitting; not a violent but an excessively disagreeable sensation. [*2 C. Hg.*]

A sort of exhaustion in the urinary and sexual parts, after stool and micturition. † [*C. Hg.*]

Toward morning a peculiar impulse to coitus (erection and great inclination); with quite unusual voluptuous thrill during the act; after rising he feels well and has appetite, which else was lacking in the morning, and though there was still headache from the preceding day, there was more inclination to work. † [*C. Hg.*]

In the evening, a sudden sneezing, three or four times, then a sore feeling in the nostrils, while the headache was easier. † [*C. Hg.*]

50. Violent, frequent sneezing, with running of the nose with flow of mucus and saliva. [*2 C. Hg.*]

He must often sigh and take a deep breath. † [*C. Hg.*]

On the left side in the sternum, a cracking, like the knocking of the joints. [*2 C. Hg.*]

Pain in the renal region on lifting, digging or blowing one's nose, often severe enough to make one scream.<sup>1</sup> [*4 Bute.*]

55. Tensive pain below the right scapula, extending forward. [*2 C. Hg.*]

\* For two days violent rheumatic pains in the left shoulder-joint, aggravated by motion, with some swelling of the shoulder and feverish heat. [*4 Bute.*]

Very keen pain from the left elbow-joint, extending to the shoulder. [*4 Bute.*]

\* Rheumatic pain in the left upper arm, impeding the raising of the arm. [*Bute.*]

<sup>1</sup> One number is here skipped in the original.

Pain and numbness in the left arm, in the afternoon (after taking a dose in the morning). [2 *Bute.*]

60. Paralysis of the whole of the left arm, lasting one hour. [4 *Bute.*]

\* *Paralysis of the left arm.*

A girl of sanguine temperament, who had for a year been successfully treated homœopathically, while traveling, had a so called serous apoplectic fit, and fell into the hands of the allopaths, until she could be brought home after four weeks. She lay in her bed with a puffed up face, her mouth drawn awry, the whole of the left side paralyzed, attended with hysterical weeping and laughter. Constant congestions to the head threatened another stroke. *Aconite* and *Belladonna* restored her, but her arm remained quite lame, and the various remedies used were without effect. After *Phosph. calc.* she in a few days had the use of her hand and arm restored to her. [*Bute.*]

Paralysis of the left hand and arm. [*Bute.*]

Paralysis of all the finger-joints. [4 *Bute.*]

Sudden pressive pain in both the wrists, worse in the left one; long continued (aft. 11 h.). [4 *Bute.*]

65. After taking cold, pain in the left wrist and in the ball of the thumb. [*Bute.*]

She had diarrhœa, and pain in the ball of the left thumb. [4 *Bute.*]

(Pain in the first joint of the little finger, of long standing).

[2 *C. Hg.*]

Pain in the fingers of the right hand, while writing, in the evening (3d d.). [4 *Bute.*]

Ulcerative pain in the roots of the finger nails of the right hand, especially of the middle finger. [4 *Bute.*]

70. Severe pain across the sacrum and in the hips, soon after taking a dose. [4 *Bute.*]

Acute pain in the knees. [*Humphrey.*]

Acute pain in both knees while walking; the second day in the afternoon. [4 *Bute.*]

Soon after a dose, she felt fatigued with a gone feeling, with a flush of heat to the head; nervous weakness; three hours later a severe pain in the right knee, so that she could hardly walk; she felt as if she had been stuck on the inner side of the knee, which at the same time caused violent pain and feeling of soreness; lasting two days. A second dose, several days later, had the same effect; bending the knee aggravated it. Her twelve

year old daughter felt the same symptoms from the same medicine only still more violent; besides the lassitude, she also had severe headache, pain and sensation of soreness in the thighs, which after a while drew down into the left knee and there lasted for twenty-four hours. After the pain disappeared, the knee still remained sensitive to the touch as if bruised. Her son, ten years old, also was seized with a violent pain in the left knee, extending to the sole of the foot. Her suckling who was just beginning to stand, refused to stand any more, and it clearly appeared that it had imbibed with the mother's milk this paralyzing medicine. [4 *Bute.*]

Pain below the hough; at every violent bending of the limb, *e.g.* when taking off the boot, it became excessively painful; it made the use of the whole limb unsafe, *i.e.*, in walking and jumping. [C. *Hg.*]

75. Pain in the right calf, so violent that he could hardly raise his leg, in the morning (3d d.). [4 *Bute.*]

Old (gouty) pains in the left big toe, an ineffectual inclination to make the joint crack.† [C. *Hg.*]

Pains in various parts of the body, often shooting along the muscles into the joints. [*Humphrey.*]

The sacrum, knee and thumb are especially affected. [*Humphrey.*]

\* Rheumatic troubles of all kinds. [*Bute.*]

80. In the evening, very sleepy; when asleep he easily wakes up.† [C. *Hg.*]

No sleep before two or three o'clock. [2 C. *Hg.*]

Sleep with many dreams of danger, but without fear. [2 C. *Hg.*]

Many dreams, quite unusual, with meditation, (concerning) many occurrences.† [C. *Hg.*]

Dreams about fire, but without many flames. [2 C. *Hg.*]

85. *Frequent chills run over him*, with motions of the scrotum, not as sometimes after micturition.† [C. *Hg.*]

Particular chilliness, when going out into the cold air. [2 C. *Hg.*]

The warm room feels oppressive. [2 C. *Hg.*]

The veins are swollen. [4 *Bute.*]

She feels generally very uncomfortable.

90. Itching and burning all over the skin. [4 *Bute.*]

Very disagreeable formication all over the body, for one hour and a half, five hours after taking eight drops. [4 *Bute.*]

\* Ulcers. [*Bute.*]

\* Caries on the heel, in several doses.<sup>1</sup> [*Bute.*]

95. In the morning the headache and sore throat are gone.  
[*2 C. Hg.*]

The symptoms came after the second dose and gradually decreased, until they disappeared on the fourth day. [*Humphrey.*]

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Provings made by the Northampton Society and the students, of a basic phosphate of lime, prepared by Dr. Freitag from bones. 1835-37, in 3d and 30th.

Provings by Schreter. 30th cent. Neue Archiv f. d. hom. Heilkunst, 3-3-153. (1846.)

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Benecke, F. W. Physician to the German Hospital, London. Provings of Calcarea phosphorica. London and Gottingen. 1850. (These were experiments with Calc. phos. on patients.)

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Cyclopædia of Drug Pathogenesis. Part IV. (Hering's Allentown Provings. Cate, Chamberlain, Jones. (Trans. Am. Inst. Hom.) 1858.

In the Allentown Edition of Jahr's Manual of Homœopathic Medicine, translated by Hering, (Allentown. 1838), appears: "Calcis phosphas. N. B. Symptoms of this important remedy will appear in the transactions of the Academy." In the 1841 edition, edited by A. G. Hull, a pathogenesis of Hering's provings is given.

<sup>1</sup> One number is skipped here in the original.

Trans. American Institute Hom'y. 1858. W. E. Payne presented provings by S. M. Cate, W. B. Chamberlain, E. U. Jones. (1st trit).

Report of Incinerations of triturations of Calc. phos. Trans. Am. Inst. Hom. 1883. P. 861.

Hering. Guiding Symptoms. Vol. 3.

## GLEANINGS FROM THE TRANSACTIONS OF THE AMERICAN INSTITUTE FOR 1895.

The transactions for 1895, a volume of 1,208 pages, came to hand in January. It is edited by the new secretary, Eugene H. Porter, M. D., and printed by the old house of Sherman & Co., of Philadelphia, who have printed so many of the past transactions of the institute, and, needless to add, printed them well.

The frontispiece of the new volume consists of an excellent half-tone picture of the retiring president, and the innovation is a good one for one would give a good deal for a set containing the pictures of all the presidents from the beginning of the organization. It is to be hoped that this practice will be followed in the future, and that next year we may see the face of Dr. Dudley in this place.

Looking through the pages of the transactions for little items of general interest the first one we run across, in the business address of the president, is a reminder of the meeting of the

### **International Homœopathic Congress.**

“It should not be forgotten that the next World’s Homœopathic Congress will be held in London in 1896. The last very successful and in every sense delightful regular Congress, as provided for at the first quinquennial Congress held in Philadelphia in 1876, was holden in Atlantic City in 1891, at which time it was agreed that the next should be held in the city named. This is the last session of the Institute that will be held prior to the sitting of the Congress, unless, perchance, that convention shall be delayed until the fall of next year. Even in this event it devolves upon the present session to devise plans which will secure a large attendance of American members. It is exceedingly desirable that the London Congress shall be a large and successful one. Homœopathic interests in England have never been so prosperous as at the present time. As the success



of their various hospitals associations, and other enterprises is noted in the English medical journals, the conclusion might readily be drawn that Homœopathy in the Mighty Little Isle had almost been Americanized. That an unusually successful Congress will be highly satisfactory to our foreign colleagues is certain, and I feel sure that the profession of the United States will derive great pleasure and profit from such a gathering of their confrères from all parts of the world as is easily possible in London."

### Reading the Patient.

In the discussion that followed Dr. Kraft's paper, Dr. C. B. Gilbert got off the following that is worth noting :

"A messenger says, Johnnie has had a chill and fever, and I fear he is going to have scarlet fever. He has a high fever. You find that he is in bed, his knees up to his chin, the clothes tight up around his neck. He is not going to have scarlet fever, but it is a case of ague. Don't send *Belladonna*, but send *Placebo*, until you see the child the next day, and get a picture of the whole paroxysm. The face is the index of the man. There is the whole enigma of the man and the whole of the remedy, and if you know how to look for it you need not go below the neck. Alas! we know so little. The picture will be of the greatest aid. One of our Washington men sits by the bed and says, 'That patient looks like a sulphur patient.' He has a special faculty of that kind. The expression, the motion, everything about the face will indicate the remedy, and will sometimes contra-indicate the remedy which the symptoms apparently call for. You see a lady lying calmly in bed, and she tells you she is suffering the most excruciating agony. She is a liar. You give her a remedy for exaggeration. You see a man whose eyes are bright, his face has a dusky flush, his head hot, his body hot; he says that there is nothing the matter with him. What did they send for you for? You give him *Arnica* because the *Arnica* patient says there is nothing the matter with him when he is in the greatest danger. You can see it. You know it when you put your eyes on him. Hahnemann was charged with being a mere symptomatologist, but he says take the patient's story and put it with what you can see and hear and feel. The eye is the most important. It is far above the ear. You cannot always believe what a patient tells. What you see he cannot lie about. If we can see the remedy in the patient's face, that is the most important thing for us."

## Nosodes.

Dr. Charles Woodhull Eaton's paper was on "The Use of Nosodes—Is It Homœopathy?" The drift of the paper is shown by the following quotation—and the query is a very important one: "My purpose will have been abundantly accomplished if I have succeeded in calling attention to the great need there is of thinking through to the finish, clearly and definitely, the proper relation of Homœopathy to the nosodes. If we are to put the same interpretation upon the proving of a nosode that we do upon the proving of any other substance—and why should we not?—we are brought face to face with large responsibility. Who, for instance, can say how much a thorough proving of Diphtherinum might do to bridge over the frightful gap which now exists in our therapeutics of diphtheria? I am both *impressed* and *oppressed* with the grave obligation we are under to see to it that our attitude toward this question is dictated by logic and justified by its judicial temper." In discussing the paper, Dr. Martin Deschere said: "A nosode is not the disease itself, but simply the product of disease. The nosode should be proved like any other remedy, and then be given in accordance with the symptoms thus produced, the same as any other drug, in close obedience to the teachings of the *Organon*."

Per contra Dr. Pemberton Dudley said: "The fact is that a nosode is never homœopathic to the disease which produced it. I question if it is usually even isopathic. But there is one thing I do not question: namely, that a real, genuine, isopathic drug—I cannot call it a remedy—when it acts at all, is but so much added to the morbid influence. It always must, and always will, aggravate the disease instead of curing it."

## Baryta Iodide.

At the close of his paper on this remedy Dr. J. C. Fahnestock said: "I have seen several cases of tabes mesenterica benefited by this remedy. I also have had two cases of well-defined tubercular meningitis, that were not only relieved, but cured by this remedy, and I want to ask you to give it a thorough and fair trial in this disease, said by some physicians to be incurable. In cases having enlargement of the lymphatics, with enlarged spleen, quite hard and sensitive to the touch, you will find in *Baryta iodide* a good friend. Possibly, you may find this remedy of value in obscure diseases of the pancreas."

### Ipecac in Gallstone Pains.

Such is the title of a paper by Dr. Nancy T. Williams, who cited a number of cases where *Ipecac* 6 quickly relieved the intense pain.

“A blacksmith who had suffered from these attacks for two years was so much reduced in strength that he was obliged to give up all work and keep to his room. At the time I saw him he was suffering severely from rheumatism. A remedy was left for this trouble, and I advised his using olive oil every morning with coffee; left some *Ipecac* 6th, to be taken should an attack come on. A year or more afterward I was called to his house to see an old lady. He left his work in the field to tell me he had only one of those attacks of pain; the medicine had stopped it, and there had been no more.”

“A man living twenty-eight miles away came to me for some of the medicine which he had heard cured these awful pains in the pit of the stomach. He sent me word, more than a year afterward, that it did the work, and he had had no more.”

“There are other cases I might mention, but the above are enough. It has always worked, and worked promptly, leaving no unpleasant after-effect.”

### Only One Law of Cure.

In his paper on “Metals” Dr. A. L. Monroe turned aside from his subject to say: “If you will pardon the digression, I do not think that our law which is proven to be correct a thousand times every day can be weakened by the acknowledgment that certain laws of cure, of much more limited range, can coexist.” To which many will say, Amen.

### Heloderma Horridus in Heart Failure.

This was by Dr. Robert Boocock. As his proving of this remedy was published in the RECORDER (March and April, 1893), perhaps our readers will pardon a somewhat lengthy quotation from it. After a few preliminary remarks on heart failure the writer says: “The remedy for this is the poison of the Gila monster, a lizard whose poison differs from that of every known poisonous reptile, in that it is an alkaline poison, and it is said to kill by poisoning the heart. The history of its destroying powers are not fully or clearly reported, but this poison has been proved, and ought to be reproved by others. That it has a powerful influence upon the heart, I know from personal experience.

The peculiar weakness produced by it, a sudden loss of all strength, inability to stand, and such an intense coldness in my heart as if I was being frozen internally. The feeling was in my heart only at first, then hands and feet became like lumps of ice in their coldness, with trembling differing from the trembling of coldness or the chill of ague, but a severe agitation of head and limbs—not all at once, but from the feet up the right side, then head and left side. The agitation was in jerks and came and went, my mind was very clear, and at first I had no fear—in fact, had none for several days until, by oft recurrence, the pulse came down from 72 to 56 and was jerky; soreness in my heart when the intense arctic feeling had passed away; oppression around and in my heart; stitches or jerks in the heart; tingling and trembling of heart and intense pain in the head in the region of the atlas, which was the hardest to bear; but the proving has been published, and may be worthy a place in the Institute's minutes."

"*Heloderma horridus* in Action.—The case of Mrs. F., over 80 years old, who was recovering from erysipelas and dropsy, when she had a fall, and was compelled to take to her bed again. When I arrived, to all appearances she was dying; she could not retain herself in the position in which she was placed; the body slid down. Breathing was very slow, tongue cold and slate-colored, breath cold, body growing cold from the feet upward, a purple hue in her face, hard to get her breath. Temperature 90, pulse 40. I thought she could not live more than two hours. I dissolved a powder of ten globules of *Helo. hor.* 2c. in a glass half full of water, and ordered her tongue to be moistened with it. I did not call again until the next day, when, to my surprise, she was much better, and continued to recover until there was not a trace of sickness left; every organ of the body came back to its normal working. This medicine was the means of lengthening her days.

"Another case, aged 65 years, was in the act of dressing herself in the morning, when suddenly her strength left her. Pulse was gone at radial artery and temple, mouth fell open, tongue and breath cold, and to all appearance she was dying, so she thought. The intense pain at the back of the head reminded me of my own experience with the *Helo. hor.* I gave a powder of ten globules of the 2c. on her tongue. When the counsel I sent for came, the pulse-rate was 60 and she was feeling warmer and better. She made a good recovery.

“Another aged German lady, 82 years, was very low, cold and pulse gone, and with the hue and sweat of death upon her. I did not take the temperature, but gave her at once *Helo. hor. 2c.*, and she is now fully recovered.”

#### Rademacher and Natrum Nitricum.

Since Burnett has set the fashion of looking to Rademacher for what he calls elementary Homœopathy, the following, from Dr. Puhmann's paper (editor of *Populäre Zeitschrift*) may not be amiss:

“Above all, *Natrum nitricum* was Rademacher's fever remedy *par excellence*. It plays the same rôle with him as does *Aconite* in Homœopathy. Its use in intermittents he had not observed. Moreover, he recommended it in the greatest number of inflammatory conditions, *e.g.*, in congestive toothache, ophthalmias affecting the inner parts of the eyes, delirium tremens, but only in so-called “sprees;” for various forms of angina, glossitis, laryngitis, whooping cough (with *Bell.* and *Puls.*), spitting of blood, and some forms of phthisis pneumonia, certain forms of dysentery, small-pox, measles and scarlet fever, articular and muscular rheumatism, etc. Further, he used a watery solution of this remedy in the proportion of 1 to 2 externally as a lotion in localized rheumatism and in swelling of the glands; but the rubbing must be very vigorous, since the parts were only to be moistened with the solution.”

#### Dr. Sarah J. Milsop's Hobby.

“I may as well confess to one hobby, but it is such an excellent one that I'm sure no sensible doctor can object to it. This hobby is hygienic dress.”

“The one thing on which I invariably insist before promising a cure of any mal-position of the uterus, is that the patient shall leave off the corset; and that all the clothing shall be suspended from the shoulders by some means, so that when the arms are raised the clothing is also raised instead of sagging down. This reform is not always easy of accomplishment, as most women are as firmly wedded to their corset as the corset is firmly wedded to them. But when I explain to suffering women the utter futility of attempting to keep in place a dislocated uterus which is constantly crowded down and out of place by the shape of the corset and weight of clothing which presses on the viscera above, they are only too glad to exchange the stiff corset for one of the health waists I recommend.”



**No Use for Quinine.**

Dr. Duffield, of Alabama, said: "I have had a ten years' experience in a section where this fever, intermittent, is well-known, and that our potentized remedies are efficacious I have every reason to believe. I have not used one grain of quinine in ten years. When I went into the South I was informed by an old Homœopathic physician in Mobile that I could not cure a case of malaria or intermittent fever without a little quinine. He advised me to use it in these intermittent fevers in two-grain doses. I was also advised to give calomel. Now, I was educated in the Boston University School of Medicine, and I never heard of calomel there. I have not used a grain of that. The potentized remedy will cure malarial, remittent or typho-malaria fever, which is not known in the North. I have used nothing below the 1x and rarely below the 3x, and have cured some of the most desperate cases with the 200. I have had the best results from quinine 3x trit. when indicated."

**"Germs."**

"Bacteria: A Product, Not a Cause of Disease," was the title of Dr. H. W. Pierson's paper, and the title gives the writer's position on the much discussed subject.

**Cactus Grandiflorus.**

From Dr. E. R. Snader's paper on this drug the following interesting, and useful, clipping is made:

"I wish to make one practical point here. Had I waited until I found the symptomatic sensation to lead me to prescribe *Cactus*, I should certainly have only used the medicine about ten times in ten years, and I should have missed the golden opportunity of saving several lives and of prolonging others; and besides, you would have missed the opportunity of criticising this attempt to describe the sphere of a drug from an empirical basis. Verily, there is a great deal more in a drug than is shown by symptoms. Symptoms are the silhouettes that shadow the shades of systemic states, and certain conditions of light are necessary to throw the dim outlines within the ken of your mental eye. But, grasp your ghost, and lo! you find he is rotund substance. So with drugs. Mere symptoms but shadow the wonderful power that lies hidden beneath."

"I make no apology, therefore, for my empirical prescriptions of a drug whose few recorded symptoms I regarded as unreli-

able, and whose drug power I believed to be but feebly expressed in the materia medica schema. Without a knowledge of any known physiological provings on animals, by which I might judge of its possible sphere of action, nothing was left me but to empiricise, to observe, to erect working hypothesis, and to collect clinical data from which, at some future time, a rationally prescribed field of usefulness for *Cactus* might be outlined."

"There is one condition in which *Cactus* is king of all the cardiac remedies, so far as my experience up to the present goes, and that is, where the heart is feeble and the vessels are atheromatous or in a state of arterio-sclerosis. Here, ordinarily, unless the heart weakness is appalling, and the least of two evils, do-nothingism or death, confronts you, the routine cardiac tonics are positively contra-indicated. If cardiac force be applied to the stiff arteries too rapidly, they may rupture, with all the dire consequences of hæmorrhage—cerebral, most likely. Atheroma or arterio-sclerosis is not a contra-indication for the administration of *Cactus*; in fact, it is a strong indication for its employment. I have given *Cactus grandiflorus*—in material doses, too—to people so old that their arteries were as stiff as pipe stems, the heart also participating in the senile change, for periods varying from six months to two years. The drug has been given continuously, and with benefit only. *Cactus* is pre-eminently the heart tonic of the atheromatous and the arterio-sclerotic."

Further on :

"As to dosage, I have given the medicine from the 3x potency up to thirty-five-drop doses of the tincture. I have also used the fluid extract in varying dosage, but believe I secure better results with the tincture than with the apparently stronger fluid extract. My customary start-off dose is five drops of the first decimal dilution. If this does not ameliorate, I go at once to five-drop doses of the tincture, which is really my favorite method of administration, and with which I have produced my best results. I have no hesitation in continuing the use of the drug indefinitely. I recall one case in which it was given daily for a period of time extending over two years and a half. Nothing of decided advantage can be gained from the administration of the drug for brief intervals except in cases of functional palpitation, where it sometimes quickly subdues the paroxysm."

### Homœopathy Plus Specialties, Not Specialties Plus Homœopathy.

The following appeal to specialists closed Dr. H. C. Houghton's paper :

" Homœopathy has come to its glorious present by the force of truth ; hence, it is not a thing to juggle with ; something to have or not to have ; practiced to-day to abandon to-morrow ; something to tuck on to a specialty ; it is the motive power, not a trailer."

In closing, let me appeal to every specialist to do for Homœopathy that which the general practitioner did before there were specialists—study symptomatology in your own field, settle the value of objective and subjective symptoms, thus enriching our *Materia Medica* ; thus leading from the special to the general ; use every means of research for elucidation of pathology, but link with it physiological medicine, for that was Homœopathy long before the name was coined as an anæsthetic agent to mollify the hypersensitive nerves of the students of the progressive type in 'old-school' medicine."

#### " Degeneration."

The following good advice is from Dr. Selden H. Talcott's paper : " Parents should be kind and gentle and generous, yet just and strict with their offspring. To allow an untrained child to have his own way is to foster degeneration by allowing wilful perversity and ignorance to rule the scions of coming citizenship."

#### " Bacillinum."

" In the course of his paper on " Avoidable Causes of Disease in Children," Dr. B. F. Bailey made the following mention of that famous remedy, *Bacillium*, introduced to the world in Burnett's *New Cure for Consumption* :

" By the tubercular diathesis, of course we understand that organism in which the tubercular bacillus is more wont not only to locate, but to develop. It is here in childhood, too, that our remedy, *Bacillinum* is most worthy of trial. Here, when the tubercular bacillus has just begun its work, but not yet induced that pocket of dead product which never can be removed ; but which is as deadly in its septicæmic effects as the bacillus itself. It has saved lives for me—it may do the same for many."

From the "discussion" we clip the following which is in the line of the recently published *Delicate, Backward, Puny and Stunted Children*:

DR. Gilbert: I have been waiting for some specialist to open this discussion, but no one seems to offer. The doctor mentioned the use of *Bacillinum* in his case. I have used two nosodes in treating children with great success, namely, *Medorrhinum* and *Syphilinum*. I believe that the rickety child is generally a sufferer from the gonorrhœa of the father or some ancestor, and that the child is apt to have glandular enlargements and suppuration and is generally benefited by going to the seashore. When I have a child like this, especially if the case be complicated with milk crust, I give *Medorrhinum* and the results are great. But when the diagnosis is evidently syphilitic and the case is better from going to the mountains I find a dose of *Syphilinum* to be of great value. In acute bowel troubles with the child as I have described it, when with all our care and trouble the child will continue to have these attacks, a dose of *Medorrhinum* will do wonders, the bowels will cease to trouble it and the skin will do its duty better. And so, in the case of a child with a syphilitic taint, the bowel troubles will be helped by *Syphilinum*. With a syphilitic history, where it does not thrive under remedies for its taint, I give it a dose of *Syphilinum* without any hesitation. I give these remedies always very high.

Dr. C. E. Fisher said on the other side: "I believe that we have remedies other than the products of disease with which to meet these cases, and have found in *Thuja* and *Sulphur* excellent remedies for these conditions; and very often when I am led to give either of these I find that I am wrong and that *Calcarea* is the remedy. I do not believe that we are justified in prescribing remedies by name for diseases by name."

DR. Bailey: "The only remedy among the nosodes which I have used is *Bacillinum*. Recently I had three cases of tuberculosis under my care that had had the best of treatment and care and yet were making rapid progress toward a fatal termination. Both Homœopathic and Allopathic treatment had been employed, and nothing would stay the progress of the disease. After looking the matter over carefully I felt that the cases were sure to die under the treatment which they were receiving. I felt that if this were the case, and men like Dr. Burnett had spoken so highly of the benefits of *Bacillinum*, it was my duty

to try it. So I gave it with most excellent results in all these cases."

So we close our clipping from the last transactions, leaving many papers untouched. Every reader of the *RECORDER* should be a member of the Institute, and thus get a free copy of this excellent yearly record.

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## TRANSPORTATION COMMITTEE BULLETIN, NO. 1.

The next meeting of the American Institute of Homœopathy will be held in Detroit, Mich., from Wednesday, June 17, to Thursday, June 25. The *Materia Medica* Conference, which promises to be a most interesting feature, will convene on Tuesday, June 16, at 3 P. M. All interested in the *Materia Medica* should be present.

There is every prospect that the usual rate of a fare and a third for the round trip will be allowed by the Traffic Associations. The Joint Traffic Association, which resulted from the consolidation of the Central Traffic Association and the Trunk Line Association, now controls all the territory between New York and Chicago. This association goes into effect February 1, provided an injunction against its legality, brought by the Attorney General, is not sustained. In a latter case no one can tell what the outcome may be.

At the rate of a fare and a third or regular convention rates the fares from some of our principal points would be approximately: New York, \$18.00; Boston, \$22.65; Philadelphia, Washington, and Baltimore, \$19.00; Chicago, \$10.33; St. Louis, \$17.33, and Kansas City, \$25.33.

The time from New York and Philadelphia is approximately 18 hours, from Boston, 20 hours; Chicago, 8 hours; St. Louis, 14 hours; and Kansas City, 23 hours.

Detroit is very centrally situated, is quite a railroad centre and is very easily reached. From New York one may take one of no less than 15 routes, and in the West, especially at the time of the meeting, all roads should lead to Detroit.

The Michigan Central road and its branches cover most of the territory in the State of Michigan, as well as offering unexceptional facilities from Buffalo and Chicago. Michigan is credited with some Homœopathic physicians; certainly 75 per cent. of these should be present at the meeting in Detroit.

The Chicago and Alton and the Union Pacific roads which



treated the Institute so royally at the time of the Denver meeting should not be overlooked by our Western friends, nor should the Chicago and Northwestern be forgotten by our Northwestern delegates.

The Lehigh Valley road offers a specially fine service for our Washington, Baltimore and Philadelphia members. It runs in connection with the Great Trunk railway of Canada which also covers points as far East as Boston and as far West as Chicago.

The committee is constantly at work to obtain the best accommodations for the greatest number at the best possible rates, and monthly bulletins will keep the profession posted as to best routes, train services and all railroad matters influencing the meeting. A large attendance should be present.

W. A. DEWEY, M. D., Chairman,

170 West 54th Street, N. Y.

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EDITOR OF HOMŒOPATHIC RECORDER:—I see in the HOMŒOPATHIC RECORDER, for December, a reference to the action of the juice of the frosted *Phytolacca* berries on obesity, There was quite a furor a few years ago on this subject, and I tried it in a number of cases. I collected the frosted berries myself, and expressed the juice and gave it in small and large doses. I also bought the tablets (dark red) in our Homœopathic pharmacy, and administered the same in various doses, from one to five, 3 or 4 times daily, to about twelve cases of excessive obesity. After two or three months' persistent trial there was no result in the way of a reduction of weight apparent in any one of the cases, and my experience with the drug, after a thorough and persistent trial, is, therefore, in exact accordance with that of Prof. Goodno. I presume that in some cases large doses may impair digestion to such an extent as to produce emaciation and loss of weight, but I do not believe that the drug possesses any specific fat-reducing property.

Sincerely yours,

C. W. SONNENSCHMIDT, M. D.

WASHINGTON, D. C., Jan. 14th, 1896.

The reference mentioned by Dr. Sonnenschmidt that appeared in the December number of the RECORDER was one simply calling attention to the fact that Professor Goodno, in his recently published book, confounds *Phytolacca decandra* with the juice of the *Phytolacca* berries, where he mentioned the treatment of obesity.

Dr. Shoemaker, in the third edition of his *Materia Medica*, makes the same mistake. As everyone knows, *Phytolacca decandra* is made from poke root and is quite poisonous, while the ripe poke berries are not poisonous. The treatment of obesity, introduced by Drs. Hale and Griffiths, was not by *Phytolacca decandra*, as so many persist in thinking, but by the juice of the ripe berries.

As to the virtues of the treatment, Dr. Sonnenschmidt says there are none—others say they are great. We know some fat people who would consider themselves highly aggrieved if deprived of their “tablets;” they say that with them they are comfortable, while without them they are not. As to the suggestion that this treatment produces “emaciation” by impairing digestion, we can only say that no case of this sort has ever been reported, either in journals or verbally, that we have heard of. There have been many reports received favorable to the treatment, while those unfavorable have not been at all numerous, and certainly none of them included impaired digestion.

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#### NOTES BY THE WAY—SOME THOUGHTS ON DIABETES.

By Dr. Ussher, Wandsworth.

Vast numbers pass sugar in the urine and it is not discovered, nor is diabetes established—much more has to be added before that can be affirmed. A patient of a brother medical has passed large quantities of sugar for thirty years, and she ignores diet altogether. I do not approve her wisdom. Sometimes a long-lasting mischief is accidentally discovered; such happened to me. I had been taking *Hydrangea*, which had been procured for a lady in Putney, who declined it because it was an American remedy; so I took it, and was soon conscious that I had two kidneys to carry upstairs. This discomfort caused me to test the urine, which was of high specific gravity and loaded with sugar. Other symptoms were significant—dry mouth, excessive persistent thirst not alleviated by drinking, good teeth, deciduous upper incisors, micturition at night constant, loss of sleep which told on me severely, emaciation of arms and debility only to be compared with influenza, constipation, constant loss of virile power, easily fatigued, brain is tried. Such was the sum of my case. After a long time the sugar ceased, and the specific gravity fell from 1.037 to 1.018. There was no albumen, but after-

symptoms pointed to stone in the bladder, which was diagnosed and removed by my kind and skillful friend, Mr. C. Knox Shaw, to whom I owe what words cannot record.

Dr. M. Fothergill, in his *Practitioners' Handbook*, gives a case which is interesting for its accidental discovery and the failure of special diet (p. 250): "The patient felt well, but nevertheless he went to a well-known authority on diabetes, who put him on a rigid dietary. On this he rapidly wasted, and became so ill that he returned to his ordinary food, farinaceous and saccharine. On this he quickly improved, became hale and strong, and has remained so for twelve years." I did not ignore diet in my own case, but carefully tested and watched the urine, and am quite satisfied with Sir W. Roberts' copper solution. You note the density, changes of colour, in sediment, and two drops of urine dropped into the boiling test solution at once declares the mischief or its absence—this and the specific gravity told its own tale. The diet of specialists is only for those who can afford it. What use would it be to Hodge to tell him that gluten bread made only *by us*, and cheese prepared *only by us*, as well as ivory jelly, are to be his pleasant diet, whereas his ordinary fare is bread and cheese, bacon or pork (salted), and milk; for of all the abominations, gluten bread, even when assisted downwards by butter, is the worst. It reminds me of the woman to whom a doctor suggested oysters and champagne (not for diabetes). The woman, who could not accomplish this feat, gave the nearest substitute—ginger-beer and cockles. Things set down in diet lists, and there are several in Dr. Ruddock's book, which differ from each other as might be anticipated from doctors. Fruit is condemned by some, which injunction I disregarded, but used it moderately; and so with other articles of this *Index Expurgatorius*—oysters, for instance, when they disagree, and the liver of animals, cod's liver, and rabbit's, or the liver-wing of a fowl. One of these specialists bravely suggests an occasional glass of stout—Guinness's, I suppose, for that is an ambrosial article.

Doctors are not always wise, though they may be great men. It is recorded of a Dublin doctor that a recovering patient, who had passed through typhus, smelt the grateful aroma of corned beef and cabbage coming up from the kitchen. She begged and bribed the nurse to get some for her, the nurse asserting that it was more than her place was worth to do such a thing. However, the wise counsels prevailed, and the diet was thoroughly enjoyed. The nurse told the doctor at the next visit, who, horror-struck,

announced that the patient would be a dead woman. The issue was not fatal, but a good instance of a repeated dose; for when the doctor departed from the house the olfactory nerves brought the same message to the patient, who, assuming all responsibility, sinned once more, and assured the prophetic doctor next day that she was on the road to recovery.

Dr. Graves used to say that he desired no better epitaph than this, "Graves fed fever patients." 'Tis the old saying, "Mortals will go where angels fear to tread"—a bold stroke is often a good one. The old-school treatment of diabetes was good. I take it from Copland's Dictionary, published many years ago. They recognized two forms, as we do, an hepatogenic and a nervous variety, the medicines useful then as now—*Nitric acid* for the former, *Phosphoric acid* for the later; and you will find both states in the one person. Medicines may reduce the sugar and the amount of urine, and this is the case with *Codeia*, *Phos. acid*, and *Uranium nitrate*—the first is a headache producer, even in the one-fourth of a grain; the latter makes you feel the weight of your liver immediately.

*Sizygium jambolanum*—horrid name and nasty dose—will reduce the sugar; *Urtica urens*  $\theta$  gtt. v. t.d.s. lessens the red sand, and I found it a helpful tonic. If sugar is a means of dissolving uric acid (Mortimer Granville) it cannot be the wholly pernicious thing it is said to be. I never disused it myself in tea or other things. Moderately, of course, and to substitute saccharine for it, neither gout nor diabetes would overawe me. Dr. Stacy Jones, in his useful and excellent *Bee Line Repertory*, advises maple sugar *ad libitum*, and it is a grateful addition to a restricted diet. To those who would use skim milk in the suggested quarts I have no objection—the milky way is open to them. Patients would be too rigidly tied because nature has entered on pernicious courses, and is to be coaxed back. The mental depression of diabetes pleads for variety—"we want but little here below, nor want that little long," so be generous.

The liver is a much-enduring organ. It is bad policy to flog every offender; time and patience must enter into the cure. The value of change of air and surroundings is great. If the disease is associated with gout and rheumatism let it have a respectful treatment. Wines that are not sweet—Zeltinger, Burgundy, Hock, and that very grateful drink "Salutaris Water," all these are so many dutiful nurses—mitigate all manner of worries. Worries kill like poison, be merciful to the spiteful, for disease

makes them so, as I *well know* by experience, always excepting my amiable self. Cider and perry are baneful. The bowels get very constipated; often the actions are hard, and look greased like a causticum motion, and leave no stain on paper. When you get a list of things to be permitted and denied, remember that what is one man's poison may afford food to another. Fancy turning up your nose at oysters! The copper solution came from Sumner, of Liverpool.

I anxiously await Guernsey's book on Urinalysis. I like American books, though it was once said to me they must tell truth sometimes—occasionally wise, and otherwise. No medium is more beneficial than to mark, learn, and *inwardly* digest a good novel or interesting book—not those of a wicked series, that madden the brain and derange the temper, but wholesome reading, such as Sir Walter Scott, Rosa N. Carey, Edna Lyall, and others afford. I thoroughly enjoyed *Doreen* when I was taking an upstairs holiday, and it is still doing me good.—*Hom. World.*

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## 1896.

### FROM HOMŒOPATHIC WORLD.

The year on which we are now entering is a year of great import. First and foremost, it is the centenary year of the first formal statement of the Homœopathic doctrine. In the year 1796 Hahnemann published in *Hufeland's Journal* his "Essay on a New Principle for Ascertaining the Curative Properties of Drugs." This essay, which first clearly set forth the Homœopathic doctrine, was the nucleus on which the *Organon* was built up to appear in book form nine years later. Four years before the appearance of the *Essay*, in 1792, Hahnemann had tentatively broached the idea in the famous footnote in his translation of Cullen's *Materia Medica*, but it is the *Essay* which first declares the fully developed Homœopathic doctrine. Hence, we take the present year as the true hundredth birth-year of Homœopathy.

And two events of high significance will worthily signalize the completion of the Homœopathic Century.

On the free soil of America the Homœopathic seed has taken such deep root, and flourishes so luxuriantly, that it may fairly be said the eyes of the Old World are turned to the New as the



Promised Land of therapeutics. Burdened with old and crusted institutions, vested interests, red tape, the worship of etiquette, and the fear of the medical Mrs. Grundy, Homœopathy in the Old World can hardly tell whether it is advancing or not. In the New World things are very different, and it is an extremely fitting thing that the present year should be marked by the raising of a statue to Hahnemann—worthy at once of the man and the nation—in the capital city of the United States of North America.

The other event which is to take place in the other capital of the English-speaking world in July next is the Fifth Quinquennial International Homœopathic Congress. By a happy accident, in the ordinary course of events, this gathering of Homœopathists from all parts of the world falls in the present year. In this event the Old World will unite with the New in celebrating the great Centenary.

We can promise to all our brethren abroad who shall honour us with their presence the hearty welcome which we flatter ourselves (with all our faults) we know how to give to our guests. All roads lead to London, and we confidently expect a goodly gathering of our Continental *confrères*, with representatives from India and distant colonies.

But, again, it is to the New World that our eyes are chiefly turned to send us the largest contingent. This is not a British Congress, but a World's Congress, and that part of the world which contributes most largely to the numbers will have the largest share of honours and influence.

It may not be known to all how the arrangements are carried out from term to term of each of the five years' intervals. As we understand, the permanent link between the Congresses is our esteemed colleague Dr. Richard Hughes, who acts as honorary secretary. It has been the custom for some representative Homœopathic body in each nation where the Congress is to be held to elect, the year previous, officers to carry out the preliminary business and arrange for Congress meetings and social gatherings. The remaining offices are left to be filled up when the Congress meets, when every nationality receives its share of honours according to the strength of the contingent it sends. At the Annual Congress at Leeds last year the working officials were duly selected, and nothing, we are sure, is more devoutly wished by these said officials than that they may be greatly outnumbered next July by the election of members from the assem-

blage of distinguished Homœopaths from every quarter of the globe to the many offices of honour which remain to be allotted.

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SOME EXPERIENCES WITH BAPTISIA.—For some time past I have been experimenting clinically with one of the greatest remedies in our materia medica—*Baptisia*. I do not think this far-reaching remedy is given the latitude that is due it, from what cause I know not. I am aware of the fact that it is not indicated as often as some of our remedies, but it is more often indicated than it is prescribed. This remedy covers many grave and important morbid conditions, although it is not accredited with a wide range of action. The antiseptic power is far-reaching—much more than is supposed, as will be demonstrated to any one who will try it in any condition where antiseptic treatment is required, such as old and bad smelling ulcers, putrid sore throat, puerperal fever, or used as a gargle, douche, and internally. In typhoid conditions I think it is often used when not indicated.

One must be cautious not to confound this remedy with *Arnica*, *Rhus*, or *Mur. acid*, in the typhoid state, and still it is not so hard to distinguish the difference between the four remedies. In *Baptisia* all the exhalations and discharges are exceedingly offensive, while in the other three remedies this is not so marked. *Rhus tox* will come nearer to it than *Arnica* or *Mur. acid* in this respect, and in *Baptisia* there is more rapid and profound decomposition of vital fluids and disintegration of tissue.

This remedy appears to exert a great influence on tubercular affections; this comes from the antiseptic qualities it possesses. I have found in catarrhal conditions of the liver and bowels, where there are putrid smelling discharges of a black color, with great prostration and very little pain, this remedy will bring about some wonderful results; also in pneumonia where it takes on the typhoid form.

I think, in prescribing, one should take into consideration the physiological action, as well as the symptomatology of the remedy; for if we do not do this we may have some which may appear to be very prominent and guiding symptoms in the case, and be still misled in selecting the proper remedy. Whereas, if you look at the physiological action and the symptomatology, we are not quite so liable to be misled as when we look at one and not at the other. Of course we are taught to select the most peculiar symptom and from that select our remedy, but what I

might call the most peculiar symptom some one else might not ; therefore I claim that if we look at both we will oftentimes make a better prescription.—*Hartman.*

A CASE OF NIGHT-BLINDNESS.—In April last, when I was at Baidyanath Junction on the East Indian Railway (Chord Line), Babulal, a servant of mine, complained of Night-blindness. The blindness used to set in as soon as the sun set, and would continue till day-dawn when he could see again. There was no pain in the eye, nor any visible change in it. There was no other complaint. I could not trace it to any cause, except that after his morning work he used to go for his meals to his village, about a couple of miles from where I was living, at about noon, and come back to his duty a couple of hours after, so that he had to expose himself to the heat and glare of a powerful sun.

We have a reputed remedy by which I was myself cured when I had the disease in my boyhood, and by which I have cured several similar cases. This is the liver of the goat, which is directed to be eaten after being fried in ghee (clarified butter). A couple of days' use of this pleasant remedy or rather food has been enough to cure the disease. I have succeeded with it after failure with treatment by drugs. I was, therefore, anxious, before giving the patient any drug, to try this plan of treatment. But unfortunately I could not procure the liver of a goat. I waited three days, and still the thing could not be had. Then thinking that the remedy cures the disease by acting upon the liver, I thought of *Nux vomica*, and gave him pilules moistened with the 6th dilution. The improvement reported on the following day was not satisfactory. I thought this was due to the small size of the dose, and I, therefore, gave him drop doses of the same dilution. The improvement was rapid and remarkable, and in a couple of days he was all right. There was a slight relapse in June next, and the same remedy, in the same dilution and dose, was efficacious as before.—*Dr. M. L. Sicar, in Calcutta Journal of Medicine.*

ALOES.—A fact that highly recommends *Aloes* is, that one does not so readily become habituated to its action upon the bowels. It can be given for a long time, and the dose need not be materially increased. This is not true of many remedies of this class, if it be true of *any* other. The effect of *Aloes* is not materially increased or modified by combining with other drugs,

unless possibly *Ipecac* be an exception to this statement. Of course when other drugs like *Leptandrin*, *Podophyllin*, etc., are added to it, we get a combined action of the mixture, but the aloetic action is not increased or diminished.

The *Aloes* patient will complain of a fullness of the head, a frontal headache; he is dull, heavy, with no inclination to mental or physical effort; there is a bad taste in the mouth, with nausea and flatulence; abdominal soreness, fullness, and heaviness. He complains of a heavy weight and dragging about the rectum. If a woman, the womb is heavy, engorged; full, uneasy feeling about the pelvis, with a dull, heavy sacral pain, and perhaps a tendency to hemorrhage, the blood being dark and clotted. The urine is scanty, hot, dark, even bloody or brown, with many times a heavy sediment. The bowels do not act at all, or are slow, full, constipated.

With these symptoms in toto before us, it is not a difficult matter to prescribe *Aloes*. First comes the anæmic female. You can see her before you now. She is pale, heavy, relaxed, congested, sallow, if not jaundiced; her habit is gross; she has poor waste and innervation and nutrition. She don't need physic, but she does need stimulating and cleaning up. Give her *Aloes* and any other indicated remedy, so that she will have from one to three good full stools a day, and there will be a general awakening. She will improve the first week, the second, and the third.

Thus *Aloes* becomes a most excellent remedy in the treatment of many cases of chronic constipation. And although Prof. Webster does not deem it worthy of notice in his otherwise excellent work, *Dynamical Therapeutics*, *Aloes* should have its deserved consideration in every book we write, for we could hardly get along without it in many of these cases.

Is *Aloes* a cause or cure of hemorrhoids? Both. Give it in a case where there is already engorgement and active irritation, and you may produce piles. On the other hand, in that case of hemorrhoids with atony and relaxation, it may prove a precious boon to the sore-anused sufferer. The same is true of *Aloes* in jaundice. It may do well or ill, as the patient is atonic, anæmic, or feverish and irritable. In the same way, *Aloes* should be considered as a remedy for hemorrhage from the uterus or the lower bowel; for diarrhœa, for dysentery, as an emmenagogue, for hepatic and intestinal torpor, in hysteria, and in a dozen or more different diseases. Don't prescribe it for the name of the disease; prescribe it for the conditions of symptoms presenting and calling for *Aloes*, and you will never discard it. Because of the relief of these full, heavy, drowsy symptoms, *Aloes* is frequently an ingredient of the so-called "dinner pill." It relieves intestinal dyspepsia, by awakening the torpor of the intestinal muscular fibers.—*Eclectic Medical Journal*.



## BOOK NOTICES.

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**A Homœopathic Text-book of Surgery.** Edited by Charles E. Fisher, M. D., Chicago, and T. L. MacDonald, M. D., Washington. Medical Century Co. Sheep, \$9.00. Half-morocco, \$10.00. Boericke & Tafel. Philadelphia. 1896.

With the advent of the New Year comes the new *Homœopathic Text-book of Surgery*, a volume of 1661 pages. At about the same time comes the second edition of its big rival, *The American Text-book of Surgery*, a volume of 1248 pages. A careful comparison of the two volumes will assure any one that Dr. Fisher and his fellow workers will not be called upon to take a back seat by impartial men when they compare their work with that to be found in the leading work on surgery of the other big division of the medical world. It requires but a glance at the *Homœopathic Text-book* by anyone who knows anything about the publishing of books to show what a great work the editor, Dr. Fisher, has done and how ably he has done it. Taking the authors alphabetically we find the following surgeons' names as contributors to this great book; to the names we append the subject on which they write:

Chas. Adams, Gun-shot Surgery; Curtis Beebe, Minor Surgery; W. H. Bishop, Fractures and Dislocations; H. R. Chislet, Surgical Bacteriology and Surgery of the Joints; N. W. Emerson, Modern Surgical Technique; C. E. Fisher, Surgical Diseases, Burns and Scalds; W. E. Green, Surgery of the Digestive System; W. Tod Helmuth, Tumors; John E. James, Amputation; Wm. R. King, Surgery of the Ear; Geo. F. Laidlaw, Laboratory Technique; J. M. Lee, Surgery of the Peritoneum, Liver and Pancreas, Surgery of the Uterus; S. L. MacDonald, Surgical Anesthesia, Surgical Shock, Asepsis and Antisepsis, Surgery of the Spine, Cord and Nerves, Surgery of the Kidneys and Ureters, Surgery of the Tubes and Ovaries; W. B. Morgan, Surgery of the Vascular System, Surgery of the Glandular System, Surgery of the Male Genito-urinary Organs; Geo. H. Palmer, Wounds; S. B. Parsons, Plastic Surgery; E. H. Pratt, Surgery of the Lower Orifices of the Body; G. W. Roberts, Syphilis; J. Kent Sanders, Surgery of the Respiratory System; Geo. F. Shears, Hernia and Surgery of the Breast; W. B. Van Lennep, Surgical Diseases and Injuries of the Head;



Chas. E. Walton, Ligation of the Arteries; DeWitt G. Wilcox, Surgery of the Osseous System; Sydney F. Wilcox, Orthopedic Surgery; Harold Wilson, Surgery of the Eye.

There is one feature about the new surgery that will meet with unqualified approval of the Homœopathic medical profession and that is, almost without exception, Homœopathic therapeutics are given merited prominence. Writing of the routine treatment of syphilis with mercury and the iodides by so many men of both schools, Dr. Roberts says: "Syphilis presents as many variations in its course as any disease, and it must be a strange coincidence indeed that pneumonia, for instance, may demand almost any drug in the materia medica, while syphilis is to their minds met by two drugs."

Taken as a whole, we think the book will meet with the approval of all Homœopathic physicians and also find a not unconsiderable sale among the old school men. It is very profusely illustrated in all that pertains to the surgeon's art.

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**An American Text-book of Surgery, for Practitioners and Students.** Edited by Wm. W. Keen, M. D., L.L., D. and J. William White, M. D., Ph. D. Second edition, carefully revised. 1248 pages. Cloth, \$7.00. Sheep, \$8.00. Half morocco, \$9.00. Philadelphia: W. B. Saunders, 1896. *For sale by subscription only.*

It is three years since the first edition of this excellent volume appeared, and its success has been very gratifying to both editors and publishers, who have striven to bring the work in its second edition up to date and thus merit a continuance of their past success.

The work is the joint production of the following surgeons: Chas. S. Burnett, Phineas S. Connor, Fred. S. Dennis, Wm. W. Keen, Chas. B. Nancrede, Roswell Park, Lewis S. Pilcher, N. Seen, F. J. Sheppard, Lewis A. Stimson, Wm. Thompson, Collins Warren and J. William White.

It is divided into four "books" (all in one volume, of course). On General Surgery, with nineteen chapters; Special Surgery, with ten chapters; Regional Surgery, with eleven chapters, and Operative Surgery, with seven chapters, the whole concluding with a very complete index. The paper, press-work and illustrations are up to Mr. Saunders, usual high order of excellence.

**The American Year Book of Medicine and Surgery:** Being a yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigations. Edited by Geo. M. Gould, M. D. Profusely illustrated with numerous wood-cuts in text and thirty-three handsome half-tone and colored plates. 1183 pages, large octavo. Cloth, \$6.50. Half morocco, \$7.50. Philadelphia: W. B. Saunders. 1896.

*For sale by subscription only.*

Those who have been used to the rather cheap and flimsy "years books" of the past will be astonished when they see this really noble and handsome volume, that in get up and care in editing is fully the peer of the best medical works of the day. It is not often that a Homœopath can commend Dr. Gould's work, but an exception can be made here—he has done his work thoroughly and well. While this is true of the editor's, and his corp of assistants', work, it does not follow that the material gathered is all good, or, indeed, any considerable part of it, for it is simply a masterly condensation of the experiments and opinion and experience of our "regular" brethren. One of them for example concludes that "*Cactus grandiflorus* cannot be included in the list of cardiac drugs," which to one familiar with the great therapeutic law is rather an amusing conclusion.

Of *Apocynum cannabinum*, the editor remarks, in brackets, that its usefulness scarcely seems to have been sufficiently appreciated, which is very true. Outside of the laboratory products *Materia Medica* receives but scanty attention.

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**Color-Vision and Color-Blindness.** A practical manual for railroad surgeons. By J. Ellis Jennings, M. D. (Univ. Penna.). Illustrated with one colored full-page plate and twenty-one photo-engravings. Crown octavo, 110 pages. Cloth, \$1.00 net. Philadelphia: The F. A. Davis Co.

This seems to be a very useful manual for railroad surgeons, or for any one else who is interested in the curious study of color-blindness. It has for a frontispiece a colored plate explanatory of Holmgren tests for color-blindness.

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READERS of that recently published, and very interesting book, *Gout and its Cure*, will remember that the author speaks of the

peculiarly beneficial action of *Spiritus glandium quercus* on men who have the tipping habit. The reason the author of *Gout* first prescribed the remedy for this condition was that an old writer mentions the fact that it causes men to feel as they do after a drinking bout. We were recently shown an order from a Chicago physician for a second supply of the remedy, and to it he appended a line reading: "The remedy is doing wonders for this man." The remedy will not make a sane man of every sot, but prescribed on the lines laid down in *Gout* it seems capable of doing good in the cases of drinkers without sufficient will power to control their appetite.

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ATTENTION is directed to the announcement, to be found on RECORDER'S advertising page XIX, opposite personals, of Publishers Boericke & Tafel concerning the new translation and edition of Hahnemann's crowning work, the *Chronic Diseases*. The desire is to give all an opportunity to get the work at subscription price, *i. e.*, \$8.00 net, delivered free of express charges to any part of the United States. Owing to the greatly enhanced size and cost of the book over original estimates, the price will be materially advanced after its publication, when no more subscriptions will be received, and it will then be sold at the advanced price only. The translation, as has been stated before, is new from cover to cover, and is the work of Professor of Languages the Rev. L. H. Tafel, and it is a strictly accurate, and, as far as possible, literal, translation of Hahnemann's great work. Dr. Pemberton Dudley, President of the American Institute of Homœopathy, has kindly given the work his attention as general editor, and Dr. Richard Hughes has supplied the notes as he did for Dr. Dudgeon's translation of the *Materia Medica Pura*. The work will run over sixteen hundred pages and, at the price, is one of the cheapest medical works of the day, as it is the most important. There was but one translation of this great work ever before made, and that was by Hempel in 1845, and it has been out of print for many years. It was a very faulty one, and in the present translation the English speaking world really has its first opportunity of studying the greatly misunderstood *Chronic Diseases* as it was written. There is an idea, prevalent to a certain extent, that Hahnemann attributed the origin of chronic diseases to suppressed itch; that he did not know of the existence of the acarus, and, consequently his whole theory has been disproved by modern medical science.

Those who have studied the matter know how utterly erroneous this idea is, and that so far from its being the case the clearest sighted modern scientists are slowly but surely coming around to the propositions Hahnemann advances in this book.

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A PROFESSIONAL man may thoroughly know his profession yet few, perhaps none, can carry all its details in his head ; he must, ever and anon, refer to his text-books to refresh his memory, even as writers must be constantly referring to the dictionary for the proper spelling of words. The writers now have their convenient little "spellers" containing the correct spelling of words and nothing more. What these handy little books are to writers, Dr. Marvin A. Custis, *Practice of Medicine* will be to physicians. Everyone who has examined the advance sheets unites in saying that to the majority it will be "just what I have been looking for." It will be a small, compact book, bound in flexible leather, with gilt edges, that can easily be carried in the pocket, yet which will cover the entire field of "practice," with most excellent condensed therapeutics thrown in. We understand that the book is now about ready for the binder. The price will be somewhere about \$2.00, but this point is not yet decided by the publishers.

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THE third edition of Raue's *Special Pathology and Diagnostics with Therapeutic Hints* was published in 1885 and has been out of print for nearly a year. The fourth edition is now running through the press, about 800 pages being completed. The book has been thoroughly revised, some parts re-written and much new matter added, among which is a new and valuable section on mental diseases. It is needless to say here that this book stands out pre-eminently as the standard work on what may be termed *pure* Homœopathic practice. This was expressed by the *Medical Advance* years ago when it said : "We are willing that it should stand as a representative of our Homœopathic practice." No expense has been spared by the publishers to make the new edition in all respects fully merit its representative character.

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MENTION was made in these pages last month of a new work by Hahnemann, *The Defence of the Organon*, which has never before been published. The manuscript from the translator, Dr. Dudgeon, has been received, and we understand that the work

will be put in the compositor's hands as soon as possible. The work was originally published under the name of Hahnemann's son, for reasons explained by Dr. Dudgeon, but is wholly the work of Hahnemann, as every one will easily see when they come to read it. The *Defence* is a magnificent one, and the work to-day is as fresh and as readable as on the day it was published; and will ever remain so for it deals not with transient affairs but with those that are permanent. It will not make a very large book—less than a hundred pages probably.

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THE flattering reception from book buyers accorded Burnett's *Gout* seems to show that the aristocratic ill has obtained a considerable footing in the United States. It has also excited considerable interest in that quaint old Remedy of Rademacher's, *Spiritus glandium quercus*, or distilled acorns, or "jagine," as some of the jokers have dubbed it.

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ANOTHER, and later work by the author of *Gout*, is *Delicate, Backward, Puny and Stunted Children*. After reading it one could wish that the subjects were treated in a fuller manner. The perusal of what is written will suggest to the practitioner new fields of conquest, fields that have hitherto been deemed impregnable. As said before, the value of the book lies largely in its suggestions. Some readers, no doubt will find fault with it, for many object to new ideas; but there will be others who will not regret the time spent in reading this bit of originality. It is but fair to state by way of warning that in his treatment the author deals largely—chiefly—with proved unremedies, but the results he reports are so striking that no one can deny, without disputing the accuracy of the reported cases, that they are well worthy of further study, the more so as they reach cases not covered by our present *Materia Medica*.

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THERE is one point, in fact it is the *raison d'être* of the work, in *A Regional and Comparative Materia Medica*, published a few months ago by its authors, Drs. Malcolm and Moss, that will always make it a favorite with practitioners. The point in question is the fact that under the familiar divisions, eyes, nose, chest, etc., etc., etc., the book gathers the key-notes, characteristic, and leading symptoms of the whole *Materia Medica*. It must certainly at times prove to be a great convenience to thus



have all the characteristics of the *Materia Medica* bunched in this manner.

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DELICATE, BACKWARD, PUNY, AND STUNTED CHILDREN. Dr. Burnett is that "white black-bird"—a physician of originality. Physicians are many who take ideas out of books; those who put ideas into books are so much rarer that one is fain to greet them and their ideas with sincere and enthusiastic gratitude. One may not always agree with Dr. Burnett; one may even look askance at the miracle-working powers of *Psorinum* 30. But these are slight matters weighed against the fact that Dr. Burnett sets one thinking along somewhat unfamiliar lines, and suggests hopeful possibilities of action in directions where one has been wont to remain merely and none too hopefully "expectant." Such an excellent influence is exerted by the present little work. The thesis is that the many children encountered by every physician in family practice who are to be described as "delicate, backward, peculiar, odd, stunted, puny or the like," are probably suffering from some form of arrested development; and that if instead of being merely advised into hygienic surroundings and "left to nature," each is carefully and individually studied, and cautiously and experimentally treated—Dr. Burnett lays much stress here on the properly selected Homœopathic remedy—the pent-up, but rarely weakly and altogether lacking, "developmental power" inherent in the child of arrested growth in any given direction will be liberated, and the child rise to the normal standard. "The *power to grow* is present all the time," says our author, "but is, so to speak, locked up, much as we may suppose is the case with people's wisdom-teeth, which come at such different ages that it is impossible to say when they are really due." In support of his idea, Dr. Burnett cites a series of remarkable and interesting cases from his own clinical experience, in which stammering, incontinence of urine, intellectual dullness, one-sided growth of teeth, beard and the like, delayed puberty, habitual sullenness, and many like conditions of arrested development have been practically done away with under judicious medical care.—*New England Medical Gazette*.

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THE transactions of the American Institute for year of 1895 contains a report of the Committee on Pharmacopœia. The minutes state that one member of the committee, Dr. Sherman, "entered a protest against accepting the report, as there had been

no meeting of the committee for two years and he had not even been invited to attend though he was a member." To this protest Dr. Clapp replied: "There has been no meeting of the full committee for this year because we have not been able to have a quorum. It requires five for a quorum. But certain work had been assigned to its members and this report is based upon the work done by those members who are present. The report was then accepted."

We have sometimes wondered if this new pharmacopœia will repay the labor and time expended on it and the money that must be paid to bring it out. Homœopathy must stand or fall with its *Materia Medica*, and its *Materia Medica* is made up of provings of certain mineral, vegetable and animal products, the preparations of which are always given by the provers. Now we cannot consistently change these directions and retain our *Materia Medica*. These directions are already accurately given in existing pharmacopœias, hence the query.

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A FEW YEARS ago Dr. Foulon, editor of that brilliant Homœopathic journal, the *Clinical Reporter*, translated from the French *Alcoholisme et Criminalite*, by Gallavardin, renowned for his "psychic" medicine. The translation is known under the title *The Homœopathic Treatment of Alcoholism*. Every Homœopath knows the peculiar importance rightfully attached to mental symptoms; this is the sphere in which Dr. Gallavardin has worked so successfully for many years, gaining an international reputation and this, his first work ever translated into English, we think merits more attention than it has received. The book is original and is worth the 50 cents it sells for. (By mail, 55 cents.)

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P. BLACKISTON, SON & CO., of Philadelphia, announce a book on "Appendicitis," by John B. Deaver, M. D., Assistant Professor of Applied Anatomy, University of Pennsylvania. The book will be arranged in a practical and systematic manner. The History, Etiology, Symptoms, Diagnosis, Operative Treatment, Prognosis and Complications of this disease will be given in the order named. It will contain about forty illustrations of methods of procedure in operating and typical pathological conditions of the Appendix, the latter being printed in colors. There is a big field for such a book.

# Homœopathic Recorder.

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## “ ENORMOUS PROFITS.”

Conversing the other day with the manager of a pharmacy where quality, accuracy, purity are the first considerations, instead of cheapness, he remarked: “ You would be astonished at the number of physicians who say, ‘ You people must make enormous profits.’ ”

It seems to be a kind of fixed idea with many that so long as one vial, or bottle, is labeled with the same name as another, and the one sells for five cents less than the other, that five cents represents excess of profit. This idea the dealers in cheap pharmaceuticals sedulously inculcate; they claim to “ share ” their profits with their customers and, in a way, bring into the profession of pharmacy a flavor of the methods of the department stores with their “ bargain counters,” loaded down with stale or shoddy goods.

Now as a simple matter of fact, the men who “ share ” their profits, in other words, the men who sell cheap medicines, make a bigger profit at their low prices than do houses that pay attention to supplying medicines that are the best, at their higher prices. The man who gives eight hours’ time to making a 3x trituration, using recrystallized sugar of milk, cannot compete with the man who turns it out in an hour with powdered milk sugar, nor will he make as much money at his price as the cheap man makes at his.

Properly prepared medicines may be compared to strong, well made ropes that in the hour of peril may be depended upon not to break and imperil lives; while the medicines prepared to cater to the “ bargain counter ” spirit may “ act ” sometimes, but may, just as likely, act as the rotten rope does.

In the cruder forms of drugs there is less opportunity to “ share ” profits, and less liability for exploiting the commer-

cial spirit, for the senses can detect the difference between what is well made, and what is not, in such drugs; but as the decimal, or centesimal scale is ascended the opportunity opens out with an ever broadening scope. A 6x trituration properly made represents fourteen hours' grinding, a 12x trituration properly made represents twenty six hours' grinding but if they have received it they are not sold at the lowest quotations—they are not bargain counter goods.

There is also in tinctures a big field for cheapening goods. Common drug store *Aconite* is not what was proved, but it can be sold as *Aconite* at a lower price, yet bigger profit, than can the fresh plant tincture at the higher price asked for it. Here, again, the comparison of the ropes comes in. If the physician is prescribing according to the laws of similars, and the case depends on the medicines, he cannot well expect the inferior *Aconite*, that has never been proved, to do the work of the Hahnemannian *Aconite* on which the Homœopathic Materia Medica and, consequently his prescription, is based.

A little note quoted from a foreign Homœopathic journal in last month's RECORDER points the way of cheap medicine. A brother practitioner prescribed *Thuja* in one case and *Arsenicum* in another. The remedies were undoubtedly indicated, but they had no effect. The writer of the note in question, suspecting that the medicine, and not the practitioner's judgment, was at fault, had reliable medicine substituted, *i. e.*, *Thuja* and *Arsenicum* prepared as they should be, and the result was all that a physician could desire.

There can be but little doubt that whatever scepticism there is in the ranks of the Homœopathic profession is due almost solely to cheap and bad pharmacy. If a physician thoroughly takes his cases, and intelligently covers their symptoms with the indicated remedy, and there is no especially and uniformly successful response from them, he is apt to feel a little doubtful whether after all *Similia* is what it claims to be. Yet the fault in all such cases may simply be traced back to the glib drummer who sold cheap medicines "just as good" as those sold at a higher price.

Such transactions are disastrously expensive, the more so as so many fail to see the cause.

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THE HOMŒOPATHIC RECORDER is now fairly entered on its eleventh year, and, we are glad to say, is in a more prosperous

condition than ever. The publishers aim to make the journal thoroughly practical—one that the physician can read with direct benefit to himself and his patients.

If any of our readers have any notes on remedies or the treatment of cases that they are willing to contribute for the benefit of their brethren, they cannot get a larger circle of readers than by sending such communications to this journal, to whose columns all courteous communications are welcomed. There are hundreds of physicians, who have never written a paper for publication, who could, if they would, write exceedingly useful and interesting papers that would be read with keen interest by their brethren, and we hope they will.

The RECORDER also aims to keep its readers informed of what is doing in the Homœopathic book world, a feature that is interesting to all practitioners.

A large number of sample copies are sent out of this edition, and we hope that a number of those who may receive a copy will conclude to permit us to add their names to the list of the journal's subscribers. The journal is published on the 15th of every month, and the price of a year's subscription is \$1 00. New subscriptions will be dated from January, or March, as subscriber may desire.

Address all subscriptions to Boericke & Tafel, P. O. box 921, Philadelphia, Pa.

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### UNSOLICITED.

The following, from the *Chicago Medical Times*, was an unsolicited testimonial to one of our Homœopathic houses :

#### HOMŒOPATHIC SUPPLIES.

“Very many Eclectic physicians use largely of Homœopathic remedies. Especially are the Schuessler remedies coming into very general use with our readers. We find also that they are consulting Homœopathic literature to a limited extent. The principle of our creed demands that we investigate the methods of other schools and use that which is good from them all.

We had the pleasure of meeting, a few weeks ago, both Mr. Boericke and Mr. Tafel, of the widely known Homœopathic house of Boericke & Tafel, of Philadelphia, and formed a very pleasant acquaintance with them. In their conversation, reverting to the widely increasing use our physicians are making



of Homœopathic products, they desired to become better acquainted with us. After returning to Philadelphia they sent us an order for an advertisement in *The Times* in order to keep themselves directly before our readers.

Personally we have patronized this house at 44 Madison street, Chicago, for a number of years, and know very well of the absolutely reliable character of all their products. And we assert with confidence, that those of our readers who desire anything in the Homœopathic line will be treated with deference, and will obtain the very best of the kind from this firm.

They will consider themselves especially obligated to accommodate you if you will say that *The Chicago Medical Times* recommended them to you, and they will send you samples and circulars and catalogues.

This has the appearance of an advertising puff, but it is entirely unsolicited on their part and is written for the sole purpose of introducing those who patronize Homœopathic manufactures to a house where every interest of the purchaser will be honestly conserved."

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"It is an ugly thing to speak meanly of the enthusiastic high-dilutionist, as though he were the very incarnation of idiocy or the product of a wild enthusiasm which is liable to land him in the insane asylum. Why, bless you, dear reader, at no time or age of the world has there ever been so much ground for faith in the infinitesimal or in occult forces as there is at this very time, in the early part of the month of January, in the year of our Lord 1896. But it is equally contemptible to sneer at the man who avoids these same high-dilutions because he cannot see their many presumed excellencies, and to make him out a pretender and ignoramus because to him Homœopathy is not necessarily confined to, or even closely associated with, the infinitesimal dose. Truth in her fullness is most likely to make her home with the catholic spirit that sees both sides clearly, and is eager to receive light, let it come whence it may."—*Dr. H. R. Arndt, in Pacific Coast Journal of Homœopathy.*

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LIFE INSURANCE.—The Connecticut Indemnity Association has officially recognized Homœopathy by appointing a Homœopath as Medical Examiner in New York City. Dr. J. B.

Garrison, who was appointed, made the application for the position as Homœopathy's right, not as a favor.

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A POINT WORTH KNOWING.—Dr. Leffmann has been testing the keeping qualities of hydrogen dioxide. A sample of each of the three most used brands of hydrogen dioxide was placed in a wide test-tube, the mouth of which was closed by a paper cap, loosely held by a rubber band, and the tubes allowed to stand on the laboratory table from August 1 to September 2. Originally the samples were about ten volumes in strength. On September 2 the strength was tested by the usual (permanganate) method, and gave the following results :

Sample of Oakland . . . . .	7.7	volumes
“ Pyrozone . . . . .	5.7	“
“ Marchand's . . . . .	4.2	“

As a matter of practical importance, it may be stated that all samples of hydrogen dioxide that show high pressure when the bottle is first opened are liable to rapid deterioration. It is now so easy to obtain an article of uniform strength and good keeping qualities that there is no excuse for using a poor article or one of uncertain quality.—“*The Polyclinic,*” *Philadelphia, October 5, 1895.*

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BERBERIS AQUIFOLIUM.—This remedy has never been proved, though it seems to be a very valuable drug in some respects. The dispensatory says that it is very useful in chronic syphilitic and scrofulous cachexia and in chronic skin diseases especially of a scaly type. It is also said to be a good remedy to clear away pimples from the faces of girls.

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THE HAHNEMANN CLUB, of Philadelphia, Pa., one the oldest of these local organizations in the country, gave a free course of lectures last winter to the Homœopathic medical profession of that city.

This winter it has taken up a line of important questions for debate.

At the meeting at Dr. Pemberton Dudley's it discussed the various “Hindrances to the Progress of Homœopathy.”

At the entertainment of Dr. Bushrod W. James' it debated the “Present Dangers to Homœopathy,” which continued at the meeting held at the residence of Dr. John E. James.

At the last meeting at Dr. Aug. Korndoerfer's it took up the discussion of Hahnemann's rules for investigating the curative properties of drugs.

The following questions have not yet been debated :

What do you understand by the the term "pura" as applied to our drug provings, and what means would you suggest as efficient safeguards against the introduction of heterogeneous symptoms in the prover's records?

The value of the so-called idiosyncrasies manifested in drug action upon given individuals as guiding symptoms to the selection of the Homœopathic remedy for a given case of disease.

The club proposes to celebrate the birthday of Hahnemann, on April tenth, by a general meeting of Homœopaths in Philadelphia.

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DR. BUSHROD W. JAMES, President of the Hahnemann Club, of Philadelphia, Pa., suggests to the American Homœopathic profession the proper celebration of Hahnemann's birthday, Friday, April 10th, this year, by both the profession and the laity in general assemblage in every city and town of this country where Homœopathy has a footing.

It is the Hahnemann year and should be greatly honored by all true adherents.

He further suggests that on that day a special effort be made to obtain subscriptions to complete the statue to Dr. Samuel Hahnemann, and that collections be made on this occasion by all to obtain the balance of the fund needed.

Let every local society in this country take action and do its utmost duty in this regard.

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SABAL SERRULATTA.—As an evidence of the health-giving properties of the Saw Palmetto, it may be mentioned that during the "off years," when the fruit is in season, every species of animal becomes fat, even poultry. During hard winters, animals and poultry stand the cold better and remain in good condition when they have access to this article of food. In whooping-cough, bronchitis, etc., the marvelous power of this remedy manifests itself; it seems to modify in a remarkable manner the progress of pertussis. Much has been written upon the efficacy of Saw Palmetto in diseases of the bladder, prostrate, etc., which I can most positively endorse, relief being often afforded from the local application of the tincture within an hour, while the urine is fully impregnated with the odor of the drug.—*Doctor Dupon, in American Therapist.*

## PERSONAL.

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We all agree that "practice what you preach" is a good doctrine, but how many would be willing to "preach what you practice."

"Doctors all over are recommending not only the bicycles but the bloomers and all the new-women attachments." Dr. M. T. Martin, in *Medical World*.

Dr. C. E. Fisher has removed from Chicago to New York. What is Chicago's loss is New York's gain.

**A RARE OPPORTUNITY.** A physician of over twenty-five years' practice will rent office, with practice, on favorable terms; five years' lease, with privilege of renewal (accepted security). Retiring from practice on account of ill health. Call on or address W. RIDDLE GILLMAN, M. D., N. E. Cor. Ninth and Reed Sts., Philadelphia, Pa.

According to Benjamin Harrison, who ought to know, the President of the United States, is not officially notified of his election. He learns the fact through the newspapers and "just presents himself for inauguration."

Within a few weeks after the discovery of diphtheritic serum eminent scientists, all the way from Tokio to Poker Flats, announced the discovery of "serum" for all the ills of humanity.

"Who are 'allopathic' physicians, anyhow?" asks the *Buffalo Medical Journal*.

The fluid extract and drug store "tinctures" resemble the true Homœopathic tincture about as closely as a worm eaten dried apple does an apple just from the tree.

Dr. Hering will continue his interesting papers in March RECORDER. Last paper was received too late for February.

Dr. A. Becker has removed from 530 Milwaukee to 560 Chicago avenue, Chicago.

All things considered, we are inclined to think that "Jude the Obscure" was deservedly so.

The number of physicians who pin their faith to the law of similars is constantly increasing.—*Arndt*.

*Potassiumorthodinitroresolate* is the latest pharmaceutical from Germany. Push it along.

Dr. J. M. Hinson has removed to 391 Boylston St., Boston, Mass., where he will devote himself to eye, ear, nose and throat cases exclusively.

"I have decided to do no more forging around but to rely upon a firm I can have confidence in." From B. & T.'s mail.

Malcolm & Moss' *Regional and Comparative Materia Medica* is growing in favor as its plan becomes better known.

Boericke & Tafel are out with a new "Physicians' Price Current," for 1896. The cover is a beauty. Contents right.

Guess there'll be no war and we'll all go over to the Fifth Quinquennial, at London, in body or spirit and shake hands instead.

Boericke & Tafel have bought out the remainder of the edition of Dr. Dudgeon's translation of *The Organon*. A superb work that, notes alone worth the price of the book.

And lastly, subscribe for the HOMŒOPATHIC RECORDER.

# THE HOMŒOPATHIC RECORDER.

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## EPIDEMIC DISEASES.

### Influenza.

Influenza is usually spoken of as if the term expressed a certain well defined disease, having one definite cause, one definite poison, and a series of uniform and definite symptoms. To speak of it thus is an error, and may lead, and doubtless has led, to disastrous results in treatment. Since 1889 we have had three distinct epidemics of disease all called by the name Influenza. Now no two of these three epidemics presented the same symptoms, and no two were amenable to the same remedies, as I found by experience. These three epidemics were in fact three distinct diseases; and still they all went by the same name—Influenza. Perhaps this was inevitable, for it would be difficult to find new names for every new epidemic. But it is nevertheless important that we should not be led into error by mere names, as has too often been the case.

There is no more typical example of the epidemic or aërial class of diseases than is Influenza. To discover its cause has baffled all our materialistic philosophers. They have made sundry guesses, and some of these guesses have been so absurd, so far-fetched, that we stand amazed at the credulity of the propounders of them. It is really shocking to reflect upon the stupidity of mankind in general, and of medical philosophers in particular. Men whom we have been accustomed to respect for the solidity of their judgment and the justness of their conclusions in other respects, have, when speculating upon the causes which may have given rise to Influenza, proved themselves quite unworthy of their position as leaders of science. They have talked about "the floods in China," the origination of "a morbid germ in Russia," and I know not what besides. All



have been intent upon finding some *material* cause. They have all, with only two exceptions in England, ignored the existence of the influence of other worlds, or of all other atmospheres save that which the books on chemistry told them was composed of 21 parts of oxygen and 77 of nitrogen. Their ideas are stereotyped; all things, they seem to believe, must continue invariable—as it was in the beginning so must it ever be, world without end.

Turning to a copy of the *Homœopathic Review* for October, 1891, I came across the review of a book by Dr. Parsons. The book is entitled "Report on the Influenza Epidemic of 1889-90. By Dr. Parsons, of the Local Government Board." It appears that the conclusions at which Dr. Parsons has arrived are extracted from the answers which he has received from questions put to "medical officers of health and others."

Here are some of the conclusions: "The epidemic, as a rule, follows the lines of human intercourse, and does not travel faster than human beings, parcels, or letters can travel." Presumably this means that human beings, parcels, and letters conveyed the infection of Influenza, which is altogether a false hypothesis. The disease was not spread by infection. The epidemic, therefore, had nothing whatever to do with "the lines of human intercourse," for it made its appearance here, there, and all over in a most erratic manner, and was completely untraceable.

"It is independent of season, climate, and weather." Quite a mistake this, for it was entirely dependent upon climate and weather, if these have any connection with our atmospheric air, which of course they have. It is true that *topographical peculiarities* made no difference; and if this is what is meant by "*climate*," then the statement is correct.

"The progress of the epidemic over the globe (starting from Russia) has been more rapid than in previous epidemics."

It has always been a common belief in England that Influenzas originate in Russia. Needless to say, this is a vulgar error; but *scientific* men should not follow in the wake of popular superstition. It is said that the Russians locate the *fons et origo* of Influenza in China, and that the Chinese refer it to Japan; of course no one could suspect that such a scourge would originate in our own Islands! The fact is Influenza did not originate in any country. It was not any mundane emanation; as I shall by and by endeavor to show. The next statement is amusing:—

“The bacteriology of Influenza is not yet settled, and the germ is still at large defying the detective powers of nations.” It is, to do them justice, highly creditable to our scientific men that none of them claim to have discovered the *germ* of this disease. It is true there is no germ to discover, but this fact may not prevent some future genius from announcing that he has found it! So far, it appears, and no doubt the statement is true, the germ has defied “the detective powers of the nations.” A most comprehensive declaration this.\*

“Sifting the mass of evidence as to the etiology of Influenza, the author finds that the epidemic has been propagated mainly, if not entirely, by human intercourse, though not in every case necessarily from a person obviously suffering from the disease. The contagion once imported into a locality *may* propagate itself outside the human body in such media as damp ground or air contaminated with organic exhalations; but the fact of adjoining communities suffering at different dates seems opposed to the notion of the poison traveling far through the air. \* \* \* It is possible, the author goes on to say, that the *specific germ* of the disease may multiply in appropriate media, e. g. in damp organically-polluted confined air, outside the human body.”

Here we have the hypothetic “specific germ” again, which, however, has eluded “the detective powers of nations.” The whole argument is a pure speculation of groping in the dark. It begins without a premiss and ends without a conclusion. Mark the next sentence.

“Knowing nothing of the causation of the disease we cannot scientifically and logically suggest measures for its prevention.”

We were just now informed that the “*specific germ* of the disease may multiply,” etc. Now we are told that “we know nothing of the causation of the disease!”

“Chapter X,” says the *Homœopathic Review*, “is amusing, but is from the pen of another Medical Officer of the Local Government Board—Dr. Low. He has investigated the epidemic in Lincolnshire and East Yorkshire, and the suggestion is made that the epidemic began in Lincolnshire. The germs travelled over from somewhere and landed at Boston or Grimsly. Finding the soil of Lincolnshire to their liking (being an old malaria soil) the germs prospered and multiplied and wandered or were carried into other parts of Lincolnshire and elsewhere.”

So after all, the Russian Influenza began in Lincolnshire! It

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\* All the quotations are from the *Hom. Review*.

is hardly worth our while to pursue these vagaries further, for they are not exhilarating specimens of either professional or scientific acumen.

I have intimated that amidst the general chaos which prevailed concerning the etiology of Influenza there were two men in England who attempted to make something like a rational explanation of the cause of the epidemic. These were the Rev. Thain Davidson, a Presbyterian minister, and Sir B. Richardson, M. D.

The following newspaper report will explain the Rev. Dr. Davidson's theory:

#### The Influenza.—a New Explanation.

Before proceeding with his sermon to young men last evening (Sunday), in Colebrooke-row Presbyterian Church, Dr. Thain Davidson spoke as follows: Everyone is just now talking about the Influenza; and all congregations are being affected by the prevailing epidemic, which is not so much a local or national as a terrestrial visitation. All kinds of theories are being broached to explain or account for it; but I have one to offer which I have not seen suggested, and which is by no means so fanciful as you might at first suppose. So long ago as the year 590 our globe passed through the tail of a comet, with such results that, as history informs us, the whole world was set a-sneezing; and it is more than conceivable that there was some truth at the bottom of this belief. It is well-known that the material which forms the appendage of a comet is a gas or ether so extremely attenuated that (as Sir John Herschel showed) you might look at the sun through a stratum of it a million of miles in thickness, and it would be only like the thinnest gauze. Moreover, the whole mass might not weigh more than a few ounces. Quantities or clouds of such materials are wandering about in space, though there be no head or nucleus attached; for just as there are comets without tails, so there are comets without heads, and, as a recent high astronomical authority asserts, "the tenuous matter is sometimes permanently lost to the body from which it emanated; and science does not pretend to track its further wanderings through space." There have been periods—possibly due to the same cause—when a singular and pungent odor, like that of chlorine, has been perceptible all over the world. Is it not conceivable that our planet is at present bowling through some such mass of rarest gaseous matter, which,

mingling with the atmosphere, produces those strange and uncomfortable effects which so many are now experiencing?

To some persons this hypothesis will appear to be rather fanciful, if not actually Quixotic. But before deciding to reject the theory I hope each one will suspend his judgment until the view of Sir Benjamin Richardson has been read. This is rather too long for the present article, so must wait until next month's issue of the RECORDER.

G. HERRING.

London, England.

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### TO CURE OR NOT TO CURE.

“One reason why Homœopathy does not move at the same rapid rate as it did in its early days is that many Homœopaths have ceased to believe that it is possible to *cure*. The old Allopathic notion that diseased conditions may be *treated*, but that who pretends that it is possible for them to be *cured* is *ipso facto* a quack, has taken possession of the minds of many Homœopaths, especially if they happen to be overweighted with scientific distinctions gained in the course of their passage through the Allopathic degree-conferring mill.

“Not in entire forgetfulness,  
And not in utter nakedness;  
But trailing clouds of [darkness] do they come  
From their [Allopathic] home.”

And more's the pity! For the clouds are apt to be so very thick and impenetrable that for all therapeutic purposes the bantling might just as well have never taken the trouble to be born at all. For true it is that only when the doctor's mind is stripped completely naked of the Allopathic notion that diseased conditions are incurable, and when this has been replaced by the genuine Homœopathic idea, that the business of the 'Doctor,' 'Physician,' 'Healer,' 'Medical Practitioner,' 'Therapist,' or 'Curer,' is to CURE, and that in whatever degree he comes short of this is he either a failure or a fraud, will the faculty of curing be expanded and developed to its proper dimensions. The genuine curing art is only as yet in its infancy, and for any man or number of men to set themselves up to say what are the limits of the curable is not only the height of presumptuous folly, it is a cruel imposition to boot.”

“Among those who have thoroughly grasped the idea that the business of the 'Doctor' is to cure, there is no one at the



present day who is doing more strenuous and more brilliant work in exposing the fallacy of the old doctrines in the most telling of ways than the author of the work (*Delicate, Backward, Puny, and Stunted Children*) we have now under review."

"With the usual inconsistency of the bigoted, whilst denouncing the Homœopath for daring to lay claim to the possession of a means of cure, the old school almost unanimously admits that one disease is to a large extent curable, and that is syphilis. They even advocate a period of anti-natal treatment when either parent is known to be or to have been affected with the disease. But why should syphilis be an exception to all other diseases in the matter of treatment? Dr. Burnett has long ago shown that in the matter of the anti-natal cure of congenital defects syphilis is no exception. He now comes forward to show that congenital defects both of mind and body are curable if rightly treated even many years after birth. To those who have eyes to see, Homœopathy has many opportunities of tracing morbid states to their sources which Allopathy knows not of. Allopaths are mightily proud of themselves when they can trace coarse structural alterations in children to parental diseased states. How much more than this Homœopathy can do, we must refer our readers to Dr. Burnett's little book in order that they may find out for themselves. In the meantime Dr. Burnett shall give his own account of it in his 'Foreword.'"

"In his daily work the practical physician meets with a number of abnormal states that are not readily classified: I refer more particularly to those abnormal conditions of children that I have attempted to indicate in the long title of this little treatise. We say of certain children that they are delicate, backward, peculiar, odd, stunted, puny, and the like, without being able exactly to state what disease they are suffering from. The development of a given child receives a shock from a fall or fright; or its further growth is arrested by some acute disease, such as measles or influenza; or a child is glum, taciturn, excitable, or what not, and yet people hardly know what is wrong or how to set about putting the wrong right. Again, some children do not see, hear, or speak properly; or they are unclean in their habits, wet their clothes or their beds, and cannot be taught nice, sweet ways like their fellows.

"This little work is intended to show that such abnormalities depend upon physical conditions that can be put right by properly chosen remedies, and in no other way so well."

"Dr. Burnett has done a most useful work in delineating the *diathetic* indications of a number of remedies, more especially the nosodes; and all who would be abreast of the times must make themselves familiar with his writings. That his observa-



tions recorded in this little book, marvelous as they may seem, are none the less genuine, our own experience is amply sufficient to confirm."—*Homœopathic World*.

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## HOMŒOPATHIC THERAPEUTICS OF SKIN-WARTS.

Translated from *Berliner Zeitschrift fuer Homœopathie*.

The Skin-warts are of such common occurrence that they are lightly thought of, same as other pathological phenomena of everyday occurrence, but which are nevertheless not at all unimportant for the healthy condition of our organism. Whenever they are noticed it is out of cosmetic considerations. It can certainly not be disputed that their appearance on the hand or even on the face in great numbers and ugly forms is enough to disfigure the finest hands and the most handsome face and many a well-formed miss would give anything to get rid of them.

If they are removed surgically there is generally left a not less disfiguring scar and hence the gain for cosmetic is very small.

Homœopathy, following in the wake of Hahnemann, recognizes in these malformations of the Skin-tissue more than a local disease and dares to include warts in the dominion of internal medication.

In this effort she has met many high triumphs.

Histology teaches us that Skin-warts are not only a thickening of the epidermis, but that they are based upon a morbid development of the papillar bodies. They are forming out of small red spots which rise to reddish, transparent little hills. We can observe with the magnifying glass that they stand in more or less regular lines, rows or squares which arrangement they owe to the peculiar position of the papillæ of the Skin. The skin covering the little hills changes at first very little, but later on becomes thicker, duller looking until at last the lines separating the single papillar growths are irrecognizable.

The warts sit either smoothly on a broad flat basis or are thicker toward the top like a stem or split in numerous parts, for instance when the papillæ, grow much and the covering of the epidermis is rent and peels off (Crown-warts.)

Through every papillæ runs a small vascular twine which causes bleeding whenever we cut into a certain depth. Pedunculate warts can easily be raised up from the skin together with the papillæ which form their basis, but they grow mostly again

in the same place. If the warts are left undisturbed they usually remain for a long time, often for a life time unchanged, but disappear sometimes spontaneously. If irritated by scratching, cutting etc., they become inflamed, the horny layer of the epidermis is knocked off and a lively cell formation on the surface of the papillæ gives the wart the form of an abscess with papillar basis. In the cuticular layer of such maltreated ulcerating warts form sometimes an ulcerating papillar abscess, yes even an epithelial cancer.

Regarding the ætiology of warts, we find that a single wart on the fingers may be of purely local origin such as pressure, but when they appear on the face, on the nose or on the upper extremities often in great numbers the cause is undoubtedly a constitutional one. The father of the Science of Medicine, Hippocrates, has already made in his Aphorism III, 26, the interesting remark that he finds on children besides other diseases (tonsilitis, swollen glands, etc.), often pedunculate warts. We, in fact, observe these skin formations, especially frequent at a youthful age, particularly on girls at the time of puberty and often in great numbers and disfiguring form on the fingers or middle-hand. At maturity and when the body gets stronger they disappear themselves, but an anæmic hydrogenoid constitution retains them often for years, yes for a lifetime. They have been especially observed on young people who are addicted to masturbation, as they suffer often, not only from a deranged nervous system but from anæmia and hydræmia, as well.

After these general remarks we will endeavor to collect the material of cases which the Homœopathic literature supplies, adding some of my own observations.

We will, however, let the remedy precede the cases just as in Homœopathy the physiological proving on the healthy precedes the clinical experiment. As a remedy for warts we find first of all:

*Dulcamara.* Hahnemann and his disciples proved this important remedy (which had a good reputation before) very early and discovered that it develops an extraordinary effect on the skin-tissue. It is said in the *Observation of Others*, Vol. I, R. A. M., 279: "The hands were covered with a kind of wart such as he never had before." Espanet describes these warts as smooth, sometimes transparent; they rise quickly and appear in numbers. The face and hands are chiefly affected. Our literature unfortunately contains very little of this clinical experience with

*Dulcamara*. Only Knorr recommends its use for warts, especially on the face.

*Rhus*. The wart generating effect of this remedy is more suggested than definitely spoken of. The proving says: The parts of the skin coming in contact with the juice became thick and hard as leather. The juice makes the skin hard as dressed leather; after a few days the hardened places peel off. Knorr (*Allg. hom. Zeitung* V, 321) says:

I have found *Rhus* 12, 15, 30 a few drops repeated, only useful against such warts (and this in many cases) as infest the fingers and hands, have a broad base, are of the size of a lentil, a pea or larger, fleshy at the base, but consist in greater part of a horny, coarse, uneven, thick epidermis, feel rough to the touch and hard like a brush, are not sensitive, the surface of a dirty yellow-gray color and at times covered with black bristles, diminish gradually in height and circumference, until the hard cicatrized surface can be rubbed off with the finger and the healthy smooth skin appears. These warts disappear slowly.

*Case*. A woman thirty years old, short, sanguine, had large and small warts on both hands which resisted all irritating treatment so far.

Prescription: *Rhus* 9, 1 drop. In two weeks they began to get smaller and in three weeks the smallest disappeared. Those left were treated externally with *Rhus*  $\theta$  and permanently removed after two weeks more. *Arch.* VI, 2, 21. Gross.

*Thuja*. This potent remedy, thoroughly proved by Hahnemann and his followers is the wart remedy par excellence. But not only do simple warts on the skin yield to this remedy but it is found efficacious also in figwarts or condylomata forming on the genital organs and immediate surroundings, of sycotic and syphilitic origin.

As characteristic peculiarities of the *Thuja* warts will be observed: their broad base and conical form, and the fissuring of the outer covering of the older and larger ones.

Three children of Dr. H. also took this remedy, *i. e.*, the potencies from the first to the thirtieth. None of the children experienced any subjective changes; but on the oldest boy,  $\text{\ae t.}$  ten, there appeared six, his brother,  $\text{\ae t.}$  four, had five and his sister,  $\text{\ae t.}$  seven, had three warts on the hands. On the oldest boy, who seemed to be specially predisposed, the number of warts increased even after he ceased taking the remedy until he had

twenty-two of different size by December 22d, while by that time those of the younger boy had disappeared, all but one. It is singular that in these provings this remedy, which usually produces a series of important subjective symptoms, seemed to have concentrated its whole force on the cellular tissues and to have spent it in the production of warts.

We shall now give some clinical cases:

Dr. Frank, of Osteracle, whose hands fourteen years ago were covered with warts, drove them away with antimonial soap. About four years ago there appeared at the left nostril a broad sessile somewhat moveable growth at which he often picked sometimes till it bled. In time a regular flat wart developed of the size of a pea. Dr. F. rubbed it several times a day with *Thuja*  $\theta$ , and after a few days the wart became black with many fissures on the surface. The doctor removed this chapped surface with the knife and the growth increased again, but its surface remained smooth, hornlike. The doctor again applied the remedy externally, when the same change of condition as last time took place by the next day. He continued the same procedure, with intermission, and the wart steadily decreased in size, so that within four weeks it had entirely vanished.

Some interesting testimony relative to the wart-producing capacity of *Thuja* in favorable subjects is found in the records of provings of the family of Dr. Huber.

The doctor's wife, always predisposed to warts, had also one on the back of the left hand when commencing the proving. From June 18 to 28 she took ten drops of the mother tincture every day. While very little affected generally, there appeared on the fifth day several warty excrescences on the skin of both hands the size of millet seed; these increased in number until she had sixteen altogether. These differed in sizes according to the tinea of their appearance. Not until two weeks after the close of the proving did they cease to increase. The largest were the size of a pea, and with these the originally smooth surface had become fissured and rough; the others remained smooth. This condition lasted until the middle of August, by which time the prover observed that the larger warts collapsed; in the centre a small depression was formed with a hard raised rim. After awhile this elevation caved away and with it the wart disappeared. On September 10 there were still 8 warts left, and on December 12, five months after the proving, all but one small had disappeared.



A boy, aet. fourteen, of scrupulous habits, had thirty to forty warts, chiefly on the back of his hands. They varied in size from millet seed to that of a pea, the surface of the smaller ones was smooth and horny, that of the larger was rough, punctuated, resembling cauliflower. In consistency they were not very hard.

On October 6, patient received of *Thuja*, five drops, and continued same every evening, and he was directed to wash the warts with diluted tincture every day. Although the boy was quite irregular in applying the remedy, every one of the warts had disappeared by November 17, or within less than 6 weeks; not even a discoloration of the skin remained to show where they had been.

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### MAGNESIUM PHOSPHORICUM: ITS VALUE AS AN ANODYNE.\*

By W. Theophilus Ord, M. R. C. S. Eng., L. R. C. P. Lond.

FROM JOUR. BRITISH HOM. SOC.

When I was a student, a well-known and successful old school practitioner gave me this advice: "If you wish to succeed in practice, remember that your first duty is to relieve pain; and to win the confidence of your patients always give some anodyne to those who are suffering."

This advice was of doubtful utility, for at the time it was given *Opium* and its alkaloids were the only real anodynes available. Since those days, however, the advent of the chemical compounds, phenacetin, antipyrin, exalgine and others, have enabled those of our brethren who ignore the law of similars to relieve neuralgia and nerve pain far more promptly than was possible for them a few years ago.

Now we, as Homœopaths, rightly consider that the value of such drugs is very restricted, and that, in fact, they more often do harm than good, and we believe that the "law of similars" is actually all-sufficient for such cases, when properly applied in the form of the correctly indicated remedy.

Here, however, we meet with a practical difficulty. Our *Materia Medica* is vast and our intellectual conception of its details is necessarily limited. When hurriedly called, perhaps

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\*Presented to the Section of *Materia Medica* and Therapeutics, November 7, 1895.



late at night, to a case of violent neuralgia, it must be a severe temptation to some of us (to which, personally, I have often succumbed) to give a good dose of phenacetin, or some similar drug, rather than compare minutely the symptoms—which it may be practically impossible to correctly elucidate at the time—and then to prescribe strictly in accordance with our guiding law.

And this is an important point, which, if we as Homœopaths intend to hold our own in such cases, must be faced by us. For I have known patients desert Homœopathy because an old-school practitioner, accidentally called in, relieved their sufferings by antipyrin far more rapidly than their regular Homœopathic attendant had been able to do with his *Aconite* or *Belladonna*.

Have we, then, any drug sufficiently Homœopathic to acute nerve pain to be able to compete successfully with modern old-school analgesics—to be, in fact, a Homœopathic anodyne, by which immediate relief to pain may be insured, whilst our specific remedy is correcting the pathological condition which has produced the neuralgia?

I believe that in *Magnesium phosphoricum* we have such a remedy, and since the drug, though largely used in America, has not yet gained a footing with us on this side of the water, I desire to give you a brief *resumé* of its action to-night.

*Magnesium phosphoricum* is one of the so-called tissue remedies, and was first used by Schüssler, the reviver of the old idea that those salts which exist as essential constituents of the organs affected, could be used as remedies in disease. It is undoubtedly true that *Magnesium phosphoricum* has been found by analysis in many body tissues, notably in brain, nerves and muscle. But it is not necessary for us to accept this as an explanation of its remedial action.

We know that certain foods, fish and especially oysters are rich in phosphorus, and we find them valuable as brain and nerve nutrients in disease, but the biochemical school do not therefore call them tissue remedies, as, to be consistent, they should.

As a matter of fact, Schüssler's theory seems little more than a peg upon which to hang the Homœopathic action of twelve valuable remedies, which behave strictly in accordance with the law of similars. These he recommends on the same indications and in accordance with the same principles by which Homœo-

paths have for long successfully prescribed the majority of them. Of these twelve remedies, *Calcarea phosphorica*, *Calcarea fluorica*, *Ferrum phosphoricum*, *Silica*, *Natrum muriaticum*, *Natrum phosphoricum* and *Natrum sulphuricum* are old friends, dished up afresh with their Homœopathic indications under the guise of the biochemical theory of their selective tissue action. The other five drugs had not been used Homœopathically before Schüssler introduced them, though they differ but slightly in chemical formation from those that have, and the indications for their use as given by Schüssler are obviously based on the provings of their nearest chemical allies as used by ourselves. Of these, *Kali chloratum*, the chloride of potassium, closely allied with the chlorate of potash (an old and well-proved remedy), has already taken its place as a valuable addition to the drugs which act specifically in chronic catarrhs of the middle ear, and is highly recommended in this condition by Professor Houghton, in his "Clinical Otology." We may then be encouraged to examine *Magnesium phosphoricum*, in the light of its Homœopathic indications, for it will prove, I believe, so valuable an addition to our *Materia Medica* that we can readily afford to overlook the dubious auspices under which it has been brought to our notice.

It is generally admitted that a compound of two elementary drugs possesses the leading properties of both of them, usually in an increased degree. Examples of this we have in the *Iodides of Arsenic* and of *Mercury*, the *Phosphate* and *Fluoride of Calcium* and many others. From this point of view, *Magnesium phosphoricum* comes to us with high credentials. The value of all drugs containing *Phosphorus* in nervous disorders is well-known, and of *Magnesium* we also have provings and clinical evidence that show its action on the nervous system to be marked and characteristic.

You will first wish to know what has been done towards establishing *Magnesium phosphoricum* on a well-proved foundation of its own. Although the remedy has not been thoroughly proved, enough has been done to clearly define its action, and to suggest definite indications for its use. It is not mentioned in our valued "Cyclopædia of Drug Pathogenesis," though the other salts of *Magnesium*—the *Carbonate* and *Chloride*, which were proved by Hahnemann and his disciples—both find a place there. The provings, such as they are, of *Magnesium phosphoricum* have been arranged systematically by Dr. H. C. Allen in

the *Medical Advance* for December, 1889, and a *resumé* of its symptomatology is given in Vol. vii. of Hering's "Guiding Symptoms." From these sources a pretty full symptomatology has been compiled by Drs. Boericke and Dewey in their work on the *Twelve Tissue Remedies*. As I am chiefly concerned in displaying the anti-neuralgic properties of the drug, I shall not examine this *schema* in detail, but will rapidly run over the general indications, with special reference to nerve and pain symptoms. These we shall find to stand up in bold and striking relief from the rest.

To commence with, the leading *mental* characteristic exhibited in the provings is "sobbing and lamenting about the pain" also a strange physical restlessness is exhibited in a tendency to carry articles aimlessly about from place to place. This symptom is said, by Dr. Shannon, to occur under no other drug in our *materia medica*. Next, the *head* symptoms embrace a variety of neuralgic pains in almost every nerve. Headaches, described as darting, stabbing, shifting, intermittent, and spasmodic, occur, *always relieved by warm applications*. These pains are worse after mental labour. There are also similar pains from top of head down the spine, worst between the shoulders. Under *eyes*, we have orbital and supra-orbital neuralgias, worse on the right side, and relieved by external warmth—the site of pain (usually where the nerves leave their bony orifices in the skull) being excessively tender to touch. We have also lachrymation, photophobia with contracted pupils, ptosis and twitching of eye-lids. The *ears* show neuralgic pains, worse in cold air, and by washing face and neck in cold water. Of the *face*, every branch of the fifth nerve is in pain. Pains on the right side, from infra-orbital foramen to the incisor teeth; they gradually radiate over the whole side of face, are worse by touch, cold and motion of jaws. The *teeth* are very sensitive to touch and cold. Toothache is worse after going to bed, better by heat and hot fluids. Severe pains in decayed or filled teeth occur. Of *gastric* symptoms one of the chief is a nerve affection, *i. e.*, hiccough. There is also gastralgia with a clean tongue, relieved by warmth and bending double. In the *abdomen* there is severe colic, with flatulent distention, relieved by pressure, rubbing and warmth. The *stools* are the watery diarrhoea, forcibly expelled, with dysenteric and cramp-like pains, common to all the magnesium salts. Under *urinary* organs we meet with retention of urine from spasm of neck of bladder. Under *female genitals*

we have ovarian neuralgia, worse on right side, menstrual colic in which pain precedes the flow, with great relief from heat. Also vaginismus and membranous dysmenorrhœa. In the *respiratory sphere* occurs spasmodic nerve cough, said to resemble whooping cough—the leading *circulatory* symptom being nervous palpitation, with spasmodic pains suggestive angina pectoris.

The *back* symptoms are chiefly neuralgic pain all down the spine, which is very sensitive to touch; also intercostal neuralgias. In the *extremities* we find muscular cramps and spasmodic neuralgias, especially sciatica—all pains being worse by cold, usually worse after going to bed, and always better by warm application and firm pressure.

Such is a brief outline of the leading nerve symptoms produced by this interesting drug. Have we any remedy in our *Materia Medica*, I do not hesitate to ask, which confronts us with such a picture of neuralgia in almost every sensory nerve of the body? I believe we have not, and that is why *Magnesium phosphoricum* may be expected to take the first place as an anodyne in the Homœopathic practice of England, as it has already done with that of our American brethren. You will observe that the indications for its use are especially clear and well marked, and the pains produced in the different nerves affected have all the same characteristics. There is perhaps a partiality for the right side of the head and face, otherwise all sensory nerve tracts seem equally influenced by the drug. The leading indications are evidently relief from warmth and pressure, with aggravation from cold at night. There is tenderness over the affected part. The pains cause mental distress and seem unbearable, they are darting, shooting, shifting, spasmodic and sometimes intermittent. There is now a mass of clinical evidence, chiefly in American literature, as to the extreme value of *Magnesium phosphoricum* in neuralgias of this type—such as supra- and infra-orbital, facial, dental, spinal, intercostal, ovarian, sciatic, and others—all, however, characterized by the modalities I have mentioned.

Schüssler has recommended the drug in a number of different affections, some of which have been verified in Homœopathic practice and some have not. These are outside the scope of my paper, but I may mention that there is plenty of evidence in the provings that *Magnesium phosphoricum* has a specific action on muscular tissue, especially on unstriped muscle, causing painful



spasms of heart, uterus, intestines, bladder, and possibly of the voluntary muscles as well.

Before mentioning my own experience with *Magnesium phosphoricum*, the opinions of one or two, whose names are well known to us, may be of interest. Dr. Timothy Allen\* tells us that the drug has been found particularly valuable for neuralgias of the forehead, especially supra-orbital. Dr. Dewey† recommends it in the types of neuralgia I have indicated, and also in colic, dysmenorrhœa, whooping-cough, chorea, and writer's cramp. He points out that the patients for whom it is indicated are always languid and exhausted. Dr. Kent,‡ in his post-graduate lectures on *Materia Medica*, compares *Magnesium phosphoricum* to *Colocyth*, which has the same kind of pains—tearing, cutting, and terribly neuralgic. He verifies the indication given for *Magnesium phosphoricum*, and thinks that, like *Colocynth*, it especially affects the nerve sheaths. Dr. Shannon|| claims a specific action for it in diseases having their seat in the nerve fibre cells or in the terminal bulbs of the nerves in the muscles, and perhaps on muscular tissue as well. He confirms the visual indications, and adds that neuralgia at night, with freedom from pain all day, is a special indication for its use; also that the pains are often accompanied by constrictive feeling. Dr. Goullon recently mentioned a case of left-sided neuralgia, affecting the lower jaw, also frontal, and involving the whole left side of the head to the nape of the neck, of an intractable type, which was rapidly cured by *Magnesium phosphoricum* 6x.

Lastly, I may mention that Dr. Wingfield, of Birmingham, tells me he has used *Magnesium phosphoricum* for three years repeatedly. He confirms the indications given, and recommends it in toothache when non-inflammatory, also in left-sided neuralgia, with pain over the temple.

It may strengthen our interest in *Magnesium phosphoricum* if I remind you that the other well-proved salts of *Magnesium* have long enjoyed a reputation in the treatment of neuralgias. The carbonate is especially useful in toothache of pregnancy, and, according to Allen, it produces a general tendency to neural-

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\* "Handbook of *Materia Medica*."

† "The Twelve Tissue Remedies," also in "Essentials of Homœopathic *Materia Medica*."

‡ *Medical Advance*, May, 1895.

|| *North American Journal of Homœopathy*, 1894.



gic pains, with aggravation at night. Also in facial neuralgia, worse by touch and cold draughts, with tendency to move about and inability to remain in bed, the carbonate closely resembles the drug we are considering. *Magnesium muriaticum* also has proved often useful in neuralgias of the head and around the eyes, worse by motion and fresh air, better by pressure. We can well understand, therefore, why *Magnesium* in combination with *Phosphorus*—the essential nerve food—should have so specific an action in nerve tissue as the symptomatology I have outlined to you suggests.

Brief notes of a few ordinary cases from practice may emphasize the fact.

#### Cases Illustrating the Action of Magnesium Phosphoricum as an Anodyne in Neuralgias.

*Case I.* (January 21, 1895).—Miss G., aged 48, keeps a boarding house, has had much worry lately. Been subject to attacks of neuralgic pains in spine, but had none for two years. After a slight attack of influenza, severe pains developed in lumbar region, down right sciatic nerve, and up spine. Tenderness on pressure, with a numb sensation in affected parts. The pains shift their position, are better by rest, worse at night. Sometimes they seize her in paroxysms, obliging her to call out. Patient is much distressed and in great anxiety about the pains; her pulse is weak and vitality depressed. She was kept in bed for ten days, and treated with *Rhus*, *Actæa racemosa*, *Bryonia*, and *Arsenicum*, but without effect. Then *Magnesium phosphoricum* 3x trit. was given, gr. v., night and morning, and at any time if the pains were severe. The pains at once abated, and patient observed that this powder had done her good, and that each dose relieved. She was about again in a few days.

*Case II.*—Mrs. X., aged 58, an apparently healthy, vigorous lady till two years ago, when she suffered whilst abroad from vague neuralgic pains about body, which gradually increased until when I saw her—in June last—they had become very severe, and had greatly reduced her strength. They were much worse at night, affected various nerve tracts, chiefly below the waist. They shifted about; there was tenderness over the affected parts, and finally she got no sleep at night, but walked about weeping and wringing her hands in despair. There was numbness of the toes, and the condition suggested commencing deep-seated spinal mischief. *Arsenicum*, *Quinine*, and *Phos-*

*phorus* helped the general condition. But nothing touched the pains until *Magnesium phosphoricum* was given. This gave her several good nights' rest, and continued for a time to lull the pains. The patient has now left Bournemouth, and I hear is getting worse. *Magnesium phosphoricum* could not have been expected to cure such a condition, but its effect in temporarily relieving the pain and ensuring sleep was unmistakable, both to the patient and her friends.

*Case III.*—Miss F., aged 36, a sufferer from chronic nephritis, which has much improved under treatment. After some mental upset, severe left-sided facial neuralgia set in, radiating from an upper molar, which had given trouble before, from recurrent inflammation of the root. The pain was better by warmth and pressure on the affected side, worse by talking. *Phosphorus* at first removed the pain, but soon lost its effect. *Magnesium phosphoricum* was then given, which greatly relieved. Although the pain recurred occasionally for some days a few doses of this drug always removed it, and no other remedy was required.

*Case IV.*—Mrs. W., an old lady of 74, in reduced circumstances. She has been under treatment for slight eczema, with constipation and stomach pains. These are better. On September 10 she complained of frantic neuralgia in upper jaw and face. The pain ran down from infra-orbital foramen into upper malleolus, and along right molar bone. It was worst at night, relieved by warmth; worse by least cold. The pain was grasping and tickling; had lasted a week. *Magnesium phosphoricum* relieved almost at once, and no other remedy was required.

*Case V.*—Mrs. B., aged 50. Progressive optic neuritis, from which she is now quite blind. She has been under treatment for two years, and for a time by various remedies the progress of the disease was arrested, and she could read large print until nine months ago. Since then nothing has availed. There has been frequent supra-orbital neuralgia of the right side. The sight of the left eye had been lost before I saw her. This neuralgia was benefited by *Actæa racemosa*, and when very severe by occasional antipyrin powders. In September last the pain returned with great severity. *Magnesium phosphoricum* 3x, 5 grains taken in hot water two or three times a day when the pain was worst, gave immediate relief. A fortnight afterwards she reported the pains had quite left, and this powder had removed them far more promptly than anything previously prescribed.

*Case VI.*—George L., a coal-heaver. For five days, since exposure to wet, had severe pain in right arm, with loss of power; there was also a symmetrical rash over both shoulders, red, shiny, slightly raised in scattered papules, and quite dry. The pain ran down the branches of the brachial plexus, *Arsenicum* 3x removed the rash in a week, but the pain, numbness, and loss of power in arm remained. There was evident wasting of the muscles. The pain was constant aching, better at rest and by warmth, worse by holding arm up above the shoulder, and in cold air. *Magnesium phosphoricum* 3x t.d.s. Next week he reported the pain was quite gone, and the arm stronger, but the numbness continued. Ordered *Nux vomica* 1x, in alternation. In another week the arm was stronger, the numbness less, and the muscles filling out. No return of pain.

These six cases, to which I could add many others, illustrate the benefit I have derived from *Magnesium phosphoricum* in daily work. I may add that I prescribe no drug with greater confidence than the subject of our study, and the acute neuralgia, which had always seemed to me difficult to relieve at once by the remedies usually prescribed, has since lost for me all its terrors, and I never now resort to the chemical analgesics, much less to *Morphia*. In prescribing *Magnesium phosphoricum*, Schüssler advised that the 6x or 12x trit. should be given, 5 grains in a wineglass of hot water, to be taken in sips, and repeated frequently if required. I generally use the 3x or 6x; if relief is not speedy the 1x or 2x may be given. I believe the hot water is a useful idea, perhaps because it increases the rapidity of absorption.

Seeing that neuralgia has usually a pathological cause, due to debility, mental strain, exposure, etc., which originates the morbid nerve state, I often prescribe some other remedy, if clearly indicated, and give a few powders of *Magnesium phosphoricum* to be taken intercurrently as may be required by the pain. In this sense the drug is employed as a Homœopathic anodyne, the other remedy prescribed being intended to act constitutionally, and so prevent a recurrence of the pain. Theoretical exceptions may be taken to this method, but it has the practical advantage of success.

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VERY violent drawing tearing in the middle part of almost all the long bones. *Zincum.*

## MATERIA MEDICA CONFERENCE.

At the last meeting of the American Institute of Homœopathy a committee of three was appointed, "*To select a large committee of those interested in the Materia Medica, including several of our Homœopathic specialists, to provide for the consideration and discussion of questions pertaining to the construction of a Scientific Materia Medica, and to call and arrange for a Materia Medica Conference in connection with the next session of this Institute, the Conference to continue one or more days (as may be found necessary) and to adjourn finally before the opening of the Institute Session. The Committee to report its papers and discussions to the Institute for its action.*"

This Committee consisted of Drs. Pemberton Dudley, J. H. McClelland, and J. S. Mitchell.

The larger Committee appointed by these gentlemen is composed of the following: Drs. T. F. Allen, E. H. Porter, M. Deschere, H. C. Houghton and W. A. Dewey, of New York; Conrad Wesselhœft, of Boston; A. W. Woodward and H. C. Allen, of Chicago; Pemberton Dudley and B. F. Betts, of Philadelphia; Eldridge C. Price, of Baltimore; Millie J. Chapman, of Pittsburg; Harold Wilson, of Detroit; M. W. Vandenburg, of Fort Edward, and A. L. Monroe, of Louisville.

This Committee held its first meeting on November 21. A list of subjects was selected for the work of the first conference only, as the recommendation to appoint this Committee included also a recommendation, "*That similar conferences should be held under the auspices of the Institute from year to year until we arrive at definite plans and methods for placing the Materia Medica upon a strictly scientific basis.*" Dr. T. F. Allen was chosen Chairman and Dr. W. A. Dewey, Secretary of the Committee.

The Committee desires to present the following program: The Conference will meet at the place of the Institute meeting in Detroit on Tuesday, June 16, at 3 P. M. and hold three sessions. The first from 3 P. M. to 6 P. M., the second from 8 P. M. to 11 P. M. and the third on Wednesday, June 17th, from 10 A. M. to 1 P. M.

At these three sessions there will be presented and discussed the following topics:

I. Has the Law of Similars ever been unequivocally demonstrated by the deductions from general practice, and do we not



require its more formal proof by inductive experimental research.

*Essayist*, Conrad Wesselhœft, M. D., Boston, Mass.; *Discussions* by C. W. Butler, M. D., Montclair, N. J.; Martin Deschere, M. D., N. Y.; Chas. S. Mack, M. D., Chicago, and Chas. Mohr, M. D., Philadelphia.

II. In what particulars has the proving of drugs deviated from the rules laid down by Hahnemann in the *Organon*, and 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.

*Introductory Remarks*, T. F. Allen, M. D., N. Y. *Essayist*, Eldridge C. Price, M. D., Baltimore. *Discussions* by M. W. Vandenberg, Fort Edward, N. Y.; E. H. Porter, M. D., N. Y.; Conrad Wesselhœft, M. D., Boston, and George Royal, M. D., Des Moines, Ia.

III. In the search for the simillimum shall we endorse Section 8 of the *Organon*, which says that the totality of the symptoms must be the sole indication to direct us in the search of a remedy.

*Essayist*, William Boericke, M. D., San Francisco. *Discussions* by H. C. Allen, M. D., Chicago; W. J. Hawkes, M. D., Chicago; J. D. Buck, M. D., Cincinnati, O.; L. C. McElwee, M. D., St. Louis, Mo.

The time limit for the above essays and the discussions thereon has been fixed as follows: Essays not to exceed thirty minutes; discussions must be limited to fifteen minutes. The Essayist is to have an additional fifteen minutes in which he may comment on the matter presented in the discussions.

The balance of the time of each session may be occupied in general discussions of five minutes' duration each, as a large number undoubtedly will desire to discuss these important topics, and as the time will be limited those who desire to take part in the discussions are invited to send their names to the Secretary signifying the topics they wish to discuss. The remaining time of the sessions will then be allotted in the order in which such requests are made.

Respectfully submitted,

COMMITTEE ON MATERIA MEDICA CONFERENCE,

W. A. DEWEY, M. D., Secretary,

170 W. 54th street, N. Y.

Detroit, June 16 and 17, 1896.



## THE CENTENNIAL OF HOMŒOPATHY.

*Dear Doctor:* The Committee on the Centennial of Homœopathy, Dr. Pemberton Dudley, Chairman, made its final report at the Newport meeting of the American Institute. This report was so thoughtful and so well considered that it met the unanimous and instant approval of the Institute, and agreeably to there commendation contained in the report I request the aid of your valuable journal in bringing before the Homœopathic profession the practical suggestions offered. The report speaks for itself and I shall therefore quote largely from it, but I may add that the Institute was aroused to an intensely earnest interest and hoped that the recommendations contained in it would be acted on by the profession. Certainly no more favorable time could be selected to advance the interest of Homœopathy than the present. If in each center the Homœopathic physicians would get together and organize to carry out some of these suggestions of the report great results would follow.

The report says in part: The American Institute of Homœopathy could hardly feel much enthusiasm in any celebration which had for its object the mere glorification of a man, even though that man were Hahnemann. Still less probably, would she care to employ such an occasion for the purpose of paying empty compliments to her own members living or dead. Least of all could this Institute have any patience with the thought of a mere jubilant "hurrah" whose influence should end with the last sputter of its expiring fireworks. For any such celebration we have neither the time, the talent, nor the inclination.

In our commemoration of the event of 1796 we should have before us, as its principal object, the promotion of the cause which was then inaugurated. In other words, the celebration should be in strict harmony with the "object" for which this Institute was organized, as expressed in the opening article of its Constitution. In carrying out these objects we suggest and recommend that the celebration shall be directed to the following specific purposes, namely:

(a) To pay honor to the character, genius and labor of Hahnemann, and to the work of his discovery.

(b) To establish memorials of the man and of his discovery.

(c) To re-examine the law of similars in the light of modern knowledge and science.

(a) To employ the occasion as a means and opportunity for

further extending the knowledge and influence of Homœopathy and for imparting a new impetus to its development.

The central thought of the celebration should be the discovery promulgated in 1796—the law of similars. Public and professional attention should be drawn as strongly as possible to this particular subject as the distinctive and essential “truth” of Homœopathy, while other truths taught by Hahnemann and held by his followers should, for the time being, occupy a secondary place. This sharp distinction should be made for the purpose of forcing public and professional recognition of the real and essential question at issue between the two methods of medical practice.

In the view of your committee the celebration should not be restricted to the national society, but in certain way should be co-extensive with our country and its influence maintained throughout the centennial year.

We recommend that, so far as the institute is directly concerned, the arrangements and details of the celebration should be in charge of a committee consisting of the Executive Committee of the years 1895 and 1896, acting conjointly.

We also recommend that the duties of the said Joint Committee should include the following:

(a) The committee should prepare a circular, giving an outline of the proposed celebration, including all the recommendations adopted by the Institute in relation thereto, and send copies thereof, not later than December 15th, 1895, to all the Homœopathic journals published in the United States requesting its publication in the first issue of 1896, together with editorial comment upon the subject, and also requesting each journal to publish during the year such further favorable comment as its editor might deem expedient.

(b) The committee should recommend in said circular that each State and local society provide a celebration of its own, of such a character as to draw public attention to the Centennial of Homœopathy and the important results of Hahnemann's Law of Cure.

(c) Also that the friends of each Homœopathic hospital in the United States should, during the year, endow at least one bed in perpetuity, to be so designated and inscribed as to constitute a permanent memorial of the centennial and of the event which it celebrates.

(d) Also that each city and large town, not already provided

with a Homœopathic hospital, should during the year inaugurate a movement to secure such an institution.

In addition the Institute, in accordance with the suggestion of the report, should celebrate the Centennial of Homœopathy by a public meeting when the address "The Hahnemann Oration" shall be delivered by the President.

Three Centennial addresses on the Law of Similars will also be delivered as follows:

1. The Rational Basis of the Law of Similars.
2. The Experiment Demonstration of The Law of Similars.
3. The Clinical Superiority and Efficacy of The Law of Similars.

It will be seen that this celebration will lend increased interest to the Detroit meeting. By interesting local newspapers in the matter and making public the needs of the Hahnemann Monument Committee much needed aid may be had. This report, so timely and so suggestive, will, I trust, be acted upon by your readers and receive your cordial support.

Fraternally yours,

E. H. PORTER,

*General Secretary A. I. H.*

## ANNOUNCEMENT OF LOCAL COMMITTEE OF ARRANGEMENTS.

Almost immediately following the adjournment of the American Institute at Newport steps were taken by the local committee of arrangements to prepare for the next meeting to be held in Detroit. The local committee was made to include all members of the Institute in our State, together with many representative members of the profession throughout the State who are not members of the Institute. From these sub committees were appointed to take charge of the various portions of the work, and these are now actively engaged in the performance of their duties. The chairmen of the sub-committee are: Hall, Harold Wilson; Hotels, W. M. Bailey; Reception, C. C. Miller; Entertainment, M. J. Spranger; Finance, R. C. Olin; Press, S. H. Knight; Exhibits, R. M. Richards; Printing, Virginia T. Smith; Lady Visitors, E. Louise Orleman; Railroads and Excursions, H. C. Brigham.

The work of some of these committees is already far advanced; that of others less so, because of the character of the work.

The Hall Committee were very fortunate in securing Harmonie Hall for a place of meeting. It possesses the following points of merit : It is new, handsome, commodious, well-lighted, central, and yet undisturbed by noise ; it supplies an audience room seating 1,200 people with a stage accommodating 100 to 200 more, a sectional meeting room seating 300, rooms for all committees and officers of the society, post-office, bureau of information and registration, Meissen, etc., with other conveniences that the Institute has rarely if ever enjoyed. For this reason it is contemplated having the "headquarters" in the hall instead of at some hotel as heretofore. The building has been engaged for the entire week, so that it will be at the disposal of the Institute constantly both day and evening.

Three well-appointed hotels in the heart of the city, the most distant being only a few blocks from the place of meeting and reached directly by electric street cars (eight tickets for a quarter), will be at the disposal of the guests, and will be ample to accomodate all who attend. Rates range from \$2.00 to \$4.00 per day. The three hotels mentioned are the Cadillac, Russell House and the Ste. Claire, and rank in size in about the order named, all being first-class in every respect. In addition to these are several public and private hotels contiguous to the hall in which much lower rates prevail.

Few cities are better situated to provide entertainment for conventions than is Detroit, and the various committees will see that their guests do not lack in this respect.

The Railroad and Excursion Committee will, in conjunction with the Transportation Committee of the Institute, arrange to offer members and visitors delightful lake trips, coming to or going from the meeting, or from Detroit and return after the session. Lake travel is at its best in June—the water is placid, steamers and resort hotels are not overcrowded, fishing and hunting unexcelled, and the scenery of our northern lake region in all its glory. Tourist rates will be arranged for, and no more delightful outing can be conceived of, while at the same time our friends of the East, South and West may form some conception of the magnitude of the commerce of our great inland seas and the wealth of our forests and mines.

Detroit is such an ideal convention city, so centrally situated, so contiguous to and easily reached from Boston, New York, Philadelphia, Pittsburgh, Baltimore, Washington, Buffalo, Cleveland, Cincinnati, St. Louis, Chicago, Milwaukee, St. Paul,



and Minneapolis, and even Denver, that eastern city in the West, that the attendance during the coming session (June 17th to 24th) should exceed that of any previous one—"coming events cast their shadows before," and judging from these it will do so. Moreover, the unusual and important character of the scientific work outlined for this meeting, involving as it does the celebration of the Centennial of Homœopathy, merits the attendance and co-operation of every Homœopath in the country from the Atlantic to the Pacific. Michigan, in behalf of our great national representative society extends a cordial invitation and welcome to all.

D. A. MACLACHLAN, *Chairman.*

*No. 6 Adams avenue, W., Detroit.*

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### The Hahnemann Monument.

EDITOR OF THE HOMŒOPATHIC RECORDER.

Hahnemann's birthday is approaching and should be made the occasion of a great demonstration. We ourselves must honor Hahnemann if we would have him honored. This year also marks a great centennial. It is just one hundred years since Hahnemann published, in Hufiland's Journal, his famous paper on "a new principle for ascertaining the curative powers of drugs." This was the first gun fired in the mighty revolution in medicine which has transpired in this century.

It has been proposed by Dr. Bushrod James that Hahnemann's birthday should be made the occasion of a contribution by every Homœopathic physician in the United States to the monument. The models of the monument are about completed, and it will be a magnificent memorial. No Homœopathic physician can afford to have his name missing in the list of contributors.

Let the contributions be sent at once to Dr. Henry M. Smith, 288 St. Nicholas Ave., New York, and they will be promptly acknowledged. A list of contributors is soon to be published and should include every member of the profession. A grand rally and the work is done.

Fraternally yours,

J. H. McCLELLAND,

Chairman Monument Com., Am., Ins. of Homœopathy.

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### PRELIMINARY ANNOUNCEMENT, INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

Honorary President, Dr. Dudgeon; President, Dr. Pope; Vice-President, Dr. Dyce Brown; Treasurer, Dr. J. G. Blackley;



General (Permanent) Secretary, Dr. Hughes, 36, Sillwood Road, Brighton; Local Secretaries, Dr. Hawkes, 22, Abercromby Square, Liverpool; Mr. Dudley Wright, 55, Queen Anne Street, London, W.

In accordance with the resolutions passed at the British Homœopathic Congresses of 1894 and 1895, the following will be the arrangements for the above-mentioned gathering:

(1.) The Congress will be held at Queen's Hall, Langham Place, London, during the second week in July—Monday the 13th to Saturday the 18th inclusive.

(2.) The Congress is open to all qualified to practice medicine in their own country; and Members will be at liberty to introduce visitors to the Meetings at their discretion.

(3.) The General Meetings will be held on the Tuesday, Wednesday, Thursday and Friday, from 2:30 to 5:30 P. M., and on the Saturday at 2 P. M.\* Sectional Meetings can be held in the Board-room of the London Homœopathic Hospital, Great Ormond Street (which has kindly been placed at the Congress's disposal for the purpose) during the forenoons, as may be arranged among the Members themselves.

(4.) No papers will be read at the General Meetings. The accepted Essays will be printed and supplied to all who desire to take part in the debates on their subject matter. They will be presented at the Meetings singly or in groups, according to their contents—a brief analysis of each being given from the Chair; and the points on which they treat will then be thrown open for discussion, after an appointed opener (or openers) shall have been heard.

(5.) The following is the order of business as far as is at present arranged:—

TUESDAY, JULY 14TH.—ADDRESS OF THE PRESIDENT.

Presentation of Reports from the different Countries of the World as to the History of Homœopathy therein during the last five years. Of these we have promises from Great Britain, India, Australia, and New Zealand; from Belgium and Denmark; from France, Switzerland and Portugal. We want reporters from Canada, Holland, Germany, Austria, Spain, Mexico, Italy, and the South American Republics.

*Discussion.*—On the Condition and Prospects of Homœopathy at the present time, and the best means of furthering its cause.

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\* Saturday's Meeting will be for business only, and will be held at the Hospital, like the Sectional Meetings.

WEDNESDAY, JULY 15TH.

*Institutes of Homœopathy and Materia Medica.*

For this day we have promises of the following papers :

“Drug-selection by Sequence of Symptoms,” by Dr. Ord ;  
 “New Provings of Aurum,” by Dr. Burford ; “A New Posological Law,” by Dr. V. Léon Simon ; “The Place of Animal Extracts in Homœopathy,” by Dr. Clarke ; “The Clinical Value of Tuberculin,” by Dr. Cartier.

The first two and last two will probably be discussed at the General, the third at a Sectional Meeting.

THURSDAY, JULY 16TH.

*Practical Medicine, with Diseases of the Eye, Ear, and Throat.*

In the Ophthalmic Department we are promised a paper from Dr. Bushrod James on the treatment of Strumous Ophthalmia ; and in the Aural, two on the possibilities of Medical Treatment in Deafness, by Drs. Hayward Sen, and Cooper. These subjects will be discussed at the General Meeting, together with an American essay on some point in Clinical Medicine as yet unnamed. At the Sectional Meeting in this branch Dr. Hughes will bring forward the action of Colchicum in Gout, and Dr. Oſcar Hansen that of Mercury and Iodine in Syphilis.

FRIDAY, JULY 17TH.

*Surgical and Gynæcological Therapeutics.*

The only material as yet in hand for this day’s discussions is an essay by Dr. J. D. Hayward on “Some Experiences With Purulent Collections in the Thorax ” Our American colleagues, however, have undertaken to supply two more papers on the day’s topics, in which they have worked so largely and so well.

It will be seen from the above that our object is to discuss subjects rather than individual papers. Of the latter, therefore, we have no further need ; but we should be very glad of additional communications on the topics already specified, and on those which will be later announced as chosen by the American Committee which is co-operating with us. All communications relating to the work of the Congress should be addressed to the General Secretary. The Local Secretaries will be glad to afford information relative to accommodation, etc. In connection with this it may be mentioned that the members of the British Homœopathic Society resident in London are being invited to open their houses, where practicable, to guests from abroad.

The President will hold a Reception on Monday evening, at the Queen's Hall, for the Members of the Congress, with the ladies of their families. February, 1896.

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EDITOR OF HOMŒOPATHIC RECORDER:

The inclosed clipping from the *Daily Lancet*, Philadelphia, Pa., for November 20, 1895, will be of interest to Homœopaths. It is "curious" that like cures like from the Allopathic standpoint, but to those who have followed Hahnemann the cures of similar are always expected. The Allopaths *do* stumble on facts once in awhile, and occasionally there is one among them who *knows* a fact when he sees it. *Primula obconica* should be better known among us.

The RECORDER's mission in calling attention to *new* remedies is appreciated here, as I *believe* every plant and substance should be proven and that the more we have the better work we can do. There will always be "incurable" cases until we have all possible remedies carefully proven.

Truly, etc.,

W. A. YINGLING.

### Curious Medical Discovery in Vienna.

A report of the proceedings of the Society of Physicians, Vienna, shows a curious discovery by Dr. Riehl, of that city! It appears that a man was brought into Dr. Riehl's ward suffering from blisters and swellings on his hands, as well as on one eye, which he had touched with a swollen hand. The man was a gardener, and he attributed the blisters to a species of primrose, known as the *primula obconica*. Experiments were made and it was found that the tiny hairs on the leaves of the stocks irritated the skin and gave rise to swellings and inflammation. Dr. Riehl succeeded in extracting the poison which the plant contains, apparently for its own perfection or protection, and, by the use of injections with it, claims to have healed more than one obstinate skin disease.

*Primula obconica* is not obtainable in this country.—ED. HOM. RECORDER.

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EDITOR OF HOMŒOPATHIC RECORDER:

I was called lately to attend a man of thirty years of age in the last stages of consumption, and for the nervous coughing, choking spells I used *Moschus*  $\theta$  with pretty good result. *Tarantula Cubensis* 3 gave no result that I could see. His brother requested permission to try Oil of Cinnamon (Cassia) two drops to a wineglass of water. I agreed and one teaspoonful of that gave almost instantaneous relief and continued to do so up to the last few hours of life. The relief of course was not permanent. In Allen's Encyclopedia all I could find out about

Cinnamon was that it had produced a hæmorrhage of the bowels of bright red blood in a child five years old and that it was good for menorrhagia. In my Pocket Repertory (Johnson's Therapeutic Key) I find the following: (Threatened miscarriage after a *false step or strain in loins*. \*The chief symptom is a profuse flow of red blood, *itching of nose and nightly restlessness*; she tosses about even during sleep.)

I think that Cinnamon evidently is worth investigating, maybe some other physician may contribute information. I would be glad to know more about it anyway.

I have occasionally as a patient a man about seventy years of age who has quite a reputation as an herb doctor; and in conversation has told me of several herbs and his use for them; and some I believe are not used as a medicine now and may have drug power worth cultivating. He gives me the common names and so I do not know whether they are already in use or not, and if not in use I think it would be well to prove them and so make them valuable.

He has used them and claims to have cured cases. One case he stated had the bad disorder and was a mass of corruption nearly all over body, and had been treated by physicians in Caldwell, Montclair and New York, both schools of medicine and given up as incurable, and he claims to have cured the man in six weeks by administering the herb internally as decoction and externally as salve. The name of herb as he calls it is "Mountain Willow," grows 2-3 feet high in damp spots on side of mountains in this part of country.

*Prickly ash* tea for chills and fever.

*Lignum vite* sawdust tea as cure for rheumatism.

*Old man of the earth* for dropsy.

*Smart weed* for dropsy, amennorrhæa, etc.

*White hellebore* for dropsy.

*Garden licorice* for the blood and for cough.

He also stated that he has several times cured *Salt Rheum* and other blood disorders with Mountain Willow.

He also has used Mullein oil for hæmorrhages.

I believe that our stock of drugs can be increased with benefit to us and our patients. So I have been watching to pick up various items.

I copy the following that may be *Passiflora*, and if not then a rival to it. I take it from New York Weekly Witness, Jan. 8, '96, and that took it from Pearson's Weekly.

"In some parts of Mexico there grows a grass which produces a somniferous effect on the animals that graze on it. Horses go to sleep standing and are very hard to rouse for awhile, the effect passes off in 1-2 hours. No bad results have been noticed. Mr. F. V. Colvill, botanist of United States Department of Agriculture, says this sleepy grass is *Stipa viridula robusta* and considers the above statement reliable."

FRANKLIN C. WOODRUFF, M. D.,

February 11, 1896.

1 Roseville Avenue, Newark, N. J.

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## NOTES FROM THE PENNSYLVANIA TRANSACTIONS FOR 1895.

The transactions of the Thirty-first session of the Homœopathic Medical Society of Pennsylvania for 1895 make a very pretty volume of 429 octavo pages. In accordance with THE RECORDER'S custom we proceed to excerpt from it practical, or interesting, points.

### "A Fixed Institution"

Said President W. J. Martin, M. D.: "As was said recently by the Governor of Massachusetts in an address at a Hahnemann birthday celebration, so could be said of Pennsylvania; he said: 'As I mark the brilliant gathering before me, I realize in all its force the fact that the day for the discussion of the principles you stand for has gone by, and that Homœopathy has become a fixed institution, not only in this country, but in the whole world. Good and earnest work is being done by those who represent your principles, and in the name of the Commonwealth I bring you my best wishes and heartiest good will.'"

### But They do Not Stay Cured Always.

In the discussion following the reading of Dr. Steele's interesting paper on "Lacerations of the Cervix Uteri," Dr. Korndoerfer made the following remarks which show the ultimate fate of some surgical cures:

"Specialists are apt to place too much stress upon their successes, ignoring the failures which, but too frequently, follow the knife, even though it be guided by the most skillful hand. I have at present three cases under my charge, in which, after removal of the ovaries, all the symptoms which led to the operation have only been aggravated—the patients, in fact, suffer-



ing more since than before the operation. In each of these cases the surgeon in charge has declared the patient cured, claiming that the existing symptoms result from other diseased states. Yet it was for just these symptoms that the patients applied for relief, and on account of which the operation was recommended and performed. Let us remember Hahnemann's injunction to use the knife when it can be employed with advantage to the patient, but let us also remember his advice with regard to the dynamic treatment of such cases."

### The Shrunken Tail.

Dr. Edward Cranch presented a new and, we believe, far more rational view of the Appendix vermiformis than that which generally prevails: "The object of this paper is to show the appendix as a secreting organ, assisting to lubricate and soften the contents of the cæcum, very much as the tonsils, by their secretion, assist similarly in the act of deglutition. The appendix is not to be regarded as a functionless body; nor as a rudimentary beginning of some impending change; nor as a deteriorated remnant of a larger cæcum, shrunken up when man began to eat meat; nor as an inheritance from the apes, who also possess it although they eat no meat; nor yet, is it to be regarded as in any sense a product of blind evolutionary processes, but as a perfect organ, exactly designed for use in the place where it is, and no more liable to disease than are the teeth, tonsils, gall-bladder, rectum, uterus, special senses, or other portions of the humane economy."

The prevailing idea of this organ is, of course, the result of Darwin's notions that man is simply a developed brute or bug, which, after all, is but a theory and almost surely a wrong one. Dr. Cranch's paper is well worth reading in full, but the above extract gives the readers an idea of its tenor.

### Polypharmacy.

Dr. Hugh Pitcairn said: "Some of our publishing houses and so-called Homœopathic pharmacies are doing the cause of Homœopathy far more harm than the Allopathic school can do by their polypharmacy. It is astonishing the number of Homœopathic physicians (so called) who use combination tablets of one kind or another, and they claim to be Homœopathic physicians. The only safe rule of a Homœopathic physician is the one laid down by the founder of our school: one drug at one time; the indicated remedy and the minimum doses."

## Eupatorium Aromaticum.

Dr. P. S. Duff said: That this remedy "could be studied to advantage in forms of endemic diseases, as tuberculosis, typhus, thrush, fungus, stomatitis, etc., taking the drug, plant, history, habitat, family, etc., and taking the patient, history, family, habitat, and environments—all analogous essentials antecedent to scientific prescribing according to our great law, similia.

"CASE I.—Apthous; tongue red; papillæ swelled; eruption on the cheeks like prickly heat; the roof of the mouth, tongue, and inner cheeks studded with white ulcer-like spots; child is sensitive, worries and frets."

"CASE II.—Mother and two weeks'-old babe. When asked by the mother to prescribe for her, she knew not what was the matter; odor of breath and body peculiarly strong. I read in her anxiety something had come up all over her internally. She was coated closely, as far as I could penetrate the mouth, with a white, firm, and thick coating; the mucous membrane under this was sore; her nipples were red, inflamed-like, sore. The babe's mouth and inner parts were somewhat like the mother's, only not so overpowered-like. *Eup. aromat.* 3x cured, one prescription used.

"CASE III.—Male, æt. 57. For several days, mouth feels like as if injured, tender, scalded-like, particularly inside of lower lip, angles of the mouth; tongue, heavy, white, ragged coat, most at base, red edges and tips, two bloody ulcer spots near tip; burns near all the time; < from eating and heat; burning; gums sore and sensitive, particularly about two inferior roots. Gave *Merc. cor.*, *Arnica*, latter relieved most; *Calendula* and *Listerine*, partial relief; the weather hot, unquenchable thirst; not much appetite; flatulent bowels, with some pain; foul, disordered stool, as if from food eaten; awakes 2 to 3 A.M.; non-invigorating sleep. Third day, gave *Eup. aromat.* θ. Patient soon felt a general aggravation, like a cold or catarrh; annoyed by pain in left shoulder, posterior scapular region; pulse, 94, unnatural; tight in left bronchia; felt ill, dull, and oppressed; pain, as if taking away breath, pleuritic-like; buccal cavity sensitive, sore, burning, etc. *Eup. aromat.*, 3x. Patient felt as if the right man was in the right place—grateful. And this is the sure sign of the similia, friend, helper, healer—proof and cure."

Drs. Bowie and Pitcairn both confirmed the usefulness of this remedy.

“Who Knows Enough.”

The following bit of verbal *Capsicum* is from Dr. D. T. Miller's “plea for purer practice:” “I pity the people served by the man who knows enough. I sympathize with the Homœopathic expectant who falls into the hands of a man who knows *better* than Hahnemann. If life is too short to study Homœopathic materia medica, it is to be feared that *other* lives are shortened by the system that a life *can* master.”

Gymnocladus Canadensis and a Blue-white Tongue.

Dr. C. T. Bingham contributed the following, which being short we quote in full: “While I do not advocate prescribing on one symptom, yet what might be considered a ‘key-note’ may lead to the remedy covering the case entire, as in the case I now report.

“Mr. A. writes me that ten days ago he was taken down with a severe attack of La Grippe. Was now able to be up, suffering, however, with a constant severe pain in the front part of the head, especially under the eyebrows and upper part of the nose. Had taken some five-grain tablets of *Antikamnia* without relief.”

“Knowing the patient's tendency to congestive headaches, sent him *Belladonna* 2x. Five days later, and two days after commencing the remedy, he writes: ‘My head continues to ache back of the eyebrows and the eyes, The aching has lasted over two weeks, never ceases, and sometimes is intolerable. The bones of the eye sockets are very sore to the touch, my nose runs some, and I have a slight cough. My tongue is covered all over with a bluish white coating; do not enjoy my food, and very weak.’

“This peculiar coating on tongue, a symptom I had never met with before, I found only mentioned under one remedy—*Gymnocladus Canadensis*. In comparing the drug with the patient's symptoms, I found a great similarity. Sent the second decimal dilution. Three days after commencing this remedy the patient writes: ‘I have improved under the second remedy, which I have taken faithfully; am a great deal better in every way.’ Improvement continued until well, without change.”

Dr. S. A. Jones Among the Clinicians.

His paper was headed “Where Are We At?” and, needless to say, was interesting if not instructive, in the Dr. Barlow sense. Here are a few clippings from it:

“Allow me to state, for the information of the younger graduates who do not know me, that I have been a somewhat earnest reader of Homœopathic literature for forty years, and that this reading has been largely in its *serial* literature—a line of reading which, upon the whole, I regard as the most fructifying. Dear young doctor, if you have access to files of old Homœopathic journals devour them, for you shall find therein much that will be to you as the bread of life; and you undergraduates whom a propitious fortune has made matriculates of the old mother college, do you keep on the sunny side of that scholar, Bradford, tickle his midriff, that, haply, he shall tell what is fat and what is lean in the old medical journals, and having learned *that*, do you read as never students read before.”

“If Hahnemann’s *Lesser Writings* were to Homœopaths ‘familiar in their mouths as household words,’ then would they learn that the boy who ‘was taught to think’ had long since discovered the speciosity of ‘science,’ and had warned them against her blandishments; but no; they, too, have grown weary in the wilderness; they, too, bend the knee to Baal, and worship the golden calf of modern medicine. Little wonder is it that the face of her serial literature is changed. In R. H. Hutton’s essay on *Gæthe and His Influence*, he cites Matthew Arnold’s verse anent the German protagonist of agnosticism:

“He took the suffering human race;  
He read each wound, each weakness clear;  
He stuck his finger on the place,  
And said, ‘Thou ailest here, and here.’”

“As a diagnostician, the modern Homœopathic physician is an immense success; but one may say of him as Hutton does of Gæthe as a spiritual physician: ‘He knew all symptoms of disease, a few alleviations, no remedies.’”

“I would, my brethren, that at this unrestful, questioning, and doubting end of the nineteenth century we may all be on our guard against the glamour of its fast following theories. Think of it—the science of medicine spreading like an inundation, demanding laboratories without number and of curious names, for its pursuit, and *the practice of the art of medicine reduced by ‘science’ to an hypodermic syringe and an ‘animal extract.’*”

“O disciples of Hahnemann, do we, too, ‘imagine a vain thing’ after all his travail and all his triumph? Let us keep fresh in memory in what he triumphed, and why. It was not by



the *tour de maître* of the surgeon that maims to save; it was the discernment of the Divine clue that makes the maiming a reproach. He left the precious lesson as an 'Open Secret' to all who will read, 'imitate exactly,' and learn; contempt for this lesson and neglect thereof mean decadence—and that is the next door to death."

And with this we close our excerpts.

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GLONOINE IN SCIATICA.—Dr. Wm. C. Krass has been treating Sciatica with this remedy quite successfully. Here are his clinical cases taken from *N. Y. Med. Journal*:

CASE I.—Mr. B., age fifty-five years, has been a sufferer with rheumatism and sciatica several times, the knee and ankle joints being particularly affected. On Thanksgiving day, 1895, was seized with sciatic pain and tenderness and was obliged to remain in bed without being able to move the left leg ever so slightly. Extreme tenderness and sensitiveness were present over the sacrum, in the space between the trochanter and tuberosity of the ischium, popliteal space, inner surface of the malleolus, and extending to the big toe. Atrophy of the muscles, along with disturbances of sensation, indicated a neuritis of the sciatic nerve rather than a neuralgia.

He was treated heroically with ice applications, rest, liniments, along with the salicylates, iodides, and alkalies, without any relief, and nerve-stretching was suggested but not carried out. I was called to see the patient on December 8, 1895, and prescribed nitro-glycerin, one minim of the one-per-cent. solution, or one one-hundredth-grain tablet, three times daily, along with tonics and galvanism. In two days' time the effect of the nitro-glycerin was manifested in the arteries, and from this time on he improved, so that in ten days the sensitiveness over the nerve trunk had disappeared entirely. An attack of rheumatism set in a few days later, attacking the knee and ankle-joints of the left leg and the knee joint of the right leg, with swelling, redness, and tenderness over these joints. The sciatic nerve became at no subsequent period tender or painful, and to-day he is at his business relieved of both affections.

CASE II.—M. B., aged forty-eight years, bookkeeper, has been a sufferer from rheumatism and sciatica for years, so that he is hardly able to walk even with his canes. An acute attack of sciatica set in on November 18, 1895, affecting the right leg,



necessitating complete rest with immobility of the leg. Tenderness, pain, and sensitiveness were present, and the least movement of the leg was attended with excruciating pain. I prescribed nitro-glycerin (one-per-cent. solution), one minim three times daily. Thinking he could not get too much of a good thing, he increased the dose to four and five minims three times daily. No other medicine was administered. In eight days' time he was walking about, entirely freed from all sciatic pain, and in his own words cured from the "hardest attack in the shortest time."

CASE III.—Mrs. B., wife of patient No. 2, was seized on December 10, 1895, with an acute attack of sciatica on the left side. I was immediately called for and found present all the symptoms of a severe sciatic neuralgia. Nitro-glycerin in one minim doses three times daily relieved her so that in seven days she was able to be about the house, and in fourteen days all pain and sensitiveness along the nerve had disappeared.

CASE IV.—A young lady, aged eighteen years, employed as a typewriter and stenographer, and obliged to sit eight to ten hours on a hard-bottomed chair, complained of acute pain beginning in the small of the back and hips and extending down the legs. On examination I found her anæmic, emaciated, with sensitive areas over the nerve trunks of the legs, some disturbances of sensation, and trophic disorders, symptoms indicating a neuritic affection.

I prescribed cod-liver oil and nitro-glycerin with rest, and after a period of four weeks she is again at her work, free from her sciatic pains.

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BERBERIS AQUIFOLIUM.—"From the fact that it will make a 'new' man of an old one in a short time, it is an excellent remedy—we believe an unrivalled one—in constitutional syphilis. It relieves the muscular, bone and periosteal pains, and the several syphilitic eruptions soon disappear upon the administration of *Berberis*. Prof. Webster declares that *Berberis* is not only many times a better antisyphilitic than the iodide of potassium, but that it will frequently render the system tolerant to this remedy when given with it." "Recently we have had some pleasant experiences in the use of *Berberis* in several cases of psoriasis that had withstood the onslaughts of other drug dispensers for more than a year. Although it was at times alter-

nated with *Corydalis*, *Iris*, *Phytolacca* and Fowler's solution, we felt disposed to give the credit of starting the cure, if not of completing it, to *Berberis*. It is generally recommended as an excellent alterative in all chronic cutaneous affections, whether syphilitic or not, as pityriasis, acne, eczema, herpes, etc. It has the same good name in the treatment of chronic scrofulous and erysipelalous affections."

"From its affinity for glandular structures it acts quickly and pleasingly in hepatic torpor, and it is said to prove its efficiency as a remedy when given for cirrhosis of the liver. In stomatitis and in dyspepsia, especially when in its incipiency and when coupled with hepatic affections, *Berberis* is given with confidence."

"In chronic diseases of the mucous membranes, as catarrh, leucorrhœa, bronchorrhœa, etc., it is just as efficient. In chronic pulmonary affections in persons of syphilitic or broken down, depraved constitutions, *Berberis* is a miracle worker. It rights the wrongs and cleans the Augean stables, sharps the appetite, gives new tone and new blood to the body, and comes as near to curing consumption as any one remedy known to us at this time. It is both a blood maker and a blood cleanser, and, as there is no known remedy so virulent to micro-organism of nearly all varieties, as healthy blood serum, *Berberis* becomes, indirectly if not directly, a microbicide."—*Eclectic Medical Journal*.

It is said to act much better in appreciable doses—five or ten drops of the tincture.

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"COUNTRY DOCTOR" AND *PASSIFLORA*.—The rather well known "Country Doctor," who gave the Cheap John tablet men such a deserved showing up a year or so ago, has been writing on the subject of our native *Passiflora incarnata*. He says that tons of Indian honey and opium are used to pounds of Passion flower, yet intimates that the reverse would be better. As to his personal experience he says :

"Now as to my own experience: I have stated before that I never have felt that I have mastered this plant thoroughly. Have used it for years with great success. Consider it something in line with scullcap and cannabis indica, but, I think, working less on the mind than these two remedies and more on the nerves which control the muscles; yet it will oftentimes produce sleep—just how, I do not understand, certainly not as the other remedies mentioned, but perhaps by affecting the

cerebral circulation like the bromides, ergot and some other drugs. It resembles calabar bean more than any other remedy, acts as promptly and with fully as much certainty and with less danger of poisoning. Have not used it in cholera infantum yet—gelsemine answers quite well to control the spasms—but should not hesitate to use it.”

“The keynote for its employment is, of course, the word tetanus—spasms. It is common practice with me to combine it with scullcap, one part to ten of the latter, or with about three parts of cannabis indica, or with both of these. I employ it mostly in chronic cases, and even paralysis agitans has been retarded for years. In a few cases of spinal meningitis it acted fully as well, and, I think, more quickly than calabar-bean, both in connection with gelsemine. In insomnia I generally combine it with scullcap, perhaps on general principles, perhaps from habit, but with very good, although not always immediate, results.”

“It is an excellent remedy to prescribe in those intractable cases of epilepsy and other convulsive conditions that perplex the physician from time to time and for which it is so hard to prescribe with any satisfaction to either physician or patient. Like almost every other remedy it has been recommended in syphilis, though on what grounds I do not see, except possibly in some of the obscure tertiary brain disturbances that sometimes occur in later years, and even in these I mostly depend on the united action of gold and zinc, sometimes assisted by barium iodide.”

“In reasonably large doses, in the hands of others, it has effected some brilliant cures in horses suffering from various kinds of tetanus, but personally I have had no experience with it in that line.”

“I have one thing to complain of, and that is an unaccountable nausea, wrenching and vomiting that occasionally follows its use—more nausea than vomiting, which seems to point to cerebral action rather than direct effect upon the stomach or its nerves. It is quite troublesome at times, especially in cases where I desire to continue the treatment for a long time, and as opium is generally contra-indicated in such cases, I have to rely upon tea made from popped corn, which I also find the best remedy in obstinate vomiting in pregnancy. That simple remedy generally checks the trouble.”

Dose five to ten drops of the tincture.

## BOOK NOTICES.

**Principles of Surgery.** By N. Senn, M. D., Ph. D., LL. D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Ex-President American Surgical Association, etc., etc. Second Edition, Thoroughly Revised. Illustrated with 178 Wood-Engravings and Five (5) Colored Plates. Royal Octavo, Pages xvi, 656. Extra Cloth, \$4.50 net. Sheep or Half-Russia, \$5.50 net. Philadelphia: The F. A. Davis Co.

Five years have elapsed since the first edition of this work was published. Since then there have been many new discoveries in the art and science of surgery, which have been embodied in this very handsome volume. As the title indicates, this book deals more largely with the fundamentals of surgery than of its practical part; it is intended to supply that which is missing in the larger works. This book takes the opposite position of that occupied by Dr. James G. Gilchrist in his recently published *Elements of Surgical Pathology*. Dr. Gilchrist holds that morbid action is a question of organism, while, Dr. Senn sees in it the action of microbes; "there can be no doubt," writes Dr. Senn, "that both the acute and chronic forms of tetanus are caused by the same microbe." "Diphtheritic inflammation is caused by the Klebs-Loeffler bacillus." "Necrosis is a condition, not a disease," and "all bacteria which can produce an inflammation sufficiently severe to completely arrest circulation can become an indirect cause of necrosis." Now, with due respect to Dr. Senn, we are inclined to believe that, given a child inclined to throat troubles and bad plumbing there would be a case of diphtheria even though there was not a Klebs-Loeffler within a mile of the house. So with lockjaw, if the right sort of a man runs a rusty nail in his foot he'll have lockjaw and the microbes will probably come afterwards, and get the credit and blame for the condition of things. But, having Dr. Senn's belief in microbes, there is nothing but praise to accord the book after that point is passed.

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**A Manual of Medical Jurisprudence and Toxicology.** By Henry C. C. Chapman, M. D. Second edition revised. With



55 illustrations and 3 plates in colors. 254 pages. Cloth, \$1.50. Philadelphia: W. B. Saunders. 1896.

Dr. Chapman is Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College, of Philadelphia, and was for a number of years Coroner's physician to the city of Philadelphia, and he may be looked to as a pretty safe adviser in matters where the borders of medicine and law touch. The new matter added to the second edition bears chiefly on his work as coroner's physician. The book is a very pretty specimen of fine press work and paper.

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**Syphilis in the Middle Ages and in Modern Times.** By Dr. F. Buret, Paris, France. Translated from the French, with notes, by A. H. Ohmann-Dumesnil, M. D., Professor of Dermatology and Syphilology in the Marion Sims College of Medicine; Consulting Dermatologist to the St. Louis City Hospital, to the St. Louis Female Hospital; Physician for Cutaneous Diseases to the Alexian Brothers' Hospital; Dermatologist to Pius Hospital, to the Rebekah Hospital, to the St. Louis Polyclinic and Emergency Hospital, etc., etc. Being Volumes II and III of "Syphilis To-Day and Among the Ancients," complete in three volumes. 12mo. 300 pages. Extra Cloth, \$1.50 net. Philadelphia: The F. A. Davis Co.

This is volume two and three in one cover of Buret's monumental work. If any one wants to go into the history of this disease he must go to this work to get it in fullness. The author goes back to the earliest records and follows the disease down to date, bringing out much curious information. Treatment, of course, does not enter into the plan of the work save as it comes in historically.

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**The Year-Book of Treatment for 1896.** A Critical Review for Practitioners of Medicine and Surgery. 12 mo., 484 pages. Cloth, \$1.50. Philadelphia: Lea Brothers & Co., Publishers. 1896.

Every practitioner will readily appreciate the especial value of a work which summarizes a year's advances in all departments of medicine and surgery, and presents them in classified form for ready assimilation or quick reference. Twelve issues of this Year-Book attest its usefulness and popularity. Pre-



pared by a corps of twenty-six editors, each eminent in his assigned department, the volume can be trusted as at once thorough and authoritative. It closes with a classified list of the best new books, a section on Medical Instruments and Surgical Appliances; Pharmaceutical and Dietetic Novelties, and an Index of Subjects, placing anything in the volume instantly at command.

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Miskel, a Novel by L. M. Phillips, M. D., of Penn Yan, N. Y. Advance copy of No. 2, of the Doctors' Story Series. Pages 266. New York: Bailey & Fairchild Co. 1896. Paper, 50 cents.

If any of our readers want a tale of occultism, and hypnotism that ranges from our bustling American cities to the jungles of India he can feed fat on Dr. Phillips' novel.

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RECEIPT of "Hypertrophic Rhinitis" and "Rhinological Dont's," the one a pamphlet and the other a leaflet, by E. J. Birmingham, A. M., M. D., of the New York Throat and Nose Hospital is acknowledged. The doctor concludes as follows: "As a curative and prophylactic agent in nasal catarrh pure air is the best topical application and also the best general tonic." His first "don't" is the rather startling one, "Don't speak of nasal catarrh as a disease." It is only a symptom; good Hahnemann doctrine, that.

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PUBLISHERS S. C. GRIGGS & Co., Chicago, announce in press a book by the famous Leslie E. Keeley, M. D., the "gold cure" man, under the title, "The Non-Hereditary of Inebriety."

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"The Present Status of Diphtheria Antitoxine at Home and Abroad" is the title of a reprint pamphlet from Dr. R. N. Tooker, of Chicago. The veteran handles the antitoxine boom without gloves. "Sanitation," he concludes, "is the cure for diphtheria, and not horse serum or any other poisonous antidote." All which is sound common sense.

"THE present work" (*Delicate, Backward, Puny, and Stunted Children*), is just as graceful, just as clear, just as convincing, and helpful as his other books on co-related subjects, and we cordially recommend it."—*Homœopathic Physician*.

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WHAT becomes of all the pamphlets? Seventeen years ago there was a pamphlet, on balloons, of which thirty thousand copies were printed, yet but a short time ago some one advertised in a Paris paper for a copy and failed to get one. Pins and pamphlets seem to be of a kin in this respect.

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IN view of the approaching Centennial of Homœopathy, and the birthday of Hahnemann, April 11th, Messrs. Boericke & Tafel, at considerable extra expense, have made arrangements to rush Dr. Dudgeon's translation of Hahnemann's *Defence of the Organon* through the press in order to have the book out in time for that event. The printers are under contract to have it out by the 25th of March, and every physician should make himself a Centennial present of the work in honor of that event. The price of the book will be one dollar. It is written in Hahnemann's best style and is the only book he wrote defending himself, and Homœopathy, against the constant and virulent attacks to which both were subjected. It has never before been published in English and its appearance will be the literary event of the year in Homœopathy.

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GOUT AND ITS CURE. Gout, treated by Dr. Burnett, becomes in his book, at least, a very pleasant study. He makes the treatment seem so simple and easy that you long for a series of cases to treat. In his preface he says: "The symptoms that precede and lead up to the uric acid retentions in the blood are a series by themselves; those due to uric acid in the blood, and which lead up to the gouty deposit as an attack, are a second series. The former really spell cacopapsia, while the latter are synonymous with uric poisoning; in the one we deal with the producing power, in the other with the product." The method of procedure adopted by the author is fully set forth in the book.—*North American Journal of Homœopathy*.

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DELICATE, BACKWARD, PUNY, AND STUNTED CHILDREN. We have all of us been confronted scores of times by the class

of cases treated of in this little work. We have puzzled over them 'till our heads ached, only to be finally cornered into the conclusion that the best thing would be to apply hygienic means and let nature do the rest. That is good enough as far as it goes, but Dr. Burnett's position is that we must first clear the way for nature by medical means. He seems to demonstrate the practicability of this through skillful drug manipulation. His theory really reaches the bottom of medical instruction, and is therefore not new. If therapeutic helpfulness is a medical fact Dr. Burnett is right. His little book is worthy a place in any physician's library. By mail, \$1.05.—C., in *Medical Gleaner*.

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BEE-LINE REPERTORY. "This appears to be a condensed work of symptomatology, with designation of appropriate remedies. It is, moreover, arranged for alphabetic sequences, and there is added a very desirable glossary of abbreviations. Certainly the little volume contains a store of varied and valuable information for Homœopathic practitioners, such as cannot be found in any other work."—*The Medical Age*.

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HOMŒOPATHIC BIBLIOGRAPHY (BRADFORD). "This magnificent volume of nearly six hundred pages tells us briefly what we have been doing during the past sixty-six years, and no Homœopath need be ashamed of the record. Opposite the title page is an illustration of the Allentown academy, the first Homœopathic college in the United States, yea, in the world. The building is still standing. The lectures were delivered in German by Hering, Romer, Bauer and others. The first journal of our school was issued in 1835, October 22d, and was edited by Dr. Hering. It was called the 'Correspondenzblatt der Homœopathischen Aerzte.' It was furnished to those near by at \$3.00 per year and to those at a distance for \$5.00. The first hospital in Chicago was opened in 1854 by Dr. Shipman; the first in the country, in 1832, in Philadelphia. In that year Dr. Geo. Bute, a Homœopathic physician, was placed in charge of a cholera hospital in Philadelphia. The volume containing, as it does, everything of a historical nature pertaining to our school should be in the hands of every Homœopathic practitioner. It will frequently be needed for reference."—*Medical Visitor*.

# Homœopathic Recorder.

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## SUGAR OF MILK.

There have been some deceptive reports circulated of late about American sugar of milk. One pharmacist advertises in his circular: "American Milk-sugar has, for some time, been the only kind purchasable. The Swiss sugar being no longer imported, the price of the domestic product has been advanced and is likely to be still higher." As regards the assertion that the Swiss milk-sugar is no longer imported, we would state that this is entirely false, as we know that Boericke & Tafel import large quantities from Switzerland every year and that a physician purchasing the article from them receives only the genuine Swiss milk-sugar.

For six or seven years *before* the passage of the McKinley bill the production of sugar of milk increased very much in this country. At the time the manufacturing of this article was begun it was necessary for the American manufacturers to go through certain experimental stages, but it was not long before they were able to manufacture it in large quantities, and now we understand that they are exporting their make to Europe. For many years the American product consisted of a semi-amorphous powder, which could not be crystallized into cobs. It consequently lacked the sharp, gritty qualities of the powder made from the pure Swiss cobs and plates. Moreover, being sold in the form of powder only and never having been crystallized it contains all the impurities of the mother liquor which in the crystallization and recrystallization of the cobs and plates is separated. The American powder is entirely unfit for the use of the conscientious pharmacist and will not produce a good trituration as the gritty quality is necessary in order to bring the drug to the required degree of fineness.

Within the last few years, however, the American manufac-



turers have succeeded in producing a fine article in cobs and plates, which are very pure and which have all the necessary qualities and the sharp grittiness of the imported sugar; the supply of this, however, seems to be very limited and the price is held at about the same as it costs to import the Swiss crystals. But these American cobs and plates have the same objection for some pharmacists as the Swiss Milk Sugar, namely, it is necessary to crush it and run it through a mill to reduce it to the proper degree of fineness which adds considerably to the price. So far as we are aware, the Boericke & Tafel pharmacy is the only one having facilities for crushing and grinding the sugar of milk, and this accounts, no doubt, for the fact that, at least in most places, "American Milk Sugar has, for some time, been the only kind procurable." A doctor who cannot afford to use cheap medicines and who would depend on having a reliable and pure preparation cannot use the triturations made from the impure and amorphous sugar of milk made to-day by the American producers.

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RATANHIA RECTAL SUPPOSITORIES.—When I made a proving of *Rhatany* it gave great itching of the rectum, and for thirty-five years I have failed but once to cure pin-worms with this remedy, and then it was my fault by not giving it as I should. Two years ago I was asked to prescribe for a patient without seeing her. Her son was a physician and he had had well-known counsel and they said she must die. She was quite old and feeble, but her greatest trouble was frequent discharges of mucus, blood and pus from the bowels night and day, with great pain and burning in the rectum, almost wholly preventing sleep. I gave her *Rhatany* 3x, a dose once in two hours and a three grain *Rhatany* rectal suppository each night. In a few weeks she was well of that trouble and has been well of it two years, and during that time she has not had an attack of dysentery.

A few months since I prescribed for a lady of about forty years, a school teacher when well enough, who had been under the care of a rectum specialist, or perhaps better, a practologist, who said she had bad rectal fissures, and was badly constipated. She used three or four dozen rectal *Rhatany* suppositories and reported herself well, constipation and all. Now I want to say to you all, and especially if there are any practologists here, if you will except *Sanguinaria nitrate* I believe *Rhatany* will cure more



diseases of the rectum than all the other remedies in our *Materia Medica*. This is not simply opinion, but is based on experience.—*Dr. A. M. Cushing in Medical Century*.

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APPLIED MATHEMATICS.—An exchange cites an author who reports his cases by numbers as a business man, numbers his checks. The author reports Case No. 704,212, \* \* \* \* \* etc., etc., and our exchange thinks this is a “new self-advertising dodge” because “very few practitioners with scant twelve years’ experience can count up a record of *seven hundred thousand* cases of any one particular malady, or even that number of patients, to say nothing of the labor of numbering and recording each.”

This would mean 161 patients a day, including Sundays, all registered in the case book, which, allowing five minutes to each, would alone require thirteen hours a day. When gentlemen want to practice on the long-bow they ought to measure their elbow room first.

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MACHINE-MADE TABLETS.—The *Pharmaceutical Journal* of England says that a surgical operation was recently performed on a patient, for some obscure trouble, and it was found that his intestines were packed full of “pressed” or “compressed” tablets. “This was probably due to the pressure used in manufacturing,” adds the *Pharmaceutical Journal*. It is better either to use the tablets made according to Dr. Robert M. Fuller’s method, or else go back to triturations, as machine made tablets are, it seems, not safe.

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WHERE TO SEND CONSUMPTIVES.—Dr. Robley Dunglison used to say that a consumptive had a better chance for life at the sea shore than anywhere else. “If you have a consumptive send him to the sea shore.”

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PYROGENIUM IN VARICOSE ULCER.—Dr. J. S. Hunt, of Athens, Ohio, writes the *Homœopathic World* regarding *Pyrogen* as follows: “I have used it in my practice with most excellent results. In typhoid conditions it has been of unquestioned efficacy; but the most remarkable results were with five cases of varicose ulcer, all of which healed quickly under its use.”

## PERSONAL.

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Custis's *Practice of Medicine*, the handiest book on the subject ever written, is just out.

Dr. Franklin C. Woodruff has removed from 464 Orange St. to 1 Roseville Ave., Newark, N. J.

The Germans dare not criticise their Emperor, so they refer to "Herr Müller," which answers the purpose nearly as well.

**FOR SALE.** My residence and practice consisting of a two-story brick house, fourteen rooms, two offices. Carriage house and stable. Well established practice and a rare chance for a good Homœopathic physician. Terms reasonable. Address J. C., care Boericke & Tafel, 1011 Arch St., Philadelphia, Pa.

And now the pendulum is on the reverse,—Harvard intends reducing its course from four to three years. And after all, why not?

The *Homœopathic Messenger*, of the Grace Hospital, Toronto, Ontario, and the *Homœopathic Hospital Envoy*, of the Denver Homœopathic Hospital, are the latest. Both born in January.

The *Medical Counselor*, Detroit, has again made its appearance. Drs. Harold Wilson and Stephen H. Knight are the editors.

**FOR SALE.** A \$5,000 Homœopathic practice in a southern city of 20,000 population. No other Homœopathic physician in the place. Satisfactory reasons for selling. For particulars address DR. M. E. DOUGLASS, Danville, Va.

And now Herr Kohler, Imperial German Health Officer, finds that every third corpse he examines of those who die between 15 and 60 are more or less tuberculous. Big job for the quarantiners!

Again the "deadly oyster" is getting into notoriety. Good thing for those who don't scare.

One difference between insanity and genius is that the former doesn't go hungry.

Apropos of starving they say there are twenty-five hundred Paris doctors who are on the verge of it.

Dr. P. H. Dassler has removed to Griswold, Ia.

Dr. W. A. Yingling, author of the well known *Accoucheur's Emergency Manual*, has removed to Emporia, Kansas, where he will make a specialty of chronic diseases. A good specialty.

What is "vital force?"

According to the theology proclaimed by Swedenborg the difference between heaven and hell is that in heaven they perform uses from love and in hell from compulsion; the useless being excluded.

Boericke & Tafel's new *Physician's Price Current* for 1896-7 is out.

The RECORDER has received many friendly words this year from subscribers. Thanks.

Everybody likes the novel arrangement of Malcolm & Moss's *Regional and Comparative Materia Medica*.

That paper on *Magnesia phos.*, which we "lift" this month from the "Journal of the British Hom. Society," is worth a careful reading.

Bound copies of RECORDER for 1895 ready.

Dr. Arndt's *Pacific Coast Journal* comes up philosophically smiling notwithstanding his recent obituary.

Dr. Dudgeon's translation of the *Organon* is now published and controlled by Boericke & Tafel. It is a valuable work.

# THE HOMŒOPATHIC RECORDER.

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## THREE UNPUBLISHED LETTERS FROM HAHNE- MANN.

Thomas Lindsley Bradford, M. D.

In the *Populäre Zeitschrift für Homöopathie* for April 1, 1880, Dr. Villers, of Dresden, gave to the world three rather interesting letters written by Hahnemann at a time in his life when letters are rather rare. In so far as the editor knows they have never previously been published in English. It may be mentioned that the footnotes are by Dr. Villers except such as were marginal to the letters. The first part of the third letter is in both French and German. Dr. von Villers says: The following letters written by Hahnemann to an uncle (the brother of my father) who, while captain of the engineer corps of the French army, had emigrated in the year 1792, and was teaching in the University of Goettingen from the year 1807 until his death in February, 1815. Part of the literary remains of this distinguished man, whose name the undersigned enjoys the undeserved honor of bearing, is still preserved together with a very successful portrait in the library of the city of Hamburg. From these reliques the following letters are taken, for which the undersigned hopes to receive the thanks of the readers of this journal:

\* \* \* \* \*

“*Dearest Friend:* Just now I read in the *Hamburger Correspondent* that you are confined to your bed. My high esteem, my friendship and my love to you command me, even at the risk of apparent obtrusiveness, which, however, I shall hardly be charged with, to adjure you, if you can in any way avoid it, not to submit your dear life to the ordinary unsafe healing art, and if possible to use no medicine, no domestic remedy, no herb tea,

no clyster, or anything of the kind. Every medicine which does not exactly suit the case is hurtful, and the exact adaptation of the medicine to every individual case of disease does not belong to the ordinary healing art. That this art, occasionally peradventure, hits upon a serviceable remedy is merely a lucky chance.

“It is infinitely safer to use nothing of the kind at all, but while observing the greatest moderation in the diet, both of soul and body, to follow with moderation one’s own desire for one thing or another, for this desire awakes with a sort of instinct during disease.

“But if circumstances are not too urgent do me the kindness of informing me, after avoiding everything medicinal for at least two days, of all the circumstances, accidents and peculiarities of your disease and of your whole state of health, accurately and with as much detail as possible. How happy would I deem myself if through forwarding some small dose adapted to your case I might be enabled to restore your health and to preserve your life, so precious to all good men !

“Usually it is only one simple substance, and only a very small dose of that, which cures any ailment, only it must exactly fit all the circumstances.

“Do whatever you please with this sincere effusion of love, only be assured of the warmest sympathy and the disinterested friendship of

Your,

SAMUEL HAHNEMANN.

*Torgau, January 14th, 1811.*

\* \* \* \* \*

TORGAU, January 30th, 1811.

Very well! if it pleases you to make such an exchange, my amiable friend! You present me with your French letters, and permit me to trouble you with my German ones. Would to God that your prophecy had in the meanwhile been fulfilled, and you had recovered your health, while my letter speeds to you. In such a case, I would pray you, to be sure and make use of no medical prescription at all, not even my own. I would rather not be physician, if only I may know of your good health. But in the unfortunate case, that you should not yet be well, and your sciatica should attack you anew; when my letters shall arrive, then you may safely take the enclosed (sic!) little powder, marked No. 1, with some water, but without the simultaneous use

of anything medicinal, neither herb-tea nor external application. I should also wish that you would use no lemonade or other acidulous drinks, because acids neutralize and destroy the effect of this medicine. If you will then be so far freed from your pains that you can again enjoy some exercise in the open air, then be sure to enjoy it, but yet, at first, carefully. At first only have your sitting-room aired daily three times, by making a draught through the opened windows and doors, while you remain in the adjacent room. If this refreshment of the lungs gives you pleasure, and your pains permit it, then the next day you may slip out for a minute to the nearest open place, to the yard behind the house, etc., but return at once, because you have become so unaccustomed to the open air. Then repeat, every hour or every two hours, this exposure for a minute until you have become used to it and can take a short walk in the open air, at first for a short time, then for a longer period. For the exercise on foot in the open air, so essential to life, is absolutely essential to recovery from your disease.

But should your pains not yield to the first dose, so that you can walk with comfort, or if the first medicine should refuse to act, then take next morning the powder marked No. 2, and you may expect the best results.

From your temperance and your way of living, so orderly also in other respects, you may expect marvels with respect to your complete restoration. We have an indispensable means of restoring the vital powers of blood and of the ether that may dwell in our nerves, in the enjoyment of the open air, especially when we enjoy it during the active exercise of the body (not while driving), this is an incomparable *Pabulum vitæ* and cannot be replaced by any medicine in the world. Taking a walk, therefore, properly called by the French *prendre l'air* (taking the air), cannot be recommended enough, not only for all men and for all beings that have breath, but especially for those whose mind is in great activity. If such men neglect regular walks, frequent exercise in the open air, very soon an abnormal relation is developed between the organs which serve for the exertion of the mind and those organs which belong to our vegetative life. Our animal life suffers exceedingly through this neglect; while we wish to live only with our soul, we become ill as to the body, if we neglect the tribute due to the body, namely, the care and exercise of the body. If God, therefore, shall have so far restored you that you can walk, please do not



neglect taking a daily walk in the open air. The body and its muscles must be kept in activity and exertion—(that is what muscles are intended for)—if we desire to occupy the mind properly without injury to the health. Only in a robust body can the soul act freely and with energy and perseverance. One who confines himself to his room, cannot do this. You also would not have been able to present to the world so many honored works, if your body had not been so robust. But even the most robust body must be shattered by the customary mode of life of scholars, who in a onesided manner, only put in motion their mind and the organs associated with it, while they allow all the rest of the coporeal machine created for the fullness of life to stand still unused. *\*Et vitium capiunt, in moveantur agnæ.* Therefore! if the mobility of your limbs is again restored to you, be sure to use them from now on for a regular walk in every kind of weather. How gloriously the open air, enjoyed while taking exercise, cheers the mind and gives us equanimity in grief and courage in distress, you yourself must have perceived in your own experience. A heart as soft and tender as yours—the greatest grateful treasure which any man can possess—this most precious jewel must be set into the strongest, firmest casket; only in the full health of the rest of the body, a noble heart full of kindly feeling can become really beneficent to our brother men!

I must besides warn you of a substance much used by scholars, which they use to cheer themselves up when they do without the open air and imprison themselves in their studies. It is the medicinal substance called coffee. How much the daily use of this insinuating beverage undermines the strength of the body, how it predisposes us to a sickly sensitiveness and to painful diseases and many ailments, I cannot tell you here in a few words. I would request you to read a little book on this subject written by me and published by Steinacker, Leipzig. The long-continued strong use of this powerful domestic remedy has often done inordinate damage to the nerves. Pfeffel and Delisle would not have lost the use of their eyes but for coffee, and Mausæns would not have been torn from us so prematurely. Thousands of other examples might be mentioned. I would like to hear soon your determination as to this matter. But a

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\* Marginal note. (Concerning animal magnetism, which to my great joy and astonishment I have learnt to know through my own memorable experiences, I shall write to you another time).

person long habituated to its use can only cease from this use very gradually and carefully; the directions for this you will also find in the above mentioned little work.

All such irritants do not, generally speaking, seem to agree either with good health or with long life. They *excite* in their first effects, just as if they were actual tonics; but during their continued use and daily application, gradually (*sic!*) their real, lasting, after-effects—exhaustion, relaxation and manifold ailments—appear. Now, at last, it is seen that they are actually morbid substances and cheered up only palliatively, with subsequent great and lasting injury.

On this account I cannot either speak favorably of the frequent use of wine; unless it should be, as with the Greeks and the Romans in the times of the republic, mixed with water.

I have known for some time, that you have introduced Kant into your France and made him palatable to the French mind, but I never considered how great an effort even the mere comprehension of his *Kritik der reinen Vernunft* (Critique of pure Reason) must have been to you, when many native German scholars could not penetrate nor comprehend him—and then the translation of Kant into a language which seemed quite unadapted to such expressions! This has, however, been accomplished for the benefit of mankind, but now you must endeavor to supply what your health has suffered during this and similar labors. The world through me entreats you to do this.

I revere Kant very much, especially because he drew the limits of philosophy and of all human knowledge, where experience ceases. But if the rest of what he has thought and written had unfolded itself before his eyes *in a still clearer and more distinct manner*, he would not, I think, have so frequently enveloped himself in such obscure phraseology. A philosophy *quite mature*, I believe, ought to be easily intelligible, at least, to every cultivated man, so intelligible, that a misunderstanding would not be conceivable. But it is only my puny self that has this belief, perhaps I am wrong. Therefore, Plato has a value for me, only where he is quite intelligible and speaks convincingly.

If the so called philosophers who followed after Kant, had not written even more mystically, and had not allowed their fancy to invent so much, if, in a word, they had confined themselves like Kant, merely within the boundaries of experience, I would not have so hard a struggle now in my reformation of medicine.\*

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\*This judgment of Hahnemann agrees exactly with that which Arthur

I have much to suffer from the insane leaning to what is of ancient origin in medicine, and partly from the ruinous tendency to *a priori* reasonings. Experience, simple experience, is contemptible in the eyes of these transcendentalists; they pursue its worshippers and defenders with knavish, sarcastic weapons. These . . . are but babes compared to the wicked knaves who assault my doctrine founded on truth, simplicity, and the process of nature in experience. . . and they have simple, sound common sense for their auxiliaries; but I have nothing of that kind on my side. How diseases may be cured in a natural manner,—that is an operation which cannot offer anything similar for comparison from other human activities. A cure according to nature cannot be compared with any artificer, with any mechanical work or any chemical process, nor can it be elucidated thereby, because it must operate not on merely physical, but also on vital objects. How can I through induction and analogy make comprehensible and plain the necessity that diseases must be extinguished by medicines which are apt to produce similar morbid symptoms in the healthy human body? Only the parallel case of pedagogy, of psyschical remedies remains to me, where a cure can best be effected through a perverted morality, because this also operates on a vital subject. I can only say, that as a corrupted man, who has become accustomed to mortify other men through mockery may be cured far more surely and quickly of his mental error by exposing him to mockery all around, from which he cannot escape, than by being confined to prison; or another boy who takes pleasure in pinching and beating his fellow-pupils, can be better cured, if the pedagogue pinches and beats him in turn, in order that he may feel how others suffer from it, than if he makes him suffer hunger; and just as thieving may be better suppressed and healed in men, if the goods of the thief are confiscated in every such case, or if he was made to restore manifold what he has stolen, rather than by simply imprisoning him or condemning him to other non-homœopathic remedial processes such as hanging or breaking on the wheel\* even so in cases of disease, the

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Schopenhauer, 20 and 30 years later expressed and proved at great length concerning the philosophers who followed Kant, namely Fichte, Schelling and Hegel.

\*So the philanthropists in Philadelphia, North America, in their houses of correction, break the criminals of their bad habits which always rise from idleness and want of appreciation of work, and they also make labor desirable in their eyes, by leaving them in solitary confinement, in cells

use of a homœopathic remedy is most in accordance with nature. This is the only parallel which I can draw—no other means are at hand for demonstrating the naturalness of homœopathic cures. But this in our era, which is so fond of abstractions, is cold water and makes but little impression. Nevertheless all this is the work of the all ruling providence of the ruler of the world. Even if I should not have the good fortune of seeing mankind saved from disease through a cure which can be determined beforehand, and to see my doctrine spread during my life, nevertheless, truth once born, truth that has once seen the light of day, cannot again perish. That is my comfort. I shall then at least after my death be of use to the world and to my fellowmen, when the smoke of transcendental speculation shall have been dispersed and men shall begin to value the worth of experience and sound common sense.

Thus the wise will of the infallible great Spirit, most worthy of all worship, can comfort me at all times, so that my enemies cannot disconcert me, nor hinder me from living continually surrounded by a festival of thanksgiving for all the benefits that encircle me, nor from remaining cheerful, until it may please Him to transfer me unto that untroubled state of existence when in this school of probation, I shall have made myself more worthy of drawing nearer to Him in that state where I shall no more need my mortal covering, nor the organic instruments of a material body for my better existence.

So you also must preserve the firm conviction of the infinite love of God for His creatures; this love provides in a wonderful manner, where all our carefulness is insufficient, and it will comfort you concerning your own sufferings and those of your friends. You have surely done everything for your friend, Mrs. Rodde Schloezer, that was within your power\*—and you must now leave the rest in full confidence to Him who cares for every

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which are as conducive to good health as possible, for half a year or a whole year, without talking with them, or allowing them the slightest occupation in their ennui.

\* In consequence of the Continental blockade decreed by Napoleon I, the wholesale house of Rodde in Luebeck was obliged like many others to suspend payment. The creditors laid claim also to the property which Mrs. Dorothea Rodde-Schloezer had brought with her as dowry, and these claims were acknowledged by the courts. Villers submitted a memorial composed by himself, which as coming from a layman, not only compelled the greatest astonishment on the part of the lawyers, but also caused the exclusion of the property of his lady friend from the bankrupt estate of her husband on the part of the deciding authorities.



worm in the dust—yea, tenderly cares for it. Violent sorrow is a sort of distrust of the goodness, wisdom and power of Him who blesses all—and who forwards our (internal) welfare even through sufferings. Give to Him naught but thanks, dear Mr. Villers, if I may be allowed to advise you, give thanks to Him evermore and *unceasingly*; He is worthy of more than thanks; only that we have nothing better to offer Him. All sufferings, if we rightly use them, bring us a great step nearer to Him who blesses all in His holy of holies.

This I would say from the fullness of my heart to the friend who sympathizes more with my feelings than any one I have become acquainted with. I fully sympathize with your lady friend, I esteem her already on account of her father whom I learned to know in Goettingen.

And now I would add a word or two about myself. I am living (almost 56 years old) in the circle of my beloved family—a wife of rare goodness, and seven gladsome, well-instructed, obedient and innocent daughters, almost grown, who bear me upon their hands and who make my life delightful (also by music)—besides this I am able to heal whatever patients entrust themselves to my care, with hardly an exception, quickly, easily and lastingly and can thus give happiness to a multitude of men—through Him who created the remedies and laid them in my hand. Am I not almost to be envied? But, lo and behold, they are already preparing to make Torgau a great and terrible fortress, in which my family dare not live in peace. I shall have to sell my dear, comfortable freehold property—and move away—undetermined as yet—whereto? So you see, my dearest friend, that an all-wise Providence, when one scale is about to preponderate, lays sorrow into the other scale. Nevertheless, even here below, if we recognize it, the scale of joy from internal peace always remains preponderant, even when the scales seem now and then to fluctuate. I embrace you in spirit.

SAM. HAHNEMANN.

Avoid by all means to strain your mind too much at present and read concerning this, Zimmermann, from Experience, Book IV, chapt. 12.

Help the good Hamburgers, if you can do so, without detriment to yourself.\* I myself have received much kindness in Ham-

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\* Napoleon I after he had made himself master of the whole of Northern Germany, intended nothing less than annulling the constitutions of the Hauseatic towns. The universities of Halle and Goettingen he intend-



burg and Altona, where I lived for several years. To my (our) venerable father Heyne, who during my stay in Göttingen showed me much love, I pray you to give my best wishes.

If you should ever have occasion to inform me of a disease, either of yourself or of others, I would request you to read in my *Organon* from § 60-§ 70, and then e. g. mention or describe accurately the present pain and its duration, the condition of its recurrence in every case, and whether it usually appears in the morning in bed, or after arising, or after meals, or on going to bed, or at some other time—whether it is aggravated during motion or during rest—whether it is aggravated through external touch, or whatever else there may be noticeable. Whether the organism is suffering from any other ailment—the taste in the mouth—the impediments to sleep, the state of mind attending it and whatever remarkable and striking circumstances there may be. Only a description as detailed as possible enables *me*, at least, to select the remedy, which will surely cure. For this purpose symptoms are created by the Creator, so that the physician may grasp them altogether into a clearly defined image of the disease, and may accordingly cure.

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I have suffered much on your account. I feel myself crushed. The indignation makes me tremble. You are then, thanks to God, restored. I breathe again. Your letter has made a feast-day for myself and my family, who are all assembled around me in Leipsic, where we are now living since the last four weeks. O that I could be near you; but, alas, my fate does not permit it.

I revealed my wishes on that point a few months ago to good father H——e. But he opposed me in a sad letter, the contents of which I do not entrust to paper. “I ought by no means to desire to be there.” The rest your imagination may

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ed, if not to close, at least to reorganize after the French, i. e., the Napoleonic fashion. A Frenchman succeeded in preserving the Hauseatic constitutions as well as those of the universities. The City of Bremen recognized Villers' services by bestowing on him the honorary citizenship, while the Hannoverian government, reinstated after the fall of Napoleon, rewarded him—with a summary dismissal. It could not remain hidden from Villers, that this had occurred at the instance of some of his colleagues at Goettingen to whom with considerable self-denial he had secured honorable recognition and various other advantages from his countrymen; though Villers could never ascribe evil intentions to any one. It broke his heart. He died at Goettingen, February 28th, 1815, 50 years old. From this it would appear, that there is more gratitude to be found with merchants than with scholars.

add!\*

In general, I would say, my dearest friend, let us be content with our fate, and with the place appointed to us for the present. Quiet submission to the ways of an all loving and all-wise Providence is surely the best that we can do in these momentous times. The immortal germ of higher perfection does not prosper best within us in the most splendid station of life, nor when all our earthly wishes are granted us, nor when fame and plenty stream in upon us. No, rather when all human help near and far seems to vanish and all our stays seem to totter, then the being within us, created for a far more sublime destiny, feels all the more powerfully drawn toward the invisible, who makes all happy, without whose will no hair can fall from our head, and who wishes to ennoble us and who actually does ennoble us already here, into something far more blessed than the world intoxicated with heavenly [earthly?] joys is dreaming of. It is thus that our internal moral worth becomes more solid, our soul's peace more tranquillizing, even as the shining scale of external wealth, called fortune, breaks from us. In the same proportion our courage becomes more supernal and unshakable, as it no more leans on the tottering need of external possessions, but on the friendship of the Creator of the world.

And how many earthly benefits still remain to us for enjoyment! Enough if we were only willing to acknowledge it. To me at least, it usually happens that for sheer thanksgivings, I have no time left for wishing.† Even the very fact of existence and of being called into life—what good fortune! and if good health, a clear consciousness, the enjoyment of this beautiful earth and of daylight be added, and the ability of doing something for the welfare of my fellowmen—should I not then kiss the invisible hand which bestowed all this?

Look, dear Villers, how happy we might be already here, if we managed rightly. Such a childlike, innocent disposition has also the most happy influence on our health. Then our liver is no more gnawed by some unattainable (and yet unnecessary) desire; we no more lament the bursting of the soap bubble glittering with its purple and gold. No, we then only rejoice over the great good, which the divinity extends to us quietly and un-

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\* This refers to the unceasing tribulations of the senate and the professors of the university of Goettingen, caused by the French government and generally appeased through the mediation of Villers.

† Marginal note: *Trop occupé à rendre grâces à Dieu, je n'ai pas de loisir de faire des souhaits.*

perceived, and we seek to imitate it in tacitly benefitting others and rendering them happy.

But, nevertheless, if your health is defective in any way, and you believe that I may help you, or if you have any friend plagued by the *Dea Morbona*, please to write to me or send him to me.

You yourself I would not like to see personally sick before me, but to embrace you once in good health, I would call the spice of my life.

At least write to me frequently, and tell me of all you have learned to love in the meantime, and what gives you pleasure; you may well believe that this will also give pleasure to me.

I kiss you in spirit, and all my family press your hand.

Altogether yours,

SAM. HAHNEMANN.

*Leipzig, Sept. 28, 1811.*

One thing more, I would gladly see you most happy. Pardon, therefore, my obtrusive advice. Marry if your circumstances permit it, a faithful, good and pure soul, even if the body should not be beautiful. The heavenly friendship which you miss in not having a wife, cannot be replaced by anything else. We are only half men without such a noble union.”

Attached to this letter were two small papers marked No. 1 and No. 2, in which the powders which H. sent to his friend had been contained.\*

These letters hardly need any commentary. Yet we cannot help mentioning some letters of Hahnemann published several decennia ago by his opponents, and the contents of which were intended to serve to make Hahnemann appear as a man of dubious moral worth, after first making him ridiculous as a reformer of the art of healing; and yet these letters contained only reminders as to unpaid fees, such as, we are sorry to say, every physician sees himself compelled to send out. The shallow critics did not mention that Hahnemann, having no other income, had to care for the subsistence of a numerous family, which had in fact, become much endangered, when Hahnemann entered on his peculiar researches, which prevented him from following the accustomed mode of gaining a physician's support, and which also necessarily caused a frequent

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\* This seemingly insignificant circumstance shows the great regard in which Villers held the memory of Hahnemann.

change of residence. When we now compare such publications, made merely from evil intentions, with the letters communicated above, one is reminded of the fable of the swan and the crows. By the purity and magnanimity shown in these letters, and which really form the fountain of all great actions useful for the common welfare, even in the domains of scientific inquiry, those critics of Hahnemann are put into that shade, from which as far as their good name is concerned, it would have been better for them not to have emerged.

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## EPIDEMIC AND ENDEMIC DISEASES.

### Influenza.

Sir Benjamin Richardson, whose theory of the cause of influenza I am about to quote, is well known to be an original thinker. He is one who is not satisfied to take the *ipse dixit* of another, but must experiment for himself. In this respect he is different to most men, for the majority of us have neither the time nor the inclination to make experiments ourselves. We have, therefore, to content ourselves with the opinions of others. To be sure, Sir Benjamin, like all other men, great and small, has a vulnerable point. He is penetrated with the idea that all the world ought to be teetotalers like himself. With this exception, the practice of which, however, does not militate against clear, pellucid thinking, he is a man worthy of being held in much esteem as a votary of science. He is a fine, healthy-looking man and does credit to the beverage on which he subsists—the water of old Father Thames. The following is a newspaper report of his experiments, copied, it appears, from a medical paper:

### The Cause of Influenza.

Dr. B. W. Richardson, writing on this subject in the current issue of *The Asclepiad*, says that those who try to trace everything in disease to germs and their effects have taken it for granted that the present epidemic is due to a microbe. They have not afforded the slightest proof in favor of their contention. The direction in which we are led by such evidence as admits of being gathered is that the affection is nervous in its character, and depends on an influence which directly affects the organic nervous function. It is an organic nervous paresis. The nearest approach I have witnessed to the phenomena of influenza—phe-



nomena induced by a known cause—was in some experimental researches with ozone. I produced in my own person, by the inhalation of air admixed with ozonized air, every one of the primary symptoms which at first demonstrate influenza. Irritability in the nasal cavities, succeeded by free secretion of watery fluid in those cavities; tightness of the chest a distressing headache, with pain in the eyeballs; a sense of nausea. These were the symptoms induced in a temperature of 60 deg. Fahr., and were followed by intense depression and exhaustion. I described these symptoms as those of severe cold, nasal catarrh, passing even into bronchial catarrh. On the lower animals exposed still more determinately to ozone the phenomena were easily rendered fatally severe. Rats and guinea-pigs submitted to its influence died from it, although the air was kept in constant current, and carbonic acid was removed as fast as it was formed. The mode of death was invariably the same—it was from congestion of the lungs, or, as it would be called in the human subject, congestive pneumonia. With this there were bronchial symptoms, and if the fatal event was not too rapid there was hydrops-bronchialis. There was also some congestion of the kidneys, and of other vascular organs, although not in so marked a degree as in the lungs. All round, the symptoms induced by ozone constituted a perfect synthesis of influenza, followed by pneumo-paresis, as we have seen so often in the current epidemic. In the researches on ozone it was observed that the phenomena induced were modified by temperature. Effects from the same ozonized atmosphere, that were rapidly fatal at 70 deg. Fahr., were extended over much greater lengths of time, at 40 deg. to 45 deg. Fahr.; but the general and special results were the same in the end. Moisture also made a considerable difference, acting after the manner of cold, and prolonging the series of changes. I observed another fact that ought not to be forgotten, namely, that the presence of water vapor in the ozonized air, to the extent of rendering me unconscious of inhaling a foreign body, did not prevent the development of the distressing symptoms, and as it seemed to me intensified the headache. The physiological action displayed was on the organic nervous system throughout, and consisted of a paresis or reduction of controlling power of that system. This was evidenced by the vascular congestion, the overflow of mucous secretion, and the sense of feebleness upon the subsidence of the first acute symptoms. Until by future research it be found that the atmosphere



during epidemic catarrh is changed in character, either by having passed over some surface which has modified its physical constitution, or has charged it with infinitely-minute particles leading to an equivalent change, it would be improper to affirm that these catarrhal epidemics are due to an allotropic change of the oxygen. But this may safely and strongly be said, that from synthetic observation the evidence in favor of such a view is more striking than any other line of evidence that has been adduced; and that further research is demanded in relation to atmospheric states during the existence of these great and distressing outbreaks.

\*       \*       \*       \*       \*       \*       \*

Such is the report of Sir B. Richardson's experiments. What do the readers of the *RECORDER* think of it? I suppose some will think it very feasible, and others will not. My own conviction is that it is the most reasonable explanation of the cause of influenza which has been presented to us. Moreover, it does not necessarily conflict with the theory of Dr. Davidson. It will be remembered that Dr. Davidson attributes the alteration in the atmosphere to an emanation of gas from a comet. Of course this gas may be just the same as that produced by Dr. Richardson, or it may be so nearly like it that the effects on man are pretty much the same. Whether Dr. Davidson's theory be correct or not, it would ill become us to laugh at it unless we can produce a better hypothesis ourselves. Contrasted with the nonsense which talks about floods in China, or the generation of a pathogenetic germ in Russia, this theory compares most favorably. At all events we may safely conclude that the poison is an aerial one, and not a bacterial one.

I incline to the theory of the Rev. Dr. Davidson because it reaches beyond that of the other. It not only acknowledges the change of atmosphere, but also informs us of the source whence the change proceeds. It does not concern us much whether there be an "allotropic change of oxygen" or not; it is sufficient to know that we are not breathing our normal vital air. It is true, however, that even this knowledge does not help us much, for we are totally unable to alter the abnormal condition. All we can do is to remedy the effects produced upon us, and this can, I think, invariably be done.

The three epidemics through which we recently passed, although all called by the same name, were not attended by precisely the same symptoms, nor were they amenable to the same

remedy. In the first epidemic the respiratory mucous membrane was most affected, producing catarrh and bronchitis. The second epidemic resembled a specific fever, running a definite course, but not producing identical symptoms in all cases. Probably the weakest organ in each case suffered the most. In the third epidemic there was a tendency to capillary bronchitis. However, there was a lack of uniformity in all the epidemics.

That there was some distinction of poison in these three epidemics I proved more decisively by watching the effect of treatment. For example, in the first epidemic I cured every patient with one particular remedy. This proved to be a veritable antidote, for every one who took this medicine speedily recovered. This was the *Muriate of ammonia*. I put a few grains in a tumbler of water, and gave a tablespoonful every two or three hours.

When the second epidemic came I found this remedy was not sufficient. Observing in one patient some resemblance to whooping cough, I gave the good old remedy, *Kali carb.*, which answered so well that I continued to give it to all succeeding patients, and all recovered.

In the third epidemic neither of these medicines seemed to answer, and after trying one remedy and another I eventually found most benefit from *Antim. tart.*

But all this is mere matter of history, for when the next visitation comes no one can predict beforehand what medicine will prove to be the best. If the poisoned air were in every epidemic just the same, one would naturally suppose that the same medicine would always be required. But as the same medicine does *not* answer, we cannot help concluding that the poisonous gas is not of an invariable nature. And this constitutes our difficulty in the treatment—previous experience fails to adequately help us. It will not, I think, be uncharitable to say that the refining and differentiating process peculiar to Homœopathy seems alone able to contend with the subtle variations of epidemic diseases.

The following account of influenza\* as understood and experienced by one of our friends of the old school is interesting, and I need not, therefore, apologize for giving it. I must reserve my comments upon it for a future communication.

Happening to be in charge of a large Provident Dispensary

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\*Influenza; Its Symptoms and Treatment, by Francis W. Clark, L. R. C. P., Lond., M. R. C. S., Author of "The Germ-theory of Disease," late Hon. Visiting Surgeon to the Bute Hospital, Luton. An Original Essay, specially written for Medical Reprints.

during the epidemic of influenza last autumn and spring I naturally had a large number of such cases under my care, and my experience of the symptoms and treatment may possibly be of some value to your readers should the threatened recrudescence of the disease occur.

Although I cannot give you the exact number of cases treated by myself and my two assistants, yet some idea of their number may be gathered from the fact that between us we paid some eight or nine hundred visits a week, in addition to seeing all the less acute cases in the out-patient department of the dispensary.

Unfortunately, towards the close of the epidemic I contracted the disease myself, and can therefore give you the symptoms experienced by me. In the first place I had a sore throat, in which the tonsils and the whole of the back of the pharynx was injected and glazed; this lasted for two days and was accompanied by malaise, although for that time I was able to continue in attendance upon my patients. On the morning of the third day I awoke with pains in all my limbs, great frontal headache, chilliness, T.  $103^{\circ}$ , and pain in the lumbar region, so great that on getting out of bed I found that I was not able to stand and therefore had to tumble back again, and there I had to remain for ten days, as my attack was followed by slight bronchitis and a most troublesome cough.

On being allowed to get about again I experienced great weakness in the lumbar region, so much so that on walking a few hundred yards I was completely exhausted and unable to stand upright, and this sense of weakness lasted for several weeks.

I may say that I met with sore throat in almost every case that came under my care, while running from the eyes and nose was generally also a prominent symptom. Another curious symptom which I experienced myself and which I met with in a few of my patients was complete loss of taste, lasting for more than a week, while in two children only did I meet with any rash, this being of an erythematous nature, and in neither case was it followed by any desquamation.

The disease, so far as my experience went, was more prevalent among men than women, and, moreover, I found that the most severe cases occurred among the men.

I could not trace any instances of direct infection from one person to another, and in fact some of my earlier cases occurred in the surrounding country, and were quite isolated, one man in

particular contracting the disease after having been employed for a couple of days repairing the roof of his own cottage, his being the first case to occur in that village.

The more important sequelæ were bronchitis and pneumonia, while in several women under my care abortion or premature labor occurred, and I am glad to say they all did well in spite of the fact that the influenza ran its usual course during the puerperium.

Although I did not inquire what was the treatment adopted by my friend, Dr. Simons, of Luton, in my own case, yet the treatment I found most efficacious consisted in the administration of *Salicylate of soda* in doses of from 5-15 grs., combined with the *Carbonate* and *Acetate of ammonia*, while for the sleeplessness which was such a troublesome symptom in several cases I found that x-xv. grs. of *Sulphonal* acted like a charm, and had the additional advantage of leaving no ill after-effects.

A mild purge at the commencement of the illness, and a light diet of beef-tea or a little fish, with, in some cases, a small amount of stimulant, preferably brandy, was all that was needed, and of course the complications were treated in the ordinary manner.

In quite a number of cases a relapse occurred some two or three weeks after recovery from the primary attack and in many cases the second attack was more severe, and more frequently attended by complications, than the primary.

It would appear that the malady is essentially miasmatic in origin, and considering the course which the epidemic took in traveling round the world, the theory that it originated in the effluvia from the decomposing bodies left after the devastating floods in Southern China had subsided, early last autumn, appears to me to be as rational and probable a theory as any that has been advanced to account for this strange and fatal epidemic.

*Staithe, Yorkshire.*

G. HERRING.

## CLINICAL CASES.

### Case No. 1.—Rhus Tox in Splenitis.

Patient, named Abdul Wated Khan, aged about twenty-four years, came to be treated 30 10-95, 9-10 A. M., for splenitis, since yesterday.

History and Symptoms : Costiveness since about eight days ; before this he passed daily two stools, but now only one stool



daily, hard and with no regularity of time; splenitis—pain in spleen—felt by pressing the organ, in inspiration, in coughing; not felt on lying on the affected side, felt *increased after taking meal; feels in movement*, but not much; also feels pain in left shoulder, posterior part, on about the lower end of the upper third of the dorsal or posterior margin of the left scapula, this pain being felt in moving the arm and the shoulder. No other complaints. Tongue clean; taste good; urine not colored. The day before yesterday had been a rainy day, and the night before the last was not rainy but cloudy and cool. *Walked and worked in the rain the previous day.*

*Remark:* One globule of *Rhus tox. 6*, in one dose, cured him.

#### Case No. II.—*Rhus. tox.* in Parotitis.

Patient, Mufizuddeen, a boy of about eight years, came to dispensary 26-10-95, 10:10 A. M., with parotitis, for its treatment.

History and symptoms: Nasal catarrh continuing since five or six days; discharge thick; no cough; fever since last evening, and just after that, *pain on both sides of neck on the parotid regions*, fever still continues; slight *carotid pulsation*. Tongue, *reddish points on sides and tip*; middle and back parts slightly yellowish; and moist; *no thirst; change of water for bathing is ascertained by the mother to have been the cause of the coryza*. One formed stool yesterday; no stool this morning; *pupils widely dilated; slight injections of palpebral vessels*; passed no water this morning; had itch last year and cured with external application. Fever did not commence with chill.

Treatment: *Rhus. tox. 6*, one globule per dose. Two doses per diem.

27-10-95. 9:45 A. M. No fever now and no fever last night no stool; inflammation less.

Treatment: *Rhus. tox. 6*, two doses as above.

28-10-95. 9 A. M. No more fever; no stool; inflammation much reduced; slight swelling and slight pain remaining. Placebo.

29-10-95. 8:40 A. M. No fever yesterday and no fever now; one formed stool yesterday; no stool to-day; swelling much reduced; says: "more pain than yesterday."

Treatment: *Rhus. tox. 6*, one dose as above.

30-10-95. 8:55 A. M. Fever yesterday since 9 A. M. till now; no perfect remission as yet; no stool yesterday; took nothing yesterday; pain and slight swelling in both parotid regions.



Treatment : Placebo.

31-10-95. 9 A. M. Fever continuing ; swelling and pain almost gone ; no stool ; urine slightly colored ; feels hungry.

Treatment : Placebo.

1-11-95. 9 A. M. No more fever ; no swelling ; very slight pain in both parotid regions ; no stool ; urine colored ; tongue, anterior part, reddish with raised-up red papillæ ; middle and posterior part slightly yellowish.

Treatment : *Sulph. 12*, one globule per dose ; one dose just now.

2-11-95. 9:05 A. M. No fever yesterday ; no stool ; very slight pain on the two slightly hardened submaxillary glands ; tongue coated brownish yellow ; urine slightly colored ; appetite good.

Treatment : *Sulph. 12*, one dose as above.

3-11-95. 9 A. M. Pain and swelling almost gone ; one hard formed stool yesterday ; tongue coated yellowish, middle and posterior parts ; urine not colored.

Treatment ; *Sulph. 12*, one dose as above.

4-11-95. 9:30 A. M. Very slight pain in the submaxillary glands, which are slightly swollen ; passed one formed stool yesterday ; no stool this morning ; tongue better.

Treatment : Placebo.

5-11-95. 9:25 A. M. No fever ; getting well ; very slight pain only on right side ; one stool yesterday and another this morning.

Treatment : Placebo.

Diet as above.

Last day of patient's attendance. 8th inst., getting placebo since last report. Recovered.

*Remarks :* Two doses *Rhus. tox. 6* (a globule a dose) and, to complete the cure, three doses of *Sulph. 12* (one globule a dose) were given to the patient, which restored him to perfect health. Patient attended dispensary two weeks and got five globules (a globule a dose) in all to cure him. Mother of patient mentioned change of water for bathing caused me to remember "*ill effects of getting wet*" indicates *Rhus. tox.*

### Case III.—Cimex in Intermittent Fever.

Patient, Mâjer Behârâ, aged about thirty years, came to me to be treated for intermittent fever the 12th September, 1895, about 9 A. M., he being then ill a week. The following is the case :

Type : Quotidian.

Time : Afternoon at about 4 or 5 P. M.

Prodrome : Burning of eyes.

Chill : Slight, about half an hour ; *thirst*, some days, *no thirst* other days ; thirst for small quantity of water ; horripilation ; passed water twice ; *increase with lying down ; increase of cough if he drinks water during chill.*

Heat : Lasts whole night ; to-day feverish yet ; burning heat of palms of hands and soles of feet ; *no thirst* ; passed water twice.

Sweat : Very slight on forehead and neck ; *no thirst.*

Apirexia : Complete. Bowels costive ; stools knotty with streaks of blood on them ; urine reddish ; passes with burning sensation of the passage, the burning sensation lasting for a few minutes after urination ; spitting of saliva, but not constant ; tongue clean and moist ; taste insipid ; *cough constant, increasing at evening*, with expectoration ; sputa thick and of yellowish color ; appetite not good ; food does not relish well ; worked in water about eight or ten days past, and before this he had been feverish every day, though very slightly ; pupils dilated and conjunctivæ pale ; itch last year which disappeared on applying some external applications ; passes daily one or two stools consisting of hard knots.

Treatment : *Cimex 30*, one globule per dose ; one dose given to be taken at full remission.

13-9-95. 9 A. M. Had fever paroxysm yesterday at about 2 P. M., with *chill*, with no thirst, lasting about half an hour ; then *heat* with no thirst, continuing till 10 P. M., when *sweat* commenced all over body, no thirst during sweat ; now perspiring ; skin cold to touch ; had horripilation during chill ; no stool passed after taking medicine ; urine less reddish with less burning sensation during urination ; taste normal ; tongue clean and moist ; cough much less ; complains of a pain in chest, left side, lower down left axillary region pain being felt during coughing, and not felt by percussing, slightly felt by movements ; yesterday paroxysm was much less in severity ; pupils dilated ; no sleep last night ; appetite good ; yesterday paroxysm was less by more than half the severity of the previous paroxysms.

Treatment : Placebo.

Diet : *Atâ*-bread, milk, sugar candy.

14-9-95. 9:30 A. M. No more fever ; one formed stool after noon yesterday ; urine reddish ; cough less with thin expectora-

tion of saltish taste; pain in left side of chest increased last night, and he of himself applied some external application; now the pain almost gone; no sleep last night; appetite good.

Result: Recovery.

Remark: One globule cured. Is it not more fascinating than Allopathic quinine?

#### Case IV.—Phosphorus in Diarrhœa.

A Brahmin boy, yet in his mother's arms, dentition not having finished, visited by me 21st. November, 1895, at about 11 A. M., with the following history and symptoms: Diarrhœa, three days, with stools (at present) *profuse, of greenish color, turning into blue on standing, gushing out*, now and then as if *passed involuntarily*, and that of small quantity. The color of stools changing as follows: Grass-green, then whitish green, or ash color, the brownish or blue color. The *fæces* consist of bits of *mucus* of then above color. *Passing stools involuntarily during sleep*; this involuntary stool during sleep being scanty. *Abdomen tympanitic and swollen*, which state disappears on passing stool, and again flatus accumulates and the abdomen becomes distended, which is again relieved by passing stool. Does not cry during passing stool or urine. Irritability of stomach as is shown by *vomiting of liquids* immediately after taking; does not vomit homœopathic medicine in water when drunk; slight *thirst* tongue anterior side *clean*, middle and back *whitish; dry; eyes sunken and blue around eyes*; pupils normal; *emaciated*. This morning has passed water with stool, slept last night with occasional disturbance for passing stool, or to take medicine; temperature about normal; has been under homœopathic treatment since commencement of illness till this morning; the Homœopathic medicines have been *Calc. c.*, *Cina.* and *Ipec.*, and fourthly *Cina* and *Cham.* Last dose of medicine given and that this morning is *Cina*; patient does not cry.

Treatment: *Phos.* 5, one globule per dose; two doses given, one dose to be taken just now, and the second dose at about 4 P. M.

23-11-95. 8 P. M. Informed this afternoon that the child had only one stool after the first dose of the medicine; no stool after the second dose till to-day after nursing mother's milk (which was strictly forbidden); has had one big yellowish liquid stool; then scanty oozing stools.

The medicine produced a wonderful effect as expressed by the patient's uncle, an Allopathic doctor.

Result : Recovery.

*Remarks* : It is noteworthy that an Allopathic doctor praises and admits frankly the wonderful efficacy of Homœopathic medicines when properly selected, otherwise they produce no good effect at all.

### Case V.—*Apis* in Intermittent Fever.

Patient, one of my relations, L. R. K. Choudhury, aged about four years, suffering from intermittent fever, was seen 27-10-95, at about 10 A. M., with the following characteristics:

Type : Quotidian.

Time : 11 A. M. Heavy fever yesterday ; 2 P. M., light fever day before yesterday.

Chill : Severe, *thirst*, passes stools during ; sleep ; lasting about three hours.

Heat : Slight, *no thirst*.

Sweat : About 3 P. M. ; *no thirst*.

Apyrexia : Complete.

Bowels opened twice yesterday during chill of fever ; passing no thread-worms ; urine reddish ; tongue clean ; pupils dilated ; no stool to-day.

Treatment : *Apis 6x*, one globule per dose ; one dose given just now.

28-10-95, 8:30 A. M. No more fever ; no stool ; pulse is not normal yet ; tongue clean.

Treatment : *Apis 6x*, one dose as above.

Treatment and diet as above.

31-10-95. 7:55 A. M. No more fever.

Treatment and diet as above.

1-11-95. 8:55 A. M. Going on well.

Result : *Recovery*.

*Remarks*. Two doses were used, first dose stopped the fever and there was fever no more.

### Case VI.—*Calcarea carb.* in Gastrodynia.

Patient, wife of Ekim Dâtâl, a Kabirâja, aged about eighteen years, having had no children as yet. Patient not seen by me ; treatment according to the description of her husband ; entered in my case book 12-7-95. 8:30 A. M.

History and Symptoms : Painful menstruation for about three years ; each time of menstruation the menses remains only for three days and no more ; first menstruation at her fourteenth

year; now *menses with irregularity of times*, sometimes *few days earlier* or a few days later.

Hysteric fits since three years, first six months with much severity of symptoms; whenever it occurred; it occurs with *new or full moon*, two or three days before. or occasionally after; and sometimes during new or full moon; these fits last about two hours; fit increases with lying down.

Gastrodynia. Present state of patient since last full moon-day, the pain being increasing since the night following; pain piercing through the chest and back; patient restless and tossing about on her head; one normal stool yesterday at about 2 P. M., and passed water once of normal color at about 8 P. M.; vomited once last night at about 10 P. M.; *vomited bilious matter with undigested food* (rice) taken at about 11 A. M. yesterday. This vomit tasted bitter and not acid. She never experienced before such pain. *Constant dryness of nose*. This pain commenced after meal. No vomiting even during the whole course of illness. Daily one stool during this fit as before. Never had no itch. *Food taken increases pain*. *Better by exercise*.

Treatment: *Calc. c.* 12, two globules per dose. Two doses given, one dose taken just now and the other dose at night about 9:30 or 10 P. M.

13-7 95. 8:30 A. M. Medicine administered at about 9:30 A. M., then instantaneous disappearance of pain; then after about half an hour felt slight pain which continued till 12 M., then the pain gradually subsided; had a large stool consisting of hard fecal knots; then got the second dose in evening at about 7 P. M.; no pain felt this morning; had feverishness yesterday at about noon, the fever continuing till about evening.

15-7-95. 8:30 A. M. Very slight pain occasionally; bowels open; had a swelling in the right hypochondrium but not found now, now griping pain in the left side of stomach as shown to me; increase after meal.

Treatment: *Calc. c.* 12 as above two doses; daily one dose, to be taken early in the morning.

16-7 95. 8:30 A. M. No stool yesterday; slight pain yesterday at about noon continuing last night about 9 P. M.; pain is felt on the left side of stomach.

Treatment: *Calc. c.* 12, one dose as above.

20-7-95. 3:30 P. M. Pain once a day before yesterday; feels pain on the dorsal aspect of the place, where she felt pain first, bowels open.



Treatment: *Calc. c.* 12, one dose as above for to-morrow morning.

26-7-95. 9:50 A. M. Aching from back down to knees; bowels open daily twice; urine not colored; occasional burning sensation during urination but no such thing now.

Treatment: *Calc. c.* 12, one dose given to be taken just now.

Diet: Rice, fish broth and milk.

24-8-95. 10:30 A. M. Three or four days ago the patient's husband informed me of her continued sound health; no pain in abdomen nor any fit at about new or full moon since recovery.

In a later report of the husband I was again informed that she had been pregnant for a few months and continuing well.

Result: Recovery.

Remarks: Here I was a fortunate man to cure hysteria in treating *Gastrodynia*.

A. W. K. CHOUDHURY.

*Satkhira P. O., Calcutta, India.*

## NOTES FROM NEW YORK TRANSACTIONS.

The *Transactions of the Homœopathic Medical Society of the State of New York* for 1895 makes a neat octavo volume of 410 pages. Picking here and there we glean from its richness the following items of more or less general interest.

### A Legal Point.

From President Schley's address we take the following, showing that state officers may make it very unpleasant for physicians:

"I desire to bring to your notice also, a case of the utmost importance to one and all of us relating to the power or privilege of practicing medicine in this State. It has been supposed that registration in one part of this state at a county clerk's office, some year or year's ago, before the recent law came into force, would permit the holder of the county clerk's certificate to continue the practice of medicine in any other county of the state, should he or she decide to change his or her residence. This, in fact, should, according to the recent enacted medical law be just as binding as prior to its enactment. For example, should any one register in King's county to-day and receive the privilege to practice medicine, and to-morrow remove to Erie to practice, the presentation of their certificate of King's county

should suffice without further questioning or conference with the Board of Regents.”

“From the recent arbitrary action of the Secretary of the Board of Regents, it seems that not one of us is safe from dogmatic rulings, such as Doctress Walker has been submitted to within the last six months. This vexed question should be solved in some way at once, and it would be wise to know by correspondence or conference, if the old school and eclectic members have had a similar or similar cases brought to their notice. I think this society should stand by our associate, Doctress Walker, in every manner possible, and even come to her aid financially to fight out this legal (?) point, if it becomes expedient, and finally, I would draw your attention again, to a condition where our society should be thoroughly protected, for, we do not know at what moment occasions may arise, showing the wisdom of our being ready to meet such and all emergencies.”

**Percentages,**

In the Proceeding the percentages of rejections by the State Medical Examiners stood as follows :

Homœopathic . . . . .	13.7.
Allopathic . . . . .	20.2.
Eclectic . . . . .	20.

Not a bad comparison that.

**Uranium Nitricum.**

Thirty-five pages are taken up with a very complete and carefully conducted proving of this drug under the supervision of Drs. T. F. Allen, M. Deschere, H. M. Dearborn and A. R. McMichael.

**Senile Cataract Successfully Treated with Phosphorus.**

Dr. H. D. Schenck reported two cases of this ill, one of which we quote :

“Mrs. S., a fleshy, married woman of 61, who had always enjoyed good health and the best of vision, consulted me February 1, 1893. She had worn glasses for five years for near work, but only in the evening, or when the work was fine. Recently there had been some difficulty in threading the needle, with transient vertigo. Soon after rising three days before seen, a flickering before the right eye with various sized black spots floating before the vision. Some spots were green, others were yellow and

all appeared to be constantly moving. An examination showed the right lens to be quite hazy with some broad striæ extending toward the centre. The haziness prevented a view of the fundus. The left lens was uniformly hazy, but a fairly normal fundus could be made out back of it. The vision was 15-100 R. E. and 15-50 L. E., with no improvement with glasses. Phos.<sup>3</sup> was given every three hours. By February 24th, the black spots had decreased very much. The vision in the R. E. equals 15-50, L. E. equals 15-40, and the lenses were found less hazy. The retina of the right eye began to be seen by March 11th, when the vision of the R. E. equaled 15-40 sd., L. E. equaled 15-30. Some black and brownish-yellow spots are yet seen by the right eye. The vision did not improve much beyond this point, but with a plus cylinder was brought up to 15-30 d. in R. E. and 15-20 d. in L. E. The last of May glasses were prescribed for near vision, which enabled her to use the eyes easily on everything but the finest work. In fact she was so well satisfied that she ceased treatment after the fourth month, and I have only heard indirectly that her vision is still good. Phos<sup>3</sup> was the only remedy given."

#### Abuse of Ergot.

In his paper on this drug Dr. Edwin H. Walcott said :

"But what shall be said of the Homœopathic physician who is continually using this drug in full doses for the correction of numerous abnormal conditions that are clearly within the domain of Homœopathic therapeutics, and that have their *similimum* in such well known remedies as *Acon.*, *Actæa*, *Bell.*, *Cham.*, *Caulo.*, *Gels.*, *Hyos.*, *Ign.*, *Nux vomica*, *Puls.*, *Viburnum*, and others? Surely Homœopathy has not shed its beneficent rays of healing over the ailments of humanity as we are taught to believe, and left unaided and alone the parturient in the throes of labor."

To which we might add that if any one wants to know how to use these remedies and the others let them get Dr. Yingling's recently published *Accoucheur's Manual*.

#### Irreducible Hernia Cured by Nux Vomica.

Dr. E. W. Bryan reported several cases cured by the old remedy. Here is one of them :

"I was called in June, 1872, to see an infant about eighteen months old. On my arrival the mother informed me her baby had a swelling in his privates. Investigation revealed strangulated hernia in left inguinal region, intestines filling scrotum to

a tense condition. After a long, tiresome and ineffectual effort at reduction, I informed the mother that it was a rupture and that I could not reduce it and that in my opinion an operation was the only thing that could save the life of her boy, and that I would return to my office and make necessary arrangements in the way of instruments, anæsthetics and assistants, and return for the operation. At this announcement she very emphatically informed me I could not cut her baby. I informed her that it was my judgment there was no other way to save the child and that the sooner done the greater the probability of success. But she persisted in her refusal, and then I suggested council or that some other physician should have the case, but this she seemed to think meant an operation, with or without consent, and was refused. She desired me to leave medicine for the child, and if that would not cure it she thought there could be no cure, and if she changed her mind she would let me know."

"I left *Nux v.* 3x, to be given once an hour, and left with no hope that the child would recover. I was passing the third day after my visit, and seeing the mother at the door inquired in regard to the child. She replied 'sire, the medicine cured him.' At this I left my carriage and went to see the child, and surely enough the child was apparently as well as ever. She informed me that after about two hours she discovered the swelling, as she called it, was softer, and at the next examination, two or three hours later, it was all gone, and the baby was cured. I advised a truss, and urged it as a protection, but could not prevail on her to bother the baby with such a thing as that."

"I have kept an observation of the boy, who has grown to manhood without any recurrence of the trouble, and is now a large, healthy man, engaged at heavy manual labor."

### Antitoxine.

Towards the conclusion of his paper on the Antitoxine treatment, Dr. Martin Deschere, after quoting some reliable statistics showing a death-rate in diphtheria treated Homœopathically of from two to seven per cent. says :

"As long as we can get such brilliant results by carefully and accurately individualizing our remedies, I cannot understand why some Homœopathic physicians will cling to local treatment, or equally adopt measures recommended by a school of medicine which is hardly in the earliest dawn of development in drug therapeutics. As long as Antitoxine-treatment shows no better positive results than it has done so far ; as long



as strict and critical adherence to the formula *Similia Similibus Curantur* yields the most gratifying results in the treatment of diphtheria, I consider it not only useless but unwise to abandon a method that has stood the test of almost a century, for an uncertain, unfinished experiment which catches the eye of betrayed enthusiasts. Wait and observe. Let the old school rejoice in having found a remedy which looks so much like a Homœopathic one, and which perhaps in time may find its place in our *Materia Medica.*”

“The Homœopathic physician by fighting death has no moral right to employ means unknown to him, while reliable, successful, and proved remedies rest in his pocket case, over-looked only for want of calm reflection.”

#### Rhus Tox in Suppuration of the Eyes.

Dr. F. H. Boynton testified to the great value of *Rhus. tox.* in controlling suppuration of the cornea following cataract extraction. After giving details the doctor said :

“The object of reporting the fortunate outcome of this most unpromising case, is to call attention to the great value of *Rhus toxicodendron* in checking the suppurative processes of the eye. It has long been held in high esteem for its influence over phlegmonous inflammations of glandular and cellular tissue and for arresting suppurative inflammation of the iris and ciliary body. Several cases of these two latter tissues, threatening destruction of the eye by panophthalmitis, have been reported where the suppurative process has been arrested and the eyeball saved with useful vision. Orbital cellulitis, with or without abscess, yields more frequently to this drug than to any other. Only a few cases of threatened loss of cornea through suppuration following cataract extraction have been recorded. I do not know of a single case, so far advanced as this one, where the inflammation was so completely controlled and the integrity of the tissues so thoroughly restored.

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### BAPTISIA.

EDITOR OF HOMŒOPATHIC RECORDER.

The article on *Baptisia* in your February number brings to mind how fortunate my use of it has been in this southeastern corner of New Hampshire.

About fifteen years ago I began to use *Baptisia* in typhoid fever. Here we have a milder form of typhoid fever with com-



paratively few deaths. I have lost but one patient from this fever since 1880, and I have relied on *Baptisia* in all cases. Generally I get the fever under control in about a week. Not only do my patients live but the sequelæ of the fever are wonderfully light. In my fatal case I could not see any effect from *Baptisia*. This case was one of active delirium from the beginning, which I was not able to control and which proved fatal in I think about twelve days. So successful has *Baptisia* been in typhoid fever that I do not now think of using any other medicine. I find, too, that I am using this medicine more and more in cases requiring an anti-septic medicine, and I judge that *Baptisia* has a great future.

I agree most decidedly with the RECORDER in using the best medicines at whatever cost.

Hampton Falls, N. H.

Yours truly,

CHARLES H. SANBORN.

### GOOD BOOKS ! HOMŒOPATHIC BOOKS !

MESSRS. BOERICKE & TAFEL, Philadelphia, Pa.—*Dear Sirs* : Please put my name down as a subscriber to Hahnemann's work on Chronic Diseases. I am an old school graduate, but am a convert to the new school and want no more old school books. Want to get rid of what I have.

I have a son reading with me, and I don't want him to start out as I did and practice Allopathic medicine ten or fifteen years before he gets his eyes open. I am going to start him right and want books, good books, yes, Homœopathic books, and if he never learns or handles the medicines that are used by the old school (crude medicines,) it will be much easier for him to get along than I, as I have to watch myself all the time, or did at first, or I would give my doses too large. I now run up to the 30x attenuation sometimes. At first I went up to about the 3rd.

May the good work go on. I am forty-seven, but thanks to Homœopathy I am again in good health and aim to do all the good I can and in my feeble way push our cause.

I have two students who are all right. If they had read with me years ago they would have been Allopathic physicians, but as it is they are Homœopathic boys.

Thanking you for past favors I am as ever yours,

J. S. LEACHMAN, M. D.

Summertown, Tenn., February 29, 1896.

## THE CENTENNIAL ADDRESSES ON THE LAW OF SIMILARS.

The three addresses on the Law of Similars, provided by order of the American Institute of Homœopathy for the Centennial Celebration at Detroit next June, will be delivered as follows :

1. The Logical Basis of the Law of Similars : Does it Commend Itself to our Reason? By Richard N. Foster, M. D., of Chicago, Ill.

2. The Experimental Demonstration of the Law of Similars : Can its Existence and Operation be Proved? By M. W. Van Denburg, M. D., of Fort Edward, N. Y.

3. The Clinical Efficiency and Superiority of the Law of Similars : Is it a Reliable Guide in the Practice of Medicine? By John P. Sutherland, M. D., of Boston, Mass.

These three addresses are designed to include and constitute a re-examination of the basis and ground-work of Homœopathy, instituted after a hundred years of experimental probation and in the light of modern knowledge. They will be of a rigidly scientific character and will present, not a mere mechanical recital of facts and statistics, but a philosophic review and discussion of the subjects treated, and will be absolutely free from undignified statements and uncourteous allusions. They will undoubtedly form one of the most attractive features of the Detroit meeting.

PEMBERTON DUDLEY, M. D.,  
President, A. I. H.

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## INTERNATIONAL HOMŒOPATHIC CONGRESS.

London, Aug. 3, 1896.

The International Congress has been postponed till August 3. This committee desires to announce that it has made the following arrangements for transportation to and from the Congress. The White Star Steamship *Britannic*, sails from Pier 45 North River, New York, on Wednesday, July 22 at 10 a. m., and is due in Liverpool on July 30, giving ample time for a run through the Shakespeare Country before the meeting. Accommodations for a limited number have been secured on this steamer. The return trip may be made on the *Britannic* or *Germanic*. The following are the rates: \$104, \$117.50 and \$131., for the round trip according to accommodations. If the return trip be made

on the *Teutonic* or *Majestic* differential rates will be required. The following is the sailing list of the White Star Line from Liverpool to Oct 1.

<i>Germanic</i> , . . . . .	Aug. 19.
<i>Teutonic</i> , . . . . .	" 26.
<i>Britannic</i> , . . . . .	Sept, 2.
<i>Majestic</i> , . . . . .	" 9.
<i>Germanic</i> , . . . . .	" 16.
<i>Teutonic</i> , . . . . .	" 23.
<i>Britannic</i> , . . . . .	" 30.

Another most attractive and interesting route is recommended by the committee. The *Dominion Line Royal Steamship Co.*, running between Montreal and Liverpool have offered superior accommodations at reduced rates, on their fast and popular steamer *Labrador* sailing from Montreal at daybreak on July 25. This line offers the round trip for \$100, outside rooms.

The sail down the beautiful St. Lawrence river, a visit to Quebec, so full of historical interest, a thousand miles less of ocean are all special features which would commend this line. The landing is made at the River side Station in Liverpool, and a special train for London always leaves within an hour after the arrival of the *Labrador*. The fare being about \$4.50. The following is a list of the return sailings of this line :

<i>Vancouver</i> , . . . . .	Aug. 27.
<i>Scotsman</i> , . . . . .	Sept. 3.
<i>Vancouver</i> , . . . . .	Oct. 1.
<i>Scotsman</i> , . . . . .	" 8.

The new steamer *Canada* will sail on the 10th and 24th of September.

It is expected that this steamship, which is now building the largest and finest steamer that ever entered the St. Lawrence, will have taken her place on this line before the Congress meets, in such case, if dates suit, arrangements will be made to change to that ship. The Dominion Line also offers to allow the transfer of tickets between members thus allowing those sailing on the *Britannic* to return via Montreal. The benefit of going one way by each route will thus be had. Montreal is as easily reached from the West and New England as is New York. This company has given us the lowest rates and the best accommodations. Extra rooms can be obtained at a trifle extra cost. That members will receive the best of treatment from them goes without saying; they are working to secure a share of American trade

and are soon to put on an entirely new fleet of steamers. The *Canada*, the first one is now about completed.

The following letter will explain what arrangements have been made in London for the entertainment of members ;

55 QUEEN ANNE STREET,  
CAVENDISH SQUARE, W. LONDON,

January 21, 1896.

DR. W. A. DEWEY, Secretary,<sup>1</sup> International Homœopathic Congress.—*Dear Sir* : I have not replied to your note of November 13 before this, as I have been making arrangements for the meeting and the reception of our American colleagues in London. The following arrangements have been made : The meeting will take place at the Queen's Hall, Langham Place, in the "small hall." The evening of August 3, Monday, will be set apart for a reception of the members of the Congress by the officers, in the hall above mentioned. The Board of Management of the London Homœopathic Hospital, have kindly put the board room at the disposal of the members of the Congress in the mornings, for sectional meetings. As regards hotel accommodations at the Bedford Hotel, 93 Southampton Row, Holborn, the Temperance Hotel, Montague House, Montague street, Russell Square. Board and residence can be obtained at the rate of from 7s a day, if a residence of a week is made, but not for shorter periods, and only on giving notice beforehand that these terms are required, at the "Inns of Court Hotel," Lincoln's Inn, Field's and Holborn, a most substantial and excellent hotel in every way. Full board and residence can be obtained for 12s a day for a week or less than a week, or bed, breakfast and attendance at the rate of 7s a day. I can thoroughly recommend the latter place, it is conveniently situated, moreover, being within easy reach of the hospital and seven minutes "bus" ride of the Langham Hall.

Yours sincerely,

DUDLEY WRIGHT.

It is most important that those contemplating the trip notify the secretary of this committee at once, and also the date of their return passage. Berths can only be secured by a deposit of \$25. Further information, cabin plans of ships, etc., may be had on application to the secretary.

Respectfully submitted Com. on International Congress,

W. A. DEWEY, M. D., Secretary,  
170 West 54th street, N. Y.

**AMERICAN INSTITUTE OF HOMŒOPATHY. THE  
MEETING AT DETROIT.**

EDITOR OF HOMŒOPATHIC RECORDER.

The annual meeting of the American Institute of Homœopathy will be held at Detroit, Mich., beginning Wednesday, June 17, 1896. The local committee, Dr. D. A. MacLachlan, chairman, has been vigorously at work during the past few months and has perfected its plans to such a degree, that it may be said, without any exaggeration, that the institute will receive a right royal welcome in Detroit. A magnificent building containing auditoriums, large and small, reception rooms, rooms for committees and officers, and every possible convenience has been engaged for the use of the institute, and it is believed that the arrangements in this respect will be more complete and satisfactory than ever before. The hotels are first-class, charge moderate prices, and will do all that is possible to entertain the members of the institute.

Detroit is a beautiful city, centrally located and most fortunate in its approaches. From it many delightful trips and excursions may be taken. The details of these will be announced by the local committee. One proposed trip, however, deserves special mention—the journey by the magnificent new lake steamers to Duluth and return. There is no finer trip than this in the world.

The interest in the Detroit meeting—marked even last summer—has steadily increased, until now it needs no prophet to foretell one of the most enthusiastic and successful meetings our national organization has ever had.

The chairmen of the various sections are busily at work, and propose to present programmes unexcelled for freshness, variety and thoughtfulness.

The *Materia Medica* Conference will meet on Tuesday, June 16th, the day before the Institute, and hold three sessions, one at 3 P. M., on Tuesday, another in the evening and the last on Wednesday morning. The programme of the conference has already been published and need not be again presented, but it may be not amiss to state, that nearly all the prominent men in the school have signified their intention of being present, and taking part in the discussion that will follow the presentation of the essays, etc.



The vital importance of this conference and its significance to the Homœopathic school, imposes upon each member of the institute the duty of earnestly supporting and aiding its labors.

The value of the coming meeting, that which will enhance the dignity and standing of the institute and ensure the approval of the profession and the sympathy of all students, in every science, depends upon the character of the scientific work done.

The best work, the widest experience, the most profound thought must be found at Detroit. The annual circular to be issued in May will give full information regarding the details of the meeting. Let every member make preparations now to attend what promises to be one of the most important meetings ever held. And let there be along the whole line in this Centennial year of Homœopathy, a determination to celebrate it by increasing the membership of the institute, in such a signal fashion, that our numbers may be doubled. Let each one who attends bring at least one new member with him, and those who are obliged to remain away send two.

Fraternally yours,

E. H. PORTER, General Secretary.

### FAGOPYRUM, A NEGLECTED REMEDY.\*

By D. C. Perkins, M. D., of Rockland, Me.

There is, perhaps, no well proven remedy in the *Materia Medica*, of equal value to that of which I present a brief study, that has been so wholly overlooked by the Homœopathic profession. There certainly is none which possesses a more marked individuality, and which more fully fills a place by itself. It is safe to say that not one in ten of those who practice the healing art, has ever used it or is familiar with its pathogenesis. Having not unfrequently cured cases with it, which had refused to yield to other remedies apparently well indicated, I have come to regard it as among the important drugs in our super-abundant *Materia Medica*. Its effects upon mental conditions are marked by depression of spirits, irritability, inability to study, or to remember what has been read, bringing to our minds *Aconite*, *Bryonia*, *Chamomilla*, *Coffea*, *Colocynth*, *Ignatia*, *Lachesis*, *Mer-*

\*Reprinted from transactions of the Maine Homœopathic Society by request of several readers.

*cury*, *Nux vomica*, *Staphisagria*, *Stramonium* and *Veratrum*. Its effects upon the head are deep-seated and persistent. There is vertigo, confusion, severe pain in many parts of head, with upward pressure described as of a bursting character. The pain may be in forehead, back of eyes, through temporal region on either side, but always of a pressive or bursting nature. For congestive headaches it is as valuable as *Belladonna*, *Glonoine*, *Nux vomica* or *Sepia*.

In and about the eyes there is itching, smarting, swelling, heat and soreness; the itching being especially marked and usually regarded as characteristic. The last named symptom is no less prominent in affections of the ears, as has often been shown in the efficacy of buckwheat flour in frost-bites, or erysipelas of those useful organs, from time immemorial. Here the similarity to *Agaricus* will readily be recognized. The nose does not escape. It is swollen, red, inflamed and sore. There is at first fluent coryza with sneezing, followed by fullness, dryness and the formation of crusts. Nor is the burning absent which has been elsewhere noted. There is much soreness and somewhat persistent pain from even gentle pressure.

The face is pale or unevenly flushed, with dark semi circles below the eyes. Later, the face becomes swollen, hot and dry, as though severely sunburnt, and the lips are cracked and sore. The mouth feels dry and hot, and yet saliva is not wanting. There is soreness and swelling of roof of mouth, and the tongue is red and fissured along its edges. The bad taste in the morning reminds us of *Pulsatilla*.

In the throat, there is soreness with pain just back of the isthmus of the fauces, a feeling of excoriation and soreness extending deep down in the pharynx. The uvula is elongated, the tonsils are swollen and red, there is a sensation of rawness in the throat strikingly reminding us of *Phytolacca*. Externally, there is scarlet redness of the neck below the mastoid process, throbbing of the carotids, the neck feels tired, the head heavy and the parotid glands are swollen and painful. It is unnecessary to name the remedy having similar symptoms.

While the symptoms produced on the digestive tract are not characterized by that intensity noted elsewhere, they are still valuable. There is persistent morning nausea which should lead us to study this remedy in the vomiting of pregnancy. Contrary to *Lycopodium* and *Nux moschata* the appetite is improved by eating. The empty or "all-gone" feeling at the stomach is like that of *Sepia*.

In the abdomen there is fullness and pain but no rumbling. Discharges of flatus are frequent and annoying. The region of the liver is painful, tender and there is aggravation from pressure, compelling the patient to lie on the left side. The stools are pappy, or watery, profuse, offensive and followed by tenesmus.

On the male genital organs there is profuse perspiration of an offensive odor. The urine is scalding, and pain extends from testicles to abdomen. In females the drug acts with force upon the right ovary, producing pain of a bruised or burning character, noted particularly when walking. There is pruritus with slight yellow leucorrhœa, the discharge being more noticed when at rest than when exercising. So far as known this latter symptom does not occur under the action of any other remedy.

In the chest we find a heavy, pulsating pain extending to all its parts. This is persistent, and is worse from a deep inspiration. Around the heart there are dull pains with oppression and occasional sharp pains passing through the heart. Pressure with the hand increases the oppression. The pulse is increased but is extremely variable. There is reason to believe that *Cactus grandiflora*, or *Spigelia* are often given in affections of the heart, where *Fagopyrum*, if given, would accomplish better results.

On the muscular system the action of the remedy stands out in bold relief. There is stiffness and soreness of all the muscles of the neck, with pain, and a feeling as if the neck would hardly support the head. Pains extend from occiput to back of neck and are relieved by bending the head backward. There are dull pains in small of back, with stitching pains in the region of the kidneys. Pains with occasional sharp stitches extend from the arms to muscles of both sides of chest. Rheumatic pains in the shoulders of a dull aching character. Stinging and burning pains extend the whole length of fingers, aggravated by motion. Streaking pains pass through arms and legs with sharp pains extending to feet. Pains extend from hips to small of back, and these also frequently run down to the feet. In the knees there is dull pain and weakness, while deep in the limbs there is burning and stinging. There is numbness in the limbs, with dragging in the joints, especially right knee, hip and elbow. Stooping to write causes constant severe pain through chest and in region of liver. This group of symptoms gives *Fagopyrum* a striking individuality and establishes it in

an uncontested position among the long list of remedies prescribed for rheumatic complaints.

Scarcely less important are the symptoms of the skin. There is intense itching of the arms and legs, becoming worse toward evening. Blotches like flea-bites appear in many localities, sometimes all over the body, are sore to the touch and are multiplied by scratching. These eruptions are persistent and the itching is intense. Blind boils may be developed and attain a large size. The itching of the face is especially marked about the roots of the whiskers. Itching of the hands which is "deep in" is persistent and annoying, this condition being supposed to be the result of irritation of the coats of the arteries.

The sleepiness is unlike that of *Belladonna*, *Nux vomica*, *Sepia* or *Sulphur*, occurring early in the evening and characterized by stretching and yawning. It is not profound, and when the mind is diverted, the patient gets wide awake, but soon relapses unless conversation is continued. In bed, sleep is disturbed by troublesome dreams and frequent waking. Aggravations occur after retiring, ascending stairs, from deep inspiration, walking in bright sunlight, lying on right side, riding in cars, and when stooping or writing. Ameliorations occur after taking coffee, from cold applications, from motion in cold air, and from sitting still in warm room.

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## CANCER OF THE BREAST.

Translated for HOMEOPATHIC RECORDER, from *Populaere Zeitschrift*.

On the 11th of December, 1895, Mrs. L., from L., a lady whom I had known for years, came to me and asked me to treat a "lump" in the left mammary gland, which had arisen about the middle of October, in consequence of a blow. On examination there was found in the left mammillary gland a swelling as large as a child's fist, well defined, hard, almost painless, non-movable and uninflamed. The swelling was firmly attached to the pectoral muscles and seemed to have grown into them. Being asked whether there had not been a small lump there before, which had gradually attained its present size, she answered: No. Her attention was called to the dangerous nature of such swellings, from which, even when not originally cancerous, cancer might yet develop; and she was informed that the universal opinion of almost all physicians promises, in this stadium of the disease, a sure cure from an operation; so that it would be



best to consult a surgeon either at once or at least within a few weeks ; the patient, nevertheless, entreated me supplicatingly to make a trial of the Homœopathic treatment. Repeated disagreeable experiences with surgeons, who always, even without any reasonable cause, asseverated : "If the patient had come earlier, we could have guaranteed the sure success of an operation," caused me to remark to the patient : "I shall do so at your risk."

I gave her the third decimal trituration of *Lapis albus*, 2 decigrams every morning, and the 4th decimal attenuation of *Conium*, 5 drops every noon and evening. On the 9th of January, 1896, she reported to me—*perfectly cured*. The mammary gland, on being examined, proved to be quite soft; not the slightest trace of the hard knot had remained.

Now had this been a cancerous tumor? I answer: No! Cancerous swellings and adenomes in the mammillary glands in consequence of their anatomic construction cannot, when they are reabsorbed and thus become smaller, disappear without a trace in so short a time. It had been manifestly only an encysted extravasation of blood, following a blow on the mammillary gland, which had thus been reabsorbed. Whether this reabsorption was caused by the remedies I ordered, is doubtful; though I do not consider a favorable action of *Couium* in such cases to be impossible. The patient had also rubbed her breast with warm oil and had thus massaged it.

Now what is the morale of this case? We should be careful in our diagnoses as well as in publishing our reports of cures. Yet I may well ask: What a great ado would certain folks have made about this "cure," if a high potency had been used, or one of the patent medicines for cancer of the chest had been employed?

PHLM.

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## BOOK NOTICES AND GOSSIP.

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**The Chronic Diseases, Their Peculiar Nature and Their Homœopathic Cure.** By Dr. Samuel Hahnemann. Translated from the Second, Enlarged, German Edition of 1835, by Prof. Louis H. Tafel. With annotations by Richard Hughes, M. D. Edited by Pemberton Dudley, M. D. Philadelphia. Boericke & Tafel. 1896.

Such is the full title page of the *Chronic Diseases*, at last out.



The book numbers 1600 pages of the same size as those of *The Materia Medica Pura*, and is of about the same bulk as the recently published *Homœopathic Text-book of Surgery*. The paper, printing and binding are all strictly first class, no one could ask for better.

As for the translation we can say that it seems to be as literal and as faithful as it could be made. That the hypercritical, or anyone disposed to find fault, could pick flaws, or alleged flaws, goes without saying. Men have been translating Homer for centuries, yet each translation is criticised by some one. So it must ever be when rendering one tongue into another. Those, however, who are not looking for faults, but for what Hahnemann wrote, will find it faithfully recorded in this noble volume.

Into Dr. Hughes' notes a number of annoying, but petty errors have crept, owing to the fact that these notes were furnished in manuscript and the writer of them was unable to see the proofs because of living three thousand miles away. These little errors, however, do not occur in Hahnemann's text. They are annoying, but nothing more, and by means of the accompanying *corrigenda* they may be penciled right.

The work in the original German was published in five rather small volumes. In this translation the order of the original has been followed with the exception of placing the prefaces to the fourth and fifth volumes in the first part of the book and placing the remedy *Arsenicum* in its alphabetical order.

No work in homœopathic literature has been more discussed and misunderstood than this, the final contribution of the old medical reformer to the sum of human knowledge. Objections have been made to his theory of the origin of chronic illness and not a little cheap ridicule heaped on it; his symptomatology has been questioned and the assertion made that the most of it was simply the result of trials on the sick, consequently that it was unreliable; that Hahnemann had become visionary and many other ill-founded charges. But consider for a moment that to this book the homœopathic medical profession owes such remedies as *Calcarea carb.*, *Lycopodium*, *Baryta carb.*, *Graphites*, *Sepia*, *Phosphorus*, *Silicea*, and many others almost if not fully as important, and then consider what the practice of medicine would be without them! We do not know how he obtained his knowledge of these remedies, or his symptomatology, for he does not tell us, but all know what they have done for the welfare of humanity and for the wonderful success of Homœopathy, and who, in the

face of this knowledge, can belittle the book that gave them to the world? Or who can question the methods and the ripe wisdom of the man who wrote it? Ought not the fact that Hahnemann, unaided, traced out from quarts such a wonderful remedy as *Sulphur*, silence the carpers?

The *Materia Medica Pura* and the *Chronic Diseases* are needed now, and will continue to be needed as long as there are sick folk to treat. Men say, "I have all they contain in my later *Materia Medica*." Not all: you have at best a more or less good abstract, nothing else. The unabridged *Materia Medica* is to be found alone in these two books (and, of course, in the *Encyclopaedia*), and it, above all things, is needed by *students*—by all who go to the original sources instead of resting satisfied with what *Materia Medica* writers chose for them. They are needed to correct our text-books as they appear from generation to generation. They are not books that lapse out of date and are to be replaced by more modern ones, but they are books that should descend from father to son, from one generation of physicians to another—the guide and mentor of all.

**The Practice of Medicine**, a condensed manual for the busy practitioner. By Marvin A. Custis, M. D. 367 pages. Flexible leather, gilt edges, round corners, \$3.00. By mail, \$3.07. Philadelphia: Boercke & Tafel, 1896.

For many years physicians have felt the need of a condensed work on Practice, not a mere students' manual, but a thoroughly reliable, condensed pocket work on Practice. We believe this book by Dr. Custis will fully satisfy the want. It is not a hasty work, patch-worked together in a few weeks, but is the result of much careful study and several years spent in preparing it. In general the plan is that followed by the large text-books on Practice. The book opens with the general department "DISEASES OF THE NASAL PASSAGES." Under this heading are gathered:

Acute Coryza.

Chronic Coryza.

Hypertrophic Nasal Catarrh.

Atrophic Nasal Catarrh.

These, with remedies, all gathered into the space of eight pages. Following the foregoing comes "DISEASES OF THE LARYNX," under which are to be found eight sub-headings or dis-

eases, grouped under the general heading. Under each sub-heading are grouped the synonyms, definitions, etiology, pathology, microscopic examinations, symptoms, duration, diagnosis, prognosis and treatment, and also remedies, a condensed therapeutics. Any one can see that the plan of the work is excellent and that the book will be a most valuable pocket companion even to the experienced physician. Students, too, will find it very helpful inasmuch as it gives the accepted *facts* that they *must* know in order to pass an examination at college or before examining boards. It is printed on very fine but thin paper, and although containing 367 pages is of such a size that it may be easily carried in the coat pocket. There is no book in either school that *resembles it*, and it is a safe prediction that it will have a large and permanent sale.

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**Hahnemann's Defence of the Organon of Rational Medicine** and of his previous Homœopathic works against the attacks of Professor Hecker. An explanatory commentary on the Homœopathic system. Translated by R. E. Dudgeon, M. D. 130 pages, 8vo. Cloth, \$1.00. By mail, \$1.07. Philadelphia: Boericke & Tafel. 1896.

This book has never before been translated into any language and, consequently, is practically a new message from Hahnemann. It was published in the year 1810 under the name of Hahnemann's son, Fredrick, then a medical student, for reasons explained by Dr. Dudgeon in his introduction, but that it is the work of the abler father one has to read a few pages only to be thoroughly convinced, even without Dr. Dudgeon's unanswerable documentary evidence. The book is noteworthy as being the only published defence of Homœopathy Hahnemann ever vouchsafed. But is a masterly one and readable. The translator writes, "I have not attempted to smooth the little asperities of diction in this work" and all who enjoy racy reading will thank him for giving it in its original vigor without any toning down.

Aside from all this, the book is exceedingly valuable as a masterly "defence," as useful to-day as ever. Some critics may say that it is more of an "offence" than a "defence" inasmuch as the writer forces the fighting from the start and carries the war right into the citadel of his opponents. But the wise man, when defending himself, puts his enemy *hors du combat* if he can. That is the best defence.



The publishers made special efforts, at the request of the gentlemen who are interested in promoting the Centennial of Homœopathy, to get this work out before the 11th of April, Hahnemann's birthday, and succeeded in placing it on the book counters on the 28th of March.

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**Sexual Ills and Diseases.** A popular manual based on the best Homœopathic practice and the latest text-books. 160 pages. Flexible leather, gilt edges, \$1.00. By mail, \$1.05. Philadelphia: Boericke & Tafel. 1896.

"A good missionary book," remarked a physician who had read this, mechanically, elegant production. The compiler has ignored all lecturing and preaching that are the chief feature in books on these topics, and contented himself with gathering all that is useful and practical in the treatment of the diseases and ill, that originate in that very important, but sadly abused province of the human body, the sexual organs. While written for the public it is not at all unlikely that the practicing physicians will find it a not altogether useless book in the treatment of sexual diseases and ill, in fact it may be found to be superior to some more ambitious works, and much more convenient.

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**A Text-book Upon the Pathogenetic Bacteria.** For Students of Medicine and Physicians. By Joseph McFarlan, M. D., with 113 Illustrations, 359 pages, \$2.50. Philadelphia. W. B. Saunders. 1896.

Whether bacteria are worth so fine a book as this is a question on which there may be a difference of opinion, but there can be none as to the completeness and thoroughness with which Dr. McFarlan and his publisher have done their work. It is complete in every particular, the completest and most exhaustive yet published.

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**A Tale of Two Nations.** By W. H. Harvey Coin Publishing Company, Chicago.

"Second Edition One Hundred Thousand" heads the title page of this little paper bound book by the well known—west at least—author of "Coin's Financial School." It is a "free silver" novel and the opening reads as though the author were dealing with

history thinly veiled. Silver men will find comfort in its pages while gold men will not. Of one thing we may be quite sure, namely, that there is a terrible disease threatening, or afflicting the body politic, and that our financial doctors are quarreling over the diagnosis.

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**Electricity in Electro-Therapeutics.** By Edwin J. Johnson, Ph. D., and A. E. Kennelly, Sc. D., New York. The W. J. Johnson Company, 253 Broadway. 1896.

This is one of the "Elementary Electro-technical series." It is a book of 401 pages. Its authors are not physicians, but they write on the subject of the physics of electricity, and give such information on the subject of electro-technics, as every physician, who is interested in the treatment of disease by electricity, may not possess—elemental to be sure but the elemental of the electrician.

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The *Revue Homœopathique Belge* of Janvier 1896, contains a review of "*Catéchisme de Matière Médicale Pure*," par le Dr. W. A. Dewey's, Editeur; Willmar Schwabe, Leipzig," in other words the German edition of our friend Dewey's *Essentials of Homœopathic Materia Medica*. Two pages are devoted to a very favorable review which, however, is rather spoiled, by no credit being given for the work to the American publishers or the fact that the author is an American.

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Fifth annual report of the State Board of Medical Examiners of New Jersey, 1895, to hand. Seventy-six candidates examined and about twenty-four per cent rejected. Wm. Perry Watoon, M. D., Jersey City, is Secretary of the Board and Edwin de Baun, Passaic, President.

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A bright young homœopathic practitioner remarked the other day, anent *The Regional and Comparative Materia Medica*, recently published: "I'm stuck on that book." By this colloquial expression he did not mean that he was financially "stuck" but used the word in its later sense which can only be rendered into dignified language by such a cumbersome sentence as "I have conceived a strong liking for the book, finding it



exceedingly useful in my practice." It is not so much a book for students as for men in active practice. If an eye, ear, heart, lung or stomach symptom is wanted, look for them in this book, as it is the most convenient place to find them. It is a "regional" materia medica and under the various familiar headings of the schema will be found grouped the distinguishing symptoms of the whole materia medica. And thus, to still further lighten, or shorten, the labor of the doctor, each of the forty-two divisions has a very convenient repertorial index following it. It will probably take its place among what we may call our "permanent" text books, such as Raue's work on practice, *Special Pathology*, Hering's *Condensed Materia Medica*, Farrington's *Clinical Materia Medica*, and books of that class.

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Messrs. Bœricke & Tafel have placed in the compositors' hands the manuscript of a new work under the title of *A Practical Working Handbook in the Diagnosis and Treatment of the Diseases of the Genito-urinary System*. It is a work based on the excellent and thoroughly practical clinical lectures by F. E. Doughty, M. D., of the New York Homœopathic Medical College, reported by Dr. George Parker Holden. It will be a thorough and *practical* work, such as is demanded by the newer generation who want to go right to the point without unnecessary circumlocution. It will not be a very large or expensive book, but handy and within the means of all.

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The publishers of Raue's work on practice (*Special Pathology*) announce that the fourth edition will be off press about May 1st. It is the book on practice that all believers in what is termed "pure Homœopathy" adopt. The fourth edition has been thoroughly revised and considerable new matter added.

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"I have read the various chapters of your work (Bradford's *Life of Hahnemann*), as they have appeared in the RECORDER, and have derived much pleasure and profit from their perusal. I am sure your work, when published as a volume, will be of great service to the cause, and I consider it the best *Life of Hahnemann* that has yet appeared."—R. E. Dudgeon, M. D., London, Eng.

# Homœopathic Recorder.

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## POLYPHARMACY AGAIN.

*Mr. Editor:* A traveling man called upon me a day or two ago, representing one of our Chicago pharmacies which prides itself upon the fine and varied line of compound tablets it prepares. (It is not unique, in this, however.)

After introducing himself he opened his case of tablets and tinctures, and then looked blankly about the room for the usual display of drugs, and the chill deepened when I opened the drawers of my desk to show him my potencies and told him of my alma mater.

"I can not use them because I am a Homœopath."

"But I sell them to nine out of ten of the Homœopaths I meet, and they report just as good results from the use of them as with the other method of practice."

He urged upon my attention several favorite preparations highly praised by the doctors, but I declined to try them, giving the reasons so well known to the friends of pure Homœopathy.—*Medical Visitor.*

The above dialogue sounds very realistic and we have no doubt that it occurred just as stated and no doubt this dialogue is repeated in the office of every true believer in the principles of Homœopathy. It strikes us as a curious fact that this same argument used by the above-quoted traveling man is also used by practitioners themselves who use these preparations and also who will use the numerous Cheap-John Homœopathic remedies, many of which we are thoroughly convinced are entirely worthless in accurate prescribing. In preparing a remedy for Homœopathic use, no care or expense should be spared to make it exactly in the way the remedy was made from which the proving was attained; in tinctures this should not only apply to the proportions of menstrum employed in its preparation and their purity but also to the part of plant used and the exact time of year that the plant is gathered. There is a decided difference in the virtue of remedies made from plants gathered at different times; for instance, it is known, and we have observed it in our own experience, that a person susceptible to poisoning from the poison ivy can at one time take a nap in a bed of poison ivy without being affected, whereas at another time he will be poi-

soned by the mere proximity of the plant. There is even a greater difference in the mineral and animal preparations. Moreover, every Homœopath knows that the symptoms produced by an impure chemical or one containing foreign matter must be different than those produced by the same substance without the addition of foreign matter. A conscientious pharmacist will spare no trouble nor expense in having the preparation just what it should be, the only alternative being that he cannot furnish the remedy at all. For the physician to claim that he gets the results from the one just the same as from the other is certainly a great encouragement for the polypharmacist, and the larger this class of physicians grow, the more serious will be the effect on the future of Homœopathy.

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“THE MAKING OF TABLETS,” such is the heading of a paper in that bright little drug journal, *The Spatula*, intended, of course, for drug men and not physicians’ reading. Every physician knows that when he prescribes a tablet purporting to contain a certain drug in combination with sugar of milk, he does not want the tablet maker to add other drugs. Yet the people who make their tablets by machinery are compelled to add other drugs that are not on the label in order to turn out their machine product. A few drugs can be run through the machine without the addition of other drugs, but, says the writer in *The Spatula*, “by far the greater number” must be specially prepared before they can be successfully made. The various articles, not down on the labels, used by makers of machine tablets, according to this writer, are powdered acacia, starch, glucose, bicarbonate of soda, tartaric acid, citric acid, white vaseline, powdered talcum, boric acid and a solution of vaseline in ether. He is a wise physician who sticks to the tablets made according to Dr. Robert M. Fuller’s method.

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WE HAVE seen a letter dated February 14, 1896, from a firm of Michigan analytical chemists, addressed to Boericke & Tafel, of Chicago, giving results of an analysis of unfermented grape juice sold in bulk, by a local druggist. Of course, he “guaranteed” his goods to be “just as good,” etc., but they turn out to be “rich in salicylic acid,” and unfit for use. Physicians might as well understand that any grape juice that is kept on draught or sold in bulk is preserved by salicylic acid and is unfit for either the sick or the hale. It holds out the alluring basis of cheapness, but being unfit for use it would be dear as a gift.

DEALERS in cheap drugs usually make an attempt at supplying an article that at least has a resemblance to the one asked for by the buyer. But even this seems to be disregarded by some of them. We have before us a drachm vial of what was purchased from a pharmacist who makes a specialty of cheapness, for Mullein Oil. What the stuff is no one but the seller can determine, but anyone who knows the genuine Mullein Oil can see at a glance that it is *not* Mullein Oil. It looks more like an inferior ink than anything else, being black in color and leaving a black spot on paper. It sells at a very low price, but low as it is, the vial was a total loss to the purchaser, inasmuch as it is not what he wanted and he does not know what it is and therefore cannot use it. There is nothing to be gained by physicians, by encouraging these reckless cut throat pharmacists and certainly not by patients.

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HELODERMA HORRIDUS.—The New York *Sun* publishes an article on the Gila monster from which we clip the following, as showing the effects of the venom :

“Among the Yuma Indians is a squaw who was bitten by one of these reptiles over thirty years ago. What decoction was given to the woman to save her life, or what the army physician at the United States garrison there did for the poor savage is not now known, but she is pointed out by whites and Indians in the town of Yuma as the only person in that locality that ever survived the poison of the Gila monster. This woman’s leg, which was bitten, has shriveled away to half the size of the other leg, and the squaw has been a semi-idiot since her accident. For several years she claimed to be deaf from the effects of the reptile’s venom.

“Where the afflicted person survives an hour or two after the bite the agony is described as awful to witness. The venom of the rattlesnake is somewhat numbing in its effect, and after the first half hour is not so very painful, but the poison of the Gila monster goes through the human system with lightning rapidity, and causes unspeakable pain and excruciating agony from head to foot. The victim seems to be paralyzed, and yet every muscle, bone, sinew and particle of gray matter is keenly alive to intense pain. The sufferer’s head seems as if it would split open. Very few persons bitten by a Gila monster can speak after the first fifteen minutes, but unconsciousness seldom comes until a few minutes before death. Physicians say that the poison sets up a tremendous action of the heart, and the victim really dies of heart failure.”

## PERSONAL.

Dr. Geo. Parker Holden has removed from 256 W. 55th St. to 144 W. 44th St., New York.

There is a probability of a Greater New York, but can there be a possibility of a Greater Chicago?

The *Journal of Hygiene* dogmatically asserts that "man is not by nature a spitter."

Alas, Freddie's Slate is now condemned by those restless bacteriologists and ordered out of school.

Dr. C. N. Guy has removed from Main to Greene, N. Y.

Dr. Homer I. Ostrom has completed his "Private Surgical Hospital," 127 W. 47th St., New York.

Dr. C. H. Helfrich has removed from 136 W. 48th St. to 158 W. 47th St., New York. Dr. Helfrich is one of the editors of the *Hom. Eye, Ear and Throat Journal*.

The Omaha Homœopaths have been holding a lecture course on Homœopathy.

The male trained nurse seems to be coming to the front.

Professor Charrin claims to have discovered the microbe of hemorrhage. Others discovered it before him; Fitzsimmons' fist is a good specimen.

The oldest medical prescription is that of a "hair tonic," written B. C. 4000.

Dr. Conrad Berens, Philadelphia, has removed to 1707 Arch St.

Dr. Mackecknie has removed to Hartley House, Bath, England.

In a case, recently, a surgeon had to be called in to relieve the patient from the pack of "compressed," or machine-made tablets, he had been taking.

Dr. J. T. Kent has removed his office to 2009 Walnut St., Philadelphia.

Give thy tongue a rest occasionally and let thine ears have some exercise.

"THE HOMŒOPATHIC RECORDER has no superior as a defender of the Homœopathy of the patriarchs." *Medical Century*. Rock bottom.

The man who has been advertising to make short men tall has disappeared, leaving them all shorter than ever.

Obstinate cases of blood-spitting will often yield to *Acalypha Indica*.

Have you seen the superb new volume, father Hahnemann's *Chronic Diseases*?

Four books in one month is not a bad record for publishers Boericke & Tafel.

"Man wants but little here below," only this little earth.

It was recently affirmed by a physician that the use of cod-liver oil is making the American nation more dyspeptic than ever.

In some States now the "theatre hat" is not only vulgar but unlawful also.

There is an opening for a Homœopathic physician at Kennebunkport, Maine, where there has been no Homœopathic practitioner since the death of the doctor there a year ago. There is a good opening for an active man. Address communications for information, etc., to Rev. F. M. Lamb, Kennebunkport, Me.

The April 1st joker celebrates his own day.

When thou art offered a chromo for an order of goods thinkest thou to get something for nothing?



# THE HOMŒOPATHIC RECORDER.

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## THE DEFENCE OF THE ORGANON.

*Hahnemann's Defence of the Organon of Rational Medicine*, and of his previous Homœopathic Works, Against the Attacks of Prof. Hecker. An Explanatory Commentary on the Homœopathic System. Translated by R. E. Dudgeon, M. D. Philadelphia. Boericke & Tafel. 1896. 12mo., pp. 130.

In the appearance of this book at this particular time there is something singularly and most happily opportune. In Puritanic times a special Providence would be devoutly and gratefully recognized. In these devil-ridden days one dare not try to imagine how this measure will be received.

June next will behold professedly homœopathic physicians gravely discussing whether the basic principle of Homœopathy has been proven to be valid; whether the "science" of the hypodermic syringe and the animal extract endorses its cardinal postulate—and if it does not, what remains but universal dissolution as the end of the first century of Homœopathy!

History repeats itself, and we have all heard of the feeble-minded person who sawed off the limb of the tree upon which he was sitting. And history repeats itself in other than such *felo de se* instances, for what Lowell has written of England in Swift's time is true of to-day: "There seems to have been a universal scepticism, and in its most dangerous form, that is, united with a universal pretence to conformity. *There was an unbelief that did not believe even in itself.*" What a *fin de siècle* triumph!

It is devoutly to be wished that the debators which are to assemble in Detroit will read the work under notice. In it they will find Hahnemann handling a Philistine very much as Tabby does a mouse. They will find him dispelling thicker clouds than any they can raise, and resolving more ingenious (and I

wish I could add, ingenuous) objections than any that we have yet read of their making.

They will also have the invigorating spectacle of a man with rock-founded convictions, every one of which he had won in wrestlings like Jacob's, when, like the Hebrew, he, too, had said to the angel: "Unless thou bless me, I will not let thee go." Of such a man giving account for the faith that is in him, and prevailing against an arrogant Goliath.

For scholarship, he had in Prof. Hecker an antagonist almost worthy of his prowess. The history of the *Epidemics of the Middle Ages*, to say nothing of Hecker's journalistic work, denotes a learned opponent; but he is sent to his hornbook when Hahnemann takes hold of him. It is the simple truth, that two of the most widely-read German physicians of the day were pitted against each other, and he who runs may read which took the belt. The pompous professor is gravelled again and again, on matters of fact, too. He had all the venom of the serpent, but in the hands of Hercules he is made to sting himself and die from his own poison. It must have been humiliating to learn that he had found his schoolmaster, for were not only the students looking on, but all the readers of the much-noised attack upon Homœopathy.

For long Hahnemann had treated this learned professor as the mastiff does the mangy village cur that barks at his heels; but the apparent indifference—it was really contempt—had led Hecker to out-Hecker Hecker, and the time had come to turn upon him. This Hahnemann did, and his brochure was published in the name of his son for good and sufficient reasons. I commend to the reader Hahnemann's letter to the publisher, which Dr. Dudgeon has fitly included. It will enhance whatever high opinion he may already have of Hahnemann's character and solid ability.

But hasten to the book itself, and bring with you to the reading thereof all the pity that you can command; yes, borrow all that you can—for it will be sorely needed. With a righteous indignation, and yet with commanding dignity, Hahnemann holds up the professor before the world and brings him face to face with his ineffable meannesses—meannesses that we all know, for the supply is apparently inexhaustible. Perversions of fact, garblings of the text, wilful misstatements; in fact, all the resources with which "Regular" Medicine assails Homœopathy. The unclean things that a Christian dare not do, and a gentle-

man would not do. Holds up the professor, caught *in flagrante delictu* times without number, holds him up in the broad light of noonday, and after all the years that have passed we can still see the burning blush that suffused the hardened cheeks of the unfortunate Ananias who hadu't the good luck then and there to fall dead.

Moreover, the reader can have the advantage of seeing much of the *Organon*, as it were, through Hahnemann's eyes. He becomes his own commentator in refuting Hecker's false statements, misstatements, misunderstandings, and his congenital inability to comprehend in general.

I heard lately of a medical student who spoke of Hahnemann's '*Oregon*,' and it suggests that the work is becoming almost as little known as Eliot's *Indian Bible*; essential enough for the salvation of some souls, but gone into that 'innocuous desuetude' of which my reader may have heard. Well, the volume that has elicited these few words of mine is admirably adapted to introduce not only the student in all his callow greenness, but the general practitioner in all his gross ignorance, to the Magna Charta that Hahnemann single-handed and alone has wrested from the Philistines of Medicine.

For heaven's sake, my brother, read the title deed to your possessions, and learn that, as they are true, they are also eternal!

To me there is an exceeding fitness in the fact that Dr. Dudgeon crowns his long years of faithful work with the presentation of this translation. Wait a while, O faithful toiler in the Vineyard, soon shall come the home-call, and soon the glad "well-done!"

*Ann Arbor, 16th of April.*

S. A. JONES.

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## EPIDEMIC AND ENDEMIC DISEASES.

### Influenza, Diphtheria.

CONTINUED.

In last month's RECORDER I quoted Dr. Clark's account of his experience with Influenza. It is evidently the report of an observant man, yet, to my thinking two or more corrections are required. One, of course, refers to the treatment. Just look at his mixture of salicylate of soda, carbonate of ammonia, and acetate of ammonia! Possibly, even probably, one of these pre-

parations of ammonia would have done good; but this combination of three active drugs would surely be vicious. Dr. Clark does not tell us whether or not he lost any patients under this dosing; he only says that "In several women under my care, abortion or premature labor occurred, and I am glad to say they all did well." There is, however, this admission—"In quite a number of cases a relapse occurred some two or three weeks after recovery from the primary attack, and in many cases the second attack was more severe and more frequently attended by complications than the primary." This fact does not speak well for the primary treatment. In my own experience with *Ammon. mur.* and *Kali carb.* I never heard of a single relapse—not one—and certainly some of the patients were very ill at the onset. For instance, there was an old gentleman over eighty years of age who suffered severely, but who perfectly recovered. I was somewhat handicapped, too, in this case by his granddaughter who persisted in giving more food than I desired.

My experience exactly corresponds with that of Dr. Clark in respect to infection. He says, "I could not trace any instance of direct infection from one person to another." And yet the majority of the profession perversely speak of Influenza as an infectious disease.

It will be noticed that Dr. Clark throws in his lot with those who attribute the cause of this disease to the "effluvia from the decomposing bodies left after the devastating floods in China." One can only charitably suppose that he had never heard of any other theory; or if he had, that it was a still more foolish one.

Another point noticed by Dr. Clark should not escape remark—that men suffered more numerously and more severely than women. This was undoubtedly the case, and may easily be accounted for by the fact that men were much more exposed to the poisonous air than women. Those who remained indoors were the safest. Here again some doctors went wrong, for they recommended "plenty of fresh air;" whereas that was just what we all should have tried to escape. There was no place so safe as an arm-chair by the fire-side with all the windows closed.

There is another remarkable fact to be noticed, viz.: The comparative immunity of children. Very few children suffered from Influenza. This may perhaps be accounted for by the surfeit of other diseases to which they are subject. They had no room for Influenza, at least very few of them. In the solitary cases which I saw I found that the same medicines answered for them as for adults.



I have now probably said enough about Influenza and will pass on to

### Diphtheria.

Diphtheria affords a good illustration of the difficulties which attend all attempts to classify epidemic diseases. It appears to me that this disease may be contracted in three different ways; that we may receive the infection from three different sources. First, from decomposing *animal* matters; second, from decomposing *vegetable* matter; third, from the atmosphere—thus, an aërial poison, like influenza. In all these instances the throat is affected; hence all are called by the name *diphtheria*. But although we call them all by this name we must not suppose that all are the effects of the same poison, or that they will be amenable to the same remedy. If we have a case of Diphtheria which can be traced to an *animal* poison, we have in reality a case of Typhoid fever, and must treat it accordingly; that is, with Fowler's Solution of *Arsenic*—the *Liq. Potassæ Arsen.* B. P.

There can be no doubt whatever as to this particular cause of diphtheria. I related an instance of this in the RECORDER some time ago, and need not now repeat it. Save, to remind your readers of the remedy which cured the child. *Biniiodide of Mercury*, which seemed to be the indicated remedy, judging from the appearance of the throat, was a failure; but after I had found out the cause—bad drains—and given Fowler's Solution, the child rapidly got well.

As to the second source from which this disease may arise, I cannot call to mind any particular instance which has come under my own observation; but this cause—decomposing vegetable matter—has undoubtedly been recognized by others. My impression, however, is that this form of diphtheria is seldom seen. I did certainly read in the *Homœopathic Review* some time ago, an account of a family of children who had contracted diphtheria in this way. I am sorry I cannot now find the report, but remember distinctly that the doctor who attended and afterwards reported the cases, had not the slightest doubt about the origin of the disease.

Now one would suppose that the diphtheria arising from decaying vegetables would assume somewhat of an intermittent or remittent form; but whether this has ever been noticed by those who have attended such cases I do not know. If such symptoms *should* appear in any patient with so-called diphtheria, then of course the affection would require to be treated accordingly.



*En passant*, I may remark that I do not know that anyone has before pointed out these distinctions, this three-fold source, from which diphtheria may arise; yet these varied sources ought to be recognized in order that our treatment may be successful. It is rather remarkable that so thoughtful a writer as Dr. R. Hughes should not in his work on Therapeutics have given any hint as to this diversity of origin. It is no wonder, therefore, that he should make a statement like this: "If you will look through our journals from 1858 onwards, you will find an endless variety of medicines in use, and no great success to boast of with them all. It has not been, in my experience, a disease which it has afforded one much satisfaction to have to treat."

Now may not this lack of success be owing to the fact that hitherto we have failed to recognize the three different sources from whence the poison has come? It is all in vain that we divide the disease into "simple, croupal and malignant," unless we succeed in discovering from what source the disease has arisen. This is the first and most important point to settle.

We now come to the *third* cause of diphtheria—an aërial poisonous gas—and this I take to be the origin of the true *epidemic* diphtheria.

Some years ago I wrote an account of an epidemic of this disease in this locality, which although not precisely what I should write to-day, I will nevertheless here transcribe :

I have lately been called upon to attend a considerable number of children ill with diphtheria. The Board School in the neighborhood had been closed because the Board thought that perhaps the disease was contracted there. With the view of ascertaining, if possible, whether this supposition was correct I called at the school, told the master my errand and was courteously shown all over the premises by him. I now thought I was on the high road to a discovery and to a solution of the puzzling problem. Some of the parents had told me that there were "horrid smells" at this school, and one of them had also "seen enough" to convince her that the disease came from the school. I was therefore quite prepared to expect that the master would tell me that it was all very true, that "bad smells" *had* prevailed and that the school had to be closed that sanitary improvements might be effected.

But to my surprise, and, perhaps disappointment, I was informed that there never had been any bad smells, that the sanitary conditions of the closets had always been what they were

now, and that although the closets had been removed from one part of the playground to another, yet it was not because of any defect in the former ones. He showed me the closets for boys, and those for girls, and they certainly were unexceptionable; there was nothing to be desired. So that I had somewhat reluctantly to come to the conclusion that sewerage gas was not the agent by which the disease had been spread.

This was the inevitable conclusion on the supposition that the master's olfactory nerves were in a healthy condition. I did think, indeed, that perhaps he would not like to say anything detrimental to the school, or what he thought *might* be so. However I am inclined to think he was sincere; he certainly seemed puzzled with the fact that so many children in the school had contracted the disease. Then he gave me two hypotheses; one his own, the other a doctor's, who had also visited the school. His own belief was that it was in the class rooms where the disease was contracted, because there were so many children together. He thought the air became contaminated. The doctor's opinion was that the contagion originated from a urinal; or rather a place which had been converted to this use by the boys for some time unknown to the master; but this place had been cleansed and closed.

I should not attach much importance to the doctor's opinion, but the master's theory is worthy of some consideration. In the schoolroom are a number of children, gathered promiscuously from all sorts of habitation, the children of parents of the most diversified habits, many of them anything but healthy or cleanly. And the children themselves are often dirty, weakly, unhealthy, with sometimes fetid emanation from lungs and skin. Is it then unreasonable to suppose that disease may be generated here? Even if the ventilation of the school be good, it is still unlikely that the pernicious gases will be conveyed right away from the room and not to some extent be re-breathed by the children.

So, in the absence of any more plausible hypothesis, we should keep this one in mind. When we find the drainage perfect, the drinking water pure, and yet that diphtheria prevails, where shall we look for its origin and be more likely to find it than in the malificent gas of the class-room? Does not typhus fever originate from this very cause, *i. e.*, a tainted atmosphere from over-crowding? But it may be asked, then why does not the crowding of children in a school-room produce typhus fever and not diphtheria? This question is rather an inconvenient one to

the theory just propounded; yet such like questions are continually occurring to interfere with all our guesses at the causes of disease. We might certainly attempt an explanation, but it would be too recondite, and partake too much of the nature of special pleading.

There is another question which may be addressed to those who contend that sewer gas is the sole cause of diphtheria. If diphtheria originates from sewer gas, how is it that this gas does not produce *typhoid fever*, which we know has its sole origin in decomposing animal matter?

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I must continue this quotation in my next. It was written some years ago when I was rather less enlightened than to-day. Still I thought it not amiss to re-produce these ideas, hoping to make the subject plain before finishing. G. HERRING.

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### ONE REASON.

Running through our medical journals one notes a vein of admonition, criticism and warning against the falling away toward polypharmacy, serumtherapy and crude dosing which is being practiced by many of our school to the detriment of its standing and consequent loss to its practitioners.

The public are quick to discern if we are homœopaths or not. It consults us because we call ourselves such and expects we will treat diseases homœopathically, and does not hesitate to boldly criticise any crudity or transgression if we resort to allopathic methods. One would scarcely think of consulting a watchmaker with the view of having a steam engine built—yet they both, the watchmaker and engine builder, construct machinery—so few persons would resort to a Homœopath for old-school treatment because both were doctors of medicine.

It is true many persons prefer to consult a druggist than a physician, and often with good reason, to say nothing of that of expense.

As homœopaths our standing as individuals and as a school is a result of a close application of a law acting in harmony with a single remedy in a minimum dose.

I do not think the older men—those trained in the use, and having no cause to rely upon other resources than the indicated remedy—are often guilty of deviating into forbidden ways, but must look for the cause of complaint among our young men.

There are, doubtless, many causes operating to draw the attention away from the close study of *Materia Medica*, such as materialism—the seductive honors of operative surgery—specialties and general indolence; but the one which I wish to emphasize here is not given that thought which its great importance demands, viz: *dosage*. In my following remarks you will understand I am not on the moot question of potency holding to either high or low, but to the *recording of the potency* by which definite results were obtained.

With few exceptions all the articles that appear in our journals speak of treating certain cases with the indicated remedy—*Acon.*, *Bell.*, *Bry.*, or what not, and not a single note of the fact if it were the  $\theta$ , 1x, 2x or 200x which effected the cure. The potency oftentimes is as important as the remedy. Take as an example the case of *Lachesis* of Dr. McElwee in *Am. Homœopathist* of December 1, 1895. First the 200x was prescribed without effect; then the 30, no effect; then 10,000x with an aggravation; the 50,000x was successful. How many such cases do we encounter almost daily. The young practitioner, however, has few examples such as these and rolls about in a sea of uncertainty and strands on the rock of empiricism and gives an opiate, or some old school palliative, complicates the case and ruins his reputation.

I need not multiply instances where the potency should be recorded—you can recall them. If we are to settle this vexed question of potency it must come about by recording the potency which cured—by clinical observation find the true place where the high and the low may unite. How often do we read in our journals learned and lengthy treatises on the cure of certain maladies. We are interested the most in knowing *what cured* and reach the conclusion of the article only to find—in some cases no remedy at all—in most cases a remedy or remedies without a potency. From the symptoms enumerated we arrive at the conclusion that a certain remedy would be applicable, but we perhaps have found by experience that the remedy had disappointed us in the same condition in the 3x or 30. We are led to believe or disbelieve the statement made according to the writer's stating he did it with a certain potency. I think we can all readily see how important this matter is if we give it a little thought. Let us be definite and practical and state clearly if it were the decimal or centesimal potency. If we aim at precision in applying the law let us be as precise in noting what verified



the law. Let us record facts, and an important fact is the potency. It is exasperating to read clinical reports where the potency is omitted—as much as to say, “find that out yourself, I had to.” If you can cure a case of subacute or chronic rheumatism with *Rhus* 30 let me know it, for I have failed with the 3x, 6x and 12x. With the 200x? Then say so and not leave the reader to run through a long list of potencies when your experience has demonstrated a certain potency will meet the peculiarities of the case. These are the reports which are worth the reading and repay the reader—the “windy” dissertations which fill up the pages of many of our journals are so much useless lumber to be sooner or later relegated to the garret, but facts remain and go to make up the grand monument of human knowledge

When you cure a case of disease, gentlemen, give us the remedy *and the potency*, and we will thank you and go and do likewise.

F. W. SOUTHWORTH, M. D.

*Tacoma, Wash.*

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## IN ALABAMA.

EDITOR OF HOMŒOPATHIC RECORDER.

I have good reason to be interested in Homœopathy, because of the trouble my son had with the doctors of the Allopathic system in Selma and Mobile. He went out west after graduating at the University of Alabama, and he discovered that the best people patronized Homœopathy—that the doctors of that system were more successful—and seemed to be the most intelligent people he met. so he concluded to study Homœopathy and wrote me for advice, and I advised him to do so. He went to Pulte Medical College and studied until he received a diploma. He then came back home, to this place where he was born and raised and the doctors of the old school did what they could to have him indicted for practicing medicine without first letting them—their Medical Board of Examiners—examine him and give him a certificate of qualification; but they failed to get the indictment in Selma. After this he moved to Mobile where he began the practice, when some of the Mobile doctors of the old school succeeded in having him indicted for practicing without being examined by a Board of medical examiners of the old school, etc. I engaged the services of two of the best lawyers in Alabama to assist me in defending his case, intending to test



the constitutionality of the medical laws of Alabama, as I believed they were in conflict with the 4th and the 14th articles of the Federal Constitution—that a diploma from a regularly chartered medical college of any state in the United States is a “*privilege*” or “*immunity*” mentioned in the said 4th article and the 14th article of the said Constitution of the United States, and that the medical laws of Alabama do “*abridge the privileges and immunities of citizens of the United States who have said diplomas, and before I became afflicted I tried to get the Legislature of Alabama to change the laws of Alabama so as to give the Homœopaths a fair chance—a Board of Medical Examiners composed of some Homœopathic doctors on it, but the doctors of the old school have such political power in Alabama that they can control the election of any state officer. So they can defeat any such change that may be proposed. They have a Medical Association which was created by an act of the Legislature of Alabama, and approved on the 18th of February, 1850, and which is composed of 1200 doctors; all of whom are of the old school; and they are scattered over the state and take great interest in all the state elections we have; so you see what power they can show. They keep a lobby member hanging around the Legislature to watch and see what may be done; if any change in the medical laws are proposed.*

But there is a way that the Homœopaths can get justice in the matter, and, it is this, let them use their influence with Congress and try to get Congress to pass an act defining and enforcing the 14th article of the Federal Constitution. And that act should state:

1. That a diploma from a respectable medical college of any state in the United States is a privilege or immunity as mentioned in said 14th article.

2. That any person who shall make or enforce any law of a state that will *abridge* the privileges or immunities of a citizen of the United States, shall be fined not less than \$1000 or exceeding \$3000.

There is a case now going on in Huntsville, Alabama, in which a Homœopathic doctor has been indicted for practicing medicine after receiving a diploma from the Pulte Medical College, because he did not wait and get a certificate of qualification from a Board of Medical Examiners first. I was written to by the doctor to help defend his case, but my health is so feeble that I could not travel so far. I must stop writing now as I am

admonished by my nerves that I need rest. I may write you more fully on the matter when I feel better and stronger. From what I have heard of the facts of the Huntsville case it shows that the doctor, Dr. W. H. Burrett is his name, has received very bad treatment and I think he has a good case. If the constitutional questions are properly presented before the courts. I have prepared a brief on the said question.

Yours very truly,

GEORGE G. LYONS.

Demopolis, Ala., April 8, 1896.

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### OLD MOSS BACK'S DIARY.

April 11, 1896. The *Medical News*, to which I am a subscriber, of this date, comes to hand this A. M. Afternoon, raining. Concluded to see what the *News* was giving its readers for the welfare of humanity and the advancement of medicine. Read the paper of honor, the leader, by a New York physician, on "The Treatment of the Indigestion of Starchy Food." (Query: If starchy food is indigestible why not try something else?) Six columns of scientific matter, and then the proof of the pudding—clinical cases. The first was a man who had a tender liver, yellowish eyes, and dull headaches. He received *calomel*, *sodium bicarbonate*, *podophyllin*, *iridin*, *euonymin*, *bismuth naphtholate* and ——— a proprietary preparation advertised in the *News* of that date.

The next man gets three pints daily of *alkaline water*, *citrate* *caffein* and the aforesaid proprietary article. After six months he "feels that he can dispense with medicine."

No. 3 received *sodium phosphate* mixture, *strychnin*, *nitro-glycerin*, and the same proprietary preparation. "The patient died quite suddenly." But then he was a heavy eater and drinker and that is the usual fate of such men.

"No. 4 was a pastry eater and he was given a *phosphate* mixture and the proprietary preparation.

The last case was corrected as to the amount of beer he drank, and given yellow *mercurius iodide*, a mineral water and the same proprietary preparation that the others received, advertised in the *News*, which, like a golden thread runs through the whole article, and for which the article was written as the writer sums up: "We may fairly conclude that ——— [the proprietary preparation] is useful" etc., etc., etc. And no conclusion concerning the non-proprietary drugs. And this is what I learned from the pages of a scientific medical journal on a rainy Saturday afternoon, April 11, 1896.

MOSS-BACK.

## A BUNDLE OF LETTERS.

The following letters are rather interesting, decidedly instructive and *very* suggestive. We have the originals or copies of them. The names of the writers are withheld though the doctor says "you can do with them what you please."

First letter. From pharmacist to physician.

NEW YORK, March 27, 1896.

DR. — — — —

—————, N. Y.

DEAR SIR.

Our agent writes to us concerning you about *Quercus Glandus*. In explanation we beg to say that we have sent you a preparation made full strength as recommended by Dr. Burnett, of England. In his book on "Diseases of the Liver" he speaks of "Tincture *Quercus Glandus*, and also of *Spiritus Quercus Glandus*," meaning the same preparation, as it is a tincture made of strong alcoholic strength on *Quercus Glandus* which is the acorn. Our preparation is made correctly and carefully; one pound by weight of the fresh ripened acorn with double its weight of alcohol, and this is expressed and sold as tincture or *Spiritus Quercus Glandus*, and it is a spiritous preparation. A white colored preparation can be obtained by making a dilution of it. This is what you have probably had when you did not have ours as we furnish the full strength preparation on all orders for it, to be used in accordance with directions of Dr. Burnett. Trusting our explanation to be satisfactory, we remain

Yours Very Truly,

—————

Second letter. The foregoing curiously ill-informed letter brought the following prompt and emphatic reply.

———— N. Y., March 28, 1896.

MESSRS. — — — —

*Gentlemen*:—Your letter of the 27th inst. in regard to *Quercus Glandus* is very interesting. You say "in Dr. Burnett's book, *Diseases of the Liver*, he speaks of *Quercus Glandus* and also *Spiritus Quercus Glandus* which is the same thing." I fail to find anything at all about *Quercus* in the book *Diseases of the Liver*. Please read Dr. Burnett's book on *Gout*, pages 80 and 81 and I think hereafter when you make *Quercus Glandus* that you will not mark it "Spiritus *Quercus Glandus*" for they are no more alike than cider and cider brandy. Your explanation is very unsatisfactory and *misleading* and I hope you will never be caught marking a drug what it is not again.

Yours truly,

—————, M. D.

Third letter. The following letter from the author of *Gout* was addressed to the American publishers of that book.

2 Finsbury Circus, London, E. C.,

August 24, 1895.

*Dear Sirs*:—I am engaged on a small work on *Gout and its Cure*. In fact it is nearly finished. It is only a small thing—say 140 to 150 pages.\*

\*The book is 172 pages.

— print. I think of offering it to — for this part of the world, and now write to offer it to you. Kindly say what your views in the matter are, and I shall not move further in the matter until I hear from you. So far as I am aware there is no work on gout extant or homœopathic lines and it should therefore command a small sale. There are two salient features in it viz: the use of the tincture of *Urtica urens* for the gouty attack which I prove to be the homœopathic simile thereto and I show that it rids the economy of the uric acid. The second point is equally new and consists in showing that the *distilled spirits of acorns, Spiritus glandium quercus*, is a very powerful antidote to the ill effects of alcohol being homœopathic thereto. I have a certain reputation in this country as a “gout doctor” and it is due to my use of these two remedies. I mention these points because if you help the book on, you would do well to have the two remedies just named in stock in some quantity. With kind regards

Yours faithfully,

J. C. BURNETT.

MESSRS. BOERICKE & TAFEL.

In this book, *Gout and its Cure*, Dr. Burnett has given to the profession the results of his extensive experience in the treatment of this painful disease. The two points mentioned in his letter are both new and these two alone would justify the publication of the book. We have published this rather unusual correspondence to show the medical profession that they have need to exercise some care in the purchase of their remedies for the ignorance or downright dishonesty of the pharmacist may result in their condemning a most important and useful remedy. There is only one way of making the distilled extract of acorns, *Spiritus glandium quercus*, and that way is to distill it; a dilution of the mother tincture of acorns will not be *Spiritus glandium quercus*. But to distill this remedy costs considerable money and this does not suit cheap pharmacists. It is cheaper to put on a fictitious label.

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#### WHAT THE EDITORS ARE SAYING.

“The redundant and even excessive verbiage of our language, are constantly floating us into the domain of uncertainty and confusion in our communications, whether written or oral.”—*St. Louis Journal of Homœopathy*.

“The bias for prescribing is rooted in the same kindly motive that dispenses advice on all hands, and preaches the gospel of interference unsought, without money and without price.”—*The Clinique*.

“The Editor-in-Chief is off shooting ducks this month.”—*Medical Student*.



“As to Colorado, we can say that we have the best climate, the best sanitary conditions, the best churches and the best preachers, the best schools and the best teachers, the best hospitals and the lowest death rate, the best gold mines, the finest saloons, the best whiskey and the fewest drunkards of any State in the Union.”—*Denver Journal of Homœopathy*.

“The safety of the public demands the restriction of opticians to a wise limit.”—*Homœopathic Eye, Ear and Throat Journal*.

“All of us are convinced ‘likes may be cured by likes’ and we are prepared to go a step farther and assert that ‘likes are cured by likes’ \* \* \* When we come to stating to the world our working formula, we should utter it with no uncertain ring.”—*Hahnemannian Monthly*.

“So many doctors have failed to learn that greatest of medical lessons—*how* not to kill.”—*Medical Gleaner*.

“A check must be imposed on garrulous bacteriologists who show a disposition to ride the cock-horse among us.”—*Medical Record*.

“All micro-organisms, including tubercular bacillus, require a certain soil to develop and thrive, which soil contains a deficient vital force, produced by some violation of nature’s laws.”—*N. Y. Medical Times*.

“The tone of some of the letters we receive cause us to think that the prevailing idea is that the journal costs about ten per cent. of the two dollars paid for the subscription, and that the other \$1.80 goes into the editor’s pocket as boodle.”—*Chicago Medical Times*.

“Why not organize the profession, irrespective of clique or clan, in every city in America into committees of the whole for the purpose of celebrating the birth of Hahnemann each year!”—*Medical Century*.

“Homœopaths have learned to use these (bacteriological) terms glibly and effectively. but what is the good of it, so far?”—*Pacific Coast Jour. of Hom.*

“The secret of strength among our Allopathic friends is that one man will swear by another—but we are apt to form into factions.”—*The Chironian*.

“Though the Homœopathic law of cure was recognized in ancient times in India and though drug proving was in vogue, yet it was reserved for Hahnemann, the illustrious Samuel Hahnemann, to carry out and set in regular plan of study the effect of drugs in healthy human subject.”—*Indian Homœopathic Review*.



"Hospitals have been multiplied beyond all necessity and dispensaries have striven so fiercely for patients that the managers have even been known to send carriages for patients with interesting pathological lesions about their persons. Patients who could easily pay fees of one-half and one dollar are treated daily without question in order to swell the grand yearly total of patients. It is a standing joke about one of the uptown dispensaries that the clinics in summer are small because the regular patients have gone to the seashore or the mountains."—*Medical Counsellor.*

"It has never been in evidence why a woman's backache should generally be attributed to pelvic disease. Men have backaches and they are not uniformly attributed to genito-urinary trouble. It seems that the practitioner might treat the owner of a backache as a patient, not as a woman."—*Kansas City Medical Index.*

"He who really swallows a tainted oyster must be either drunk or on the verge of starvation."—*N. Y. Medical Journal.*

"What shall be said of a druggist who prides himself on his freedom from the taint of liquor-selling but who can look upon haggard victims of cocaine inebriety in the face and accept the profits on sales which sink his unfortunate fellowman into deeper damnation."—*Western Druggist.*

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### ASAFŒTIDA. A VETERINARY HINT.

The following bit of unconscious Homœopathy is to be found in Parkinson's *Herball* 1640. "*Garcias* saith it (assafetida) causeth one to expel wind mightily, which thing was tryed by a *Portugall* as *Garcias* relateth it upon an Horse, whom the King of *Bisnager* would have bought, but that he was over subject to breake winde, but after that the *Portugall* had cured him thereof the King bought him, and asked how he cured him, he answered with assafetida given in his provender, no mervaille said the king, if he were cured with the gods meate, yea, rather with the devil's, said the *Portugall*, but softly, and in his owne language for feare of being overheard."

That peculiar use of the drug is quite in accord with its proving, and good Homœopathy.

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### CLINICAL CASES.

#### A Causticum Case.

I. Patient, Enaych Ali, our boy-servant, aged about 14 years, color, black, *Disease.* Rheumatic aching of thigh (right), of about a year. He was entered in my case-book, 28-8 95, at

about ten A. M., with the following history and symptoms: When walking, a sudden bending backwards of the right knee takes place giving rise to aching of the thigh; this aching somewhat relieved by beating the affected part with the hand; stools normal; urine not colored; ring-worm for two years; no thread-worms; had itch about six months past. Treatment: *Caust.* 6x. one globule per dose one dose given to be taken at once.

The medicine (*Caust.*) each day a dose, was repeated on the 1st, 2nd, 4th., 9th, 10th and no more medicine was given. *Result*—Recovery.

*Remarks.* Up to 23-12-95 no relapse. A disease of about one year's standing got well with seven globules in seven doses used within a fortnight. He is going on well, getting no relapse as yet.

## II. Another Causticum Case.

Patient named Ebâdullah Behârâ, aged about 41 years; color black, came to my dispensary for the treatment of chronic scabies at about 7:30 A. M., 9 11 95, with the following history and symptoms: Scabies more especially on hips, genitals and less on the extremities. Last night he had an attack of fever which commenced about 12 P. M. Of fever he found only heat; knew nothing of chill; had thirst during heat; no sweat. No remission as yet. Bowels open, but stools soft and with bad smell. Passes thread-worms now and then, and passed once a round worm. Taste saltish; bad smell of mouth. Gums bleed when brushing teeth. Appetite dull. Treatment: *Sulph* 30.

10-11-95. 8:10 A. M. Better this morning, no fever; scabies better; three stools yesterday; stools soft and slightly frothy. One scanty soft stool this morning. Before yesterday he had daily, rather costive, one stool. Bad smell of mouth, less than that of yesterday.

17-11-95. Increase of itch; bowels costive.

Treatment: *Sulph.* 30 one dose as above.

24-11-95. 7:40 A. M. One good stool yesterday morning with very bad smell; bad smell of mouth early morning; urine not colored; taste good; sleep good. Fever *afternoon* yesterday commencing with *chilliness, with no thirst, preceded by heat of body with no thirst; no sweat;* after chilliness apysenia. *Aggravation at night. Feels feverish and at times chilly. Formication. Itching remains even when he scratches the parts. Pimples here and there. Pustules. Injuries or sores heal up and again become sore and suppurate. Occasional aching of joints of limbs; indisposition to work. Greater*

sensitiveness to open air. Very sensitive to drafts of air. Uneasiness when rising from a seat or when walking. Occasional trembling of limbs. Feels tired and worn out. Faintish sometimes. Lassitude early in the morning, when in bed, as if he would fall asleep again, the lassitude going off after rising. Aggravation evening and night. Worse during new moon. Worse after sleep. Cannot lie on back. Worse after pollution. Better when lying, from washing and moistening suffering parts (itch-covered). Feels numbness in the affected parts. Suffering from scabies and itch about thirty years. Suffering commencing after an attack of smallpox. Treatment: *Caust. 6x*.

26. 11.95. 9:15 A. M. No fever yesterday; bowels open daily normally with bad smell of stool; itching better yesterday, itching increased to-day; sleep better these nights. Taste good. *Caust. 6x*.

Result: Recovery.

Remarks: It would not be satisfactory to put him down cured till months, or better still, a whole year the patient goes well. However, for the present, as the patient has ceased attending dispensary and I have seen him laboring for his livelihood I put him down as recovered. After all it is a good case of *Causticum*.

### Pulsatilla Cases.

1. Patient, Bibijâu, a Mohammedan female adult suffering from *Intermittent Fever* since about twelve days, came to my dispensary the 5th of December, 1895, at about 8:50 A. M. with the following symptoms:

Type: Quotidian.

Time: Before midnight.

Prodrome: Nothing mentioned.

Chill: Severe, short, *thirst*; drink causing increase of chill; aching of limbs; headache; cough with thin and sometimes thick expectoration.

Heat: Moderate, *thirst*; cough last part of night. No sweat.

Apirexia: Incomplete.

Bowels constipated, opened yesterday after twelve or thirteen days, the stool being soft; urine colored with no burning sensation in passing. Pain in knees and ankles and feet feeling during rest and increasing by movements. Red face, carotid pulsation visible; tongue, anterior reddish, posterior parts slightly yellowish white; both tonsillar parts congested; feels pain in deglutition. Bad smell of mouth; nocturnal exposure when

sleeping. Nocturnal aggravation. Pain first appeared in the ankles, then the knees affected. Nasal catarrh. Heaviness of head.

Treatment: *Puls.* 30.

6 12-95. 8:20 A. M. No fever now; no stool; redness of face and carotid pulsation less; no chill last night; no thirst last night; tightness and heaviness of head present; appetite, well; taste bitter; could not sleep last night for pain. Pain increased. Placebo.

7-12-95. 10:20 A. M. No fever. Pulse soft, rather rapid and weak, but slightly full; no stool; cough less; slept last night; appetite better. Heaviness of head. Redness of face and carotid pulsation almost gone. Headache. No thirst last night. Slight chill after noon yesterday. Pain on pressure on epigastrium and on spleen. Abdomen hard on pressure. Tongue clean and moist but slightly yellowish posteriorly. Taste insipid. Urine reddish, having no burning sensation in making water. Pupils dilated. Pain increased and attacked thighs and hips. Had scabies three months back. *Puls.* 30.

8 12-95. 10 A. M. No more fever; no chill; no thirst; one hard stool this morning; pain slightly less; heaviness of head; headache less than before; tongue clean and moist; pupils dilated; urine colored as above with no burning sensation when passing; no leucorrhœa; feels hungry. Placebo.

9-12-95. 8:20 A. M. No more fever; no more stool; no chill; no thirst; pain less than that of yesterday; tongue clean and moist; urine colored; feels much hungry. Placebo.

10 12-95. 8 A. M. No more fever; no stool; urine the same; pain less than that of yesterday; slept last night; appetite good; taste insipid. Placebo.

11-12 95. 10 A. M. No more fever; no stool; pain gradually improving; urine colored as before; could not sleep last night; spleen enlarged and painful on pressure. Placebo.

12-12-95. 9 A. M. No more fever; one hard-formed stool this morning; no more pain; heaviness of head; could not sleep last night. Appetite good.

*Result*—Recovery.

*Remarks.* Now, what led me to prescribe *Pulsatilla* in this case? In the first part of the history of the case we see it is a case of an Intermittent fever. *Puls.* has its type and time. In our present case, patient did mention no sweat,—however, there was *no thirst* in sweat if there had been any slight sweat,



There was *thirst in chill and heat*. Thirst (in chill and heat and not in sweat) indicates *Puls.* *Pulsatilla* has *looseness of bowels*, and may have *constipation*. In our present case *Puls.* corrected the bowels and opened them. I remember *Puls.* has acted often times favorably to relieve bowels and to remove constipation.

On the fourth day of the treatment the patient passed a stool, the next morning after the second dose taken. She got her bowels moved once more on the eighth day of her treatment. As regards the rheumatism here in our case, the changing and shifting character of it, and its selection for the joints showed plainly *Puls.* Thirst vanished after the first dose, and there was no more chill after the second dose which was given on the third day of treatment.

She attended from the 5th to the 12th day of the month, received two doses of medicine, a globule a dose, on the 5th and the 7th; and attended no more. As seen at about the end of the third week of the month she is recovered but weak. Two doses were required to restore her to health.

II. Patient. Abdus Sutterkhan, aged about twenty-eight years, came to my dispensary the 2nd of November, 1895, at about 7:40 A. M. for treatment of *coryza* from which he had been suffering five days with the following history and symptoms:

Exposed to evening cold till night, 8 P. M. about ten days past; this gave rise to the commencement of *coryza*; this *coryza* was about to subside in turn but got a relapse since five days ago, a day previous to these five days he again exposed in the evening cold sitting in an open place.

Present symptoms: Discharge from both nostrils but more from the right one; *thick yellowish mucous discharge with streaks of red blood*; yesterday afternoon *headache over right eye-brow* but not now; now only a sensation of *heaviness* a little on the left of the inner canthus of right eye on the side of the nose *when he bends his head forward*; heaviness of head; occasional cough with expectoration thick and white; *aggravation at about evening*; bowels open daily twice, stools sometimes soft and sometimes formed with no bad smell; felt *nausea* (slight) yesterday at about evening; no increase of saliva; appetite good; *urine colored*; *taste insipid*; tongue colored with *Pâu-juice*; no sneezing. He gets sneezing whenever he becomes attacked with a cold. Winter makes him more susceptible to cold; *nasal passage alternately stops and opens*. *Partial loss of smell*. *Puls.* 30, one globule per dose; one dose given.



3-11-95; 7:40 A. M.: Headache on both eye-brows afternoon yesterday; yesterday severity of headache as that of day before yesterday, less discharge from nose but color and blood as that of previous days; heaviness of head less; cough less but with expectoration as that of previous days; one normal stool this morning; urine colored as other days; appetite good; taste slightly insipid; sleep good. Placebo.

4-11-95; 8 A. M. Much less (occasional) headache at about evening; giddiness afternoon and evening yesterday and this morning; yesterday and last night no nasal discharge by anterior nares but this morning; mucous discharge from posterior nares when drawn back. Discharge thick, color of discharge yellowish of that drawn posteriorly, and white of that blown out through the anterior nares; blood with that drawn back through the posterior nares; cough much less and occasional expectoration of whitish color; one soft clay-like stool afternoon yesterday and one this morning; urine very slightly colored. No sleep last night; appetite good. Taste good. Nasal discharge less than before; blood discharge less; no alternate stoppage and opening of nostrils yesterday. Heaviness at about the root of nose continuing. *Puls.* 30.

5-11-95; 7:10 A. M. No headache yesterday afternoon and now; increase of heaviness of root of nose; discharge of nasal mucus occasionally by the posterior nares, and scarcely if ever by anterior ones; discharge whitish with black blood once to-day; cough less with no expectoration to-day; one soft clay-like stool this morning; urine not colored; sleep though not good but better than that of night before the last; appetite good. No sneezing. Placebo.

Bathing in tepid water.

*Result*—Recovery.

*Remark.* Patient attended my dispensary from the 2nd to the 5th of November, 1895 both the days including, *i.e.*, for four days; received two doses of the medicine, a globule a dose and recovered.

III. Patient. Alâwar Rahmân Khan Choudhury, aged about 22 years, came under my treatment on the 30th November 1895 for *tonsillitis*, from which he had been suffering since a fortnight.

History and symptoms of the case: Got cold from irregularities of diet: ate *acid fruits*, new molasses, etc.; seven days ago drank cold water when over heated and then bathed and after that took his food, and during this meal he got fever with chill;

and since this occasion the pain in the throat increased. Both tonsillar regions swollen with difficult deglutition and a sensation of pricking of pins and needles, feels pain and difficulty in swallowing liquids. Aggravation. Aggravation by day, says in commencing movement as in swallowing first sip of water, but not after that; and again, when the act of swallowing is over, half an hour or so, the pain commences. Got cold two or three days previous to getting throat pain with occasional *thick* and *yellowish* mucous expectoration *with tinge of blood* on it; a quantity of *black blood* thrown up with expectoration when drawn back from posterior nares. Occasional dry coughs. Amelioration of throat-pain during day. Bowels open daily twice. Taste, bitter. Sleep, good. Appetite, good. Slight *tympanitis*. Enlarged spleen. Paleness of face. Stools, morbid. Pulse 30; one globule per dose.

1-12-95. 8:45 A. M. Yesterday better, daytime; aggravation at evening: better last night, and aggravation at about 4 A. M. this morning continuing till now; blood with nasal mucus discharged from posterior nares; extension of pain left side of throat to the root of the left ear; bowels opened yesterday four times, stools being normal; one normal stool this morning with no bad smell of stool. Appetite good; sleep good; urine reddish. Taste bitter.

Placebo: Hot water fomentation. No bathing.

2-12-95. 7:05 A. M. Much improved; no bleeding, but once in my presence drawn through the posterior nares. Bowels not opened yesterday, one normal stool this morning; urine colored; no sleep last night; cough much less.

Placebo: Hot water fomentation.

3-12-95. 9 A. M. Better than yesterday; less blood discharged this morning; pain and pins-and-needles-sensation much less; two stools yesterday; urine less colored: cough less. Placebo. Hot water fomentation.

4-12-95. 7:20 A. M. The pain in deglutition and pins and needles-sensation much less; less than that of yesterday; discharge of blood through the posterior nares twice this morning. Two stools yesterday; one stool this morning with no bad smell. Appetite and sleep good. Taste better. Cough less.

5-12-95. 8 A. M. Pain better than that yesterday; blood discharge from nose less than that of yesterday; another stool yesterday afternoon; one stool this morning with no bad smell. Appetite and smell good. Taste good. Cough much less.

6-12-95. 7:40 A. M. Better than yesterday; one more stool yesterday; one stool this morning, normal, with no bad smell; appetite, taste and sleep good. Urine more colorless.

7-12-95. 9:30 A. M. No cough; no pain in throat; a peculiar sensation of dryness in throat, in which state if he swallows saliva feels some difficulty in doing so and a sensation of a lump feels in the throat; eructation causes sensation of pins and needles in throat. Bowels opened this morning freely with a quantity of white mucus; stool soft with slightly bad smell. Urine slightly reddish. Sleep, taste and appetite good.

8-12-95. 9 A. M. Blood discharge twice yesterday; throat complaints better than yesterday; one more stool yesterday; one free and soft stool this morning; cough no more; sleep good. Appetite better and improved.

9-12-95. 9:05 A. M. Throat troubles less than that of yesterday; no blood discharge; one more stool yesterday; cough no more; urine not colored; sleep, appetite and taste good.

10-12-95. 8:30 A. M. Felt slight pain in the throat last night; this morning coughed up a bit of hard sputa with a little quantity of black blood; almost no pain in throat now; another stool yesterday afternoon; this a good soft stool with no bad smell. Appetite, sleep and taste good; urine not colored. *Sulph. 12.*

11-12-95. 9:15 A. M. Better than yesterday; no bleeding; slight pain in swallowing; another stool (free) afternoon, yesterday; one rather free stool this morning with bad smell; urine not colored; sleep not good last night; appetite and taste good.

13-12-95. 8:30 A. M. No more bleeding; now occasional pain felt during swallowing. Daily one stool these two days. Appetite and urine good.

14-12-95. 10:10 A. M. No more bleeding; occasional pain in throat; one stool this morning, normal, but not free. *Sulph. 12.*

15-12-95. 9:10 A. M. Pain less than that of yesterday; bowels open freely; appetite good; no nose bleeding; sleep not good. Placebo.

Result: Recovery.

*Remark:* A tonsillitis with epistaxis cured with *Puls.*, one dose, and to complete the cure two doses of *Sulph.* were used.

A. W. K. CHOUDHURY.

*Satkhira P. O., Calcutta, India.*

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## HOMŒOPATHIC SKETCHES.

Privy Counselor Aagidiat Freienwalde.

Certain practitioners have denied that there is any efficacy in pellets moistened with Homœopathic remedies, and their admin-

istration has been ridiculed as mere child's play. This communication is not intended for Homœopathic physicians who only use strong doses and full drops, and who are satisfied with the consequent effects. But others who have learned the value of the higher potencies and of the smaller doses may find it of some interest.

We would here ask: How long will medicated pellets, well preserved from external deleterious influences, retain their efficacy? We can not give a very decided answer to this question; but the friends of this form of medical preparation, who have for some time been in doubt, whether it would not be advisable, yea, necessary to occasionally refill their medicine-chests with newly moistened pellets, will no doubt be glad to hear that also very old pellets which might seem to have lost their efficacy, retain their pathogenetic power for many years unweakened.

Dr. *Burkhard* in Berlin, who is continually and indefatigably applying himself to the improvement of homœopathic technique and the preparation of the most perfect medical preparations, goes so far as to declare, that the older the pellets are, the more effective they become, and he may be right.

In the year 1849 at Koenigsburg, in Prussia, there prevailed an epidemic of particularly malignant scarlet fever, and many children and even adults succumbed to it. My practice had so many cases of this kind, that the short winter-days hardly sufficed to visit them all and to administer to them, and all other patients had to be more or less neglected. On the 24th of December I had to make so many calls, that from the early morning after a hasty breakfast, I drove about uninterruptedly, and could not take the time to dine, and late in the evening quite exhausted I entered the house of a friend where supper was just on the table. Though I was very hungry, yet I could not eat a morsel, and even the smell of the food caused an extreme aversion, and a sickness which increased every minute, and although I endeavored to compel myself to stay, I was forced to leave at once and to hurry home and to bed. Here there gradually developed an intensive procto colitis. Violent, quickly recurring evacuations with tenesmus, intense colicky pains, exhaustion and tendency to syncope followed; the evacuations being at first thin and fecal, soon followed by a watery, reddish mass, mixed with pseudo membranes and blood. During the night there were some fifty such ejections accompanied with



frightful pains. During the first hours I was still able to use the commode by the bed, later on my exhaustion was so much augmented, that I had not the strength to rise, but had to use a bed-pan. In the morning I was unable to do even this, and the discharges were received on soft bed-pans which had to be continually changed, the discharges coming on every five minutes. They consisted at last of very small masses of the size and appearance of a crushed cherry. The pulse became ever smaller, the hands and feet had become icy cold, and I was told that my face looked more and more collapsed. Still my full consciousness remained. What remedies I used, I do not now remember, I only know, that they gave no alleviation, no help. When the morning dawned, two friendly Homœopathic colleagues, the Doctors *Schmidt* and *Gisevius* were called in. They consulted together and prescribed remedies which were just as ineffectual. About noon the physicians reappeared, they were very much concerned, consulted for a long time and gave a new remedy, but with as little effect. No favorable change resulted after they left, and totally discouraged, I discontinued all medicines for several hours. The attacks recurred in an impetuous manner. The sensation of swooning increased, I could impossibly await the return of the physicians promised for the evenings. I had to undertake further attempts at a cure; we had not yet found the correct specifically homœopathic remedy. All at once, intuitively, *Cantharis* came to mind, which remedy I had not yet received, and I asked my wife to bring it to me. But despite of all search in various medicine-chests, it could not be found, and I was too weak to look for it. Now I possessed a small pocket-case, a present from *Hahnemann* in the year 1831, containing 144 vials, filled with pellets as large as poppy-seeds and of the 30th potency. I preserved this as a memento of the Master, and it was only valued the more, as the remedies had been prepared by himself and even the names on the small corks had been written clearly and distinctly by his own hand. I had not, however, made any use of these remedies for years, because I supposed that these pellets had long ago lost their efficacy. But now there was danger in delay; the pocket-case contained the much desired remedy, and although we had quickly sent a messenger to the pharmacy to get the medicine, it could surely do no harm in the meanwhile to swallow a couple of these old pellets. I took two of them in a teaspoonful of water.

My kind readers have no doubt, like myself, frequently seen



when a suitable Homœopathic remedy had been given *e. g.* in an intensely painful neuralgia of the trigeminus and its branches, in that of the ischiadicus, etc., the groans of the tortured patient at once ceased and the ailment disappeared for ever. But to have felt such a curative effect in one's own body, and to see oneself saved in a moment from the greatest distress and to have this pass over into a heavenly sensation of unspeakable satisfaction—this nevertheless gives us a still greater surprise, an astonishment full of reverence before those wonderful powers which had lain dormant for many years in a dried up seemingly spoiled pellet of sugar, and which yet under appropriate circumstances are unfolded with the swiftness of lightning from the germ which seemed dead!

Even in one minute all the pain was gone as by magic; only one more stool followed, and then no more; I fell into a deep refreshing sleep and awoke after several hours, with a sensation of great lassitude, nevertheless free from all pain and disease. In three days I was able to attend again to the duties of my calling. I need hardly mention in conclusion, that I had no reason to use the remedy brought from the pharmacy; the two small pellets of *Hahnemann's* preparation sufficed to thoroughly cure this very acute disease.—*Allg. Hom. Zeit.*, Vol. 60, P. 61.

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MY PATIENTS.\*

Sweet, cooing babes; fresh youths grown old,  
Free-silver bugs among the gold,  
White, Black, Gentile and well-clothed Jew,  
Spraken Z. Dutch and Parley Voo.

Faces paint-fair and penciled brows,  
Love-sick girls and designing fraus;  
Men of some sense and "Don't-cher-knows,"  
Debutants and there beardless beaux.

Epicures and poor, air-fed ones,  
Wayward fathers and pious sons;  
Newest women and cyclers bent;  
And fond sons of Bacchus grown penitent.

The deaf mute, halt, deformed and blind,  
The victims of ills of every kind;  
Girls prone to weep and laugh in turn,  
And boys who the old man's money burn.

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\* The proof of these rhymes was sent to Dr. Moffatt, but before he received it he was run over by an electric car and instantly killed on April 25th, at Washington, his late residence.

The few who pay and the plausible beats,  
 He who the dose too often repeats;  
 And they who claim, laid by from harm,  
 Strong drugs disease cure like a charm.

Preachers offering silent prayer,  
 Statesmen slumbering, feet in air;  
 Lawyers whose word none dare impeach,  
 Diplomats juggled for too free speech.

Writers of news; long since transpired,  
 War-worn clerks Uncle Sam has fired;  
 Lobbyists who have learned the ropes,  
 Politicians crazed o'er blasted hopes

Poets swaggering forth in crowds,  
 Readers eye measuring them for shrouds;  
 Tailors sore, beaten most to death,  
 Auctioneers with lost speech and breath.

Organ-grinders, musicians all,  
 Hucksters with morning caterwaul,  
 Cops, pugilists and other vags,  
 Old vets at rum, bedecked in rags.

Jehus, each fumbling his last tip,  
 Bank clerks planning with spoils to skip;  
 Boarders loud grumbling, soup too thin,  
 News boys, yearly greeting, shamle in.  
 Milliners 'neath hats, old style exhumed,  
 Dressmakers sure to (mis) fits doomed;  
 Hairdressers, wigged, my front door bang,  
 Store girls, jabbering "shop," beaux and slang.  
 Singers all jealous, of the birds,  
 Born fools; coxcombs-fools afterwards;  
 Actors, foot-sore, troupe lately swamped,  
 And fashion's pet, monsieur le compte.  
 'Phone girls heart sick of yelling "number,"  
 Telegraphers who between ticks slumber;  
 Typewriters martyrs of jealous wives;  
 Merchants assigning all but their lives.

S. S. MOFFATT.

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### VERTIGO.

Translated for the HOMŒOPATHIC RECORDER from *Populaere Zeitschrift*.

Miss V. wrote on the 20th of October: "Shall I have the drops made again which you prescribed for me before, and which cured me so efficiently.?"

Her ailment was a vertigo which appeared at times, and the drops which had been useful were the tincture of *Avena sativa*. The patient had been directed to take three drops in a teaspoonful of warm water, morning and evening.

But we must warn against supposing *Avena sativa* to be a specific against vertigo. *Avena* is indicated in weak, nervous anæmic constitutions, which are easily exhausted and fatigued, and which have been more or less reduced and weakened by previous loss of fluids or depressing affections of the mind, sleeplessness, defective nutrition, etc., thus in cases where *China*, *Arnica*, *Ferrum*, or the nerve-salts of Schuessler, *Calcarea phosphorica* and *Kali phosphoricum* would be among the remedies from which we would choose. We should not fall into the mistake of supposing, routine fashion, that any one remedy must be absolutely efficacious and then so proclaiming it. Among laymen this perverse view is very common, as if Homœopathy possessed a definite specific for every ailment, and needed only to put its hand into a certain definite place in its medicine chest to help a man. Thus I lately met a gentleman belonging to the most learned profession. He had lately had a paralytic stroke, the one arm hung down limp, his gait was extremely unsteady and unequal, his tongue heavy, etc. I greeted him sympathetically, though I had no particular relations with him, and I had never been his physician. He stopped me at a draughty street corner, the thermometer had shown several degrees below the freezing point, and asked me with a heavy tongue: "What would Homœopathy prescribe for paralysis?" I had never before seen this perverted view in so drastic a form.

As little then as we have a panacea against paralysis, just as little have we one against vertigo. There are too many different kinds. We need only consider the various causes that may produce it. I knew a man who was so much troubled with vertigo, that he could not go down stairs alone, for fear that he might be seized with vertigo and fall down. The man with an iron determination, which does not always belong to "the stronger sex," gave up smoking, and, lo and behold! his vertigo ceased altogether; he was suffering from nicotine vertigo. How different again is the vertigo connected with sea-sickness, which together with sea sickness, is ascribed by some to the influence of the sea air, or more properly speaking to the effects of *Natrum muriaticum*. Shall I mention in addition the vertigo resulting from a spree (*Katzenjammer*)? In this case, to speak more scientifically, we have the alcohol-vertigo.

A "classic vertigo" we may call the hemlock-vertigo which attended the death of the great and wise Socrates, whether this may have been caused by *Conium* or *Cicuta*. I see that Prof.

Imbert Gourbeyre pleads in a learned dissertation for the former theory. The ancients were well acquainted with this characteristic peculiarity of hemlock, and after Socrates had emptied his cup, (he was not, we are sorry to say, permitted to offer to the Gods a portion of the potation, as he requested!) his friends advised him to lie down quietly as soon as his legs refused their service.

Here we have at once a whole series of vertigos, which might be increased to an incredible extent; for almost every kind of intoxication is attended by this *symptom*. This is the case whether we consider the vegetable poisons, as *Aconite*, *Belladonna*, *Rhus*, *Nux vomica*, etc., or animal poisons such as *Apis*, *Lachesis*, etc., or mineral poisons such as *Mercury*, *Arsenic* or *Zincum*, (the gastro-enteritis caused by large doses of *Zincum* is attended with vertigo, stupefaction and fainting fits). How typically recurring and pertinacious is the vertigo caused by chloroform! And if we examine the old pathogeneses of our Homœopathic pharmacopœia, the symptom-lists of these believing provers abound with vertigos (German *swindles*)—*Honi soit qui mal y pense*—whether these symptoms be enumerated under “head,” “sensory” or “general symptoms.”

Now however useful individualizing may appear to be, still this matter may be simplified, and especially with reference to vertigo-patients, we may allow two great categories; the one class are afflicted with vertigo because their brain is too poor in blood (anæmic vertigo), while with the others full-bloodedness is the cause. Now while the latter class are frequently benefitted by *Nux vomica* and *Belladonna*, the former class are more especially benefitted by *Ignatia*, *Calcarea carbonica* and *Sepia*. The location of the vertigo also must not be left out of consideration, and there is no mistake in the idea that vertigo in the occiput is frequently cured by *Silicea*. But even with the full-blooded there may be transiently an anæmic state of the brain and cause vertigo, even rising to fainting fits or to an epileptic fit. Thence the advice to place such patients at the time of their attack with the head lower than the rest of the body, or even to stand them on their head, as I saw old *Ruete* in Leipzig do—God bless the old man, though he never lost an opportunity of abusing Hahnemann and Homœopathy! This is also true of epileptics; though it does not seem absolutely necessary in all cases, as nature, in her inexhaustible fertility in resources, nevertheless finds ways and means to bring the attack to a favorable issue, even when ex-

ternal surroundings are quite unfavorable. In this connection I recall a scene where a gentleman was seized by an epileptic fit while in the midst of the visitors at a museum. *He sat upright in his chair*, foaming at his mouth, deep-red in his face and quite unconscious. While I stepped up to him the paroxysm began to wear off, even before any one had thought it necessary to undo the closely-fitting cravat, or to give the patient, who had been seized so unexpectedly, another position.

*Weimar.*

DR. GOULLON.

SIGN OF CLEAR BLOODEDNESS.—I do not know whether it is generally known that the little white crescents at the root of the nails are an indication of pure Caucasian blood or not. This is a fact, however; especially is it the case with young people. They gradually disappear with age, beginning with the little finger and leaving the thumb last.

Doctors are expected by some of their patrons to know everything, and you might be called on some time to know whether a stranger is pure white or not, and if you fail to find those little crescents you may well have your suspicions, for I have never yet seen them when there is the least trace of negro blood.

This is not original with me; I heard it somewhere, and would like for the profession to take notice and see if there is any truth in it.—*E. H. Bowling, M. D., Luster, N. C., in Medical Brief.*

THE DOCTRINE OF SIGNATURES.—“Inner sight is the astronomy of medicine. It shows not only the causes of disease, but it furthermore discovers the elements in medicinal substances in which the healing powers reside. \* \* The soul does not perceive the external or physical construction of herbs and roots, but it intuitively perceives their powers and virtues, and recognizes at once their *signatum*. This *signatum* is a certain vital activity which gives to each natural object a certain similarity with a certain condition produced by disease, and through which health may be restored, in specific diseases in the diseased part.”—*Paracelsus.*

PASSIFLORA IN PUERPERAL ECLAMPSIA.—Dr. Geo. W. Holmes, of Sharpe, Florida, reports success from the use of this agent in puerperal eclampsia. The doctor was recently called



to a case in which the woman had been in convulsions for forty-eight hours. Two other physicians had been in attendance, and had delivered with forceps twenty-four hours before. All the usual remedies had been employed without apparent benefit. She was unconscious the entire time. *Passiflora* was used hypodermically, two injections being used of one drachm each half an hour apart. The convulsions ceased soon after the second dose, and the patient made a rapid recovery with appropriate after treatment.

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A SAFE PREDICTION.—In discussion as to the merits of antitoxine, at a meeting of the Chicago Homœopathic Medical Society, Dr. C. E. Fisher said: "I am afraid we shall go through here what other medical societies have gone through in other parts of the country, and I want to go on record as predicting that in twelve months more antitoxine will be a thing of the past. I was disposed to favor it at first and hoped that they had indeed found something new. Statistics abroad were in its favor. Now it comes to a show-down in Europe, and we find that everything in the nature of a sore throat is run into the hospitals as diphtheria, so that the proportion of cures reported is increased, while the death rate owing to improved sanitation, etc., is decreased. No wonder the statistics show in its favor. Those who do the work in the old country are bacteriologists in the pay of the government. They are specialists and enthusiasts and let up on one thing only when they find another to talk about. I verily believe that the death of antitoxine in Europe and the East is at hand, and it will be the same here."

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DANGER OF RECTAL SURGERY.—"It sounds well to talk of applying general surgical principles to the rectum, but they should be applied with especial reference to the fact that tissues are being dealt with which rebel against coaptation, which cannot be put in splints during the period of repair, that permanent functional impairment is more frequent than is generally believed, and that such impairment or destruction of function may (and does) doom the patient to a life of helpless, hopeless, ceaseless and repulsive fecal contact. In reply to this may come the oft-repeated statement that such results occur only with the inexperienced and unskillful. This would *appear* to be true, but as a matter of fact it is among those who are notably experi-

enced in this work, that such dire consequences are most frequently found. There is no denying this. It is probably due to the fact that they operate such cases so much more frequently than others, and consequently take more chances. It may also be urged, as it usually is, that these statements emanate from one who knows nothing about the subject—one who has never investigated it. If I may be pardoned the personal allusion, I have a fair degree of clinical familiarity with this subject and I confess my results have not been what I could wish. Nor do I stand alone. One of the best general surgeons in this country told me that he was nearly ruined by his results. Another surgeon—and a good one too—informed me that a member of his own family wears a napkin constantly; and still another that Heaven was kind to him and removed by death a fecal incontinent who was a source of perpetual humiliation to him. It is not necessary to interview all the surgeons to know that they have similar results; for their patients appear to us from time to time, and while we learn a lesson from their plight, we should be charitable, for no surgeon's results are always ideal. There is no structure in the human body which, by reason of its function, offers greater objections to operation, and consequently the custom of promulgating beautiful and spacious theories to justify frequent operation upon this area, cannot but be regarded as evidence of dangerous surgical enthusiasm. I can much more readily forgive the man who is overfond of removing ovaries, testicles, turbinates, or of trephining, etc., than this endless interference with rectums to which the patient's attention has never been called by symptoms. It is a matter of the deepest regret that this should be the site of enthusiastic selection when it possesses not only the most superlative structural and functional contra-indications, but the strongest civil and social contra-indications as well. It may be excusable to operate here for tangible local lesions, but let us have surgical indications for the surgery done by surgeons and let us remember that such indications are not found outside the domain of materiality."—*T. L. Macdonald, M. D., in N. E. Medical Gazette.*

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COMMON MISTAKES OF DOCTORS.—1. To promise a patient that you will cure him.

2. To promise to call at an exact specified time.

3. To promise that the malady will not return.

4. To promise that you can render more efficient service than your fellow-practitioner.

5. To promise that your pills are not bitter or the knife will not hurt.

6. To promise that the chill or fever will not rise so high to-morrow.

7. To allow your patient to dictate methods of treatment or remedies.

8. To allow yourself to be agitated by the criticisms or praises of the patient's friends.

9. To allow yourself to buoy up the patient when the case is hopeless.

10. To allow yourself to make a display of your instruments.

11. To allow yourself to experiment or exhibit your skill uncalled for.

12. To allow yourself by look or action in a consultation to show that you are displeased, and that if you had been called first matters would have been different.

13. To allow yourself to indulge in intoxicating beverages.

14. To allow yourself to rely wholly upon the subjective symptoms for your diagnosis.—*Pacific Record*.

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POLYGONUM HYDROPIPER.—It is a useful remedy when there is *depression* due to almost any cause. When from capillary congestion the surface of the body is cold, there is suppressed perspiration, a tearing pain in back and legs, chilliness, cold sensations chasing up and down the back; there is, perhaps, some cold and cough, and catarrhal bronchitis of an inactive form; and if in a female there be added suppressed menstruation *Polygonum* will bring most satisfactory results. It will relieve the torpor and congestion of the uterus and ovaries as no other remedy will do. It increases the heart-beats and the capillary circulation, and pretty soon the skin becomes warm and moist. The disease, wherever it be, or whatever it be, is lessened and the patient improved.

With the fact that it is a stimulant before us, *Polygonum* is contra-indicated in the active stage of any fever, or where severe inflammatory symptoms are present. But when these have passed, and we have the stage of depression, low fever and a stimulant diaphoretic and diuretic is indicated, *Polygonum* should not be overlooked.

With this idea of the action of *Polygonum* always before us, it becomes a remedy, and a valuable one, in amenorrhœa and in dysmenorrhœa, when there is depression and torpor; in gravel or calculous affections, in subacute nephritis and subacute irritation of the genito-urinary organs generally, it produces pleasing results. The same may be said of it in that near relative of these maladies, functional impotency. It awakens organs and increases functions.—*Eclectic Medical Journal*.

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CHIMAPHILA UMBELLATA.—The really valuable property of *Chimaphila* is its kindly action in catarrhal states of the bladder. The greater the catarrhal character of the difficulty the better it will act. If pus and blood be voided its efficacy is all the more pronounced. It is not the remedy for acute and inflammatory troubles, but for chronic and lingering disorders giving rise to excessive voidings of mucus or muco pus, offensive or non-offensive in character.—*Ec. Med. Jour.*

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BLINDNESS FROM FELIX MAS.—According to the *Journal de Médecine et de Chirurgie Pratiques*, Masiers has reported a couple of cases of amaurosis produced by extract of male fern. In one case a carpenter, after taking thirty-two capsules of extract of male fern and extract of pomegranate, and also a dose of castor oil, rapidly lost consciousness, and the next day his eyes showed total mydriasis and complete amaurosis. A week afterwards atrophy of the optic nerves supervened, and the patient became entirely blind.

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BIG WORDS.—It is amusing and yet vexatious to see a worthy medical gentleman, whose ordinary conversation is in a simple and good style, suddenly swell up when he writes a medical article. He changes his whole dialect and fills his pages with a jangle of harsh technical terms, not one-third of which are necessary to express his meaning. He tries to be solemn and imposing. For instance, a physician recently devised a new instrument, and wrote it up for a medical journal under this title. "A New Apparatus for the Armamentarium of the Clinician," by which heading he doubtless hopes to make the fame of his invention "go thundering down the ages," as Guiteau said. Another writer wanted to say that cancer is an unnatural growth



of epithelium. He took a big breath and spouted the following: "Carcinoma arises from any subepithelial proliferation by which epithelial cells are isolated and made to grow abnormally." Now, then, you know all about cancer. A writer on insanity illuminates the subject as follows: "The prodromic delirium is a quasi-paranoiac psychosis in a degenerate subject. A psychosis of exhaustion being practically a condition of syncope." The following is an effort to say that certain microbes produce the poison of erysipelas: "The streptococcus erysipelatosus proliferating in the interspaces of the connective tissue is the etiologic factor in the secretion of the erysipelatosus toxine." A large cancer of the liver was found at a post-mortem examination and reported about as follows: "A colossal carcinomatous degeneration of the hepatic mechanism." Still, the man of big swelling words is not always up in the clouds. If called to a case of accident, he examines the injury, and may inform the family in quite a simple and dignified manner that their father was thrown sidewise from his carriage, breaking his leg and putting his ankle out of joint, but if he writes out the case for his medical journal, he gets up straightway on his stilts and says: "The patient was projected transversely from his vehicle, fracturing the tibia and fibula and luxating the tibiotarsal articulation." Your man of solemn speech is peculiar. He does not keep a set of instruments—not he—he has an armamentarium. His catheters never have a hole or an eye in them, but always a fenestra. In gunshot injuries, a bullet never makes a hole in his patient, but only a perforation. He does not disinfect his armamentarium by boiling, but by submerging it in water elevated to the temperature of ebullition. He never distinguishes one disease from another, but always differentiates or diagnosticates it. His patient's mouth is an oral cavity. His jaw is a maxilla. His brain is a cerebrum, his hip joint is a coxo-femoral articulation. If his eyelids are adherent, it is a case of ankylo-symblepharon. If he discovers wrinkles on the skin, they are corrugations or else rugosities. He never sees any bleeding, but only hemorrhage or sanguineous effusion. He does not examine a limb by touch or by handling—he palpates or manipulates it. If he finds it hopelessly diseased he does not cut it off—that is undignified. He gets out his armamentarium and amputates it.—*Address by Dr. Edmund Andrews, Chicago Medical College.*

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ELATERIUM.—*Elaterium* causes an enormous flow of water from the blood, and from the mucous membrane. It is stimu-



lant to the entire urinary tract, and by some is considered one of the very best remedies in the materia medica for dropsical effusions—ascites, pulmonary œdema; cerebral congestion, and for poisoning by narcotic substances. With full doses of *Elaterium*, one may be “bled through the tissues.” In dropsy of a plethoric patient, with a dirty tongue and an enlarged liver, *Elaterium* is an excellent remedy.—*Eclectic Medical Journal*.

The remedy must be given in small doses as its action is very violent.

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A BACILLINUM CASE.—Dr. Deschere believes with Dr. J. Compton Burnett, from whose book on a *New Cure for Consumption* he quoted the concluding remarks, that it will be found that nosodes are not valuable when the disease has become “aggressively infective,” but particularly in the incipient stage. He also expects them to be of value in the remote effects of the action of the poison, as *Bacillinum* in tubercular joint diseases.

The essayist introduced the discussion of his paper by remarking that a nosode can act upon a tissue different from that from which it was taken. He cited a case in illustration treated by him in Flower Hospital after every other treatment had proved unavailing. It was tubercular disease of the hip joint with obstinate gluteal ulcers. *Bacillinum* 100 (Burnett) a dose daily for six days was given, followed by *sac. lac.* On the tenth day the whole leg became swollen and erysipelatous, an eruption like that caused by Koch’s Tuberculin developed on the abdomen, with temperature of 106°. The man was delirious but the paroxysm subsided, the suppuration became less, the ulcer healed absolutely and the man was discharged cured in three weeks.—*Report of meeting of N. Y. M. M. Society, in Med. Century*.

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ECHINACEA.—A correspondent of the *Chicago Medical Times* writes: “I am trying *Echinacea* on a case of psoriasis or dry tetter of thirteen years’ standing, and the disease is slowly but surely succumbing to the remedy. I think it is a fine remedy for skin diseases when a permanent cure is desired.”

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A HINT ON CONDUCT.—A correspondent of the *Medical World*, writing on the subject of “vulgar doctors,” relates the following very suggestive incident: “While in one of our large cities

lately attending a special course of instruction, he was introduced to a physician of national reputation. His bearing before the class was most impressive, and each member vied with the other to show him reverence. But one day at a private clinic he so far forgot his dignity as to relate a most disgusting and vulgar anecdote. He met with a well-merited rebuke, in that he was the only person that laughed. He never regained the respect of the class."

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CHAMPAGNE.—During a discussion on the topic of anglomania in the United States in general and in New York in particular, which I overheard in a fashionable restaurant the other night, the opinions seemed to be about evenly divided between those who thought the disease was spreading and those who believed it was growing less pronounced and virulent among the class who most keenly enjoy suffering from it. One man said what I think has a good deal of truth in it.

"The most asinine form it takes," he remarked, "is the drinking of champagne, which does not suit one's taste, merely because the brand has vogue in England. Now, I know no fewer than a dozen young men in a club on the avenue who have adopted a certain brand for no other reason than it ranks high in the best London clubs. It is intensely dry, so dry, in fact, as to impress any one who is not used to such wines as being an aerated kind of highly rectified alcohol, for its absolute lack of any sweetness whatever gives the American palate that impression.

"A good many Englishmen prefer these ultra dry brands, and when they can find them will pay a little more than they will for other vintages or brands, and their vogue among a certain set of men here is simply because they wish to do as their models do. But the great majority of English champagne drinkers do not prefer the tasteless brands, and the wines that are most popular with us have the same patronage in London. And if such was not the case, what has that to do with it, anyhow? The American public does not drink heavy brews and discard its sparkling lager beers because John Bull prefers the weightier and more heady beverage, nor are we as a nation likely to discard the fluid extract of Kentucky for the spirit of Scotland simply because the Englishmen prefer their stimulants in the latter form. Therefore, I think I am right in saying that the small set of men in New York who affect the intensely dry champagnes that head the price lists in the English wine markets do it merely because they are consistent Anglomaniacs and must stick to their guns all along the line. Such wines will never become popular."—*Rambler, in Mail and Express.*

## BOOK NOTICES AND GOSSIP.

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**Diets for Infants and Children in Health and Disease.** By Louis Starr, M. D. \$1.25. Philadelphia. W. B. Saunders. 1896.

A compact little book containing twenty-one (if we have counted them correctly) different diets for babies and children. Each leaf is perforated and the design is to have them torn out as needed and given to the parents, or nurses, as diet directions for the young patient. The physician, as before stated, has the choice of twenty-one different diets. There are, we believe, sixteen repetitions of each diet table in the book.

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**Diagnosis and Treatment of Diseases of the Rectum, Anus, and Contiguous Textures.** Designed for Practitioners and Students. By S. G. Gant, M. D., Professor of Diseases of the Rectum and Anus, University and Woman's Medical Colleges; Lecturer on Intestinal Diseases in the Scarritt Training-School for Nurses; Rectal and Anal Surgeon to All-Saints, German, Scarritt's Hospital for Women, and Kansas City, Fort Scott, and Memphis Railroad Hospitals, to East-Side Free Dispensary, and to Children's and Orphans' Home, Kansas City, Mo.; Member of the American Medical Association, National Association of Railway-Surgeons, the Mississippi Valley Medical, the Missouri Valley Medical, and the Missouri and Kansas State Medical Associations, etc. With two chapters on "Cancer" and "Colotomy" by Herbert William Allingham, F. R. C. S. Eng., Surgeon to the Great Northern Hospital; Assistant Surgeon to St. Mark's Hospital for Diseases of the Rectum; Surgical Tutor to St. George's Hospital, etc., London. One Volume, Royal Octavo, 400 pages. Illustrated with 16 Full-Page Chromo Lithographic Plates and 115 Wood-Engravings in the Text. Extra Cloth, \$3.50 net; Half-Russia, Gilt Top, \$4.50 net. The F. A. Davis Co. Philadelphia. 1896.

This is a thoroughly "up-to-date" book and handles its subjects in accordance with the latest views; whether these are best for the patient, is another question. It seems to us that there can be no doubt of the truth of the proposition that a cure by

internal medication is far better than a cure by the knife, or by any external means. Another proposition, about which, of course, there is much doubt, is, that many, perhaps a majority, of the cases treated by operations of various kinds, might be cured by internal medication. The objection to surgical cures, if the word be permissible, is that there is no certainty of their permanence. Dr. Burnett in his very excellent work on the *Curability of Tumors by Medicine*, tells of two men who lived on the same street and suffered from piles in their worst form; one was cured by internal medicine aided by a few simple external applications such as *Hamamelis* and *Æsculus*, and the other by an operation. The man cured by the inside route remained cured while the other in time had a recurrence of his trouble in a worse form than before. This, however, is aside from the book under notice which, assuming that operations must be performed, is excellent. The subjects are classified, there is no superfluous verbiage, the illustrations, with one or two exceptions, are good, and several entirely new features are added, in a work of this kind, such as "Railroading as an etiological factor," and "Auto-intoxication from the interstinal canal."

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**Don'ts for Consumptives, or the Scientific Management of Pulmonary Consumption.** By Charles Wilson Ingraham, M. D. Binghampton, N. Y. Published by the author.

This 218 page book is dedicated "to the advancement of self-study among pulmonary invalids, and the promotion of public information upon the subject of Tuberculosis." Dr. Ingraham says: "Slowly but surely the great search-light of modern science has broken through the clouds of ignorance and uncertainty, until Koch's discovery of the bacillus of tuberculosis in the year 1882, the last remnants of obscurity, so far as the cause of consumption was concerned, dissolved away." This is academic, but as to its being the truth is another question, a question that could only be answered by the search-light of science discovering the origin and the cause of the primal bacillus, which, according to the academic view, has been followed by a huge progeny which it remains but to kill off and thus free the world from consumption. Doubters of the official view will want to be assured that another crop may not spring up from the same unknown cause that started the original little "coma." Without carping the reviewer is inclined to believe that if the directors



of the scientific search-light would polish the lense of that instrument they would discover that many of their "causes" are but effects and that they have not yet touched upon a single cause. But aside from all that if any consumptive has the time, money and patience to follow the advice given by Dr. Ingraham he will not be the worse for it. In one particular the author is not orthodox; he ought to know that it is legally enacted in the great State of which he is a citizen that alcohol is a poison, yet on page 109 he writes: "Alcoholic beverages, if properly used, will act in the manner of food, and when this effect is desired they should always be taken in small quantity, during or directly after meals." We are not denying the assertion, for did not the records found declare that the lost party of the Jeannette expedition lived for ten days on alcohol alone and died when the stock was exhausted? but mention it because in numerous journals we see it stated that the search-light of science has discovered that alcohol is a poison. We hope that before long the gentleman who works the search light will come to see that, after all, the sun light is better, for it illumines the whole subject and not one spot in the dark.

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**The Non-Hereditiy of Inebriety.** By Leslie E. Keeley, M. D., LL. D. 359 pp. Cloth. Chicago. S. C. Griggs & Company. 1896.

Whatever one may think of Keeley, and his bi-chloride of gold cure for alcoholism, he cannot deny that the doctor has written a rather interesting book and one refreshingly unconventional. If the late Dr. Samuel Swan could look down and read the following quotation how he would rub his hands with satisfaction, and regret that he could get no further with his *Materia Medica* than the first volume! Writing of what homœopaths call "nosodes" Dr. Keeley says: "These, like the remedies for scarlatina, pneumonia, typhoid, diphtheria, and the whole list, will be put up as remedies and used as cures and preventives. They will be absolutely successful because their use will be founded on scientific pathology. The principle of 'like cures likes' in medicine will then have its triumphant success." The following neat hit at our "regular" friends is good. "The pretense of 'regular medicine' is that all dogmas are rejected; but the meaning is that all new things are rejected." "But the 'grand old profession' generally ends by



adopting everything. It will some day, if its morals improve, adopt all the pathies, including Christian Science." While the author does not believe in Homœopathy, nevertheless he says "the so called dogma of 'like cures like' was a medical beatitude and a divine beneficence." Chapter 11 opens as follows: "Until within eighteen years the medical profession did not know the cause of disease. This fact seems incredible and is a confession that few care to make."

If Dr. Keeley thinks the cause of disease is now known he is a very optimistic gentleman indeed. Of course, he regards alcoholism as a disease, but he does not give the "cure" he has made notorious.

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#### A New Work on the Diseases of the Horse.

As Messrs. Boericke & Tafel have just placed in the composers' hands the manuscript of a book on the diseases of the horse, by J. Sutcliffe Hurndall, V. S., the following sketch of the author's life may not be amiss. Mr. Hurndall is a son of the late Rev. W. A. Hurndall and was born in Huddersfield on June 14, 1841; educated at a private school conducted by the late Ebenezer West, M. D., at Amersham, Bucks; on leaving school he went in for an agricultural education, and it was a practical one to all intents and purposes; at the age of twenty one he took a farm of 350 acres and worked it for some years, but finding that the rent was a great deal too heavy and that there was little prospect of making it pay, he gave it up with the intention of taking a place that offered better prospects of success. Meanwhile not wishing to waste time he entered the office of a land agent and auctioneer to gain experience in the value of land, etc. This he found valuable, but having a very decided taste for agricultural live stock, he ultimately determined to qualify as a veterinary surgeon. In October, 1879, he entered for the preliminary examination of the Royal Veterinary College, Camden Town, and out of an entry of thirty-six, passed third in order of merit, and obtained his diploma from the Royal College of Veterinary Surgeons in April, 1882. During the course of his studies Mr. Hurndall obtained the first prize in the Students' Veterinary Medical Association for the best essay of the year, the subject being "Dairy Management;" he also took the bronze medal for the Coleman prize on "glanders," and obtained second-class honors when going up for the final examination. Within one

month of passing he settled down in the city of Liverpool, where he remained in active practice for six years. This practice was made without introduction of any sort; it was essentially a mixed practice. Among the clients were numbered some of the wealthiest and some of the poorest people. During this period he was frequently in correspondence with the leading homœopathic physicians of the metropolis, and in time removed to that great centre, where he has since conducted a very successful practice.

A new work on the diseases of the horse, with homœopathic treatment, by a competent man, is much needed, and we have no doubt but that Dr. Hurndall's new work will meet with a large sale.

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“NEARLY every thing mentioned in your book I have found to be almost without exception entirely reliable,” is the comment made by a brother physician to the author of *The Medical Genius*. The plan of this book is also entirely original and there is no physician who will not be the better fitted for his profession after becoming acquainted with the many valuable suggestions and hints found in its pages.

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So IT seems that Dr. Gould's bitter, old-fashioned diatribes on Homœopathy were the cause of his downfall as editor of the *Medical News*. The publishers Lea Bros. & Company, write as follows:

“Your are entirely correct in your supposition as to the attitude in the past of the *Medical News* toward Homœopathy. The editorial columns reflected the views of Dr. Gould; we were simply the publishers and had neither part nor influence in directing the editorial management.”

The assurance is also given that under the editorship of Dr. Goffe “a different policy will be pursued.” This will be good news to many but we must confess to a feeling of slight melancholy at the thought that we shall never again read one of those raging, foolish, but honest, onslaughts on Homœopathy from the pen of Dr. Gould. And we are not so sure but that Dr. Gould's methods were more wholesome for the cause of Homœopathy than the condescending friendliness that treats it as something to be tolerated but of no special importance.

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WE quote the following from a letter from Dr. S. A. Jones to one of our Philadelphia physicians—it was not intended for publication, of course, but is a historical point, and a moral too

good to be lost: "The photograph of Gross reminded me that Dunham one day showed me the copy of Hahnemann's *Chronic Diseases* that had once belonged to the same Dr. Gross. It was most copiously interlined with verifications and showed that practice to those early disciples meant and *was serious work.*" If every purchaser of the *Chronic Diseases* would do likewise with his copy the world would be the better for it, and his copy of that book the more valuable.

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Dr. J. W. DOWLING, of New York City, writes the publishers of *Custis' Practice*: "Allow me to acknowledge with thanks the receipt of the new condensed *Practice of Medicine* by Dr. Custis. I have taken pains to examine it carefully and find it very satisfactory. It does not sacrifice facts for brevity. Shall take pleasure in calling it to the attention of my students for use as a pocket manual and emergency guide."

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"MEDICINE AS A PROFESSION" is the title of a pamphlet reprint by Dr. Louis F. Bishop, of Columbia College. "A student" he says "imagines that at one moment he is a layman, and a moment later, through the magic of the diploma he holds in his hand, he is a physician. This is a great fallacy." The address is a very good one. One more point, a bitter but true one: Dr. Bishop says: "Medical literature is re-written in every generation and the names of the original authors are omitted."

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THE publishers, Messrs. Boericke & Tafel have placed in the compositor's hands the manuscript of *A Repertory of the Tongue Symptoms* by M. E. Douglass, M. D., of Danville, Va.

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THE fourth edition of Raue's famous work on practice, *Special Pathology and Diagnostics with Therapeutic Hints* is completed with the exception of contents and index. This edition is, mechanically, built on more modern lines than the preceding one. The pages are larger and the paper the finest quality of what is known to the trade as "all rag." A great deal of new matter has been added and the old matter re-arranged to some extent and revised, but not changed much otherwise, for the reason that it was correct as it stood. The book is easily

the best *homœopathic* practice published. Those who are looking for crude drugs and the use of the hypodermic syringe will not find what they want in this book but any one in search of the practice of Homœopathy as taught by Hahnemann will find it in this book. It has its own place without crowding any other.

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MESSRS. BOERICKE & TAFEL are now authorized publishers of Dr. R. E. Dudgeon's translation of the *Organon*, as also of Dr. Wesselhœft's translation. Between these two excellent works the medical profession is well served.

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**The Practice of Medicine.** A Condensed Manual for the Busy Practitioner, by Marvin A. Custis, M. D.

In this Manual is contained just exactly what the busy doctor needs for a quick reference to the diagnostic points of the disease, and for a speedy search for the appropriate remedy. In the treatment only the characteristic or key note symptoms are given—indications that have been repeatedly verified. Dr. Custis is to be congratulated upon his success in so condensing his work that nothing essential has been omitted, and yet the book is small enough to be carried in the pocket or the instrument bag.—*Medical Visitor*.

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THE "Secret of Long Life" is the title of a 24-page pamphlet just published by Boericke & Tafel, a copy of which may be had post free by addressing any of their pharmacies. The pamphlet is simply a concise and clear statement of the theories, and use of the remedies, introduced by Julius Hensel in his *Macrobiotic*. It is worth sending for if only to learn what the Hensel ideas are.

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"ANOTHER imposing work of over 900 pages has appeared on the subject of Materia Medica during the past year, namely, *A Regional and Comparative Materia Medica*, by Drs. Malcolm and Moss, of Chicago. It consists of the arrangement of the symptoms of the Materia Medica in chapters, each being one of the rubrics of the Hahnemannian scheme. It will prove a valuable aid to the student and practitioner."—*W. A. Dewey, M. D., Transactions of American Institute of Homœopathy*.

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WHEN the editor of the *British Medical Journal*, Mr. Ernest Hart, was in this country attending the Pan-American Convention he gave the general impression of being something of a Pharisee, which impression is probably correct. Some months ago a Dr. Kingsbury put his name on the prospectuses of a hydropathic establishment and the *British Medical Journal* thereat jumped on him with both feet for unprofessional conduct and advertising. Dr. Kingsbury hit back with a damage suit and the jury awarded him a hundred and fifty pounds damages. One notable feature of the affair is that professional sympathy seems to be altogether on the side of Doctor Kingsbury. The cruelest cut of all was given by Mr. Lawson Tait in the *Medical Press*. Under heading "Court Circular" in *The Times* of March 18, appeared the following: "Mr. Ernest Hart has left for a yachting tour in the Riviera for the benefit of his health, which has not yet recovered from the over-strain of his recent sanitary tour in India." To this Mr. Lawson Tait adds: "I have applied to the publisher of *The Times*, and have his printed reply before me that in the said column of his paper such insertions are charged for at the rate of three lines for a guinea, and ten shillings and sixpence for every additional line." We do not go far astray in this world when we make it a rule to regard with suspicion every gentleman who is especially given to rebuking the sins of his fellows.

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A CORRESPONDENT of the *Medical Record* writing on the subject of antitoxine says that in 1879 he was confronted by an epidemic of diphtheria, and in one instance he "removed the membrane from the throat" of the sick child and "abraded the arm of three of the children and introduced the poison the same as vaccine virus." These three were in the same family and had not yet contracted the disease and did not. He continues:



“This procedure I have carried out since when a favorable opportunity presented, and in all the cases I have inoculated four days before the outbreak of the disease the patients were rendered immune; but in all cases in which the disease appeared upon the first, second or third day there was no effect from the inoculation.” He then argues from this: “The ideal measure is to inoculate an animal and take the product (serum) to inoculate or vaccinate the patient.” All this is but a bungling, and more or less dangerous, form of isopathy. Much better, and far safer, to use the nosodes as prepared by homœopathic pharmacists. The Swan nosodes embrace those of nearly every known disease.

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DR. DAVID INGLIS, of Detroit, at a meeting of the Michigan State Medical Society, said:

“One of the lasting absurdities of medical practice is the administration of the beef-tea. Beef-tea is practically an infusion of uric acid. Concentrated beef extract consists of uric acid to the extent of 88 per cent. of its bulk. Our grandmothers' domestic use of fresh urine was no more absurd than our use of meat extracts—simply a little less palatable.”

He contended that a meat diet is not nourishing, but only stimulating and can be borne only so long as the system has the power to throw off the uric acid it generates.

Fruit juices, especially the unfermented juice of the grape, are far better for the sick than these preserved animal products.

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THE *Druggists' Circular* says: “One would not be likely nowadays to look for adulterated or fictitious quinine,” and then goes on to show that one would be mistaken in not looking; for the article is about and, like all fraudulent, adulterated or illy-prepared drugs, sells for a “suspiciously low price.”

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IN the *Journal des Practiciens* of March 24, M. L. Brocq tells how to treat itching of the anus. Among his remedies for external application are decoction of marshmallow, poppy capsules, cocoa leaves, vinegar, lead water, coal-tar saponine, carbolic acid, chloral, corrosive sublimate, menthol, guaicol, cocaine, cocoa butter and belladonna, not to mention drugs for internal use. Certainly no one can complain of a lack of drugs, though he might complain of a lack of precision as to their indications. Contrast this with the simple, yet efficacious, treat-

ment recommended by Dr. A. M. Cushing recently—*Ratanhia* internally and *Ratanhia* suppositories—and note the difference between the medicine of precision and that of chaos.

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THE *Medical Press* tells of a gentleman in Calcutta who was attacked by a swarm of bees and severely stung, over one hundred and fifty stings being extracted from his person afterwards. Relief was at once obtained by applying a paste of *Ipecacuanha*. Hering gives *Ipecac* as an antidote to *Apis*.

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REV. C. S. LAWRENCE, of Toms River, N. J., writes that there is a good opening for a homœopathic physician at that place—“nothing but old school here now.”

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DR. W. TONKIN has removed from Ridley Park, Pa., to No. 38 North Queen street, Lancaster, Pa. He left a good practice vacant and will be glad to correspond with any young Homœopathic physician wanting to take it up.

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RHUS AROMATICA. As all know (who own sets of that valuable work) *Rhus aromatica* is one of those valuable remedies rescued, and preserved, from oblivion by Hale's *New Remedies*. The remedy was originally brought to notice by Dr. F. McClanahan, who stated that he first obtained his knowledge of its virtues from his grandfather, Dr. John Gray, who had used the drug for over thirty years with the utmost benefit to his patients. *Rhus aromatica* in material doses is “a sovereign remedy” for diabetes. The doses run from ten drops to a teaspoonful of the mother tincture. Another use of the remedy is in the cure of that annoying complaint, involuntary dribbling of the urine. It is also a great remedy for enuresis; indeed, a few years ago Dr. Worthington of Versailles, Ky.; said that it was practically a specific for this troublesome complaint. He does not look for symptoms but when he has a case of wetting the bed to treat he gives it *Rhus aromatica* in ten-drop doses. It has, like every thing else, been also recommended for other complaints and may be useful in them but in diabetes, dribbling of urine, or incontinence of urine and enuresis, it stands forth as a strongly marked remedy.

## PERSONAL.

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Cleveland University of Medicine and Surgery is welcomed to the RECORDER'S advertising constituency; see inside of last cover.

Dr. B. F. Underwood, of the *Homœopathic Journal of Obstetrics*, has removed from Arlington to Ridgefield Park, N. J.

Ants are said to have a bigger proportion of brains than any other creature, not excepting man.

The "pauper" labor of England seems to be getting along right comfortably—\$720,000,000 in the savings banks.

Dr. Lusk thinks it wisest to regard parturition "as a normal act." Well, yes, rather.

Ye "biochemic scientist" saith: "The lack of food produces what has been termed headache, gastralgia, diarrhœa and fever." Well, well!

"—— of Iron" "does not constipate or injure the teeth," is the way the advertisement puts it.

Rub the rust off your pen occasionally and let the world have the benefit of the things you know in medicine.

Do you know that Bæhrs' work on homœopathic practice, old though it be, is one of the most helpful and practical published?

Dr. S. S. Moffat gives the RECORDER'S readers another draught of his rhyme wine this month.

The *Medical Current* has departed this life and from its ashes arises the *Medical Era*, which erstwhile was swallowed by the *Medical Century*. Gatchell is running the new *Era* and making a good journal of it.

Less animal food and more pure unfermented grape juice is the thing at this season.

The *Materia Medica Pura* and the *Chronic Diseases* ought to be the standard materia medicas in all offices.

The *Dosimetric Review* says that the germ theory of disease is a house of cards.

The fourth edition of Raue's great work, *Special Pathology*, etc., will be the next book event. Much new matter has been added and it is an up to date homœopathic practice.

And now, with the robins, comes the glad cry, "play ball!"

If there is more than one law of cure why not formulate it?

Aunty Toxine doesn't seem to be as popular as she was at first.

Nearly 80,000 cases of Mumm's champagne were imported into the United States in 1895. It is easily the leader among champagnes, both in quantity and in quality.

Bloody discharge of urine resulting from injuries has been cured by *θ Triticum Repens*.

The International Homœopathic Congress meets at London, August 3 to 8 next.

Champions are no longer a rarity.

Ten thousand dollars for a Sunday paper full of Holmes' lies. Great is that "mighty engine of civilization," the press.

Have you seen the Roentgen ray hand with a ring on the little finger?

Carlyle preached the virtue of science—and wrote forty volumes.

Cloth may be "all wool" and poor stuff withal.

# THE HOMŒOPATHIC RECORDER.

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VOL. XI. PHILADELPHIA AND LANCASTER, JUNE, 1896. No. 6.

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## SOME OLD PAPERS ON PLANTAGO MAJOR.

(Friend Cresson called on the RECORDER a few weeks ago and, talking of old times, said he had some letters on the subject of *Plantago major*, of which he was one of the provers, that might not be without interest to a later generation. The RECORDER man expressed a wish to see them, and Dr. Cresson copied them out, in his fine old-style hand and here they are—this type writing generation ought to see that old copy book in which Dr. Cresson has copied all his correspondence, every letter as neatly hand-copied as the original was written).

(Copied by Charles Caleb Cresson From His Letters to Frederick Humphrey.)

### Curative Effects of *Plantago Major* on Animal Poisons, Having Symptoms of Blood Poisoning.

*Dr. Frederick Humphreys, Auburn, Cayuga County, N. Y.*

PHILADELPHIA, 5 mo., 25th, 1854.

*Respected Friend*—Thy favor of the 20th inst. came to hand yesterday by which it is pleasant to hear that the change of air and scene has restored thy health. With regard to the snake bite story, I called on Thomas Firth to inquire of him, concerning it, and though, in some respects, different from what I heard (from his nephew, W. F. Toner), yet it is substantially the same except that Thomas Firth heard the account from an eye witness, a reliable man, but did not see it himself. But I will tell it to thee as Thomas Firth told it to me, as nearly as I can recollect. As soon as I left T. F. after hearing his account, I made a memorandum of it.

A number of years ago, say fifteen, there was a man taking a lot of Rattlesnakes to Europe to sell, who stopped at Philadelphia and exhibited them at our Masonic Hall in Chestnut street.

There were about 160 of them in a box with glass sides which Thomas Firth went to see. The largest were about three feet long, and although they pressed on one another, and the smallest if injured could have revenged himself by biting and killing the largest, yet they lived in perfect harmony. Each snake kept his head sticking out of the mass which was thus dotted with their heads.

The occurrence was related by John Price Wetherill to Thos. Firth (J. P. W. was a leading politician of Philadelphia, remarkable for his personally dirty habits, as to his clothes—he has a number of descendants). He was very wealthy by making white lead.

It appears that one day, in feeding the snakes or cleaning out the box, the man was bitten, which was observed by a woman, who spoke to him of it, but he told her he did not mind it.

This thing was heard of by J. P. Wetherill, who called on the the man and asked him if he had any objection to tell what was his remedy? The man, Yankee like, saw an opportunity for making money, and offered (if they would make up a purse of \$100) to let himself be bitten in their presence as much as could satisfy them, and tell them all about the remedy, and fixed the next day but one for the time, as he wished to get plenty of the stuff to cure the bite fresh from the country.

Accordingly, on the day appointed, at 10 P. M. in the Masonic Hall the party assembled. Ten spectators at ten dollars each.

The man, having rolled up his sleeves, put his hand into the box and knocked the snakes about. They did not seem inclined to bite him, but after a while, one, and eventually four, bit him.

The spectators saw the blood of the bites and examined, so as to satisfy themselves.

Afterwards they saw the effects of the virus gradually ascending the arm, causing it to swell and change color, and the party told him if he did not go to work to cure it pretty soon he would be a gone chicken.

Very well, said the man, if you are satisfied I am.

And then he went to work. Drank some of the juice of a greenish color, and applied poultices of the bruised plant to each bite, changing the poultices every few minutes, and told them if they would call the next day he would show them the appearance of things.

The plant he used, was the common broad leaved *Plantain*.



This is the account as related by John Price Wetherill to Thomas Firth. Thomas Firth was personally acquainted with John Price Wetherill, and several times conversed with him concerning it.

Thomas Firth was formerly an extensive merchant of this city, who having retired on his fortune was afterwards, for many years, engaged as a manager in the Schuylkill Navigation Company.

He is uncommonly beloved and respected by his acquaintances, and is a man of sound judgment, and in whose word entire confidence can be placed.

John Price Wetherill, who died summer before last, was, for many years, one of the heads of the Whig party in this city, and one of our most active and intelligent men.

And though political life is not calculated to give a high tone to a man's moral character, yet Thomas Firth told me that he thinks there is no reason to doubt that what J. P. W. related in this matter is true.

Thomas Firth told me also, that he had heard, that the Indians use the *Wild indigo*, as a remedy for rattle snake bites.

I hope thee will excuse me from sending an account of my proving, as my health is so bad that I do not feel sufficient confidence in my symptoms.

Thy old residence remained idle for a long while but is now getting ready for a new tenant.

Hoping to see and hear thee the ensuing winter if we both live.

I remain respectfully thy friend,

CHARLES CALEB CRESSON.

P. S.—I do not know what use thee may intend to make of the above account. I did not say anything to Thomas Firth, about the matter, but think it would be disagreeable to him to see his name published, connected with an account that some people might possibly doubt.

**Curative Effects, of Plantago Major; in On Animal Poisons; Having Symptoms of Blood Poisoning. Poison from a Catfish, Spine of the Fin.**

(Copied by Charles Caleb Cresson; from his letter to Frederick Humphreys, in old letter book, at pp. 2 and 12.)

(To) *Dr. Frederick Humphreys, Auburn, Cayuga county, New York.*

PHILADELPHIA, 7 mo. (July) 24, 1854.

*Respected Friend*.—Thee desired me to send an account of anything interesting concerning *Plantago major*.

The following case seemed to me a good sample, though there is nothing very wonderful about it:

Elizabeth Lee, aged about fifty-seven years, widow of a farmer, resided, at the time of the following occurrence, near Upper Darby, on the River Schuylkill; resides at present with her son-in-law, Samuel Fussel, (tenant of my mother's farm, near Frankford.) Temperament, difficult to decipher. Nervous lymphatica?

One evening, in the forepart of June, about twenty years ago, she was cleaning catfish, for supper, and stuck the end of one of their fins into the large middle finger of her left hand on the palmer surface. It penetrated the skin, over the joint that is next above the knuckles, but she don't think it went into the cavity of the joint.

It bled very freely, yet she paid no attention to it but kept on washing the fish in very cold water.

Although it bled so freely, yet the wound was very indistinct, and when the finger became swelled, the wound could not be found again until it got well, when the sore was as large as a medium-sized pin's head, but at present the sore has entirely disappeared.

She put nothing on the first night except a rag for the bleeding. That night the pain went all the way up to her shoulder.

She cannot describe the pain, but, it made her cry, and she could not undress herself.

On the next morning the whole hand was swelled back and front, especially the injured finger. The arm, also, was swelled up to the shoulder, and there were two red streaks running from the hand up the front of the arm to the top of the shoulder.

There were two distinct streaks, (between them, the skin appeared natural, like the rest of her skin. (Lymphatica poison,) of light, pinkish red, each about one-fourth of an inch broad; they seemed near the surface, as if they might have been in the skin. (These streaks, seemed to have alarmed her considerably; and made a distinct impression on her mind.)

The first morning, after the accident, she put on catfish oil; (Hair of the dog that bit you,) (!) which she kept on till evening, when she took it off, and applied a lye poultice.

She kept on the poultice all that night and next day, (2nd day, after the accident.)

She could not observe any perceptible benefit from the lye poultice; it did not relieve the pain or swelling.

The pain and uneasiness was so great that she could not rest or be quiet; but was, all the time, in motion. She could not sit nor lie down quietly; she tumbled, and tossed, in bed, and could not sit quiet.

On the third day, after the accident (it may possibly have been the fourth) she was resting her head on the table, crying, when her husband said he would go over to Neighbor Hibberts to get some salve; this was a woman, notorious for making salves.

After her husband had started, E. Lee says that something seemed to say in her to "try *Plantain leaf*." She thinks it, a providential thought, for she had no recollection of ever seeing *Plantain* so applied, (though her mother used it for fever and teething children; putting a poultice of it to the foot, to draw out the fever).

In about half an hour after applying the *Plantain* she felt so relieved that she fell asleep and slept probably, an hour. (She had not slept before since the accident.)

Her husband was gone about a couple of hours, and when he returned she felt so much better that she did not use the salve he brought; but kept on with the *Plantain*. She used it two or three days. It made the finger sweat. She removed it whenever the leaf became dry by the inflammation. She rolled the *Plantain* leaf in her hands, and so softened it; then wrapped the bruised leaf round her finger and tied it on.

Twice then E. L. used *Plantain* for cuts, burns, etc. The way she happened to mention this was that a servant girl, a couple of weeks ago ran something into the end of her finger, causing swelling of the hand, pain in the shoulder, etc., which was relieved in half an hour, by *Plantain*, after being aggravated by a lye poultice.

I have been trying to make a preparation of *Plantago major* and would like to ask thee a question.

On pouring the alcohol into the juice there was a sediment thrown down. The clear fluid above was, for the first few hours, of a red color, when looking through it towards a bright sun light. The next day, it changed, to a purplish black, something like the color of Whortle berries.

I would like to know if this is O. K., it being the first

plant I have ever prepared, and fearing it might have been caused by some imperfection, in my operation.

In Vol. 2, p. 300., of the *N. Am. Hom. Journal* it is recommended, to make preparations of fresh plants by pouring their juice, on *Sac. Lac.* This appeared to me so reasonable, that I prepared a small quantity in that way. But made it a little differently for I saturated the sugar completely and after it had remained in a bottle half a day, and the juice completely soaked into the sugar, I poured off what I could of the juice, and spread the sugar about, one-eighth of an inch thick, on some bibulous paper, and pressed on top another piece of the same paper. These papers drew out the superfluous juice, by capillary attraction, as it is called. In six or eight hours I took it out of the paper and found it quite a hard little cake, which appeared to me a more satisfactory preparation, than the regular mother tincture. Although it is not the preparation, thee proved.

Respectfully,

CHARLES CALEB CRESSON.

No. 496½ Chestnut St.

(Old No. 496½ Chestnut St. is now No. 1618 Chestnut St.)

This sugar preparation is bad and dangerous, as Dr. C. Neidhard, showed me.

(Copies of letters to Dr. Frederick Humphreys by Chas. C. Cresson concerning *Plantago major*.)

*Dr. F. Humphreys, Auburn, Cayuga Co., N. Y.*

PHILADELPHIA, 3 mo. 5, 1855.

*Respected Friend:*—Accompanying are receipts for nineteen of the twenty dollars sent me in thy letter of 2 mo. 16. Also one dollar change is enclosed, in gold, inside. I am much obliged to thee for my proportion thereof.

About ten days ago I had a case that reminded me strongly of *Plantago*, and as the bottle I handed thee was all the tincture I had, it struck me whether thee had left it in this city with some one, if so, I would be much obliged if thee could tell me where to find it. I have since heard that it is doubtful whether the provings of *Plantago* made last year by thy class will be published by thee, which will be a great disappointment to me, as at the time of copying them I understood they were to have been published last summer.

I would be much obliged to thee for information whether certainly or not thee intends to publish them, &c.

Respectfully,

C. C. CRESSON.



(Enclosed was a receipt, as follows:

PHILADELPHIA, 2 mo. 26, 1855.

Received of Dr. F. Humphreys, by the hands of Chas. C. Cresson, one dollar each, being the return of money for the unexpired portion of examinations for Dr. Humphreys' private class in the Homœopathic Medical College of Pennsylvania, session of 1854-5:

C. F. Saunders for A. K. Davenport, \$1	E. M. McAfee, \$1.
I. F. Harvey, \$1.	S. C. Warren, \$1.
Geo. Wolfe, \$1.	M. Slocum, \$1.
Asa S. Couch, \$1.	A. C. McCants, \$1.
T. E. Sawyer by A. S. Couch, \$1.	Damon Y. Hyde, \$1.
H. Harris by Chas. F. Saunders, \$1.	L. A. Bilisoly, \$1.
R. S. James, \$1.	Jos. L. Walter, \$1.
G. F. Wesner, \$1.	Henry Thomas, \$1.
Chas. C. Cresson, \$1.	Thomas Nichols, \$1. (Glad to get it)
Also enclosed \$1 in gold. C. C. C.	O. C. Brickley, M. D., \$1.

*Dr. C. Hering.*

PHILADELPHIA, 3 mo. 5, '55.

*Respected Friend:*—Thee desired to have a little book of provings of *Plantago*, made by me last year as one of Dr. Humphreys' class.

Having searched thoroughly for it I regret to say I cannot find it, and believe I must have handed it to Dr. Humphreys.

Respectfully,

C. C. CRESSON.

496½ Chestnut street. (Now No. 1618 Chestnut street.)

*Dr. F. Humphreys, Auburn, Cayuga Co., N. Y.*

PHILADELPHIA, 5 mo. 15, 1855.

*Respected Friend:*—The two numbers of thy journal came duly to hand and I am much obliged to thee for remembering me, but would rather decline subscribing for it at present. Enclosed please find postage stamps in settlement for the Nos. sent.

Respectfully,

C. C. CRESSON.

(Three P. O. stamps enclosed.)

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## EPIDEMIC AND ENDEMIC DISEASES.

### Diphtheria.

In my last communication I ended by asking, "If diphtheria originates from sewer gas how is it that this gas does not pro-



duce *typhoid* fever, which we know has its sole origin in decomposing animal matter?"

Of course the disease thus produced *does* give us typhoid fever and not diphtheria. Then it will be asked: But could any doctor be deceived in his diagnosis between these two diseases? Yes, he may be; I have been so deceived myself. From my own observation I have come to the conclusion that *with children* the poisonous gas from decomposing animal matter so affects the throat that the disease may readily be put down as diphtheria instead of typhoid fever. In one of my letters I gave an instance of this, and once again I must call attention to this case, because of the important fact that not until I gave this child *Fowler's Solution of Arsenic* was there any improvement in its condition.

I will now continue to quote from old notes: "Many doctors have stated that they have distinctly traced the origin of diphtheria to defective drains; others have traced it to decaying vegetables; and others, again, have been unable to trace it to either of these causes. One inference to be derived from all this is that what we call diphtheria is not a distinctly specific disease; that is, not one produced by a poison *sui generis*, but rather that the term diphtheria covers a small group of diseases which derive their origin from three separate sources."\*

The *third* source from which diphtheria may arise is what I call the *aërial* one; *i. e.*, from some alteration in the normal condition of our atmosphere. This source gives us the real epidemic diphtheria; the same source from which influenza and some other fevers arise. It may be, nay it is certain, that there are aërial poisons in our atmosphere all the year round, but every now and then there is an augmentation of their virulence, and then we have what is called an epidemic. Probably this aërial diphtheria is the worst form of the disease; and altogether it is the most formidable fever that we have to treat, it is a *treacherous* disease. Sometimes we fancy that the patient is going on very well, then comes a sudden change, a state of collapse ensues, and death follows. At least this used to be my experience some years ago, but with reformed treatment I do not anticipate this in the future.

In the severe epidemic which occurred here a few years ago I lost four or five patients. I sometimes wonder—we all sometimes wonder—whether any other treatment would have saved our

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\*Further extracts afterwards.

patients. I wrote a long account of this epidemic and sent it to the editor of an allopathic monthly, but for some reason or other it was not accepted. I gave the details of fifteen cases, and from this record I will make a few quotations.

Case I. The first case I was called to see during the recent epidemic in this locality was at 8 P. M. The child died early the following morning. As it had been attended for two or three days by another doctor, and as he was expected again, I did not interfere. This gentleman had not told the mother that the disease was diphtheria, but when he called again *she told him*. I was afterwards informed that the doctor in his certificate did not ascribe the death as due to diphtheria. When I mentioned *cynanche laryngea* the mother thought that sounded like the name.

Case II. Child three years old, brought by its mother to surgery. Had been hot and feverish for two days. Puffy swelling of the neck and nasal defluxion. Could not see any diphtheritic deposit in the throat. Gave *Acon*. Two days later, child only a shade better. Gave *Potass. bichrom.* Two days later, quite well. I did not suspect diphtheria the first time I saw the child, as I ought to have done, hence two days were lost, for *Aconite* is of very little service in this disease. But *Bichromate of Potash* is a valuable medicine.

A query suggests itself in connection with this case: May we not have diphtheria and yet have no deposit of an adventitious character in the throat? I think so. The throat may present an inflammatory redness and yet stop short of throwing off any exudation.

Case III. Called to visit a girl seven years old, whom I found with these symptoms: Nasal discharge; inflamed throat, but not much exudation; puffy swelling externally; thirst; pulse 125; sleepy and prostrate. Gave *Pot. bichrom.* The following day there was much improvement; pulse reduced to 105, and tongue clearing. Next day further improvement. Recovered.

Case IV. Boy four years old, brother of the above, and has the same symptoms. *Pot. bichrom.* Two days later, going on remarkably well. Next day, not so well. Fever has returned; face is flushed; has been unconscious in the night. Gave him *Baptis*. Next day improving. Two following days still improving. *Baptisia* had a marked influence for good in this case in fact, the nearer the symptoms become those resembling typhoid

fever the more this remedy is indicated. The child was unconscious, wandering—from inert symptoms of a typhoid state.

Case V. Girl, æt. nine; sister of the former. Commenced three days after the last mentioned. Sore throat, with exudation; marked prostration; flushed face. Gave *Kali. bichrom.* Next day going on favorably, and the following day also; but in the afternoon became more feverish. Gave *Baptisia* every three hours. Two following days, improving; fever gone. Gave *Ferri acet.* From this time she improved day by day and needed no more medicine.

Here, again, there was no mistake concerning the good effect of *Baptisia*, for here, also, the symptoms were vering upon those of typhoid. I think in many of these cases our choice of a remedy lies between this medicine and *Arsenic*, *i. e.*, the *Arsenite of Potash*. Where there is a marked prostration and a thready pulse there is no remedy like *Arsenic*; but where the pulse is not of this suspicious character, but tolerably strong, face flushed, and the disease not so far advanced, then *Baptisia* will probably be found best.

Case VI. An older sister of the above now complained of sore throat, etc. She had been assisting her mother to nurse the others, and began to feel poorly five days after them. Her symptoms did not cause much anxiety and with *Acetate of Iron* she was quite well in six days' time.

Case VII. A child two years old was brought to me one evening between 8 and 9 o'clock. It was breathing very hardly—in fact there was acute laryngitis. After a little reflection I came to the conclusion that the laryngitis (croup), had originated from diphtheria. The mother told me she had taken the child to a druggist the day before, and he had given it medicine for "bronchitis," as he called the disease.

Of course, there was very little hope of saving the life of this child, and seven hours afterwards it was dead.

Case VIII. A child one year old was brought to me with sore throat which proved to be diphtheria. The symptoms were not severe. Prescribed *Bichromate of Potash*; also one powder of *Biniodide of Mercury*. Two days after, going on well. Rep. Mist. Next day mother thought he was not so well, and sent for me to visit. She said the powder had done him most good, for he began to improve directly after taking it, but had since fallen back. Rep. pulv. ii, one to day, the other to-morrow.

Next day the child was much better. Four days later quite well.

Case IX. Boy, æt. ten, brother of the above, commenced six days after the other. No nasal discharge, and no cervical swelling; throat inflamed, but no exudation. Pulse 100. Gave *Biniodide of Mercury* every four hours. The following day he was much better. Two days after this quite well. The mother said to me "your *magic powders* soon cured them."

In the two next patients I attended the "magic powders" failed completely, and both children died.

I have the details of seven other cases before me, but it is hardly necessary to transcribe them here. My impression is that the medicine which proved most successful was the *Bichromate of Potash*, for all the patients who were treated with this medicine recovered. However, I am sanguine enough to believe that I have now found a still better medicine. It is a medicine that so far as I know has never been used in diphtheria before. It is true, I have only given it to three patients so far, but as in these three it has answered so well I am inclined to persevere with it. I will give the particulars of these cases.

I. Boy was brought to me with "sore throat." Upon examination found it to be diphtheria. Gave *Merc. biniod.* Next day throat worse; gave *Kali carb.* Next day vivid red rash on thorax, and much fever. Continue medicine. Next day very much better; discontinue *Kali c.* and give *Bell.* The boy soon recovered, and I attribute the quick recovery to *Kali carb.*

II. Boy four years old. Had been attended by an allopathic doctor for seven days before I was sent for. Visited at 9 P. M. I was informed that there had been a rash on the skin, but this was now gone. Temperature 104; tongue fairly clean; parotids much swollen; nasal discharge; much thirst. Could not see the throat, because the child could hardly open his mouth. I pronounced the disease to be diphtheria. Gave *Kali carb.* every two hours. To have a vinegar and water compress on the throat, after first giving a hot bath.

Following day, April 9th, temp. 103.5; face less flushed; no alarming depression; takes nothing but cold water. Slight improvement. Continue medicine.

10th. Further improvement. Temp. 102. Swelling of glands subsiding; also nasal discharge. Slept better. Continue *Kali carb.*



11th. Temp. 101.5, yet not so well otherwise. The cervical glands were more swollen; the boy had a more apathetic look; was drowsy and pallid. His father had left word that I was to be asked if I wished for a consultation, and to recommend a west end physician. This suggestion I discouraged, knowing that nothing more could be done. Ordered poultices to the neck during the day and vinegar compress for the night. Changed the medicine to *Kali bichrom.* As the boy had now been over a week without food, advised that he should have milk instead of water. Visited again in the evening. Temp. the same. Glands less swollen, and has not much difficulty in swallowing. Continue medicine.

12th. Improving. Temp. 100.5—one degree less than yesterday. Had coughed a good deal in the night. Glands less swollen, but can only swallow liquids. Continue *Kali bichrom.*

13th. Temp. a little higher, otherwise doing very well. Revert to *Kali carb.*

14th. Still improving. Temp. 99—about two and a half degrees less than yesterday. Gave *Ammon. mur.* for cough.

15th. Temp. risen to 101; otherwise getting on well. Revert to *Kali carb.*

16th. Temp. 100. Reduction due to *Kali carb.*, I think. Continue medicine.

18th. Temp. normal. In every respect better. The danger may be considered over, although the boy is very weak. From this day there was gradual progress. I gave *Hepar sulph.* for two days and *Muriatic acid* for three days.

I may remark that the boy's mother and also the servant maid, suffered from the same affection, although the latter had not been in the sick room. Both were speedily cured by *Kali carb.* I did not escape myself, either, for an attack of vomiting came on one day, after a feeling of depression for two days. As I did not at the time think it was diphtheritic poisoning, neglected to take any medicine. However, I recovered.

The third case can be dismissed in a few words. There was vomiting, sore throat, and a temperature of 103.5. After taking *Kali carb.* two days the temperature became normal and the throat better. Six days after this I ceased attendance, patient being convalescent.

After this experience I am naturally inclined to trust more in *Kali carb.* and *Kali bichrom.* than in any other medicines in the



treatment of the true epidemic diphtheria. And yet one can quite believe it possible that there may be epidemics in the future when both these remedies will fail. However, they are worth remembering. *Kali bichrom.* I give in solution, a drop or two of first centesimal for each dose. I look upon this as a mere dilution, not as a dynamized remedy. What the comparative value may be between dynamised and non-dynamised remedies in the treatment of fevers I am unable to say, not having used the former.

After the acute stage of diphtheria is over the subsequent treatment is not so difficult. The two most favored medicines with myself are *Muriatic acid* and *Acetate of Iron*.

G. HERRING.

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### AN OLD-TIME HOSPITAL CASE.

The sultry days are come, when the hammock, the cigar,\* and the book invite the weary doctor to take a little unwonted ease. Such a happy conjunction of hammock, cigar and book are the incitants to this scripture, for, surely, a homœopath should share with his fellows a book that was written by one of Hahnemann's contemporaries—none other than Dr. Antony Stoerck, the *quasi* "prover."

The old book is dated 1761, (it is an English translation), and is dedicated to "Her Most Sacred Majesty, MARIA TERESA, Queen of Hungary, Empress of the Romans."

(Doth her "Most Sacred" Shade hear me as I read aloud that sonorous title? What, your Majesty? No! Ah, the unbroken silence of the charnel house, and the dumb companionship of the slimy worm!)

The old *libellus* is—but let me give its title at full length: "A Second Essay on the Medicinal Virtues of HEMLOCK. In which its efficacy in the cure of many desperate disorders is fully confirmed by a great variety of remarkable cases, where this remedy has been administered by several eminent physicians and surgeons in different parts of Germany and Flanders, as well as by the *author*, Dr. Antony Stoerck, Aulic Councillor and one of the principal physicians to Her Most Sacred Majesty the Empress

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\*The "Pride of Michigan" brand, \$1.15 per cord by canal; \$1.18 by way freight. The first inch makes a novice think he'll die. He's sorry he didn't before the "Pride" is finished.

Queen, and physician to the Pazmarian City Hospital in Vienna. Together with *corollaries* and *cautions*. Translated from the Latin by a PHYSICIAN."

Verily, a title page meant something in those days! Age creeps on apace whilst one is reading it; perhaps, now and then an aged sire hath began one and left it for his heir to finish. Ah, they dreamed not of our bicycle riding days; they were slow and stupid. To them the appendix vermiformis was only a bit of nature's idle 'prentice work; they were not up to the hocus-pocus trick of appendix-clipping and the pocketing of fabulous fees for liberating an imprisoned f-f-fruit seed—which is as apochryphal as the Story of Tobit.

With the "Pride of Michigan" in the dexter commissure of the mouth, the book in the sinister hand, and the hum of the bees in the honeysuckle that climbs up the porch at the back of the office, (ah, my fine city doctor, what wouldst thou give for one delightful inhalation!) it is easy to drowse; and, lo! as I live, there is Dr. Antony Stoerck. I see his black doctor's gown and hear its silken rustle as he wisks from bed to bed in the Pazmarian City Hospital. Methink he lingers longer than is his wont by one bed, and, surely, there is no mistaking the deeper interest that there detaineth him. Hah! I will play the listener and learn what I can of

### Case VII.

A virgin, twenty-one years of age, had an open cancer in her left breast; she coughed frequently besides, and complained of a continual burning heat and a gnawing pain in her left side. The whole mass of blood was corrupted; the patient was also troubled with the itch, and was quite emaciated. In the evenings she had shudderings, afterwards heat, and lastly fell into a fetid sweat. The ulcer discharged large quantities of stinking ichor.

In these worst circumstances, I tried the hemlock; and immediately prescribed eight grains of the extract to be taken every morning, and as much at night; outwardly a fomentation of the same plant was also applied. The patient was ordered, besides, to drink plentifully of whey, or milk diluted with a double quantity of water.

In twelve days she was much better; she coughed less; her evening complaints and her nocturnal sweats were almost gone;

her strength was increased; a thin pus appeared in the cancerous ulcer; the discharge of ichor was diminished, nor was any bad smell perceived; but in her side the burning heat and gnawing pain still subsisted. I then ordered eight grains of the extract to be taken four times a day; continuing likewise the other remedies.

The thirtieth day the size of the breast was considerably diminished; nor did the patient complain of weakness. The ulcer was clean; the appetite excellent; but on account of the continual burning heat under the breast, an opiate was necessary to render her sleep quiet and undisturbed. The itch began to dry away, and the patient was able to be out of bed. I now administered two scruples daily of the extract.

The forty-sixth day the patient was pretty well; the size of the breast smaller, and the ulcer was also diminished. The burning heat and gnawing pain still persisted in the left side, though now and then, by fits, it was inconsiderable.

The sixtieth day the hardness of the breast was almost gone, the ulcer was much smaller and very clean. I then prescribed a dram daily of the extract; the rest of the treatment to remain the same.

The eightieth day all hardness had disappeared, and the ulcer was almost closed. The heat and pain of her side were, by fits, extremely violent, nor did she always pass the night without restlessness and anxiety. However, she had strength; the itch was entirely gone; her countenance recovered very nearly its former color; but yet she remained emaciated.

The eighty-fourth day the ulcer was healed; the patient got out of bed; walked about; had a good stomach, and sometimes slept very well without an opiate. The menses then appeared, which for five months before had ceased to flow. The patient was in great spirits, and hoped—with reason—that the heat and pain of her side would probably now cease. The menses continued to flow for two days; the third they stopped, and the heat as well as the pain, in the left side immediately grew worse. The fourth day a little purple lump appeared under the breast and gave great pain. Mr. Haffner, in order to abate the pain, applied the most emollient cataplasm possible to the part affected. But, as the patient was extremely thirsty, had a strong fever and a hard pulse, she was let blood and resolving antiphlogistic decoctions were administered. This gave her some little ease.

The sixth day the lump broke and discharged a considerable quantity of ichor. The surgeon, now having conveyed his probe through the opening, found out the sinus, which extended under the pectoral muscle almost to the superior border of the breast, where the rib also was attacked; so that, as soon as the patient had sufficient strength, the surgeon cut away the sinus and the parts that covered it, that he might discover how far the rib was eaten away. The operation being made, the patient had a fainting fit of short duration; the wound was therefore covered and everything postponed to the following day. In the evening the fever was very strong and the pain considerable. Some anti-phlogistic remedies, and anodyne emulsions, were given the patient, who passed the night tolerably well.

Two days after the operation, Mr. Haffner, having opened the wound, found several of the ribs attacked, and discovered a second opening which penetrated into the cavity of the thorax, and through which, when the patient coughed, a fetid ichor was discharged. A decoction of barley, with a little honey of roses, was injected into the cavity of the thorax in order to cleanse the ulcer, and that a proper separation might be made of what was corrupt from what was sound. The nitrous anodyne emulsions were continued, and the patient was pretty well. But every evening she had a little fever and sweated in the night.

The fifth day, as the opening into the cavity of the thorax was extremely small, Mr. Haffner dilated it, that whatever was withinside might the more easily be washed away and discharged.

The eighth day some fragments of bones came from the wound after the injection; from whence it was evident that the ribs were carious also withinside. I prescribed the Peruvian bark in plenty, beside a decoction of the woods, and cow's milk.

We then tried injections, which were more detergent and balsamic; but these the patient could not bear; the fever increased, the pain grew vehement, and the matter which came from the wound stunk extremely. We therefore returned to the decoction of barley, with honey; which was now the only injection employed.

Some fragments of bone were soon separated, which, after violent cough, were discharged through the opening, together with a large quantity of stinking ichor. Nevertheless, the heat and gnawing pain were not in the least abated, but rather extended forward; the patient, notwithstanding the considerable



doses which she took daily of the peruvian bark, was still very weak, and evening fever was augmented.

After long trials, when we found the remedies hitherto applied productive of very little effect, Mr. Haffner and I at length concluded to inject the infusion of hemlock, and to join the extract of the same plant to the peruvian bark. The next day the matter coming from the inside of the thorax was not so fetid, and the heat and pain were somewhat decreased.

In a few days the patient's strength and appetite seemed to increase, and she slept pretty quietly during the night. Half an ounce of peruvian bark and a scruple hemlock were administered to her daily, besides plenty of whey. In the beginning, the infusion of hemlock was purposely made weak; but as it neither irritated the lungs nor added any uneasiness, and as we found it besides of considerable use, we ordered it for the future to be stronger. In the space of a fortnight many fragments of bones were discharged from the cavity of the thorax, together with a thin, purulent matter.

The patient was now much better; she could no longer bear so large a dose of the peruvian bark; so that afterwards I gave her every day half a dram of the hemlock extract and two drams only of the bark of Peru. By the means of these remedies, by drinking plentifully of whey, and by the injection twice a day of a strong infusion of hemlock we preserved this woman's life two months and a half; and now we even entertained some glimmering hopes of bringing about a cure. It happened, however, that she then took a pleurisy of the worst kind, which very nearly threatened death. Nevertheless, by the care of the learned Dr. Collin, who attended then the hospital, and ordered proper bleedings, cataplasms, and other excellent remedies, the pleuritic pain ceased at length, and the disorder was happily terminated by spitting.

The patient now began to recover some little strength; the matter, however, which was discharged from the cavity of the thorax was very fetid and ichorous. Neither the peruvian bark, nor the infusion of the same plant, was now of any service; the evening fever of the worst kind was again returned, and the nocturnal sweats so reduced the patient that in seven weeks she became quite emaciated and died.

By the dissection we found the pleura in the left cavity of the breast almost consumed, and several of the ribs divided into thin carious plates. The lungs on the left side were also in many places eaten away.



Certainly, if this ulcer had been on the outward surface of the breast where surgical aid might be put in practice, where proper fomentations might retard the progress of the evil and help the separation of what was carious, this patient would have been perfectly cured of the worst of cancers and the most fetid ulcer."

Thus endeth the pathetic tragedy of the Pazmarian City Hospital that was enacted *there* nearly one hundred and fifty years ago—and *elsewhere*, oh, how many times!

"The patient had a fainting fit of short duration; the wound was therefore covered and everything postponed to the following day." No sweet oblivion *then* while the cruel knife is doing its work. Only endurance unto frail nature's limit; then the merciful deliquium; then "the wound was covered and everything postponed to the following day!" The old agony to be borne over again and with the added dread gathered from the first experience! Are we of to-day properly grateful and truly devoutly thankful for anæsthesia! O Pazmarian City Hospital, what groans of human anguish have echoed within thy walls, to be heard never again elsewhere, although disease is the portion of race till time shall be no more!

Think again, Homœopath, of the dosage: Eight grains of the extract of *Conium* twice daily, at first; and ultimately a dram daily—60 grains. How difficult it was to give up the old, vulgar "notion": *If a little is good more must be better.* How little did the *Aulic Counsellor* and *Physician to the Pazmarian City Hospital* imagine that there was then a school in Coethen a little lad who should one day prick that silly bubble and demonstrate to the world that *Die milde Macht ist Gross.*

Stoerck published two treatises upon *Conium maculatum*, from which Hahnemann excerpted symptoms, 58, 74, 86, 88, 90, 103, 134, 144, 153, 174, 188, 192, 196-7, 205 6, 215, 260, 262, 264, 269-70-71, 291, 328, 334, 339, 349, 358, 362. In studying *Conium* for a given case, estimate these but lightly; the ice is very thin and you may find yourself up to the neck and no succor at hand! Each of these thirty symptoms is a *caveat*, any one of which will justify this summer-day scripture, if nothing else in it does.

With your permission, dear and most discriminating reader, I will now economize the last inch of my long-extinguished "Pride of Michigan." When you are out in these parts drop in and smoke one with me. Then shall I, indeed, live in your

memory when I, too, like Her most Sacred Majesty and her Aulic Counsellor, the Physician of the Pazmarian City Hospital, shall have returned to the kindred dust, deaf to all praise, and unmoved by the imprecation that consigns my "Pride of Michigan" to a climate where the smoker never needs ask for a match.

S. A. J.

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### THE DEFENSE OF THE ORGANON.

MESSRS. BOERICKE & TAFEL:

*Gentlemen:* I have received and at once carefully read the volume you have sent me—Dr. Dudgeon's Translation of Hahnemann's *Defense of the Organon*. First let me compliment your house on the handsome book you have issued. It commands at sight a favorable impression. It is a remarkable book and shows how thoroughly imbued Hahnemann was with the whole subject of Homœopathy and how thoroughly acquainted with its relations and bearings at every point and how little a most learned man who undertook to criticize it knew of any of its essentials. No one but Hahnemann could have written such a book and its publication at this time is opportune since it brings out in bold relief the striking differences between Homœopathy and Allopathy or old school medicine at a time when many feel that they are much the same thing. It brings the reader back at once to the *Organon* in this centennial year of Homœopathy—a result greatly needed. I hope it will be brought forcibly before the profession.

Very sincerely,

I. T. TALBOT.

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### CURE OF A CHOLERA CASE GIVEN UP BY AN ALLOPATHIC DOCTOR.

A patient, niece of Babu R. D. Ghosal, of this neighborhood, aged one month, had a serious attack of cholera on the 5th instant, when an experienced allopathic doctor was called in. He, after observing the character of the disease decided it to be a hopeless one and declined to give her even a single dose of his allopathic remedy, stating that "there is no medicine for her in this case." Being sadly depressed, the owner of the house craved the assistance of Homœopathy and sent for us.

We were on the place an hour after the occurrence and found the following characteristic symptoms:

Purging of watery stools like rice-water.

No passing of water since a long time.

General prostration.

Colicky abdominal spasm.

Pulse very irregular.

Without going further through the other symptoms, we at once administered *Vert. alb. 12*. To our great surprise the medicine acted like a miracle. After three doses, the color of the stool changed to yellow and it was ordered to be continued as before, with a careful watch.

After an hour was informed that she had passed water; we were called for and found the pulse more regular than before. By this time we couldn't help thanking the method of Hahnemann and his discovery. No alteration of medicine was made.

Next morning she was reported better, save disturbed sleep at night and very little evacuation. The same medicine was continued in 30th potency. She was perfectly well at 4 P. M. when another symptom began to appear, viz. : Spasm, convulsions, blue lips, starting and glaring vision, hardness of limbs. These made the family more frightened and they were in cries, believing the last stage of the child approached. Before we were informed they had sent for the allopathic doctor, who came and left the house with a heavy sigh, intimating the inmates to prepare for her death.

After a while again we were called for and found the earliest symptoms of tetanus. Without hesitating further *Bell. 6*, globules were given to her mouth at a very short interval. Poor pen cannot express what glorious result it brought there and then, before the eyes of relatives and neighbors who were watching the death of the child. Hardness of limbs, staring vision and every frightful symptom abated within an hour and the child began to cry often. A few doses of *Chamo.* cured her for the good.

*Remarks:* In this case it will be out of humanity if we do not mention the name of Babu Haradhone Ghosal, a practitioner of Satagachua District, Burdnam, who was on the spot on some particular business affair, helped her in the cure.

Yours faithfully,

A. T. BARAL.

16 Sreenath Roy's Lane, Calcutta, March 25, 1896.

**CALCAREA RENALIS PREPARATA.**

(The following letter was addressed to Boericke & Tafel, New York, and is not without a certain interest to those who have this old remedy).

I have been troubled with gravel and Rigg's disease of the teeth which go together. After investigating and consulting many doctors I accidentally heard of the remedy *Calc. ren. praep.*, see page 347 THE HOMŒOPATHIC RECORDER of Aug. 15, 1895. I think it has cured my gravel trouble, as all the trouble has disappeared since I used the remedy. I also believe it a cure for the so called fatal Rigg's disease of the teeth and am trying to advertise this wonderful remedy. For eleven years I have been hunting for a remedy to prevent Rigg's disease of the teeth, or to prevent calculus forming on teeth, in other words to eliminate larvæ from blood. I feel sure indeed that *Calc. ren. praep.* will do it. I would like to have RECORDER for October, 1894. Another report of Dr. Bridenoll. Until I found this remedy I expected to lose all my teeth and now I shall save them all. I am having a dentist watch my teeth and see the effect of *Calc. ren. praep.*

Now then please send No. 8, August 15, 1895, HOEMOPATHIC RECORDER, turning down leaf on page 347 to Dr. W. A. Tudor, Dozeman, Montana; to Dr. Woodward, 127 West Forty eighth street, New York city. I want them to read this report of Dr. B. If this will, as I believe it will, cure or prevent Rigg's disease homœopathy has added another gem to its crown.

Respectfully,

J. E. K. HERRICK.

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**A HIGH POTENCY CASE.**

Last July Mrs. MacA., æt. thirty-three, called for treatment; nine months previously she had borne a child, the puerperium, had been marked by illness the nature of which she was not intelligent enough to accurately describe; she was quite cachectic, and feeble, being hardly able to walk; there was an indurated lump as large and about as firm as an ordinary fist directly under the skin to which it was attached externally, internally it arose by a pedicle which came out from under the overlap of the middle portion of the pectoralic major muscle, its contour was

very smooth, the superficial veins were enlarged, and moreover, its advent had been very rapid, although the left axillary glands as yet were not involved, it was the seat of many cutting and lancinating pains with much aching of the arm, there was no history of injury; she now received one dose *Belladonna* 45m.; at the end of a month the pains had subsided, otherwise there was no change except that the growth seemed harder; this was followed by one dose *Conium* 50m. under which it rapidly grew less; however, at the same time her general condition became alarming and she rapidly lost strength and flesh; the well known indications for *Rhus* now showed themselves very prominently which remedy was exhibited in the C. M. 100. 30. and 3d. potencies, successively, with the gratifying result of making a complete cure; her husband to-day told me that she remains perfectly well with no trace of the former growth since last autumn.

C. M. BOGER.

*Parkersburg, W. Va.*

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### THE BOERICKE & DEWEY "TWELVE TISSUE REMEDIES" IN MEXICO.

TUXPAM, ESTADO DE VERA CRUZ, MEXICO.

April 3, 1896.

DRS. BOERICKE & DEWEY,

*Dear Sirs:*—Allow me, a perfect stranger to you, to congratulate you on the success which must follow your publication of the third edition of the *Twelve Tissue Remedies*, which is the only one I have seen, and which has been of the greatest service to me since I consulted it, in fact I don't know what I would do without some of the medicines, principally *Nat. sulph*, which in this part of the country where there are so many diseases seemingly based on "bile" and which no other remedy reaches as this does. I believe I may safely say that it is needed in three-fourths of the cases which I treat, if not as the principal one, at least as an intercurrent. Then there is *Kali phos.* which fills a niche which has always remained open. *Nat. phos.* and *Calc. phos.* in children's diseases, but why mention more, as I could run through the whole gamut and only say what you so well know.

The only one of the twelve, which I have had no reason to use yet, is *Calc. fluor.*, but have a case in view that I think it will suit, should he ever call on me; his hands are said to be



hard as horn in the palms and are so cracked and sore that he is almost incapacitated to work.

I failed in one case completely, in which I supposed *Sil.* to be remedy indicated. It is a case of what is called Live Lazarino what I call lepra, and others call Elephantiasis Grecorum or Arabicum. His face, ears, neck, chest and feet are swollen in blotches, seemingly filled with a watery substance; has ulcers on legs which discharge a watery pus, yellow, though not sticky (*Kali. sul.*) He has suffered for years and the disease is extending.

I have cured similar diseases while living in the interior with a weak tincture of the tarantula, which is native in this country but it has failed in this case.

He had formerly a profuse stinking sweat from feet, which has ceased, and although I kept him on *Sil.* in the 3d, 30 and 200 for two or three months, failed to restore it. He has passed through the hands of all the profession here and continues to grow worse with all. Should he ever fall into my hands again, I mean to try my "Sanolotodos," *Nat. sul.* on him, as he has the yellow conjunctiva, dirty, yellow color on base of tongue and œdema of feet, which indicate it.

Now Sirs, should you consider these notes, of any value, I desire you should accept them as freely as I give them.

I feel so indebted to you for the assistance I have derived from your work that it gives me pleasure to aid in any way in diffusing the knowledge of these medicines, which I expect, will at no distant date, form the basis of health restoring agents—all other remedies being merely accesories in the second degree.

Wishing you the best of success in your endeavors to diffuse the knowledge of these noble medicines,

I am yours to command,

W. J. WALPOLE.

## TRANSPORTATION BULLETIN No. 2.

A rate of a fare and a third for the round trip has been granted by the various railroad associations

The following lines from our prominent points seem the most practical for our members. From Boston a train leaves via. the Boston and Albany road 3 P. M. daily, connecting at Albany with a train leaving New York at 6 P. M. via. the New York Central

road. This train has a fine through Wagner service dining car, etc. Connects at Buffalo with the Michigan Central road, passes Niagara Falls at 7 A. M. the following morning and arrives in Detroit at 12:45 P. M., in ample time for the conference or meeting.

A train leaves the Pennsylvania depot in Jersey City at 6:10 P. M. daily via. the Lehigh Valley road, also a through vestibule express. Members leaving Washington at 3 P. M., Baltimore at 3:50 P. M., via. the B. and O. road can with the Philadelphia members take a train leaving Philadelphia at 6:33 P. M. connecting with the aforesaid New York train at South Bethlehem, Pa., and run via. Rochester and Suspension Bridge (reaching Niagara Falls at 7 A. M.) over the Grand Trunk System to Detroit arriving at 1:40 P. M. Through cars from Washington, Philadelphia and New York.

From the far west the Union Pacific, which was the official road at the time of the Denver meeting, and the Chicago and Alton from St. Louis and Kansas City offer excellent through service to Chicago. The Union Pacific will be pleasantly remembered by those present at the Denver meeting. The Chicago and Northwestern road which connects with the Union Pacific road at Omaha is *the* road of the Northwest. Its service from Milwaukee, Minneapolis and St. Paul is unexcelled.

From Chicago trains leave for Detroit via. the Michigan Central road at 10:30 A. M., 3 P. M., 9:30 P. M. and 11:30 P. M. on all of which the service is excellent.

The Grand Trunk System also runs an excellent train leaving Chicago at 8:15 P. M. arriving in Detroit at 7:35 A. M.

From Cleveland there is a service by boat, the round trip being \$3.00. The Ohio delegation will find this a convenient and enjoyable route.

While not wishing in any way to seemingly advertise any one line, the above roads seem to offer the quickest and best service.

The members of this committee will take pleasure in securing Pullman accommodations over any of these routes. If they are reserved in advance special cars and perhaps trains can be obtained. Apply to Dr. Richard Kingsman, Washington, D. C.; Dr. E. F. Storke, Denver, Col.; Dr. W. H. Hanchett, Omaha, Neb.; Dr. A. E. Neumeister, Kansas City, or to the chairman stating what is desired in the line of Pullman accommodations.

Instructions as to procuring tickets and certificates will be published in the June Journals.

W. A. DEWEY, M. D., Chairman,  
170 West Fifty fourth Street, N. Y.

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## TRANSPORTATION BULLETIN No. 3.

### Directions For Procuring Certificates.

Each person desiring the excursion rate must purchase a first class ticket to Detroit paying the regular fare and obtain from the ticket agent a certificate that such ticket has been sold them.

If the ticket agent at the place of starting be not furnished with blanks purchase to the nearest point where such certificate can be obtained and then to Detroit.

These certificates when viewed by the chairman of this committee, *to whom they should be given at once on arriving in Detroit*, and a special railroad agent, will entitle the holder to a return ticket at one-third the regular rate.

Certificates going may be obtained from Saturday June 13, to Friday June 19, inclusive.

The return trip may be made any day to June 29, inclusive. Those wishing to avail themselves of the thirty days, extension of time to July 2, inclusive, must deposit their certificates with the special agent in Detroit. He will hold them until the day the return trip is to be made. These directions apply to members, their families and friends. No refund of fare can be expected because of failures of the parties to obtain certificates.

No stop overs allowed on return tickets.

W. A. DEWEY, Chairman.

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### THE EDITORS ARE SAYING:—

“It is strange, but nevertheless true, that most of the medical profession fail to accumulate anything approaching a fortune, and, sad to say, often die with liabilities far in excess of their assets.”—*Charlotte Medical Journal*.

“The establishment of a 75 per cent. standard [by medical Examining Boards] in every branch, we think would be a mistake. It disregards entirely the relative importance of the several branches in which examinations are conducted. \* \* \* Figures lie, and there is nothing so absolutely misleading as averages or percentages.”—*Hahnemannian Monthly*.

"We have always had a poor opinion of the pedantic habit of attempting to write a prescription in any other than one's own vernacular. Doubtless many physicians attempt the classic in prescription writing, who have never spent five minutes over a Greek or Latin grammar."—*St. Louis Jour. of Hom.*

"During the war, when a man was wounded, the wound speedily became infested with germs and even insects, but no one thought of proclaiming that these germs produced the wound. What is true of the wound is equally applicable to other germ producing diseases.—*Medical Brief.*

"No medical law yet devised has been of any practical benefit to the medical profession as a whole."—*Denver Jour of Homœopathy.*

"Mind is the molten substance out of which matter is cast."—*Journal of Orificial Surgery.*

"Water used for street sprinkling should be taken from a safe source, so as to make sure that it is free from pathogenic germs."—*Daily Lancet.*

"We are positive that suffering humanity is being harmed, if not destroyed, every day, by the use of antipyretics."—*Eclectic Medical Gleaner.*

"Babies fed upon pasteurized milk get scurvy and become constipated. Give no more germs by all means. Make the indiscriminate sale of germicides a misdemeanor. Let us eat, drink and breathe germs galore."—*Fort Wayne Medical Journal.*

"The professors more often than the students need the prayers of the clergy."—*American Homœopathist.*

"The true definition of a medical journal varies widely, according to the purpose of its publishers and the real object of its publication."—*N. Y. State Medical Reporter.*

"It is something unusual in these times to find a practitioner of large experience proclaiming boldly his belief in the efficacy of drugs."—*Medical Record.*

"It is not improbable that we shall find that the fixed and floating cells of our bodies are to the fiercest bacilli as a Greek phalanx to hordes of Parthians and that our tissues normally secrete antitoxins, which are as deadly to hostile bacteria as the proteid of the rattle snake and the morphin of the poppy are to the enemies of their species.—*Medical News.*

"Emulation for the prizes of intellect is as destructive to mind and body as emulation for the prizes of athletics."—*N. Y. Medical Journal.*

“Who will undertake the task of teaching these ‘no danger’ doctors or surgeons that all laparotomies are dangerous, and that even abdominal operations often fail to give relief.”—*Practical Medicine*.

“It is related that at a medical meeting recently held in that city, at one of the hotels, a bell boy who was sent to notify a professor that he was wanted at the telephone, put his head in the door, and innocently called out: ‘Professor, you are wanted at the telephone,’ when low and behold! the whole audience rose as one man and started for the door. The boy fainted. Yea, verily, Chicago is a medical center.”—*Medical Fortnightly (St. Louis)*.

“Every disease is simply a disturbance of nutrition.”—*People’s Health Journal*.

“We have yet to see in all of our reading a single paragraph claiming that contract lodge practice is right. One of the most prominent Forrester physicians in Los Angeles said to the writer: ‘The whole custom of lodge practice is a d—d shame, but if I don’t hold the place some one else will.’”—*Southern California Practitioner*.

“Mind is the Genius of the World.”—*Georgia Eclectic Medical Journal*

“Students, who, perhaps, have not read a hundred consecutive pages in surgery, gynæcology, obstetrics or practical medicine, are allowed to examine patients in the clinics, and expected to make an expert diagnosis. They witness operations, the need and the technique of which have not been explained or taught them beforehand, and it is not surprising that they afterward measure the value of clinical teaching by the sensational test. For it is mere entertainment, and not advice or instruction, that they are after—a pleasing, passing, panoramic view of morbid conditions, and what is to be done for them in an off-hand, gladiatorial way.”—*The Clinique*.

“A true specialist is a higher evolution from the general practitioner and above the plane of general medicine.”—*Alienist and Neurologist*.



## CLINICAL NOTES ON ZINCUM AND NUX MOS- CHATA.\*

By J. Cavendish Molson, L. R. C. P., Lond.

Assistant Physician to the London Homœopathic Hospital.

(From *Journal of British Homœopathic Society.*)

The following "Notes" are intended to show the value of *Zincum* in the treatment of cerebral meningitis, and to suggest that this remedy should be given at an earlier stage of the disease than is commonly advocated in our text books. Alphabetically *Zincum* comes last, but, therapeutically, it should stand in the first rank.

Case I.—On October 31, 1888, I was summoned to see a female child, aged 8 months, who was seized with convulsive attacks, abrupt vomiting, and hurried respiration. Temperature, 101.7°. Hearing that the child had been exposed to the contagion of measles, I surmised that the foregoing symptoms might be caused by the non-development of the characteristic eruption, and, in the hope of bringing it out, I gave *Gelsemium* and *Bryonia* in hourly alteration.

November 1.—The child seemed better, and took more notice of its surroundings; but the vomiting persisted. Continued remedies, but gave two doses of *Gelsemium* to one of *Bryonia*. Temperature, 101.9°.

November 3.—Dr. Edgar A. Hall, of Surbiton, kindly saw the child in consultation, and confirmed my hypothetical diagnosis. He suggested that *Verat. viride*  $\theta$  should be given, in drop doses, every fifteen minutes, and that the patient should be put in a wet pack. This was done, and an hour and a half later the temperature had fallen from 105° to 102.6°, when the remedy was given every half hour. On the following day the temperature was 104.5°, despite the frequent dosage and wet packs.

On November 6, the temperature being 103.5°, I discontinued the *Veratrum viride*, and gave *Baptisia* alternately with *Bryonia*, and continued these remedies until November 12, when I reverted to the *Veratrum viride*, alternating it with *Gelsemium*. My little patient, however, continued to get worse and worse. She lay in the typhoid state, constantly vomiting. The head was drawn backwards almost at a right angle with the spine, which was arched strongly forwards. The thumbs were in-

\*Presented to the Section of Medicine and Pathology, Dec. 5, 1895.

curved upon the palms of the hands, with the fingers flexed tightly over them. The toes were rigidly bent upon the soles of the feet; in fact, all the skeletal muscles were in a condition of tonic contraction, and nothing that I had done had produced the slightest relaxation of the rigidity. On November 18 I relinquished the *Ver. vir.* and *Gels.*, and gave *Baptisia* in alternation with *Calcarea carbonica*, and kept to these remedies until November 29, without any result so far as the rigidity was concerned. At this juncture I happened to see the following paragraph in Farrington's "Clinical Materia Medica," p. 585:— "*Zinc* is an invaluable drug when the patient is nervously too weak to develop a disease; and hence he suffers all the consequences of hidden disease, or disease spending its force on the internal organs. To give you a 1 illustration of this, in exanthematous diseases, we find *Zinc* called for in scarlatina, or in measles when the eruption remains undeveloped. As a result of the non-development of the disease, the brain suffers." These words were the dawn of hope to patient, parents and practitioner.

Accordingly, on the following day, November 29, I put a few grains of *Zincum metallicum*, 1x trituration, into a two-drachm bottle, filling it with dilute spirit, and directed the mother to give three drops of this mixture for a dose, in alternation with the *Calcarea* which I had been giving for the previous ten days, and to discontinue the *Baptisia*. The results exceeded my most sanguine expectations. On the second day after giving the *Zinc*, the child was able to move her head, and the long-hidden eruption began to appear—first on the shoulders posteriorly. Later, it became general, and, coincidentally with its appearance, the rigidity, which had persisted for three weeks, vanished, while the improvement thus initiated ended in recovery. There was no rise of temperature after commencing the *Zinc*. I cannot help thinking that the rigidity would not have supervened if the *Zinc* had been given earlier, and thus the worst features of the case would have been prevented.

Case II.—Elsie O., aged 8 years, had been subject to headaches for the past two or three years.

On August 30 last, patient went to picnic. On the following day the child was sensitive to noise, and complained of headache. In the evening of this day the mother noticed a vacant look in her eyes. A restless night followed. On September 1 she seemed very unwell, ate scarcely any food, and wished to lie

down during the day. Another restless night followed, and on morning of September 2 the mother gave the child an injection of salt and water, and brought away a quantity of thread worms. The patient requested that she might be quiet and that the light of the room might be darkened. Another bad night, and the child seemed dazed.

September 3.—This afternoon I was called to see the patient. Temperature, 104.5°; pulse, 132. Child complained of her head, and shrank from light and noise. Tongue coated with thick white fur, vertigo, nausea, slight vomiting, dry skin. *Baptisia* 1 in 20, *Bryonia* 1x, gtt. 5 in hourly alternation. The intense heat of the sun at this time led me to think of the probability of heat-stroke, and I gave this as my diagnosis, while reserving a place for typhoid fever if effluxion of time should show that it was not heat-stroke.

The child being no better on September 5, the parents expressed a desire to have further advice, and a London physician was summoned. He favored the heat-stroke theory, but left a loop-hole for typhoid, prescribing *Hyd. c. cret.*, gr. ii.; *Pulv. glycyrrh.*, co. gr. xvi., each night, and an effervescing mixture every three hours. After taking one powder and a portion of the draught, the child became unconscious and so markedly worse that it was impossible to give further doses, the patient being quite unable to swallow them. At this time the motions were frequent and of light ochrey color. Sordes covered the teeth and lips, while the tongue was dry and thickly coated with a brownish-yellow fur. The patient being intolerant of the allopathic remedies, on September 7 I returned to *Baptisia* and *Bryonia* and continued these until the evening of September 9, when I substituted *Arsenicum* for the *Bryonia*.

On September 11, in the absence of Dr. Roberson Day, Dr. Climenson Day saw the child in consultation with me and left *Lachesis* 6 for immediate use, reserving *Apis* for possible screaming fits. He also prescribed hot moist bran poultices to the nape of the neck, a hot compress to the throat, abdomen, and feet. Following this treatment there was marked improvement for about twenty-four hours, but, unfortunately, this was not maintained, and I was again cast upon my own resources. The patient grew steadily and rapidly worse. There was an unpleasant exhalation from the body. Emaciation was extreme. The head was rolled from side to side so incessantly and invol-

untarily that the occipital region was denuded of hair. Screaming was loud and piercing. The thumbs were turned in on the palms of the hands, and there was opisthotonos. The urine was retained, and for more than a week the catheter was used twice daily. The fæces were passed unconsciously. They were very sticky, adhering tenaciously to the diapers. *Baptisia*, *Bryonia*, *Arsenicum*, *Lachesis*, *Apis*, *Veratrum viride*, *Glonoine* and *Helleborus* had been tried and found wanting. What more could be done?

I resolved to give *Zinc*, and on September 18, having made a solution of *Zincum phosphidum*, 3x trituration, I directed this to be given in five drop doses half-hourly for a time. Improvement followed forthwith. First of all, there was the appearance of moisture on the tip of the tongue, which increased until the whole organ was moist. Concurrently with this a gentle perspiration broke out in other parts of the body, and the urine was voided naturally. From this time onward, until October 21, *Zincum* was the chief remedy used. For sleeplessness I tried *Kali brom.* 1x gtt. 5, with good results. For the screaming I gave *Stramonium*, without any apparent benefit.

On October 28, finding that patient, though physically well, was still mentally deranged, I prescribed *Tinct. Anacardium* 2x, gtt. 5, 2h. On October 30, as a test of the patient's intelligence, I gave her a blank envelope and a postage stamp, telling her to affix the stamp to the envelope. This she did quite correctly, placing the stamp erect in the right hand upper corner. On the following day she recovered her power of speech completely, after having been deprived of it for more than six weeks. The patient is now quite well, and there has been no relapse in the convalescence.

I consider *Anacardium* an admirable remedy in mental weakness. A demented baker, who wanted to take his batch out of the oven before it was baked, besides other eccentricities, and to whom I gave *Anacardium* 1x, gtt. 5, 4 h., has recovered his reason and now does his work intelligently.

### Some Clinical Applications of *Nux Moschata* and *Oleum Myristicæ*.

There is no mention (so far as I am aware) in homœopathic literature of *Nux moschata* or its derivative *Oleum myristicæ* in the treatment of local infective processes, such as obtain in boils,



whitlows, poisoned wounds, and other suppurative conditions. From personal observations made in hospital and private practice, extending over many years, I venture to think that we have no better remedy than *Oleum myristicæ* for these troubles. I have nearly always prescribed the second decimal dilution. I have not used the tincture of *Nux moschata* often enough to assert that it can be used interchangeably with the *Oleum myristicæ*. The following is one of many cases which I could adduce to illustrate my statement:

Richard P., aged 31, consulted me on August 12 last. In the preceding eight weeks he had twelve to fifteen boils spread over the gluteal region. I prescribed *Oleum myristicæ* 2x, gtt. 5, 2 h., internally, and *Oleum myristicæ* pure to be rubbed over the boils, and any incipient ones, externally. On August 21 patient reported that on the first and second days after he had consulted me four more boils appeared—one on the left eyelid, one on the foot and two on the buttock. He then added: "At the present moment I stand clear." I repeated the tincture, however, to prevent possible recurrence.

Some months ago Dr. J. B. Corlett, having heard incidentally of my employment of the *Oil of Nutmeg* in septic conditions said that he was reminded of a similar use of the nutmeg by the natives in the West Indies. I wrote to him on the subject, and, in reply, he says:

"Nutmeg scraped and mixed with a vehicle such as bread and milk, etc., is used in the West Indies as a poultice to boils, etc.

"I have used it as the *Spiritus myristicæ* internally for boils, pustules, etc., and found it most useful in curing and preventing their recurrence."

Dr. Leo Rowse said that he thought the *Oleum myristicæ* induced suppuration, and I am inclined to think that it does so in cases where suppuration is inevitable, but not where it is used sufficiently early. It is claimed for *Hepar sulphuris* that "it promotes and regulates suppuration in a remarkable manner (second only to *Silica*), but is generally required at earlier stages than *Silica*." If *Hepar sulphuris* precedes *Silica*, then I should say that *Oleum myristicæ* precedes both, runs with and follows after them.

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Dr. Jagielski considered the inflammatory boils beautifully kept under by *Belladonna*  $\theta$  internally, as well as applied locally.



Dr. Moir was interested to hear of a new remedy for boils, as a medicine for recurrent boils was much needed.

Dr. Galley Blackley said that a few years ago he visited a gentleman who had passed a great deal of his life in Java, and found he had in the house, as a domestic remedy for all sorts of bruises and sprains, etc., etc., a crude kind of *Oil of Nutmeg*. *Oil of Nutmeg* was not absolutely new in their pharmacy, as he had been in the habit of using the pure essential oil in the skin department of the hospital for some years. It was exceedingly useful, when properly diluted with castor oil and spirits of wine, for removing the troublesome scurf which came in mild cases of seborrhœic pityriasis in people of advanced years, especially if accompanied by loss of hair.

Dr. Lambert said that *Picric acid* was worth mentioning; it was said to be more valuable than *Hepar*, *Sulphur*, or *Silica*, in the treatment of boils.

Mr. Molson said that his first patient was his father, who, some years previously, had a series of boils of the Vesuvius-in-action type, which kept recurring for eighteen months. These boils were distributed over the fleshy part of the right thigh, and were exceedingly painful. Having heard that "nutmeg" was useful in such conditions, he took one and gave it (grated) to his father. A severe headache with vertigo followed, but the boils vanished! It was now generally recognized that boils were of infective nature, and the poison was doubtless conveyed by the lymphatics. As a further illustration of the value of this remedy he mentioned the case of a colporteur who recently wore a tight-fitting boot which caused an abrasion of his fourth left toe. Two or three days afterwards the chafed toe suppurated (presumably from septic absorption), and this was followed a week later by a boil on the upper surface of the tarsus. Three or four days after this a second boil developed above the inner malleolus, and, finally, five more boils appeared on the inner side of the Achilles tendon. The inguinal glands were tender and somewhat enlarged. He gave tinct. *Nux moschata* 1 in 5, five drops hourly, but he thought that the tincture made from the English *Oleum myristicæ* was the better and more effectual preparation. This latter he generally administered in the second decimal dilution, giving five drops for a dose at frequent intervals.

**ON THE POWER OF DRUGS IN DISPERSING  
PATHOLOGICAL GROWTHS.**

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

There is nothing more interesting in clinical medicine, from the homœopathist's standpoint, than to note the well-nigh marvellous power which some drugs exert upon the various foreign growths that not infrequently arise in portions of the animal economy. It is not necessary to remind readers of *The Homœopathic World* that the practitioners of orthodox medicine resort either to a surgical operation or some cauterizing agent in order to relieve a patient of the presence of tumors and similar extraneous growths; but it has been left to Homœopathy to discover the dynamic power of drugs—by means of internal administration or local application or both—to disperse foreign growths and rid the system of the morbid germs which are the origin of such growths. From the teaching of the old school of medicine, the minds of members of the medical faculty are so imbued with the idea that nothing short of surgery, in some form or other, is of the least avail in such cases, that it takes converts to Homœopathy a long while to realize that other more gentle and more effective means are available; indeed, if we are to judge by what we hear and see of the practice of a no inconsiderable number of homœopathic practitioners of the present day, there are many men of influence who still refuse to believe in the efficacy of therapeutics to relieve their patients of foreign growths, especially when the said growths are located internally. They have not the faith, and therefore lack the courage, to put to the practical test of experience what they must have heard is possible in the hands of their sounder brethren. I have no intention of underrating the importance of surgery, but I do maintain that as a rule too great haste is evinced to use the scalpel, and during the last few years a very keen anxiety seems to have taken possession of not a few leading homœopathic practitioners, not merely for the higher development of surgery, but to resort to surgical procedure in cases wherein their better knowledge of therapeutics should have availed to save patients from the anxiety attendant upon such operations, the risk of life involved thereby, and the ultimate consequences in after life. Moreover, after an operation is performed, say for the removal of a carcinomatous growth in the breast of a woman, how

many cases are there in which the whole growth is eradicated? The operation does not rid the system of the germs of this growth, and the same may be said of almost any kind of morbid growth that can be named; but when a therapeutic agent is found which serves to reduce and probably entirely disperse such a growth, the germs are eradicated from the system and the non-probability of a recurrence may be anticipated.

I have recently had under my care a number of valuable bitches—some bulls and others bull terriers—in which foreign growths were developed on the vaginal walls, extending from the opening of the vulva to the os uteri, in a few cases penetrating so far as the posterior wall of the uterus. A portion of one of these growths was excised and forwarded to a well-known pathologist for microscopic examination; he pronounced it to be epithelioma; that taken from another bitch was pronounced by a Continental expert to be carcinomatous, but I am not certain that the latter gentleman made a microscopic examination, although I believe he did. This particular bitch, a bull terrier, had the growths periodically removed with the actual cautery by a veterinary practitioner of considerable experience, but this mode of procedure only seemed to intensify the disease; the growths spread rapidly, the walls of the vulva were enormously tumefied and thickened; ulceration commenced in a large number of places and the walls of the vulva were ultimately perforated, so that one could easily see through the orifices; the walls of the vagina, right up to the os uteri, were literally loaded with grape-like growths, and the passage was almost entirely obliterated. When this bitch was placed under my care I at once put her upon *Hydrastis Canadensis* three times a day, and applied locally an unguent of the same, night and morning; the result, after six months' treatment, has proved eminently satisfactory; indeed, after the first week the bitch, who had previously refused food until she was little more than a bag of bones covered with skin, resumed her normal appetite and spirits, and has since gradually gained in condition; the swollen vulva has receded to its natural size, the ulcerative process ceased, the perforations slowly disappeared, and the growths on the walls of the vagina are gradually becoming dispersed. The cure, though not yet thoroughly complete, is sufficiently advanced to warrant the most sanguine hopes, and the case, so far as it has gone, deserves the most serious consideration of all those who

are sceptical about the benefits that may be derived by the use of drugs in the dispersion of morbid growths. There is one interesting feature about these growths in the various bitches that are subjects thereof; to the naked eye there is no difference; in every case they are spongy and bleed very readily; notwithstanding, all the cases do not yield to the same remedial agents, from which I conclude that there are symptoms in some of the bitches that require differentiating from those of others in order to be true to the homœopathic law of totality, and these are, doubtless of the subjective order; this is one of the difficulties that, as veterinarians, we have to contend with; we cannot discover all we require to know. Several of these cases were tried with *Thuja oc.* which served to arrest the hemorrhage, but not to disperse the growths; thanks to the suggestion of my friend, Dr. Robert Cooper, I tried *Ruta graveolens*, and with marked success in three cases; other remedies that have been tried are *Phosphorus*, *Calcarea carb.*, and *Phytolacca decandra folia*, the last-named locally only, and upon the bull bitches it exercises a potent influence, so much so that the owner of the bitches seems inclined to pin his faith to this agent exclusively. So far, I have the most convincing proof that in these particular cases surgery is worse than helpless; the measures adopted not only failed to eradicate the growths, but rather encouraged a more rapid development, and that in a far worse form, while the various remedial agents resorted to have in all the cases ameliorated the conditions by first arresting hemorrhage and further development and thereafter proceeding to disperse the morbid growths, and eradicate them from the system.

*Sussex Villas, Kensington, April 15, 1896.*

—*Homœopathic World.*

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### SALIX NIGRA AMENTS.

At this writing I wish to speak not of the tonic and antiseptic properties of this species of *salix*, but of its usefulness as a sedative to the generative system. As a sedative on these lines I have had very good results from its use.

In cases of acute gonorrhœa with much erotic trouble. Also in cases of chordee with great irritation; for these purposes I have given it in doses of thirty to sixty drops on retiring, and repeat at midnight or towards morning, if needed; in these cases noth-



ing has given me more satisfaction than this remedy. It answers the purpose, it robs night of its terrors, and it leaves no unpleasant consequences in its train.

In cases of excessive venereal desire, amounting to satyriasis, from experience I would use this remedy first. I have seen it control the venereal appetite in a very satisfactory manner. It can be given in cases where the bromides have always been considered appropriate, and it can be given where the bromides would be very inappropriate and there is no reflex effect on the brain or nervous system.—*John Fearn, M. D., Oakland, Cal., in Chicago Medical Times.*

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MULLEIN OIL.—Dr. O. S. Laws, of Los Angeles, Cal., has been reporting his experience with *Mullein Oil* in the *California Medical Journal*. Two school girls who had been excluded from the public schools on account of deafness, were again admitted after about three week use of the *Mullein Oil* two or three drops in each ear twice a day. I have found it helpful in many cases of deafness in older people. "But for enuresis I have found it, so far, a specific. I place it at the head of the list for that condition, both for its certainty and pleasantness." One of the cases was that of a boy aged sixteen, who from childhood had been troubled with enuresis which nothing would cure until he received fifteen drops of *Mullein Oil* three times a day which soon permanently cured him.

*Mullein Oil* is made by exposing the bloom of the mullein plant in a corked bottle to the sun for several weeks, when a quart will yield two or three teaspoonfuls of the essence or "oil." The genuine article sells for \$1.00 an ounce. A good deal of the fluid extract of *Verbascum*, however, is being sold for *Mullein Oil*. Needless to add it is "cheap."

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## BOOK NOTICES.

Cold-Catching; Cold-Preventing; Cold-Curing. With a Section on Influenza. By John H. Clarke, M. D. Fourth Edition. Cloth, 116 pages. London. James Epps & Co. 1894.

The fourth edition of Dr. Clarke's well-known little work is enlarged by the addition of chapters on nasal polypus, hay



fever and influenza. Of that unproved, but possibly highly useful remedy, *Lemna minor*, recently brought to notice by Dr. Robert T. Cooper in the pages of the *Hahnemannian Monthly*, the author says that it has "effected remarkable cures" and "promises to be a very important medicine in nasal cases." "Cases of atrophic rhinitis have been reported as cured by it. Aggravation in damp weather is a leading indication for its use." The book is a small one (16 mo. pages), but it is not padded and its contents are valuable.

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**Obstetric Accidents, Emergencies and Operations.** By L. Ch. Borsliniere, A. M., M. D., LL. D., late Emeritus Professor of Obstetrics in the St. Louis Medical College, etc. Illustrated. 381 pages. Cloth, \$2.00. Philadelphia. W. B. Saunders. 1896.

This book, as stated in the title treats of obstetric accidents, emergencies and operations, and is not a manual of normal obstetrics or mid-wifery. It is divided into three parts, namely: "Accidents to the Women," embracing abortion, hæmorrhages, retention of placenta, obstacles to labor and other accidents, in all fourteen chapters. Part II is headed "Obstetric Operations," and treats of abdominal palpitation for diagnosis, external and combined version, extraction of child, forceps and things of that nature, in all eight chapters. Part III is devoted to "Accidents to the Child" and occupies four chapters. The French authorities are largely quoted by the author because, he says, "the art and science of mid-wifery originated in France, where they still hold a pre-eminent rank." The illustrations while not elaborate are very good, illustrating the various points treated.

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**Occasional Papers.** By Dr. Stammers Morrison. London. E. Gould & Son. 1896.

This paper-bound pamphlet of fifty-six pages contains four articles, the first "On the Permanence of the Cure of Consumption;" second, "On the Dual Action of Drugs in Relation to the Dose Question;" third, "Notes on Normandy," and fourth, "In Old Bretagne." Of these the most generally interesting is the second. Dr. Morrison says he uses drugs all the way from the mother tincture to the zooth potency and, of the latter, "The

practitioner who ignores the secondary action of drugs must miss many of the finer effects of drug action in chronic diseases, and in acute illnesses dependent upon constitutional taints." Some day let us hope that the homœopathic medical profession will awake to the fact that Hahnemann's last great work was not the result of old age and childishness, but of a deeper insight into the nature of diseases, and the relation of drugs to their cure, than any other man has yet attained. Dr. Morrison's paper on the "Dual Action" is worth reading.

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**Rhumkorff Induction Coils, Their Construction, Operation and Application.** With Chapters on Batteries, Tesla Coils and Röntgen Radiography. By H. S. Norrie. 183 pp., 12mo. Paper, 50 cents Spon & Chamberlain, 12 Courtlandt street, New York.

As the reviewer has but little knowledge of the subjects treated in this book he will content himself by quoting the preface in full:

"At the present time, when so many startling and important phenomena have been produced by high-tension currents from the coils of Rhumkorff and Tesla, there appears to be an opening for a practical hand-book on such. The intent of the following pages is to give in simple language to the reader such practical information on Rhumkorff and Tesla coils as will enable him to construct and readily operate them, at the same time avoiding wherever not absolutely imperative any discussion of abstruse electrical theories. In the chapter on Roentgen photography the writer has referred to the concise and lucid articles on the latter which have appeared from time to time in those papers invaluable to the electrician, the *Electrical World*, *Electrical Engineer*, and *Western Electrician*."

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**A Study in Hypnotism.** By Sydney Flower. Cloth. 226 pp. Chicago. The Psychic Publishing Co. 1896.

This story starts in as though it were going to be quite interesting, but towards the end the writer slumps off and leaves the ends of his tale dragging at loose ends. Aside from the tale itself the book is quite a strong defense of the use of hypnotism in relieving human ills. But we doubt if the complete, even though temporary, loss of command over one's self, and being under as complete control of another, can ever be a good thing for the patient, even though it may for a time seem to work for his benefit.

ANNUAL REPORT OF THE BROOKLYN HOMŒOPATHIC HOSPITAL and Training School for nurses for the year ending November 30, 1895. A very handsome and instructive Report. It contains fifteen full page half-tone views of the hospital, and to judge from them the patient who would not get well in these elegant quarters must be very far gone indeed. There were 683 operations during the year. Mortality rate, exclusive of moribund cases, was 3.3 per cent. The annual charges and running expenses of the Hospital and Dispensary exceed their revenue by a large amount. For the past few years, nearly all the contributions towards paying this deficiency have been made by the trustees. It seems proper to mention this fact and to state that any contribution will be most acceptable, and may be sent to Henry M. Tate, Treasurer, at the Hospital, 109 Cumberland street, Brooklyn, by whom they will be gratefully acknowledged.

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WM. SHARP, M. D., F. R. S. author of the famous Sharp's *Tracts on Homœopathy*, a new edition of which was recently issued, passed away on April 10th, Hahnemann's birthday, at the ripe age of ninety-one. There are few more readable and convincing books for inquirers into Homœopathy than these *tracts*.

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THE RECORDER is indebted to Homœopathy's antiquary (he is not antiquated, remember), Dr. T. L. Bradford, for a unique collection of photographs, sixty five in all. They embrace every known picture, statue, bust and medallion of Hahnemann, and also his birth place and other interesting subjects connected with the father of Homœopathy. Bradford is doing good work not only for the men of the present day but for posterity.

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DR. FISHER has issued a very handsome forty-eight page pamphlet on the subject of "The Crowning Volume of the Homœopathic Library"—*The Homœopathic Text-book of Surgery*. It consists chiefly of specimen pages of the work on which, in a very attractive manner, are printed the half-tone pictures of the various contributors to that work. It is really an artistic bit of advertising. The remainder of the pamphlet is made up of the preface, names of authors and their subjects, list of illustrations, plates, and table of contents.

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OUR Eclectic friends are evidently letting themselves go anent their annual meeting to be held at Portland, Oregon, June 16-18th, if we may judge by their "Souvenir" book of 100 pages which we have received in advance. It is full of pictures of that huge northwest empire, of Eclectic programs and officers, and a godly array of advertisers which must rejoice the hearts of the men who got up this very attractive souvenir.

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## THE EFFECT OF "COMPETITION."

To judge from the following clipping from the *Indian Homœopathic Review*, the Orient is suffering as much as the Occident from the evils of cheap and debased homœopathic pharmacy.

We noticed it stated in some American papers that there are forty-two homœopathic pharmacies in Calcutta. This ought to be a source of great pleasure to us, but on the contrary we are sorry, supply of genuine homœopathic medicine is far from what is desired. All of us should be on our guard to see that pure medicinal substances can be had, without which our success in treating diseases will be diminished. Being pressed under hard competition our pharmacists reduce the price of their stock by degrees and consequently we often observe worst stock in the market. In order to avoid this disaster many of our physicians have their own medicines prepared and sold under their own supervision.

For the good of Homœopathy and humanity it is to be hoped that physicians will some day open their eyes to the fact that cut-throat competition of homœopathic pharmacies with its *inevitable* debasement of medicine so far from being a benefit to them is a serious menace. To be sure the great majority of them do see it, and refuse to encourage houses that ignore quality and seek only to secure trade by low prices, but there are still a great many who think that the two, three or five cents an ounce they "save" on cheap goods is an excellent stroke of business on their part. Some day they will exclaim "live and learn," as they realize that their "saving" on cheap medicine was the most costly extravagance they ever indulged in.

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## A NEW MAILING BOX.

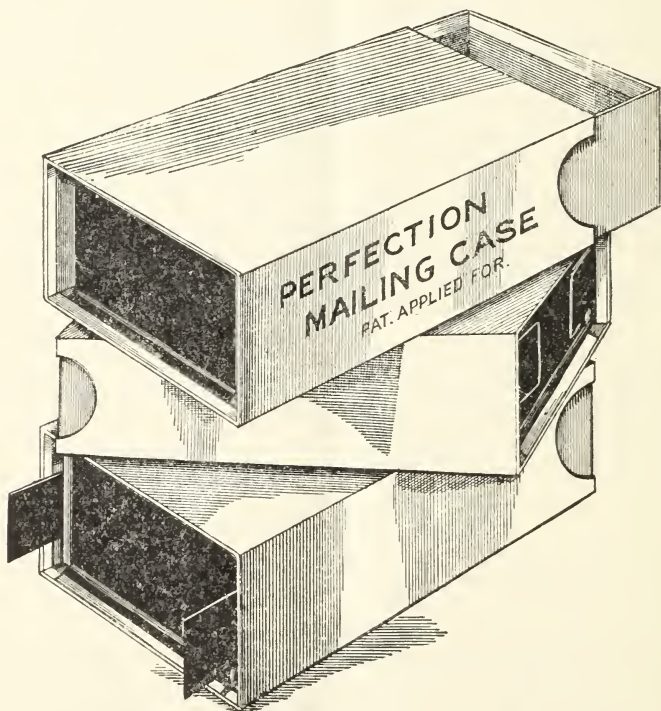
Every physician has more or less occasion to mail vials containing prescriptions for patients, and a convenient mailing box is a "long felt want"—now happily supplied. Every one who has had to use the boxes heretofore supplied knows their limitations, and the inconveniences peculiar to each, so there is no need for us to dwell upon them here. The new box is named the "Perfection Mailing Box," and the patentee has but just received his patent and began their manufacture. The "Perfection" consists of two stiff pasteboard boxes the smaller of



which slips into the larger; two pieces of tin run along side of the inside box and at the far end slightly project. When the box is in its place these two projections are bent down over another piece of tin in the end of the larger box and thus the packing box is held firm and secure in its place, secure enough to go to China.

When in use all that is required is to pack the vial in paper or cotton, as is done in ordinary mailing boxes, slip the inner box into its place, bend the clamps down and the trick is done; no wrapping or tying being required. Every one who has seen these boxes has at once recognized their simplicity and convenience, and if, in need of a box of the sort, bought a supply. Messrs. Boericke & Tafel control the output and will be pleased to mail a sample to anyone who would like to see the box. At present there are three sizes made and the prices are as follows:

The cut of three boxes, the top one partly opened, the bottom one the box closed ready to be clamped, and the middle one closed and ready for mailing, gives one a very good idea of this ingenious invention.



One or two drachm size, \$3.00 per 100, or forty cents per dozen.

One-half ounce size, \$3.25 per 100, or forty-five cents per dozen.



Two two drachm size, \$4.00 per 100, or fifty five cents per dozen.

For a sample address Boericke & Tafel, 1011 Arch street, Philadelphia, Pa. This address is for samples only. Should any one want to order a supply of the boxes the order may be sent to the nearest B. & T. pharmacy.

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IF any of our readers want to attend the International Homœopathic Congress in good company, and at a very low rate of fare, they ought to address Dr. Frank Kraft, 57 Bell ave., Cleveland, Ohio, for particulars. For instance, the rate from Detroit to London, and return, will be \$90, and proportionately from other points. The boarding is expected to run from \$5 to \$7 per week in London and Paris. The party will be made up of physicians and professional people, and, under Field Marshal Kraft, is certain to be an enjoyable one. The steamer will leave on July 25th.

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### HOW LONG, OH LORD! OH, HOW LONG!

How long will the subscribers of a medical journal consent to pay for reading matter which consists of fifty per cent. reading notices?

Can we expect a doctor to subscribe for a journal just to read what you or some backwood practitioner says about a case cured by a certain drug?

We do think that advertisers who are so persistent in the matter of reading notices have not fully grasped the subject. Nor have many publishers seen the danger ahead, as month by month they allow the readers to be robbed by the advertisers.

A little honest notice of your avertisers in a special department is a good thing for all, but the integrity of the whole reading matter in your journal is challenged when every other article is for your advertisers.—*Bulletin of the Am. Pub. Association.*

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AN outdoor department has been added to the Homœopathic Hospital of Harlem, at 245 W. 124th street. The building, which is occupied by the hospital and dispensary, is a three-story frame structure, and is situated in a very crowded district of Harlem. The movement thus far is only in its infancy, and

those who have charge are slowly feeling their way along. The demands on the institution have been so great during the short time it has been open that already more spacious quarters are being looked out for. The dispensary is open from 2 until 3 each afternoon.

The staff of physicians at the dispensary are Dr. B. G. Clark, Dr. J. F. Land, Dr. George E. Tytler, Dr. Floyd P. Sheldon, Dr. Martin D. Cannon, Dr. W. McDowell and Dr. Willard Ide Pierce.

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EVER and anon the seeker after truth runs up against something in his scientific exchanges that, like certain thoughts that beset Hamlet upon a time, give him pause. For instance the following from the Paris letter in *Pediatrics* for May:

SEROTHERAPEUTICS OF SMALLPOX.—The latest application of serotherapeutics is that of the injection of the serum from a vaccinated heifer against smallpox. Mons. Bectere has found that it requires the introduction of a quantity equal to the hundredth part of the weight of the heifer to confer temporary immunity, or one-fiftieth to secure complete protection from subsequent inoculation of variolous virus.

We should, on the whole, prefer the fiftieth part of a heifer in the form of broiled steaks, washed down with sterilized water, or something else.

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THE *Buffalo Medical and Surgical Journal* says:

The effects of tuberculosis on dairy cattle has attracted the attention of sanitarians and public health authorities for some time. A committee of the State Board of Health has conferred with a similar committee of the Board of Health of the City of New York and a report has been published for distribution among the farmers. The report states that more than one-seventh of all deaths occurring in human beings throughout the civilized world is caused by tuberculosis, and it is estimated that more than one-fourth of all deaths occurring during adult life is due to it and that nearly one-half of the entire population of the world at some time in life acquires it.

The growth of this disease of late reminds one the way Jack's Beanstalk shot up. One-half the world of men and cows are tuberculous. Quarantine the one and kill the other. The Boards ask an appropriation of \$300,000.00 as a starter.

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A PARIS letter says:

"It may be interesting to those who are engaged in researches on tuberculosis to know that a prize of 800,000 francs, or \$160,000, has just been founded. This prize, which comes from the estate of the late Mrs. Audif-

fred, is the gift of the Academy of Medicine of this city. It is to be bestowed upon whoever, without distinction of nationality or profession, shall within the period of twenty-five years from the 28th of January, 1896, have discovered a remedy, either curative or preventive, which shall be recognized by the Academy of Medicine as efficacious and sovereign against tuberculosis.

Now is your chance for fame and fortune.

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THE following vigorous letter was written by Dr. A. B. Norton (*of Ophthalmic Diseases and Therapeutic fame*) to Mr. F. H. Howe, of the Manhattan Life Insurance Co.

I am pleased to learn that you have succeeded in securing the recognition of the Homœopathic school, by your company, as evidenced by the appointment to its staff of medical examiners, of two of our representative members in this city, *Drs. Eugene H. Porter and St. Clair Smith*.

The discrimination against Homœopathic physicians practiced by many of the old-line companies in refusing to appoint them as medical examiners in large cities, resulted in my refusing to take out a policy in any company so under the control of their antiquated old-school medical examiners.

It is an undoubted fact that the clientele of Homœopathic physicians in this city represent fully one-half of the city's wealth, and if they would all follow the principle of patronizing *only* such companies as recognize Homœopathy it would do much toward breaking down the medical biogtry perpetuated in life insurance examiners.

You may now write for me the \$10,000 policy I have had under consideration, which seems to me the best policy I know of.

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ADULTERATION OF RHUS TOXICODENDRON.—J. L. D. Morison states (*Am. Journ. Pharm.*) that the leaves of the common Virginia creeper, *ampelopsis quinquefolia*, Mich., are sometimes substituted for those of the official *Rhus toxicodendron* and that he has lately found this admixture in a quantity of the drug obtained from one of the most reliable wholesale houses. The adulteration may be easily detected, he points out, by soaking "a sample of the leaves in water and carefully examining them. Those of the poison ivy are pinnately compound with three leaflets, while those of the Virginia creeper are palmately compound with five leaflets. The individual leaflets of the two plants differ also in form. The terminal leaflet of the poison ivy is long-petiolate, ovate or oval in general outline, with an acuminate apex, a somewhat wedge-shaped base, and a nearly entire margin; the lateral leaflets are nearly sessile, obliquely ovate, pointed, unequal at the base, with a variously notched or

toothed margin, and have short petioles of nearly equal length.' The admixture, we think, was likely accidental from ignorance of the gatherer. The two plants differ materially, but might be confounded by the inexperienced.—*Druggists' Circular*.

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POISONOUS EFFECTS OF BORAX.—At the present time there are a vast number of preparations intended for the cure and preservation of foods, which depend for the claim advanced upon the large portion of *sodium biborate* contained. This fact has led Féré, of Paris—who has had considerable experience with the drug in the treatment of intractable cases of epilepsy—to investigate its physiological action. He several times found it necessary to give large doses for long periods, and frequently met with persons who were peculiarly susceptible to the drug. The untoward effects were loss of appetite succeeded by burning pain at the pit of the stomach, buccal dryness, and eventually nausea and vomiting. Also a remarkable dryness of the skin was produced which not only favored, but in several instances caused skin maladies, notably eczema; the hair also became dry and fell out, threatening complete baldness. The most dangerous result of the use *Sodium biborate* is its power to increase kidney disease, or to convert a slight renal malady into a fatal or malignant affection.—*Druggist' Circular*.

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ECHINACEA AND BOILS.—I will relate one case which is free from all the objections that a skeptic might bring forward. Mr. K——, a gentleman of high standing who occupies the position of general yard master on one of the great railroads that terminate in this city, is a man of some forty years, and weighs nearly two hundred pounds; temperate in all things, and now looks a perfect picture of health. Some ten months ago he was annoyed by boils. One after another came, and nearly teased the life out of him. He applied to the hospital of the Missouri Pacific Railroad, in this city, and received the attention of the head of the establishment, whose *regularity* would equal that of a country "schoolma'm." He was given medicines of all kinds save that necessary to give him relief. The suppurations grew worse, assuming the condition of carbuncles, and of these he had three or four at a time. The surgeon of this establishment, cut



and slashed these growths, after the most approved fashion. This went on for some time, until the man was completely discouraged, and made up his mind that the trouble would kill him before he got through with it. At this juncture I put him upon *Echinacea*. No more carbuncles or boils came. Those that he already had, dried up and gradually left him. It has now been about two months and he is entirely free from his former annoyance, and says he believes this medicine saved his life.

I will also say that before he came to me he took four ounces of a trituration of *Hepar sulphur*, believed by many to be a specific for this condition, but no benefit came from its use.—*Exchange*.

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A GREAT CELEBRATION —Emperor William took occasion to make the unveiling of the statue of his grandfather, William I, in Frankfurt-on-the Main, one of great pomp and importance. Among those present were the Empress, princes, princesses, men of state, generals and prominent personages from all parts of the Empire. In the evening, after the celebration, a magnificent banquet, rarely equalled, was tendered to the imperial couple and to the numerous dignitaries at the Palm Garden.

The menu, as published in the *Frankfurter Zeitung* of May 11, 1896, was all the most advanced connoisseur could wish, the wines being of the most celebrated vintages and G. H. Mumm & Co.'s Extra Dry the champagne served.

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THE PRACTICE OF MEDICINE. By Dr. Marvin A. Custis, Washington, D. C. Flexible morocco, with gold edges.

This little work is a pocket manual in which a brief description is given of the synonyms, definition, etiology, differential diagnosis, complications, duration, prognosis, and treatment of the various diseases considered. Under the latter heading are given the generally-accepted hygienic, dietetic and accessory measures, and a liberal list of the most-commonly used homœopathic remedies with clearly-defined and variously-emphasized indications. The descriptions are unusually clear and practical for a work whose chief merit is condensation. The volume does not aim to be a Raue, a Goodno nor an Arndt, but a pocket manual of more than usual practicality—an end it has easily attained. The book sells at two dollars and is well worth the money. It is not comprehensive enough to take the place of standard works on practice, but to our mind is the best pocket reference manual at present before the profession.—*Medical Century*.



## PERSONAL.

Tremendous, hazardous, stupendous—they say there is only one other English word that ends “dous.”

The professional man who stints himself in books is something like the man who tried to keep his horse on shavings.

“As we turn the search-light of investigation into the remote ages of antiquity”—is the way the *Charlotte Medical Journal* puts it.

When Europe was a wilderness China had her examining boards and she has them yet.

The altruistic pharmacist who lives only to “divide” his “profits” with the doctor, never—well, hardly ever, fails to take it out on the goods.

There is no money in inferior goods for anyone save the seller.

A stock of fluid extracts, well diluted, and you have a cheap line of “Homœopathic mother tinctures.”

They say a Boston theosophist, while sitting still, saw his sidewalk.

Powdered milk sugar, a little perfunctory stirring, and you have cheap “trits,” “above the ix.” Money in them, too.

They say hiccough can be arrested by putting out the tongue.

The man who speaks of a genuine Homœopathic book as being “out of date” sort o’ gives himself away.

Dr. Edmund Carlton has removed from 53 W. 45th street to 62 W. 49th street, New York.

The *Pacific Coast Jour.* and the *Am. Hom.* have pocketed their guns and, as it were, taken a friendly smile.

After reading certain papers in the big monthlies that are said to reject hundreds of mss. daily, one shudders to think what manner of stuff the rejected must have been.

Dr. Frederic G. Ritchie has removed from N. Y. Ophthalmic Hospital to 134 W. 47th street. Diseases of the eye and ear exclusively.

Dr. Geo. W. McDowell has removed to 136 W. 130th street, New York. Even a fond lover draws the line at a Roentgen photo of his lady.

Governor Bradley has appointed Dr. J. H. Samuel, of Maysville, Ky., a member of the State Board of Health. Dr. Samuel is vice president of the Ky. Homœopathic Society.

Dr. Redmondino announces that the *National Popular Review* has “permanently ceased to exist.”

Custis' *Practice of Medicine*, at \$2.00, is becoming a favorite.

Boericke & Tafel's *Phytolacca decandra folia* seems to be a good local application to carcinomatous growths. (See Dr. Hurndall's paper in this number of RECORDER).

Pay up your subscription to the RECORDER and enjoy a good conscience.

If you use mailing boxes do not fail to see the “Perfection.”

Has any one ever proved the salt, or the water, of the Dead Sea?

WANTED.—A resident physician for the Brooklyn Maternity Hospital. Apply to Dr. E. W. Avery, 16 Hancock street, Brooklyn, N. Y.

They say that the bicyclist is fast becoming as expert a story-teller as the fisherman.

The California Fig Syrup Co. makes its first appearance in THE RECORDER'S select pages. See XIX—next page.

The wise advertiser always has THE HOMŒOPATHIC RECORDER on his list.

Geo. S. Norton's book on “Therapeutics of the Eye,” is the one to buy—best and cheapest, too, \$1.00.

# THE HOMŒOPATHIC RECORDER.

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VOL. XI. PHILADELPHIA AND LANCASTER, JULY, 1896. No. 7.

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## A CASE OF HYSTERO-EPILEPSY.

On the 22d of last April the writer was consulted in the case of S. X., æt. 18, a cadet in a military school, and a fine-looking specimen of young manhood.

He is sent from school because he is believed to be subject to epileptic fits, and the attacks have been developed within the last six months.

Before the patient came the following documents were handed me by the mother; the writer of the first being the Principal of the Military School in which the patient is a pupil.

"Since I wrote you on Saturday [the 18th of April, and this letter is dated the 20th], I have seen Sam in one of his spasms and can speak more intelligently.

"Saturday evening, about half an hour after supper, he had a hard wrestling match with Stern. After it was over Sam felt the approach of (1) a spasm and walked to the house, Stern going with him. He had no more than got to his room when he had a hard spasm. I was called very soon. Before he regained consciousness he had three (2) other attacks, all of which I saw.

"His face was almost livid; his veins were filled almost to bursting, and his muscles were most intensely strained—during one [spasm] drawing his head and legs back into bow shape. (3) The spasm lasted from one to three minutes, but the unconsciousness from about half to three-quarters of an hour.

"After he regained his sensibilities he talked awhile and [then] went to sleep, (4) and waked the next morning apparently well.

"During the spasms there was a little frothing at the mouth. (5) The head was not particularly warm, but the pulse ran up as high as 132.

"I am convinced that the spasms are brought on more by severe exercise than by heat. He went out and pitched one or two innings of ball, but had to give it up to go off and have a spasm—which he did before he could get to the house.

"I am sorry to say it, but I believe these attacks are epilepsy. When you have him examined ask the physician to have that in mind, and let him know the character of the attacks.

"One of the boys had a brother who died from epilepsy a few years ago. He attended his brother a great part of the time, and saw him have from two to six or eight spasms a day—he says Sam's [fits] are exactly like those of his brother.

"I write thus plainly, giving you my gloomiest views, so that you may take the best measures to attack the disease as soon as possible if he has it.

"Sam goes on the 1:40 train. I send a letter with him that will identify him in case of trouble."

This report was supplemented by the appended written statement from a fellow student who was a witness of many of the "spasms."

"Sam is warned of an attack about five minutes in advance. (6) As it comes on he breathes heavily and somewhat irregularly, and he grows red in the face. (7) As the pain increases he grates his teeth and presents generally a most terrible aspect, (8) partly through the pain and partly in the struggle against crying out. I have never heard him utter a sound (9) at this time. When the pain has become greatest he writhes and strains and his neck becomes greatly swelled; then suddenly his muscles stiffen and he loses consciousness. This fainting fit lasts from one to two minutes, I should say."

Below the comrade's report the teacher wrote:

"The above is B.'s description. His pulse is very irregular. For awhile it will be very rapid, and then *very* slow and weak. His breathing is stertorous; at times a small amount of foam will issue from mouth and nostrils."

From and on these *data* the diagnosis of "epilepsy" was positively excluded, to the infinite relief of the anxious mother; but a dark apprehension remained.

The maternal grandfather had died from *angina pectoris*; the patient's mother and her brother had suffered therefrom—and here was the Nemesis of Heredity threatening the grandchild.

In this case the "warning" before mentioned was a pain in the præcordial region. An examination revealed nothing amiss with the young man's heart. Its dimensions were not enlarged; its valve-sounds were not abnormal; its rhythm was perfectly regular, and both radial arteries corroborated the decision of the ear upon the chest.

In fact, the whole examination was one series of negations, for every function was physiologically performed. There were only these "spasms" to mar the harmony of his Psalm of Life.

All the evidence, however, agreed in one thing, namely: *excessive exercise directly induced the spasmodic phenomena*—and this the patient himself recognized, but, being an athlete and proud of his prowess, he would not desist.

This terrible infirmity had come upon him like a cyclone from a clear sky. His past history afforded nothing that appeared like a predisposing cause; even the premonitory pain in the præcordia did not presage the ancestral *angina pectoris*—lacking, as it did, the generic features of that ominous affection.

But "Science" must be satisfied, and that is why the text of this report is head-strung with notes.

1. "'Warnings' are common before attacks of hysteroid convulsion. \* \* \* The most common warnings in such cases are a general feeling of malaise and illness, an epigastric sensation, palpitation of the heart," etc. The *præcordial pain* can now be added to the list.\*

2. "When an attack has not been witnessed, and, as is the case in a large number of instances, we are dependent, for our knowledge of its characters, on the description which is given by the friends of the patient, we have much more difficulty in forming a diagnosis." If, then, in this case there really were "three other attacks" it favors the hysteroid rather than the epileptic diagnosis.

3. The *arc en cercle* would be apt to catch the eye of a lay observer, and this feature furnishes the *point d'appui* of the diagnosis. "The opisthotonic spasm is one of the most characteristic features of hysteroid convulsion."

4. "He *talked awhile* and then went to sleep." A far more likely occurrence in hystero—than in true epilepsy. As this phenomenon sometimes—yea, "often recurs from time to time during the fit," its happening tends to characterize the incomplete and recurring explosions of hystero-epilepsy.

5. The "foam." In hystero-epilepsy *never* bloody, as in epilepsy.

6. Noted only to show that the "warning" is corroborated by two witnesses.

7. The "red face" does not contra-indicate epilepsy. "In some cases the face is flushed at the onset and afterwards becomes pale."

8. While the aspect in epilepsy is appalling, the epithet "terrible" is more applicable to the fit in hystero-epilepsy. Notably

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\*One hundred and fifty years ago one observer had recorded a "sensation about the heart" as a premonition of epilepsy. *Cases of Epilepsy, Hysterical Fits, and St. Vitus's Dance.* By John Andree, M. D. London. 1746.



is this true when it occurs in males. "A look of horror comes gradually over his face, becoming more and more intense as he slowly raises his head. Every muscle becomes fixed and rigid in an agony of terror; the sterno-mastoids stand out in the neck like bars of iron; his eyes seem as if starting from his head, his nostrils are dilated, and his breathing short and quick, while his heart beats with extreme rapidity."

9. That he was never heard to utter a sound does not invalidate a diagnosis of epilepsy so completely as the early writers imagined. Even the "cry" in epilepsy "is more frequently absent than present;" but when present, who that has heard it can ever forget its unearthliness?

The diagnosis, "hystero-epilepsy," was given to the mother. The *patient* received *Arsenicum* 30th, and there has not since been one single "spasm." He has indulged in all his athleticisms without let or hindrance. If there is any recurrence of the trouble it shall be reported in the RECORDER.

Of course, there are no "molecules" of Arsenious acid in the thirtieth dilution, Sir William Thomson says so, and that makes it so with the second-hand "scientists" of the American Institute of Homœopathy.

Isn't it a pity, however, that the "bottle-washing" pharmacy should be able to achieve results so disrespectful to "Science!"

Why was *Arsenicum* given? In August, 1895, the patient was living in St. Louis. One day after a hearty dinner he took a prolonged "scorcher's" spin on his bicycle while the thermometer was ranging between 102° and 103°. Reeking with sweat he pulled up before his father's office and took a drink of *ice water*.

The prescription was based upon the *anamnesis*, and the sufferer is satisfied, however it may be with "Science."

Do we hear some little cuckoo chirruping, *Post hoc ergo propter hoc!* Dear young pin-feathered creature, you cannot frighten an old bird with that cry. While yet the green down of goslinghood was upon me I had to treat as severe an abdominal neuralgia as I have ever met. In her agony the patient, a young lady of the bluest blood in the land, kicked off the bed clothing and rolled her snow-white *robe de nuit* in folds about her—neck. Her mother, who was there, might as well have chidden the marble statue of Diana that stood in the spacious drawing-room for conduct so unladylike!

Lord of the poor beginner, help a Homœopath who has waited



for the opportunity to make the lucky "hit" that is the young doctor's salvation! I was never a success in the theological line; but there I was glozing and wond'ring what in \*\*\*\*\*! was the "remedy."

I learned from the mother that her daughter had been subject to these attacks for thirteen years. One Fourth of July the father had promised the young children that if they would forego the usual dangerous fireworks he would take them to the confectioner's that evening and buy them all the ice-cream they could eat. The patient writhing before us had pushed that promise to the very limit of her individual ice-cream capacity, and that very night she was taken with her first attack of this terrible neuralgia.

One dive into the rag-bag of a student's memory, and *Arsenicum* was given. It was not the 30th, but, shade of Hahnemann, how it did the business! For fourteen years afterwards there had been no return of the ice-cream neuralgia. Then that doctor took Horace Greeley's advice and *went West*—to his infinite delectation, as any Michigan homœopathic physician can testify.

In that blessed year of 1861 he had gotten as *high* up the posological scale as the third decimal dilution of *Arsenicum*, and even the Milwaukee Test will not question *that cure*; but what is a grey-head in 1896 to do, when the *thirtieth* dilution of *Arsenicum* does the same trick? Must he hunt for the "atoms" in that dilution, and, finding them not, fling it aside? Or must he acknowledge that the Arsenical *vis* which *did it in the third, did it also in the thirtieth*? The premises from which the prescription was made are the same; the result is the same, to the eternal discomfiture of all the Sir William Thomsons and *quasi* "Homœopaths" that are fooled by the figment of a fictional hypothesis.

*Hypotheses non fingo!* said Newton; "Imitate, but imitate exactly," said he who also wrote: "This doctrine rests exclusively upon experience. Imitate its indications and you will find them true. I ask of you what no author of any *Materia Medica* or system of therapeutics has ever asked before: I ask of you, *most urgently*, to judge Homœopathy by its results."

My dear brother, the lamper eel is classed amongst the Vertebrate only by courtesy; it has no lime salts in its cartilaginous backbone. Feel your spinal column, and if the prominences are soft, take *Calcareæ* crude—say half a barrelful.

S. A. J.

*Ann Arbor, 22d of May.*

### A PECULIAR FOOT CASE.

This case was, to the writer at least, at once peculiar and gratifying, owing somewhat, perhaps, to the fact that he was both prescriber and patient, and had suffered not a little from it for several years.

How long a time that callous place had existed on the ball of my left foot—a little to the left of centre—I have now no means of ascertaining, but know it had been there for a number of years. At first I gave it no thought, but when it would grow too thick would trim it down. It did not pain me at first, though it steadily grew until it became about as large as a five-cent piece, and slightly oblong in shape.

But the day came, about two years ago, when I could no longer trim the collosity (or was it a corn?). When I attempted to do so the knife went right to the quick, showing red. Then the fun began, and slowly but without the least intermission, increased for about a year and a half. When at its worst it presented the following conditions: The callous place was quite prominent and hard but could not be cut, as the knife at once cut into the quick.

In walking if I stepped on the slightest irregularity, such as a pebble or rough place in the pavement the pain would cause me to wince, and often use expressions of a pure Anglo-Saxon origin, owing to the fact that the sensation was about the same as when one's pet corn is stepped upon by a fellow-citizen. When not stepping on anything but a smooth pavement the pain was simply steady and unintermitting, such as is felt from a corn when a tight boot pinches it.

When at home and in slippers, the pain would be of a miserable, dull, aching, burning character, often lasting for hours. Then, too, came a pain as of a sprain around the ankle, probably caused by the fact that in putting the left foot down I would rest more weight on the heel than usual; this fact also probably caused a callous growth around the heel, which in time became quite pronounced.

As affairs developed I noticed one evening that I was blessed with a sudden growth of corns or excrescences, four in number, under the toes of that foot, and apparently more coming. One, the largest, was right at the root of the toe next to the little toe, and it soon gave evidence of its intent by that toe swelling and

becoming more persistently painful than any other part of the foot.

Lastly, the whole foot seemed to swell, not very perceptibly but enough to compel me to discard my shoes and buy larger ones; and friends would say as I hobbled about, "What's the matter? Got the gout?" Which was very agreeable.

I asked advice and took medicine, but all to no purpose; the case grew steadily worse. Among the remedies taken I remember were *Antimonium crud.* and *Arsenicum*. I also tried bathing the feet every night and anointing them with oil, but it did no good, made them worse I thought.

One night last February I was sitting with my feet in a basin of water and rather drearily wondering if I should ever regain the easy use of my foot, or should be compelled to go through life a cripple, when I noticed my pocket medicine case lying within easy reach on my lamp stand. It is one used for many years by the late Mr. A. J. Tafel and presented to me by him with the remark that I had better get new vials and choose my own list of remedies, which I did. Taking the case I pulled out a vial at random—*Lachesis*—put it back and took its neighbor, *Lycopodium* 30. I was at the time seeing *The Chronic Diseases* through the press, and as *Lycopodium* is one of the remedies the world owes to that book, it arrested my attention; I knew nothing about it save its generalities, (flatulence, dyspepsia, etc., etc.,) but in an aimless way drew the cork, gave the vial a tap, when one pellet rolled out on the palm of my hand. Well, "here's to Hahnemann, one is as good as the whole vial," swallowed it and went to bed. Next day I thought no more about the matter, but hobbled through my duties as usual. The second day I realized that for the first time in fully a year and a half there seemed to be a turn for the better; on the third day practically all the pain had vanished, and up to present writing not a sign of it has returned and it has been four months since it ceased.

A week after taking this pellet of *Lycopodium* 30 I was washing my feet and the large, soft growth under the toe next to the little one came off, and in a short time all the others had vanished. A month later the large callous place that started the whole trouble, and which was as large as ever, was pulled off with my fingers—or at least the greater part of it—and now there is only a little thick skin there. Such is my foot case.

Naturally, after I saw the cure was a permanent one I looked up the pathogenesis of the remedy in *The Chronic Diseases*, and, sure enough, there were the symptoms (probably dubbed "chaff" by most of those who have read them) clear enough, *after they had been verified*. But one dose of the remedy was taken. Also this from the *Chronic Diseases* seems to be verified: "A moderate dose operates for forty or fifty days and longer."

E. P. ANSHUTZ.

*Philadelphia, June 23, 1896.*

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### CONSERVATIVE TREATMENT OF HEMORRHOIDS.

I am heartily in accord with Dr. Macdonald's article in the May 15, number of the *RECORDER*, entitled "Danger of Rectal Surgery." I have had many years' experience in general homœopathic practice and with it a good proportion of rectal troubles. I believe the young practitioner in his earlier years inclines to the "glories of surgery" and when a case of "Piles" presents, no doubt his first thought is to "trim" and "cut" or resort to dilatation or in later terms "extirpation of the pile-bearing inch," but if his experience does him any good as the years go by, as it has, I trust for me, and he learns to think independently, he will see less and less necessity for the more violent methods of treatment.

For the last ten years I can not recall a case where I have even dilated the anal orifice. With me I have rarely found a case of hemorrhoids that would not yield to comparatively gentle treatment. Instead of dilatation I give my patient *Belladonna* 30, this with frequent enemas of *very warm* water, will almost surely remove the "spasm of the sphincter," when this fails (which it very seldom does) I succeed with either *Sulphur* 30, or *Gelsemium* 15 or 20 drops in a half-glass of water, teaspoonful once in 3 hours.

A case. May 31st, 1895, Miss C——, from a neighboring town, called me at the suggestion of her allopathic physician as he said he "had done all he could for her case, and that a surgical operation would have to be performed and the piles all cut out entirely." She was a large, fleshy blonde, 22 years of age, with a good family history, although yet fleshy, from the suffering she had endured she had lost considerably of her former weight. Always had good health until two years ago—when



while witnessing a parade in the early spring, she being thinly clad, sat down on a cold stone step to rest; after the procession had gone by, and, after conversing with some friends, she became conscious of an "aching" sensation in the rectum. After a few hours this was succeeded by a *feeling of heat* with sharp pains extending up the rectum and colon; later in the day a violent tenesmus set in prompting to go to stool, but not being able to pass anything; the next day a *dysentery* set in with liquid stools and violent tenesmus. As the family were allopathically inclined at that time, she got "Dover Powders" which palliated the pain and diarrhœa. Some weeks after "she felt a soreness around the anus" with later on "fullness" and bleeding of bright-red blood, bowels constipated; a few weeks passed and then protruding pile tumors showed. Through fear of exposure she put off applying for treatment and kept her trouble to herself. Later on "little abscesses" came around anus, and now her distress became so great that she was obliged to apply for treatment. When I saw her I found the anal orifice looking as if everted, encircled by bluish-red, knotty tumors and a bluish, inflamed circle for at least an inch around. On the left side there were three fistulous openings (the little abscesses she referred to) discharging pus and fœcal matter. There was so much soreness that the least touch caused an intense spasm or contraction of the sphincter, so much so that a digital or instrumental examination could not have been made without anæsthesia, so, for the time, I deferred such examination. The start of the whole trouble was evidently taking cold from sitting on the cold stone step, and thereby sitting up a proctitis, the hemorrhoids and fistula being secondary. Now instead of "operating" I ordered injections of water as hot as consistent with comfort, to be alternately injected and passed until a half-gallon had been used, three times a day. Internally she got *Belladonna* 30x, three times a day; this was to be kept up for a week. On June 7th, 1896, I again saw her, the sphincter was not at all irritable, soreness had almost disappeared and the tumors had shrivelled down to half their former size. I made use of speculum, and digital examination, without pain. I located the internal orifice of the fistula, found the three external openings joined to one stem which opened internally. The anal speculum being already inserted, its blades opened so as to open *over* the internal orifice of the fistula, I now took a slender, soft



silver probe of small size, inserted it from without inward until its point showed between the blades of the Speculum; this was held by an assistant. I then took half-ounce rubber syringe with a nozzle in the form of a partly-curved hook, the hook part being about half-inch; this was filled with a solution of *Argentum nit.* 30 grs.; Aqua dist. ʒj.; it was inserted within the speculum and its beak turned over the point of the probe, the point of which entered the beak or nozzle of the syringe, the probe serving as a guide. Now as I withdrew the probe I pressed on the point of the syringe letting it follow the probe so now I had the point, or hook, of the syringe within the internal orifice of the fistula; withdrawing the probe I placed the point of a finger over the mouth of two of the external orifices and slowly injected until the caustic fluid emerged from the one opening left uncovered—this was repeated with each of the other two in like manner—syringe and speculum were now withdrawn, the patient allowed to rest one hour, when she had her injection of hot water as before, with *Silicea* 6x trit. (B. & T.) once in three hours—the hot water injections to be kept up for a week, three times per day and to lie down most of the time—the medicine continued for same length of time. June 14th I saw her again, “Oh! I am about well,” she said; I found the pile tumors nearly gone; no soreness, not even on defecation; two of the fistulous openings closed, the one remaining just barely noticeable; bowels regular. *Silicea* 6x trit., night and morning, the hot water injections night and morning and to see her in a week again. June 21st, no sign of piles or fistula, no soreness, no pain on defecation, wants to go to work; case dismissed entirely cured and at this writing has remained well.

Mrs. K—, aet. 27. Mother of one child of twelve months. Lymphatic tem., robust appearance, hemorrhoids since girlhood some ten or twelve years ago, anus studded with hemorrhoidal tumors, bluish tumors. Hemorrhoidal veins large and knotty, making inside of rectum at first sight look as if filled with blood clots. Bowels not constipated, but frequent spells of diarrhoea causing intense aggravation of hemorrhoids. No local treatment whatever, but gave *Aloes soc.* 3x, 4 glob. No. 25 (B. & T.) once in four hours for one week, then three times per day for another week; then twice a day for the third week, the fourth and fifth week a dose every alternate day. A ʒj vial of B. & T.'s globules of *Aloes soc.* 3x, st ung out for five weeks, cured the case

entirely and not a vestige of the "pile" difficulty remained, and well now for two years. *Always* give this remedy when hemorrhoids are associated with *looseness of bowels*, but I would advise you to have the B. & T. article to rely on.

Allen H—, aet. 42. Very large, muscular man. "Piles" for ten years. Examined anus; bulged out like the crater of a small volcano; hemorrhoidal veins tortuous, knotty, with appearance as if several of them had bursted, or had been torn open by the hard dry stools, for he had inveterate constipation, and at each passage of stool profuse hemorrhage of dark blood; these appeared to have thus been started were now confirmed ulcers from half to two inches in length, the largest three quarters of an inch inside the long diameter parallel with the bowel. This patient had no trouble with his digestion, but had frequent attacks of palpitation of the heart. No organic disease. While the speculum was introduced I applied the stick *Nitr sil.* to the surface of the ulcers turning the instrument so as to expose each of them in turn. I ordered the hot water injection for one week, gave (B. & T.) *Collinsonia* minus of  $\theta$ , once in four hours, four doses per day to be taken, and to be seen in one week, at which time the bowels were regular, once each day natural stool, no hemorrhage and palpitation all gone; the ulcers red-looking, healing and not half their former size. I continued the remedy at longer intervals as with Mrs. K. At the end of a week he was entirely well and has so remained now for three years—but I wish he "had 'em" again, I didn't get my pay!

I have some typical cases cured with *Æsculus hipp.* and with *Hamamelis Vir.*, but this paper is now entirely too long; but to sum up as to direct treatment for hemorrhoids alone I seldom need surgery, and if surgery at all, nothing more than the curved scissors, and as for remedies, *Belladonna* 30x, *Gelseminum*  $\theta$ , or 1x trit., or *Sulphur* 30x, for the unnatural contraction or spasm of the sphincters; then *Silicea* 6x trit. and 30th dil. for cases with fistula; with diarrhœa or absence of constipation, *Aloe soc.* 3x; with palpitation of the heart or dyspepsia, bleeding, *Collinsonia*  $\theta$ ; with "dry" cases, feeling like splinters in anus, *Æsculus hipp.*; with easily-bleeding cases, bleeds evenly in proportion to amount of local change, *Hamamelis*  $\theta$  to 6x dil. and the "pile bearing inch" remains *right there* but becomes "unproductive." I advise to always use B. & T. remedies, then you are sure of the integrity of your medicines and can anticipate favorable results.

J. A. UTTER, M. D.

Crawfordville, Ind.

**UNIQUE CASE OF DOUBLE CERVICAL CANAL.**

July 31, 1893, I did a curettage of the uterus for recurrent abortion. The patient, then about 23 years of age, had aborted at least three times in as many years of married life. The last time being in the latter part of June.

Upon exposing the cervix in the field of the speculum, two separate external cervical orifices were brought to view, situated about three fourths of an inch apart, one on the anterior, the other on the posterior aspect of the cervix, the point usually occupied by the external os, being midway between the two. Both orifices were quite patulous, and the curette was without difficulty passed through each. From appearances I judged that the last abortion, in which pregnancy was about four months advanced, had taken place through the anterior os, while in at least one previous instance the products of conception had escaped through the posterior.

Twelve days later the patient presented herself at my office when a careful examination was made both by myself and by Dr. O. G. Tremaine, with whom I was at that time associated in practice, with a view to ascertain the precise nature and extent of the anomalous condition. It was found that the points of two uterine sounds passed through the two separate canals could be made to meet just above the usual location of the internal os, but no communication between the two cervical canals could be demonstrated.

It may be well to state that while I strongly suspected specific infection as a cause of the repeated abortions, yet there were present no gross or minor lesions of the genital tract such as might lead the observer to believe that the peculiarity of double cervical canal, as seen in this case, could be other than congenital in its origin.

Thorough exploration discovered no further structural abnormalities of the genital system.

I am aware that cases of double cervical canal have been before reported, but in my reading I have encountered no case in which the relation of the two canals was antero-posterior. Again, it is worth while to remember that this abnormality, when of the belateral variety, is usually explained in accordance with certain embryological considerations. It might be interesting to inquire whether or not a similar explanation may be made to apply in a case like that above described.

L. Q. SPAULDING, M. D.

*Ida Grove, Iowa, May 13, 1896.*

TRAITEMENT MEDICAL DE LA PASSION GENITAL; OR MEDICAL TREATMENT OF THE SEXUAL PASSION.

By Dr. Gallavardin, Lyons. Discussed by Dr. Mossa—  
Allg. Hom. Zeit.

Translated for the HOMŒOPATHIC RECORDER.

Away off in Tiflis, near the Caucasus, our esteemed colleague, Dr. Bojanus, has asked his "touchy questions" deeply affecting the health of individuals as of nations, and lo and behold, already a French homœopathic physician, Dr. Gallavardin, of Lyons, as intelligent as he is experienced, has endeavored to give us an answer to these questions in his lately-published treatise: "Medical Treatment of the Sexual Passion." The immorality which is more and more increasing, especially in the sexual domain, and which in this age brings forth as its most glaring, infernal characteristic the numerous murders due to lust, has finally awakened the moral conscience of all those who have the welfare and prosperity of the nations at heart; and the conflict against immorality has begun all along the line of the civilized world. But we physicians whose duty it is to guard and protect the nation's health and to restore it when in disorder, must not stand to one side in this holy war, but should rather stand in the foremost rank.

Dr. Gallavardin goes before us in this conflict with courage, insight and practical skill. He very properly takes hold of the very gist of the matter. In his work (p. 16) he says: "Physicians, even the most intelligent, have hitherto applied to man only a sort of *veterinary practice*; for they have always treated only the animal, the material being. In the first twenty years of my practice I did the same, faithfully following the precept and example of my teachers; but during the last twenty years I have treated, beside the animal in man, also his moral and intellectual nature, and have thereby found out that in this way a man's character may be improved and his mind developed. There are altogether six agencies for moral and intellectual culture, three immaterial ones, religion, education and instruction, and three material ones, medicine, nourishment and climate. But experience has taught me that only two of these can be applied daily, religion and medicine." These two agencies are ever and anon useful even in bodily disease. So also Prof. Bern-



heim, in Nancy, says: "Among all the causes which affect the powers of imagination, and put in motion the cerebral mechanism of possible cures, none is as effective as *religious belief*. A number of well-authenticated cures are doubtless to be ascribed to this cause."

The author then proceeds to adduce some examples to show the effects of the indicated homœopathic remedies on predominant passions, on defects in character and intelligence. Of remedies from which choice can be made in the antipathies springing from the natural divergence of two persons he mentions:

*Calcarea carbonica, Ammonium muriat., Nitri. acidum, Causticum, Aurum, Crotalus.*

In his work on the "Treatment of Alcoholism,"\* he has mentioned the moral and remedial agencies which may be applied against mania for drunkenness. But we now come to the leading subject of the work under consideration: *the sexual passion*. As a man of exact science, Dr. Gallavardin first started with experiments and, indeed, first on animals. The animal side of man also plays an active part especially in this passion.

He experimented on the females of three species of animals. He succeeded in interrupting their rutting state for five days by the 30th dilution of *Platina*. By the 200th potency of *Causticum* their rutting was prevented, or the rutting season was delayed by ten, sixteen and twenty days; yea, even for several months.

"I have been able," says the author, "to arbitrarily prevent or delay the play of these animal functions also in the human species. Nevertheless, I must confess that this procedure is more effective with animals than with woman or man; the reason of this is that in animals the sexual passion is excited only by the senses, and this may perhaps be more easily assuaged or rather dispersed by medicaments. But with man and woman there is also a sexual passion (lasciviousness) excited through the imagination, and this is more difficult to assuage than the sexual passion excited through the senses.

"Concerning this subject a clergyman made to me the following confession, which is to be carefully weighed: 'When I practice continence alone I suffer from it; but when I practice at the same time chastity, the continence of the spirit and of the imagination, I do not suffer anything from practicing continence.'"

When the author then further on, nevertheless, recommends

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\* Boericke & Tafel, 1890.



some medicaments against the sexual passion excited through the imagination. some readers may, indeed, object that he wishes to treat the soul with medicaments. But the author in answer alleges that all passions have a corporeal-spiritual nature. To those who would perchance raise objections against the particulars cited as to animal functions in man (the author here refers to non-physicians), or those who would lament the wretchedness of human nature without coming to man's help, the author very appropriately quotes Paschal: "Man is neither an angel nor a beast, and unfortunately he who would act the angel acts the beast."

The author then treats the remedies to be used in masturbation. On page 17 he says: "The first person who discovered a remedy that in a certain sense may be considered as a specific against sexual passion was a clergyman of Mizza, the founder of an orphan asylum. This remedy is *Origanum majorana* (our common marjoram), which proves effective in masturbation and in excessively-aroused sexual impulses. The author uses it in the 4th dilution, as he has not found the higher potencies effective. He dissolves five or six globules of this dilution in four teaspoonsful of fresh water, and the young masturbator takes of this every two days a quarter of an hour before the meal one teaspoonful. If the cure is not accomplished eight days after this solution is used up, the same dose is repeated in the same way. When desired, this remedy can be used, according to the author, without the knowledge of the patient, by pouring a teaspoonful into the breakfast, the soup, milk or chocolate.

The effect frequently appears very rapidly, but sometimes it does not appear. Then we may choose among *China*, *Pulsatilla*, *Nux vomica*, *Sulphur*, *Coffea*, but especially *Staphisagria* and *Causticum*.

These remedies are used in the 30th dilution, four or six pellets being put on the tongue and well chewed (? Ref.), one dose being given every six, eight, ten or fifteen days. With grown and vigorous persons he gives the 200th dilutions of these remedies, as these have a deeper and more lasting action, making it too strong for young and weakly persons having less power of resistance. The 200th potency is only given in *one* dose at greater intervals of seven, ten and twenty days. Some observations now follow in explanation of the mode of action :

*Observation IV.* In a child of ten years that practised mastur-

bation occasionally, the author prescribed *Origanum* 4, but without effect; then *Causticum* 30th, five or six pellets being put on the tongue every eight or ten days. But this remedy, to which this patient was exceptionally susceptible, caused with him a nervous superexcitation. From that time he needed only one dose of *Causticum* 30th when he practised masturbation, and this was only repeated when the desire for masturbation returned. Used in this manner the remedy was equally effective as a preventative and for cure.

If the author, in any definite case of masturbation, in choosing among the seven above-mentioned suitable remedies, in any one particular case, presents the characteristic somatic and physical characteristics as of the chief importance, this is the genuine Hahnemannian method. We are only sorry that we cannot always clearly detect this from his various cases of cures. But in the following case it appears very clearly:

*Observation V* (p. 31). A woman who had practised masturbation before, and even during her marriage, did not cease from it in her widowhood. As she showed much restlessness and nightly insomnia, Dr. Servanin Lyons, prescribed for her *Coffea* 6, and this remedy was sufficient to cure her from her restlessness and her sleeplessness, and also from her deeply in-rooted vice. *Coffea*, indeed, has those prominent symptoms in a higher degree than the other six remedies.

*Observation VI.* A young woman came to Dr. Gallavardin to get his advice for herself, her husband, and for her father-in-law. The woman had come more and more into a state of sexual excitation, as her husband did not satisfy her. So she came to practise masturbation, after which she would weep bitter tears. She received *Pulsatilla* 200 one dose, repeated three times. This quieted her erotic superexcitation and especially restrained her from masturbation. Her husband, although in his 40th year, saw her only once every nine months, and in bed would turn his back to her—not a sign of love. He received, without his knowledge, a remedy (it is not stated what one) in the 200th potency, which caused him to show more inclination to his wife, and to better perform his marital duty. To this trouble was added the father-in-law of this young woman, a lewd old man, who would have liked to have made her his mistress, and had already made several ineffectual attempts in this direction. It was not easy, the author remarks, to quiet down this aged volup-

tuary by remedies given him without his knowledge—*Causticum* 200, *Cantharis* 200 and *Phosphorus* 200. When we see such a picture of the grossest immorality in a family presented in novels and dramas of our modern “green” forced naturalists, we deem it the out-birth of their morbidly, over-excited fantasy. But here we meet with it as a most gross reality.

This threefold observation well shows the deep importance of a homœopathic treatment of the sexual passion from a moral as well as a social point of view. The author then gives some examples of *libido sexualis* almost amounting to satyriasis with some married men, but also with some unmarried ones. Of ethnological importance is what he relates of the negro tribes. With these, voluptuousness appears as an inherited vice. A missionary told the author of a negro chief who had one hundred wives and four hundred children, those who had died being probably omitted from the count. In consequence there were at that time three or four hundred men in that country who had no wife. On account of this unbounded *libido sexualis* it has not been found practicable to choose any clergyman from among the natives.

*Origanum majorana*, which is so frequently effective in masturbation, has also shown its efficacy in many cases of excessively excited sexual impulse.

The following indications are of practical use. Among the remedies useful in observing continence and in quickening the activity of the understanding, the author enumerates: *Alumina*, *Causticum*, *Conium*.

To remove the sexual desire excited by the imagination, the following remedies deserve consideration: *Conium*, *China*, *Platina*, *Nux vomica*, *Lycopodium*.

While the following remedies correspond more to the sexual desire over-excited through the senses: *Causticum*, *Phosphorus*, *Cantharis*, *Belladonna*, *Platina*, *Veratrum*, *Stramonium*.

The practical examples adduced by the author show facts highly interesting to the psychologist—yea, for every physician—and they point out a large and blessed sphere of operation for the homœopathic method of treatment.

As we cannot exhaust the material offered by the author, we must leave this to the study of our colleagues; but it remains for us to bring forward the author's answers to the questions offered by Dr. Bojanus: “What means are at the disposal of the

physician to make the sexual continence observed by the youth more endurable to him?" The mode followed by the author clearly appears from what has been said already. The means which he uses for the attainment of this end are psychical, remedial and dietetic in their nature. First of all an education and discipline of a religious and moral nature, making the heart pure and the will strong, first, at home, then in school and at church; no effeminacy, but hardening the body, especially the muscles and the nerves; so that the continence of the body springs from chastity. To this are added the remedies selected according to their pathogenetic virtues affecting the sexual sphere, used according to the homœopathic principle, which have it in their power to moderate the *nixus sensualis* and to assuage the inclination to masturbation. As a third factor, is added a proper diet. Next to the irritants: coffee and tea, (but also chocolate ref.) and alcohol, the author mentions especially a *fish-diet* as producing a high grade sexual excitement with many individuals having strong erotic tendencies; since it produces a plethora spermatica, which renders continence very difficult and strongly impels to masturbation. For others, again, a meat diet is an aphrodisiac. The physician must therefore endeavor to regulate the diet as much as possible according to the particular circumstances of the case involved.

That the author should consider the pollutions occurring in a man living in continence as a safety-valve which enables him to preserve his sexual, moral and intellectual tranquility, is quite appropriate. Another significance, however, already more of a pathological nature, attaches to the frequent pollutions which result from a weakness of the sexual organs, especially in consequence of masturbation; in this we, ourselves, have found *Lupuline* in a low trituration in many cases the most effective remedy. But what relation then have the hops contained in a greater or smaller proportion in our beers to the sexual organs? Does this constituent serve as an antidote against the alcohol, or does it join hands with it and increase in conjunction with it the *nixus sensualis* which with beer drinkers is surely quite prominent?

To cure a patient without his knowledge, or even against his will, might seem utopian, if we should be inclined to generalize about the matter. But what physician has not been supplicated by a wife to give her a remedy for her drunkard of a husband to free him from his evil passion? I, myself, can report in this



respect only one successful case. The symptoms in this case spoke very plainly for *Arsenicum*. I prescribed this remedy in the 6th potency, six drops in a glass of water, of which the wife should give her husband, as well as she could manage, one tablespoonful every morning and evening. This remedy after some time had, indeed, the desired effect. But to give the remedy as this author does, in coffee or other beverages which are not indifferent, under circumstances which yet are often most puzzling, we consider risky. We cannot even acknowledge the high potencies as having so great a virtue that they can nevertheless unfold this undisturbed by the side of the effects proper to these menstrua. The clinical experiment in such a case is then in any event not a pure one, nor free from objections.

In answer to an objection, that the cures reported by the author may have been effected *per suggestionem*, he replies that these cures also took place in little children, who are much less liable to be influenced by suggestions than adults, as they are also on the whole much more difficult to cure from sexual errors through the appropriate remedies. Besides, if physicians should really be able to assist such patients by suggestions, both parties could only be congratulated.

Though our author seems to us somewhat sanguine in various directions as to the efficacy of his method of treatment, he is not so self-confident as to expect any rapid acknowledgment, or even experiments, on the part of his French colleagues as to the treatment which he represents with respect to sexual passion. On the contrary, he is well aware, and laments bitterly, that discoveries, even the most beneficent for mankind, find great difficulty on our continent in being examined without prejudice and in being recognized as to their practical importance; he, however, gives great praise in such matters to the practical common sense of Americans.

So much we are assured, after carefully examining the *Traitément médical de la passion génitale*, that the author is a man of penetration, of a pious, philanthropic heart, gifted with acute observation as well as practical common sense, who, although disposed to mysticism, has a clear perception of reality. Though we may find here and there in his treatise a point which does not touch us sympathetically, or views that may seem strange to the reader, nevertheless, the quintessence of the work has, in spite of all this, a high value for the physician—yea, for the cause of morality in human society and the family, as well as for single individuals.

**DO WE PRACTICALLY FOLLOW HAHNEMANN?**

We are sorry to read the following lines in an allopathic work:

“There is reason to believe that the system of homœopathic treatment is now on the decline, owing probably to the introduction of more liberal views among the medical men generally. It is worthy of remark that not a few Homœopaths practice both systems; and their patients may be treated allopathically or homœopathically, as they prefer.” These few lines set me in deep contemplation to ascertain the reasonable cause of such remarks in the work. “The introduction of more liberal views among the medical men generally,” is the cause of such remarks, which are not without foundation. To a true Homœopath such “liberal” views are evidence of nothing but ignorance of the principles of the homœopathic system of medicine, which gives them an opportunity to make such a bold remark. We, too, agree with them as to this sort of practice. None of us can have any right to repudiate it for our violating the following rules in the *Organon* and *Chronic Diseases* that is :

First never treat your patients after the names of diseases. If you do so, you take only one symptom in common (*vide* Secs. 80, 81 of the *Organon*).

Second, never take physiological lesions as diseases themselves caused by disturbed vital force, for it is totally set apart by the discoverer of our system of medicine, that is, he set no value on anatomy and physiology.

Third, when the totality of symptoms accurately corresponds with drug symptoms, and your patient does not recover, you must suspect that latent psora is the cause that stands as an obstacle in the way of recovery (*vide* *Chronic Diseases*).

Fourth, the last one is the alternation affairs which we call to be unscientific, though Hahnemann took one drug in alternation with another in his own person.

When we come to the Secs. 80 and 81 we think we are Homœopaths of ourselves; we have no one to guide us, though our great master is living in his illustrious work, the *Organon of the Art of Healing*. Does he not say that “An unbiased observer, though of unequalled sagacity, impressed with futility of transcendental speculation, unsupported by experience, observes in each individual disease only what is outwardly discernible

through the senses, viz., changes in the sensorial condition (health) of body and soul. A physician striving to penetrate the inner condition of the organism may err every day. The Homœopathist, on the contrary, after having carefully comprehended the totality of symptoms possess an infallible guide, and when he has succeeded in entirely removing all the symptoms he will certainly have cancelled the internal obscure cause of disease. Pathology has given rise to many misapplied and ambiguous names, each of which is applied to many different morbid conditions, often having but a single symptom in common, such as ague, jaundice, dropsy, mania, cramp, paralysis, etc., which are described as fixed, unvarying diseases, and treated by names according to undeviating routine. Is it justifiable to base medical treatment on a mere name? Or, if it is otherwise, why is the same kind of treatment always predetermined by identical names? If, however, names of diseases are occasionally needed for the sake of brevity, they should be used as collective names, as, a kind of ague, a kind of jaundice, etc., for fixed and unvarying diseases with names have actually no existence." Notwithstanding these scientific reasonable instructions, do we not treat glaucoma, paralysis, hysteria, etc., according to the mere names.

To turn to the second point, we see till the year 1827, before Hahnemann communicated the most important part of his discoveries relative to the treatment of chronic diseases, it was quite insufficient to effect a durable cure of them, even when by homœopathic remedies, the symptoms of which correspond most accurately to those of diseases. From this time we came to understand the great value of the treatment for our constitutional diseases, the mainspring of which is psora, sycosis and syphilis. Hence he found antipsoric, anticycotic and antisymphilitic remedies. In these remedies the homœopathic system of treatment has a great triumph over other system of medicine, though we, living in quite oblivion as to this psoric theory, unknowingly administer them. Some among us flatly deny this. The theory is as true as I write (*vide Indian Homœopathic Review*, on "What is Psora and Whence it Comes").

Respected dear readers, would you kindly allow me to say, why our illustrious teacher was assiduously employed day and night of the long two years, 1816 and 1817, to discover the reason why the homœopathic remedies which were then known did not effect a true cure of chronic diseases, notwithstanding

the symptoms of which most accurately corresponding to them? Undoubtedly for want of the knowledge true theory. Father of New Remedies says that one remedy paves the way to recovery and another completes the cure. Our humble selves would say one remedy paves the way to recovery, removing the vital disturbances caused by psora, sycosis or syphilis, and another completes the cure. If we treat our patients in disobedience to this theory the heteropaths may rightly call us symptom hunters. We must hunt psora, the hydrahead monster that infest human system, and which is a great fountain of seven-eighths of the cause of all chronic diseases and the rest caused by the other two.

As to the alteration affairs, we beg leave to say, adhering to the scientific views of our master, that it is natural two similar diseases cannot meet in the same system at the same time, repelling each other. But this is not the case with dissimilar diseases, as they cannot obliterate each other, occupying different regions of our system. Whenever two or more dissimilar diseases meet in a body the stronger one always suspends the weaker (provided they do not combine, Sec. 40 of the *Organon*), but they never cure each other. In the first instance, they are cured by homœopathically-selected remedies, but in the latter case the treatment should be conducted by alternating the drugs according to developed symptoms in patients (*vide* Sec. 232 of the *Organon*). As there may be many diseases dissimilar in the same system, some may lie dormant owing to the greater intensity of some dissimilar ones, there is every possibility that the weaker diseases may regain their strength and appear one by one in rapid succession to kill their victim, when the stronger one is weakened by some morphic potency. Hence it becomes sometimes absolutely necessary to administer homœopathic medicines in rapid succession, in alternation, according to the developed symptoms of diseases of a patient a prey to them; nay, considering the spirit like power concealed in drugs and inconceivable rapidity of their actions through all parts of the organism, why should we fear to administer remedies in alternation (*vide* Secs. 20 and 288 of the *Organon*).

A few friends among us are ready to give a death blow to such a practice as alternation of remedies, setting aside the scientific views furnished by Hahnemann, who wrote a letter about his recent illness, dated the 24th of April, 1830, to his friend Dr. Stapf, that "*Stapisagria* and *Arsenic* several times in alternation



set me right." Again, in another letter to the same friend (March 17th, 1834), he says: "For Dr. Lehmsteadt I advised to alternate *Platina* with *Hepar* and *Toxicodendron*, leaving each medicine to act for fifteen days." Some of our friends misinterpret the meaning of the phrase that to administer one medicine in alternation with another is to use them "by rotation." What does the very phrase "by rotation" imply? Does it not mean to take medicine in alternation at long intervals in chronic diseases?

For reasons mentioned above our humble selves come to the conclusion of our master, that "Some physicians, who would like to be regarded as Homœopathists, have erred so far as to endeavor to combine allopathic routine and homœopathic practice.

\* \* \* The mainspring of this mixed practice is frequently to be found in desire for gain or other ignoble motives." The application of homœopathic principles appears easy, but is in reality most difficult and irksome. It demands most careful thought and the utmost patience, but these find their reward in "speedy and permanent recovery of the patients" (*vide* Preface to the fifth edition of the *Organon*).

Now, our humble prayer to our learned homœopathic public is, that they will kindly take the trouble of saving the spirit of Homœopathy by clearing our doubts as to the four points in question.

NILAMBAR HEIN,  
Homœopathic Practitioner.

*Serajunge, Bengal, India, April 25, 1896.*

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### ECHINACEA IN PUERPERAL SEPTICÆMIA.

What malignant diphtheria is to the child—what smallpox, cholera, and yellow fever are to the human race in general—septicæmia is to the puerperal woman, one of the gravest misfortunes that can overtake her. The unusual severity and fatality of this condition has rendered it one for which remedy after remedy has been tried—some with a modicum of success, others wholly without results. Some remedies have been praised for a time, but only to eventually pass into oblivion. It is with caution, therefore, that we accredit any new remedy with curative power in this dreaded disease. Still it is a condition we

must face, and we should ever be on the alert for new resources, for "some good fishes are still in the sea."

So far as we have had experience with this foe of the puerperal state, we have concluded that without absolute cleanliness no remedy will accomplish any marked results. We have met with cases which had taken on symptoms looking toward speedy dissolution; yet with persistent douching with hot water, to which had been liberally added a solution of *Hydrogen dioxide*, and the administration of teaspoonful doses of a saturated solution of *Potassium chlorate* added to a large draught of cold water given about every hour, we have observed the stench pass rapidly away, the temperature fall in day from 105° to nearly normal, and the marked excitation of the nervous system brought fully under control. By keeping up the treatment with the douche, and the solution of the *Chlorate* at lengthened intervals as needed, we have observed rapid and excellent recoveries. Even the *Chlorate* alone will produce a remarkable change in very brief space of time, in cases exhibiting the cadaverous fetor. Though accredited with deleterious effects upon the kidneys, we have failed to observe any renal complications whatever under the circumstances.

Now a "new Richmond is in the field." *Echinacea*, one of our later accessions, which is unstintedly praised in various septic states, and depraved conditions of the blood, and a remedy which we will review in a future number, has been used in this disorder by one of our most conscientious and skillful practitioners in Kansas. The fact is mentioned here to stimulate inquiry into the action of the drug, that we may determine its value in this complaint. We append the doctor's statement, withholding his name simply because he has not authorized even the publication of his statement.

"Some two months ago a confinement case ended beautifully, but the third day a peritonitis with absorption set it, and in a few hours I had the sickest woman on my hands that I ever saw. She had hot fomentations, sedatives, and *Bryonia* and *Baptisia* in one glass, *Echinacea* in the other, alternated every half hour, and then, as the fever gave way, at longer intervals. The woman made a nice recovery, and was up at the regular time."

"Six weeks after,—a breech presentation. I called an assistant and we got the baby safely. Woman was in good shape

apparently, but on the second day, developed a serious septi-cæmia. Was very sick for three days, with prostration of nerve force—a strong *Rhus* case, with duskiness. Gave her sedatives, *Rhus* and *Baptisia*, alternated with *Echinacea*, fifteen drops every two hours (hourly at first). *Asepsin* and *Potassium chlorate* injections controlled the odor of the discharges. Nice recovery. What was it? *Echinacea*, I think, principally. I gave it until the teeth felt sore, but derived great benefit from it. I have seen no accounts of it being used in this complaint. I know two swallows do not make a summer. These cases were dissimilar, but in both there was absorption of putrid material which seemed to yield to *Echinacæe*, as in carbuncle.”

We hope that those who read the above succinct statement will remember *Echinacea* in time of need, and report upon it, whether its action be favorable or unfavorable. In many septic disorders it has proved a remedy of signal value, and we should be inclined to think favorably of it in puerperal wrongs.—*Eclectic Medical Journal*.

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## SOME POINTS ABOUT HELONIAS DIOICA WORTH KNOWING.

Of internal remedies we have many, but first of all comes *Helonias dioica* (false unicorn).

In the 13th edition of the *U. S. Dispensary* we find its botany, history, chemistry, pharmacology and therapeutics occupying six and one-half lines. The *American Dispensary* gives a page and a half, and yet the properties of this plant can be summed up in two words—uterine tonic. Of course we have a great many uterine tonics, but this is *the* tonic of all. I believe that I was the first physician of the regular school to advocate the treatment of sterility by internal remedies [*Universal Annual*, 1891, Vol. 2, J. 2], and my ideas then met a great deal of doubt and some ridicule; but I notice that it is coming more and more into vogue on account of the good results achieved. Now, “give the devil his due!” I advocated then as I advocate now, the use of this plant in the many conditions where it is indicated. The action of this plant is manifold, and yet the conditions to be treated are almost always associated together. Its action upon the stomach reminds me of the simple bitters, and it succeeds very nicely as a stomachic tonic in chlorosis and

anæmia—oftentimes better than *Quinine* and *Iron*—undoubtedly on account of its action upon the kidneys and uterine organs at the same time. While its action upon the lymphatic system is not so profound as is *Mercury* or *Phytolacca*, it is none the less thorough.

In these days of Bright's disease and other kidney troubles, the action of this plant should be studied. I know of no remedy that will reduce albuminuria and the attending pain and soreness of the lumbar region as permanently, if given in small doses of a good fresh preparation, as this plant will. Its effect is simply immense. Generally it will increase the amount of urine for several days and then the beneficial effect will be seen. If the urine is unduly alkaline it will soon restore it to its normal acid condition; the amount of albumin of urine, and the number of times of voiding it—all are reduced in due season, and a great many of the attending symptoms become less prominent; both the heart and head are affected though, I believe, only by removing the actual cause of disease, not by any direct action upon these parts. It is not a diuretic in the same sense that several other remedies are; for instance, *Potassa nitratis*, but acts more upon the principle of *Quinine* and *Phosphoric acid*—that is as a general tonic; and in almost all diseases of the kidneys, whether nephritis or diabetes, I recommend its trial. In this chapter, I ought, perhaps, to confine myself to the use of it in uterine disease, but whoever saw a case of this kind that did not have the backache?

I can not mention *Helonias* without a certain case comes into my mind, generally to create a smile. Mrs. T. was "fair, fat and forty"—or a year or two more (her youngest and only child was over twenty years of age)—when she had occasion to consult me about a "dull aching back," the usual leucorrhœa, "bearing down pains," etc., ad infinitum.

I prescribed *Helonias* and warned her at the same time of the possibilities of her becoming pregnant again as one of the results of the use of the remedy. She laughed right out, of course, and enjoyed quite a joke at the doctor's expense among her friends; but imagine her horror when she found herself in that very condition in less than six months after.

*Helonias* is indicated in all atonic conditions of the female organs, and may also be of use in males; but my observations have been somewhat limited in the latter cases.



Thus I will try to make it clear that it matters not whether the disease be called amenorrhæa, dysmenorrhæa, menorrhagia, metritis, endometritis, or by any other name, as long as the disease depends upon or is associated with an atonic condition of the female organs, *Helonias* is indicated either as the principal remedy or as an "accessory before the fact," as the lawyers say. — "Country Doctor," in *Journal of Medicine and Science, Portland, Me.*

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## GERANIUM MACULATUM IN HÆMOPTYSIS.

By C. J. Wendt, M. D., New York.

This drug has lately received some attention from the profession in the treatment of hæmoptysis, and clinical experience with it in the phthisis wards of the Metropolitan Hospital has shown it to be a drug of great value in the treatment of this symptom.

In order to check this constant drain on the system we must employ some drug possessing decided astringent qualities.

Experience has demonstrated conclusively that to accomplish this result we must use one of the vegetable astringents, as minerals have little or no power over the condition.

Most vegetable astringents owe their power to the fact that they possess *Tannic* or *Gallic Acid*.

*Tannic acid*, possessing the power of coagulating albumen, can obviously not be used with advantage except it be applied locally to the bleeding spot, such as the alimentary track, or the surface, where it is of decided value.

Chemical analysis of the blood, after the administration of *Tannic acid*, has developed the fact that the *Tannin* does not appear in the circulation as *Tannic acid*, but has been changed over to *Gallic acid* before being absorbed.

*Gallic acid*, possessing as it does, astringent qualities, is by no means so powerful as *Tannin*; but at the same time it has no power to coagulate albumen, hence may appear in the circulation without danger.

*Geranium maculatum* has been found to contain about 30 per cent. of the *Gallic* and *Tannic acids*, and among other things, gum, resins, sugar, starch and albumen.

That its action on the mouths of bleeding vessels depends entirely upon these two acids is not certain, as the administra-

tion of either acid, alone or combined with the other, will not yield the same result.

It has been customary to prescribe this drug in from 2 to 5 drop doses of the tincture, repeated every two hours, upon the first signs of blood in the spectrum, and the results have been uniformly good.

A few doses generally suffice to stop the flow, and only in cases of long standing has it been found necessary to continue the treatment over any length of time.

In such cases the influence of the drug manifests itself by a change in the character of the expectorated blood, becoming darker, clotted and much less in quantity.

In one case of phthisis pulmonalis, admitted with a history of continuous expectoration of blood for four days, and within twelve hours previous to entrance had lost a cupful of bright-red blood, was treated with this remedy, and although within twelve hours a second hemorrhage occurred, during which three ounces of blood was lost, no further trouble was experienced for at least ten days, when a few streaks were noticed, and promptly caused to disappear by a few doses.

As many as fifty cases have been so treated in the last two months, and in only one case has it failed to control the flow; this being a case of four months' standing, and under the action of the remedy is slowly improving.

Not only in phthisis is this of value, as the same result has been obtained in cases of bronchitis and passive congestion.

Hypodermatically, *Geranium maculatum* has not been used as far as known. Experiments on animals are now being conducted in order to determine whether or not its direct introduction into the circulation is attended with danger.—*New York Medical Times.*

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### THE EXAMINATION FETICH.

Our British friends seem to have waded deeper than we had supposed into the pool of faith in the omnipotence of examinations. This appears from a speech made lately by Mr. Teale in the General Medical Council on the occasion of his submitting the following notice of motion:

“That the present system of accumulated examinations and the enormous increase in the number of rejections resulting

from it are not only unjust to the student but damaging to medical education; therefore, that the time has arrived when the General Medical Council should consider: (a) How far examinations and the occasions of rejections can be reduced in number; (b) how far, while maintaining effective examinations in those subjects which it is essential that every medical man should 'know' and 'retain the knowledge of,' it is possible to withdraw from the sphere of public examination several other subjects which it is desirable that every medical man should 'know about,' but with the details of which he need not permanently burden his mind, the 'bird's-eye survey' of such subjects being insured by compulsory short courses of lectures with class examinations certified by the teacher."

In the *British Medical Journal* for June 6th we find Mr. Teale's remarks printed in full. Taking final examinations only, it seems that the percentage of rejections has been increasing steadily for more than thirty years. In 1861 it was 12.4; in 1876, 22.2; in 1880, 28.9; and in 1892, 38.9. The student's real education is neglected in the all absorbing grind of cramming for examinations. He is unable to avail himself of clinical opportunities that are far more important than the greater part of the book-knowledge with which the examinations deal; consequently, when he goes into practice as somebody's assistant, he is found full of knowledge of bacteriological methods, but very deficient in powers of observation. He is learned, but not wise. Mr. Teale says the examinations are too exacting and that they are conducted in too hurried a manner, also that many of the questions are unsuitable, some of them even misleading. Good men fail to pass, and unfit men, having a talent for cramming, manage to answer the questions a little too well to warrant the examiners in plucking them. On these points, Mr. Teale quotes the following passage from a report of Sir George Humphry:

"The burdening of the memory with mere facts, which have no direct or obvious connection with science or practice—with facts, that is, unassociated with ideas or practical utility—is on the whole of little value educationally or otherwise, and such facts make but a transient impression on the memory. Laboriously crammed together, with efforts worthy of a better purpose, they are with difficulty held until the examination crisis, and then quickly escape with little regret at their departure. Indeed,

the examination in each subject of profession study should be restricted to the general principles and the more important facts of the science, and should be of such a character as to induce students, in their preparation for it, to observe and think for themselves more than is now commonly the case. The examinations should be regarded from an educational point of view, with reference that is, to the influence which they are likely to exert upon the character, the education, and the mental training of the students who are to come after, as well as with reference to their being a test of fitness for admission to the *Medical Register*."

As regards the interference of the system with clinical work, Mr. Teale quotes the following passages from an introductory address by a Dublin surgeon, Mr. Tobin, delivered at the opening of the sessions of 1895 to 1896 at St. Vincent's Hospital: "It thus appears that there are two stages in the curriculum—a preliminary scientific stage and a stage devoted directly to medical problems. It is with this second stage that I, as a hospital teacher, am most concerned, and the question that I ask you to consider with me to-day is this: Does the student spend his time during this stage to the best advantage? As far as I can see he does not. For in place of being relegated to the hospital for his training during this second period, he is obliged to attend the school for theoretic lectures in medicine and surgery, and for examinations in connection with these lectures, and these examinations so dominate his views that he spends his time in hospital, not watching the changes in his patients, but on the lookout for ready-made answers to questions. If urged to make records of cases, he does so reluctantly, for he knows that from an examination point of view it does not pay; and if, toward the conclusion of his course, he is offered the position of resident pupil in a large and busy hospital, he often refuses it because he is going in for his 'final,' and, of course, the one thing essential is to pass. His medical education therefore, notwithstanding a large amount of hospital attendance, is literary rather than practical." "Moreover, education, as at present conducted, teaches us to see with the eyes of others rather than with our own." "Further, the regulations are armed with a revolver in the shape of examinations, which enforces the obedience of students. Nothing else could keep alive such a system—one which, as it were by violence, keeps theory and practice apart."



Mr. Teale's criticisms, we fear, would apply elsewhere than in England. We think there is too great a tendency in the United States to make the final examinations unnecessarily difficult to pass and unpractical in their character. No medical student who comes up for the degree can be expected to have at his tongue's end sixty per cent. of all existing medical knowledge. The examinations are directed too much toward finding out what a man's stock of memorized facts amount to, and too little toward ascertaining how far he has learned the art of studying by himself and how well qualified he is by natural gifts.—*New York Medical Journal.*

### WHY DOCTORS ARE NOT MAKING MONEY.

The following from the *Medical Record* is well worth chewing over:

"In these times of depression of professional business it is some comfort to be able, in a measure at least, to explain causes, even if it may appear to be impossible to effect cures. It is safe to assert that there is an ominous decline of patronage in every department of professional work. Very few if any of the hitherto successful practitioners are overworked. The falling off of receipts averages from a third to a half of those earned in previous years. Hard times explain this in a great measure, but not altogether."

"The average number of sick is no less than formerly, but there is a growing disposition to avoid the so-called calamity of adding a doctor's bill to the other general and pressing expenses of household necessities. The man who formerly paid the physician a modest sum gets advice free in the dispensary, or pays a small bed fee in some of the many so-called hospital charities and has his medical and surgical advice thrown in free of extra charge. Many of the large hospitals are run on the cheap boarding-house plan and openly compete with the family physician by reducing medical service to the lowest level of volunteer gratuity. This, however, is an old story, which hardly gives excuse for rehearsal save in connection with the fact that the practice upon which it is founded is steadily increasing to alarming proportions."

"Medical charity is now a well organized business with plenty of capital behind it, and it is necessarily run on business principles. The hospital managers with patronizing smile tell the

poor doctor that he is no business man; the doctor admits it, and with hat in hand begs for an opportunity to give his services free. He cooks the meal and grovels for the crumbs. There is no so-called trade protection in this much-lauded charity business that applies in any way to the medical man who is struggling to make an honest living. A dispensary with half a million behind it must necessarily imbue itself with a commercial spirit. There is very little sentiment in such a game. The bluff is higher education, the hollow echo a broader humanity."

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### TABLET QUACKERY.

Since our presentation of the pharmaco-therapeutic relations of the tablet triturates last year there has been in some quarters an awakening to the dangers that threaten medical practice through an extension of this form of medication.

Despite the fact that some manufacturers are exploiting the tablets "for all they are worth," they are being severely let alone by many physicians who were at first attracted by this "machine made," "cut and dried," "disease to fit the remedy" plan of "doctoring made easy." The firm that enjoys the dubious distinction of having first introduced such tablets to the medical profession has replied to our criticism in their "Notes," but instead of answering a single one of the arguments advocated against the tablets, have laboriously endeavored to misrepresent our positions relative to the numbering of tablets. This firm proudly boasts that one of our statements relative to the use of the tablets by physicians, viz.: "That they are popularizing the form of self-medication; the tablets now being put up and numbered according to the disorder for which they are recommended," does not apply to its (this firm's) make, but that these observations "are based upon tablets which have gained prominence in the last few years." The statement was based upon the observation that non-medical persons select various combinations of remedies from titles by which these tablets are designated, as indicated by the particular disease for which they are recommended. Furnished with a catalogue containing description of remedies from "absorbent dyspeptic" to "vaginal astringent," it does not require much ingenuity on the part of any fairly intelligent member of the laity "to pick the winner;" without paying the physician for making a selection for him.

In a recent catalogue issued by a certain firm, there are one thousand formulas, nearly one-half of which are designated by therapeutic titles. Most of these formulas show either profound disregard for pharmacy, or a wilful desire to mislead the medical profession. Some of these examples are of a character to bring the dispenser within the pale of the pharmacy law, or an anti-adulteration act. A number of these formulas purport to contain highly volatile liquids, which to anyone the least familiar with pharmacy is shown on its face to be either a physical impossibility to combine in the form of a tablet, or after being combined or prepared, would, from their very character, rapidly volatilize and leave a more or less inert tablet.—*S. C. Hallenberg, in Proceedings of Illinois Pharm. Asso.*

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## PASSIFLORA IN THE CONVULSIONS OF PERTUSSIS.

CASE II was an extremely severe one. The patient, a child of two years, was having its third fit when I first saw it. The cough and strangling were very bad. I gave the usual remedies on customary indications, but without the least apparent effect. This was followed by a fruitless resort to almost anything in the way of medicine until the little patient had had *fifty-two* convulsions in all. They were of varying degrees of severity, with great rigidity, total unconsciousness, extreme cyanosis, and threatened death with every paroxysm. Indeed, at one time the father, believing the child to be dead, sent out a telegram to some relatives to that effect. I drove seven miles to see the child while it was in that fit, for they always lasted from fifteen minutes to an hour. On my arrival I gave my patient a fifteen-drop dose of the *Passiflora* tincture, after which it never had but one slight fit. The cough continued, but it was well in every other way. There were no drug symptoms, the remedy seeming only to have a very quieting effect upon the child.

CASE III. My partner, Dr. Reynolds, was called to this child of two-and-a-half years. It had been ill for some time with the whooping cough, and had had convulsions for several days. They were so bad that the physician who had been treating the case had declared it a hopeless one, and had given the child up to die. It had had a dozen or fifteen fits when Dr. Reynolds arrived. He prescribed *Passiflora*, fifteen drops of the tincture,

a dose to be taken every three hours, and nothing else. The child probably took six or eight doses and recovered, but it never had another convulsion.—*Dr. W. A. Cotton, Escanabia, Mich., in the Clinique.*

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LACHESIS IN SCARLET FEVER.—If we look around among our remedies we find but one “king” of blood poison; his vision is that of acute gangrene, and these septic cases of scarlatina or any other disease which presents to us the visage of acute gangrene, which the Germans call “Heiser brand,” no matter whether local or general, this remedy is the similitum, and that is *Lachesis*. For many years I had no confidence in it, because Hempel, in the first edition of his lectures on *Materia Medica*, ridiculed its use and considered it one of the outgrowths of Hering’s fancy. But since I began administering this remedy, scarlatina brings no more terror to me. It is like pouring oil on troubled water. After a twenty-four hours’ use the patient becomes restful, the fever decreases, the eruption assumes a lighter color, and convalescence proceeds rapidly. In severe cases I give the remedy in water, every half hour.

With other remedies I have never been able to prevent the disease from assuming a malignant form, when it chose to do so. Consequently, I have for the last fifteen years given *Lachesis* in every case of scarlatina, not as a remedy for scarlatina, but as a prophylactic against septic complications. And since doing so, my cases have all terminated as mild cases. If the fever had run high, when I first visited the patients, and if there were indications of a probable severity of the case, in twenty-four hours my case would always be in calm water and recover within the normal time. This remedy is not a new one, but since so many new-fangled fads are continuously puffed up, it is well to be sometimes reminded of our old, faithful and reliable “anchors.”—*F. X. Spranger, in Pacific Coast Journal of Homœopathy.*

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CONVULSIONS.—K. B., aged 36 years has borne four children; the first and third were still-born, while the second, born about four years ago, had died of convulsions on the second day after its birth. On the 11th of August at 7 P. M. she was delivered of her fourth child, a girl. On the next day, the 12th of August, I was called to the child because it was suffering of convulsions.



When I came there at 3 P. M., I found the child quietly sleeping in bed and of healthy appearance. But scarcely had I observed it for five minutes, when the eyelids began to twitch and soon the twitchings extended all over the face, so that the mouth was altogether drawn to one side, the upper extremities were stretched out straight, the fingers were clinched and the whole body, but especially the face, was of a dark-blue, extremely-cyanotic appearance. After this had lasted for five minutes, the child returned in a similar period of time to its former healthy appearance, so that nothing morbid could be observed in it. I gave some pellets of *Ignatia* 6. During the use of the medicine, this state continued for yet twenty-four hours, when the convulsions ceased and the child recovered. I heard that the second child had shown similar morbid symptoms, but it had succumbed to them.—*Dr. J. Ganz, Allg. H. Z. p. 60.*

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GOUT.—Dr. D. S. Hanon, of Cleveland, O., has a paper on gout in March number of the *Cleveland Medical Gazette*, and he sums up as follows:

“RECAPITULATION.”

“1. Gout does harm, not only to joints, skin, blood vessels and kidneys, but notably to heart, brain, nerves and other tissues.”

“2. Gout, when acute, is rarely uncomplicated in this country, but is generally rheumatic.”

“3. The exact cause is not *definitely* understood, but is certainly in some way due to imperfect digestion.”

“4. Gouty changes are probably due to a pre-existing lithæmia, and to some unknown products that cause necrosis of tissue.”

“5. The best time to make treatment effective in preventing this tissue degeneration is during this lithæmic stage.”

“6. The best treatment, both for the lithæmia and sub-acute and chronic gouty manifestations, are those measures that increase oxidation and elimination; these are, increased physical exercise, hot bathing, milk and alkaline waters taken freely, the avoidance of an excess of meat, fats, alcohol and carbohydrates, and finally administration of the thymus gland of the calf—something I have only used in one instance, and that for so short a time that I can not yet judge of its effect.”

To the foregoing rather barren summary we may add that if any reader wants to *learn* something practical about gout and how to cure it he must get Burnett's recently-published book on the subject. For practical purposes it is worth all that has hitherto been written on the subject.

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HOMŒOPATHY OF TODAY.—Dr. Richard Hughes is delivering a course of lectures at the London Homœopathic Hospital. From one published in the *Monthly Homœopathic Review* for March we quote the following summary of Homœopathy as it exists to-day:

"In the considerations which have now passed under our notice I think I have fairly set before you Homœopathy as it exists to-day, nearly a century after the first promulgation of the method by its founder. That our school has an "extreme left," rigidly exclusive and (I must add) highly exaggerative, I have already admitted; and it possesses also an "extreme right," the practice in which differs little from that of traditional medicine. But speaking for the simple "right" and "left," with their corresponding "centres," and allowing for the shades of difference these names represent, I believe that the conduct of the immense majority of the twelve thousand or more Homœopaths of the world is what I have now described. We are all hygienists; we give more or less place to surgery, hydrotherapy, electricity, gymnastics and massage; but when we come to drug-action, save for an exceptional allopathic adjunct or antipathic palliative, our whole endeavor is to follow the rule *similia similibus*. We work it with both specific and individual similiarities, when we can get them; but in default of either are content to lay hold of the other, and, where both fail, to fall back upon clinical experience, only requiring as the issue of each mode of discovery the dynamic, constitutional agent, operating directly, silently, and in small dose, which we know as the homœopathic remedy.

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A GRAPHITES SYMPTOM.—"The following symptoms occurred about the 10th day on three separate occasions, in a male aged 25, who was taking *Graph.* 2x and 3x in three-grain doses night and morning, for psoriasis unguialis. The symptoms would disappear in a few days with *China* 1x. Patient described the pain as 'an intense, heavy weight, or dull pressure, in the upper

part of the occiput, with a feeling as if the head were drawn back and the neck would break, *obliging him to rest his head.*' While the pain lasted he was quite unable to read or work."—*Dr. Washington Epps in Monthly Hom. Review.*

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CHRONIC RHEUMATISM.—Mrs. M., 75, a martyr to rheumatism many years. Hands much deformed, fingers crippled and joints swelled. Her chief complaint is of obstinate, gnawing pain in the stomach, which is very distressing. She has hot, acid heartburn and eructations, severe gnawing pain in the loins and lower limbs down to the toes. Often feels as if a cold wet sheet were round her, and is always very chilly. Urine clear and copious. *Kali bich.* effected little. Heavy sweats at night which do not relieve pain. Gave *Merc. dulc.* This gave her some relief, but the pain returned, "as if bones were gnawed." I prescribed *Rhododendron IX*, gtt. v. ter. die. In a few days the pain and acidity were relieved, and she rapidly became much better, and a month later was still keeping so.—*Dr. Cash in Monthly Homœopathic Review.*

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BE "UP TO DATE."—"I do not ask you to accept as true the fact that a potency of *Staphisagria* will cause lice to disappear from the hair of the head; it is a fact that they must have a certain condition in which to exist, *Staphisagria* will change that condition and they will not be found; but do not teach this in the present generation, it has not the ring of science, some one will copy it in an old-school journal and you will be considered a back number."—*C. N. Hart, M. D., in Minneapolis Hom. Magazine.*

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EPIPHEGUS, 3x dilution, will cure headache arising from excitement from any cause—as from being out on the crowded street, in the whirl of excitement, overwork, delayed meals, impaired digestion, nervousness. The physician can soon learn the indications so as to make no mistake. The dose is six drops every two or three hours in a swallow of water, until relieved. Not unfrequently one dose will give entire relief, at most, the second will cure. I have found but two or three cases where it was of no benefit.—*Dr. J. C. Andrews, Los Angeles, California Medical Journal.*

THE *Medical Record* thinks that you should avoid the doctor "who has acute exacerbations of insanity when exposed to any new fad. The one who is always successful with all his difficult operations. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well and is always ready to discuss any paper of the evening. The one who is always the first to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs with the attending physician."

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## BOOK NOTICES AND GOSSIP.

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**Special Pathology and Diagnostics, with Therapeutic Hints.** By C. G. Raue, M. D., formerly Professor of Special Pathology and Therapeutics in the Hahnemann Medical College of Philadelphia. Fourth edition. Revised and Augmented. 1039 pages, large 8vo. Cloth, \$7.00; by mail, \$7.54. Half morocco, \$8.00; by mail, \$8 54. Philadelphia. Boericke & Tafel. 1896.

This work of practice, at once the oldest and the newest in the field, has been out of print for over a year, and this elegant new edition will be welcomed by all who believe in the pure homœopathic practice, for which it stands to day, and has stood, often alone, during the thirty years that have elapsed since the first edition appeared. The difference between a true and a false science is that the former does not (indeed *cannot*) change, but only develop, for if a thing is false and has to be given up it is not science; while a false science to-day contemns those principles that it advanced yesterday as "up to date." That which is ever shifting has no right to the use of that shining word "science." Science is mundane truth, and truth is indestructible; it was "up to date," though, perhaps, unknown, in the days of the patriarchs, and is the same to-day (and often quite as unknown). Homœopathy stands in the *real* scientific world for mundane truth in medicine, and this book stands for true homœopathic practice—as the old *Medical Advance* in its palmy



days said, "We are willing it should stand as a representative of our homœopathic practice"—hence it is not a shifting work; what was said in the first edition is not contradicted in the fourth, though much developed and enlarged.

Comparing the third with the fourth edition, we find that the third had 1094 pages, while the fourth has 1039, though a great deal of new matter has been added. This difference is accounted for by the fact that the publishers have built the new work on modern lines which require a larger page—broader and longer. The paper used in this new edition is the finest we have seen in any medical work without exception, and is a delight to the eye and touch. The binding is the same strong and durable kind that characterizes nearly all of this firm's work.

The distinguishing feature of this book is its "Therapeutic Hints," which alone are worth all the book costs and more; this is a strong statement but it is a true one. "Yes," said Dr. Raue one day to the writer, while conversing on this topic, "other writers have made free use of these 'hints' and very seldom have they given my book the credit. But they are welcome to them."

**A Manual of Anatomy.** By Irving S. Haynes, Ph. B., M. D. Pp. 680. \$2.50, net. Philadelphia. Wm. B. Saunders. 1896.

Dr. Haynes has written a very excellent work on the facts, or essentials, of anatomy, and his publisher has brought it out in first-class style, both as regards text and illustrations; there are one hundred and thirty-four half-tone plates, and forty-two diagrams, all—or nearly all—done in good style. The book ought to be very useful to students of anatomy.

"*Auto toxic, in its Effects Upon the Eyes,*" is the title of a pamphlet reprint of a paper from *North American Journal of Homœopathy*, by F. Parke Lewis, M. D., of Buffalo, N. Y.

One case of rheumatic iritis was cured, and the general health greatly improved, by cutting down the amount of nitrogenous food ingested. The point made by Dr. Lewis is the same as that insisted on by Dr. Keith, of Edinburg, in his recently-published work, and it is a good one.

THE following is a rather interesting excerpt from a letter from an "old-school" man: "Perhaps you would like to know how the *Chronic Diseases* strike an old-school man. In the first place, I did not know anything about Homœopathy. I find it by reading this book. Secondly, the next book on my list to get is *Materia Medica Pura*. Is there anything that goes into the *Materia Medica* of Nosodes?" Query: May it not be within the bounds of probability that Hahnemann was right in his theories of disease advanced in the *Chronic Diseases* and the rest of the medical world in the wrong? Our Homœopaths with scientific proclivities should have care lest the old-school, by a flank movement, take up the *Chronic Diseases* and thereby gain much fame and profit.

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LET *Harper's* and *The Century* and other high-priced, "monopolistic" publications look to it! We have the ten-cent magazine, the five-cent magazine, and now comes the one-cent magazine. This is rock bottom. No doubt a good many people will say to *Harper's*, *The Century*, et al., "We prefer your wares, but we will not pay you your monopolistic price when we can get others' wares for a cent."

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THE author of *The Medical Genius* and the *Bee line Repertory*, Dr. Stacy Jones, dropped in to say "Howdy" to the RECORDER a few days ago while on his way from North Dakota to Massachusetts, where he will spend the summer. Since giving up his practice at Darby, near Philadelphia, the doctor has traveled considerably, and incidentally practised his profession when called upon to do so. Speaking of B. & T.'s decoction of *Apocynum cannabinum* he remarked that for the effects of a liquor and tobacco debauch it was away ahead of *Nux vomica*; down in Texas he had an opportunity to test it pretty effectually on the hard drinkers there, and in every case it set them on their feet at once. This confirms what Dr. Waterhouse wrote some years ago on this remedy; he had a tough customer who after every spree would come for "some more of that d—d bitter water," so effectual was it in straightening him out.

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WE have received a copy of the "Twenty-fifth Annual Report of the Middletown State Homœopathic Hospital." It contains a number of full-page, half tone illustrations of the beautiful

buildings and grounds of this superb hospital. The Report also contains a number of able papers on the treatment of the insane, and the tables show that Middletown maintains its high rate of cures, being easily first of all the asylums for the insane in New York.

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THE first homœopathic medical college "Announcement" that comes to hand this year is that of the State University of Iowa. They have a good faculty, and the list of text-books is commendable; among them we notice, Arndt's *System*; Raue's famous work on practice, the *Special Pathology*; Norton's *Ophthalmic Diseases and Therapeutics*; *The Organon*; the Dewey *Essential* books; Farrington's great *Clinical Materia Medica*; Dunham's *Science of Therapeutics*; Malcolm and Moss' recently-published *Regional and Comparative Materia Medica*; Allen's *Hand book*; Wood's *Gynecology* and Guernsey's *Obstetrics*—all of them sound homœopathic books. We have often wondered why none of our colleges include in their list of text-books Hahnemann's two great *Materia Medicas*, *The Materia Medica Pura* and *The Chronic Diseases*, which two books are the foundation of the whole structure of homœopathic *Materia Medica*. Surely every student should have at least one unabridged *Materia Medica* in his library, and what better can be recommended than Hahnemann's?

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PROFESSOR FRANCIS A. MARCH, LL.D., is editing a series of Standard Readers for The Funk and Wagnalls Company, publishers of the Standard Dictionary. The same firm has in preparation a "Student's Standard Dictionary," which will contain about 50,000 words, and also a book of "Synonyms, Autonyms and Prepositions." These will be useful publications.

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DR. GATCHELL, of the Medical Era Publishing Company, announces in preparation a "Manual of Surgery," by Drs. Adams and Chislett, and a work on "*Urinary Analysis*," by Dr. Clifford Mitchell. See advertisement in this number of the RECORDER. Dr. Gatchell himself is also preparing a work on the "*Practice of Medicine*." There is always room in the "upper stories," as Daniel Webster remarked, and we hope Dr. Gatchell will be able to get in that desirable part of the building.

MESSRS. BOERICKE & TAFEL have in press at present writing, a work on *Genito-Urinary Diseases*, by Dr. Doughty, of New York, edited by Dr. George Parker Holden, that bids fair to be a most popular, useful and practical book for students and practitioners. Dr. Doughty's position in the medical world is a guarantee for this.

Another work, about half completed, is *Veterinary Homœopathy in its Application to the Horse*, by John Sutcliffe Hurndall, Member of the Royal College of Veterinary Surgeons, of England. This work will mark an epoch in the homœopathic treatment of the diseases of animals, as it is the first original work on the subject that has been published for a life-time.

A third work in press by the same firm is *A Repertory of Tongue Symptoms*, by Dr. M. E. Douglass, of Danville, Va. It will be one of those handy little volumes that lighten the labors of the prescriber.

B. & T. are also bringing out a fine reprint of that immensely popular work, Pulte's *Domestic Physician*, of which sixty thousand copies have been sold. The first edition of this work was brought out over forty years ago by Dr. Pulte, the founder of Pulte Medical College of Cincinnati, and there is no doubt but that it had a powerful influence in winning public approval for the then new system of medicine.

This firm has also the manuscripts of a large number of works in hand awaiting their turn, and others engaged on which the authors are still at work.

It does not look as though Homœopathy were "dying out!"

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HAHNEMANN'S CHRONIC DISEASES.—It is to this book that Homœopathy owes *Calcarea carb.*, *Lycopodium*, *Baryta carb.*, *Graphites*, *Sepia*, *Phosphorus* and *Silicea*.

The publication of this work is a great task, well done. It contains the original provings of the drugs above named, and many others of equal importance. Later Books on *Materia Medica* have but an abstract of the records in this volume. All real *students* of *Materia Medica* will need the *Chronic Diseases*. The work contains 1,600 pages, and it is well printed and bound.

Boericke & Tafel deserve great credit for having made it possible for the profession to have the benefit of this important work —*Medical Era*.



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## SHALL HOMŒOPATHY REMAIN IN THE REAR?

The other day a paper appeared in one of our leading journals the tenor of which was that Hahnemann, while ahead of his time, would, if he had not kept up with the bandwagon, by this time have been far in the rear. In this paper occurs the following paragraph:

Even religion, the very warp upon which the woof of civilization is woven, has had to keep pace with the restless tread onward; old things are passing away and all things are becoming new. Shall Homœopathy remain in the rear, or shall we, following the example of her founder, keep in the front?

Man-made, or even man-improved, religion is a logical and consequently scientific absurdity. The fundamental of religion is that it is based on God's revelation of Himself and His purposes, to His creatures, *i. e.* ourselves, who as a mass are so prone to squabble with each other. If God's revelation can be improved upon by professional theologs and other creatures, then the creature is greater than the Creator; in which case as each creature thinks no small things of himself we would have great doings. We know that some men think they are improving religion but they are not; they are merely ripping up their own individual belief in it.

As to the question, "Shall Homœopathy remain in the rear?" we would suggest that it cannot; its place is and always will be in the front of medicine, and man cannot change it. Homœopathy is a law of nature, one of God's laws, and the talk of leaving one of these laws "in the rear" seems to indicate a lack of thorough appreciation of the fundamentals of the subject.

*Aconite* will cure its own cases and no others. You may get unto yourself a clearer comprehension of that fact and its appli-

cation; you may leave that fact as an individual and seek to do *Aconite's* work by other means, but you cannot leave it in the "rear." It is a fixed star. It is Homœopathy.

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### A RETALIATORY MEASURE.

The following clipping from a Philadelphia daily tells its own story. While no one can justly complain of the action of the Pennsylvania Board, still it seems to us that any graduate of a medical college in good standing, and who has passed an examining board in addition, should not be prevented from practicing his profession wherever the afflicted call on him:

### STANDING ON ITS DIGNITY.

**State Medical Council Getting Even With the New York Board of Examiners.**

The State Medical Council has rescinded its rule accepting licenses from the New York Board of Medical Examiners. Physicians and surgeons who come into Pennsylvania hereafter from New York will be required to pass an examination before the State Examining Boards before they can practice the same as those from other States and graduates fresh from medical and surgical colleges. The New York Examiners have refused to accept the licenses issued by the Pennsylvania Council on the ground that the examinations in this State are not up to the standard.

A meeting of the Council was held yesterday at the Internal Affairs department at which this retaliatory action was taken. The questions for the semi-annual examinations to be held June 16-20 were also prepared. The State Medical Board will conduct its examinations in the Senate Chamber and House of Representatives. The Homœopathic Board will use the assembly room on the second floor of the Capitol, and the Electic Board the Department of Internal Affairs.

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### NEWS NOTES FROM NEW YORK.

Dr. Edmund Carleton has removed from 53 West Forty-fifth street to 62 West Forty-ninth street.

Dr. Louis A. Queen has removed from 8 West Thirty-eighth street to 114 West Eighty-fifth street. Office hours; 9 to 12 A. M. and 5 to 6:30 P. M.; Sundays, 10 to 11 only.

Dr. Hugh Kidder, N. Y. H. M. C. '96, has located at 351 West Forty-second street.

Dr. R. J. Flint, late house physician of the Hahnemann Hospital has located at Gouverneur, St. Lawrence county N. Y.

Dr. Adelia B. Barber has removed from 66 West Seventy-first street to 182 West Eighteenth street. Office hours; 10 A. M. to 1 P. M.

Dr. M. B. Beals has removed from 163 East Seventy-first street to 470 East One Hundreth and Seventy seventh street.

Dr. George B. Durrie has removed from 79 East Fifty-fifth St. to 103 West Fifty-fourth street. Office hours: 8 to 10 A. M., 1 to 3 and 7 to 8 P. M.

Dr. Wilfred G. Fralick has removed from 745 to 601 Madison avenue.

Dr. Egbert Guernsey and Dr. E. Guernsey Rankin have removed their office from 528 Fifth avenue to "The Madrid," 180 West Fifty-ninth street.

Dr. St. Clair Smith has removed from 8 West Thirty-eight street to 25 West Fiftieth street. Office hours: 11 A. M. to 1 P. M. and 7 to 8 P. M.; Sundays 3 to 4 only.

Dr. Cordelia Williams has removed from 118 East Nineteenth street to 64 Lexington Avenue.

Dr. Lewis Hallock, 34 East Thirty-ninth street, recently was made the guest of honor at a dinner given him in celebration of the seventieth year of his active practice. The doctor received his diploma from the College of Physicians and Surgeons in 1826; he subsequently became a Homœopath, which school he has followed for the latter fifty years of his practice. Although 95 years of age the doctor is hale, hearty and active and takes as good care of his practice as though he were still on the good side of fifty. He is an exceptionally bright conversationalist, his reminiscences of his earlier practice being particularly interesting. The doctor is greatly interested in the progress of Homœopathy and keeps well abreast of the times.

Dr. Edwin G. Ogden, who for the past two years has been studying in the hospitals and with the leading physicians of Vienna, has returned to this country and for the summer is staying at his country place at Sing Sing, N. Y. The doctor is at present engaged in giving a course of instructions at the Metropolitan Hospital on Ward's Island. He reports that the hospitals of Germany are in a far greater state of advancement than here,

and that the facilities for instruction are in every way vastly superior.

A new hospital, the Homœopathic Hospital, of Harlem, has recently been opened in the upper part of the city with Dr. B. G. Clark, president; Dr. Willard Ide Pierce, treasurer, and Dr. George W. McDowell, secretary. The hospital is located at 245 West One Hundred and Twenty-fourth street, in a locality where such an institution is greatly needed.

"The Hahnemann Association," the object of which is to promote the cause of Homœopathy, is making great efforts to extend its influence far and wide. It wants to enlarge its membership many fold, especially among the laity who have heretofore been denied membership. The object of the society is a highly laudable one, and it should receive the earnest support of every physician and layman interested in the advancement of our school. This association will recognize neither fad nor faction, its sole object being to spread Homœopathy and strengthen it by associating those who sincerely wish to see the cause prosper. Dr. Martin Deschere, 334 West Fifty-eighth street is the president and Dr. Alton G. Warner, 194 Schermerhorn street, Brooklyn, is treasurer. The initiation fee is only \$1.00; there have been no dues. Applications for membership should be addressed to the treasurer and should enclose one dollar.

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### COCOA.

WE call attention to the advertisement of Walter Baker & Co.'s Cocoa that appears on page xxi, of this month's RECORDER. This old firm has been making Cocoa and Chocolate since 1780, one hundred and sixteen years, and anyone familiar with their goods can certify to their excellence. Chocolate and Cocoa are blessings that came to mankind as a result of the discovery of America. "The food of the gods" the fruit of the cocoa tree was once called, and it is to day one of the best foods for man known, provided you get a cocoa, or chocolate, that has not been prepared by means of alkalis. Many who first use these chemically prepared cocoas very naturally acquire a dislike for the food, and attribute it to the cocoa itself, whereas the trouble is in the method of preparation. These badly-prepared cocoas are the ones that people "get tired" of, something that rarely hap-



pens if a properly prepared Cocoa, such as Walter Baker & Co.'s, is used. It is at once a delightful food and nourishing drink, and it would be well for humanity if there were more of it consumed and less tea or coffee.

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A CORRESPONDENT of the *Medical Record* complains of the "foolish prejudice" in the regular profession against *Aconite* and *Phytolacca*, for the reason that the former is much in use among the Homœopaths, and the latter is often recommended by the eclectics." What a pity that anybody of professional men should be so cramped and confined by prejudice! A goodly number, however, and an increasing number, refuse longer to be denied the freedom that is the birthright of every man and avail themselves of homœopathic remedies and literature freely, much to the satisfaction of their patients, and to their own peace of mind and pecuniary profit.

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IN commenting on the death of the child of Professor Langerhaus, following an injection of Behring's serum, the *Medical Press* of London says: "*The only possible cause of death then was the serum itself.*"

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MESSERS. BOERICKE & TAFEL:

*Gentlemen*—You sent me some time ago a bottle of your Hensel's Improved Tonicum, and I have used it with the greatest success in a case of leucæmia where the patient had been confined to her bed for three years. After using two bottles she began to improve rapidly, and to-day she is able to be out and can hardly believe that life has been once more restored to her. Will you kindly send me another bottle. I feel wornout myself from overwork, and as nothing else restores me after a long winter of work, I want to use it myself. It is far more stimulating than wine to me.

Yours truly,

DR. HELEN G. F. MACK.

149 A Tremont St., Boston, June 8, 1896.

## PERSONAL.

Dr. M. A. Wesner has removed from Houtzdale to Johnstown, Pa.

*Hospital News*, devoted to the interests of the Pittsburgh Homœopathic Hospital, is the latest arrival.

The *State Board of Health Bulletin* of Tennessee naively heads its paper on Jenner, "Romance of Science"

The Pennsylvania Dutchman translates "I am thy father's ghost" into "Ich bin dein dawdy sei spook."

Probably the builders of the pyramids worried as much over the future as we do to-day.

The tablet seems to be passing. The old Hahnemannian triturations and mother tinctures are far better.

It is said that a drop of *Phytolacca*  $\theta$  applied to a bee-sting takes away all the pain.

Dr. Chas. H. Hubbard has removed from Camden, N. J., to Chester, Pa. When advised to drink boiled water she said she would "rather be an aquarium than a cemetery."

If the beard is to go because of microbe-carrying qualities, what's the matter with shaving off the eyebrows and hair also?

"Hard times" are felt least by professional men who have good libraries and know their contents.

Even a saint would lose his temper were he crossed as often as the ocean.

Yingling's *Manual* for accoucheurs is a valuable little work.

The fourth edition of Raue's *Special Pathology* is a fine specimen of a book from the mechanical point of view.

Get out and "root" for the "home team" these hot days if you cannot take a holiday; good for the lungs.

There are gneiss rocks as well as girls.

Eltopai, California, was shortened from the original Hell-to-pay.

One dollar pays for a year's subscription to the HOMŒOPATHIC RECORDER; try it for a year.

The furore for publishing medical works rivals the bicycle craze.

Baehr's *Science of Therapeutics* is still a live and vigorous work and could give good pointers to many a modern Homœopath.

"Sunburne" is a good lotion for those who suffer from sun-burn; very soothing to the inflamed skin.

The Prince of Wales, who never wears a pair of trousers more than four times, must be constantly uncomfortable breaking in so many new ones.

While about it why not hitch your wagon to comet and see more of things?

Dioscoridies said *Paeonia off.* was a good remedy for nightmare. It caused that horror in the provers.

The Indian Brother is an enthusiastic Homœopath, and a good one, but the English of his contributions sometimes are a little like some peoples' Homœopathy—mixed.

The quotation from the pen of our old "regular" friend, "Country Doctor," anent *Helonias Dioica* is worth reading. (See p. 313.)

If the heroine of Charles Reade's "Terrible Temptation" had been given a dose of *Helonias Dioica* there would have been no story.

Never forget that *Ratanhia* will give relief in itching of the *Anus*—internally or as suppositories.

*Origanum Marjorana* is worth investigating. See translations concerning Dr. Galavardin's latest in this RECORDER. (See page 301.)

The best soaps are the Vinolia. See xxiii.

# THE HOMŒOPATHIC RECORDER.

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VOL. XI. PHILADELPHIA AND LANCASTER, AUG., 1896. No. 8.

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CONSTANTINE SAMUEL RAFINESQUE.

1783-1840.

There are naturalists and naturalists; the species which works with an Herbarium, with pickled fish, mounted birds, stuffed animals. Foh! his *Hortus siccus* is hardly drier than himself (and this is not the drouth that "Zwei!" assuages), nor are his defunct "specimens" scarcely deader. Then there is the other, who catches the bloom of the flower when it is christened by the dew of its first morning; who sees the silvery scales of the fishes while they are gleaming in the pellucid waters of their native streams; who hears the feathered songsters hymning their carols to the Infinite Maker in the cathedral aisles of the primeval forests—this is a naturalist *nascitur, non fit*. Such an one was Constantine Samuel Refinesque.

William Godwin wrote to his daughter, Shelley's second wife, "We are so curiously made that one atom put in the wrong place in our original structure will often make us unhappy for life." With poor Rafinesque more than one atom had gotten misplaced. Buoyant and cheerful in youth, morose and suspicious in manhood; energetic and industrious through the years when

"The strong man's part and the lion's heart"

bravely withstood the storm and stress, bowed and broken and eating the bread of a niggard charity when the evil days came, long before the grasshopper had become a burden. Remote from his only surviving child, there was no filial tear to fall upon his dying face; homeless, he started to cross the "Great Divide" from a cheerless garret; companionless, he met the last enemy (surely a friend to him!) *alone*; penniless and in debt, he found a grave only because an admirer provided one.

But throughout the whole fateful drama of his life he never faltered in his firm independence and his sturdy self-reliance—some atoms were certainly in their proper place, but it was the truants that brought about the pitiful eclipse of both talent and genius. *Count no man happy till the day he dies*, said the old Greek poet, and it was not pessimism that inspired the utterance; it was the fate of Ædipus that gave it point and pith.

Is that magnificent "concourse of atoms" called Man, an accident of Nature! Hath his marvelous fabric no Architect! Is there no designer who shapes the purpose and decrees the end! Is it only as the Persian Singer saith,—

Into this Universe, and *why* not knowing  
Nor *whence*, like Water willy-nilly flowing;  
And out of it, as Wind along the waste,  
I know not *whither*, willy-nilly blowing.

In the solemn hush of a cloudless night, when the silent stars look down upon a world that the magic of the moonlight hath made a marvel of beauty, must every one of Woman born make the sighful confession,—

You rising moon that looks for us again—  
How oft hereafter will she wax and wane;  
How oft hereafter rising look for us  
Through this same garden— and for *one* in vain!

*Wir heissen euch hoffen!* said Goethe; and the doubting Thomas of Ecclefechan laid the words to his sore heart, and the deep darkness was illuminated by one shining hope.

The Ball no question makes of Ayes and Noes,  
But here and there as strikes the Player goes;  
And He that toss'd you down into the field,  
He knows about it all—*He* knows—*HE* knows!

No; we are not "cast as rubbish to the void;" each of us subserves an inscrutable purpose; one shall suffer even that another may gain by the very example thereof;

Nor knowest thou what argument  
Thy life to thy neighbor's creed hath lent.

*Wir heissen euch hoffen!* Let not the Devil's Advocate have all the say. There is another Voice singing,—

Why, if the Soul can fling the Dust aside,  
And naked on the Air of Heaven ride,  
Wer't not a Shame—wer't not a Shame for him  
In this *clay* carcase crippled to abide?

Blessed be the indiscriminating beneficence of Death which



cometh to every "clay carcass crippled" in the fierce struggle that we strangely call *Life* when every day teacheth that it is only the dusty doorway to death!

Born in Galata, a suburb of Constantinople, on the 22d of October, 1783, Rafinesque died in Philadelphia in 1840—we know not the precise day. He was living hermit-like, "when, alone in his crowded garret, in a poor quarter of the great city, he died of cancer of the stomach." The place of his abode was on Race street, and there "in a garret, surrounded by his books, minerals, plants and other loved natural objects" he awaited the end of a life of singular vicissitudes and fortunes.

His scholastic education was gotten chiefly in Italy, and in the acquirement thereof he was directed by private teachers. He had that most prominent sign of all scholars—a love for reading, and it is ominous that he found the greatest charm in books of travels. His father had been a merchant whose ventures took him into various out-of-the-way countries, and perhaps Rafinesque's roaming tendency was inherited. It was his first intention to follow the parental calling, but trade had for him no charm that could compare with nature's countless attractions, and not even Thoreau gave himself more unreservedly to nature than did Rafinesque.

His first visit to America was made in 1802, and the business that then engaged him took him into Kentucky. There nature cast the spell about him which was never thereafter broken. In 1805 he and his brother went to Sicily, and for ten years that "delightful island" held him from his life-appointed work. He returned to the United States in 1815, and then the fates began to play with him. At midnight on the second of November, the ship which held him and all his earthly possessions was wrecked on "Race Rock, off Fisher's Island, at the eastern end of Long Island Sound." Striking on the rocks, her keel was entirely torn away, and when a swell landed her beyond the rocks, her keel rapidly filled and went down. Down with her went the results of years of toil and of labor, both mercantile and scientific." (So far his biographer.) He himself wrote: "I lost everything, my fortune, my share of the cargo, my collections and labors, for twenty years past, my books, my manuscripts, my drawings, even my clothes \* \* \* all that I possessed except some scattered funds and the insurance in England for one-third of the value of my goods."

In the "*Life and Writings of Rafinesque*," published by the *Filson Club*, Dr. Call (from whose work I derive all my facts) says, "Rafinesque appears never again to have known prosperous business adventures. He belonged to that class of men, from this time, who imagine that the hand of every other man is against him." I can but hope that this is too broad an assumption; but the frown of adverse fortune may well change the nature of the victim of its caprice.

He was then thirty-two years of age, and there remained for him fifteen changeful years in which he must *dree his weird*. He became tutor in a private family, professor in a western university, editor of magazines, and all the while he was an active naturalist collecting and collecting, and likewise an author of wondrous fecundity; he almost literally spawned treatises on nearly everything beneath the moon, and marked nearly every milestone of his busy life with a book.

A summary of Rafinesque's publications, as given by his biographer, adds a curious item to the history of authors. Here it is:

Magazine articles. . . . .	144
Books and pamphlets. . . . .	39
Rafinesque's Magazine . . . . .	3
Original articles therein . . . . .	233
Manuscripts. . . . .	1
	<hr/>
Total titles . . . . .	420

Nor is this all; to this may be added:

Reprints. . . . .	17
Translations. . . . .	7
Books from oversheets . . . . .	3
	<hr/>
Grand total . . . . .	447

"A further classification by subjects will serve to show the very wide range over which the scientific work of Rafinesque extended. Among these papers botanical subjects, with one hundred and fifty-one titles, take precedence; zoölogical papers and pamphlets come next in order with some one hundred and twenty titles, of which those that relate to ichthyological matters are in excess. A singular fact is next apparent in that historical, rather than scientific subjects appear to have received attention, there being thirty-nine papers which may be so classed. Poems, with four subjects, one of which comprised some two hundred pages, presents the smallest number of titles."

Verily, Rafinesque must have thrown off a pamphlet or a mag-

azine article whilst the cook was seasoning the omelette for his breakfast; three hundred and seventy-seven magazine articles! That outdoes even the indefatigable "S. L." of happy memory.

A glimpse of Rafinesque in the heyday of his career will not come amiss after the wearying detail of his sterner work. It is broadly humorous, but the outlines are faithful and the sketch is not wholly a caricature.

"What an odd-looking fellow!" said I to myself, as, while walking by the river, I observed a man landing from a boat, with what I thought a bundle of dried clover on his back. 'How the boatmen stare at him! Surely he must be an original!' He ascended with rapid step, and, approaching me, asked if I could point out the house in which Mr. Audubon resided. 'Why, I am the man,' said I, 'and will gladly lead you to my dwelling.' The traveler rubbed his hands together with delight, and drawing a letter from his pocket handed it to me without any remark. I broke the seal and read as follows: 'My dear Audubon—I send you an odd fish, which you may prove to be undescribed, and hope you will do so in your next letter. Believe me always your friend. B.'

"With all the simplicity of a woodman, I asked the bearer where the odd fish was when M. De T. \* \* \* smiled, rubbed his eyes, and with the greatest good humor said: 'I am that odd fish, I presume, Mr. Audubon.' I felt confounded and blushed, but contrived to stammer an apology.

"We soon reached the house, when I presented my learned guest to my family, and was ordering a servant to go to the boat for M. De T.'s luggage, when he told me he had none but what he brought on his back. He then loosened the pack of weeds which had first drawn my attention. The ladies were a little surprised, but I checked their critical glances for the moment. The naturalist pulled off his shoes, and while engaged in drawing down his stockings—not up, but down—in order to cover the holes about the heels, told us in the gayest mood imaginable that he had walked a great distance, and had only taken a passage on board the *ark*, to be put on this shore, and that he was sorry his apparel had suffered so much from his late journey. Clean clothes were offered, but he would not accept them, and it was with evident reluctance that he performed the lavations usual on such occasions before he sat down to dinner.

"He chanced to turn over the drawing of a plant quite new to him. After inspecting it closely, he shook his head and told me no such plant existed in nature—for M. de T., although a highly scientific man, was suspicious to a fault, and believed such plants only to exist as he had himself seen, or such as, having been discovered of old, had, according to Father Malebranche's expression, acquired a 'venerable beard.' I told my guest that the plant was common in the immediate neighborhood; and that I would show it to him on the morrow. 'And why to-morrow, Mr. Audubon? Let us go now.' We did so; and on reaching the river I pointed to the plant. I thought M. De T. had gone mad. He plucked the plants one after another, danced, hugged me to his arms, and exultingly told me that he had got, 'Not merely a new species, but a new genus.'

"When it waxed late, I showed him to the apartment intended for him during his stay, and endeavored to render him comfortable, leaving him writing materials in abundance. I was, indeed, heartily glad to have a naturalist under my roof. We had all retired to rest. Every person I imagined was in deep slumber, save myself, when of a sudden I heard a great uproar in the naturalist's room. I got up, reached the place in a few moments, and opened the door, when, to my astonishment, I saw my guest running about the room naked, holding the handle of my favorite violin, the body of which he had battered to pieces in attempting to kill the bats, which had entered by the open window, probably attracted by the insects flying around his candle. I stood amazed, but he continued running round and round until he was fairly exhausted, when he begged me to procure one of the animals for him, as he felt convinced they belonged to a 'new species.' Although I was convinced to the contrary, I took up the bow of my demolished Cremona, and administering a smart tap to each of the bats as it came up, soon got specimens enough.

"M. De T. remained with us three weeks and collected multitudes of plants, shells, bats and fishes. \* \* \* We were perfectly reconciled to his oddities, and finding him a most agreeable and intelligent companion, hoped that his sojourn might be of long duration. But one evening, when tea was prepared, and we expected him to join the family, he was nowhere to be found. His grasses and other valuables were all removed from his room. The night was spent in searching for him in the neighborhood. No eccentric naturalist could be discovered. Whether he had perished in a swamp or had been devoured by a bear or gar-fish, or had taken to his heels, were matters of conjecture, nor was it until some weeks after, that a letter from him, thanking us for our attention, assured me of his safety."

There is another sketch by the same hand which has all the fidelity of a snap-shot, and it brings Rafinesque up very vividly in "his habit as he lived."

"A long, loose coat of yellow nankeen, much the worse for the many rubs it had got in its time, and stained all over with the juice of plants, hung loosely about him like a sack. A waistcoat of the same, with enormous pockets, and buttoned up to the chin, reached below over a pair of tight pantaloons, the lower part of which was buttoned own to the ankles. His beard was long as I have known mine to be during some of my peregrinations, and his lank black hair hung loosely over his shoulders. His forehead was so broad and prominent that any tyro in phrenology would instantly have pronounced it the residence of a mind of strong power. His words impressed an assurance of rigid truth, and as he directed his conversation to the study of the natural sciences, I listened to him with as much delight as Telemachus would have listened to Mentor."

Some of the old-time students of Transylvania University, in later years, ransacked their recollections to eke out the picture of the rare and roving naturalist.

"I never saw him dressed so finely or so fashionably as this photo represents, for he was an extremely eccentric man in his dress, as well as in his



manners, and was always an object of ridicule by the younger students at the University. They would fill his room with smoke from cigars when he would leave it."

And another testifies: "As I recall the old man he was a small, peculiar-looking Italian, with a large, rather bald head, and stooping figure, very scientific, absorbed in his books and bugs, his researches and his writings, a genius with many peculiarities and not much dignity. \* \* \* *I don't know where or how he got his meals.* His room was in the College building and was a curiosity, filled with butterflies and bugs, and all sorts of queer things. The students played tricks upon him, and the young folks were amused by his funny ways. He seemed to me an amiable gentleman, an innocent, inoffensive sort of man, hardly appreciated at the time."

It is the old story, Apollo tending the flocks of Admetus and mistaken for a swine-herd by not only the quadrupedal swine. Poor Rafinesque,

"His soul was like a star and dwelt apart."

The tenderer hand of a sympathizing woman writes "*how he got his meals.*" She is giving the recollections of her mother, who described Rafinesque, "as did all I have ever heard speak of him, as a most eccentric person; his extreme 'absent-mindedness' contributing to his foreign ways to make him peculiar. His students were not slow to perceive that he made an excellent target for their practical jokes, and having but small esteem in those days for natural science as compared with classical attainments, they showed him but little respect. His lecture-room was the scene of the most free-and-easy behavior made possible by the total absorption in his subject of the lecturer, who was always oblivious to his surroundings when occupied with his favorite pursuits. In appearance Professor Rafinesque was small and slender, with delicate and refined hands and small feet. His features were good and his eyes handsome and dark, or apparently so from the long, dark eye-lashes. His hair, which he wore long, was dark and silky. He went into society while in Lexington, and was a good dancer but had no companions, being totally abstracted, usually, with his own thoughts, and having no conversation, although he spoke good English, save on his favorite topic of botany, etc. On these he was an enthusiast. He was a clever draughtsman, and often made sketches of persons in his company. Mrs Holly, the wife of the President, took a motherly supervision over this lone, friendless, little creature, while at Transylvania University, and saw that he ate his dinner, that the mud of his various expeditions was removed from his garments, that his hair was combed and his face was washed, as often any or all of these particulars would be forgotten by the oblivious scientist. \* \* \* For my own part, I always felt sorry for poor Rafinesque, because he was a stranger, and because all the young people made jokes at his expense. These he is said never to have noticed apparently, but I believe a man of his fine mind must have felt more than he showed. At any rate he appreciated kindness that was shown him, although he knew none of the arts that make a man popular."

There are some delightful touches in this reminiscence; we see

the enthusiast "totally oblivious to his surroundings when occupied with his favorite pursuits;" the "delicate and refined hands and small feet"—marks of "blood" always; the forgetfulness of his meals unless good-hearted Mrs. Holly "saw that he ate his dinner" (dinner, at least, for one meal would keep alive a "small and slender" being who derived almost a sustenance from the breath of nature). Alack! "he knew none of the arts that make a man popular." Ah, fatal want and fateful!

He that was Christian Samuel Rafinesque is known to the student of *Materia Medica* for his contributions to the knowledge of our indigenous remedies. Now and then the patient book-hunter may pick up a copy of his "Medical Flora; or, Manual of the Medical Botany of the United States of North America. Containing a selection of above 100 figures and descriptions of medical plants, with their names, qualities, properties, history, etc.; and notes or remarks on nearly 500 equivalent substitutes. In two volumes. Volume the First, A—H., with 52 plates. Medical plants are compound medicines prepared by the hands of nature, etc.—Med. Princ. 31. By C. S. Rafinesque, A. M., Ph. D., Ex-Prof. of Botany, Natural History, etc., in Transylv. University of Lexington, the Franklin Institute of Philadelphia, etc.; Member of the Medical Societies of Cincinnati and Louisville, the Philos. Soc. and Lyceum of New York, the Acad. of Nat. Sc. of Philadelphia, the Amer. Antiq. Society, the Kentucky Institute, the Linnean Society of Paris, the Imp. Nat. Cur. Soc. of Bonn, the Imp. Economical Soc. of Vienna, the R. Italian Inst., the R. Inst. of Nat. Sc. of Naples, etc."

I wonder if the resounding tread of this battalion of titles will disturb the dust of him that is sleeping in that unmarked grave in Ronaldson's Cemetery, Ninth and Catherine streets, Philadelphia? Pardon, departed Shade! I would only let men, who now strut their little hour, know thy consequence when thou wert in the flesh, and learn the lesson.

I am filled with unspeakable regret that in my thoughtless student days I did not know whose dust was mouldering in that "Ronaldson's Cemetery." "In 1861 the place was marked by a plain board slab, on which was painted simply 'C. S. R.' To-day the spot where he was buried is unmarked." Many a pilgrimage did I make to gaze through the iron railing and look at the resting place of Franklin; and as I write I can but remember how supremely versed was *he* in all "the arts that make a

man popular!" Not a misplaced "atom" in his whole anatomy—and one of the direct consequences is a substantial stone slab to mark the spot where they await the summons to that last judgment when the Omniscient Arbiter, who knoweth our infirmities, shall spurn the poor devices "that make a man popular."

In reading of Rafinesque and his remoteness from his fellow-men, I am reminded of William Blake, of whom James Thonson wrote:

" He came to the desert of London town,  
Grey miles long;  
He wandered up and he wandered down,  
Singing a quiet song.

He came to the desert of London town,  
Mirk miles broad;  
He wandered up and he wandered down,  
Ever alone with God.

There were thousands and thousands of human kind  
In this desert of brick and stone;  
But some were deaf and some were blind,  
And he was there alone.

At length the good hour came; he died,  
As he had lived, alone;  
He was not missed from the desert wide,  
Perhaps he was found at the throne."

*Ann Arbor, 20th of May.*

—S. A. J.

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## PROVINGS OF CORNUS ALTERNIFOLIA.

First Proving by R. E. Albertson.

Commence at bedtime Tuesday, May 12th, 1896.

Wednesday, May 13th, 1896.—Awoke this morning after a very refreshing night's sleep, feeling as well as usual; and did not notice anything out of the ordinary during the entire day. Had stool, but somewhat scanty. Appetite fair.

Thursday, May 14th, 1896.—Did not rest very well during night. Had dream I was spending summer in country. Did not get into anything like a sound sleep until near morning; and then was very reluctant about getting up; would have preferred to have had a couple of hours' more of such sleep. I have noticed nothing in the course of the day worthy of mention excepting a pain across the small of the back, which lasted only a short time and then disappeared. Stool to day little better than yesterday.

Friday, May 15th, 1896.—Another restless night; would get into a light sleep off and on until near morning. Dreamed again; this time of an exciting fire drill. Up to to-day had been taking “*Cornus Alternifolia*” thrice daily; 3 drops 30th, commencing with this morning every three hours. Stool to day; at first hard and difficult, then loose. Nothing further noticed to-day.

Saturday, May 16th, 1896.—Passed a very restless and sleepless night; guess I was awake at the striking of every hour. Tongue has been coated a yellowish white for a couple of days. Stool to-day, but scanty. Feel as well as usual, but don't seem to have the ambition to do anything for any length of time.

Sunday, May 17, 1896.—Experienced another very restless and sleepless night. Felt an aching in left shoulder and dull pain across forehead, more particularly on right side. Stool to day and appetite fair.

Monday, May 18th, 1896.—While I passed another restless night, though not as bad as nights previous. Seem to hear every little noise and sound. When once awake, mind becomes active and then it is difficult to get into a sleep again. Have dreamed something mostly every night; some of which I do not remember.

Tuesday, May 19th, 1896.—Rested somewhat better last night; though was awake off and on. Last dose taken at bedtime.

Wednesday, May 20th, 1896.—Experienced another restless night; was awake most of the night until about 3 A. M., when I dropped off into a sleep.

Friday, May 22d, 1896.—Noticed a little sore inside of mouth (left side), which by Saturday, Sunday, Monday and Tuesday had become very annoying. When eating anything that came in contact with it, or even when moving the mouth in a certain direction would cause a sticking, pricking pain. I also want to mention a few eruptions, small pustules on face and neck which appeared during this proving.

### Second Proving of “*Cornus Alternifolia*.”

By F. H. Lutze, M. D.

February 1st, 1896.—Took 5 drops of  $\theta$  three times daily.

February 6th, 1896.—Took 5 drops of  $\theta$  every two hours. On second day had two loose evacuations in quick succession in the afternoon.



February 9th, 1896.—A cold feeling in chest as if it were filled with cold air or ice; this continued for two days and was very disagreeable, but seemed to have no influence on action of heart or respiration.

A second proving commenced on April 1st, reproduced the same symptoms in same manner. Have made no proving of 30th yet.

### Third Proving of "Cornus Alternifolia" 30th Dilution.

Commenced at bedtime Sunday, June 7th, 1896.

Monday, June 8th, 1896.—Awoke after being awake the greater part of the night feeling as usual. Felt dull pain in right side region of liver about 11 A. M.

Tuesday, June 9th, 1896.—Slept very little; tossed and turned mostly all night: could not get into any comfortable position. Tongue this morning coated a yellowish white. No stool to-day and appetite fair.

Wednesday, June 10th, 1896.—While I rested somewhat better than nights previous, yet was awake considerable part of the night. Had two dreams; one of dead rats mashed to a pulp; the other of coition, causing an emission. When I awoke this morning, felt a raw feeling in throat, which continued throughout the day; though not quite as bad as when I arose. Sneezed some, too, to-day; head partially stopped up toward night. About an hour or two after dinner, which I ate with a relish, a sick sensation came over me, a dull heavy feeling in forehead accompanied with a nauseous and dizzy feeling; could hardly pull one foot after the other on my way home from work; but after being a little while in the open air and walking, feeling subsided some and when I reached home felt much better; and after supper had entirely left me; though when I retired that night I felt as though I had been doing a very hard day's work and was glad when my body touched the bed. Stool very scanty to-day; appears difficult to do anything; seems to be quite some gas.

Thursday, June 11th, 1896.—Awoke very tired; sleep disturbed considerable; could not rest in any position. Raw feeling in throat still this morning, with a frequent desire to clear; a feeling as though something lodged there and should come out. Stool to-day, but scant, A dull ache in region of heart

felt in afternoon. Feel tired and drowsy. All ambition seems to have left me. Appetite very good to-day.

Friday, June 12th, 1896.—Feel very well this morning and slept fairly well during the night, though was awake a few times. To-day marks the first appearance of eruptions; one on the right wrist, the other on right side of chin; small pustules; in one case blind, all others forming pus.

Saturday, June 13th, 1896.—Experienced another restless night. Another pustule has appeared on chin and also ring-worm on forehead (right side); feel very well to-day.

Sunday, June 14th, 1896.—Slept fairly well during night. Experienced nothing particular excepting toward night an awful uneasy feeling came over me; a feeling that something terrible was going to happen.

Monday, June 16th, 1896.—Awoke very tired this morning; have a cough, with a feeling as though something heavy was lying upon my chest and throat.

Wednesday, June 17th, 1896.—Slept pretty well during night; feel very languid and tired; a feeling as though my legs were unable to bear me up.

Sunday, June 28th, 1896.—Toward evening felt very tired and drowsy with heavy sensation in head; about 9:30 lay down upon the lounge and dropped off into a doze; awoke a half hour afterwards with a feeling as though I wanted to vomit and chills which continued for an hour when I vomited, which seemed to relieve me some, after which fever took the place of the chill which abated some toward morning.

Monday, June 29th, 1896.—Managed to get to my business, but was unable to do anything all day on account of the weak feeling and a violent pressing headache in forehead, which continued all day; worse on motion and on stooping felt as though everything would come out. About 5 P. M. diarrhoea set in which continued all night, every half hour to an hour, the same the day following and continued right up to Sunday night, July 5th. Lost in that time six pounds.

[Dr. Lutze contributed a paper to the RECORDER on the empirical use of this remedy that was published in the November, 1895, number.—Editor of RECORDER.]

PROVING THE "FOUNTAIN OF YOUTH"—*BERBERIS AQUAFOLIUM*.

In the HOMŒOPATHIC RECORDER for March, 1896, p. 133, there appears an interesting article on the virtues of the plant named above—it starts out with: "From the fact that it will make a 'new' man of an old one in a short time, it is an excellent remedy." As I am now over sixty years old, it seemed high time to cast about for something possessing the virtue specified, viz., making "a 'new' man out of an old one"—and to my knowledge, as I have never had five days illness confining me to bed, or even to my room, during the said sixty years, I considered myself an easy subject for the contemplated rejuvenation; besides all this, I am what some would call a homoœpathic "crank"; and believed, and yet believe, if there be anything that can effect such a transformation, it is to be found only within the lines of Homœopathy, I immediately ordered quantum suf. of the article in question from the celebrated firm of Boericke & Tafel, and started out on the trip to the "Fountain of Youth" in full confidence that *something* would come of it. The first day I took two doses mother tincture 10-15 drops each; no special effect noticed—no youthfulness either! Second day, ditto; third day, one dose in morning; after bank hours went to a friend's sanctum and engaged in a game of chess, and while so engaged, felt a growing sense of nausea and thick-headedness—so much so, that I was obliged to excuse myself and hurry to my own quarters. *Berberis*, however, did not once occur to me—I had scarce reached my room, when the sense of nausea (seven minutes lively walk, since it became really oppressive) had *full sway*, and having eaten nothing whatever, since the previous evening (as I do not eat unless I am hungry), the straining was rather severe, but exactly similar to some previous attacks of "biliousness"—in feeling, and color and taste of discharges—and still *Berberis* did not occur to me; as soon as the strain was over, I was seized with a remarkable and peculiar headache; a thing of which I have no recollection whatever, to have previously experienced in any shape—the sensation was that of a strong, well-defined, compressive, band of iron (or some unyielding substance) about two inches wide passing *entirely round the head, just above the ears*—it kept on growing tighter and tighter; I jumped from the reclined position on a

couch, wet a folded towel in cold water, and passed it round my head so as to cover the "band"; but it gave little relief; about 10 o'clock I began to think over what I might have eaten to disagree with me so, and at last *Berberis* came plump into sight; I at once prepared a cup of strong, strong coffee (Hahnemann's antidote, and for which I had to send to a neighbor), believing it would antidote the *Berberis* (or rather hoping it might) and about 12 o'clock there was a slight diminution of pressure; then more coffee, black and strong, two or three mouthfuls, and again laid down; by morning, the serious phase of the headache had disappeared; but I was exceedingly tremulous in nerves, and unsteady in gait up to noon, when I ventured on some oatmeal and syrup—habitually, I do not eat meat, or drink tea or coffee, nor spirituous liquors, nor use tobacco, and have not for over thirty years. Finally, I "made a good recovery," and now whenever I have a sensation of biliousness, I touch my tongue to my finger after touching the cork of the mother tincture bottle of *Berberis aqua.*; with laid finger—and have no trouble compared to what I have usually had—I believe I may say, I am subject to biliousness by heredity, but it has removed much thereof, and this remedy, I think, is good enough for the remainder.

J. D. W. C.

*Richmond, Va.*

[The paper on *Berberis aquafolium* in the March number of the RECORDER was taken from Scudder's *Eclectic Medical Journal*. Editor of RECORDER ]

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#### IN MEMORIAM.

The committee appointed to draft a set of resolutions in memory of Dr. John L. Ferson, deceased, beg to report the following:

WHEREAS, In the dispensation of an all-wise Providence, our esteemed friend and fellow member, John L. Ferson, M. D., has been removed from the scenes of his labors and good works in this world, and has entered upon his rest in the other and better world; and,

WHEREAS, Many years of professional fellowship and acquaintance has endeared the deceased to each of us, and have demonstrated in him superior acquirements as a physician and noble qualities as a man; and



WHEREAS, By his death this society has been deprived of one of its most loyal and earnest members, and his professional associates of the benefit of his judicious counsel and wise advice, therefore,

*Resolved*, That in the death of Dr. Ferson, the Homœopathic Medical Society of Allegheny County, has lost a faithful and valued member, and the system of medicine which he so steadfastly and ably supported, has lost one of its truest and most consistent advocates.

*Resolved*, That we tender to the bereaved family of the deceased our heart-felt sympathy and condolence, and fervently hope that their affliction will be less keenly felt by the assurance that he will be gratefully remembered by a community in which he was so highly esteemed and universally beloved.

*Resolved*, That a copy of these resolutions be spread upon the minutes of the society, be sent to the family of our deceased fellow member and to the principal medical journals of our school.

*Resolved*, What as the last act of respect and esteem that it will ever be our privilege to pay Dr. Ferson, the society attend in a body the funeral services Thursday morning, July 9th, at his late residence, Wylie avenue.

Signed.

W. J. MARTIN, M. D.,  
J. B. McCLELLAND, M. D.,  
J. F. COOPER, M. D.,  
J. C. BURGHER, M. D.,  
T. A. WILLARD, M. D.

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## AN INVOLUNTARY PROVING (?) OF LYCOPODIUM.

I deem the subjoined correspondence of sufficient importance to justify its being put upon record:

"I do not know when I had such a surprise as one given me yesterday.

"Four months ago I made an urinalysis for myself and found my urine O. K. For *the past six weeks* I have had at times frightful headaches (occiput, vertex and through right eye) which have always been relieved by *Magnes. phos.*

Yesterday I made another examination of my urine, because of my head symptoms, and found about 12.5 per cent. of albumen! I then recollected Dr. Hughes' mention of your use of

*Plumbum* 30, and his reference to your articles. Have you any reprints of them ?

“Urine is normal in color, specific gravity varying from 1.014–1.020, but of very strong odor when standing over night. Perhaps your writings upon this subject will give me some light.”

Six days later I received the following: “If not trespassing upon your time I will give you my case in detail, believing that it will interest you in view of the developments of the past few days.

“My symptoms have been as follows: Constipation; flatulence and borborygma; frequent micturition, urine opaque when heated, no phosphates, but mucus or mucin, some albumen; teeth painful to touch (upper molars, right side); throat dry and accumulation of phlegm; tension in region of liver; aching pressure in occiput, vertex and eyes; rheumatic soreness right hand and wrist; palpitation of heart.

“On 30th I took *Calomel* grains 2, and on Sunday had six copious movements with much bile, after which head symptoms ceased.

“Two days ago when trying to relate ‘cause to effect’ I wrote out my symptoms and thought I would look up the ‘drug pathogenesis.’ I then took up Hughes and Burt, and to my surprise found my symptoms under *Lycopodium clav.*

“Now for the part which will interest you. For the past month I have been engaged every day in chemical experiments upon a new compound, and to the boiling mass of which *Lycopodium* has been added. Possibly the inhalation of the liberated oil of *Lycopodium* or of the pollen itself may be the cause of my trouble. Do you think this possible?”

Sixteen days later my correspondent writes: “I treated myself as I have treated others of like character, and since the 14th instant have had no head pains. Amount of urine normal; color and action normal; specific gravity 1.017–1.020; trace of mucus and albumen; bowels regular; no vertigo or sense of fatigue; no more getting up at night to micturate.”

Fifteen days later, in answer to an inquiry, the doctor wrote: “I am convinced that the effect of pollen and its vaporized oil by absorption through the respiratory tract was the causation in my case. I have not a single symptom left save a slight precipitation of mucus; absolutely no albumen.”

As a “proving” this case is spoiled because the subject

thereof submitted himself to vigorous treatment, both medicinal and dietetic; but it is suggestive, nevertheless. As he had removed the cause so soon as it was suspected, the effect may have ceased spontaneously.

The fact that the perspiratory function of the skin was not arrested is significant, and it gives emphasis to the conclusion that the albuminuria was a pathogenetic effect of the *Lycopodium*.

When will the laboratory advantages of the University of Michigan be availed of to give us provings of our remedies with the essential urinary analyses? The question is of far more importance than of the removal of the college to Detroit or anywhere else. But essentials count for little in Michigan.

*Ann Arbor, 10th of July.*

S. A. J.

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“THE LOUSY EVIL.”

Perhaps the following extract from “Universal Practice of Medicine” by Jos. Lientaud, first physician to Louis XV, translated from the Latin by C. A. Atlee, M. D., may be of interest to readers of RECORDER. Reading “Up to Date” in July number suggested it.

ALEX. R. SHAW, M. D.

*Philadelphia, July 20, 1896.*

“Phthiriasis--The Lousy Evil.”

We are not treating in this place lice produced by filth and nastiness, but of a certain peculiar and very rare disease, which without respect to rank, invades even the nobles themselves. The lice, in this kind of disorder, not only infest the external skin in heaps, but lurk even beneath the tegaments and the pericranium itself; yea and perforating both tables of the cranium, as also the meninges; they get into the brain itself, which stupendous phenomenon dissections have exhibited. This most loathsome disease has a fatal termination, since hitherto the genuine method of cure has been undiscovered. Yet nothing hinders trying the virtues of powdered aloes, the *seeds of staves-acre* and American caustic barley, which in a short time expel the common lice, produced by filth. For preface to his work he says: “This synopsis has been produced, not an elementary or didactic work, but made up of mere observations while engaged among the sick and dead.” “For it is known to all that

diseases of the same name or the same species, never occur clearly alike in practice, both on account of numberless circumstances derived from temperament, age, sex, season, etc."

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### EPILEPSY OF TWENTY-FIVE YEARS' STANDING CURED BY *CENANTHA CROCATATA*.

Sometime about the year 1887, I believe, shortly after moving to this little city, I met one, Rev. H. B. Seely, who, while serving as aid to one of the Federal generals at the battle of Gettysburg, was wounded by a piece of shell striking him on the forehead and knocking him from his horse. He fell into the hands of the enemy and laid in prison twenty months. Coming out of there a wreck, he began to have light attacks of epilepsy, which increased, until when I met him he was a total wreck. Was having his "spells," as he called them, as often as four or five a day, could not write his name, and at times would take to his heels and run four or five miles into the country before he could be overtaken and captured. He had been treated by about thirty of the ablest surgeons in the country, including Gross and Agnew, of Philadelphia, without the slightest improvement. I proposed to furnish him medicine if he would take it, as I believed I could cure him. He agreed, and I put him on *Cenantha crocata*, 4th dilution, five drops every four hours. After the first dose he had a very bad fit. I told him that it was an evidence that the medicine was acting properly. I let the dose off a little and he began to improve, and in less than a year he was enjoying perfect health; he did not take the medicine continuously, but when he felt nervous he would take a few doses. The case was a very bad one of over twenty-five years' standing, and I think the medicine wrought a wonderful cure.

Yours truly,

J. S. COOPER, M. D.

*Chillicothe, Mo., June 16, 1896.*

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### SOAP DUST FOR HAY FEVER.

A young woman before her marriage was for over a year under homœopathic treatment for hay fever in Portland, Oregon, with indifferent results. She then married a photographer and helped him burnish photographs once a week. A part of this work con-



sists in rubbing with a dry cloth first a piece of dry castile soap and then the photograph, whereby considerable soap dust is inhaled. Since thus employed she has been free from rose colds.

She told another lady of her cure, who also had suffered from severe yearly hay fever and this one has likewise been free from it since inhaling soap dust. Whenever the symptoms of the rose cold appear, she rubs a piece of dry castile soap with a dry cloth, inhaling the dust, and this stops the disease at once. A previous homœopathic treatment and use of Farradic current had also been unsatisfactory in her case.

We are personally acquainted with both ladies and can vouch for the correctness of both their statements.

Will those who try this simple remedy please report in this journal their results?

*Roseburg, Oregon.*

F. G. OEHME, M. D.

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### DYNAMIZATION.

The dynamization of drugs and the increased efficiency laid to be the effect of the dynamizing process, have long engaged my curiosity. It is an interesting study. I do not think the puzzle is yet solved. The theories which have been advanced to account for this wonderful development of latent power remain theories still; nor is it easy to see how the stage of theory is to be exchanged for that of acknowledged proof.

The subject naturally divides itself into two primary questions: 1. Will drugs treated by the process recommended by Hahnemann be rendered more efficacious in the curing of disease than they otherwise are? 2. In what way does the process secure this efficiency? \*

We all acknowledge that a new power is conferred on *some* substances by Hahnemann's process. There are several wonderful examples of this. Take, *e. g.* *Chloride of sodium*. This salt has never been employed remedially in the crude state. We use it as a condiment to preserve us in health, but as a remedy in disease I have not heard of it being used. But triturate a grain of this with a hundred of milk sugar and we obtain what Hahnemann has correctly called a "heroic remedy." We might mention other substances, as *Charcoal*, *Lycopodium*, *Silicea*, etc., as

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\* Although this distinction is here made, it has not been found convenient to separate them in the argument.

examples of the same dynamic power evolved by the same process.

But another question arises. Does the dynamizing process increase the efficacy of those drugs which already have a distinctly curative virtue! Such drugs are very numerous, forming, perhaps, nine-tenths of the whole—from *Aconite* to *Veratrum*. Suppose we put a drop of the officinal tincture of *Aconite* in a tumbler of water and give this in divided doses. This would be an example of treatment by the crude or non-dynamized drug, and would in many cases be a valuable curative agent. Now suppose we dynamize and make a thirtieth attenuation of *Aconite*. What have we now? Will this thirtieth attenuation be more efficacious than the other? Or will it be adapted for a different set of symptoms? I do not myself know, but perhaps others do. And yet no one, I believe has given us an account of this comparative efficiency in drugs—that is, a comparative statement of the curative action of the crude drug and of the dynamized drug. This is much wanted. We sometimes read glowing accounts of the successful action of this medicine or of that; but whether the success is due to the action of the crude or the dynamized drug we do not know, for we are not told. Now I cannot help thinking that it is always very important that we should have a distinct understanding whether curative results are due to the action of the crude drug or to the dynamized drug. Often, no doubt, we get contradictory statements. For instance, Dr. Hughes, a very exact writer, when speaking of *Aconite*, says: “The fever in which *Aconite* is specific is the ‘synocha’ of the old authors, the ‘pure inflammatory fever’ indicated by Hahnemann.” Does Dr. Hughes here mean the dynamized *Aconite* or not? By looking a few pages further on we receive an answer; but it is not a decisive one. He says: “As to dose, I cannot deny that Hahnemann’s immediate successors seem to have found success from the plan recommended (more or less theoretically by him) of administering in fever a single dose of a high dilution (18th to 30th) and allowing it to act. But it is no less certain that the homœopathic practice of the present day in all countries is to give frequently repeated doses of a low dilution until the fever departs in perspiration.”

By giving a low dilution I suppose we may understand that the 1x would come under that classification, and certainly the 1x could not be called a *dynamic* dilution.

But what shall we say of the diversity of statement with regard to the use of *Aconite*? Different arguments might be employed on this diversity in theory and in practice, if it were worth while to dilate on them, which it is not. There is, however, just this fact clear enough, that if the "low dilutions of present day practice" are successful, why need "Hahnemann and his immediate successors" have wasted their time in making attenuations from 18th to 30th? And besides the waste of time there is something worse to be considered, and that is—tending to make the practice of Homœopathy difficult to be accepted by both the profession and the public.

As to the curative inefficacy of the genuinely dynamized drug there can hardly be a doubt, considering how numerous have been the testimonies with regard to it. We cannot ignore the testimony of honest and intelligent men, however much some of us may have wished that it were not so. And yet I think we are justified in saying to those who use the dynamized drug exclusively—what you can do with your high potency we can also often do with our low one. Or rather, thus—If *you* can sometimes cure with your high potency patients whom *we* have failed to cure with our low ones; on the other hand, *we* claim to cure with our low when you have failed with the high. This would be the most rational and most candid way of ending the difficulty between high and low—that is, between those who adhere to dynamization and those who use only the crude or diluted drug.

But the question continually recurs to us, Are the terms "dilution" and "dynamization" to be considered as synonymous? In other words, Is it merely the extreme minuteness of the dose which secures its efficacy; or does the drug obtain some new power by trituration or succussion? Suppose we put a grain of the drug to be experimented with into a vat of water consisting of thousands of gallons, give the solution a little agitation, and then employ this solution in drop doses as a curative agent. Shall we in this case get the same remedial result as by employing the process recommended by Hahnemann? It is very unlikely, I think. Therefore we may conclude that it is not the minuteness of the dose which produces the curative effect. And therefore, also, the terms dilution and dynamization are not synonymous. And therefore, also, the terms should not be used indifferently and indiscriminately.

There is another point. Our old motto is *similia similibus*

*currentur.* Does this mean that if the crude drug produces certain symptoms, then the drug in a reduced dose will cure those same symptoms? Or does it mean that if the drug produces certain symptoms then the *dynamized drug* will cure those symptoms? Or does it mean that sometimes one and sometimes the other will do so? Shall we ever know and understand the present mystery of this science? Until we do so Homœopathy cannot be considered an *exact science*.

#### An Outsider's View.

A certain Mr. Colville writes as follows in one of our weekly papers: "Many Homœopathists declare the highest attenuations to be the most potent with sensitive patients. Why? Surely because trituration is a mental as well as a physical process. It extracts hidden potency from the drug by refining away the outer covering of its psychic essence. Everything in nature generates an aura, but the potency is not in the aura, of which the outward form is the grossest crystallization, but in the vitalizing element which is invisible."

I cannot attempt to criticise this assertion, because I cannot enter into the sphere of thought in which the author moves. Moreover, I do not understand what he means by the "invisible vitalizing element"; or whether this refers to the operator or the drug operated upon. Of course, if there be any truth in the assertion that dynamization evolves power, it follows that there must be an explanation of this in some way or other.

In reading over an interesting address by Dr. Dake, on Drug Attenuation, I find that Hahnemann's first theory respecting it was, "that drug power may be developed, but not increased, by the processes of drug attenuation." His second theory was, "that drug power may be not only developed, but marvelously increased, by the processes of attenuation." Concerning which statement Dr. Dake says: "In other words, it has been believed that the medicinal force of a given drug mass is not in proportion to the number of its drug molecules, but dependent, rather upon the quality and expansiveness of its indwelling spirit. \* \* \* The believers in this theory entertain the opinion that drug matter is infinitely divisible and that there is no limit to the capability of alcohol shaken, or of water, freely running, in a vessel where one drop of the drug even has been, to liberate drug spirits and so increase drug power!"

I have before spoken of the marvellous effects of trituration

upon comparatively inert materials, and especially upon such a salt as the *Chloride of Sodium*. A grain of this salt triturated with a hundred of sugar, does indeed produce a medicine truly heroic, and which must be given with caution, if at all. But when this attenuation is carried on, say to the sixth potency, we get a safe and efficient remedy. Here we see that the effect of further trituration is not to increase the power, but to reduce it; and we may reasonably suppose that each successive attenuation must reduce the power still further. And so there must come a time when no medicinal effect remains.

It may be objected by some that the process of dynamization is too artificial a method of procuring remedies, and therefore contrary to the simplicity which pertains to the use of *natural* products. Well, it is, perhaps, a roundabout way of attaining our end, but then that end often *is* attained, be it a *sine qua non* or not. I have often thought that, after all, the best way of using remedies is by giving the first infusion, or decoction, of vegetable substances. One might naturally suppose that water would prove a better medium for obtaining the virtues of many vegetables than would alcohol. I am not sure, but my impression is that every mineral salt that we use in medicine may be found in the vegetable kingdom, and that some of them would be found insoluble if sufficient water were employed—water sufficient to reduce them to the third potency, e. g., suppose we wish to give *Phosphate of iron*. This salt is contained in *Gelsemium*, *Aconite*, and many other plants. Would not an infusion of one of these contain as much of the salt as we should have in the third trituration of Schuessler? I think so. Take another insoluble salt (so-called) *Phosphate of lime*. Several plants contain this, and we may again ask the same question: Would not an infusion of these answer as well as the trituration? However, one cannot labor this point because there is an almost inseparable difficulty in the way. A doctor cannot carry herbs about with him. He must therefore fall back upon his tabloids or triturations; but whenever these fail it would be worth while to try a fresh infusion.

A question which has sometimes occurred to me is this: Do all substances develop their dynamic qualities in an equal ratio? In other words: Will the same potency be adapted to all drugs which are dynamized? This is hardly probable, but why it should not be the case we do not know.

London, England.

GEORGE HERRING, M. D.



## NATRUM MURIATICUM.

## (1) In Involuntary Urination During Coughing.

Patient, named Zaheeruddeen Khair, aged about 42 years, came to be treated for the above complaint and was entered in my dispensary case-book on the 9th of November, 1895, at about 6:40 A. M., with the following history and symptoms: Had gonorrhœa 8 or 10 years past, but there is no trace of the disease at present; had itch, which healed up by using some external applications. Not vaccinated, but inoculated. *Involuntary spurting out of a small quantity of urine during coughing*, which, when he catches cold, may happen any time during day or night, but this cough aggravates morning and evening. Has coryza and cough, now nasal discharge watery; aggravation of cough morning and evening. The involuntary passage of urine during coughing may occur any time he coughs, but not always and every time he coughs. Passes soft, clay-like stool, of yellowish color with no bad smell; urine not colored; occasional increase of times of micturition. In the morning or evening when he coughs and passes a small quantity of urine involuntarily he feels a call to pass water, and passes water. Appetite dull. Good sleep if not interrupted with coughs. Pulse full, compressible and rather quick. Tongue clean, moist and slightly colored with *Pâu* juice. Recently he had an attack of intermittent fever, for which he used *Quinine*. This has been within the period of a month. No enlargement of spleen; no pain on percussion on epigastrium and right hypochondrium. Eight or ten years past he passed a round worm; passes thread-worms now and then. Chance of the involuntary passage of urine more in the morning. Itching pimples on the occiput, among the hairs. Coryza from before the last attack of intermittent fever, continuing after yet; watery nasal discharge by blowing through the nose; sneezing day before yesterday; had fever blisters on lower lip and on tongue during the cold after the last attack of fever. Gets winter cough, and this present cough seems to be the preliminary stage of this year's winter cough. If there be evening cough, continuing for some time, it stops with taking food after evening.

Treatment: *Nat. m.* 30; one dose placebo for next day.

3-12-'95. 9:15 A. M. In the interval he had an attack of intermittent fever for which he used no medicine; no fever since about a week past. Cough much less; no spurting out of urine

with every spell of cough, only very seldom, especially with coughs of greater force. Daily two soft free stools. Appetite good. Afternoon urine some days somewhat colored. Itching pimples among the hairs. Says three-fourths part of the illness is disappeared. Gradually improving. Placebo.

9 12-'95. 9 A. M. No spurting out of urine during the interval although he has got cough and coryza since yesterday. No medicine given.

13-12-'95. 9:30 A. M. Cough and coryza going on but no spurting out of urine during coughing. He has a symptom; to attend immediately: A call to pass water, and this only at nights—nocturnal enuresis. Stools normal. No improvement of this nocturnal enuresis after using the medicine. Passes water once or twice after going to bed every night. *Nat m.* 30; one dose.

25 12-'95. 10:20 A. M. No more spurting out of urine involuntarily during coughing; no improvement of nocturnal enuresis. Appearance improved. Cough much less than that of last year. Placebo.

17-1-'96. 5 P. M. *Recovered.*

*Remark.* Has got cough twice or thrice after the recovery, but no relapse of the symptom (spurting out of urine during coughing.)

## (2.) In Intermittent Fever.

Patient, a Mohammedan girl of two and a half years of age, suffering from the fever for about three months; brought to my dispensary the 23d of December, 1895, 8:40 A. M. with the following characteristics of the case:

Type: Quotidian. Time: Early morning before sunrise, about 6 A. M. Prodrome: Yawning, stretching. Chill: Shaking, severe, more than one hour; *thirst* of large quantity of water; heaviness of head; *horripilation*. Heat: Severe, more than one hour; *thirst*; sweat, slight; *no thirst*. Apyredia complete.

Bowels constipated, passes stool after two or three days; stools hard, knotty; urine sometimes colored; tongue moist, two sides of the anterior part mapped almost symmetrically in the following manner:

Tongue mapped on right side, and on the other (left) side. Soft, enlarged spleen; puffiness of upper and lower eyelids of both eyes; bad smell of mouth; good sleep at night. Does not take her food. Face pale and slightly puffed; abdomen bloated. Used

quinine and other medicines. The child has an especial desire for common salt which she takes without any additional article. *Nat. m.* 30, one dose given to be taken in full remission.

24-12-'95. 9:10 A. M. Puffiness of face and of one eyelid much less; to-day, morning, fever but with slight chill and less thirst; tongue whitish in the centre and mapped as above; one hard and formed stool yesterday at about noon; urine not colored and increased in quantity this morning; shivering; feverish now with thirst. Yesterday took rice before medicine was taken. *Nat. m.* 30; one dose.

25-12-'95. 9:05 A. M. Less fever than that of yesterday; no shaking, almost no chill; no thirst; one formed stool yesterday at about noon; the stool being not so dry as before; now slight perspiration; tongue mapped and colored as above; puffiness of face and eyelids less; paleness of face seems increased; good sleep last night; urine slightly colored; wets bed, but not last night. Placebo.

26-12-'95. 9:10 A. M. No fever now, (now being the paroxysm time); appearance almost normal; puffiness almost all disappeared; one stool yesterday at about noon, the stool being of the same sort as that of day before yesterday; urine less reddish but increased in quantity and in times of micturition; tongue not mapped to-day, but posterior part yet whitish; spleen reducing. Placebo.

27-12-'95. 9:10 A. M. Slightly feverish now. One scanty stool, hard and formed yesterday at about noon; tongue white as above and coating from two sides. *Nat. m.* 30.

29-12-'95. 9:20 A. M. Tongue better; almost not mapped; moist; no fever yesterday; very slight feverishness to-day; one hard, small, knotty stool yesterday at about noon; urine slightly colored; but not much in quantity, and number of times of micturition less; no sleep night before last; slept last night. *Sulphur.*

30-12-95. 9:25 A. M. Yesterday fever at about 10 A. M., with slight chill with thirst; with much heat with no thirst; slight sweat; apyrexia complete; slight horripilation during chill yesterday. Bowels opened yesterday at about 10 A. M., the stool being at first knotty, then hard and formed and liquid; with no bad smell. Abdomen slightly reduced. Urine sometimes reddish. Placebo.

31-12-'95. 9:20 A. M. Fever yesterday at about 4 P. M., lasting till evening; again this morning another paroxysm at about

6 A. M., and the fever-chill continuing with thirst; sleeping in the present chill. One stool yesterday, at about 10 A. M., being at first a hard then soft-formed stool (scanty). Urine slightly colored. *Sleep during chill* during the whole course of fever. Tongue moist and not mapped. *Nat. mur.* 30.

*Result.* Recovery.

### (3) In Hydroa.

Patient, Delbar, our servant, aged about 17 years, color fair, came under treatment the 17th January, 1896, at about 10:05 A. M.

History and symptoms: At first coryza and cough since about a fortnight; no nasal discharge now, only dry cough remaining now; cough with no aggravation at any time. *Hydroa.* At first a hard vesicle formed on the left labiæ commissure; the vesicle on being scratched opened and new ones formed around the same; now the patch is rather elongated, running outward towards the middle of the left cheek; the patch is itching and humid, as watery fluid exudes after scratching; a scab has formed and new vesicles forming. The left cheek swollen with not much pain. No fever. Bowels open normally. Tongue broad, moist, and slightly white. Pupils dilated. Slight injection of conjunctival vessels. *Nat. mur.* 30. One dose and bathing in cold water.

18-1-'96. 9:20 A. M. Swelling much reduced; itching less; no watery discharge if there be any opening and tearing by scratching. Bowels regular. Cough and coryza the same. Placebo.

One day more he attended my dispensary and got placebo. He has recovered.

Let us commence from the last the hydroa case. Was it hydroa that was cured in the above case? The patient is cured, and there is no doubt of that, and he may shower thanks on his healer, but the difficulty is among us (we medical professioners) to diagnose, as it is in every case that comes to us for treatment. What led us to call it hydroa? Hydroa, as Dr. F. T. Roberts has it in his Handbook of the Theory and Practice of Medicine, third edition, "consists of minute vesiculation arising out of irritable, red, indurated spots, \* \* \*." He says it is often pruritic and may affect the mucous membrane of the mouth. He places hydroa in the heading of the Bulbous Inflammations of the Skin. By the word *hydroa* I am rather inclined to mean a

blister-like eruption on the skin or mucous membrane; but this was not the case in my patient. My patient expressed that he had at first had vesicles with itching. I saw the part covered with a large scab covering the whole part with vesicles, the cheek was swollen and slightly painful. To those who are not well up with experience in skin diseases may find it a difficulty to diagnose hydroa of the mouth and lips with herpes of the same places. I would call it *herpes labialis* had the patient to complain much of pain of the affected part and of other constitutional pain.

As regards the treatment: The patient took only *one dose of Nat. mur. 30* (one globule) on the first day of his treatment, then two days placebo, and gradually recovered. Would not the result of this case be a very strange matter to them who are rather conservative and maintain that the medicinal efficacy of our common salt is only in some external applications, as some baths, some injections, etc., and scornfully reject what are derivable by potentization?

The intermittent fever case: This intermittent fever case, who had been suffering since about three months, took medicine as follows:

- 23 12-'95. *Nat. m. 30*, one globule in one dose.
- 24 12-'95. *Nat. m. 30*, one dose as above.
- 25-12 '95. Placebo.
- 26-12 '95. Placebo.
- 27-12-'95. *Nat. m. 30*, one dose as above.
- 28 12-'95. No medicine.
- 29-12 '95. *Sulph. 12*, one globule in one dose.
- 30-12-'95. Placebo.
- 31-12 '95. *Nat. m. 30*, one dose as above.

So we see *Nat. m. 30* (one globule in one dose), was given four times, two doses on the first two days of the treatment; the third dose on the fifth day and the fourth dose on the last day of the treatment. I expected here a readier cure, but from some irregularities of diet which were allowed to the patient and expressed to me by the mother a few days afterwards. Here we may see how *Sulphur* can be used *intercurrently*.

I should not leave this case of *intermittent fever* before I note down here two remarkable conditions of the case: (1) "The child has an especial desire for common salt, which she takes without any additional article," (2) The mapped tongue.



This especial desire for common salt is noticeable in some patients, and they devour it in larger quantity than others of the same locality. If such patients have at least very few characteristic symptoms of *Nat. m.*, I find it good with me to try them with *Nat. m.* potentized. My dear reader, what's your opinion on this?

The mapped tongue: This is a characteristic symptom, as far as I remember, of *Nat. m.* I have seen various sorts of mapped tongues, among which may be mentioned the unilateral and symmetrical mapped tongues. To learn something from the pathologist, readers of this paper, I request them to favor me with the explanation of the cause of the mapped tongue, with its various varieties. The symmetrical variety may be central or lateral. In our present case we have the lateral, symmetrical variety. There is another variety, the scattered one, in this, as far as I know, there is no regularity and symmetry of the marks.

This mapped tongue and the desire for common salt and eating it in larger quantity as mentioned above, besides other *Nat. m.* symptoms of the case, indicated to prescribe the salts.

Let us consider the first case, the involuntary urination case. This is a peculiar case, peculiar at least to me, as I have never seen such a patient. Two doses of the medicine (one globule per dose) relieved him of the symptoms.

There are many medicines for involuntary urination, but very few for that during coughing. I do not remember at present more than *four medicines having involuntary urination during coughing*, which are the following: *Causticum*, *Natrum muriaticum*, *Pulsatilla* and *Squilla*. The morning and evening aggravations, previous use of *Quinine* and fever blisters indicated *Nat. m.* It would be a matter of great pleasure to me if any one, Mr. Editor, or the reader, would publish cases like this, involuntary urination during coughing, in this journal, treated with any single homœopathic remedy.

#### (4) Herpes Labialis.

Patient named Ayen Sebara, aged about 50 years, admitted in my dispensary the 29th January, 1896, at about 10:15 A. M., for the treatment of *herpes labialis*, suffering for about six days past. His story and symptoms are as follows: Had cough and coryza since two days before the eruption; cough and coryza continuing up to now; cough with thin expectoration; cough increases in the morning and evening; nasal mucus discharge thin;

sneezing since about seven or eight days; day before yesterday had fever afternoon 3 P. M., with severe chill with no thirst, before chill yawning and stretching, chill for about an hour till 4 P. M.; then followed heat; no thirst during heat; no headache but much heat of head; no sweat; during chill horripilation; swelling and pain in upper gum; bad smell of mouth. Feels no pain in throat. Labial eruption examined and found to be small blister like those which are newly forming, the old ones being covered with thin black scabs. The eruptions are badly painful. One of the eruptions is on the internal side of the left cheek, the site of this eruption, too, is painful. No fever now, bowels open daily once or twice normally; stools soft with no bad smell; urine not colored; heaviness of head; taste insipid; appetite good; sleep good; the eruptions are burning; had fever two days before the above-mentioned day; used to take salt (common) more in quantity with his food before this attack of disease, but he has now an aversion for the salt. Treatment. *Nat. m.* one dose. Diet: Rice, vegetable curry.

30 I-'96. 10:10 A. M. Three or four loose stools yesterday; one normal stool this morning; cough with watery sputa last night; urine not colored; feels better this morning. Herpes labialis (on the lips and that on the internal side of the left cheek) much improved; pain of the eruptions almost gone; the eruptions all subsided. Aversion for salt continuing. No bathing yesterday. Placebo.

31-I-'96. 10:05 A. M. Almost healed up; no pain; only two scabs on right side of upper lip; two normal stools yesterday; no stool this morning. Placebo.

*Remarks:* Patient recovered with only one globule of the *Nat. mur.* 30, given to him in one dose the day he came under my treatment. I may say I was lucky enough to get this case—Herpes labialis—when I was already done with the remark on my hydroa case mentioned above. Now it is very clear to see here in this paper of mine the difference between Herpes labialis and hydroa of the lips. In this last case we have very bad, painful, small blister-like eruptions on the lips and one on the internal side of the left cheek. This painfulness of the eruption (blister-like) and the appearance that of a small fever blister which the patient had, and cough and coryza all contribute to prove the herpetic nature of the eruptions. This painfulness, the blister-like appearance and pyrexia was wanting in my

hydroa case where you have only slight pain, slight swelling and slight coryza, but no fever during any part of the whole course of the case. So there is no difficulty in diagnosing these two cases; hydroa and herpes labialis.

A. W. K. CHOUDHURY.

*Satkhira P. O., Calcutta, India.*

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### DOWN IN DIXIE'S LAND.

TALLAPOOSA, GA., July 4, 1896.

Editor of HOMŒOPATHIC RECORDER.

Please send "THE HOMŒOPATHIC RECORDER" in future to the above address. I was formerly located in Baltimore, Md., and have lately come to this place.

I find Tallapoosa quite a pleasant town, or rather small city of about three thousand inhabitants. This is a winter health resort, and a great many after coming here have decided to stay the year around, finding it pleasant here the whole year. There is neither extreme of heat nor cold, as is apt to be the case in our more northern cities. The nights are almost always delightful, notwithstanding the days may be comparatively warm preceding them. Many nights are often cool enough to sleep under a blanket, even when the thermometer may be up to ninety in the middle of the day. There is seldom a night without a pleasant breeze. I am told that sunstroke is unknown here, no one knowing of a single case. Almost every State in the Union is represented by persons who have come here for their health, and to avoid especially the extreme cold winters of the northern clime.

I find about the same diseases prevail here during the summer as prevail in the more northern cities, and I find they yield more readily to the true homœopathic remedy than to the old system of harsh drugging. So far I have been very successful, but I hear of quite a number of deaths under the treatment of the other school. This, of course, is the same old story with which all homœopathists are well acquainted, wherever dispersed; Homœopathy is always to the front, and the most intelligent and refined recognize the fact, and will have no other.

With best wishes I am

Yours truly,

E. H. HOLBROOK, M. D.

## RESPECTFULLY REFERRED TO OUR CONTRIBUTORS.

Editor of HOMŒOPATHIC RECORDER.

Have just been reading G. Herring's article on diphtheria, and as so often before by different writers, have had a degree of regret come over me amounting to *positive sadness*, that so many do not mention the *potency*, and also repetition. These points are certainly very important. Would it not be well to put a standing notice into the RECORDER to this effect. There is such an immense difference between the lower and higher potencies.

Yours truly

DR. GEO. E. EHINGER.

*Keokuk, Iowa, July 11, 1896.*

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## WAKE UP GENTLEMEN!

Editor of HOMŒOPATHIC RECORDER.

At a session of the American Institute of Homœopathy, held in Newport, R. I., in June, 1895, the homœopathic society of each State was requested to appoint two of its members as delegates, to unitedly form an Inter-State Committee of this Institute. In the 45 States of the Union, there already exist 33 such State Societies, 28 of which appointed and reported such delegates. These delegates assembled at Detroit during the recent sessions of the Institute, organized and carefully considered the relations of the State Societies to the Institute and to each other.

In accordance with the recommendations of this Inter-State Committee, the Institute adopted the following preamble and recommendation:

WHEREAS, It is of great importance that our State Societies should be in harmony with the American Institute of Homœopathy, therefore, in order to secure this end,

WE RECOMMEND, The revival of the former custom by which the Presidents of our State Societies shall become honorary vice-presidents, and the secretaries, corresponding secretaries of the Institute, during their respective terms of office.

The following recommendations were also adopted:

- 1st. The legal incorporation of all homœopathic State Societies, not already incorporated;
- 2nd. The organization and incorporation of homœopathic

State Societies in States containing a sufficient number of homœopathic physicians, wherever no such organizations now exist;

3rd. That it be urged upon all homœopathic State Societies to annually furnish the Institute with correct lists of homœopathic physicians and of all homœopathic institutes (including hospitals, colleges, societies, journals, etc.) in respective States; also, that an annual report of desirable locations for homœopathic physicians be prepared by the State Societies for publication, and that copies be furnished to the American Institute;

4th. That this Inter-State Committee be made a permanent Committee;

5th. That each State Society shall annually publish a list of its members, together with a resume of its general transactions;

6th. That a system of Inter-State delegates between our State Societies be arranged as far as practicable.

The earnest interest already exhibited in this movement, and the great importance of harmonious and systematic action on the part of our societies and institutions, should lead every State Society to actively assist this measure.

Will you kindly report at once to the Secretary of this Committee, the name and address of the President and Secretary of your State Society on June 15, 1896? Also, the number of members and the general condition of the Society, together with other suggestions which may be for the mutual benefit of your Society and the Institute?

Respectfully submitted,

MARY F. CUSHMAN, M. D., CASTINE, ME.,  
*Secretary of the Interstate Committee.*

I. T. TALBOT, M. D., BOSTON, MASS.,  
*Chairman.*

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## BIG GUNS AND LITTLE GUNS, GERMS AND SERUMS.

(The following breezy letter to the editor of the *Medical Record* is too good to pass by. If you would know the origin of many of the ultra "scientific articles" that adorn so many medical journals, you must seek it at the business end of the publication.)

SIR: After reading the articles in your excellent journal in



reference to antitoxin, I cannot refrain from writing you a few lines about germs and serums in general.

When will the medical profession learn that they are being made dupes of by some of the chemical manufacturing companies? These companies discover (?) some great drug or cure. Now, how do they set about to get rich from it? The answer is easy. Some physician of national repute and high-sounding title is sought. He is informed that the very moon revolves about his magnificent reputation and name; in other words, that he is the great medical mogul. They inform him of the wonderful remedy, supply him with some, give him to understand that it will be worth his while to write a scientific article for print about it. What does he do? Tries it in a few cases, writes a long, learned discourse, and gives it up to the company. What do they do? Print his learned article and strew it broadcast over the land. No one dares doubt the wonderful virtues of the remedy, for does not the recommendation come from the great So-and So?

No one wants to be outdone, so the lesser lights rush into print—everybody goes wild. After a time some doubting Thomas finds nerve and gall enough to call a halt, and in about the length of time it would take the midday July sun to lick up a frost the remedy is a dead cock in the pit. The theory is exploded, but the company has grown rich.

Understand, I do not say all chemical companies are working the profession for what can be gotten out of it, because we are under a thousand obligations to many of them for the standard and reliable preparations they have put on the market.

What of antitoxin? Time will demonstrate, as it has almost done already, that it is a delusion and a snare. If so, you say, how are we to account for the reports of cures made by the leading men in the profession? Here let me say we are only human—big guns, little guns, and all. Enthusiasm carries them off their feet. Everything must bend to the theory; if we look through blue glasses we see blue.

I know of a man with a national reputation who secured a little vial, at great cost and trouble, of a new fad. He held it up before a class and said: "Behold! the science of a thousand years, concentrated in this vial!" The fact of the matter was that he could not have told what was in the vial to "save his immortal essence."

I doubt the efficacy of antitoxin upon two grounds: First, mistaken diagnosis and slight attacks; second, unreliability of figures.

As to the first reason—too many cases are diagnosed diphtheria which are not diphtheria. But, you say, the culture and test will settle it. I say no. We are over-enthusiastic over germs and germ theories. The pendulum has swung too far and must come back. Time will prove that we have been too positive about disease germs. Stick a pin there.

Many and many a case of follicular tonsillitis has been called diphtheria, and a wonderful cure reported, and perhaps the physician was sincere in his diagnosis. Beware of the diagnostic powers of a man who reports anywhere from fifty to a hundred consecutive cases of diphtheria without the loss of a single one, antitoxin or no antitoxin.

The greatest medical man in New York or Paris is just as apt to make a wrong diagnosis as a doctor not known outside of his little country village. And with all due respect I say that in many, many cases, were we to judge of the true success of the two physicians by the bona-fide cures made and real good done, the cross-roads man would carry off the palm. Cartloads of men with national reputations are dismal failures in actual practice. Theory is one thing and practice another.

As to the second reason—difference in severity of epidemic, location, care, etc., leads to unreliability of figures. Another reason is that when we are dealing with the human organism we are dealing with a compound, complex, complicated affair. So that if we give a remedy and the patient gets well, what definite reason have we for assuming the patient would have not recovered without medicine?

LINCOLN PHILLIPS, M. D.

*Hartwell, O.*

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## THE TISSUE REMEDIES.

Mr. M., aet. about thirty-eight, was brought to me with a little sore place on his lower lip at the margin of the mucous membrane and the skin. It had given him much annoyance, having resisted treatment for some three months, and seemed to be getting worse. A clear diagnosis was not made. There was no family history of cancer, although there had been some con-

sumption. We concluded to try the efficacy of the tissue remedies for awhile, and to watch the case for further developments.

*Kali sulph.* 3x was dusted upon the sore lip four times a day, it having been washed off each time previously with a solution of *Kali sulph.* in warm water. The same remedy was given internally, and from the start the effect was marvelous in its curative power. In three weeks the lip was well, and there has been no return of any suspicious symptoms.

Mr. W., aet. thirty-three, came to me with an arm swollen to twice its normal size, very red, painful and feverish. In the history he claimed to have been poisoned while in the woods over a week before, and the arm seemed to be getting so much worse that he was alarmed about it.

*Kali sulph.* 3x was rubbed over the arm twice or three times a day, and the same potency of it was taken internally every hour. The next day the arm was greatly improved, and in three more days the external application was stopped, when the swelling again became aggravated. *Kali sulph.* locally, was continued, and within a week the arm was well. The aggravation was readily noted immediately upon stopping the local application, although the medicine was given internally during the time. Did the local application effect a cure without the aid of the internal medication?

From the records of a number of cases of diphtheria, I find that I have had uniformly better success in those in which *Kali mur.* 2x or 3x has been used locally in the throat, both by the means of the insufflator and as a gargle, especially if the case is seen early will the benefits be marked. However, I have had some bad cases, the kind which try men's souls, and which seemed to resist everything until this remedy was used locally, when the membrane then cleared off like magic. While I cannot say that it will positively work successfully every time, I have so far been uniformly successful when this has been used.

I have never tried the antitoxin treatment for diphtheria because I began using the *Kali mur.* before the antitoxin became known to me, and have no occasion to test its merits, *Kali mur.* so far always fully answering my purpose. Sometimes something else is given internally when the disease has gotten under good headway; but usually blowing or dusting or gargling (according to the case) the throat two, three or more times the first few hours, increasing or lessening the number of times as

may be necessary, and good big powders taken into the stomach, followed by a little whiskey water or brandy water if the patient needs the stimulus, will bring about a good and speedy result. It is the time tried remedy that we rely on in our difficult cases, and *Kali mur.* (if honestly prepared) will always aid one in this class of cases.—*Dr. F. D. Bittinger, Dayton, O., in the Clinique.*

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### PHYTOLACCA DECANDRA FOLIA.

In November, 1895, the RECORDER printed a note taken from the *South Carolina Medical Journal*, by Dr. Goodman, in which he said that the juice of phytolacca leaves has a strong and beneficial action on epithelioma, completely destroying the morbid tissues; it "has a selective action for the morbid tissue," he wrote and "follows out all the irregularities of the epithelioma; causes, as it were, its liquefaction and removal, and then acts as a cicatrizant for the open sore."

Messrs. Boericke & Tafel prepared a strong tincture of the juice of the leaves and also made an ointment from them. Nothing further was heard of the remedy until the appearance of the May number of the *Homœopathic World* which contained a paper by the veterinarian J. Sutcliffe Hurndall, of London, "On the Power of Drugs in Dispersing Pathological Growths," (reprinted in the June RECORDER). Among the remedies used, on dogs, was mentioned *Phytolacca Decandra Folia* that had been sent to Mr. Hurndall by Boericke & Tafel. The remedy had been used locally only on carcinomatous growths, and upon the bull bitches it exercised a potent influence, so much so that the owner of the bitches seems inclined to pin his faith to this agent exclusively."

No mention is made of this agent in the modern dispensaries, but Dr. Scudder's *Eclectic Medical Journal* for July says that it was mentioned in King's *American Dispensatory*, a very old publication; in Thatcher's *American New Dispensatory*, 1821, and the American edition of the *Edinburgh New Dispensatory* of 1818. These authorities seem to think that the reputation of the remedy is attributed to an "imperfect discrimination between malignant ulcers and those of a cancerous nature." The recent experiences, however, that we have quoted, seem to show that these authorities were mistaken, and that, topically applied, the juice of the leaves does exert a most potent effect on cancerous growths. It

is at least worth a trial in cases that refuse to yield to other treatment. If it will, as Dr. Goodman asserts, follow out and remove the "irregularities of the epithelioma," it is better than the knife. At the same time constitutional remedies should be given to prevent the return of the growth when once removed.

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### REVIVAL OF GUAIACUM.

The London correspondent of the *Medical Record* says that in medical circles there has been a "rehabilitation of Guaiacum," and several eminent gentlemen are reported as speaking strongly in its favor at a meeting of the Medical and Chirurgical Society, although it has fallen almost into disuse with the rank and file of the profession. It is not at all surprising to see one of the *Chronic Disease* remedies coming to the front, for there were never any remedies that received the same amount of study from a ripe mind as was bestowed on these by Hahnemann. In the preface to *Guaiacum*, or as it is spelled in that book *Guajacum*, he says: "The homœopathic physician will not allow himself to be led astray by the indefinite and delusive recommendation of the old *Materia Medica* to use *Guajacum* for gout and rheumatism. He will not look to fictitious names of diseases, but he will look to the similarity of the symptoms existing on the one side in the disease to be healed, and on the other in the symptoms excited by the remedy. In diseases for which it is homœopathically appropriate it has shown itself serviceable especially where the following ailments were present: Attacks of cephalagra; swelling of the eyes; painful straining in the ears; sensation of mucus in the throat, causing nausea; repugnance to milk; constipation; stitches in the chest; arthritic lancination in the limbs, especially contractions produced by tearing, lancinating pains in the limbs, where the pains are produced by the slightest motion and are combined with heat in the painful parts, especially after previous misuse of *Mercury*; pulmonary consumption with fetid pus, etc."

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### LYCOPODIUM FOR BOILS AND STONE IN THE BLADDER.

The following is from a little pamphlet published by Thomas Christy, of London. Homœopathic works could have told the



writer of this action of *Lycopodium* on boils, but, we believe, none of them mention its effect on stone in the bladder.

"Some years since I found that the tincture, if taken twice a day, cured boils and eradicated them from the system—ten drops being taken (fasting) twice a day. This was tested by very many physicians and surgeons. Details of results have been published and circulated, showing the numerous and valuable results which were revealed of its action in internal disorders, especially of the bladder, when much larger doses were given, up to a small teaspoonful. It is a perfectly safe medicine, and can be given to children for pustules on the eyelids (styes) which generally disappear in eight or ten hours after one or two doses.

"It has been found to have a singular action in dissolving stone in the bladder. A specimen has been placed in St. Peter's Hospital that was passed by a man, showing how the surface was eaten away in three days. In case of pain in the feet and legs, ten drops twice a day has given relief."

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## BOOK NOTICES AND GOSSIP.

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**The Student's Medical Dictionary.** Including all words and phrases generally used in medicine, with their proper pronunciation and definitions, based on recent medical literature. By George M. Gould, A. M., M. D. Tenth edition, rewritten and enlarged. 701 pages, 8vo. Half dark leather, \$3.25. Half morocco, thumb index, \$4.00, *net.* P. Blakiston, Son & Co., Philadelphia, 1896.

The author of this very popular and successful dictionary, the tenth edition of which now appears from entirely new plates, was for several years the editor of the *Medical News*, a journal made famous under his control for its old-fashioned assaults on Homœopathy. But, however we may differ from Dr. Gould in his estimate of the natural therapeutic law of cure, we must give him credit for a perfectly fair and accurate definition of the word "Homeopathy"—though we prefer Homœopathy. Here it is: "A system of treatment of disease by the use of agents that, administered in health, would produce symptoms similar to those for the relief of which they are given," which is certainly accurate. Each word is followed by the words from the Greek or other languages from which it is derived, and this by phonetic spelling indicating the proper pronunciation.

Forty six "tables" are given such as tables of acids, anesthetics, arteries, bacteria and so on. Taken all in all the dictionary is one that may be commended to all medical students as being at once full, accurate and very reasonable in price.

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**Practical Points in Nursing for Nurses in Private Practice.**

With an appendix containing rules for feeding the sick; recipes for invalid foods and beverages; weights and measures; dose list; and a full glossary of medical terms and nursing treatment. By Emily A. M. Stoney. 456 pages, 8vo, cloth, \$1.75. Philadelphia: W. B. Saunders, 1896.

The author of this book is a graduate of the Training School for Nurses at Lawrence, Mass., and is now superintendent of the Training School for Nurses of the Carney Hospital at South Boston. Miss Stoney says in her preface that her object is to explain in popular language and in the shortest possible form the entire range of *private* nursing as distinguished from hospital nursing and to instruct the nurse how best to meet the various emergencies of medical and surgical cases when distant from medical or surgical aid, or when thrown on her own resources. We know nothing about nursing and are not competent to pass on the merits of the book, but it seems to be very practical and full of good sense. The section on the "Action of Medicines," though, is slightly amusing. "The action of medicine," we are told, "must always be reported, as sometimes it is the reverse of what is expected; this is called an 'idiosyncrasy,' " to which Miss Stoney might have added, "and if fatal it is called an accident." Further on she says: "When patients have been taking a drug for some time they become accustomed to it, and can take a large quantity *without injury*, a habit being formed. It therefore takes a larger quantity to produce the result, and a longer time for the drug to take effect. It is in this way that the opium, morphine, chloral and cocaine habits originate." However, the nurse is not responsible for the medicine excepting to administer it according to orders. The book contains many excellent illustrations got up in Mr. Saunders' usual excellent style.

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**A Treatise on Appendicitis.** By John B. Deaver, M. D., Surgeon of the German Hospital, Philadelphia. 168 pages, 8vo. Cloth, \$3.50. Philadelphia. P. Blakiston, Son & Co. 1896.

Appendicitis ought to feel proud of being the cause of so fine a book—thirty-two full-page plates, over half of them in color, not to mention minor cuts, luxurious paper and type and all backed by an author with a terse, clear and forcible style. No one who believes in operation for this disease should fail to get this book, for it goes into the “fashionable disease” to the fullest extent, always, of course, barring homœopathic therapeutics. The practical keynote of the book is contained in the following quotation: “In the treatment of appendicitis my observations have forced me to the conclusion that there is but one course to pursue in order to obtain the best possible results, viz: to remove the appendix as soon as the diagnosis has been made.” Dr. Deaver’s work is the completest, as well as the latest, on this important operation, and it will undoubtedly attract much merited attention from the profession.

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**A Manual of Obstetrics.** By W. A. Newman Dorland, A. M., M. D., Assistant Demonstrator of Obstetrics at the University of Pennsylvania. 163 illustrations in the text and six full-page plates. 760 pages; cloth, \$2.50. Philadelphia. W. B. Saunders. 1896.

The primary object of Dr. Dorland’s manual is to give a rational and systematic presentation of the subject of obstetrics as recognized by the leading teachers of the day. To this end he has adopted a combined clinical, physiologic and pathologic basis for his work. The book is divided into two parts; one on Physiologic Obstetrics of eight chapters, in which normal conditions are treated; and the other on Pathologic Obstetrics of six chapters, treating of the vast number of abnormal conditions that may confront any obstetrician. In a work of this sort the homœopathic practitioner sadly misses the rich therapeutic methods to be found in such works as Guernsey’s, but, bearing these in mind, the remainder of the work can be commended as the latest word of experience on the subject treated.

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WE have received a copy of “The Hahnemannian Oration,” delivered by Dr. Arndt at the Jubilee Meeting of the California Homœopathic Medical Society, San Francisco, May 13th, 1896. It contains a half-tone of the picture of Hahnemann that appeared in the third edition of the *Organon* (1829). One point only of the oration will be quoted here: “To advance the true

science of therapeutics we must remain what we are now: *Specialists in therapeutics.*" Right! Do not carp at the work on *Materia Medica* in the past, but study and develop it in its application to the cure of disease.

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IF any reader of the RECORDER wants to freshen his Latin he ought to subscribe for that unique little journal, *Præco Latinus*, The price is \$1. published monthly at 1328 Spring Garden street, Philadelphia. It is published for the dissemination and encouragement of the Latin speech and literature.

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FROM Madrid, Spain, comes *El Propagador Homeopatico; Organó del Instituto Homeopático y Hospital de San José*, the latest homœopathic periodical, dated "Año 1, Madrid, Junio de 1896, Nos. 1 y 2." The editor is Dr. D. Luis de Hysern, Plaza de la Independencia, Num. 8. We wish the new journal success in its honorable mission.

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THE *North American Journal of Homœopathy* for July devotes seventeen lines to a review of the *Chronic Diseases*, concluding as follows: "The work is too well known to need to be commended to the profession, and will in its new and improved form find favor with many." By the way, how many readers of the RECORDER and of the *North American Journal* have read it? A not inconsiderable number believe, on what seems to be tradition, that because Hahnemann was "unaware" of the existence of the *acarus scabiei* he made a monumental blunder in writing this book, which modern science has exposed. There has been a great cloud of error around this book ever since it was written, but those who have read it know that the cloud does not rest on the book. Sometimes the reading of a book, the getting of information at first hands, is a great eye-opener.

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THE announcement of Pulte Medical College, Cincinnati, Ohio, for 1896-97, comes to hand. Of the list of books it is said: "Titles of books printed in italics will be used as text-books. The others for reference." Among the books in italics are Hahnemann's *Materia Medica Pura* and the *Organon*, Farrington's *Clinical Materia Medica*, Wood's *Gynecology*, and Norton's *Ophthalmic Diseases and Therapeutics*. We are glad to see that the new Homœopathic *Text-book of Surgery* leads the list on surgery in italics.

## THE CHRONIC DISEASES.

The desire to make many books does not lie behind the new English and American versions of the *Materia Medica Pura* and *Chronic Diseases* of Hahnemann. The only translations of these extensive and important works were those of Hempel, published in New York in the years 1845 and 1846. No small controversy took place between the supporters and detractors of Hempel's translations (among whom may be mentioned Dr. Cockburn on the one side and Dr. David Wilson on the other), evidences of which will be found in the *British Journal of Homœopathy* and in early volumes of this *Review*.

In the year 1877 Dr. Hughes (then one of the editors of the *British Journal of Homœopathy*) admits that Dr. Wilson's case against Hempel was abundantly made out, and himself concludes "that we do not really possess Hahnemann's *Materia Medica Pura* and *Chronic Diseases* in the English tongue." The numerous "curtailments, omissions and obvious mistranslations" of Hempel form the ground for this strong statement.

In the year 1880, with his usual readiness in furthering the cause of Homœopathy, Dr. Dudgeon issued the first volume of his new and now renowned translation of the *Materia Medica Pura*. The second volume followed the next year. This is so well known that we need not comment upon it.

When writing on the subject of the revision of the *Materia Medica* in a paper contributed in the *North American Journal of Homœopathy* in February, 1883, Dr. Hughes urged that our colleagues in the United States should re-translate the *Chronic Diseases*, as Dr. Dudgeon had done the *Materia Medica Pura*. For several years this appeal was unheeded, and even when it was to some extent responded to, it was by a proposal to reprint Hempel's translation. Earnest representations were made by Dr. Hughes, and supported by ourselves (July, 1893, p. 431), as to the inadvisability of this procedure. Fortunately, wiser counsels prevailed, and in October, 1894, we made the announcement that the United States had at length undertaken the work of re-translation.

Dr. Hughes has kept his promise—a work of no slight labor—and fully "annotated" the new version. This consists in giving information as to Hahnemann's fellow-workers, and tracing all quotations to their source, verifying or correcting as might be necessary. Explanations of the value of individual symptoms are also given in footnotes (*e. g.*, colocynth, 114), at once placing them in their true light.

It is not the duty of reviewers of this new version of Hahnemann's work on *Chronic Diseases* to discuss the opinions and



statements of the author. The simpler one lies before us of stating how far, in our judgment, the present translator and editor have succeeded in placing before English speaking readers the original meaning of Hahnemann. Besides the faults pointed out earlier, Hempel's versions are in many instances not to be called translations, but rather free renderings or loose paraphrases. The present version, we are told in the preface, consists of a faithful translation, not only of Hahnemann's ideas but of his expressions. That this is the safer plan we convinced ourselves some years ago when commencing a translation of the essay *On the Nature of Chronic Diseases*, and on comparing our own with Hempel's version. In sentences so long and involved as Hahnemann's often are, it is better to give as literal a translation as is admissible, and to leave the reader to attach his own meaning when the sense appears ambiguous. In many instances Professor Tafel has rendered the essays much more readable by breaking up the author's sentences into two or three in English. This is both permissible and advantageous.

We do not pretend to have read the whole of the essays or pathogenesses, but we have selected a considerable number of passages in both, and have compared them with the original. We have no hesitation in saying that although we should here and there have rendered slightly differently, that this work, conducted by our American *confrères*, together with the help of Dr. Hughes, is a vast improvement on anything we have previously had in the English tongue. The alterations we would have preferred are chiefly those of style, and might have been avoided by having the proofs read over by an English colleague. The too free use of the definite article is conspicuous, *e. g.*, in the title itself "*The*" *Chronic Diseases*, and in such an expression as "diminution of the sexual desire." Also a too literal (or German) rendering is noticeable *e. g.*, "she, fainting, leaned against the wall." Again, some popular expressions such as "gum" for schleim, "purples" for purpurfriesel, and "half-vision" for halbsichtigkeit seem somewhat out of place in a purely professional work. In drawing attention to these unimportant points we do so rather to show that we have found blemishes only in non-essentials. We regret, nevertheless, that so good a translation has not been saved these types of faults so easily preventable.

With respect to the style and productions of the volume, the binding (half morocco) is good, paper and type also. There is no undue crowding of the letterpress. Printers' errors are not very frequent, except in Dr. Hughes' part of the work—due to his not seeing a proof. The one feature we are sorrow for in the work is that it is in one volume. This causes it to be too heavy for comfortable use; 1,600 pages is certainly too much to crowd into one cover. Moreover, more uniformity with the already published *Materia Medica Pura* would have been secured by issuing the work in two volumes.—*Monthly Homœopathic Review*.

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## HOW TO REFORM THE WORLD.

Dr. G. Frank Lydston has a scheme for reforming the world, which he airs in *The Medical News*. In brief he proposes to refuse marriage licenses to criminals, epileptics, syphilitics, consumptives, drunkards and people of that sort. "That the product of the factory of degenerates set in operation by licensing such people, is a menace and a burden to society, goes without saying. Has society a right to protect itself against its own vicious offscourings? I believe it has. I think the time will come when it will be no longer possible for our army of degenerates to procure licenses to marry." And when the stern license clerk has sized up his man and said "no," the man will be unable to marry and thus procreate his kind. How very simple is the plan!

The reforming doctor would even go a step further with "habitual criminals, certain murderers and rapists," whom he evidently considers would not respect the license clerk's denial of the document necessary to a wedding and proposes that they be deprived of their testicles; these criminals should "expiate their crimes by benefiting scientific medicine." Thus does Dr. Lydston propose to scientifically bring again the age of gold. The doctor seems to have great respect for women, or believes them all to be pure, for he says nothing about removing their sexual apparatus for the benefit of scientific medicine and society.

We do not think Dr. Lydston is radical enough; for if it would be a good thing to prevent criminals, epileptics, syphilitics, consumptives and drunkards from having children by refusing them marriage licenses, why not go a step further and include gonorrhœaics, catarrhals, leucorrhœaics, scrofulics, dyspeptics, gluttons, hypocrites, liars, flatterers, parasites, backbiters, adulterers, extortioners, cranks and lastly, that numerous class

whom the man who can get a marriage license under the new order proposed, regards as "d—d fools?"

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### A NOBLE CHARITY.

One aim of the Home Missionary Society situated at 533 Arch street, Philadelphia, Pa., is to procure with reputable families homes for destitute children. In addition to the four thousand (4,000) for whom we have already procured homes in the sixty years of our experience and the two hundred (200) who are now comfortably placed in homes, we have at the present time under our care, awaiting homes about thirty boys and girls ranging in age from three to ten years. Persons who are suitably recommended desiring to adopt or raise any of these children can secure all necessary information by corresponding with J. P. Duffy, superintendent of the Home Missionary Society, 533 Arch street, Philadelphia.

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### OBITUARY.

Dr. Mary E. Grady, of Brooklyn, a graduate of the New York Medical College and Hospital for Women, and the New York Ophthalmic College, died in Brooklyn, June 29th.

She was a very talented woman and thorough oculist and in refraction work was specially successful.

For two and a half years she was in Philadelphia, being associated with Dr. Bushrod W. James.

She was practicing ophthalmology, in Brooklyn, at the time of her death, which was of pulmonary disease, the result of pneumonia.

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### GIVE US YOUR EXPERIENCE INSTEAD.

"It is not fair treatment to read essays that are mere abstracts from text-books which are in the possession of every listener and which are far more intelligently written than the best abstract of them can be; or to give a long list of remedies for the treatment of some form of morbid action which may be found, much more elaborate and at least reliable, in Lilienthal's *Therapeutics*, or in some kindred work. Who, for instance, can feel that time has been profitably spent in listening to a paper

on the clinical history of typhoid fever, so long as scores of recent text-books are in the possession of every hearer which deals painstakingly and authoritatively with this same subject? or who cares for a recital of the remedies used in the treatment of intermittent fever unless such a recital contains something more than can be found in any work on Practice?"—*Arndt*.

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### LEVICO.

In that original little work "Delicate, Backward, Puny and Stunted Children: Their developmental defects, and physical, mental and moral peculiarities considered as ailments amenable to treatment by medicines" Dr. Purnett, as in his work, introduces some remedies that puzzle the reader. Among them was *Levico*, of which he says: "I will add that *Levico* in five to ten drop doses is a valuable intercurrent help in grave cases where there is much debility, notably after the searching remedies such as *Bacillinium*. *Levico* is a mineral spring in the Austrian Tyrol mountains and is very powerfully impregnated with minerals, but of what nature we do not know, not having an analysis at hand. The firm of Boericke & Tafel have imported a small quantity in response to calls for the remedy and can now supply it at regular rates in the 3x dilution.

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### VINOLIA.

Nearly every one makes a hobby of some particular article and wants the very best of it obtainable regardless of price. These range from neckties to ocean yachts. Between these come those who have *fine* soaps. They are assailed year in and year out with the claims of rival soap makers each claiming that his product is the best. Many of them are undoubtedly good, but *the best* is rarely found advertised in the big magazines. By *the best* we mean the Vinolia soaps. We have tried all of these soaps from the "Premier" at 15 cents a cake up to the "Vestal" at 85 cents a cake, and know them all to be excellent, especially the "Otto" and the "Vestal." A cake of the former in a room always suggests a bouquet of fresh roses, for genuine oil of roses is used in its manufacture, and it is needless to add that a firm that will use such an expensive article in a soap are not going to let any inferior ingredients enter into its composition. They are fine soaps indeed.

## PERSONAL.

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"There is not an educated physician in all this land, however he may decry his doctrines, whose belief and practice are altogether free from the dictates of Hahnemann." Dudley.

Dr. John Arschagouni has removed to 745 Lexington avenue, New York.

"Whatever is, is right," and whatever is not, is not.

Dr. Ralph L. Souder, of Woodstown, N. J., has been appointed Resident Physician of the Maternity Hospital, Brooklyn.

After the young man had been in the ice-cream parlor for an hour he arose and said he would like to stretch his other leg a bit. At least, so they say he said.

The stock market lamb is always a bull.

Buyers of Custis' *Practice of Medicine* (\$2.00) get full value for their money.

By the way, can you "scientifically" demonstrate the law of gravitation?

"And is now looking up at the roots of the daisies" is the way the base ball reporter speaks of a defunct club.

John Bull gave the Ancient and Honorable Artillery Company of Boston the best of everything, and in this category came Mumm's champagne, used at their great banquet.

"The RECORDER ranks right up with the leading homœopathic journals in all respects," remarked a physician the other day.

Douglass' *Repertory of the Tongue* will be out in August.

Hurdall's forthcoming book on the *Diseases of the Horse* will be a homœopathic epoch maker in veterinary practice.

Send your communication to the RECORDER if you want it read around the world.

We are more apt to expand bad habits than to contract them.

The forceps is an offspring of the corset.

When you change your address *please* send old address with new one; a publisher cannot carry several thousand addresses in his head.

Our good Uncle Samuel is having lots of worry over his silver threads amongst the gold.

You will search your text-book in vain for a definition of "specific tinctures."

The under dog is an object lesson in evolution, yet the sympathies of men are with him and against the fittest dog.

"It is now proposed to give antitoxin by the rectum," says an exchange. Oh ye Gods!

Dr. J. A. Sapp has removed from Salineville to Cleveland, O.

Dr. W. A. Fanning has moved to 344 Seventy-seventh street, Brooklyn.

The paragraph about "a strong dilution of *Capsicum annum*" being a remedy for "black eye" has been going the rounds of the medical press for five years, and has been credited to a dozen different journals. Its vitality is phenomenal.

Remember that any one wanting a history of Homœopathy and Hahnemann will find it in *The Life and Letters of Dr. Samuel Hahnemann*, by Bradford. It is the only complete work on the subject.

Perhaps what is needed is not a new and scientific *Materia Medica* so much as a new understanding of the old *Materia Medica*.

"The microbe is not the cause of disease; we should not be carried away by these idle dreams." Dr. Kent.



# THE HOMŒOPATHIC RECORDER.

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## IN MEMORIAM.

Charles Godlove Raue, M. D.

RAUE.—On August 21, 1896, C. G. Raue, M. D., in his 77th year. Funeral services at his late residence, 121 North Tenth street, on Monday, August 24, promptly at 12 o'clock noon. Interment private.

One man goes and another comes. It has been so since the Stars sang together at the birth of Mother Earth. The coming man forgets the passing of the friend of his father. It is the law of our mother—Nature. But when the white-haired father sees his friend go, after their locks have grown white together, and he knows that on all the others of their little span, “the mossy marble rests,” he finds himself a “Last Leaf” and wonders why the children of the newer generation pause so slightly to think of him who has “wrapped the drapery of Eternal rest about him.”

It is “pansy for thought,” and the Gray Beard lays a pansy upon him, and he shall be buried with the thought—the pansy of a loving heart—on his breast, the flower of love that had faded but for the sunshine of his smile. He shall be buried with it, and the generations of men shall go on, on, and sometime the thought that has been buried shall blossom into a new pansy for men who are now children.

He said that he was all ready; that there was another place beyond the block-houses of the children of this world, and that Hering was waiting to guide him to the Great White Throne of the Eternal. And he said: “I would like to stay—but—I shall meet Hering.”

Almost the last time I saw him he based his hope of a name on earth, upon that giant among books—“Psychology as a Natural Science Applied to the Solution of Occult Psychic Phenomena.” And he *will* live by it, among thinkers. It is the masterly argument of a great mind to leave to his sons and to the sons of other men a testimony that God and Goodness and Truth and the Immortality of the essence in man known as *soul* is no old wife’s tale. Almost on the last page of the book he thus writes of the dead: “Dead! it is poor logic to apply the term ‘dead’ even to things which are entirely under the control of chemical decomposition, because these things really are not dead, they are merely changing their composition. In this sense we may apply ‘dead’ to the body after the soul has left it; for the body is a compound of material forces which are subject to such changes. The soul, however, is, as I have shown throughout this work, an organism of *psychic* and *not* of material forces, and as such lies absolutely out of the range of mechanical and chemical analysis, and consequently beyond the grasp of the physical laws of dissolution. What now follows after death—that is, after the separation of soul and body? Answer: *Continued evolution.*”

And that this indisputable evidence of the immortality of the soul was his long life-thought is amply proven by the fact that from “*Die neue Seelenlehre Dr. Beneke’s,*” of 1847, after 50 years of student and professional life, he still continued to teach this truth to mankind. From 1871 to 1874 there is still this life-thought of Dr. Raue in a series of articles in the *North American Journal of Homœopathy*, on the mind and soul. So on, to the great Psychology. One who will study his writings will see that the keynote of them all is that sublime faith that the Soul of Man is a part of God, and sometime will return to its Great Whole.

And in his daily living he evinced the fact of the belief in the beneficence of a pure, clean life! Always ready to grasp the hands, both of them, of his friends, with a hearty—How are you? Always ready to give his knowledge and the benefit of his unerring skill in the aid of the Homœopathy that Hahnemann and Hering and and a host of others practised.

When Hering died, Raue, his long-time friend, wrote: “The obituary of this great physician and good man needs no biographical sketch in a homœopathic journal, the readers of which may

be supposed to be acquainted with the signal facts of his long and eventful life. Neither is there any occasion to dwell particularly on the traits of his noble character." And now in all truthfulness this can be said of Dr. Raue. Even as Hering, with his task finished, laid him down to sweet sleep, so also of Raue, his friend of many days, it can truthfully be said :

" He was exhaled, his Creator drew  
His spirit as the morning dew."

T. L. BRADFORD, M. D.

*Philadelphia, August 24, 1896.*

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## THE TREATMENT OF HÆMATURIA, FROM CASES IN PRACTICE.

By Clifford Mitchell, M. D., Chicago.\*

The first step in the treatment is to allay the patient's anxiety. Death from hæmaturia itself is not common and the fear of it on part of the patient is usually groundless. Every effort should be made in the way of personal influence of physician and family to quiet the apprehensions of the patient. I am not prepared to say that hæmaturia is curable by hypnotism and suggestion but I know of at least one case in which a so-called "magnetic" doctor succeeded better in treating a case known to be renal in origin, though not nephritic, than various other physicians in regular practice.

The second step in the treatment is to stop the hæmorrhage.

The third step is to prevent recurrence by ascertaining the cause of the bleeding and removing it, if possible.

The books say that the treatment of hæmaturia lies mainly in the discovery and removal of the cause but, after seeing quite a number of cases, I am obliged to confess that I can not always immediately discover the cause, and sometimes not at all. Now since such is the case, common sense dictates that we follow the order of treatment already described.

I will first describe the case cured by the "magnetic physican." Patient was a woman who had symptomless hæmaturia; urine contained blood, pus and crystals. Cystoscope showed blood from right kidney. Diagnosis, renal calculus. Operation

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\*Read at Semi-Annual Meeting of Northern Indiana and Southern Michigan Homœopathic Medical Society, at Elkhart, May 18, 1896.

showed no renal calculus at all, but bleeding stopped after operation. Patient was delighted at the "success" of the operation. In three months hæmaturia began from the other kidney. Diagnosis now changed to "nervous" hæmaturia. Patient was taken in charge by "magnetic healer," who succeeded in stopping the bleeding quite as promptly as did the expensive surgical operation. This was one of the most instructive cases which ever came under my observation.

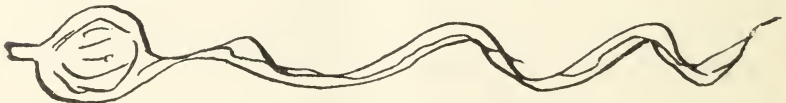
The next kind of hæmaturia which I shall describe is that common in young men after gonorrhœa. The locality is usually the membranous and prostatic urethra. Internal remedies have not been successful in my hands. I have cured two cases with just one injection each. In one case, after a month's study of the "cause" and all sorts of internal medication, a single injection of 2 per cent. solution of *Gallic acid* in warm water stopped the bleeding forever.

In another case one injection of  $\frac{1}{20}$ th of one per cent. *Permanganate* stopped the bleeding.

In bladder hæmorrhages much depends on the cause. When due to cystitis, especially in the region of the neck (shown by finding large, round epithelia in the urine, together with pus and blood), *Gallic acid*, *Hamamelis* and *Ergot*, internally, have proved successful. In one such case two-grain doses of *Gallic acid* dissolved in sufficient hot water, stopped the bleeding in a few days.

When, however, the bleeding is profuse and exhausting, and there are no renal evidences, I suspect tumor in the bladder. Dilute the urine with five to ten times its volume of water, and in well-advanced cases of vesicular tumor of the bladder, numerous white shreds of connective tissue will be seen sinking to the bottom of the glass.

Examine these under the microscope and they appear like bushes, or trees, and sometimes like great reptiles :



It is needless to say that bleeding from vascular tumors (papilloma or villous cancer) demands treatment of the cause. One patient, who refused even to consult a surgeon, insisted that I was "managing the case all right," as he put it. The management on my part consisted, so far as I could see, by happening

in at the end of the hæmorrhage twice or three times in succession. When the luck changed and he came to see me at the beginning of a recurrence, he soon lost confidence in my "management," and tried somebody else. In such cases removal of the tumor is, of course, the only effectual treatment, and statistics show that even then the patient is not necessarily out of harm's way, since recurrence of the tumor may take place or the patient die from the operation.

Lastly, there are to be considered cases in which the bleeding is clearly from nephritic causes. The urine contains, we will say, albumen more in quantity than the blood accounts for—that is, a quantity sufficient to settle down above the 2d mark on the Esbach tube; or, if not, tube-casts are numerous and easily found. Urea is deficient, and the patient has renal symptoms—pallor, dropsy, etc.

In such cases, when anæmia, without much œdema, is the feature, I give teaspoonful doses of Boudreaux's\* *Syrup of the Protochloride of Iron* or Hensel's *Tonicum*. In cases where dropsy is a feature I give *Apocynum*, Corn-silk, or Diuretin, together with *Thlaspi Bursa Pastoris*, for the bleeding. This last remedy, "Shepherd's Purse," has not received the attention it should. It is a first-class agent in renal hæmaturia. It should be given in 30-drop doses of the tincture as prepared by Boericke & Tafel. It sometimes acts rather slowly, and its use should be continued for weeks if necessary. Obstinate bleeding in chronic Bright's disease is controlled better by this remedy than by *Ergot*, *Gallic Acid* or *Hamamelis*.

In conclusion I wish to give particulars of a puzzling case in which I am still studying the cause. Patient is a woman who has had hæmaturia for two years. There has been neither pain nor frequency of micturition. The region of the left kidney is tender and painful, and there is pain in the back, along the course of the ureter. Urine is about one pint in twenty-four hours, urea 200 grains in twenty-four hours, phosphoric acid 18 grains, uric acid 8 grains. Albumen 20 per cent. by bulk accounted for by the large amount of blood. Pus corpuscles not abundant. Casts none. Connective tissue not abundant.

I gave my opinion that the bleeding was from the kidneys, although no casts were to be found, the diagnosis being based on exclusion.

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\* Pronounced "Boo-dro."



A surgeon was called by the attending physician, and the ureters being catheterized, it was found that the bleeding was renal, from both kidneys, and that the left kidney was secreting only one-quarter as much urine and blood as the right. There was no tubercular thickening. In due time an operation of some sort will be performed if the bleeding from the right kidney can be controlled with *Thlaspi* or other drugs.

The case is instructive in that it shows what I have had proved to me several times, either by surgical operation or autopsy, that we can not rely on finding casts in the urine in all renal hæmaturias. The pelvis of the kidney may be the seat of cancerous, calculous, or tuberculous inflammation, without sufficient nephritic complication to cause the presence of tube-casts in the urine.

Again, the bleeding, being recognized as renal, the question comes up, whether stone, tubercle, or cancer is the cause.

In the above-mentioned case I ruled out tubercle on account of absence of pus, but could not pronounce definitely in favor of either stone or cancer, since crystals on the one hand and connective tissue on the other were both absent. Operation will probably show us the real cause in this case, as the pain, tenderness, and inability of one kidney to do its work make it unlikely that we are dealing with a "nervous" hæmaturia.

70 State St., Chicago.

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### SPERMATORRHŒA

Whether in the form of "nocturnal emissions" or involuntary losses with the urine, or while straining at stool, are most frequently the results of masturbation. This baneful habit is usually taught by one boy to another, occasionally by servants, and sometimes the victim cannot tell how or when he acquired it. In the majority of cases the young man intuitively feels that he is doing something wrong, that he is ashamed of, and would not like anyone to know that he was guilty of, and sooner or later abandons the habit entirely, but then, instead of regaining his strength involuntary nocturnal emissions set in and he finds himself in a dilemma and does not know what to do. He fears to apply to the family physician for fear of his parents being made aware of his late guilty habits, and if he does consult him, he is too frequently laughed at and told that it is noth-

ing of any importance, that every young fellow has them more or less, and that he will get over the trouble after a time, or, if the doctor happens to be a man void of principle, he will tell him to "go and have a woman once a week," than which a more iniquitous advice could not be given, for "the woman" must be either a good or a bad one; if the former, he must ruin her to obtain temporary relief at the expense of her misery, or if she is a woman of dissolute character, he may be pretty certain to contract, sooner or later, some form of venereal disease that will make him worse than ever. I shall never forget two instances in young men of exemplary character who, after being treated for some time unsuccessfully, were urged by their physicians to adopt this course, which was followed in one case by gonorrhœa, swelled testicles and eventual loss of virility, in the other not only by gonorrhœa, gleet, but also dyspepsia from the nauseous drugs he had taken.

The question might naturally be asked why these emissions should follow after the habit has been abandoned. If a man has weakened his heart and lungs by the excessive use of tobacco, or injured his stomach and liver by alcoholic stimulants, the usual result of abstinence from these deleterious agencies is a gradual return to a more healthy condition of the various organs in question. Why, then, does this so rarely occur when the habit of masturbation has been relinquished? There must be some cause for it, and the cause must be a very common one. The following incident that occurred in my practice some thirty years ago was the first solution I ever had to the mystery in question.

I had learned from actual experience on myself as well as on my patients, that certain articles of food such as eggs and oysters exerted an exciting action upon the sexual system, but I never dreamed that tea, so universally drunk in our days, could be in any way connected with the trouble till the following occurrence took place that opened my eyes to the fact.

One day I was sitting in my office when a young man, whose cap and gown betokened the student, was ushered in. He told me that he was suffering from nocturnal emissions, which had so impaired his memory that he had made up his mind to give up his studies and return to the farm, and requested me to give him \$3.00 or \$4.00 worth of medicine to take with him.

I explained to him that I did not ladle out medicine by the dollar's worth, and advised him to go to the farm during the

approaching holidays, to take no medicine at all for the time, and on his return to town to place himself under my care for a regular course of treatment; giving him at the same time a slip of paper containing some general directions as to diet and other matters that seemed to suit his case.

About nine months later he called again, expressing his thanks for the kind advice I had given him; but on looking over my patients' book I was rather surprised to find merely his name without any attention to prescription, and on my mentioning this to him he added: "Just so, Doctor, but don't you remember the list of directions you gave me? Well, I followed them to the letter, though to tell you the truth, I had very little hope of being able to resume my studies, but to my agreeable surprise the emissions gradually decreased till they stopped altogether, whereupon I returned to college to complete my course. I had not, however, been long in town before the emissions returned, and I was on the point of coming to you when that paper turned up in one of my books, and on running my eye over it the only difference that I could notice in diet and mode of living was that whereas I had only drunk milk while on the farm, since my return to town I had been drinking tea. Wondering whether this could be the cause of the return of the trouble, I left off the tea, drank only milk and water and soon had the satisfaction to find the emissions gradually decreasing in frequency till they stopped altogether. My object in calling on you to day is first to thank you, and secondly to tell you of this effect of tea in my case, thinking it might possibly be of interest to you in treating similar sufferers."

Now, had he been taking any medicine, I should have attributed his cure to the remedy, but he had not taken a single dose of any kind, and the fact that after discontinuing the use of tea the emissions had gradually ceased; returning, however, on his resuming that beverage, but again ceasing on his relinquishing it, naturally led me to think there might possibly be some unknown effect of tea upon the sexual system.

In order to test this I omitted my customary morning and evening cup of tea for six weeks, then took it again for several weeks, again omitting it for a like period of time but all that I could notice was a certain increase and decrease of strength in the lumbar region while taking or abstaining from its use, and knowing the intimate connection of this part of the spinal cord

with the sexual system, I could come to no other conclusion than that tea exerted an exciting and subsequently debilitating influence upon the generative organs in both sexes, which conclusion was subsequently verified by a greater success in the treatment of diseases of the sexual and abdominal organs as the following case will exemplify:

Some years after the above-mentioned discovery of the peculiar action of tea, I was consulted by a young widow suffering from general debility, bearing down of the womb, leucorrhœa, constipation, piles, etc. She had had the misfortune to be married to a man whose idea of matrimony consisted in unlimited sexual indulgence, whereby he had managed to destroy himself in six or seven years and leave her a wreck. Her constitution being, however, a tolerably good one, a course of electricity to the spine and abdominal organs combined with judicious diet and the indicated remedies, gradually restored her to justly fair health. On her leaving for her home in the country I warned her against the use of tea, coffee and alcoholic stimulants of every kind as being certain to reproduce her old troubles, and surely enough in about a year she returned as bad as ever. To my inquiries she candidly confided that for several months she had enjoyed excellent health, but then began to indulge in "an occasional cup of tea," which after a time produced a feeling of nervousness, lassitude, loss of appetite and weak feeling in the back, for which she applied to her physician, who told her that all she needed was a little stimulant such as a glass of bitter ale to improve the tone of her stomach and an occasional glass of wine with a little *Quinine* and *Iron* for her blood. This treatment, however, so far from relieving her, produced constipation and piles, which compelled her to return to town for another course of treatment. "Doctor," said she, with a determined set of her lips, "if you will only set me up again as you did before, I will promise never to trouble you again. They told me you were a crank on the question of coffee, tea and stimulants, but if others can take them with impunity, I know that I can't, so I have made up my mind never to touch them again." A few weeks' treatment sufficed to restore her to health, and I did not see her again for ten months, when one day she walked in looking the picture of health, and on my inquiring what had brought her to town, she replied with a smile, "An excursion; I thought I would like to see the old doctor again. I hav'nt an ache or a



pain, but I'm the laughing stock of all my friends for the care I take of my health." Two years later I met her again in the street-cars, looking happier than ever, which I was not astonished at when she told me that she had married again, and this time very happily, and with a merry twinkle in her eye, she added: "Never touch tea; told you I would not trouble you again."

Dr. Ellis, in his excellent work entitled, "Avoidable Causes of Disease," is the only writer I have ever met with who seemed to have any knowledge of the action of tea on the sexual system, and he makes the mistake of connecting it, in this respect, with coffee, which, according to my experience, exerts its injurious influence on the stomach, producing dyspepsia, constipation and the like.

From careful study and observation I am inclined to think that much of the unnatural sexual excitement so prevalent in our day, is the habit of sexual intercourse *during pregnancy*. The lower orders of animal strictly abstain from all congress during that period, and if young married people were only made aware of its evils effects upon mother and child, the results would be beneficial to all parties.

I have for many years been in the habit of giving this advice and thereby earned the thanks of many a young mother, for the majority of women are averse to intercourse during pregnancy, and only submit to it for fear their husbands might be tempted to "go elsewhere," a contingency dreaded by every married woman.

This temporary abstinence could be much more easily carried out if married people had separate beds. In Germany this is the rule, and is in every respect a healthy one, for rarely do we find a couple so physically adapted to each other but that one absorbs vitality from the other.

An illustration will perhaps make my meaning clearer. A dark, thin but wiry young man consulted me respecting his general health. He complained of a lassitude, particularly in the early morning, which made it an effort to get up in time for work. He had been under my care for some trifling ailment, and knowing that his general mode of life was correct, I made some inquiries as to his wife, who I learned was a large, soft, flabby kind of a woman, whereupon I advised him to get a separate bed, which brought down an avalanche of wrath on my head from his wife; he, however, stood firm, carried out my



advice and I did not see him again for several months, when he called for some medicine for one of his children. He had gained some twelve or fourteen pounds in weight, and looked much stouter and stronger in every respect. "Doctor," said he, "my wife has forgiven you and become reconciled to the separate bed now that I get up and make the fire for her."

I once had a young farmer under treatment for nocturnal emissions. He was progressing favorably when he one day rushed into the office in a great state of excitement, exclaiming: "Doctor, I am getting worse than ever, I had two emissions last night." "What did you eat in the evening?" said I. "Nothing particular, but some of our fellows came into town yesterday and we had an oyster supper"—which accounted for the relapse, as I easily explained to him.

*Toronto, Ontario.*

J. ADAMS, M. D.

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## A WONDERFUL DISCOVERY.

PHILADELPHIA, August, 1896.

MY DEAR CLASSMATE.—It is with feelings of the deepest emotion that, after so long a time I again address you regarding certain important discoveries in the medical—I should say, the "Regular"—medical world. We are to have no more cholera; no more cramps and writhings; no more agonized faces; no more awful deaths. For another wonderful discovery has been added to the many with which the allopathic school has enriched itself during the past dozen years. The voice of a new prophet, greater than the rest, has reached us; this time from Paris—Texas. You remember the prophetic voices that we have heard. The sure cure for consumption by means of a lymph known as Koch's lymph, though why it should have been called Koch's lymph I never quite understood, since it was recommended years ago, before that profound German was *medicinæ doctoris*. And then the new way to make old men young, a la Brown-Sequard. Did I ever tell you that certainly forty years ago an enthusiastic discoverer from the fecund regions of the incomprehensible West wrote to Dr. Constantine Hering, telling him that he had found a sure way to transform the "lean and slippered pantaloons" into the young and hopeful man. It was the same plan of injections from the epididymis of the festive calf.

Nor is our brilliant, nervous disease man, our playwright and our novelist, Hammond, original in the use of animal extracts. There was a man named Lux—J. J. W. Lux. I have his little book before me; one of several bound together and bearing on every page the annotations of that giant Hering. Its title is: "Die Ipsopathik der Contagionen oder Alle ansteckenden Krankheiten tragen in ihrem eigenen Ansteckungsstoffe das Mittel zu ihrer Heilung. Den Coriphaen der Homœopatik zur strengen Prüfung vorge legt. Von J. J. W. Lux. Leipzig. Kollmann. 1833. 120 pp., 31." And there was much discussion about this Isopathy in Germany at that time. And some years since there arose a man in our land who prepared marvellous medicines from various animal disease products. But this man from Texas seems to have laid down a new course. From the long drives of the cattle runs, from communion with the vast in nature—from the cowboy to the Texas steer—he has decided that since *Arsenic* has been successfully used as a cure for cholera, because the symptoms produced by arsenical poisoning are similar to those of cholera—all that is needful is to vaccinate the well man with *Arsenic* and, presto, he can have no more cholera. He is immune. Is it not a pretty theory, my classmate? The man from Texas has already started for Egypt, that cradle of cholera, in order to study the dread disease, and no doubt to vaccinate the drago-men. The United States Government (soulless corporation) turned a deaf ear to his appeals for aid in this important investigation. He goes at his own expense. One ray of generosity greets him from the world medical and scientific. An enterprising firm of vaccine-point producers in Pennsylvania has offered to furnish all the *Arsenic* "points" the gentleman from Texas needs, free gratis, for *nawthin*, all in the interests of science. So now the poor heifers of Marietta will have time allowed for the hair to grow on their bellies while these new-fangled points of *Arsenic* are being prepared. This is not a new discovery, however, but then nothing is new. You know we are all unconscious plagiarists. History repeats itself. Years ago that mild-mannered lady, Lucretia Borgia, as also her brother, used *Arsenic* in the form of the celebrated Aqua Tofana or Acquetta di Napoli, in small quantities, no doubt for the purpose of preventing people from dying of cholera. It was a noble ambition of the Borgias, and very successful. Few died of the cholera who took the Aqua Tofana. It is to be regretted that the Borgias kept no clinical

records of their experiments. By the bye, do you know how Lucretia prepared her Tofana Water? It is said that to a bear, a big, savage bear, was given a quantity of *Arsenic*. When the poison was fairly working the bear was hung up by his heels and the froth from his mouth was allowed to run and drop into a plate set to receive it. *Arsenic* distilled through the bear. This was the Aqua Tofana. I was wondering if some such way was to be used to prepare these arsenical inoculation points; there are yet bears in Pennsylvania. And it seems that all these remarkable poisons must be filtered through rabbits, or horses, or some other animal. Why not bear? Let me quote from the article in the New York *World*, from which I learn the particulars of this remarkable discovery :

“The Texas physician who is on his way to Egypt to study cholera, and perchance to become a victim to the disease, enunciated his theory some years ago, and since then it has been tested to a considerable extent in India, and with success. Briefly, he proposes to render a person immune to the disease by vaccinating with *Arsenic*, much as vaccination with vaccine virus renders the person immune from small-pox. The theory is not new except *in the use of Arsenic*. Dr. Haffkine, a German medical man, tried inoculation with genuine germs secured from a person suffering with cholera. His experiments were not as successful as they might have been, and indeed it is claimed that he killed many more than he cured.\* Dr. Leach suggests the use of *Arsenic* and has designated the process of arsenization because the symptoms of cholera and arsenical poisoning are identical. *Arsenic* has been used as a remedy for the disease, and has proved its value, Dr. Leach asserts it will be equally valuable as a preventative.”

Let us try to understand this. *Arsenic* given to a well man will produce a pathological state identical to the cholera; therefore *Arsenic* in small quantities inoculated into the well man has the power to prevent cholera. Can you tell me, my classmate, if the people who eat *Arsenic* for their complexions or for other reasons are exempt from cholera? Do folks who work in arsenical factories go free? Why, if this be true, this notion of them an from Texas, why not inoculate with *Cuprum* or with *Camphor* against cholera. These remedies are, and have been for years, more used than *Arsenic*.

By inoculation with *Arsenic* the patient is supposed to be rendered immune against cholera. For how long? If the idea is that *Arsenic* will render immune for all earthly time then why

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\*Notice the naïveté with which our doctor says that Haffkine has met with such slight success, inasmuch as “he has killed more than he has cured.”

not squirt *Morphia* into the poor sufferer with bellyache or neuralgia and expect him to be exempt from all future bellyache?

But we inoculate for the small-pox. Aye, my classmate, but by the inoculation with that effete and ancient echo of the cow-pox of the late Dr. Jenner and his dairy maids—may their souls rest in peace! we set up in the system a disease, a distinct disease—the kine-pox—and it is because the patient has this disease that he is rendered immune in the future. Now, does *Arsenic* set up any cholera, bastard or otherwise in the human system? As a matter of fact, the symptoms of arsenical poisoning are not very much similar to the real cramp-grip cholera; they do simulate cholera morbus, and we, poor, deluded Homœopaths, whom the regulars are following afar off (they will get there), just think *Arsenic* is a good remedy for cholera morbus. But we do not expect to see that gaunt and grim spectre, with the cold breath and sunken eyes, flee very fast before the exorcism and inoculation with *Arsenic* on ivory points.

Classmate, I am pessamist enough to predict that our enthusiastic friend from Paris—Texas—will return from the dirty, but romantic East, poorer in pocket and with the great problem yet unsolved, because he starts his little calculation in bacteriological supposition with a false quantity.

Hahnemann, without ever having seen a case of cholera, said in 1832 that *Cuprum* was the remedy. He also advised that *Cuprum*, taken internally, be used as a preventive. It is from Homœopathy that the man from Texas gets all his data; why does he not look more carefully into the effects of remedies on the healthy? *Cuprum* is better than *Arsenic* according to his own postulate. But the beauty of *Arsenic* is that if by inadvertence you give the man too big an injection of *Arsenic* you know the antidotes and the man is saved. But if it is necessary to antidote the *Arsenic*, is, after its use, the man still immune from the cholera? Or if you give more *Arsenic* does not the antidote lose its effect? Grave questions, these, for the man from Texas.

I've been trying to puzzle out the modus op—but, pardon, you do not like Latin—the *raison d'etre*—there we are again—well—the reason why; the manner in which *Arsenic* is to prevent cholera. Let us imagine a microbe war. A cholera germ, made frantic by a diet of rotten water, is introduced from some stinking well on the route of a Mohammedan pilgrimage, into the person of a True Believer. That microbe wags his venomous



tail and immediately begins to increase and multiply according to scriptural injunction. Soon the poor Believer is full of squirming cholera germs, shining examples of cramp and colic. Here comes in your benefactor. He introduces potent *Arsenic*, stored up for such emergency on the tiny ivory handles to health. Is there a germ to *Arsenic*? For argument let us suppose, as did the ancients, those mystics, the alchemists, that a soul is in the *Arsenic*, a genius, dwelling in each tiniest molecule, one molecule, one genius. Well, on one point there are many arsenical molecules, a spirit, as the alchemists dreamed, dwelling in each molecule. The *Arsenic* sprites are in the body of the True Believer. Each soul of an arsenical atom bristles with toxic rage at sight of the festive cholera germs. The soul of the atoms of *Arsenic* have vanquished the sportive cholera microbes—the True Believer is saved. And ever, until that day of bliss, when that Believer goes to join the houris of the heaven of Moham-med, the arsenical genii of the sign of the ivory point, patrol the arteries and veins of the True Believer, and if, perchance, some unhappy and wandering comma bacillus appears the genii of the ivory point swoops down upon him and again that True Believer is saved.

The Hindoo with this talisman may drink the swill of the sacred Ganges—he may quaff from the poison wells of his native village. He is safe. Saved by this fateful discovery of the man from Texas. The Italian, in the pleasing precincts of hand organ and monkey paradise, need no longer fear the results of rotten watermelons. Send for the magic point of the man from Texas. Microbiotic war ensues; the lineal descendant of Romulus or Remus, or Cataline, is saved to still sweep the city dust into the faces of the city swells. It is difficult to properly estimate the results of this marvellous discovery. Now, if some one would only translate the little German pamphlet by Lux and tell them where to find how the earlier men of our school thrashed out animal extracts years ago, the great discoverer from Germany, France, Kamschatka, or Paris, Texas, would be saved the necessity of much remarkable thought.

Go to, my friend, is it really worth thinking about all this pseudo-science of injections of serums, animal extracts, inoculations of horses? It is science on a bicycle; it is science run mad; madder than the bear of Aqua Tofana. Let us turn from these philosophers from impulse, these discoverers of mares' nests, to a



sentence that a real philosopher, one Samuel Hahnemann, wrote about *Arsenic*: "It is not the fault of Him who loves us all that we abuse powerful medicinal agents, administering them either in too large doses or in cases for which they are not suitable, being merely guided by the caprices of miserable authorities, and without having taken the trouble to investigate the inherent curative virtues of the drug and to make our selection depend upon the knowledge thus obtained."

I am your old classmate,

T. L. BRADFORD, M. D.

### MISCELLANEOUS JOTTINGS.

When I first began to indulge in the practice of writing letters to the RECORDER it was not my intention to go beyond making a transcript of the various notes which I had for some years been jotting down. But somehow I got off this track, first with obstetrics then with epidemic diseases, of which latter I feel conscious that I have been too discussive and tedious.

I now revert to my first intention and begin making a transcript of my old notes, some of which I hope will be either interesting or instructive. Of course some readers will differ from me sometimes. However, I trust we shall all be liberal enough to agree to disagree.

#### Reason Versus Bigotry.

The discovery of the homœopathic system of medicine has been of incalculable benefit to the world. But do not let us be so deluded as to believe that no one can be cured by any other means than Homœopathy. If we believe thus, we resemble those who think that there is no true church except that to which they themselves belong. This is bigotry, and against this narrowness of mind we should be free. We should endeavor to keep an open mind and be willing to take a useful hint no matter from what source it comes.

A question that comes to my mind is, can any homœopath say that he has never been disappointed with and of the remedies which he has prescribed? Perhaps not even Hahnemann himself could say that. I know that some will say that failure is the result of not having found the simillimum. How true this may be one cannot say, but this we know, that to find

the simillimum is often a most difficult thing to do. Moreover, should we in any case refuse to give a remedy that we feel sure will relieve the patient because we have a doubt respecting its having been proved? Surely no one could be so stupid as this.

Here is an illustration: Dr. Lang, writing from York, Neb.\* tells us of the wonderful effects of *Ol. Gaulth.* in neuralgia. He made some marvellous cures with it and we are much obliged to him for having given us the results of his experience. Now notice the concluding words of this extract from his communication: Often was I called to treat some obstinate cases of ciliary or facial neuralgia, and found my skill taxed to its utmost to bring out the balm. Did I find it in the indicated homœopathic remedy? *I trust so, but not in any Materia Medica.* (One likes the word *trust* here). He found it in the *Oil of Gaultherium*, and we trust that it acted homœopathically. He did not agree that it must first be *proved*, and so keep his patient waiting a week or two whilst he ascertained whether the medicine would really produce facial neuralgia in a healthy person. He acted rationally and hoped that the provings, whenever made, would support the practice. We all hope so, but whether they do or not we ought not to be debarred from employing any remedy the effect of which we know from experience will cure the patient.

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I am very much addicted to drawing analogies from theology; sometimes *true* analogies and sometimes only illustrations.

This question of *bigotry* on medicine has its counterpart in theology. There are, as we all know, a few religious bigots still, and medicine is not without them either. And to all alike we may say in the ironical language of that much tried man, Job, "No doubt ye are the people and wisdom shall die with you." Then, without irony, the patriarch adds, "But I have understanding as well as you; I am not inferior to you." Job may here be thought egotistic, but was he not fully warranted in saying this? His friends were men of intelligence, but their minds were rapid, partial, unexpanded. Job could see a little further than they could and a little further than Calvin could, too. The friends of Job had good intentions, yet that is not enough; they ought to have had more charity. We sometimes complain of "allopathic bigotry," and justly so. Are we totally

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\* HOMŒOPATHIC RECORDER May and July, 1894.

free from bigotry ourselves? If we are not, we cannot fairly complain of others.

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If we compare the practice of Homœopathy with that of any other system of cure, we shall find it fully capable of sustaining any such comparison with credit. But if we say that this is the *only* system whereby disease may be cured, we shall say that which is not true. We shall be guilty of that which we condemn in others, viz., bigotry.

### The Universal Medical Church vs. Freedom of Opinion.

There are theologians who wish to see the establishment of a universal church; an infallible church. One can quite understand such a desire as this. Theology would thus become a more *definite* system than it is now. It would be able to say authoritatively: "This do, and thou shalt live." There would then be no jarring sects disputing over points of no importance. How beautifully harmonious it would be. I think I should like it myself.

There are many beaux ideals presenting themselves to us in this life, but, alas, they are unattainable; and this universal church ideal is one of them. There never will be a universal church, either in theology or in medicine, for minds are not fashioned after one model.

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The beau ideal exists in medicine as well as in theology. We wish to be able to practice medicine with the same certitude that we work a sum in arithmetic. It must be an infallible science. Beautiful idea! But it is impossible. Even Homœopathy will never become the universal method, although making the *nearest approach* to perfection.

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### An Alarming Prospect.

We need never feel afraid to quote our adversaries, more especially when we have an answer ready for them.

I was one day tackled by a rigid teetotaler and hygienist, who said to me: "The time is coming when we shall be able to dispense with your profession."

"Indeed?" said I.

"Yes; as intelligence increases, as it will do, and as people

begin to live rationally, they'll not want any doctors. Why, it it will be accounted a sin to have a headache then."

A lady, who was listening, said, "I think they will be wanted sometimes."

Fancying that this lady was referring to accouchments, I said, "Yes, I think we shall get a job now and then."

"About once a year," said another.

Then the teetotaler said, "What will you do then?"

Really I could not tell; but some vague notions of having to come to America to hoe corn, flitted through my brain—a painful alternative. Upon considering over the matter next day, I determined to talk with my friend again, and having found him I said, "Look here, Mr. B——, you are mistaken, I think, about the elimination of our profession in the future for although men may lead a regular and abstemious life, they cannot escape zymotic diseases."

"What diseases are those?"

"The infectious ones."

"Why not?" said he.

"You may, it is true, prevent some, but not others. You may prevent typhoid fever by perfect sanitation; but you cannot prevent influenza and some other fevers."

"Oh! what is the cause of influenza, then?"

"I will give you my opinion. It is caused by an alteration of the gases which compose our atmosphere."

"And you cannot alter those?"

"Is it likely now?"

"I don't know. What can't be done to-day may be done to-morrow."

"I cannot conceive of this being ever done."

"No; who would have conceived of a locomotive before George Stephenson made one? Who would have conceived of sending messages by telegraph and telephone."

But this reasoning failed to convince me that anyone would ever be able to control the gases of our atmosphere; notwithstanding that my friend appeared to be so sanguine about it. I next tried to convince him that medical treatment had proved very efficacious in epidemic diseases when judiciously employed.

"I have no doubt," said he, "that Homœopathy can do better than the other system, but we shall have something better than Homœopathy some day."

“Perhaps so.”

“Yes; what about mesmerism, hypnotism and magnetism?”

“All very good, I dare say, in their place.”

“I tell you, doctor, we shall be able to do without your profession soon. The time is coming when it will be thought a sin to have a headache.”

“But will there not be broken bones?” said a lady who had been listening; but my friend did not heed this question, for he had so much to say on the other side. “Every profession,” he continued, “is going to be looked into, and then the parsons will have to clear out too.”

Our discussion then came to an end; and it was some little comfort to think that the medical profession was not to be alone in the general discomfiture. However, I see no just cause for anxiety in our own time.

#### Sydenham.

Says Sir Richard Blackmore, “I one day asked Sydenham what books I should read to qualify me for practice. ‘Read *Don Quixote*,’ said he, ‘it is a very good book; I read it still.’” The biographer of Sydenham remarks: “Whether this rejoinder was intended as a satire upon the medical literature of the age, or as Dr. Johnson thinks, upon the talents and attainments of Blackmore himself we cannot say.”

My own opinion is that the reply was intended as a satire upon the medical *practice* of those days, a practice that well deserved the satire; yet strange to say, Sydenham himself followed the practice of Dr. Sangrado in respect to blood-letting.

This remarkable man was born in the year 1624. Speaking of small-pox, he says: “Nature, left to herself, does her work in her own time, and then expels the matter in the right way and manner.”

The antitoxinists should read this.

#### Sententice Agrorum.

There are some patients (and these are the sort we like) who are content to be cured by any means which the doctor in his wisdom may choose. There are others who want to be cured according to their own preconceived notions. If they are homœopathic they must be cured by homœopathic medicines. If they are allopaths they must be cured in that way. If they are hydropaths they must be cured by water.



These peculiarities remind one of Naaman, the Syrian, who had a strong desire to be cured by dipping in the rivers of Damascus rather than in the Jordon. He wanted to be cured in his own way; indeed, he at first objected to *any kind* of Hydro-pathy. But as this wish could not be gratified, he then desired to choose his own stream.

Patients of this kind are difficult to deal with.

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Many people foolishly talk about faith as being the active agent when any person is cured whilst taking homœopathic medicines. On the contrary I should say that faith without medicine is useless for the body, as faith without works is for the spirit.

#### Allopathic Advantages.

In allopathic practice there are certain advantages over homœopathic practice, bearing in mind the tastes and prejudices of mankind. Their medicines have the advantage of possessing taste and color, which have always been associated with the idea of medicine. And taste and color may often be pleasant to both tongue and eye. Just to give one illustration: *Ammon. mur.* is a good medicine for bronchitis, influenza, etc. The homœopath gives it alone, and there is nothing either in taste or color to recommend it to the patient. The allopath can combine it with the fluid extract of *Licorice*, and then it possesses both a pleasant taste and an agreeable color, and it is equally if not still more efficacious. Almost every patient would prefer the latter. So the old school man has the preference.

Another advantage is that his medicine is always put in a bottle ready for use. Some people have no faith in medicine left in tumblers; they like to have it corked up in a bottle all ready for use. I believe it would often be better to humor this wish. We might use a two ounce vial, giving the medicine in teaspoonful doses, with or without water.

G. HERING.

*London, 157 Seven Sisters' Road.*

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#### AN "ORIGINAL" PROVING OF PLANTAGO.

Reading an account of how a convict in some equatorial colonies discovered an antidote to the bites of venomous snakes by watching a fight between a snake and an iguana, in which the iguana

immediately after being bitten would go to a certain plant and chew a piece off and then return to the fight, reminds me of a similar incident, related in the *Nature*, which I read some ten years ago: A gentleman watching a fight between a large spider and a toad, observed that every time after being bitten the toad would go to the common plantain, chew a piece off and return to the fight as lively as ever: the observer, to try the efficacy of the herb, plucked it out, when upon the toad not finding its accustomed antidote soon succumbed to the effects of the spider's poison.

In popular practice the plantain has been used successfully in bad sores, ugly wounds that refused to heal. I think it would be useful in septicæmia, along with *Iodine* and *Lachesis*.

Verily the saying of Paracelsus is true: "Physicians must not learn from the paper books, but from the book of nature, whose leaves are open before our eyes."

A. A. RAMSEYER.

*Salt Lake City, Utah.*

## HOMŒOPATHIC MEDICAL SOCIETY OF CHICAGO.

The first meeting of this society for the season of 1896-'97 will be held at 8 o'clock, P.M., Thursday, September 17th, at the Auditorium Hotel, Chicago. During the early part of the winter papers will be read according to the following

### Programme :

#### SEPTEMBER 17. FIRST MEETING.

*Essayist* : Sheldon Leavitt, M. D.

*Subject* : "The Obstetrical Forceps."

Dr. Leavitt will take up the subject from the clinical side. *First*, some attention will be given the instrument itself—its design, its best form, etc. *Second*, the different modes of application, including the different positions and presentations. *Third*, conditions calling for the forceps. *Fourth*, dangers etc. *Demonstrations* with instruments will be made on the pelvis or manikin. Prints and drawings will be used for purposes of illustration.

*Essayist* : Charles Adams, M. D.

*Subject* : "Reckless Surgery."

Dr. Adams' paper is a protest against the too free use of the

knife—the *furor operandi*—to which many members of the profession are prone now-a-days.

*Clinic*: Dr. A. E. Thomas will present two cases of rare and anomalous forms of heart disease.

OCTOBER 15. SECOND MEETING.

*Essayist*: John W. Streeter, M. D.

*Subject*: "Treatment of Retroversion of the Uterus."

*Essayist*: B. S. Arnulphy, M. D.

*Subject*: "The Angina that Kills."

NOVEMBER 10. THIRD MEETING.

*Essayist*: G. F. Shears, M. D.

*Subject*: "Surgical Treatment of Inflammation of the Bladder."

*Essayist*: Clifford Mitchell, M. D.

*Subject*: "Hæmaturia."

DECEMBER 10. FOURTH MEETING.

*Essayist*: J. H. Buñum, M. D.

*Essayist*: C. Gurnee Fellows, M. D.

*Subjects*: To be announced.

JANUARY 15. FIFTH MEETING.

*Essayist*: E. S. Bailey, M. D.

*Subject*: "The Renal Insufficiencies in their Relation to Medical Diseases of Women."

*Essayist*: Wm. G. Willard, M. D.

*Subject*: "Peritoneal Tuberculosis."

At the February meeting Dr. Julia Holmes Smith will read a paper on "A Consideration of Some Pathological Conditions at the Time of Puberty." The other essayist for the evening has not yet been assigned.

Papers will also be presented by Dr. R. Ludlum, Dr. H. R. Chislett, Dr. W. W. Stafford, Dr. H. V. Halbert, Dr. J. S. Mitchell, Dr. Howard Crutcher, and possibly one by Dr. Ch. Gatchell, on "Incipient Phthisis, Pulmonalis: Diagnosis and Treatment."

Announcement cards will be sent to all Chicago physicians two days before each meeting.

CH. GATCHELL, M. D., *Pres.*

JOS. P. COBB, M. D., *Sec'y pro. tem.*

## THLASPI BURSA PASTORIS.

The proving of *Thlaspi bursa pastoris* conducted by Dr. J. C. Fahnestock, of Piqua, Ohio, and read before the Homœopathic Medical Society of Ohio, at a recent meeting, confirms what Rademacher said of this useful remedy years ago and Dudgeon's experience with it at a more recent date. Rademacher said of *Thlaspi*:

“But the most important remedial power of this common innocuous plant I learned from no medical author; the knowledge of it was actually forced upon me by the following case: I was called to see a poor woman from whom, eight or ten years before, I had brought away a large quantity of urinary sand by means of *Magnesia* and *Cochineal*, and thereby cured her. Now, the tiresome sand had again accumulated in the kidneys, and the patient was in a pitiable state. The abdominal cavity was full of water, the lower extremities swollen by œdema, and the urine of a bright red color, which formed, on standing, a sediment unmistakably of blood. I prescribed tincture of *Bursa pastoris*, 30 drops 5 times a day, solely with the intention of stooping the hæmaturia as a preliminary; but imagine my astonishment when I found that the tincture caused a more copious discharge of renal sand than I had ever witnessed. \* \* \* Since then I have used this remedy in so many cases with success that I can conscientiously recommend it to my colleagues as a most reliable remedy. Among these cases was one that appeared to me very striking. It was that of a woman aged thirty, who came to me for a complication of diseases. I examined the urine for sand but found none. I gave her the tincture of *Thlaspi bursa pastoris*, and a quantity of sand came away. On continuing the tincture much more sand came away and her morbid symptoms disappeared.”

Dr. Dudgeon finds in *Thlaspi* a remedy for sand or brick dust sediment and also for uric acid in the urine. He writes:

“I have elsewhere mentioned the power of this substance to affect the secretion of uric acid, and since then I have seen several cases corroborative of its medicinal virtues in this direction. One, a gentleman, æt. 57, who, in addition to other dyspeptic symptoms, had occasionally large discharges of coarse uric acid, coming away in masses the size of a good big pin's head, but curiously enough without pain. I prescribed *Thlaspi*,



which he said soon stopped the uric acid. Nearly a year after this he called on me for a different affection, and informed me that the uric acid had reappeared several times in his urine, but that a few doses of *Thlaspi* soon stopped it, and it never came to the height it attained when I first gave it to him. A lady, nearly eighty years of age, was suffering from the pressure of a calculus in the left ureter, which I knew to be of uric acid, as she had previously passed much 'sand.' The urine showed no sand, and was very scanty. I tried several remedies, among the rest the *Borocitrate of Magnesia*, but it was not till I gave *Thlaspi* that a great discharge of coarse brick-colored sand took place, with speedy relief to her pain. At the same time, indeed, I made her drink copiously of distilled water, which has a powerfully disintegrating effect on the uric acid sometimes, but, as she had already been taking this for several days without effect, I am inclined to give the whole credit of the cure to *Thlaspi*."

"It is not alone in such cases that *Thlaspi* is useful. Its ancient uses as a hæmostatic has been confirmed in modern times and in my own experience, and my friend, Dr. Harper, related to me lately a most interesting cure he had effected by its means of a very prolonged and serious affection. The case was that of an elderly lady who for years had suffered from a large discharge of muco-pus, sometimes mixed with blood, sometimes apparently nearly all blood, which poured from the bowels after each evacuation. She had been many months under the medical treatment of the late Dr. D. Wilson, who at last told her he considered her disease incurable. She then put herself under the treatment of a practitioner who relies chiefly on oxygen gas for his cures; but she was no better—rather worse—after his treatment. She then came to Dr. Harper, who worked away at her with all the ordinary remedies without doing her a bit of good. At last he bethought him of *Thlaspi*, led thereto by my remarks on its anti-hæmorrhagic properties in my 'therapeutic notes' in the *Monthly Homœopathic Review* of October, 1888, and he found that from the time she commenced using this remedy the discharge from the bowels gradually declined and ultimately ceased, and there has been no return of it."

In Dr. Fahnestock's proving, as reported in the *Medical Counselor* for August, 1896, Prover No. 1, only experienced an increase of urine from a normal of 25 ounces to from 35 to 38 ounces under the influence of 15 drop doses of the tincture of *Thlaspi* every two hours.



Prover No. 2. Under the influence of 10 drop doses of the drug, experienced an increase of 10 ounces of urine in twenty-four hours. As the effect of the drug passed off, the "urine diminished with red sediments," and this was the last of the observed symptoms persisting for a while after the other had passed off.

Prover No. 3. Under the influence of 5 drops of the 1x dilution every hour, experienced the increase of urine. This proving was begun on the 30th of January. On February 5th the remedy was discontinued on account of its unpleasant effects, and with the subsidence of the amount of urine passed came "red, sandy deposits." A month later this same prover took increased doses of the remedy, and among other symptoms, or effects, was a large increase of urine, with brick dust sediment.

Among other more marked symptoms experienced by these provers, was puffy or swollen eyes.

The effect of *Thlaspi* seems to be that of flushing out the kidneys and bladder, taking along with it the uric acid, brick dust and sand that may be in them. Whether it will cure the conditions causing those formations is another matter. But after they are formed and are giving the patient trouble, there seems to be nothing better known in medicine to free the system from them than appreciable doses of the tincture of *Thlaspi bursa pastoris*.

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## USES OF PEROXIDE OF HYDROGEN.

*Peroxide of Hydrogen* is not toxic; in fact, it is used for internal medication, and the amount which may be taken without injurious effect is well illustrated by a case recently reported, in a course of discussion on diphtheria, by Dr. Rudolph Matas. In this case, in which Dr. Matas had occasion to prescribe it for a man suffering from asthma, the patient, from a misunderstanding of the directions, took six or eight four ounce bottles of *Peroxide of Hydrogen* during one night, and was not only not injured by this excessive amount, but actually believed that he had been benefited.

In diseases of the nose, *Peroxide of Hydrogen* is an important therapeutic agent. In *ozæna* a wash of a twenty-five per cent. solution is useful; or, after washing the nostrils with an alkaline or the normal physiological salt solution, the *Hydrogen per-*

*oxide*, pure or mixed with an equal quantity of *Glycerine*, may be applied locally by means of an atomizer or applicator with cotton to remove or destroy any scabs or secretion which may be left. In this way the nostrils can be kept clean, and the offensive odor, which is one of the most unpleasant features of this disease, may be prevented. In purulent rhinitis a five per cent. solution, to which an alkali has been added, is useful. It is also said to be serviceable in controlling nasal and pharyngeal hæmorrhage.

In membranous rhinitis, whether due to the Klebs-Loeffler bacillus or to micrococci, the spraying of the nostrils with a twenty to fifty per cent. solution is indicated, and has given me excellent results. My experience in diphtheritic rhinitis with this agent has been so satisfactory that I have not deemed it necessary to use the antitoxin in these cases, as this does not seem to prevent the post-diphtheritic paralysis, which would be the only reason for my using it in diphtheritic rhinitis.

In specific necrosis in the nostrils, *Peroxide of Hydrogen* is an important agent, not only for its disinfecting properties, but also for controlling the horrible odor that is present in these cases. In diseases of the accessory sinuses of the nose, *Peroxide of Hydrogen* is so beneficial that I use it in all cases, whether of a maxillary, frontal, ethmoidal, or sphenoidal sinus. In my opinion it cleans and disinfects the infractuositities of these cavities more effectively than any agent that we have.

In diseases of the throat, *Peroxide of Hydrogen* is used in follicular and other forms of tonsillitis, and in specific affections, and is a sheet anchor in diphtheritic processes in this region. Long before the introduction of antitoxin, I have had excellent results from *Hydrogen peroxide* in diphtheria, and even since the use of this serum I never fail to use the *Peroxide* as a valuable adjunct, and I believe it to have had an important bearing on the results obtained. It attacks the membrane, disinfects the parts, and has no injurious effects when swallowed, which is more than can be said of many other antiseptics used for this purpose.—*W. Schepppegrell, New Orleans, La., in Medical Record.*

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#### ANOTHER BACILLINUM CASE.

Widowed unipera, aged thirty-two years. Several members of the patient's immediate family had within a few years died of tuberculosis, and her husband, whom she had nursed almost

continuously through about eighteen months of illness due to tuberculosis, had died but a few months previously. The following are the prominent symptoms presented by the case: Anorexia and very much impaired digestion, marked emaciation, with the chest conditions characteristic of the tuberculous state, frequent hacking cough day and night, which greatly interfered with sleeping; profuse "night sweats," and as far as was observed, a continuous fever, which at its maximum reached 102 or 103 degrees, and attaining its greatest height in the middle of the day; the pulse was correspondingly accelerated and easily excited. The patient's strength was considerably exhausted and she was compelled to lie down most of the time.

Physical examination revealed the chest to be greatly emaciated and sunken below the clavicles, the bruit over the subclavian artery recognized as characteristic of the early stages of tuberculosis was pronounced. There was marked dullness over the apex of the left lung, as well as in areas over the anterior surface of the upper lobe generally; posteriorly no lesions could be detected, nor were any discovered in the right lung. A diagnosis of tuberculosis was boldly rendered, and the family informed that an unfavorable termination might be expected. *Bacillinum* 30th was administered, a dose being given every seventh day, in conjunction with a *placebo* in the meantime to prevent the impression that nothing was being done for her relief; improvement commenced with the first dose, and, after six had been taken, progressed to a cure within from two to three months. A year and six months have now elapsed since commencing the treatment, and no evidences of the former trouble are discoverable, and excellent health has supervened upon the formerly broken down and exhausted condition.—*Dr. J. A. Freer, Washington, D. C., in N. Am. Jour. of Hom.*

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### DEFENCE OF THE ORGANON.

Three years ago Dr. Dudgeon enriched the literature of medicine by giving us a revised translation of Hahnemann's medical classic, *The Organon of Medicine*. It is therefore eminently fitting that he should have added to the many claims to our gratitude for the zeal and ability with which he has, during the last fifty years, placed within the reach of all English-speaking people the many medical works of Hahnemann, by giving a

translation of the only reply to the various attacks made upon the *Organon* which he deigned to notice. Even in this instance, his son's name appeared as the author; he, as Dr. Dudgeon suggests, feeling too much contempt for his assailants to enter the lists against them in person. Dr. Hecker, of Dresden, was a conspicuous personage in the medical world of the day, and, through his *Epidemics of the Middle Ages*, subsequently achieved a great reputation. Professor Hecker had made a series of attacks upon Hahnemann during fifteen years without receiving any notice from him, but when, in 1811, he made his virulent attack upon the *Organon*, Hahnemann became exasperated, and fearing that his great work ran a risk of being overwhelmed, determined on issuing, in his son's name, the *Defence* which Dr. Dudgeon has here translated for us.

The essay is more than a simple defence of the views expressed in the *Organon*, it is a commentary upon them and explanatory of them. It is interesting, moreover, as showing us Hahnemann's power as a controversialist. The analyses he makes of his critic's strictures are very clear and minute; the thoroughness with which he exposes his fallacies and shows up his ignorance of medical writers, with whom a man presumed to be so complete and accurate a scholar as Hecker was, ought to have been familiar, is very striking. Hahnemann's mill was rarely brought into action, but whenever it was so, it ground his opponent to powder.

Dr. Dudgeon's latest effort is one of deep interest to all who have made a study of Hahnemann, of the *Organon*, and of Homœopathy. It is almost essential to anyone reading the *Organon*, and being so, we trust that it will have a wide circulation.—*Monthly Homœopathic Review*.

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## A CASE FROM PRACTICE.

By Dr. Thom, of Flensburg.

A boy of 12 years, T. from B., had always been healthy, but he fell ill one day with symptoms of a light fever, lack of appetite and general exhaustion. But what most excited the attention of the parents, was that the boy for several days showed no desire to leave his bed, and always remained lying on the side, and when moving the right lower limb, complained of pain. An allopathic physician of great renown and very much occu-



ped was called, and he treated the boy for ten days without any success, when he declared the ailment to be incipient inflammation of the hip-joint, and recommended the parents to take the boy to the hospital. But as the parents, for several reasons, had no liking for hospital treatment, at the advice of the same physician they were going to apply a stretching ligature, in which the patient would for the first have to lie for "several months." But the parents eventually would not agree to this treatment, and though they were not favorable to Homœopathy, at the advice of some friends they decided to try it and entrusted the case to me.

I found a pale boy of weakly constitution. There was still a light fever and lack of appetite. The boy also continued to lie on his back. The right lower limb, the movement of which caused pain, was slightly flexed in the hip-joint and the knee-joint. The inspection and palpation of the right hip-joint and of its integuments showed nothing abnormal. The movement in the right hip-joint was almost without pain. Only the stretching of the right limb seemed to cause a more lively pain. Based on these symptoms—though tuberculosis had been found in the family of the father—I could not make up my mind that I had to deal with an incipient coxitis, and I continued my investigations. I then found out that the patient a few days before his illness had had a fall, having fallen on his abdomen, a matter which had hitherto received but little attention.

An examination of the external integuments of the abdomen showed nothing abnormal, but the boy started up with pain when I exerted a strong pressure on the abdomen, about a hand-breadth below, in the direction of a line from the navel to the hip joint. I therefore diagnosed the case as a distension and consequent contusion of the deeper layers of the abdominal integuments, occasioned by the fall before mentioned, causing by reaction an inflammation. I prescribed externally compresses of diluted *Arnica* tincture, and gave internally *Arnica* 4th dilution, and *promised a speedy recovery*. After four days the fever had disappeared, the appetite had come back and the patient could walk about again.

*An essential improvement visible to the patient, to myself and the parents had appeared even in the course of the first twenty-four hours after my prescription.*

This case after having been properly diagnosed might have



been treated successfully even by a layman familiar with Homœopathy. Nevertheless it caused me at the time much pleasure. The parents of the boy became firm adherents to Homœopathy, and ever after warmly defended it. This case again proves the superiority of Homœopathy. Even supposing the case to have been properly diagnosed, no allopathic physician would have been able to have caused so speedy an improvement and cure. The whole allopathic materia medica has no remedy which in circumstances like those described could bring aid nearly as speedily and promptly as *Arnica* when prepared and used according to homœopathic principles.—*Leip. pop. Z. fuer Hom.*

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### THE BORNAIC HORSE DISEASE.

In the bailiwick of Borna, which is part of the district of Leipzig, a disease has broken out among the horses and has caused losses during the last four or five years; as this has not been noticed enzootically anywhere else it has received the above named title. Last year 122 horses succumbed to this disease; in the first two months of this year, already 57 have died from it. The horses, after having for several days shown an indisposition to eat, and weariness set in, they become continually leaner and more tired, they finally refuse all food and die in a thoroughly apathetic state, quite insensible to external impressions. The *veterinary surgeons* are totally *helpless* in this disease. At first they thought there was a chronic lung trouble. But this is not the case; it is a brain and spinal trouble, in which the masseter muscles are sympathetically affected with tonic spasms, which must be painful, so that the animals eventually are unable to eat.

According to the supposition of the professors of the Royal Veterinary School at Dresden, there is an inflammation of the membranes of the brain and of the spine (Meningitis cerebrospinalis) resp. of the medulla oblongata, which from the latter is continued to certain spinal nerve-stems in an unequal manner. It may have an acute or a chronic course, and as it appears epizootically, it is to be referred to microbes, which have not, however, been as yet discovered. According to observation so far, it is not transferred immediately from one animal to the other. On the other hand, it may be communicated through infected water, *e. g.*, when the water of a drinking trough is corrupted with the infectious matter. Furthermore there was an official

notice to the effect that "As soon as the least symptoms of the disease are observed an approved veterinary surgeon should be at once consulted, for the greatest prospect of any success lies in the immediate and speedy assistance of an approved veterinary surgeon. Do not depend on curing the disease yourself through domestic remedies or patent medicines. Beware of consulting men who are quacks and do not understand these ailments and who have really no legal right at all to undertake such treatment." Despite of this well-intentioned warning we nevertheless think it our duty to the owners of horses to mention *Zincum cyanatum* 3, and to request them to also call the attention of the veterinary surgeon whom they consult, to the use of this remedy in the chronic form of cerebro-spinal meningitis; for this horse disease keeps spreading and is now making its appearance also in the southwestern districts of Leipzig even up to Prussia. Preparations of *Zincum* are the only remedies which have so far proved effective in the similar disease with men. We give of *Zincum cyanatum* 3 d. daily 4 doses, but we must not be surprised if the remedy does not help in a few days. We have known cases with men where recovery was only secured after using the remedy for 5 to 6 weeks, and where only the consistent use of this remedy, notwithstanding all the fluctuations appearing during its use, finally secured a full cure.—*Leip. Pap. Z. fuer. Hom.*

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#### DEATH RESULTING FROM BEHRING'S CURATIVE SERUM OR BY POISONING WITH CARBOLIC ACID.

Like as by a lightning from the clear heavens, the medical circles in Berlin that are enthused by Behring's Curative Serum were struck by an advertisement of Prof. Langerhaus, Doctor of Medicine and Prosector in the City Hospital. This advertisement appeared in the *Vossische Zeitung* of April 8th, to the effect: "Yesterday, at 6 P. M., died suddenly in a state of blooming health in consequence of an injection of Behring's Curative Serum for immunization, our darling little Ernest, aged  $1\frac{3}{4}$  years."

The father had himself conducted the injection and some thought that the first excitement and grief over the death of his son had made him over-hasty. But a few days later he announced: "The burial of our dearly beloved son, who was poisoned by Behring's Curative Serum, will take place on Saturday, April 11th, at 11 $\frac{1}{2}$  A. M., in the Dorothea City Cemetery, on Luisa street."

He, therefore, clung to his conviction, that the death was caused only by the Curative Serum. The State Attorney attached the corpse of the child and the remainder of the serum used for injection. Nothing was found out from the examination of the corpse. The injection also had been made *secundum artem*. The serum, also, was found to be unvitiated; it was tested on animals, and especially on rabbits, that received exactly the quantity injected in the child, without dying or even falling sick. The case would continue to be a riddle if again the circumstance had not been purposely ignored, that Behring's Serum, in order to make it keep, receives an addition of a certain quantity of *Carbolic acid*. It may be that Behring's Serum, when fresh and before it has received an addition of *Carbolic acid*, is harmless; and men may not be right in ascribing certain morbid symptoms that follow the injections to this remedy. For quite the same symptoms have been found after poisoning with *Carbolic acid*. *Carbolic acid* is a poison; the Curative Serum in the concentrated form in which it is injected is not a poison; it only becomes poisonous by the addition of one-half per cent. of *Carbolic acid*. It will no doubt be objected; *Carbolic acid* cannot do harm when thus diluted, for it has been injected in this Carbolic Curative Serum many thousand times into children and animals without any harmful results. But what does this prove in the above case? Even ignoring the fact that poisons injected directly into the subcutaneous cellular tissue act *at once* and at least eight times as strongly, and, besides that, much more permanently, than when taken through the mouth into the stomach, we must observe, that we cannot foresee in any case treated, how the person will react on the remedy injected, because there may be in his case an idiosyncrasy with respect to this poison, which may cause serious symptoms of poisonings even after small doses; the numerous cases of poisoning through *Carbolic acid* should make every physician careful in its use. It is well known that in the case of men who were poisoned by *Carbolic acid* there are not, as in animals, first convulsions, but that frequently there ensues *at once a central paralysis*, which may cause death in a few minutes with symptoms of a collapse, without any preceding nausea or vomiting. If these symptoms of a collapse again disappear (*i. e.*, the paleness, the swoon, the cessation of respiration and of the pulse), then there follow symptoms of excitation: delirium, buzzing of the ears, contraction of the pupils and profuse sweats,

and then the poisoned person usually remains alive. These facts ought to be known to every physician, as well as from the later toxicological works, as from *Schmidt's Jahrbücher*, since 1876, in none of which cases of poisoning by *Carbolic acid* fail to appear. It is, therefore, quite peculiar, that those who attempt to justify the serum-therapy in the public press, which therapy is impossible without the addition of *Carbolic acid*, do not mention this acid at all, but drag in all manner of explanations for the death of the child of Dr. Langerhaus; yea, speak of a mere accident, and profess to know of no other chemical combination than *Prussic acid* which would cause so sudden and so speedy a death. Our readers will be able to draw a correct conclusion from this case, the more as two additional fatal cases are reported from Striegan in Silesia.

PHLIN.

*Leip. Pop. Z. für Hom.*

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### AN OLD HOMŒOPATHIC SKETCH.

By Privy Counselor Dr. Aegidi, of Freienwalde.

Another case, showing the efficacy of old medicated pellets, may not prove uninteresting from some of its circumstances.

My highly esteemed old friend, *C. von Bœnninghausen* will, perhaps, remember the merry hours we spent together nearly thirty years ago at Duesseldorf, and how one day while sitting at the table d'hôte, of what was then called the *Breitenbacher Hof*, we occupied ourselves with surveying the physiognomies, gestures and actions of our table companions, most of whom were unknown to us, and we endeavored to deduce from these observations the indication for a homœopathic remedy and a conclusion as to their probable ailments. Among others, a Dutch family which had just arrived by steamboat, was a subject of our attention. The old, corpulent gentleman, quite at his ease, drank one pint of wine after the other, while no variation in his external deportment showed any effect from this copious libation. His lean looking spouse partook very moderately of her wine mixed with water. "Just look at the very pale face of that lady," said my friend, "after emptying scarcely one-half of her glass, it is occupied up to the forehead with a deep flush continually increasing; this symptom indicates *Carbo vegetabilis*, which is also the specific remedy for the asthmatic ailments, of which she seems to be suffering, judging from her short breath-



ing. And then, observe how the boy, sitting by them shudders together and shakes at every mouthful of the mild Moselle wine, as if he was taking bitters. That sign indicates *Cina*—he probably needs it.’’

I have given this sprightly episode not unintentionally, for the last remark of this acute observer gave me the opportunity, many years afterwards, of making a remarkable cure, which I will here communicate as it was also effected by old pellets.

Miss A. von M. had for six years been suffering from a very intense chlorosis, and though she was 21 years of age, her catamenia had not yet appeared. Her appearance showed deep suffering, but I shall not here portray it. She had been treated allopathically for four years; she had been sent twice to Pymont, once to Kreuznach and once to take sea baths, and lastly, on account of serious bronchial affection, she had been sent to Reinerz without producing any recovery. Besides this, many medical mixtures had been given her. Also, the homœopathic treatment to which she had been subjected for several months, had not made much impression. After using *Pulsatilla* and *Kali carb.* the menses had made their appearance once, but had then ceased again. As the patient was at a distance, I had to treat her by letter and send her the remedies prepared by myself. In traveling, I came through the place where she resided, and remained several hours in her parents' house, to make another exact examination. At the dinner I was involuntarily reminded of the long-forgotten conversation about the Dutch boy, as my patient, since it was the birthday of a member of the family, was obliged to honor the toast by sipping from her glass. She shuddered at this occasion as if she had swallowed brandy, and this reminded me of *Cina*, and when carefully revising the whole image of the symptoms, it was found that even outside of this particular symptom, *Cina* recommended itself, since the pains were aggravated by external pressure and recurred at once, also on yawning (which could hardly be suppressed), and when fixedly gazing at anything, *e. g.*, at fine sewing. There also appeared from time to time an intermittent fever, which came on several days in succession, exactly at 4 P. M., with thirst, and cold hands and feet, abdominal pains with vomiting of the ingesta, then heat and perspiration, followed by deep sleep. Accordingly, I determined to give her *Cina*, which she had not received before, the necessary intervening medical pause, since



giving the last medicine having then expired. The pocket-case which I carried in traveling did not contain *Cina*, so I was compelled to take *Cina* from a medicine chest belonging to the family, which contained pellets prepared by *Starke*, of Silberberg, and had been purchased twelve years before, but used only rarely. The bottle containing *Cina* was still filled to the top. The patient was directed to take three pellets in six spoonfuls of water, taking a spoonful morning and evening. If an aggravation set in, she should intermit in taking the medicine, and should wait and report, but if her customary ailments continued, or an improvement appeared and continued, she should continue the use of the medicine and report later.

Now, if I had heard through the report received three weeks later, that also this remedy had been ineffectual, from mistrust of the preparation used, I would have prescribed and sent *Cina* from my more reliable supply of medicines, rather than to have then made a new selection. Luckily, this was not needed. I was informed that even in the first days on which *Cina* was given, there were signs of a cheering improvement, especially in the state of the patient's mind. The tormenting pains in the head, chest and back were much alleviated, and since in the last days menstruation had set in, and the use of the medicine had been interrupted, I was asked what should be done next.

First of all it seemed to be indicated that no medicine should at present be used, and I accordingly sent the necessary instructions and *Sacch. lactis*, requesting information in three weeks, unless the patient's state of health should make an earlier consultation necessary. In three weeks I was informed that the improvement had not been checked, but the patient desired a repetition of the *Cina*, as it seemed to her that this was more efficacious than the powders sent. This request was then granted, and I found no reason for changing from the preparation before used. After six more weeks, new symptoms presented themselves, indicating a new remedy, and *Plumbum met.* and lastly *Alumin.* were used; both remedies had been ineffectually prescribed before, but now after *Cina* had given a favorable impulse they completed the cure. To-day, after three years, this lady is happily married and the mother of a vigorous boy, and she enjoys the best of health.—*Allg. H. Z.*, vol. 60.

## ONE FOR THE SURGEONS.

A bungling prescriber does more mischief than his bungling surgical yokemate, but he does it so quietly and so unobtrusively that he escapes much of the odium that attaches to those who wield the knife. A bungling prescriber is not necessarily a practitioner who gives *Aconite* when *Chamomilla* is indicated, or who prescribes mechanically for a supposed pathological condition, but one who does not know the difference between a case for surgery and a case of therapeutics or hygiene.

As this paper will be brief, I shall proceed at once to illustrations.

“Twelve hours after the injury it was found that the patient could not pass water.”

This patient had fallen astride a wooden beam and injured the perineum and adjacent tissues. It might have been taken for granted that the urethra was injured, and a careful exploration should have been made, not twelve hours after the injury, but the moment the medical man arrived at the bedside, the urine had burrowed into the tissues, and, although an operation was quickly done twenty hours after the injury, the patient came near dying from subsequent complications, which resulted solely from bungling prescribing.

“My faith in Homœopathy is getting to be pretty low. This rheumatism has bothered me for a week or more. I am now taking *Aconite*; *Rhus* and *Bryonia* did no good. Would *Lithia* water do me any service, do you think?”

Thus spoke a patient who came to consult me from another place. Examination revealed a dislocation of the shoulder-joint. Reduction under an anæsthetic gave prompt and lasting relief. If Hahnemann taught one thing above another, it was that every patient must be carefully and conscientiously examined before a prescription could be honestly made. Here was a case under energetic medical treatment for a whole week, and yet the patient protested that an examination was necessary on account of the certainty of the diagnosis.

One more illustration, and I shall detain you no longer.

A boy of eight had a swelling of the scrotum. The doctor, who attended the family of which the boy was a member, assured all concerned that the trouble was “a gathering of water,” which *Apis* would speedily relieve. The trouble grew worse

from month to month. It was, in fact, a congenital rupture complicated by hydrocele of the cord. An operation cured the boy.

Our own school is not alone guilty of these blunders. Perhaps a careful report of old school failures would be quite as discreditable.—*Howard Crutcher, M. D., in St. Louis Journal of Homœopathy.*

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## BOOK NOTICES AND GOSSIP.

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**Nynaism.** 124 pages. Leatherette. Nyna Publishing Co., Philadelphia, 1896.

Neither *The Century* nor *Dunglison's* dictionaries contain the word "Nynaism," but a key is found to it in the motto of the book which is "Neglect of Hygiene is Negative Suicide." The unknown writer of the book asks the world to be "enrolled" and thus become a "Nynaite," an exponent of Nynaism, pay one dollar for the book and receive your "mark." Nothing hurtful is advocated in the book, and the rules of health, if observed, and the exercises, if carried out, would be very good mild physical training. The object of enrollment is to be an incentive to follow out the rules and keep a record of such physical changes as may be observed to result from them.

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"I HAVE said that in the *Cyclopædia Drug Pathogenesis* doubtful provings were expunged, and thus the pretty reliable material is reduced to a comparatively small bulk. But it is a question whether in this weeding-out process some valuable symptoms have not been omitted, symptoms that have been often clinically verified. Such is the opinion of many men who are qualified to judge; and while this feeling exists, the *Cyclopædia Drug Pathogenesis* and its coming Index cannot supersede Allen's *Encyclopædia*, but the latter will be largely employed by practice. One may carry the weeding-out policy too far, and making a more theoretically perfect work, entail the loss of really valuable working material. Many of these expunged symptoms are said to be obtained, not pathogenetically, but from clinical observation. These, strictly speaking, have no place in a pure materia medica, but they are very valuable in themselves; and though discovered by the clinical method, they are found to be true

guides in practice, and are sometimes extremely characteristic of the drug, and of the nature of "key-notes." While, therefore, they have no place in a pure materia medica, they ought not therefore to be set aside. The true way is not to mingle the two sets of symptoms, but to place them together, the clinical ones in footnotes, as in Allen's *Handbook of Materia Medica* or to place these symptoms in a separate paragraph, printed alongside of the pure symptoms of pathogenesis, or in a paragraph immediately following it. The recognition of what are known as primary and secondary symptoms is also important, as one may wish to use one or other according to certain circumstances, and it is probable that in so doing the dose would have to be different. With the *Cyclopædia of Drug Pathogenesis*, and its schematic index, and with Allen's *Encyclopædia* and *Handbook*, we shall have as perfect a presentation of the materia medica as can be looked for, at all events for a long time to come—*Dr. D. Dyce Brown. at International Homœopathic Congress, London, 1896.*

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*The Materia Medica Journal* is the name of the latest born (at present writing) in the family of homœopathic journals. It is edited by Drs. H. C. Allen and W. J. Hawkes. The business end is attended to by Dr. W. W. Stafford, and his address is 100 State St., Chicago, Ill. The first number is an excellent one and confines itself almost exclusively to its text "materia medica," as it should. Its book reviews are well written, and altogether the new journal, if kept up to the standard of the first number, will be a valuable one for all who believe in Homœopathy.

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MESSRS. BOERICKE & TAFEL have in press a book by Dr. T. L. Bradford, author of *The Life and Letters of Dr. Samuel Hahnemann*, that will be of unusual historical interest. Dr. Bradford for years has been engaged in collecting all that is known of the pioneer homœopaths in all parts of the world, and the volume in question will contain the results of his labor. It will be a book especially for the scholarly men who take a broad interest in Homœopathy and its history. This work once done will constitute a biographical reference book for future generations. The publishers do not expect it to be a popular book, but like the *Homœopathic Bibliography*, it is a work that is needed by the homœopathic world, and the question of profit has not entered into the question of its publication. No man living can do such



work as well as Dr. Bradford the historian and bibliographer of Homœopathy, and it is a fortunate thing for posterity that he is willing to devote so much of his time to it with no reward save that of working for the good of the great cause. The volume will be out some time towards the end of the year.

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“MEDICAL literature has little to offer in the way of books or treatises on chronic diseases, but Homœopathy here, as elsewhere, has set a good example to medicine at large. It may not be known to the younger generation of homœopathists that Hahnemann devoted years of close analytical study to classifying and determining the causes of chronic diseases, and to improving his methods of dealing with them; and that he left, as a monument of his devotion to his art, a work as strikingly original and as characteristic of his genius as anything that he gave the profession. It was the work of his riper years and embodied the results of his vast experience and mature thought. It gives evidence of his comprehensive powers of accurate observation made possible by his unusually long and thorough training; of his wide acquaintance with the writings of his cotemporaries and predecessors; of his thirst for absolute knowledge concerning diseases and their cure; of his earnest desire to benefit suffering humanity; of his ability to patiently analyze, methodically classify and critically investigate obscure phenomena, and of his absolute devotion to his art. His theory concerning the cause of the vast majority of chronic diseases cannot be accepted as satisfactory to-day, but much that he said remains true and useful. If physicians of to-day would follow his example in patiently and earnestly studying the causes of chronic invalidism which seek their advice, the progress of medical art would be more rapid and marked. This work of Hahnemann's, carefully read in the light of the knowledge of to-day, however, will show that very decided progress in the recognition of the ætiological factors concerned in the production of chronic diseased conditions, as well as in the effective treatment of such conditions, has been made since he wrote the work referred to. His famous psora theory, which was never very widely accepted and which has given rise to much controversy, was but a pioneer step in the right direction.—*From Editorial in August, 1896, New England Medical Gazette.*

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MEDICAL works that mark eras of progress deserve universal attention; and when they appear in that field which characterizes Homœopathy as a distinct school of medicine, every earnest physician will hasten to test their claims.

The attention of the profession is directed to a new materia medica (*A Regional and Comparative Materia Medica. By John Gilmore Malcolm, M. D., and Oscar Burnham Moss*), which embraces and designates the *characteristics or key-notes*, and the most prominent *special symptoms* by new principles and methods of arrangement. This work gives full and immediate control of the entire homœopathic materia medica without abridging the usual form of the symptomatology. It thus offers quick means for finding the indicated remedy.

The "new idea" consists in grouping in successive chapters all that pertains to the several "regions" or functions of the body as found under the *rubrics* of works on this subject in popular use. Hering's guiding symptoms has *forty-two distinct rubrics* in each chapter; hence the author of this work made *forty-two chapters* and arranged the remedies of each chapter alphabetically, indicating the "characteristics" or "key-notes" by a (\*), and the most prominent "special symptoms" by a degree (°); but instead of giving in a single chapter the *action of one drug upon all the regions of the body*, each chapter contains *all the drugs that act upon a single region*.

Doctors usually study their cases by "regions" or "rubrics," hence nothing could be more logical than the above arrangement. One has before his eye at a glance several remedies bearing upon the same subject, while in one short chapter is found the entire symptomatology of any given region, with the remedies arranged alphabetically.

The size and completeness of this work are commendable features, embracing 919 pages and including 260 drugs. Another commendable feature is the *list of remedies*, giving the abbreviated form, the full name, and the pronunciation according to the most recent authorities.

No work of this nature can be above criticism at all points, yet it would seem like an aspersion to attack the fidelity and completeness of this book. We have seen enough to convince us that in this work the homœopathic materia medica reaches the summit of practical usefulness.

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W. E. BLOYER, M. D., of Cincinnati, publisher and editor of *The Medical Gleaner*, writes Messrs. Boericke & Tafel, *apropos* of the *Chronic Diseases*, "You deserve much esteem from homœopaths particularly, and the profession generally, for placing so many *good* books at their command."

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THE following scattered comments are taken from a paper by Dr. M. Neil, San Francisco, in August *Hahnemann Advocate*. No one is better fitted to write about "books that have helped me," than homœopathic physicians. "The foundation on which all homœopathic therapeutics rests is the *Organon*. Study it frequently and thoroughly."

“For the study of this indispensable (*Materia Medica*) Farrington’s *Clinical Materia Medica* is invaluable, as it renders the subject more attractive and easily remembered. I have no sympathy with the views of those who maintain that you do not need any *materia medica* in your head. Get all you can there. True, you can only get a small part of it, but that, if well selected, will enable you to save lives when even with your repertories at hand, you would not have time to find *the* remedy.”

“I need not demonstrate to you that you cannot remember all the *materia medica*, and it is therefore obvious that repertories are indispensable in all difficult cases and more particularly in chronic ones. In fact it is a good rule to always use at least one in every chronic case. The repertory, which is the most indispensable to the thorough study of a difficult case, still remains Bœnninghausen’s *Pocket Book*.

“Bell’s *Diarrhœa and Dysentery* need no commendations. No man worthy of the name of homœopathic physician is without it.”

“EGGERT’S *Uterine and Vaginal Discharges* is an indispensable work to the careful prescriber. Its plan renders it easy to use.”

“There is a meritorious repertory on rheumatism that has not received the appreciation it deserves in its field, although therein it is without a competitor, viz: Perkins’ *Rheumatism*. I would not be without in a difficult case of that disease.”

“Let me say to every homœopath, that when called to the bedside of a parturient woman, you may forget your forceps and you may forget your chloroform bottle, but do not forget Yingling’s *Accoucheurs’ Emergency Manual*. That is a long name for a little book, but its name is too short for its merits and usefulness. It contains all the knowledge necessary to meet the dangers and delays of dystocia, convulsions, retained placenta, hæmorrhages, after pains, and the primary dangers threatening the infant. Of course I am speaking of the medical treatment, but you will find the better you are prepared for this, the less need there will be for mechanical and surgical measures. It is a marvel of the bookmaker’s art, such as only Boericke & Tafel can produce, and it fits the hip pocket beautifully.”

“I make no apology for commending to those who do not possess it, the *Homœopathic Therapeutics of Hæmorrhoids*, by Jefferson Guernsey. Those who have it need hear no praise of it. All who use this little book will be under no necessity of practicing that monstrosity, nasty surgery which is no more worthy of countenance than fortune telling.”

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**The Chronic Diseases: Their Peculiar Nature and their Homœopathic Cure.** By Dr. Samuel Hahnemann.

Here is a magnificent volume. At first glance there may appear to be the objection that has been offered to the new Homœo-

pathic Text-Book of Surgery, that it is too large. But this objection is fanciful. No book which contains that which the profession needs is too large, if it be handleable at all, and this volume is. It contains sixteen hundred pages, and is of the dimensions of Webster's Unabridged Dictionary. No one has allowed that the latter is a large book to disconcert him, and no one should allow the fact that this new edition of *Chronic Diseases*, by Hahnemann, is a large book to disconcert him and prevent him from purchasing it. Hail the day when we are provided with books of value, no matter what their size.

The present volume is a critical translation of the enlarged German edition of Hahnemann's *Chronic Diseases*, issued in 1835. Competent critics proclaim that the translator has done his work well. The book has been edited by Dr. Pemberton Dudley. Those who know him appreciate what this means. The annotations by Hughes add a value to the work, and thus we have an unusually acceptable volume. It was by means of this book that Hahnemann taught his early followers how to build Homœopathy's substantial foundation. He might have preached *similia similibus curantur* till doomsday and not have builded upon it a separate and distinct medical system which to-day occupies an established and honorable place among medical systems did he not exemplify the truth of his law and demonstrate the ability of remedies administered according to it to cure diseases. His largest successes were along the line of chronic ailments, those which had resisted all known treatments. These cures were accomplished by fitting the remedy to the case in every instance. Accuracy of selection was demanded. It was exemplified. Cures resulted. Homœopathy became an established fact. His *Chronic Diseases* tell how these cures were effected. It is really a large symptomatology. He gives the nature of the remedy, its medicinal virtues, its preparation its mode of action and symptomatology. He describes chronic diseases and tells of his various theories of their origin, particularly of his psora theory. Here we have it in Hahnemann's own words. We may not agree with him, but no one has offered explanation of many of the manifestations of chronic ailments which have served a better purpose than his explanations, and certainly no one has offered anything like half as good a method of treatment for all chronic disease as the potent and subtle influences of the homœopathic remedy applied according to the symptomatology of each particular case and each particular remedy selected.

We are grateful to the translator, the editor and the publishers for this book. It is a second homœopathic bible. It will require painstaking care to apply the remedy according to the principles laid down, but the physician so doing will be rewarded for his labor. Unhesitatingly we assert that this book should be among the most acceptable volumes recently issuing from our publishing houses and should find a warm welcome in the library of every homœopathic physician and student. It is the work of a master mind.—*Medical Century*.



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## THE SUPREME COURT'S OPINION OF DAMAGE SUIT SHARKS.

Dr. L. H. Willard, of the Homœopathic Hospital, Pittsburg, has been subjected to a severe ordeal in a suit for damages for malpractice; there was no malpractice, but the plaintiff's lawyers succeeded in making the jury believe otherwise several times. Finally, the case was taken to the Supreme Court of Pennsylvania, who gave an opinion that will encourage honest men and serve as a warning to "damage" sharks. This is an extract from it:

"It must not be overlooked that the medical and surgical service rendered by the defendant to the plaintiff was entirely gratuitous, the defendant receiving therefore no compensation of any kind. For many years Dr. Willard had been rendering such service to the hospital to which the patient was brought after receiving his injury. He was one of a corps of physicians who, from motives of benevolence and charity, contribute, as they do in many other cities and towns, their time, their skill, their labor and their most valuable and humane services in relief of the sick and suffering of their race. If such gentlemen are to be harassed with actions for damage when they do not happen to cure a patient, and are to incur the hazard of having their estates swept away from them by the verdicts of irresponsible juries, who, caring nothing for the law, nothing for evidence, or plain teachings of common sense, chose to gratify their prejudices or their passions by plundering their fellow citizens in the forms of law, it may well be doubted whether our hospitals and other charitable institutions will be able to obtain the valuable and gratuitous services of unselfish and charitable men."

## HOMŒOPATHIC JOURNALS AND BOOK REVIEWS.

“Last, but not least, our journals are a necessity for the record of fresh provings, interesting cases of poisoning, etc., all having a bearing on the *materia medica*, and for the record of clinical observations, successful and interesting cases of cure, or of interesting phases of disease which are worthy of record. In the journals we have a mass of information—general and special—instructive to read at the time, and valuable to bind and place on our shelves for future reference. Our journals, are as a whole, not to be ashamed of, but rather to be proud of. For their improvement little can be suggested. They ought not to be heavy and uninteresting, but containing a suitable portion of dogmatic teaching, original observations in drug and disease action, papers on subjects of general professional interest, and personal items, as of obituary notices, and of any events in the life of any of our colleagues that may be of general interest to the profession at large. Further—and this is a very important point—we look to the journals for criticisms of all medical works published from time to time. In regard to these, to make this part of their work really valuable, reviews of books must not be always smooth and laudatory for fear of giving offense, but they should be fearless and honest, finding fault where fault exists, while praising where praise is due. The reviews will then be of real value, encouraging merit, and shutting up mere advertisements, which certain books are in truth.”—*Dr. D. Dyce Brown, at International Congress.*

## PHYTOLACCA BERRY JUICE IN CROUP.

As specific medication is the order of the day, I want to offer one for the benefit of the profession:

℞—Expressed juice of ripe poke berries, alcohol, *aa.* Mix.

Dose, ten drops in teaspoonful of water every thirty minutes.

I saw this in *Medical Brief*, in 1875, and I have used it ever since, and never lost a case of spasmodic or membranous croup, or diphtheria, and had but very little trouble in treating them. Of course I control the fever with *Aconite*, *Veratrum*, *Gelsemium* or *Ipecac.*, as indicated. I publish this in the hope that some, like myself, will try it. It is worth all the lactic acid and emetics ever made.—*Dr. J. N. Riley, Reading, Kan., in Eclectic Medical Journal.*

### LOEFFLER'S BACILLUS AND DIPHTHERIA.

Hennig, of Königsburg, at the recent congress at Wiesbaden, stated that he had made exact clinical and bacteriological examination of 63 cases in relation to Loeffler's bacillus, which he had found present in 35 cases; in only some of these was the disease clinically true diphtheria; in others it was follicular sore throat or tonsillitis; and one was a case of pharyngitis aphthosa Heryng. Moreover the bacillus was not present in 7 cases that subsequently exhibited typical paralyses, and Hennig therefore concludes that this microbe cannot be invariably the determining agent in Bretonneau's diphtheria, and that no treatment based on the hypothesis that it is so can be accepted as specific. He proceeded to point out that the results of serumtherapy are by no means as brilliant as they seem; that other methods have given better results before the antitoxin had come into fashion, many writers having saved all but 3 or 4 per cent, of their cases, including gangrenous and scarlatina cases.—*Charlotte Medical Journal*.

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### YOU MUST ADVANCE A LITTLE FURTHER.

The Eclectic of fifty years ago was no more like the Eclectic of to-day than the allopath of that period was like the advanced, educated physician we see at the present time. It must be remembered that the reforms of which we have been speaking were demanded by the Eclectics in the early part of the present century. Since that time great advances have been made by our school. \* \* \* And when we say specific medication, there is a stir produced. The homœopathist says, "You took that from us." The old school man says, "There are no specifics." To the first we answer, possibly you are right. We accept every thing that seems practical in the homœopathic school. We believe, as they do, in direct medication, the small dose for the direct effect, the dual action of drugs, that the gross or physical action is seldom required, in the finer diagnosis of symptoms as representing pathological conditions, etc. But we can not accept high potencies of ordinarily inert substances, as for instance, the 30th decimal of burnt sponge. Nor can we believe that drugs act by any such law as "similia similibus curantur."—*From annual address of H. M. Campbell before Eclectic Medical Association of W. Va.*

## ORIFICIAL PHILOSOPHY.

Our Orifical friends advance the following original remarks anent disease in their *Journal of Orifical Surgery*:

"Disease is not sick, and why do doctors prescribe for it? It is health that is sick and has summoned the doctor, and only a health doctor is needed. Disease is no more an entity than is darkness or cold or death; it is merely the absence of health, as darkness is the absence of light, cold the absence of heat, and death the absence of life. Among other inconsistencies of which doctors are guilty is this one of disease-hunting. If their patient had lost his pocketbook, or his dog, or any other of his physical possessions he would have had the good sense to search for what was lost; but in the matter of health he pursues the opposite course and, aided by his doctor, engages in a hare-and-hound chase for the very thing he does not want, namely, disease."

## YOU SHAN'T PLAY IN OUR YARD.

"It is painfully ridiculous to note the offers of good locations made by resident medical autocrats in States where it is worth a man's life to make application to the reigning suzerain—*anglice*, the modern State examination board. Of this peculiar complexion are the offers of good locations found by a traveling man for a homœopathic pharmacist, in New York, Pennsylvania, Maryland, Virginia, and so forth. 'Oh, yes, come over into our yard, you are perfectly welcome. but if I catch you there I'll break your back!'"—*American Homœopathist*.

## ANOTHER ANTITOXIN ACCIDENT (?)

Dr. S. S. Robinson, of Moorland, La., writes to the *Medical Brief*, September, his experience with antitoxin. The two children were three and four years old and pets of the doctor. On the second day after he was called in he saw evidences of diphtheria, and this is what followed:

"Cleaning my syringe thoroughly, I injected ten cubic centimeters, and left in about ten minutes. I had hardly seated myself in my office before I was recalled to see my little pets, and hastening to the house I entered, and, my God, what a sight met my gaze! The little boy was dead, and the little girl was in a most serious condition, but by close and constant attention the effect of the antitoxin passed off, and with the old time-tried remedies, I cured her diphtheria, and saved her life. The mother, wild with grief, and calling upon God in His infinite power to restore life to her dead boy baby, and the father, a stalwart man, bowed with grief over his dead child, was to me a sight I never wish to see again."

In connection with this read article on page 416 of this number of RRCORDER.



## PERSONAL.

He would have been a canny scientist who could have made people believe last August that "the sun is dying out."

"It has been used—by physicians as well as specialists," is the way a scientific "reading notice" puts it.

A medical editor recently asserted that "our own wives and children ride the wheel."

The therapeutic principle at the bottom of the new serum cure for consumption was exploited years ago in Burnett's *New Cure for Consumption*, now in its third edition.

**FOR SALE.** A city practice for sale. A six thousand dollar practice for fifteen hundred dollars in a rapidly growing city of one hundred and twenty-five thousand population in New York State. An ambitious man should increase it to ten thousand inside of three years. Reason for selling: developing tuberculosis which drives me from the city. Address, DR. B., NEWTON FALLS, ST. LAWRENCE CO., N. Y.

"Always say 'How do you do?' on shaking hands, never 'Good afternoon!' or 'How are you?'" says *The Queen of Fashion*. Now you know.

*Psorinum* is a remedy for chronic *Rhus* poisoning.

Dr. Megher Duz has removed to 124 Rue Victor Hugo, Paris, France.

"She was about 35 years old and built in proportion." So reads a medical ad.

Drs. C. Sigmond Raue and J. F. Raue will continue their father's practice at his late residence, 121 N. 10th street, Philadelphia.

Dr. W. A. Dewey, he of "Essentials" fame, has accepted the chair of *Materia Medica* at Ann Arbor. So now Ann Arbor is second to none in this important branch.

"The Irish hate the Chinese," said Li, "because the Chinese possess greater virtue." Go to, thou heathen!

The Metropolitan Post-Graduate School of Medicine (homœopathic) is welcomed in the RECORDER's pages. If anyone feels the need of some finishing touches write to the secretary, Dr. Deady. See page xxi.

Once the fisherman and the lowly were sent out to reform the rich. Now the rich contribute money to "raise" the lowly, or go a-slumming.

Dr. Mary Brewer has removed from 1414 Arch street, Philadelphia, to 330 E. Chelton avenue, Germantown, Pa.

Dr. Geo. H. Quay's book on diseases of the nose and throat will be out in October.

Dr. Doughty's practical, terse and to-the-point book on genito-urinary affairs is nearly completed. Even ye olde schoole maune will want it.

Hurdall's work on the diseases of the horse, *i. e.*, *Veterinary Homœopathy in its Application to the Horse; Including a Code of Common Suggestive Symptoms* is out. Price \$2.00.

Douglass' *Repertory of Tongue Symptoms* will be out by the time this RECORDER is.

A new and elegant edition of that old favorite, *Pulte's Domestic Physician*, has been brought out by Boericke & Tafel, who henceforward will handle the work.

Bradford's wonderful collection of notes on the Pioneers of Homœopathy will be out before the snow flies.

# THE HOMŒOPATHIC RECORDER.

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No. 10.

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## A FOILED ENDEAVOR.

It seemed to the late Carroll Dunham that the opening of a Homœopathic College in the University of Michigan afforded a much-desired opportunity for a needful revision of our provings. It was felt that they should incorporate the preciser *data* of the physiological laboratory, and it was to establish such a laboratory for experimental pathogenesis that the first dean of the homœopathic department accepted the position.

The carriage floor of a barn was used for the purpose, and the picked members of the first class of students entered upon the work. To-day they have the satisfaction of knowing that their's—the "barn laboratory," as it was derisively called—is the pioneer and parent of every laboratory for physiological research on the old *campus*. The work that they were doing in their "barn laboratory" aroused the jealousy of the older school, and its faculty bestirred themselves; the result was what is to be seen to-day.

The first homœopathic dean resigned his deanship in order that he might devote himself wholly to the laboratory for experimental pathogenesis, but the chairman of the regents' committee broke faith with him and thwarted his plans until such time as the old-school laboratory was in working order, and then he urged that a duplication of laboratories was not desirable. In vain did the ex-dean of the homœopathic department offer to conduct their own laboratory without one penny of expense to the State. All remonstrance was useless; it was not meant that the despised homœopaths should have a laboratory, nor have they to this day, eighteen years later. It is just as well, for the present homœopathic faculty would not know what to do with it.

The first fruits of the "barn laboratory" are given in bald, tabulated form in the *Encyclopædia of Pura Materia Medica*, p. 526, vol. vii. The next year's work, with the *Plumbic acetate*, was never presented to the homœopathic profession for the sufficient reason that the *Picric acid* research was "caviare to the multitude."

The statement that *Picric acid* disorganized the red blood corpuscles was denied by a graduate from a medical college whose "chemical laboratory" consisted of an alcohol lamp and a test tube. And this denial was not contradicted by an ex-professor of chemistry who knew so little of that which he had once "taught" as to be ignorant of the strong affinity of *Picric acid* for the potassium and sodium of the corpuscles and the plasma!

The research into the action of *Nitro-muriatic acid* as regards the free acidity of the urine is now published in the hope that it may arouse the homœopathic school to demand that the laboratory facilities afforded by the University of Michigan may be utilized by the homœopathic college therein.

The following research was made by an under-graduate in the second year of his pupilage.

THE EFFECT OF ACIDUM NITRO-MURIATICUM ON THE FREE  
ACIDITY OF THE URINE.

By *Frank N. White, M. D.*, (*U. of M.* '78).

*Preparation:* To three parts of *Nitric acid* (S. G. 1,24) are added five parts of *Muriatic acid* (S. G. 1,16). The mixture is allowed to stand until it has assumed a golden hue.

*Dosage:* February 6th, 4 gtt.; 7th, 9 gtt.; 8th, 9 gtt.; 9th, 9 gtt.; 10th, 12 gtt.; 11th, 12 gtt.; 13th, 10 gtt.—Total, 65 gtt. in eight successive days. I was obliged to stop taking the acid on account of the condition of my mouth and stomach. These troubled me to such a degree that I could not go on with my studies.

*Day-book:* February 6th, 1:30 P. M. took 2 gtt., concentrated *Nitro-muriatic acid* in half a tumbler of water; repeated the same dose at 11:45 P. M.

February 7th, 8:45 A. M., 3 gtt.: 1:30 P. M., 3 gtt.; 11 P. M., 3 gtt. (Rheumatic (?) pains from hip to knee three hours after a hearty meal. Pain, sharp, in stomach, and a feeling as though I had been fasting for 12 to 14 hours. Above pain continued

until an hour after supper. Was not relieved by eating. The pain and the hungry sensation returned on going to bed.)

February 8th. (A mean feeling on rising as though I had been on a "bum" the previous night. A tired, logy feeling.) Took 3 gtt. at 12 noon; 3 at 4:15 P. M.; and 3 at midnight.

February 9th. Took 3 gtt. at 10 A. M., and at 9 P. M.

February 10th. 10:30 A. M., took 4 gtt. (*Find oxalates in my urine.* Urine is very cloudy when passed, and intense burning in urethra when it is passing.) Took 4 gtt. at 3 P. M., and at 7 P. M.

February 11th. 12 noon, took 5 gtt. (Urine intensely acid and cloudy; *oxalates present.*) 1:30 P. M., took 5 gtt. (Throat feels constricted when attempting to swallow. "Cankers" are making their appearance upon the inside of gums and on the sides of the tongue, varying in size from  $\frac{1}{8}$  to  $\frac{3}{8}$  of an inch in diameter. They are irregular in form, dark white in color, not very deep, but the edges are more cleanly cut than common canker. Teeth ache and are sore. Bleed easily. My gums are usually hard and tough. Very little drooling by day, but at night drool constantly, drenching my pillow.)

February 12th. 8 A. M., took 5 gtt. (Soreness all over my body, mostly in loins and region of left kidney. Anus very moist and sore. Troubles me very much when walking.) 2 P. M., took 5 gtt. (Soreness in loins very marked. Pricking pains in throat, vicinity of larynx and a short distance above, as though small needles had been thrust in. Constriction around throat as from an iron ring. This sensation is always present, is aggravated by empty swallowing, but I seem to forget it when eating or drinking. 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. Muscles of the neck very sore and tender to the touch, especially the sterno-cleido mastoid. Very odd taste after drinking; I cannot describe it. Bitter taste in mouth after eating. Does not remain long. Sour and bitter eructations. Pain and the feeling of hunger in stomach continues every day. Feel very much indisposed; cannot remember anything; can't study.) 10:10 P. M., took 4 gtt. (Feel sick "all over." Must lie down. Muscles of neck, back and abdomen so tender and sore I can't bear to raise myself; when lying down have to turn over in order to get up. The orbits seem too large for my eyes. Right temple is *very* sensitive to touch. Scalp painful when



pressed upon. Have several times during the day noticed a sharp pain in the root of nose as if from a needle. A continuous pain between the shoulder-blades. Throat very sensitive to pressure and to the passage of food and drink, or on coughing. Abdomen exceedingly painful on sneezing or coughing. I have no courage, no strength. Slight nausea all the afternoon, just enough to make me feel uncomfortable.)

February 13th. (Feel much better this morning. Vertigo on getting out of bed.) 9:30 A. M., took 5 gtt. (Am "blue;" awfully so. A tingling all the morning in the right hand and wrist. Feel very weak.) Took 5 gtt. at 10 P. M.

February 14th. (Tingling from right shoulder to hand; not continuous, but lasting a few minutes at a time. Feel very weak.)

February 15-16th. (Stomach out of order; no appetite; tongue heavily coated, with a spot here and there like an ulcer or sore. Coat on tongue white. Eructations sour and bitter; very sour, so much so as to occasion a burning sensation in the throat. Empty, hungry feeling in stomach.)

February 17-18th. (Gums very sore, reddened and swollen. Legs and face are getting quite thin. Eyes are very much sunken.)

In reply to a letter of inquiry the prover wrote: "I do not remember whether the sensation of a ring about the throat affected the breathing or not. Did not notice whether the gums stood away from the teeth. Do not remember the condition of the salivation *at the close of the proving*. No; the symptoms did not cease suddenly; they left gradually, but I remember it was nearly a week before my stomach regained its normal condition, and it was several weeks before I began to 'pick up flesh,' and nearly three months before I regained my usual weight.

"Ten days after the medication period I was thinner than at the close.

"In regard to the condition of my bowels, I distinctly remember I was constipated; much urging to stool, but *no* passage. Why I did not incorporate this feature in my report I cannot imagine."

TABLE FOR ESTIMATION OF THE FREE ACID IN THE URINE.

Graduated solution. Dissolve one gramme of dry *Oxalic acid* in sufficient distilled water to make exactly 199 c.c. 10 c.c. of this solution contain .1 gramme of *Oxalic acid*.

Make a solution of *Caustic soda* of unknown strength. Graduate this until 1 c.c. will exactly neutralize 10 milligrammes of *Oxalic acid*, or 1 c.c. of the above *Oxalic acid* solution.

TABLE.

1 c.c. urine = .0001 gm. for each c.c. of Grad. sol.
10 c.c. " = .001 " " " " "
100 c.c. " = 01 " " " " "
1000 c.c. " = .1 " " " " "

(The table is given solely for its convenience in calculating; also because the system of teaching requires the student to present all his *data*.)

SYNOPTICAL TABLE OF RESULTS.

*First Cycle. Health.*

Date.	Urine, c.c.	Spec. grav.	Temp. C.	Grad. sol., c.c.	Free acid, gmms.
February 1	1130	1,016	16°	10,3	1,1639
" 2	1350	1,015	17°	7,9	1,0665
" 3	1180	1,014	11°	13,3	1,5694
" 4	1190	1,014	12°	8,2	0,9758
" 5	1630	1,011	14 5°	5,7	0,9291
" 6	1570	1,011	18°	9,1	1,4287
Mean.	1341				1,1922

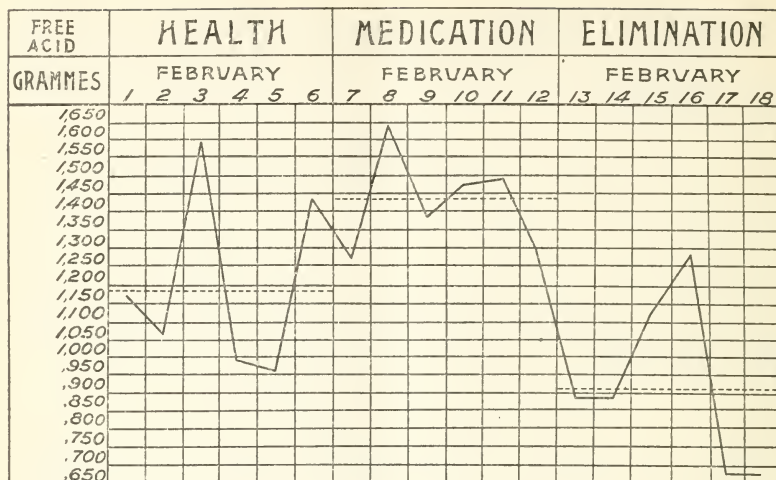
*Second Cycle. Medication.*

Date.	Urine, c.c.	Spec. grav.	Temp. C.	Grad. sol., c.c.	Free acid, gmms.
February 7	1170	1,016	16°	10,7	1,2519
" 8	1890	1,012	17°	8,6	1,6254
" 9	1200	1,015	16 5°	11,5	1,3800
" 10	1460	1,012	9°	10,0	1,460
" 11	1350	1,015	12°	11,1	1,4985
" 12	1210	1,015	13°	10,5	1,2705
Mean.	1380				1,4143

*Third Cycle. Elimination.*

Date.	Urine, c.c.	Spec. grav.	Temp. C.	Grad. sol., c.c.	Free acid, gmms.
February 13	1360	1,013	18°	6,5	0,8840
" 14	1370	1,014	17°	6,5	0,8905
" 15	1250	1,013	18°	8,8	1,1000
" 16	1000	1,016	18°	12,5	1,2500
" 17	740	1,020	15°	9,2	0,6808
" 18	1480	1,012	14°	4,6	0,6808
Mean.	1200				0,9143

	Urine, c.c.	Free acid, gmms.
Health.	1341	1,1922
Medication.	1380 (plus 39)	1,4143 (plus 0,2221)
Elimination.	1200 (minus 144)	0,9143 (minus 2,2779)



The urinary mean for health was 1341 c.c., and if we get the mean for the two cycles, February 7-12, February 13-18, we have 1290 c.c., and this shows a daily *minus* of 41 c.c. Bear in mind that the prover took each dose of the acid in half a tumbler of water—at least 100 c.c.—and thus took from 200 to 400 c.c. of water extra, daily, from February 1 to February 13. The urinary *plus* for this period is only 234 c.c., leaving 1666 c.c. of fluid to be accounted for. This is the more remarkable when we recollect that *he was constipated during this period*.

So far, then, as we can judge from one research, *Acidum Nitro-muriaticum decreases the urinary elimination*.

During the medication cycle the free acidity of the urine shows an excess mean of 0,2221 grammes daily; the elimination cycle, on the contrary, reveals a deficiency of 0,2279 grammes daily. But when we take the total acidity for the twelve days, February 7 to 18, inclusive, we find the daily mean to be 1.1643 grammes.

Therein is shown the real action of *Acidum Nitro-muriaticum* upon the free acidity of the urine. *It decreases it*. The truthfulness of the research is shown by the agreement of the result with the well-known physiological fact that acids decrease the acidity of the urine.

This particular investigation was made at the request of a noted p—s prophet then employed in the chemical laboratory of the U. of M. This person said to the homœopathic student, "You homœopaths give *Nitro-muriatic acid* for oxaluria, and

according to your 'law' it ought to produce it in a healthy person." When Mr. White showed him the oxalates in his urine on February 10th and 11th he could not conceal his chagrin.

The research demonstrates the homœopathicity of *Acidum Nitro muriaticum* to oxaluria, and greatly enlarges our knowledge of a remedy that must hereafter head the list of remedies for Grauvogl's oxygenoid constitution.

\* \* \* \* \*

He who lead in the *Foiled Endeavor* entered upon it in the very noonday of manhood; he looks back upon it in the evening of life—the culmination of the endeavor frustrated; the college a wreck and largely a pretense, and he a man with whom expert caluminators have done their dirty best.

They whose machinations foiled the endeavor cannot judge the meagre results obtained; for them all such research is useless; they cannot realize what they have brought about in this frustration. He whose purpose they have defeated can only leave his work and theirs to the future; in doing which he is sustained by convictions that fill the gathering darkness with radiance.

Beside what is done, account is taken of what would have been done. From what is here given, done as it was in only our apprenticeship, judge what might have been the harvest by to-day. Measure what has been, and now is, by the first fruits of the "barn laboratory;" on the one hand is an enlargement of our knowledge, and as rigid a demonstration as science can demand that the law of similars is rock-founded; on the other are dissensions, schemings, faith broken times without number, mercenary professors, spiritless students, moribund college, and the contempt of both friend and foe.

History repeats itself; lots were cast for the garments of Christ just as they are for professorships in the anæmic college; and beside the Foiled Endeavor of which I have told, there is that other—the endeavor to remove the college from the scene of its failure; to retreat in the face of the enemy! And the creatures which attempted this were actually lauded by so-called homœopathic journals.

I have written with sadness because all this is true; if I have written with bitterness it is that the truth itself is bitter.

S. A. JONES.

*Ann Arbor, 28th of August.*



## ERYTHROXYLON COCA AND DIABETES MELLITUS WITH IMPOTENCY.

CASE I —A gentleman of a robust constitution, aged about 48, holding an appointment in the Judicial Service, in Bengal came to Calcutta in December, 1884, and lived with a medical friend. While there he passed urine almost hourly. On examination the urine was found to have specific gravity of 1.040, with an appreciable quantity of sugar in it. The medical host prescribed for him extract of *Opium* in  $\frac{1}{4}$  grain doses, twice daily, and restricted him to animal food (meat and milk), with an occasional allowance of bran bread and green vegetables. On this dietary and with *Opium* as medicine, he passed three years. During this time the specific gravity of the urine sometimes increased and sometimes decreased. When milk and meat alone were taken, the specific gravity decreased and when bran bread and vegetables were taken, the specific gravity increased. He increased the dose of *Opium* to 2 grains in this period. He did not like the *Opium* treatment, as in consequence of it he felt drowsy at court and when sitting alone. A few weeks before the diabetes had been first detected he had felt only some general weakness, but for months before he had been feeling great weakness of the sexual powers which made him apprehend that some difficult disease was near, the nature of which was yet unknown.

I met him in June, 1887, and got the whole story as related above. He said, then, that he had tried (besides *Opium*), *Acid Phosphoric* 200, 100, 30, 12, 6, 3 and 1x; *Nitrate uranium* 1x trit. and 1 solution, *China*, *Arsenicum*, *Plumbum*, *Argentum met.* in varying potencies, with but temporary benefit in other symptoms except sexual debility. I prescribed *Erythroxyton cocoa* 6x, three doses daily and skimmed milk 10 pints a day, with bran bread in the morning, and meat and some fried green vegetables. A month after this he wrote to me to say "since taking your medicine (*Coca* 6th), I have been doing well. The quantity of urine, passed in 24 hours, has considerably decreased and I am not required to pass urine at night more than once, although before taking your medicine I had to pass urine three or four times in 7 or 8 hours time. I feel much stronger now than what I used to do before. My bowels are regular. I had thirst before; I have none now. I had no appetite for food before, and I feel appetite now, and the little *poor food* you have prescribed

for me, I take with relish. I have improved a great deal in sexual power, and I am almost sanguine that if I take your medicine, one phial more, my sexual debility will be all over by the grace of God.”

\* \* \* \* \*

I sent him another ʒij phial of *Coca* 6th and asked him to take only one dose of it daily at bed-time at night. Three months after he wrote again to say that he had taken the medicine for a month only, because one of his brother officers, who knew something of Homœopathy, had advised him not to take the medicine continuously, as that might aggravate the disease. Since then he had abstained from the medicine and had gradually been feeling stronger. Eight months after, he again wrote to say he was quite well. The sexual debility had disappeared and he was feeling as “if born a young man again.” He concluded his letter as follows: “Your medicine has indeed acted like magic in removing my impotency for which I was so very anxious, and I thank you heartily for your *fortunate hit* in the choice of the medicine for me and shall thank you more, and remain ever grateful to you if I have no occasion to take medicine again.”

I met him again sometime after in Calcutta, when he thanked me as with a thousand tongues and said he was doing well in every way.

In this case, thus far, *Coca* did valuable service to the patient. But whether this benefit has continued, I cannot say, particularly in connection with diabetes.

CASE II.—A gentleman aged about 42, of a robust constitution, and a high official in the postal department, consulted me in February, 1884, for diabetes, coupled with great sexual debility, verging upon impotency. He lived with me for three months for treatment. His urine, on examination, was found to have a specific gravity of 1.044, with an appreciable quantity of sugar in it. In other respects the condition of urine was normal. I prescribed *Acid Phosphoric* in varying potencies, with much benefit so far as diabetes was concerned. But the sexual debility remained unaffected. Sometime after he left Calcutta and went to Arrah, where a homœopathic physician prescribed for him *Nitrate of Uranium*, *Arsenic*, *Plumbum*, etc., which medicines were taken for six months without benefit. He came to Calcutta once more, when I prescribed *Coca* 6x, in one drop doses, three doses daily. After taking the 6th dose, his urine

began to decrease in quantity. Another six doses were given. He felt still better. Six more doses were ordered, after which he told me the medicine had worked a miracle of improvement. I stopped the medicine for some days. On the fourth day after this, he told me that he had noticed much improvement in his sexual debility; he had noticed prolonged erection of the penis through friction with the bedclothes; erection which disturbed his sleep. The next day he left for home. He tried sexual intercourse with his wife there and succeeded to his satisfaction. He tried sexual intercourse once every night for 15 days, always with complete success. I called him back to Calcutta and advised him to abstain from sexual intercourse until I gave him again *permission*. He was in good health now, and rejoined his official duties. He took no medicine, and he felt quite well. In June, 1887, he telegraphed from Arrah to say that he had a carbuncle in the upper part of the Trapizius muscle, and was coming down to Calcutta for treatment. The carbuncle was opened, and had almost healed up in three weeks when he was carried off by an attack of sloughing dysentery.

It is worthy of mention that the gentleman had had sexual intercourse even three days before the carbuncle appeared. And had he not been carried off by dysentery, I believe he would have lived long under the influence of *Coca*. I do not believe that *Coca* would have cured him of diabetes *radically*; but it would have kept the disease *at bay*.

In both the cases I tried *Coca* at the 6th potency, and with marked success. As I have said already in my previous papers on *Coca*, published in Vol. vi, of the HOMŒOPATHIC RECORDER, material doses of this drug act better. I commenced my treatment in these cases with the 6th potency, with a view to try lower potencies if the 6th produced no effect. But a trial of the lower potencies never became necessary.

R. K. GHOSH.

*Nabbápur, Dacca, East Bengal, India, March 12, 1896.*

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## THE ORIENT ON CASE REPORTING.

Editor of the HOMŒOPATHIC RECORDER:

In his "One Reason," Dr. F. W. Southworth, as appeared in your May number of this year (1896), says very truly of contributors to medical journals (I mean homœopathic), who fill up pages of the journals with cases oftentimes mentioning the drug

or drugs only which were used, and never a word about the dilution. For a long time I have been remarking this, and I quite agree with Dr. Southworth on this point. To fill up the pages of our medical journals with cases, often insufficiently described, and with their cures mentioning only the drug or drugs used, is, according to my opinion, waste of money and energy, offering no benefit to the records. This sort of case-writing helps with nothing, it being a collection of cases and cures or failures. I think it would be for enriching our store of knowledge of medicine if our contributors think it would be profitable to their readers if they take a little surplus labor to describe their cases systematically, showing clearly with some certain types the symptoms indicating the medicine to be used; otherwise they would fall short of what they would be written for. The clinical case writer should think before he writes that his case should be described in such a manner that his reader can learn something to help him in his own practice. I expect my good reader will not be deprived of an almost full satisfaction if he carefully goes on with my clinical cases published in our medical journals. Here I conclude with a request to Dr. F. W. Southworth to see my cases published in the same number of the HOMŒOPATHIC RECORDER that publishes his article "One Reason," and especially an article on "Intermittent Fever," page 366, January number of 1896, of the *Southern Journal of Homœopathy*.

2. *Medicated pellets.* I see again, in the same number of your journal, an article heading with "Homœopathic Sketches," dealing on medicated pellets. This invites me to speak something about them from my practice and experience. Since three or four years I have been using globules, as I call them, in my practice. I keep tincture dilutions and unmedicated globules ready in my medicine chest. When needed I take one of the unmedicated globules on a piece of clean paper, where it is touched with the cork of the phial of the selected medicine, the cork itself moistened in the medicine just before the globule be touched with it. This medicated globule suffices to do the work of the medicine, though not used in drop-doses or more. I have seen this one medicated globule producing aggravation the first day, even when given a dose daily, while others using drop-doses or more scarcely see aggravation with their substantial doses given twice or thrice a day.



My rudiments of knowledge in Homœopathy were obtained from one of India's ablest men of science, and I may call the best of her homœopathists, to whom I cannot, but would remain, till Homœopathy continues to enjoy a place in , would remain to pay him my best respect—a respect due to teacher from his pupil. I saw him use globules, five or six a dose, for an adult. For some certain personal inconvenience I was compelled to adopt globules in place of water to administer medicine. The doctor alluded to above uses globules occasionally and rarely; but my unfavorable circumstance led me to use globules in almost all of my cases to administer medicine. This adoption of globules to administer medicine has not as yet in my practice proved less efficacious and the results less satisfactory. I see no inconvenience to use globules in place of water save the following:

I. In the rainy season the globules absorb watery particles from the atmospheric air, producing various difficulties for the patient to take the medicine, sometimes he finds a little bit of sugar moistened and soaked with water and adhered to the paper on which they were placed, sometimes there remains no trace of the sugar, water, etc.

II. In infants and children these globules sometimes produce aggravation, though given a globule a dose in twenty-four hours, and especially so if the dilution of the medicine be a higher one.

I wish to remark before I conclude that neither acute nor chronic diseases have any especial preference for the medicated globules.

Sincerely yours,

A. W. K. CHOUDHURY.

*Satkhira P. O., Calcutta, India.*

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## INTERMITTENT FEVER TREATED WITH BARYTA CARBONICA.

Case I. Patient, Abous Sabur Kahn; age, 12 years; date of first attendance to dispensary, 2-8-95; arm disease; intermittent fever of six days.

Symptoms: Type, quotidian. Time, 4 P. M. Prodroma, yawning, stretching, tightness of head; chill slight, about six hours, with *no thirst*; no aching anywhere in the body; *horripilation*; heat slight, about one and a half hour; *no thirst*; sweat slight,

*no thirst*; apyrexia complete. Bowels open; stools soft, of clay consistency; no thread-worms; urine not colored; tongue clean; taste insipid; cough; enlarged spleen.

Treatment: *Baryta carb.*, 3d (trit.), about a grain a dose, two doses given.

Diet: Sago and sugar candy.

3-8-95. 9 A. M. Slight fever yesterday; bowels opened yesterday; stools of clay-like consistency and color. Treatment and diet as above.

Patient attended two days more, got placebo, and recovered.

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Case II. Patient, Ebandullah Behârâ; age, 42 years; color, black; date of first attendance to dispensary, 11-8-95; disease, intermittent fever of about a fortnight.

Characteristics: Type, quotidian. Time, about 6 P. M. Pro-droma, burning of eyes; chill, heat; chill alternating with heat; *no thirst in chill*; *no thirst in heat*; *horripilation in chill*; chill increases with contact of air; sweat, not known to patient, as he falls asleep at the close of fever; apyrexia incomplete; heaviness of head. Bowels costive, for two days having passed no stool; urine has been reddish but clear to-day; cough since about eight days, with free expectoration, especially in the morning; sputa whitish; bad smell from breath after expectorating the sputa; increase of cough in the morning; taste saltish; tongue clean but colored with *pâu* juice; exposure to rain and damp about a fortnight before; pain in chest (front part) in inspiration; palpitation; hungry, but does not eat for fear of the disease increasing; sleep not good; wishes to lie down; patient had itch, but cured with *Sulph.* (Hom.) but itching sometimes.

Treatment: *Bar. carb.*, 3d (trit.), about a grain a dose, two doses given, one dose to be taken just now and the other dose about two hours before expected hour of paroxysm (6 P. M.).

Diet: Rice (boiled) only.

13 8 95. 9 A. M. Yesterday, after 5 P. M. there was slight feverish heat, continuing till 11 A. M. to-day. Yesterday, after 7 A. M. coughed and expectorated copious sputa of whitish color. One normal stool yesterday morning at about 5 A. M., and another normal stool at about evening. No fever now; feels much more comfortable. Pulse weak and slow. Appetite good.

Treatment: Placebo.

Diet: *Khoi* and sugar candy.

*Remark:* On the 13th day of the month (early morning) the patient bathed himself without my direction as he had a pollution the previous night. Patient got a relapse or a paroxysm of the fever the same day and did not continue under my treatment. He was not cured with *Bar. carb.*, as he discontinued medicine and violated rules to be observed by patients. He resorted to Kabirajee treatment.

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Case III. Patient, Ramzân Behârâ; age, 12 years; date of first attendance to dispensary, 12-8-95; 9 A. M.; disease, intermittent fever.

Symptom: Type, quotidian. Time, 1 P. M. Prodrôme, yawning, stretching; chill slight, of short duration; *no thirst; horripilation;* heat slight whole night; *no thirst;* feels chilly with every current of air coming in contact; slept all night; sweat upper parts of body, upper extremities, thorax (anterior and posterior parts); *no thirst;* apyrexia complete. Bowels open occasionally; no stool yesterday, no stool this morning; had itch once but no itch now; tongue clean and moist, and some papillæ raised, as in aphthæ; enlarged spleen; pupils dilated; urine reddish occasionally.

Treatment: *Bar. carb.*, 3d (trit), about a grain a dose, one dose just now, daily one dose.

Diet: Sago and milk.

13-8-95. 9:30 A. M. No fever yesterday; felt feverish heat this morning at about 5 A. M.; one stool this morning, free and formed; appetite good.

Attended one day more. Got no more medicine; placebo given 13th and 14th.

*Result; Recovery.*

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Case IV. Patient, Matiar Rahmân Kahn Choudhury; age, 22 years; a student; disease, intermittent fever, three days. First came under treatment 21-8-95, 9:30 A. M.

Characteristics: Type, quotidian. Time, between 2 and 3 P. M. Prodrôme, yawning, stretching. Chill severe, shaking for about half an hour; *no thirst; horripilation;* no aching of limbs or of head; not alternating with heat. Heat severe, restless; *no thirst;* continued till about 11 P. M.; headache on vertex, but not much; drank water once, taking some sugar candy, but *not for thirst.* Sweat scanty all over body; *no thirst;* lasting for

about half an hour, alternately with heat. Apyrexia, complete.

Bowels not opened yesterday, no stool to-day; day before yesterday had two liquid stools, of yellowish color, with slight bad smell. Since about four or five years he gets alternate diarrhœa and constipation; diarrhœa one day, then no stool three, four or five days; but since he has been at home (since about three months) this tendency of alternate diarrhœa and constipation has been less. Tongue broad and indented on both sides, colored on the posterior part. Urine reddish, passes with burning sensation. Giddiness of head since about four years. Intestinal worms, both thread- and *round-worms* seen occasionally. Taste insipid. Burning sensation of soles of feet and palms of hands, but sometimes this sensation increases with heat of the parts. His face and ears become red if he studies for few hours. Occasional, momentary burning sensation in the upper part of one eye-globe, then in the next eye-globe some days after this, but not simultaneously in both eyes. Headache on vertex with spasmodic contraction of nape of neck. This headache has been since three years. Headache increases with speaking, coughing, sneezing; *increases with lying down or with sitting; amelioration with standing and walking in the open air.* Before this fever had exposure to rain, though slight, and slept in closed, damp room. No appetite.

Mind weak, body weak; *increase of headache when thinking of it. Psoric.* Enlarged spleen. With some grey hairs on head.

Treatment: *Bar. carb.* 3d (trit.), about one grain a dose, one dose given, to be taken at about 12 o'clock, day.

Diet: Sugar candy.

22-8-95. 8:30 A. M. No fever yesterday and last night, but felt burning sensation of soles of feet and palms of hands last night; no stool; urine reddish; appetite good; sound sleep last night; taste good.

Treatment: Placebo.

Diet: *K'hoi* and milk.

23-8-95. 9 A. M. Yesterday fever at about 3 P. M., with no chill but only heat and sweat appeared alternately, heat then sweat, again heat but less, then sweat, and in this manner the fever subsided. Bowels opened once yesterday, stool being normal, no stool to-day; urine reddish; no headache or heaviness of head yesterday during fever. Passed about four round-worms were found, all dead. Pulse full, slow and weak. Taste



better. Good sleep last night. Appetite good. Tongue broad but not so much indented,

Treatment: *Bar. carb.* 3d (trit.), one dose as above, to be taken as above.

Diet: *Khoi* and milk.

24-8-95. 8:30 A. M. Yesterday, feverish heat at about 4 P. M., with less severity than that of the day before yesterday, continued till 9 or 10 P. M. With no headache or heaviness of head. Sweat, with alternate heat about three times, with no thirst; one normal and free stool yesterday at about 3 P. M. with three dead round-worms; urine reddish to-day; no headache. Appetite better. Sleep good. Taste good. Spleen somewhat reddened. Scabies on body all healed.

Treatment: *Bar. carb.* 3d (trit.), one dose as above.

Diet: *Atâ* bread, milk and sugar candy.

26 8-95. 10 A. M. No fever and no other complaints yesterday; one normal stool this morning with no round-worm. Urine not reddish; tongue broad and indented on margins. Pupils dilated. Sleep not good last night. Appetite and taste good. Feels better.

Treatment: Placebo.

Diet: Rice, vegetable curry and milk.

*Result:* Recovery

*Remark:* The underlined conditions above well indicate the medicine. After the first dose administered it showed some show of improvement, I thought the first dose would do, so the next dose was placebo, but that was not the case, the symptoms got worse after the second dose. So the medicine was continued three days more, one dose per diem with full recovery. After the last dose was used the patient got his conjunctiva injected with burning sensation. This state of the eyes vanished with discontinuance of the medicine giving here a hint to us that *Bar. carb.* may produce the above conditions of the eyes.

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Case V. Patient, Shiekh Ramzan, aged about 15 years. Disease. intermittent fever, since about a fortnight; date of first attendance to dispensary, 19-9-95, 7:30 A. M.

Characteristics of the case: Type, quotidian. Time, 6 P. M. Prodrome, yawning, stretching, chill; chill severe, shaking; *no thirst; horripilation;* some days slight thirst of small quantity of water; aching of joints of limbs; headache; heaviness of head;

sleep till commencement of heat; heat moderate; *no thirst*; no aching of joints of limbs; no headache; no heaviness of head; sweat moderate; *no thirst*; no aching of joints; no headache; no heaviness of head; apyrexia complete. Bowels open daily twice, stool normal, with no bad smell; urine not colored; appetite good; taste insipid; sleep not good; tongue clean and moist; pupils dilated; itch about four months past, few remaining up to yet; vaccinated; chronically enlarged spleen; exposure to rain and damp.

Treatment: *Bar. carb.* 3d (trit.), about a grain a dose, one dose given just now.

Diet: *Khoi* and sugar candy.

20-9-95, 7:30 A. M. Very slight chill last night at about 8 P. M., lasting about one and a half hours, with no thirst, with horripilation: slept during chill; then heat lasting about the same time; with no thirst; the sweat moderate for about an hour. Last paroxysm was of less severity and shorter duration than the previous ones.

Treatment: *Bar. carb.* 3d (trit.), one dose as above.

Diet as above.

21-9-95, 8 A. M. Last night at about 9 P. M., got fever with chill, with no thirst, chill lasting about half an hour; then heat with no thirst, heat lasting about an hour; then sweat with no thirst, sweat lasting about half an hour; then remission; horripilation during chill; one costive stool yesterday; last paroxysm less severe than its previous one; urine slightly colored; sleep good; taste insipid; much improvement of fever.

Treatment: Placebo.

Diet: *Khoi*, milk, sugar candy.

22-9-95, 8:30 A. M. Fever at about 9 P. M. last night, but less than that of the nights before the last, for about half an hour; two stools yesterday; no stool this morning; slept last night; appetite good; taste insipid.

Treatment: Placebo.

Diet as above.

23-9-95, 6:30 A. M. No fever yesterday but only tightness of head at about 9 P. M. for about half an hour, having no chill, no heat, no sweat, and no thirst; one hard but formed stool at about last evening; no stool this morning; good sleep last night; appetite good; urine very slightly reddish; sweated last night during sleep.

Treatment: Placebo.

Diet: *Atá* bread, milk, sugar candy.

24-9-95, 7:40 A. M. No fever yesterday and no tightness of head; two stools yesterday; stools normal morning and evening; one normal stool this morning; morning urine colorless, but that of afternoon colored slightly; taste good; food tastes well; appetite good; sleep good; spleen somewhat reduced; tongue clean and moist; pupils slightly dilated.

Treatment: Placebo.

Diet as above.

25-9-95, 8:10 A. M. Worked yesterday to prepare fuels, after which labor he perspired; felt chilly after the sweat was over; again chilly in the evening; heat following the chill and then followed no sweat; thirst, and drunk during chill; horripilation during evening chill; two free stools yesterday; one normal stool this morning; slept last night; appetite and taste good; urine slightly colored.

Treatment: *Bar. carb.* 3d (trit.), one dose as above.

Diet as above.

26-9-95, 8:45 A. M. No fever yesterday, only heaviness of head and headache of left temple; two normal stools yesterday; one stool this morning; appetite, sleep and taste good; much sweat during sleep last night.

Treatment: Placebo.

Diet as above.

27-9-95, 8:45 A. M. No more complaints; two stools yesterday; one stool this morning; taste, appetite and sleep good.

Treatment and diet as above.

29-9-95, 6:45 A. M. Fever night before last, but no fever last night, the fever changing into a *tertian type*. At first the type was quotidian. Patient expressed, though the type was changed, yet the fever was gradually lessening. Two stools daily; urine not colored; appetite, taste and sleep good; feels better.

2-10-95, 7:30 A. M. No more medicine.

*Result:* Recovery.

*Remark:* Aggravation produced, as I think, the change of type.

A. W. K. CHOUDHURY.

*Calcutta, India.*

## IN REGARD TO THE HOMŒOPATHIC DILUTIONS.

It is noteworthy that the proofs of some of the cardinal teachings of Homœopathy have been furnished by its adversaries. In the records of old school-medicine Hahnemann found the facts that corroborate the law of similars, and he cites, in his *Organon*, the instances of cures made in accordance with it. In his *Chronic Diseases* he procures from the same sources the evidence of the pernicious effects of the repercussion of cutaneous eruptions, in defence of his doctrine of *Psora*. He left his *Dynamization Theory* unsupported by anything other than his mere *ipse dixit*. Here are his statements:

## § CCLXIX.

“The homœopathic system of medicine develops for its use, to an unheard of degree, the spiritual medicinal powers of the crude substances by means of a process peculiar to it, and which has never been tried, whereby only they all become penetratingly efficacious and serviceable, even those that in the crude state gave no evidence of the slightest medicinal power on the human body.

## § CCLXX.

“Thus two drops of the fresh vegetable juice mingled with equal parts of alcohol are diluted with ninety-eight drops of alcohol and potentized by means of two succussions, whereby the first development of power is formed, and this process is repeated through twenty-nine more phials, each of which is filled three quarters full with ninety nine drops of alcohol, and each succeeding phial is to be provided with one drop from the preceding phial (which has already been shaken twice) and is in its turn shaken, and in the same manner at last the thirtieth development of power (potentized dilution x), which is the one most generally used.”

This paragraph has the following foot-note: “In order to preserve a fixed and measured standard for developing the power of liquid medicines, multiplied experience and careful observation have led me to adopt two succussions for each phial, in preference to the greater number formerly employed (by which the medicines were too highly potentized). There are, however, homœopaths who carry about with them on their visits to patients the homœopathic medicines in the fluid state, and who yet assert



that they do not become more highly potentized in the course of time, but thereby show their want of ability to observe correctly. I dissolved a grain of soda in an ounce of water mixed with alcohol, in a phial, and shook this solution continuously for half an hour, and this was in dynamization and energy equal to the thirtieth development of power."

How magisterial; but—only five years later—he writes: "What is to prevent him (the homœopathic physician), in order that he may obtain powerful dynamization, in place of giving a few slovenly shakes (whereby little more than dilutions are produced, which they ought not to be), giving, for the preparation of each potency, to every phial which contains one drop of the lower potency to ninety nine drops of alcohol, ten, fifteen, twenty, fifty, and even more strong succussions, performed against some hard elastic body."

How the new light made him blink! He interpreted phenomena and coined names for the occasion with fatal facility. "Spiritual medicinal powers"—a figment; "potentization by succussion"—a baseless hypothesis. "Two" succussions in 1833; "ten, twenty, fifty, and even more" in 1838! All this is the load that Homœopathy has been obliged to bear—and it *has borne it successfully*.

That the *pathogenetic* power of a drug could be increased by dilution was established by Drs. Christison and Coindet so early as 1823, and in the instance of *Oxalic acid*. These observers found that this poison "acts much more readily when diluted than when concentrated; dilution having nearly the same effect as increase of quantity."

It must be distinctly understood that dilution does not increase the lethal power of the poison, but only the pathogenetic. Judging, then, from this feature, Hahnemann's claim of a "development of power" by *dilution* is established. That succussion added increments of energy is not proven.

The Scotch physiologist, Fletcher, says that Hahnemann was aware of the two-fold action of medicines, giving primary and secondary symptoms, "and it is to insure their primary without fear of their secondary action, that he inculcates the expediency of giving them in inconceivably small doses." Then from this point of view dilution increases the therapeutic power of a drug; the minimized dose producing just that degree of reaction which abolishes the existing symptoms without adding

to their intensity and thus producing secondary symptoms from the drug induced over-reaction.

That the chemical energy of a drug could be increased by dilution has lately been demonstrated by an American physician, Dr. J. H. Kellogg, of the Battle Creek Sanitarium, in some experiments relating to substances which impede starch digestion.

The following table of results are significant to the homœopathic physician:

Oxalic acid.	Time.	Orange juice.	Time.
I-10,000	No action	I-200	11 minutes
I-15,000	25 minutes	I-500	4 minutes
I-20,000	19 minutes	Apple juice	
I-30,000	4 minutes	I-50	45 minutes
Lemon juice		I-200	4 minutes
I-200	No action		
I-500	42 minutes	Vinegar	
I-2,000	9 minutes	I-200	No action
I-5,000	7 minutes	I-5,000	40 minutes

“Experiments were also made for the purpose of determining comparatively the influences of the substances upon the action of malt diastase upon starch.”

Oxalic acid.	Time.	Vinegar.	Time.
I-2,000	No action	I-10	10 minutes
I-5,000	5 minutes	I-200	2 minutes
I-10,000	2 minutes		
Lemon juice.		Lactic acid.	
I-10	No action	I-200	No action
I-200	2 minutes	I-2,000	5 minutes

From all of which it follows that dilution energizes a drug therapeutically, pathogenetically and chemically.

Isomerism appears to indicate that the action of a drug is dependent upon its molecular arrangement. Dilution separates the molecules; succussion can affect this separation more speedily and at the same time more thoroughly. That such a molecular separation enhances the chemical energy is seemingly shown by the inhibiting influence of *Oxalic acid* upon the digestion of starch—a dilution of one part of the acid in ten thousand exerts no action, while one part of the acid in thirty thousand arrests starch digestion in four minutes.

But we are wrong in presenting this hypothesis of molecular separation in explanation of the fact. We have nothing to do with the *explanation*; only the *accomplished fact* concerns the therapist.

All the talk and writing about molecules and atoms is also purely hypothetical; both the molecule and the atom are philosophical concepts and their acceptance as proven realities is the rock whereon not only the cheap philosophers of Milwaukee are wrecked.

It was Newton, not Hahnemann, who said, "*Hypotheses non fingo.*" Newton remained the meek servant of Nature; Hahnemann's sturdy self-reliance made him a dogmatist. He was also of such towering self-conceit that nothing disturbed his equanimity. It was urged to Walt Whitman that he "contradicted himself." Well, then, said Walt, I *contradict myself*. Hahnemann's self-contradictions are uncorrected; and yet again in the history of man the feet of clay are a reproach to the golden head.

But, leaving his hypotheses to his human frailty, what have not the accomplished facts of his practice done for the human race? Ah, he yet remains *The Master*.

S. A. JONES.

*Ann Arbor, 2d of Sept.*

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### PRINTERS' ERRORS.

Editor of HOMŒOPATHIC RECORDER.

Please allow me to correct four of your printers' mistakes in my article on "Dynamization" in the August number.

On page 357, line 12, I wrote "curative *efficacy*;" the printer has got it "curative *IN efficacy*." On page 359, line 17, I wrote "*fresh* infusion;" the printer has it "*first* infusion." On line 23 I wrote "*soluble*;" the printer has it *IN-soluble*." On line 33 I wrote "*insuperable*;" the printer has it "*inseparable*." Thus I have been made to talk arrant nonsense. I know that you were suffering from an excessively high temperature in America about the time the above was printed, and perhaps this may have effected not only the printer but also the proof-reader. Therefore, they must be excused.

I will take this opportunity, also, of replying to the letter of Dr. Ehinger, in the same issue of the RECORDER. Dr. Ehinger complains that in the article on "Diphtheria" I did not mention the potency used—*i. e.*, the potency of *Kali carb.*, I presume. Well, I did not use a potency at all, but the pure salt. As to "repetition," I usually give a dose every three hours until the

temperature falls. I quite appreciate your correspondent's cause for complaint, and I hope this reply will be satisfactory.

Respectfully yours,

GEO. HERRING.

*Aug. 31, '96.*

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### A NEW HOMŒOPATHIC HOSPITAL.

The medical hospital building of the New York Homœopathic Medical College, at Sixty-third street and the Eastern Boulevard, was formally dedicated and opened on Tuesday, October 6th, with ceremonies befitting the occasion. At the western end of the college grounds a large platform had been erected and tastily ornamented with the national colors, bunting and potted plants. In the space between the college and hospital buildings and facing the platform were placed the seats for the guests—far too few for the large audience. A small, though very able band provided the music. Four thousand invitations had been issued, and those who responded were the representatives of the wealth and refinement of the metropolis.

The ceremonies were opened by the band playing a Sousa march to the strains of which the faculty of the college, in full regalia of cap and gown, marched from the college building to their places on the platform followed by the members of the board of trustees and by many prominent men of the local homœopathic profession. After an opening prayer by the Rev. Dr. John Wesley Brown and the "Pilgrim's March," from Tannhäuser, by the band, the Hon. Rufus B. Cowing, president of the board of trustees, made the opening address. He showed the necessity for this medical hospital in connection with the older Flower Surgical Hospital; showed how the surgical hospital had been taxed to its fullest capacity ever since its opening and predicted the same for the new medical hospital. He said that it was not generally known that treatment, both surgical and medical, was practically free here; the ambulances are sent to the aid of the ill and injured in the densely populated districts of the city without cost, and preference is always given to those who are least able to pay. He complimented and thanked the members of the Woman's Guild, to whom, he said, was due the success and completion of the undertaking.

After more music Dr. William Tod Helmuth, the dean of the college, arose and received a most cordial reception. He spoke

of the twofold character of the new hospital; first, of its great benefit to the poor of the city in restoring the sick to health and in making even death lose much of its sting; and, second, of the great benefit to the students of the college in having the advantages of practical examples of diseases and not being obliged to gain their knowledge only from the theories as laid down in books and as expounded by the professors.

Following Dr. Helmuth came General James R. O'Beirne, Commissioner of Charities, who delivered the oration of the occasion. He made an eloquent address, acknowledged the praiseworthy work and noble charity of the ladies of the Woman's Guild, and expressed gratification that the modern and humane system of homœopathic treatment had taken so firm a stand among the charitable institutions of New York. In finishing he read a list of the contributors and amounts donated for the building and furnishing of the hospital, which cost about \$100,000, and expressed the hope that in the near future other buildings dedicated to the same cause would be erected on other parts of the college property. With benediction, by Rev. Dr. Brown, and more music the ceremonies came to an end and the hospital and college buildings were thrown open for inspection.

The new hospital is a substantial, red-brick building of four stories, and has been constructed to agree with the architectural features of the Flower Hospital and the college. The fittings of the rooms and wards are of the latest and most improved design, especially the maternity ward, which is arranged in a thorough and tasteful manner, and with a view to the mental as well as bodily comfort of the patients. There are accommodations for eighty patients in the new hospital, which is about the same as in the Flower Hospital. There are now two hospitals under the control of the college—the Flower Hospital, erected by ex-Gov. Roswell P. Flower, which is devoted to surgical cases entirely, and the one just dedicated.

A. L. F.

*New York, October 8, 1896.*

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### SCISSORED WISDOM.

“It is strange how the perverseness of one individual may cause the discomfort, not to say confusion, of a large body of scientific workers.”—*Buffalo Med. and Surg. Journal.*



“Legislation should be enacted to check such articles [on the evil effects of vaccination] in their incipiency, and the punishment of the offenders cannot be too severe.”—*Medical Reporter*.

“The medical profession generally, together with their co-workers in scientific pursuits, should be cautioned against the prevalent loose use of the word hysteria.”—*Phila. Polyclinic*.

“No medical law yet enacted has proved to be satisfactory.”—*Southern Journal of Homœopathy*.

“In this country everybody is supposed to know not only his own, but everybody else's business—everybody but the college professor.”—*Pharmaceutical Review*.

“There is getting to be a suspicion of any operator whose percentage of mortality is far below the general average.”—*International Journal of Surgery*.

“It is quite probable that there is no such thing as a useless or functionless organ in the human or any other being.”—*Southern California Practitioner*.

“No matter how huge a fraud a ‘doctor’ may be, some may always be found who will employ him. Fools are born every day and they never die.”—*Minneapolis Homœopathic Magazine*.

“Physicians who have investigated the subject tell us that alcohol is most destructive to the human body.”—*Medical Examiner*.

“During the month of August the press dispatches showed a most alarming outlet of life caused by excessive heat.”—*Medical Progress*.

“A marvelous paradox are existence and thought; we know more of force than of any other principles in nature, and yet, in reality, we know nothing of it.”—*Hypnotic Magazine*.

“Although the original basis of what we now call love was undoubtedly physical attraction, provided by nature with special reference to the propagation of the race, in the process of evolution and in consequence of the absence of any pressing necessity to fill up unoccupied places, in a hurry, it has come to be so modified that in the greater number of instances it is founded upon real or fancied congeniality of taste, not necessarily high or exalted ideals.”—*Hahnemannian Monthly*.

“At the end of its first century of existence it would seem as if the essential principles of Homœopathy should be thoroughly understood. These principles are neither many nor complex.

They are indeed quite the reverse, being few and simple. And yet, few and simple though they be, evidence is not wanting that they are not fully comprehended, even by some of those who professedly have faith in and practice according to those principles."—*New England Medical Gazette*.

"Soul, or spirit, or mind, is neither an unknowable essence nor a mystical monad-entity, but a definite condition of being which depends upon definite forms of organization, the characteristic future of which is representativeness."—*The Monist*.

"Picture in your mind, if you can, the blood-freezing terror of coming to life in your grave! \* \* \* And this is happening all the time. Countless millions have undergone this dreadful experience."—*Medical Gleaner*.

"We should not only tell our patients what to expect, but when to expect it."—*Alkaloidal Clinic*.

Anent cheap doctors: "It is foolish of the public to shut their eyes to the fact that the quality of the work is most likely to deteriorate with the price."—*Pacific Medical Journal*

The students of bacteriology put us in mind of a group of juveniles at play. One sees something, or says he sees something. Immediately all the rest, unwilling to be behind him, cry out that they see it too.—*The Medical Brief*.

"The circulation liar is an important institution in the publishing world, and he often is able to get along without pay subscribers, but he has to hustle to keep from being caught."—*Atlanta Medical and Surgical Journal*.

## CASES FROM PRACTICE.

By Dr. Martin Baltzer.

[Translated for THE HOMŒOPATHIC RECORDER from *Wilst du gesund Werden.*]

Miss B. is 17 years old; she came to me on the 2d of March, 1896. She has been hard of hearing in both ears for five weeks. She does not understand a word of an ordinary conversation, but only when she is screamed at. The mother complains that even her features have quite another expression. Her mouth is generally open. Five years ago both her tonsils were extirpated and her internal nasal cavity had been scraped. A specialist had a week before applied the nasal inhalator, and proposed an oper-

ation, "without which the young lady would become quite deaf." After the application of the nasal inhalator the hearing had improved a little. She is easily moved to weep and easily frightened. The osseous structure is normal. Nothing morbid to be perceived in the tympanum. She can hear the ticking of a watch with her left ear at a distance of two inches—with the right at a distance of four inches.

*Pulsatilla* 200, six powders. Her hearing was worse. Her menses had stopped. No appetite.

*Pulsatilla* 6 on the 25th of April. Hearing improved. She hears the ticking of a watch with the right ear at a distance of eight inches—with the left ear at two inches. *Pulsatilla* 30.

On the 30th of May her hearing had manifestly improved; she can hear a common conversation. *Pulsatilla* 30.

On the 19th of June her hearing was again normal.

Margaret B., aged 9 years, came to me on the 6th of August, 1895. She had pains in the left knee for six weeks. She cannot walk. Every movement causes the most violent pains. Nothing can be seen externally. *Silicea* 30, *Mercurius sol.* 30, seven powders of each.

On the third of September she had no more pains. She only limped a little in walking. The same medicines.

On the 30th of September all her ailment had vanished; she does not limp any more.

Miss F. came to me on the 12th of August, 1895. The skin was peeling off on both hands. On the dorsum of the left hand there were small vesicles of the size of lentils, discharging a watery ichor. The lips were swollen, prominent. *Sepia* 30, six powders.

On the 2d of October I heard that her hands had healed while taking the medicine.

Mrs. K. came to me on the 12th of August, 1895. She complained of pains in the right hip, extending down to the knee. Worse at night; for the last three nights she could not remain in bed, but had to walk about. She had continually to change the position of her leg. The pain had now lasted five weeks. *Rhus tox.* 30, six powders.

August 24. No more pains. Only weakness in the affected limb. *Rhus tox.* 1000, six powders.

October 21, 1895. H. D., aged 13 years, came to me. He has been suffering from diarrhoea for three years, 3 to 5 times by

day; sometimes also at night. The stool is thin, like water, of yellow color. Frequently before and during the stool there are pains. The stool frequently comes with a loud rumbling. His mother died of consumption. *Arsenicum* 30 and *Guajacum* 6, five powders of each.

October 30. Stool regularly twice a day, at 6:30 and 8:30 in the morning, somewhat thicker and darker than before. *Sulphur* 200, four powders.

November 8. Daily one formed stool of brown color. No ailments.

January 6, 1896. His cure is permanent. One stool a day of normal consistency.

Miss D., aged 21, came to me on the 5th of November, 1895. She had been suffering of pains in the occiput for two years. There is a pressure as if a stone lay on the occiput. Much hair comes out on the occiput. There is hammering in her temples; empty eructation; water gathers in her mouth; burning in the œsophagus; swelling in the region of the stomach, relieved by loosening her dress; constipation; the menses frequently too early, lasting eight days, of dark color, with large, black clots of blood, very fetid; leucorrhœa. *Pulsatilla* 6.

November 15. No change in her state, only the menses lasted four days, without clots or smell. *Natrum mur.* 30.

Dec. 3. Health very good. No more ailments.

June 5, 1896. Her health has remained good, excepting her stool, which has again become inert, for which she received *Natrum mur.* 30.

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## WHITLOW (PANARITIUM).<sup>\*</sup>

By Dr. Med. Kafka, Prague.

[Translated for the HOMŒOPATHIC RECORDER from *Wilst du Gesund Werden* ]

A vigorous, very sensitive lady of 28 years, in the sixth month of her pregnancy, had been troubled for more than three months with a whitlow, and was being treated by Dr. G., who was then an assistant in the Surgical Clinic. This physician, who was famed for his skill in surgery, took great pains to free the patient from her stubborn ailment, and left no remedy untried to mitigate the continual pains, which were especially aggravated at night, as also to effect a cure. The ailment, nevertheless, con-

tinued undiminished in spite of his zealous efforts, and did not show the slightest tendency to improvement. This caused Dr. G. to propose the removal of the nail, which was underlaid with pus. Prof. P., who was consulted in the matter, agreed at once, after inspecting the diseased finger, that the nail should be removed, declaring that a cure could not be thought of if the nail, together with the underlying matter, were not removed. But the patient, partly on account of her pregnancy and partly from fear of the operation, which she conceived to be very painful, decidedly refused to be operated upon, and also I, who was present at the consultation as being the domestic physician, objected to it, and especially because I had seen much worse whitlows cured *without operation*, merely with internal remedies. Prof. P., who is known as a very well educated, tolerant and unprejudiced physician, as well as an excellent surgeon, proposed a homœopathic treatment, observing, however, that if no result should be reached within four weeks, an operation would be indispensable.

According to this proposition, which was certainly very honorable for me, I undertook the case on the 16th of January, and found the following condition: The third phalanx of the ring-finger of the right hand was enlarged to twice its original breadth; the skin about the margin of the nail was swollen, bluish and shining; on both sides of the nail there were dark, bluish-red, fleshy, club-shaped excrescences as long as the nail; these with their broader, free end almost covered half of the nail; their thinner end grew out of the sides of the skin enclosing the nail; they bled very easily and caused the most violent pains. The nail in its whole length was undermined with pus, it lay almost hollow and was movable. At every movement or touch—yea, even while at rest, throbbing and burning pains tormented the patient; in the night these became intolerable, causing continued sleeplessness, which has caused the patient to become pale and has decreased her appetite.

I gave *Silicea* 6, one powder in the morning and one in the evening, and I had the sore phalanx bound up with a salve of white wax. The beneficial effects appeared already in the first night, as the patient slept quietly for several hours, and on awaking found the pains greatly mitigated. The recovery took place very quickly. After about six days the excrescences were withered and flabby with hardly any pains, nor did they bleed



any more. After eight days more the nail began to grow again, and after five weeks' treatment the cure was completed, and a new, smooth and fair nail adorned the finger that had been affected.

Prof. P., to whom I communicated the successful result, thought it worth while to convince himself of the truth of my statements by going to look at the healed finger, and was not a little astonished at the quick and favorable issue. This gave him also a new cause to put faith in the positive efficiency of homœopathic medicine. Dr. G. supposed that the pains had been stilled with morphine, as he could not imagine that a few atoms of *Silicea* could produce such a momentous change.

The cure of panaritia by means of homœopathic medicines is well known to all homœopathic physicians from our literature, and I only report it because it is a splendid example of the much praised efficacy of *Silicea* in puriform deposits and exudations as well in the osseous tissue as in the periosteum and the cartilaginous membranes; while in the erysipelatous form of the panaritium *Belladonna* and *Rhus*, and in the phlegmonous form, *Mercury*, *Hepar sulph.*, *Calcarea* and *Sulphur* are most effective. It is incomprehensible how men who stand in the high places of science and unprejudiced thinkers can see such results and become sufficiently convinced of the efficacy of a homœopathic remedy, and yet make no use of it in cases under their direction. What is the cause of panaritia? I believe their most frequent cause is to be found in lesions, such as pressure, contusion, sprains and wounds, especially through splinters, and perhaps more frequently yet from tearing off the agnails.

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## BOOK NOTICES AND GOSSIP.

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**Veterinary Homœopathy in Its Application to the Horse,** Including a Code of Common Suggestive Symptoms. By John Sutcliff Hurdall, Member of the Royal College of Veterinary Surgeons, England. 343 pages, 8vo. cloth, \$2.00; by mail, \$2.18. Philadelphia. Boericke & Tafel. 1896.

This book has been needed for many years, as there has been no original homœopathic work on the treatment of the diseases of the horse published since the appearance of Schaefer's *Manual*, nearly fifty years ago—and that was a translation. Dr. Hurn-

dall is, perhaps, better fitted to write the needed work than any other one, either in England or the United States. He entered the Royal Veterinary College, England, in the year 1879, and was graduated third in a class of thirty-six, in the year 1882. Later in life he received the Coleman bronze medal for an essay on glanders. Since his graduation he has been in the active practice of his profession. From this it will be seen that Dr. Hurndall is well-fitted to write a book that is at once thorough and practical. The knowledge received at the Royal Veterinary College is what is needed by all veterinarians, and to this Dr. Hurndall has added a thorough and practical study of homœopathic therapeutics as applied to the horse; both are incorporated in the book before us.

The various diseases of the horse are thoroughly described and full treatment, both homœopathic and accessory, given. A section is also devoted to parturition that will be found exceedingly valuable by all who have the care of mares and their foals. "The Code of Common Suggestive Symptoms," is an original feature of the book and one that gives it a peculiar value not possessed by even any old school book on the treatment of the diseases of the horse. This "Code" consists of all the symptoms that may be observed in a horse that depart from the normal, and to each is added the name of the disease or diseases of which they may be an evidence. By this means even one not versed in veterinary lore may be able to make a very shrewd diagnosis and, by means of the book, to bring into use the proper means of combatting the disease. Taking it all in all, this book will prove to be of the utmost value to any one who is interested in that noble animal, the horse; and every homœopathic physician will be the better for perusing its interesting pages; for, while he is not a veterinarian, a little successful prescribing for a sick horse as occasion may be offered, will enhance the respect for his ability very greatly in any community.

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**An American Text-Book of Applied Therapeutics for the Use of Practitioners and Students.** Edited by J. C. Wilson, M. D., Professor of the Practice of Medicine and of Clinical Medicine in the Jefferson Medical College, Philadelphia. Philadelphia: W. B. Saunders. 1896.

Another of those massive and exhaustive works for which Mr. Saunders, publisher, is becoming famous. The size of the

pages are the same as those of the *American Text-book of Surgery*, and number 1326. There are three bindings, cloth \$7.00; sheep \$8.00, and half morocco \$9.00. The book is for sale "by subscription only." The contributors number forty-two, professors of nearly all the leading colleges of the United States, excepting, of course, our homœopathic colleges. The contents cover seventy-eight topics or diseases. It is impossible in a small space to give a satisfactory review of so large a book, by so many writers and all of them specialists, so we shall only cull a point or two of general interest here and there to show the drift of the work. In his chapter on diphtheria, Dr. W. P. Northrup, endorses the use of antitoxin. Tuberculosis is intrusted to Dr. James T. Whittaker who says: "That tuberculin can absolutely cure tuberculous processes has been demonstrated, partly by observations on man and partly by experiments on animals (Kitasato, Pfuhl). The *modus curandi* lies not in the injurious effects of the agent upon the bacilli, but as the author first maintained and is now universally believed, in the inflammatory irritation of the tissue about the tubercle, whereby the death of the bacilli is affected." On the subject of rheumatism Dr. James Stewart curtly dismisses *Cimicifuga*, *Actea racemosa*, (by the way, they are but two names for one drug), *Rhus toxicodendron* and *Aconite* with the remark that they "belong to the dead past," which will be news to some of our readers. "The salicyl-compounds still remain our chief means of combating the disease." The chapter on influenza is by Dr. I. E. Atkinson who finds the best remedy for the disease in antipyrin and the other coal-tar chemicals. For yellow fever Dr. John Guiteras finds the chief remedy to be a mixture of *Calomel* and *Jalap* powder. "Malarial fever," writes Dr. A. Laveran "is one of the few diseases that we are able to meet with a remedy that is in the truest sense of the term, a specific," the remedy, being "quinin" as the newer spelling renders it. In conclusion it is perhaps needless to add that the book is well printed and its get up good.

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**Feeding in Early Infancy.** By Arthur V. Meigs. 15 pages, 8vo., limp cloth, 25 cents. Philadelphia: W. B. Saunders, 1896.

"It is extraordinary with what confidence inexperienced persons approach the question of the artificial feeding of infants.

Physicians mothers and nurse alike, if they have never learned anything of the difficulties of rearing infants by hand, are generally disposed to think this very simple, and are quite ready to make the trial. The fact of being without any fixed principles in regard to what may be required deters few." So writes Dr. Meigs, and he devotes the fifteen pages of his pamphlet to smashing some medical delusions concerning the feeding of infants and to detailing how the feeding should be done. No advertised foods are commended or even mentioned, but instead the author gives directions for preparing a food that he claims to be the nearest approach to mother's milk and, consequently, the ideal artificial food.

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**Treatise on Spermatorrhœa, Impotence and Sterility.** By William Harvey King, M.D. 172 pages. Cloth, \$1.50. New York. A. L. Chatterton & Co. 1897.

The author of this little work depends chiefly on electrical treatment and hygienic management of his cases. He has had extended experience in the particular line of diseases treated and embodied the result of that experience in this book.

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**Repertory of Tongue Symptoms.** Arranged by M. E. Douglass, M. D. 191 pages, 12mo. Cloth, \$1.00; by mail, \$1.09. Philadelphia. Boericke & Tafel. 1896.

This book closes another gap in the line of homœopathic textbooks. Looking at the tongue and feeling the pulse is generally the first procedure on part of the physician when he begins an examination of a patient, yet, so far as we know, this is the first book devoted to fully explaining the reading of the tongue; this fact ought to give it a welcome by the homœopathic profession. It is divided into three parts: 1st, "Repertory of Tongue Symptoms," covering 165 pages; 2d, "Repertory of Mouth and Tongue Symptoms in Typhoid Conditions," covering 8 pages; and, 3d, "Remedies," filling remainder of the book. The Repertory proper is so arranged that the physician can almost instantly turn to the looked-for symptom if it is to be found in the *Materia Medica*. This book, with a little experience, will enable the practitioner to quickly and intelligently read the signs of the tongue from the therapeutic point of view, a gift not to be



despised. Dr. Douglass has, in a manner, cut the ground from under the feet of the reviewers by presenting his work for what it is worth and with never a word of preface, apology or explanation. "There is my work, gentlemen," is tacitly said, "judge it." The author is one of our well-known southern homœopathic physicians in active practice at Danville, Va. He received his degree of medicine in the year 1880 at Hahnemann Medical College of Philadelphia, and since then has been in active practice and has taken quite a prominent part in society matters in the Southern Association. The book, we think, is a useful one and worthy of a place among the books in what we may call active homœopathic practice.

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**Homœopathic Domestic Physician**, containing the Treatment of Disease: Popular Explanations of Physiology, Hygiene, Hydropathy, Anatomy and Surgery, with illustrations, and an abridged Materia Medica. By J. H. Pulte, M. D. 13th edition, sixtieth thousand. 743 pages, 8vo., cloth, \$3.00. Philadelphia. Boericke & Tafel. 1896.

The author of this famous old "domestic," as doubtless most of our readers know, is Pulte, whose name is born by the Pulte Medical College of Cincinnati, and to it, as much as to any other material cause, is due the foothold that Homœopathy has obtained in the Ohio valley and the west. By its teachings tens, perhaps hundreds of thousands of persons were convinced of the truth of the principles of Homœopathy and were led to give their support to homœopathic physicians who followed later—for the first edition of the book was published, according to Bradford's *Bibliography*, in the year 1850, in Cincinnati, a time when homœopathic physicians were few and far between, fighting for their existence and needing all the help they could get. The book was a great help to these pioneers, and its popularity was evinced by the fact that the first edition was sold in three days after it was published. It was reprinted in England and translated into Spanish, and of these two editions it is safe to say that over one hundred thousand copies were sold. The book is just as true and as useful to day as it was forty-six years ago, and if a domestic work is to be commended, Pulte's is worthy of being ranked among the first. The therapeutic part is pure Homœopathy, while the Materia Medica is one of the



best condensations ever made. It is safe to assert that the new edition is by far the handsomest of all that have preceded it and in every way worthy of this fine old work.

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**A Compend of the Principles of Homœopathy as Taught by Hahnemann, and verified by a century of Clinical Applications.** By Wm. Boericke. 160 pages. Cloth, \$1.50. San Francisco. Boericke & Runyon. 1896.

An excellent little book, this. "With neglect of the homœopathic institutes," writes Dr. Boericke, "came coquetry with old school methods, and the alluring adoption of modern palliative and mechanical therapeutics, leading to deterioration of our distinctive practice." But "a homœopathic renaissance is upon us. Teach and study the *Organon*, is its watchword," and this little work on homœopathic institutes is intended as a guide to the student to the real theory of homœopathic medicine. The work is divided into thirteen chapters and an appendix. Of these, Chapter X is especially worthy of note. It is on "Hahnemann's Nosology." Tracing this subject to the appearance of the *Chronic Diseases* in 1828 Professor Boericke says of this work—and we take the liberty of putting his words in italics—"With the publication of this book, supplementing the *Organon*, the high water mark of medical philosophy was reached. A few generations hence this will be generally acknowledged." Bold assertion and prophesy that, but true. The itch mite, and the microbe, may be put up against the psora theory, as an evidence of the advance of modern medicine, but when you subject the microbe, as the cause of disease, to the microscope of common sense the character of this "advance" is seen at once. "The Klebs-Lœffler bacilli were found in the child's throat." Therefore the child had diphtheria. Therefore the bacilli was the *cause* of the diphtheria. It does not require a very high-powered microscope of common sense to detect the flimsy weakness of such an argument. Yet, practically, is the scientific medicine of the day based on such a foundation. In stability, when compared with Hahnemann's theories, it is as a foundation of worm (microbe) eaten wood, compared with granite. In the wide sense, the sense in which Hahnemann meant it to be seen and understood, the psora theory is, according to Dr. Boericke, "founded in nature and truth." It is refreshing to meet with a

modern writer dealing with the fundamentals of Homœopathy who accepts them as sound, and does not assume that because he is half a century fresher he is, *therefore*, that much wiser and on this assumption proceed to prove that the fundamentals of Homœopathy are not "up to date."

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WRITING of the last edition of Dr. Raue's *Special Pathology and Diagnostics with Therapeutic Hints*, the fourth edition of which appeared shortly before the good old doctor was gathered to his fathers, the *Hahnemannian Monthly* says: "This is one of the few works that no one need hesitate about buying; every practitioner of Homœopathy and every student needs a copy, and no stone should be left unturned until they secure one. Then it should become the daily companion of the believer in scientific therapeutics, and it will prove itself an inexhaustible storehouse of reliable information. Those having an old edition will find it to their personal advantage to change it for something better—the chapter on mental diseases alone being worth the price of the book. This chapter on mental diseases is a new feature of the old book, and was the outgrowth of Dr. Raue's deep study of psychology to which he devoted his late years.

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AMONG pamphlets received are "The Diagnosis of Substances Passed from the Bowels," and "Six Cases of Hemorrhage," both by Dr. George Frederick Laidlaw, Lecturer on Pathology at the New York Homœopathic Medical College. Both are very interesting contributions.

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"It is a very remarkable and significant fact," says Dr. L. S. Rogers, "that the medical books written by Samuel Hahnemann have stood the criticism of nearly a century, while all others have been found to be erroneous and useless. The observations made by Hahnemann, the founder of Homœopathy, are as accurate and just as usual now as they were a hundred years ago. It is a fact that one could become a fairly successful prescriber without reading any other medical book than those written by Hahnemann."

PROBABLY the best preliminary reading the student of Homœopathy can do is to peruse *The Life of Hahnemann*, by Dr. T. L. Bradford. It will give him a clear historical view, not only of Hahnemann's life, but of the rise and development of Homœopathy. One who has obtained this general view of the subject will be better fitted to intelligently follow the necessary course of study, give reasons for his belief and be saved, perhaps, some mortifying mistakes.

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A CANADIAN newspaper, *The Daily Mail*, of Toronto, received, at its own request, a copy of Dr. Dudgeon's translation of Hahnemann's *Defence of the Organon*, and this is the way it approaches that decidedly unique work: "Medical science has in our day accomplished so much for suffering mankind that we always approach any expression of medical opinion with respect, and any medical name with a degree of friendliness proceeding from gratitude to a beneficent profession. Even Homœopathy does not actually repel us." Let us hail this gracious acknowledgment as a harbinger of the dawn—for the *Mail*.

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THE September number of the *Journal of Orifical Surgery*, contains a paper by Dr. C. E. Cogswell on "Orifical Philosophy a Factor in Diagnosis." In this paper Dr. Cogswell quotes "Carey," as a recognized authority, as follows:—

Carey in biochemic medicine gives us this definition of rheumatism: "A lack of a proper amount of the alkaline salt, sodium phosphate in the blood may, by producing a deficiency of alkali in the synovial fluids, allow the acids to stand out as acid distinctly and cause injury to tissue, periosteum, etc., at certain articulations. The pain thus produced, which interpreted means a call for the deficient salt, is called rheumatism."

"Producing a deficiency" is good and the science in the foregoing may be excellent, but we gravely doubt whether a gentleman who, according to Polk's Directory, received his degree of M. D. in 1889, from a college founded by himself in 1889, of which he was dean in 1889, and which held its first and last session in 1889, ought to be quoted as a medical authority. Mr. Carey may be a very estimable gentleman in private life, but there exists a not unreasonable prejudice against diplomas obtained as his was, and to quote him as an authority may mislead the younger generation of physicians who are not yet up in medical history.

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## A PROMISING REMEDY FOR RHEUMATISM.

There are no end of remedies for rheumatism, yet for all that, the land is full of cases of that disease that remain uncured and apparently incurable; this fact must be our excuse for giving prominence to the following paper taken from the *Homœopathic World* and written by Frederick Kopp. After reading the paper we think our readers will agree with us that in *Stellaria media* we have what seems to be a promising remedy both for acute and chronic cases. The following is taken from the *World*:

### Stellaria Media in Rheumatism.

“It has proved to me a matter of impossibility to answer all the letters that have been sent to me by readers of the *Homœopathic World* on the subject of the use of *Stellaria media* in the treatment of rheumatism, but I trust that the information given below will satisfy all the correspondents. It will be remembered by my readers that the new drug was first proved by me in 1893, consequent on my attention being drawn to the weed by our esteemed friend, the Rev. F. H. Brett. I made a thorough proving of the drug, not only once, but several times, so as to satisfy myself beyond a doubt as to the symptoms peculiar to it, and the excruciating rheumatic-like pains developed at the time are still vividly remembered by me; in fact, they were so severe and intense as not to be easily forgotten when once experienced. There is no mistaking the *rheumatic* symptoms of the drug. They come on very rapidly, and the sharp, darting pains so peculiar to rheumatism are experienced, not only in almost every part of the body, but the symptoms of soreness of the parts to the touch, stiffness of the joints, and aggravation of the pains by motion are also present. These pains may be described as follows:

“Rheumatic-like pains over the right side of the head; especially towards the back, with the parts sore to the touch; rheumatic-like pains darting through the whole head, worse on right side; rheumatic like pains left half of forehead, over the eye, with the parts sore to the touch: rheumatic-like pains in the left foot; rheumatic-like pains in the ankles; sharp, darting, rheumatic like pains in the left knee, gradually extending above along the thigh; rheumatic-like pains below the right knee-cap; rheumatic-like, darting pains through various parts of the body, especially down the right arm and the middle and index fingers of the left hand; stiffness of the joints in general; rheumatic-like pains in the calves of the legs, which are sensitive to the touch; rheumatic-like pains in the right hip; rheumatic like pains across the small of the back, aggravated by bending or stooping; stiffness in lumbar region with soreness; darting rheumatic-like pains through right thigh; rheumatic-like pains in right groin.

“It will be seen by the above symptoms that almost every part of the body in which it is possible for rheumatic pains to occur is affected, the rheumatic-like pains darting from one part to another. My correspondents all being readers of *The Homœopathic World* will remember a case reported in the January number of the journal (1896), by Mr. R. H. Bellairs, in which the pains were “now in ankle, now in knee, now in arm, wrist, or fingers.” This case fully illustrates the symptoms borne out in my proving of the drug, and it but naturally followed, according to the law of similars, that the disease should yield to the month’s treatment with *Stellaria media*. Mr. Bellairs says he thinks that possibly ‘shifting pain’ is a keynote, and I am glad that I am able to inform him that he is correct in his supposition. I am pleased to hear that he has often given *Stellaria media* in chronic rheumatism, and now looks upon it as a specific. It is these things that gladden the heart of the prover of new drugs—the news of the practical triumph of a new drug over symptoms of disease similar to those it is itself capable of developing in a healthy body—and one feels amply repaid for the hours and days of pain and suffering that one has inevitably to put up with in the vocation of ‘proving.’ I heartily congratulate Mr. Bellairs on his success in curing the above case.

“I have been asked by one correspondent whether a changeable climate—one with sudden changes of temperature occurring



every day, for instance—would prevent the drug from taking effect in the treatment of rheumatism. To this question I can promptly return an answer in the negative. I have proof upon proof lying before me to testify that *Stellaria media* is just as efficacious in a changeable climate as in any other. Reports of cases cured have come to me from various parts of the world, under varying changes of climate, and the result has always been the same, namely, 'the cure of the case.'

"For *internal* administration I have always found the 2x tincture the most efficacious, given in from one to two drop doses every two, three, or four hours, according to the severity of the symptoms. For *external* purposes I strongly advise the  $\theta$  tincture. It may be employed either in the form of a lotion (30 to 60 minims of  $\theta$  tincture to a tumblerful of water), the ointment or the liniment (30 to 40 minims of the  $\theta$  tincture to  $\frac{3}{4}$  of pure olive oil). Cloths steeped in the lotion and renewed when dry may be applied to the painful parts, or the ointment or liniment may be rubbed well in. Experience has taught me that external treatment combined with internal greatly assists in hastening the cure. In the treatment of rheumatism *Stellaria media* is a very active drug, acting very promptly; a low dilution or the mother tincture of the drug taken internally is very apt, therefore, to intensify the pains, and these should therefore be avoided and the 2x dilution used."

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### DO NOT FEEL ABASHED.

At a recent meeting of the Massachusetts Homœopathic Medical Society, Dr. N. W. Rand in a paper, "Evolution: Its Perils and Possibilities," said of dynamization: "There is upon the face of Homœopathy 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 college, and ask future students to behold this relic of stupendous credulity! Then would Homœopathy no longer feel abashed when science looks her in the face."

It would seem, from the last paragraph, that Homœopathy is not a science. The word "science" in these latter years has come to have an extension that equals that of the title "Professor," which includes every thing from the high chair held by Herr Teufelsdröckh down to the humble, but cocky, "Professor of the Tonsorial Art." Looking at the matter from this broad and liberal point of view we do not think that, even with dynamization fully in view, Homœopathy need feel abashed when the science, say of Koch, Pasteur, Brown Sequard, Animal-extract Hammond, Antitoxin Behring, *et alia*, looks it in the face; indeed, we are not so sure but that it would be wisdom to ignore their acquaintance. But that is a matter of taste.

This is a country of free speech (within bounds, and if a man has the nerve, which not all have), and Dr. Rand has the right to express his opinion of dynamization, but when the question passes from individual opinion to the great jury, then it comes down to a question of fact. As a matter of fact dynamization is simply trituration and dilution and is necessarily practiced by pharmacists of all medical schools, and it is difficult to see why it is an evidence of "stupendous credulity" in Homœopathy and "science" in other medical beliefs. Indeed, if we are to dispense with dynamization, or what is practically synonymous, trituration and dilution, the profession would be cut off from its most valuable remedies.

Again, on a question of fact, if our friend, Dr. Rand, could year after year be taken by Asmodeus over the roofs of the medical fraternity he would be surprised to note the steady increase in the "regular" doctor's stock of remedies dynamically prepared. So we must respectfully differ on the assertion that dynamization is undergoing auto-degeneration, and believe that on the contrary it is spreading fast in all directions, though, we regret to state, not always understood. We heard of a physician

the other day who, after using many pounds of the 12x of a certain remedy with "magnificent success," asked "what does that '12x' mean?"

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### THE BI-CHLORIDE OF GOLD CLASS.

The "*Bi chloride of Gold*" man, Dr. Lesli E. Keeley has been sending out some elaborate printed matter designed to further his widely known treatment and bring him more patients; inasmuch as there is no such thing in chemistry as "*Bi chloride of Gold*" the "scientific" phrase does not interest us, but his "Geographical Representations," by which is meant the localities from which he draws his patients is not without interest. Illinois heads the list, and Missouri comes second, third on the list and (this is startling) is Iowa, where prohibition is, the law of the land, unless it has been repealed lately; Iowa contributes 276 patients, while the colonels of Kentucky, the land of "bourbon," only contributes 32, a figure that even prohibition Kansas easily surpasses. Whether these figures are a true index of the relative numbers in those communities who need treatment is, of course, another question. Whatever may be thought of the treatment therapeutically, there can be no difference of opinion as to its financial success. The table is made up of 4,000 cases treated in one year for which the charge is \$100 each, with board and "incidental expenses" extra. Surely that is a medical bonanza, if there ever was one.

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### WAILING.

The announcement is made that "Parke, Davis & Co., of Detroit, Mich., have decided to withdraw all advertisements from homœopathic medical journals," and in consequence there is more or less wailing, open or smothered. Oh, P. D., why have you done this thing? Do not "homœopaths" prescribe "Taka," and "Chlor-ano.," and "Anti-diphtheritic s.," and "Mosquera," and "Schleich's," and "Diurnules," and "Diurnals," and "Uthymo," to say nothing of the families of *il*, and *al*, and *æl*, and *ol*, and *in*, and *ine*, and *oid*, and *ia*, and all the other countless hosts of dead-sure, never-fail, scientific cures? Have we not editorially fiddled that Homœopathy might dance with your scientific medicine, and now you refuse longer to pay the fiddler! O, ingratitude! ingratitude!

### LIVE AND LEARN.

A correspondent of that excellent "regular" journal *The Medical Summary*, after relating the wonderful curative powers of *Thuja* in certain excrescences that afflict humanity, a remedy for which the medical world is indebted to *The Chronic Diseases* of Hahnemann, concludes as follows: "We long since learned that no one school of medicine contained *all* that was good or worth knowing, but we learned to take good things wherever found and add to them. We studied the three leading schools, and yet we found good things still outside of all these systems of medicine."

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### A NEW HOMŒOPATHIC HOSPITAL.

The *Populaere Zeitschrift* says that a German, Mr. Aug. Mueller, who for many years has been practicing Homœopathy in India, and who sometime ago founded an asylum for lepers, has now established a hospital for acute diseases on the coast of Malabar. The building is of two stories, 142 feet long and 44 feet broad, and has a chapel attached to it. On the ground floor are the large halls for patients, in the upper story there are separate rooms for patients.

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### HAHNEMANN'S GRAVE.

As readers of Bradford's *Life of Hahnemann* know—but very few others—Hahnemann's body is buried at Montmartre Cemetery, Paris. Now it so happened that the author of the *Life of Hahnemann*, Dr. T. L. Bradford, in this centennial year of Homœopathy was engaged in writing up a few *Hahnemanniana* when he, aided by Mr. Charles Platt, Professor of Chemistry at the Hahnemann College, Philadelphia, made the startling discovery that, 1st, Hahnemann was buried in a plot of ground held under the name of Lethière; 2nd, that this plot had not been paid for, and 3d, that the cemetery authorities were about to remove the remains on this account. When this was realized the Faculty of the Hahnemann Medical College, of Philadelphia, authorized Prof. Platt to purchase the plot and thus insure a permanent resting place to Hahnemann's remains. This was done and the plot in Montmartre holding those remains is now

the property of that old college and will probably always remain so.

A good and commendable work.

The tomb has been thoroughly repaired and as the fact that Hahnemann is buried there becomes known it will doubtless attract many visitors every year.

### NEW YORK CITY NOTES.

Among the recent removals are the following:

Dr. Lawrence Montgomery Stanton, from 155 West Forty-eight street to 132 West Fifty-eight street. Office hours; 9:15 to 12:30; Sundays from 10:30 to 11:30 A. M.

Dr. William Tod Helmuth, from 299 Madison avenue to 504 Fifth avenue, N. W. corner Forty-second street. Office hours: 10 to 2.

Dr. Roland DuJardin, from 825 Park avenue to 129 East Seventy-sixth street. Office hours; 8 to 10 A. M. and 6 to 8 P. M.

Dr. Floyd P. Sheldon, from 237 West One Hundred and Twenty-seventh street to 223 West One Hundred and Twenty-second street. Office hours: 11 to 1.

Dr. E. M. Devol, from Goshen, N. Y., to 114 Nassau street, Brooklyn, E. D., where he has taken the practice of the late Dr. J. B. Walters.

Dr. C. H. Ohly, N. Y. H. M. C. '96, has located at 149 Belleville avenue, Newark, N. J., where he has taken the practice of Dr. T. H. Baldwin, which he recently purchased.

Among recent appointments are the following:

Dr. Howard S. Neilson, appointed Demonstrator of Anatomy, and Dr. J. W. Allen assistant to the Chair of Physiology, in the New York Homœopathic Medical College.

Dr. Elizabeth Jarrett, appointed one of the School Inspectors of the city. This appointment was made by Mayor Strong.

Dr. J. I. Dowling, appointed resident physician at the Five Points House of Industry. Dr. Dowling was formerly house surgeon at the Flower Hospital.

Dr. Francis E. Brennan, appointed one of the Medical Commissioners of the Long Island City Board of Health. The Doctor has recently located at 78 East avenue, L. I. C.



Dr. Edwin G. Ogden was appointed Demonstrator of Internal Medicine of the Metropolitan Hospital on Blackwell's Island by the Board of Directors at the meeting of September 30th. This is an important appointment and is the only one of its kind ever made here. Dr. Ogden recently returned from Berlin, Vienna and other of the chief cities of Europe where he was pursuing studies in examinations and diagnosis with the leading German authorities. He has a very valuable collection of specimens, chiefly microscopical, which he brought with him from abroad and which will greatly aid in his duties at the hospital.

Dr. D. J. Carlough, recently resident physician of the Hahnemann Hospital is taking care of the practice of Dr. Witte in Trenton, N. J., during the doctor's absence in Europe.

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#### A GOOD APPOINTMENT.

Anything pertaining to Federal or State recognition of our school is always of interest to the homœopaths; hence the fact of the appointment by the Governor of Dr. W. E. Putnam, of Bennington, Vt., as Surgeon General of Vermont, with the rank of Brigadier General, will be interesting, as it shows a tendency more and more towards governmental recognition of homœopathic physicians. Dr. Putnam is a graduate of the old Cleveland Homœopathic College of the class of 1881.

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#### A QUESTION THAT WILL NOT STAY "SETTLED."

The "fact" that alcohol is not a food, but a "poison," has been so definitely "settled" that in New York, we believe, the "fact" is taught in the public schools, yet here comes Dr. Ephraim Cutter in the *Medical Age*, of September 25, and tells of a case of chronic erysipelas, very much complicated, and that necessitated an amputation, yet which recovered. And here is the point that was "settled" again :

"One very interesting diet question was settled, as far as this case was concerned, viz: 'Is alcohol food?' This man's sole diet for ninety days, at one period of this serious illness, was a pint and a half of whiskey daily. This is a strict fact! Physicians have been blamed for making inebriates by prescribing alcohol; but this man was not made a drunkard, for when he was able to give up the whiskey he could not take a tablespoonful without

its 'going to his head,' and it was moreover very distasteful. When he was using it as above, it never disturbed his head; it fed him, and he was satisfied. Now, if alcohol was not a food in this case, what was? Healthy dogs and men without food rarely live forty days, but this man, all but dead with chronic erpsipelas, lived on alcohol for ninety days! It seems to me alcohol should be used as a medicine. I am very sure that he would have died but for the whiskey. It should be added that he rejected every other solid or liquid food, but the aforesaid whiskey."

Verily the settling of a question is more difficult than that of a continent.

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### "MEDICAL DEGENERATES."

To judge from our exchanges the bargain-counter doctor is multiplying in the land and worrying some legitimate physicians not a little. "Another Cheap John medical shop," "medical degenerates," "they use what little knowledge they possess for the degradation of an honorable profession," are specimens of the way they are received by the profession that repudiates them. We have had the Cheap John pharmacist for some time, who, with little capital, credit or facilities, will undersell all responsible competitors—will sell "imported" goods at less than they cost—and little games of that sort; and now it seems that the companion Cheap John doctor has broken loose. But no legitimate physician need fear these fakirs in the long run. To be sure there always will be those who will "try" the "free," or "cheap" doctors just as many physicians are induced to risk their practice by at times "trying" the cheap and chromo pharmacies, but "you cannot fool all the people all the time," and skill and superior quality are always easy winners.

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### "THE BOOK-WRITING DISEASE."

Dr. C. H. Stiles, in address to the medical graduates of the Georgetown University, made the following comments on book-writing:

"The book-writing disease is one you are subject to. It is, however, very amenable to treatment, and this is quite simple, although somewhat heroic. It consists in reading a few books

which have been written by other men suffering from the same disease. Select any subject, however small, go to the surgeon-general's library and read every article you can find upon that subject, and in most cases, I believe, you will come to the conclusion that you will not publish your monograph until you have made a few original observations in that particular line and have something to say. Do not disgrace yourself and your Alma Mater by becoming a bibliographic kleptomaniac.

"In your medical writings never use a scientific word unless you know its exact meaning and its application to the subject you are discussing. Scientific names are necessary evils. In the writings of one who knows their exact meaning, they are useful; but when used in a loose and inexact way they show poor taste reminding the reader of Browning's lines:

"And when in certain travel I have feigned  
To be an ignoramus in our art,  
According to some preconceived design,  
And happen to hear the land's practitioners,  
Steeped in conceit sublimed by ignorance,  
Prattle fantastically on disease,  
Its cause and cure—and I must hold my peace !

in the the letter of 'The Arab Physician.'

"Speaking for my own specialty, I regret to say that fully two-third of the articles on medical zoölogy which I have found in the medical journals are unintelligible to the specialists—whatever may be the ideas they convey to the practitioner—largely because of the reckless use of technical terms."

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### ANTITOXIN ACCIDENTS.

The *British Medical Journal* summarizes an article from the *Therap. Monatshefte* on the seamy side of antitoxin, from which summary the following figures are taken. Out of 2,228 cases treated with antitoxin, 1,805 recovered; of these, 420, or 23 per cent. showed bad effects from the antitoxin. It appeared that 14 diphtheritic children died from the effects of the antitoxin, and 4 others from same drug who were not affected with diphtheria. This is a condensed summary of the cases studied by Gottstein, who, not without cause, considers antitoxin to be a more or less dangerous remedy.

## PERSONAL.

Dr. C. Eurich has removed from 209 E. 87th street to 1263 Washington ave., New York city.

Dr. J. C. Duncan has removed from La Moille to De Kalb, Ill.

The University of Pennsylvania could not make rabbits voluntarily take alcoholic drinks. Why not try it on men?

"Antivac" is a late term for one who flouts Jenner's discovery.

Five and six year-old's among homœopathic books are masquerading as "Just Issued."

The mortality of the plague in China was 50 per cent.

Several people were sent to a hospital in New York, the other day, the result of a "bargain-counter" rush.

Says Montaigne: "They who fight custom with grammar are fools," much to the comfort of most of us who disturb the bones of Lindley Murray.

When a doctor told young mother that baby must have one cow's milk every day, she said she did not see how baby could hold it all.

They say that it is not so much boiling down as roasting that some papers need.

When a man has learnt to look to the quality of the goods and not to promised chromo or "premium" offered, he begins to be a wise buyer.

The father always wants it to be a boy, yet the boy as he grows prefers a girl.

Dr. Sarah T. Rogers Eavenson has removed from 1711 Race street to 1943 Vine street, Philadelphia.

The "Greater Flower Hospital" precedes the "Greater New York." The splendid new addition was opened on October 6, under auspices of New York's leading citizens.

Our "regular" friends are gradually coming round to rational Homœopathy; they have discovered "a remedy for stage-fright" and a medicinal treatment for "irritable temper."

Dr. Roland du Jardin has removed to 127 East 76th street, near Lexington avenue, New York.

The drummers who contribute to the *Medical Century* do not improve its tone, which is a pity, for otherwise the *Century* is not half-bad.

Another "new cure" for tuberculosis has been tried in Europe, and as the patients are not all dead yet, why, "sufficient time has not elapsed to," etc., etc.

Quarantine has been totally abolished in Great Britain.

Dr. Chislet objects to the "wholesale manufacture of cheap doctors."

Specific gravity has been defined as an Englishman trying to see the point of an American joke.

When it comes to the "test at the bedside" old Homœopathy distances all other therapeutics.

It looks as if Europe would soon have to carve its Turkey.

"It is a long lane that has no turning," to be sure, but a long lane is rather a good thing for the property owner.

In books only can you learn the wisdom or folly of the past. Get thee a library.

A doctor without reliable medicines is like a trolley car without a brake.

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## LILIUM TIGRINUM IN UTERINE FIBROIDS.

C. Sigmund Raue, M. D.

The pathological changes induced in the uterus and its adnexa, and often in the surrounding structures, by the presence of a fibro-myoma, vary greatly in character and degree. Sub-mucous myomas are usually characterized by profuse and troublesome bleeding, and as v. Campe has shown, the pathological changes in the endometrium in these cases are identical with those noted in fungoid endometritis (Schroeder). The hæmorrhage, however, is not always proportionate to the extent of the involvement of the uterus by the fibroid.

In the interstitial and sub-peritoneal variety, hæmorrhage is less characteristic, and it may be entirely absent, but there is usually more pain and distress than in the sub-mucous variety (unless the latter induce expulsive pains), especially *ovarian pains*, probably from pressure or peritonitis. In some cases of interstitial fibroids this pain may be purely neuralgic, and I have found it quite a common accompaniment of these tumors. Pressure symptoms are often severe: also those of peritoneal origin.

Labor-like pains are quite common, especially in the sub-mucous variety when nature makes an attempt to expel the new growth, but they are usually present in all varieties, particularly during menstruation. These pains are easily explained, springing, as they do, from increased uterine contractions and the menstrual congestion. The reflex symptoms are numerous and varying, and must not be ignored, for they are of great importance to the prescriber.

It is evident that the course of treatment to be adopted must vary with each case, and that it also varies much from the likes



and inclinations of the gynæcologist into whose hands the case may fall, is likewise a fact. However, those fond of operating well know that too often operative interference would be hazardous, and then it is a fortunate thing if we are homœopaths and can fall back on that grand stand-by in such times as these—the homœopathic materia medica.

*Lilium tigrinum* proves itself a most valuable remedy against the symptoms induced by uterine fibroids, and, indeed, it seems to have a specific action on these growths. The indications for *Lilium tigrinum* are well given by Minton in his "Uterine Therapeutics," but he says nothing regarding its use in fibroids. Neither Wood nor Southwick mention it under this heading in their respective works on gynæcology. Undoubtedly *Belladonna* is often given in these cases when *Lilium* is indicated, and then naturally fails or simply modifies the symptoms. I believe that here its action is more superficial, that is, more neurotic than *Lilium tigrinum*, as can be seen by a comparison of these drugs. The indications for *Belladonna* given by Wood ("Text-Book of Gynæcology"), namely, "Much bearing down in pelvis; menorrhagia of bright-red blood, or thick, decomposed dark-red blood; genital organs sensitive," etc., are quite characteristic of *Lilium*, and are hardly sufficient data for a careful prescription. *Belladonna* also has the vesical tenesmus of *Lilium* and pressure in the sexual organs, but these symptoms are purely nervous, due to spasmodic action of the sphincter vesicæ and bearing-down pains (uterine contractions), while in *Lilium* there is actual pressure of an enlarged uterus (engorgement; sub-involution; fibroid;) on the bladder, and a sense of weight, due both to increased weight of that organ plus irregular uterine contractions. This pressure also affects the rectum with almost constant desire to go to stool and bearing-down pains while at stool.

Then we have the ovarian pains (the provings point mainly to the left ovary) and the reflex infra-mammary pain.

These symptoms, together with the mental peculiarities of the drug are, so to speak, the characteristics, and clearly indicate the genius of this remedy.

The action of *Lilium tigrinum* in the following case seems similar to what one would expect from the crude use of *Ergot*, but with undoubtedly more prompt and lasting relief.

Georgie T—, aet. 27, colored, married four years, no children. Menses regular, profuse, lasting eight days. Weight

and bearing down in hypogastrium, and pain in left ovary; frequent desire to urinate with much straining; profuse yellowish leucorrhœa; very nervous at times, etc. On examination a symmetrical fibroid (apparently interstitial) about the size of a child's head and immovable, was found. *Lil. tigr.* 2x every three hours was prescribed.

Five days later: Was much worse when first taking the medicine; bearing down pains with bloody discharge from vagina during the first few days, but feels somewhat "lighter" now. *Lil. tigr.* 3x, every 3 hours.

One week after last prescription: Similar aggravation when first taking the medicine; backache, fever and sweat during the night; fear of dying. *Lil. tigr.* 30.

Ten days after last prescription: Marked relief of all symptoms; no aggravation since taking the last medicine.

In a similar case of fibroid with intense pains of a neuralgic type in the right ovarian region, becoming especially severe towards night, *Lilium tigrinum* 3x, gave immediate relief after *Belladonna* 30 had failed. The accompanying symptoms: Recurrence of the menses every two weeks with pain and great loss of blood, resulting in marked prostration and cardiac weakness; inability to attend to her household duties and hysterical manifestations, have not recurred in the last three months. Here was a case in which nothing more radical than double oöphorectomy with its uncertain results could have been attempted without great risk, in the line of surgical interference.

When we consider the nutritive disturbances which are capable of taking place normally in uterine fibroids, terminating either in softening viz: œdema, (cystic degeneration), myxomatous degeneration and fatty degeneration, or in induration or calcification, we do not hesitate to prescribe for these tumors drugs that are known to have a positive and specific influence over nutrition and absorption, and even though we may not be able to entirely remove the growth, we can at least so modify the conditions as to leave the out-patients tolerably comfortable and in fairly good health and tide them over the climacteric, which is most certainly next best to a cure.

*Philadelphia, Pa.*

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#### DYNAMIZATION.

J. Sutcliffe Hurndall, M. R. C. V. S.

The very interesting article under the above heading which ap

appears in the August issue of THE HOMŒOPATHIC RECORDER from the pen of Dr. Hering, calls for more than passing comment; personally, I deem it as not merely "an interesting study," but as the one important subject affecting the well being of Homœopathy of the present day. Why is it that so many practitioners who rely upon the law of similars in the treatment of their patients fail to realize the sanguine hopes of success, which according to the experience of a certain number of their confreres, they are warranted in anticipating; and again, why does so large a number of the homœopathic faculty, and that in the present day in increasing numbers, resort to the scalpel in various surgical operations to obtain results, which if they only had the knowledge and the faith, might be realized far more safely, pleasantly and effectually by means of therapeutic measures which lie to their hand awaiting adoption? My reply to these two questions is, that a very large majority of the profession are not true followers of the Master, Hahnemann; they have never grasped the true meaning of the word "*dynamization*," if one may judge by their actions; and further, because the principle laid down by Hahnemann so far as regards this form of preparing drugs does not commend itself to their minds, it would appear that this class of practitioners has not ventured to test it clinically under fair conditions, lest what seemed impossible might after all turn out to be truth, and lest what could not philosophically be reasoned out and accounted for should prove to be the one thing needed; rather than accept and adopt that which so far is scientifically inexplicable, suffering patients must pass through the gall of bitterness which naturally attends painful surgical operations, that under the most favorable conditions provide but poor compensation for the suffering inflicted; or the patient must wearily languish on until a happy release is afforded by death.

But says one, we do avail of such therapeutic measures as Homœopathy teaches, though we regret with pain to record that we do not find that therapeutics can displace surgery! Perhaps not always; I am not so slavishly wedded to therapeutics as to affirm that under given conditions, surgery is not sometimes the right course to rely upon in the interests of the patient; but what I do affirm is, that it is of very much more rare occurrence than most practitioners seem to think, judging them by their public actions: Take carcinomatous tumours of the breast; in-

ternal carcinoma; fibroid tumors of the uterus, and mesentery; ovarian tumors and such like.

Again, there are cases in daily practice not calling for surgical interference, such as tuberculous patients, the treatment of which even many homœopathic physicians seem unable to grapple with or even afford temporary relief to, yet they have Hahnemann's teaching and the materia medica to fall back upon. It may be asked what has all this to do with "Dynamization?" I reply, much, very much! What is the reason practitioners have failed in the treatment, therapeutically, of such cases as I have referred to; simply because though they may have selected the true remedy for particular patients in strict and correct accord with Hahnemann's law of similars, the desired end—a cure—has not been attained because the remedy had not been dynamized and consequently passed out of the system without producing any benignant effect; it may be no effect at all, or it may have been that the agent instead of acting curatively, exaggerated the symptoms and rendered the case worse than before. I fancy I hear one saying, "Yes, I have had cases wherein evidently I had selected the right medicine, but given it in too low an attenuation, for aggravation was succeeded by a satisfactory cure!" I fully admit such a possibility, for I have had many such cases in my practice among the lower animals before I appreciated the value of "dynamization;" but it invariably occurs in cases of acute disease; never in the more troublesome and trying cases that assume from the outset a chronic character or may be, are of long standing.

Dr. Hering has drawn a most important distinction between the "dilution" of drugs and their "dynamization;" and this I believe to be a crucial difference; upon it hangs far more than appears at first sight; I do not admit, as Dr. Hering seems to infer, that the mystery which hangs over the theory of dynamization robs Hahnemann's law of similars of the title of an "*exact science*." I claim that it is a law of nature and must hence be an exact science; its origin from a Divine Creator ensures that, whether men understand it or no; but "*dynamization*" of drugs is merely an application in part in the proper realization of this particular *exact science*.

In my practice as a veterinary surgeon, I have made it my pleasure, as well as my duty, to test the value of highly dynamized drugs upon the various orders of my patients, equine



bovine, canine, feline, etc., etc.; and I thought I might usefully acquaint American homœopathic physicians with some of the results; more especially as I heard one of America's most eminent ophthalmic surgeons give expression to opinions at the recent International Homœopathic Congress, held a short time back in London, that fairly took my breath away, and I much regretted at the time that circumstances prevented my rising to attempt to rebut some of the statements offered to the meeting by this gentleman; evidently he believes little in the value of "dynamization;" at the same time I was glad to hear several of our London physicians dissent strongly from the opinions laid before the meeting by this gentleman, who supported their statements by instances of success in the treatment of identical cases realized by the use of dynamized remedies.

I cannot presume upon occupying sufficient space in your journal to enable me to recount details of cases, and must therefore content myself with describing as shortly as possible the conclusions arrived at as the result of my varied experience; in the first place let me say that I do not pretend to be able to furnish any line of philosophical reasoning to account for the theory, nor how it works; I cannot furnish any "*acknowledged proof*;" that there is some "*wonderful development*" effected in drugs and remedial agents by means of a more or less high state of dynamization I am perfectly satisfied as the result of practical experience; but I am just as little able to account for it as I am to prove why the law of similars exist; although I can readily understand that many scientific men in the medical faculty would be better satisfied if they could assign a palpable reason why remedial agents are more efficacious in a dynamized condition in curing disease than they are in their crude state and that they would also like to know in what way the process secures "this efficiency," I have come to the conclusion that a great difficulty will be experienced in clearing up these points, and that if the profession waits until it is clear thereupon, much time and many valuable lives will be sacrificed; for myself I am content to know that highly dynamized remedial agents have in the past effected cures where crude and lowly attenuated drugs failed, and I am prepared to trust them in the future under certain conditions hereafter referred to.

So far as I have gone up to the present, I find that drugs belonging to the vegetable world which are prepared as tinctures,



when properly selected for diseases according to the law of similars, will act favorably in very acute cases of disease, either in the crude form or in dilution; for instance, a horse has been worked hard, on a very hot day, and comes into the stable exhibiting all the symptoms of very acute fever, with a temperature as high as  $107^{\circ}$  F.; in such a case *Aconite* in mother tincture may safely be administered with every probability of a satisfactory outcome; and the same applies in a case of megrims with regard to *Belladonna*; in cases of disease of less acute character than these, however, far better results would be obtained with these same drugs properly attenuated to the third or sixth decimal; at the same time I am quite ready to acknowledge that I have obtained very satisfactory results from these *vegetable* substances when administered in dilution, a fact which suggests that in some cases at least dynamization is not absolutely essential.

But when we come to deal with mineral agents; the metals; inert substances like *Silicea*, charcoal, *Calcarea*, *Sulphur*, and the like; substances such as *Chloride of Sodium*, which in its crude condition is used as a condiment at our daily meals; and the various viruses physiological, as serpent poison, and pathological, as the virus of tuberculosis, glanders and rabies, and the animal substances, it is entirely a different matter, and so far as one can judge from experience the higher these agents are dynamized the more active seems to be their power to influence and cure old-standing chronic cases that would yield to no other treatment. I have stated that the higher these agents are dynamized the more active they seem to be, but this remark requires qualifying by the statement that I have never used a potency of any remedial agent higher than the 200th C., while in many instances I have not gone higher than the 30th C.; as already indicated in my previous remarks, I am of opinion that some agents require more thorough and complete dynamization than do others in order that they may be rendered capable of exercising a curative action; and what to many may appear still more strange, it would seem to be indicated by experience, that the more long-standing and chronic a case of disease may be the higher the selected remedy should be dynamized and *the less frequently the dose should be administered*; these are facts, however, which are in full accord with Hahnemann's experience, practice and teaching; and I may also remind American practitioners that the same

may be said of their late lamented fellow citizen, Dr. Carroll Dunham, than whom I have never come across anyone's writings which so thoroughly commended themselves to my common sense and which appeal so deeply to my conscientious convictions; he was evidently a man who believed in his heart of hearts every word he wrote and every principle that he advocated; moreover, the language he adopted to expound his faith was most eloquent and impressive; to those who have not yet consulted his works I commend them, with the full assurance that they will be found worthy the most careful and intelligent study.

In my experience among the lower animals, to say nothing of the many observations I have made in the treatment of the human subject by practitioners who have the moral courage to follow their Master, Hahnemann, and rely upon highly dynamized substances, I have arrived at the conclusion that the order in which such substances should be arranged, so far as their curative activity may be effected by dynamization, is as follows: Commencing with those that appear to require the least dynamization and rising progressively to those that are most valuable in highly dynamized attenuations or potencies. I name vegetable tinctures, I; metals and their compounds, II; minerals and their acids, III; physiological viruses, IV; animal substances, V; pathological viruses, VI; condiments, VII; at the same time it must be borne in mind that these conclusions are based upon the further experience that *acute* forms of disease in the primary stages respond to undynamized agents; while the more oft-recurring *chronic* forms of disease require dynamized substances in progressively higher attenuations or potencies, as the case is, of long or longer standing.

I do not assume that by this contribution I have done anything towards clearing up a vexed and complicated question, but I do hope that the conclusions that I have arrived at may, perchance, tend in a small degree to assist someone else of a more philosophical turn of mind to see his way to reason out the advantages of dynamization in a manner not only clear and precise, but forceful and convincing to the medical sceptics of the present day.

*Sussex Villas, Kensington, London, September, 1896.*

## ERYTHROXYLON COCA AND ASTHMA.

R. K. Ghosh.

A young man aged about 38, of a robust constitution, residing near Calcutta, consulted me in July, 1884, and complained of suffering from severe fits of asthma. On examination I found it to be a case of spasmodic asthma. The fits came on *periodically*, becoming especially severe towards *new moon* and *full moon*. He had contracted the disease about ten years before, when engaged as a weighing sarkar in a jutegodown. Before consulting me he had taken allopathic medicines and cod liver oil for four years, *Ayurvedic* medicines for two years, and homœopathic medicines for more than two years. In the prescriptions that he had followed of homœopathic medicines. I found such drugs as *Aconite rad.*, *Arsenic*, *Bryonia*, *Ipecacuanha*, *Lachesis*, *Lobelia inflata*, *Phosphorus*, *Sambucus*, *Spongia*, *Sulphur*, *Antimonium tart.*, *Silphium lac.*, *Kali carb.*, and *Nux vom.* Hence, as will be seen, he had tried nearly all the good medicines of our homœopathic materia medica for asthma. For some time before consulting me, he had taken no medicines, as he had lost all faith in them.

A friend of his, also suffering from asthma of a severe type, had been much benefitted by my treatment. He it was who now brought to me the patient under notice. I confess I have never cured *radically*, any case of asthma. Thinking that the present patient had already taken nearly all the indicated medicines of the homœopathic and the allopathic pharmacopœias, without benefit, I was unwilling to take up his case, so I asked him to consult other physicians. He would not do so, because, he said, he had already tried several without profit. After some thought, but without much hope of success, I prescribed *Blatta Orientalis* on the strength of a suggestion from a highly esteemed friend of mine, who had tried it in many cases of asthma, with success. It was taken by my present patient for a week, three doses daily, without any change whatever. It was tried for another week, still without relief to the patient. On the contrary the fits of suffocation began to be more prolonged. Then I tried *Coca*, in  $\frac{1}{4}$  drop doses of the mother tincture, a dose every three hours. An hour after the first dose, the patient felt sensible relief; two hours after the second dose, he seemed to have no trouble left; so that he fell asleep and woke up, quite refreshed after six hours' sound sleep. After

two hours more he began to be drowsy again. I took the drowsiness to be an effect of the *Coca* medication, and so it proved to be.

He remained well for a week; after which he got another attack of the fits—a milder attack than previous ones. I prescribed *Coca*  $\theta$  again, in  $\frac{1}{4}$  drop doses, three doses daily. After the second dose the fits ceased, and the patient fell asleep and slept for more than eight hours. After this the patient had no more fits for six months; after which time he came to me again with fits of asthma. A week before coming, he entered the service of a merchant as a weigher in a surki mill (a mill in which bricks are powdered). Two days after engagement at the mill, he had begun to have asthmatic fits. He attributed the recurrence of the fits to the introduction of brick-dust into his chest when supervising the weighing of the surki. I again prescribed *Coca*  $\theta$ , in  $\frac{1}{4}$  drop-doses, only three doses daily. As before, three doses of the medicine were sufficient to remove the fits. Down to August, 1888, when I left Calcutta for a change, he had no recurrence of the fits. When he saw me next, he said he had no fits; only occasionally he felt some tightness about the chest. This tightness did not, however, last for more than half an hour at a time. When we met years after he was quite well, he said, as to asthma, but had the tightness about chest still. When I had seen him in 1892, he was a lean and thin man. When I saw him in September, 1894, he was a stout man.

Seeing the very good results obtained from *Coca* in this case, I tried it hereafter in  $\frac{1}{4}$  drop doses of the mother tincture in no less than twenty cases of spasmodic asthma, and I am glad to say with great success. In bronchitic asthma, I tried it on about thirty cases, but not with so much success as in the spasmodic variety. In ten instances of bronchitic asthma the patients were much relieved, but in the remaining twenty cases *Coca* seemed to make no impression. Judging from my experience of cases, I conclude it is a very good palliative in spasmodic asthma. I believe that asthma is not radically curable. Here our object of treatment can only be palliation. And for palliation I would with some confidence recommend *Coca* in the spasmodic variety.

As to dosage: I have tried the mother tincture only, as the cases that come under my treatment, were cases of intense suffering with threatened suffocation. When the attacks are milder,



I would recommend dilutions, commencing with the sixth decimal and ending with the first decimal giving each potency a fair trial.

*Nabápur, Dacca, East Bengal, India, March 12, 1896.*

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## TRANSACTIONS OF THE TWELFTH SESSION OF SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The thanks of the RECORDER are due to Dr. Charles R. Mayer, of New Orleans, for a copy of this interesting volume. The following points are culled from its pages:—

### Welcome.

The Southerners were welcomed to St. Louis, where the meeting was held, by Dr. L. C. McElwee; welcomed to “the greatest and largest city in the world,” a city that “is bounded on the north by the great lakes and the rainbow of their spray, on the west by the setting sun, the silver question and 16 to 1, on the east by Major McKinley, Tom Reed and the land-slide, and on the south by Dixie and the Alabama Coon.”

Oh Chicago!

### President's Address.

The President, Dr. W. C. Richardson, said in his address: “Homœopathy is a science that has always been, and always will be, in the vanguard of progress. Our successful efforts in the direction of a well-defined knowledge of the chemical, physiological, toxicological and therapeutic action of drugs is a monument that must endure for all time. In the line of this, our special work, numerous individual authors, teachers, clubs and societies are continually extending towards perfection all that is possibly attainable from drug potencies. Our materia medica is justly our pride as well as most distinctive attainment.”

### A Southern College.

Some of our readers no doubt will be surprised at what Dr. J. S. Coon said of the *Southwestern Homœopathic Medical College* at Louisville: “With reference to our college at Louisville, we began our first year with seventeen students, and they took the lectures, not even intending to graduate, and last year we had twenty-five students, ten of which completed the course, and this year we have about forty; so that you will see our growth has been rapid.”



**Anent Provings.**

Dr. E. C. Price made the following point in his paper, "On the Future Sources of Our Drug Pathogenesis:" "It may occur to you all that I am advocating the acceptance of provings made by tobacco users, imbibers of alcohol, and users generally of drug substances, and also those who are subject to all kinds of vicious practices and excess of all kinds. Yes, that is just what I am doing; but only under certain conditions, and those conditions are that provings made by all persons be classified, *e. g.*, the provings of all tobacco users be grouped together, those of all habitual users of spices and condiments generally be kept separate from the abstemious, while the alcohol imbibers shall have a group specially dedicated to them. This should have been done long ago, for it is in this we can discover the drugs best suited to the various classes to which I have referred, when we meet them in practice."

**Staphisagria and Syphilitic Iritis.**

Dr. A. H. Schott, of St. Louis, read a paper on *Staphisagria* and in it he said: "I have seen marked relief produced from this remedy in syphilitic iritis, relieving almost entirely the very severe bursting pain in the eyeballs." This little paragraph caused some discussion and Dr. Schott explained that the *Staphisagria* did not cure a case of syphilis, but in such a case did cure the inflammatory state of the iris. Dr. C. F. Menninger, of Topeka, said that "is the chief remedy for syphilitic iritis when you have the mental, nervous characteristics of *Staphisagria*, and not otherwise."

**Tuberculin.**

Dr. B. S. Arnulphy, in his paper relates his experience with this much discussed remedy. He administers it in triturations from the 30x down to as low as the 6x. "In a record of forty-three cases of undoubted pulmonary tuberculosis in all of which the lesions had passed the true stage of incipiency," five died under the treatment, seven were lost sight of after some improvement, and thirteen "have affected an apparent recovery," and in eighteen, disease seems to have been brought to a standstill. Dr. Arnulphy is very positive that consumption is a curable disease: "Is consumption really curable? In the light of modern attainments the answer should no longer be doubtful. Yes, consumption is curable. It is curable at all stages, and the fact is demonstrated by numerous and careful post-mortem

observations. Bollinger, cited by Osler, finds evidences of former tubercular lesions hushed up by some healing process in 27 per cent. of all cases of autopsy that have come under his observation. According to Massini's researches the proportion is 39 per cent."

In the discussion of the paper Dr. Arnulphy said that he gave the remedy once a day; where the conditions were very bad he gave it in the lower triturations, the 6x, but where there was no immediate danger, in the 30x trituration.

Whether *Tuberculin* is any better than the well-known *Bacillinum* introduced by Dr. J. Compton Burnett in his work on the new cure for *consumption by its own virus*, was not discussed.

### Ginseng.

Concerning this remedy Dr. John H. Henry had the following to say:

"According to the observation of some of the best homœopathic authority, this drug acts on the lower part of the spinal marrow. Bruised pains in small of back and thighs (on rising from bed) and great languor with paralytic rheumatic pains in the lower limbs, arthritic swelling of the foot, which had been exerted for a long time, violent pain in big toe; some think it especially suitable for rheumatic nervous affections, lumbago, arthritis from excessive loss of animal fluids. Contraction of fingers, stiffness in finger joints, painful stiffness from hip to knee, contraction of the muscles of the left lower limb with contusive pain in hip joint, stiffness in the thigh down to the foot, pain in the knee and violent cutting in the right hip. Nightly digging in the right lower limbs from hip to big toe, cramp pains from right hip to toes, lancinating, tearing in the right tarsal joint, clinical experience. Almost specific in lumbago, sciatica and chronic rheumatism, frequent desire to urinate, excites sexual passions."

In some cases he alternated with *Kali hydriodicum*. The *Ginseng* seems to have been given in what was near the mother tincture strength, "four ounces to one quart of water."

### Lime and Sulphur.

In discussing Dr. J. C. Cumming's paper on "Senile Heart and its Treatment" Dr. Henry made a remark that looks as though in some respects he agrees with Hensel. He said: "I cannot treat heart disease without sulphur; in fact, I am a

sulphur crank. I have no use for the microbe theory of disease—and I think we are going after more fads than any set of people that ever lived in the world—antitoxin, for instance, the greatest humbug of the century. The first thing in heart disease is to build up the system with sulphur and lime and drink no whiskey. Of all things in the world to destroy the system is whiskey, and I hate whiskey and morphine as the devil hates holy water. I also use *Mercurius*, *Digitalis* and *Arsenicum*; but, to go back to first principles, you cannot cure heart disease or any other disease without sulphur and lime.’

#### The Difficulty.

In his paper on bronchitis Dr. T. C. Duncan said: “My greatest difficulty is to convince people that their ‘cold’ may prove serious. Call it bronchitis or la grippe and they yield readily. I eschew all local applications but encourage deep breathing, eating freely and drinking water. In bronchitis the appetite remains, while in pneumonia it is gone, as a rule. The cases of recurrent bronchitis are often mistaken for phthisis.”

#### Scarlet Fever.

In his paper on this subject President S. S. Stearns, M. D., said: “I believe the disease is never spontaneous;” also, “I think scarlet fever as a disease has been growing less fatal in this country for the last forty or fifty years.” On the subject of *Belladonna* as a preventive he quoted some figures that, though old, will bear reprinting:

“In 1830 Bayle stated that of 2,027 individuals to whom *Bell.* was administered, 1,948 were preserved from scarlet fever, and 79 were attacked. Dusterberg reports that all who were placed under the influence of *Bell.* for the space of two weeks, escaped the disease. For a better test, he purposely omitted to administer it to one child in each family, and this one alone was seized with the fever. Zench, physician to the military hospital for children, in Tyrel, after 84 of the children were attacked with scarlet fever, was induced to try the prophylactic power of *Bell.* on the remaining 61 children; with a single exception, all of these were preserved from the fever, although it prevailed all around them. Early in this century Hufeland, Schenk, Berndt, Kohler, Meglin, De Lens and many other respectable practitioners speak in equally high terms of this protection.

“During the winter of 1840-41, Dr. Stierenart reports that an

epidemic of the disease prevailed in several villages in the neighborhood of Valenciennes. Thirty had died out of 96 attacked. He was induced to try the *Bell*. Out of 250 individuals 200 took the *Bell*. and were all preserved from the fever. Of the 50 others 14 were seized with the fever and 4 of them died. All the school children to whom the *Bell*. was administered escaped, while a few who refused to take it were seized with the disease.

“These doctors were all old school men, and the dose was generally 20 drops of the tincture in one ounce of water; of this two drops daily to a child one year old for nine days; 12 drops the highest dose to anyone.”

#### Infantile Rheumatism.

This was the topic of Dr. Richard Kingsman's paper and he gave two well-defined cases of this rare disease. It is well for physicians to bear in mind that the baby may be suffering from rheumatism.

#### Bottle-fed Babies.

Concerning this large and growing constituency and their food Dr. Price said:

“Boiled milk may do for babies for a short time, but if you give it to them constantly many of them will starve to death. There is not a very large amount of albumen in cows' milk, but the small amount that it does contain seems to be very essential; boiling coagulates the albumen and makes it indigestible. In the preparation of condensed milk, the temperature in some factories is not allowed to get higher than 175° F., and in sterilizing it the temperature is seldom raised above that point, so that in neither case is the albumen coagulated.”

“In the country I was several times called in among the colored population to see a sick baby. If you can imagine a mummy-like, toothless, wrinkled, atrophied, (for it was worse than emaciated), little old man at least a century old, that by some mystical process had been reduced to the size of an infant, you will have a very clear picture of what has several times met my gaze.”

“I would say to the parent after having looked for a moment at the specimen of skin and bones before me, ‘You have been feeding this child on boiled milk, you have given it all it will take, and it takes a plenty of it, and yet you are starving it to death.’ The only thing I could prescribe that would be of any

utility, (for the colored people are usually very poor nurses), would be a coffin. I do not remember that I ever saw a case recover that had reached the stage just described."

### Homœopathy.

Dr. J. B. Gregg Custis' paper was headed "Hahnemann the Prophet" and the following quotation ought to be impressed on every homœopathic physician:

"We, as homœopaths, have no need for theories. The teaching of our Master in relation to chronic diseases are all sufficient to explain the existence of malignant cases of disease or constitutional peculiarities. I say this, acknowledging the value of all that the microscope has taught us giving full credit to asepsis for its glorious work in the prevention of disease. As homœopaths, we cannot afford to fight over the definition of terms any more than we can over potencies and the methods of administering remedies. The law is ever operative, the skill in the manufacture of the weapon, as well as the character of the armor to be penetrated, will have to determine the calibre and character of bore of the weapon to be used. The choice of the word psora seems to us of to-day to have been unfortunate, but the idea that it represents is invaluable and underlies the whole fabric of heredity as it relates to disease tendency. As homœopaths, our great opportunity lies in the cure of disease, allowing those who have no means of cure at hand the opportunity to dispute on this theory and that, but so long as we have access to the teachings of Hahnemann, the prophet, and the law which he promulgates as a guide in our judgment of the value of remedies, we have nothing to fear from science, ancient or modern. Our law gives us the greatest freedom as to the choice of remedies and teaches us patience that we may wait for the explanation of Nature's methods of dealing with her children."

The *Transactions* contains many good papers on surgery on eye, ear and throat, gynæcology and other special subjects, but these do not come in the province of this abstract.

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## THREE CASES OF INTREMITTENT FEVER.

A. W. K. Choudhury.

### (1) *Lycopodium* in Intermittent Fever.

Patient named Abul Hossain and aged about 2½ years; suffering from intermittent fever since five days when entered in



my case-book, the 14th of April, 1896, at about 7:30 A. M. with the symptoms. Type: Quotidian. Time, between 2 and 3 P. M. yesterday. No fever day before yesterday. Between 2 and 3 P. M. the previous two days. Prodroma, yawning, stretching. Chill, none. Heat, severe, *no thirst, sleeps* with snoring; grinding of teeth; slight general momentary jerking during sleep; *increase of urination* during sleep; sweat on slight exertion; upper and lower extremities cold, the upper being warmer than the lower. Sweat, profuse, all over body; *no thirst*; sleep with above-mentioned symptoms. Apyrexia, complete.

Bowels open; stools gelatinous, stringy, fecal, slimy, of whitish-yellowish color, with no thread-worms and no bad smell of stools; first part of stool somewhat hard and last part worse and fermented; had thread-worms a year past; gets fever and uses quinine; tongue anterior and sides clean and middle part whitish; urine reddish and turbid.

Treatment: *Lycopod.* 30, one globule per dose; two doses given; to be taken daily one dose, as directed.

24-4-96. 10 A. M. Better.

Treatment: Repeat *Lycopod.* 30, one dose as above.

30-4-96. 8:35 A. M. Had been getting fever at about evening; no fever found last evening, found cheerful and playing; no fever following night (last night).

13-5-96. 7:30 A. M. Patient's grandfather informed me of the continual sound health of the child there being no relapse. Result, recovery. *Remark.* The symptoms in *italics* and the time being the same every day helped me to select *Lycopod.* Three globules in three doses, one globule a dose, restored the child to health.

## (2) Opium in Intermittent Fever.

Patient, named Mâdâree, a female child about two years of age, came to my dispensary with intermittent fever on the fourth day of her illness, the 19th April, 1896, at about 7:20 A. M., with the following history and symptoms:—

Type: Quotidian. Time, afternoon, about 4 P. M. Prodrome, nothing mentioned. Chill, slight; thirst; horripilation till evening; with no want of covering; *sleeps*. Sweat, none. Apyrexia incomplete.

*Bowels costive*, yesterday one stool consisting of small knots; urine reddish and does not cry when passes urine; drum-like

*distention of abdomen*; difficulty of breathing; respiration with moist sounds in the lungs; *coughs with no expectoration*; *cough increasing at night*. *Tongue yellowish-white*. Retching with cough. Two patches of vesicular or pustular eruptions, one on sole of each foot; eruption itching; on being scratched, oozes out a thin watery fluid from the eruptions. On some external application being applied the *eruptions* have somewhat *subsided*. After this partial subsidence the fever commenced. General puffiness.

20·4·96; 7:45 A. M. Passed a large stool consisting of small knots about a hour after taking the medicine; got fever last part of last night, the fever being of less intensity; urine reddish; increase of ulcer (eruption) of right sole. General puffiness somewhat less; flatulent distention of abdomen and difficulty of breathing still continuing. Cough less; thin watery fluid discharge from the ulcer of the right foot. Treatment: *Opium* 3d, one globule per dose; one dose just now. Diet, Sago and sugar candy.

Treatment: *Opium* 3d, one dose as above. Diet as above. 21·4·96; 7:45 A. M. No more fever; yesterday at about 2 or 3 P. M. passed stool consisting of few fecal knots; ulcers on soles slightly better, discharge being less; general puffiness much improved; no cough. Treatment: Placebo. Diet as above, adding milk. *Result*, recovery. *Remarks*, two doses, a dose a globule, cured the child. The age and the symptoms *italicised* indicated the medicine.

Before closing this remark I may be permitted to speak a few words as regards repercussion of skin diseases, of which our present case is a good example. This dire deviation of diseases of the skin was very faintly known to me when I used to practice Allopathy. My conversion to Homœopathy led me to study my cases thoroughly before I prescribe and consequently opened to me quite new and interesting fields to engage myself therein. Among the many I have experienced one to name is repercussion of skin diseases. I have seen cases of ring-worms, scabies, and other itching eruptions being treated with external medications to be followed, in some cases, by acute and dangerous ills, and, in others, by tedious and chronic ailments. This external exhibition of a constitutional taint, call it psora, or by any name you please, is far more friendly and beneficial to the sufferer than the one produced when repercussed. In my allopathic days I could foresee no danger to the patient if his scabies and ring-

worm were treated with external medicines. Now I am not in favor of the skin diseases being treated with external medications, but if the medicine be an antipsoric one, as *Sulphur*, it is better to allow our patients to enjoy the nice pleasures of itching of skin diseases than to drive them back to some internal and more vital organ, there to assume such fearful phases to weigh down the perspicacity and ability even of the best of our healers of diseases. When fortunate enough to make out such a repercussion, use the suitable antipsoric medicine and you are sure to cure your case. Cases which have regained their health in my treatment are all of an acute form. In such acute cases I use the lower dilutions and they do good; but the chronic cases do not respond to the lower  $\frac{1}{2}$  dilutions; whereas the higher dilution (200) in such chronic cases do not fail to produce recommendable recovery.

### (3) *Rhus Tox.* in Intermittent Fever.

Patient, Paresh Nath Ghose, aged about 65 years, came to my dispensary with intermittent fever of six days' duration the 8th of July, 1896, at about 9:05 A. M. with the following characters of the case:

Type: Quotidian. Time, about 9:30 P. M. last night and 4:30 P. M. the previous days. Prodrome, sudden and momentary trembling of body once or twice. Chill, slight, of short duration; about half an hour; *no thirst*; no horripilation. Heat, severe, *no thirst*, whole night. . Sweat, since about 7 A. M., only of head and neck not of lower parts; *thirst, sleep*. Apyrexia complete.

Bowels opened yesterday; stool normal; urine reddish and burning in making water; taste bitter; no bad smell of mouth; appetite good; sleep not good; got fever six days after exposure to rain. Patient an Opium eater. Cough, but not prodromal, but only when he smokes.

Treatment: *Rhus tox.* 6, one globule per dose; one dose just now. He was ordered to take Kholi and sugar candy. His fever gradually subsided, so that he had no fever the night following the 10th inst. *Result*, recovery.

*Remark.* One dose, a globule, was administered and he recovered. His *exposure to rain* principally and the symptoms above *italicized* led me to select *Rhus tox.* There is no pro-

dromal cough of Dunham. The prodromal cough of *Rhus tox.* is very rare here in my practice.

*Calcutta, India.*

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## FACTS AND FANCIES OF ARSENIZATION.

Editor of the HOMŒOPATHIC RECORDER.

As an apology to your many readers why I am not now practically testing arsenization in Egypt as contemplated by me (and so stated in the *New York World*) I will simply state that I started for that stricken country on July 14, 1896, but was intercepted at St. Louis by a telegram from one of my Paris colleagues stating that my wife had been taken suddenly dangerously ill and counseling my immediate return

With such apology to all colleagues and with the statement that although my colleague from the City of Brotherly Love very evidently does not know me as a Hahnemannian homœopath, in the strictest acceptation of that phrase, (and with my obeisance to Kellog for the opportune phraseology of Spartacus, which I now paraphrase a little) I respectfully submit the following:

### Rejoinder to "A Wonderful Discovery"

(which appeared in the Sept. issue of your periodical.)

"Ye call me chief" (the man from Texas,) "and ye do well to call him chief" (the man from Texas) who, for three long years, has met in The Medical Arena (of Kansas City) and The Arena (of Boston) every shape of argument, *pro* and *con*, the broad Empire of Opposition to *Arsenization* could furnish. If there be one among you who can say that ever, in daily paper or lay magazine or in private medical publication, my asseveration did belie my belief in *Similia*, let him stand forth and say it. If there be three in all your regular subscribers dare face my arguments in favor of *Arsenization* as THE *aseptic* prophylaxis, *par excellence*, of *Asiatic cholera*, let them come on. "And yet—I was not always thus"—the first American innovator in prophylactic medicine; "an under dog in the fight"; a savage "man from Texas"; chief investigating homœopath (to Texas) of still more savage homœopaths of other commonwealths.

My ancestors came from "old New-England" and settled among the thriving people and bustling streets of Dayton, Ohio. My early life ran quiet as The Little Miami by which I sported;

and when, at noon of life, I gathered my children in the presence of their progenitors, and played upon the responsive chords of my slumbering ambition, there was a friend, the son of a neighbor, to join me in the pastime. We led our offspring to the same "meeting house" and partook together the bounty of our regular dose of doctrine.

One evening, after the little ones were tucked away, as usual, and we were all seated beneath the big spreading oak which shaded our cottage, my children's grandsire, an old man, was telling of Antietam and Bull Run and also of his chase after John Morgan; and how, soon after my birth (April 4, '61) a little band of "The Twenty Third Ohio", had withstood a whole army. I did not know *then* what war was; but my cheeks burned, I knew not why. *I know now*; (since defending *Arsenization* for more than three years, as *he*, only, knows who endeavors, contrary to custom, to promote the best interests of his beloved chosen profession.)

Oh Hahnemann! Hahnemann! thou has been a tender nurse to me. Ay! thou hast given to that poor, gentle, timid allopathic "medic", who never knew a harsher tone than Munde's every day cuss-word", muscles of iron and a heart of flint; taught him to drive the sword of investigation through the plaited mail and links of open irony or hidden sarcastic opposition and warm it in the marrow of his foe;—to gaze into the glaring disapprobation of Allen and Wilson and of Deiderich and Bradford even as a boy upon a laughing girl. And he shall pay thee back, until "The Lesser Writings" is read by all who claim allegiance, and in its deepest truths thy compromising followers has converted.

Ye stand here like giants of *Similia* as ye are. The strength of understanding in your well stored minds; but to-morrow some selfish, self-styled Hahnemannian homœopath, breathing sweet irony from his oily tongue, shall with his lily fingers (through some accomodating periodical) pat your brawn, and bet his sestérces upon your alleged comprehension of *Similia*, *Similibus*, *Curantur*.

Is Homœopathy dead? Is the old spirit of Hahnemann frozen in your veins, that you couch and cower like a belabored hound beneath his master's lash? O colleagues! Collaborators! Homœopaths! if we must fight let us fight for Homœopathy! as taught by Hahnemann! If we must slaughter, let us slaughter bigotry



and backbiting! If we must die, let it be under the clear sky of *Similia*, (tested in *Arsenization* as well as in *Vaccination* or in the exhibition of *Belladonna*) by the light waters of continued investigation, in noble, honorable battle!"

But let me introduce myself better to you all of Philadelphia; who are evidently not posted as to the contents, at different times, of "The American Homœopathist," "The Southern Journal of Homœopathy," or "The Medical Arena" and who possibly judge the advocate of *Arsenization* in the language of Longfellow; who says:

"I see *in the South* uprising a little cloud,  
 "That before the sun shall be set will cover the sky  
 "Above us with a shroud."

Now, my colleagues of Philadelphia and elsewhere, I have considered my discovery above creed or calling; above doctrine or dogma; and for this reason have not only promulgated it through the journals mentioned; I have published the whole theory to the allopaths, also; through such of their periodicals as "The Medical Summary" of Philadelphia, "The Medical Era" of St. Louis, "The Journal of the American Medical Association" at Chicago and in "Moody's Magazine of Medicine" of Atlanta.

Having thus enlightened both the dominant schools of medicine of today I have also placed the entire subject before the laity through an article in the June, '93 "Arena" of Boston; in "The Dallas-Galveston News;" "The Chicago Tribune;" and in various papers in the stricken countries of Europe in 1892; *and if you have not before known me as a homœopath it is not my fault but your misfortune.*

But while doing this I have never promulgated *arsenization* except as it will exemplify "the law of similars" and other teachings of Hahnemann; thus exonerating its author from any possible accusation of "sailing under false colors;" for I am a homœopath and a Hahnemannian homœopath at that; which assertion I shall clearly prove, and my right as a "true blue" homœopath to advocate *arsenization*, before you have read much further.

(But just let me add right here, in parenthesis, as it were, that just because I am registered from Paris, Texas, *don't think* that "nothing of good may come up out of Nazareth" and that all of the acumen in things medical is centered in Philadelphia; lest you have occasion to regret it).

As it is said, "It's a poor rule won't work both ways," let me first show wherein, were I an allopath, as accused of being, my right to promulgate *arsenization* would be found acceptable to my colleagues; and then, later, we will study the question from the standpoint of our own Hahnemann and his distinguished successors.

Now *their* great "hold" is in bacteriology, germs, micrococci, etc., in this instance, the festive *comma bacillus*.

Well, Virchow says of *Arsenic*: "It is a peculiar circumstance that many cases of acute *arsenical* poisoning are not distinguishable by their symptomatology or morbid anatomy, from cases of *epidemic cholera*" (Now how does that tally with your rather forceful assertion, that "As a matter of fact, the symptoms of *arsenical* poisoning are not very much similar to real cramp-grip *cholera*."')

Well, Wm. Henry Porter says of *Arsenic*: "The molecular elements which constitute the *Arsenites* are intensely irritating and poisonous to all forms of protoplasmic life, both animal and vegetable, but the presence of these foreign and irritating particles in *small quantities* stimulate the hepatic cells to increased secretory as well as excretory activity *without positively damaging the protoplasmic masses*, and in this way more nutritive pabulum is taken up into the liver, and when this has been accomplished diseased processes all through the system are in part or completely removed, and a more or less of a NEW normal or healthy activity is brought to all parts of the body." (Won't this just suit all who depend upon "that alterative effect of drugs" they so much laud and endeavor to obtain.)

But as I am answering the rather unconservative and facetious remarks of an evidently self-imputed authority on Homœopathy let me see just how much of real Homœopathy, as advocated and practiced by Hahnemann, our gentleman from Pennsylvania knows; and to do this we must review his paper in detail, comparing it with the published expressions of Hahnemann; and I predict for my readers some surprises indeed, should you, up to this time, concur with the apparent views of this self-appointed necrologist of the author of *Arsenization*.

In the first place, as to "important discoveries in the medical, I should say, the 'Regular' medical world," I would say that, although I graduated "Regular" (Darmouth, 1882), I have practiced "irregular medicine" ("Unofficial") this twelve years.

But reading down a little further I come across the name of Constantine Hering; evidently most enthusiastically deified in the mind of our friend from "the City of Brotherly Love," but not more so than by "Yours truly."

Now, let me ask you, my ardent advocate, for more of Homœopathy than we claim EVEN in Texas; did you ever know that Constantine Hering differed, at times, with his great preceptor; and even advocated, years ago, to "take pulverized or percipitated *Sulphur* and put a pinch of it into each stocking or shoe you are wearing and renew about twice a week?" *Did you ever know this?* and as a *prophylaxis against Asiatic cholera*.

But then that is *generalizing*; and maybe you belong to H. C. Allen's set (who wrote me, some time since, regarding *Arsenization*, "you, like Koch, Pasteur and Mitchell, are *generalizing*, which is contrary to the teachings of Hahnemann and the "law of similars," and you, like them, must fail"); or maybe you only affiliate with such as one T. P. Wilson, of Cleveland (who *was once* a teacher in their homœopathic college. He is *not* now), who wrote me he thought me "a *generalizing* allopath" because I recommended the one-twentieth grain of *Arsenic* on each of my "points;" which same "dose business," by the way, is not arbitrary at all; for, as yet, not nearly enough experiments have been made to determine this point.

Yet I have not *generalized* more in my advocacy of *Arsenization* as a prophylaxis of *Asiatic cholera* than did Constantine Hering in his advocacy of *Sulphur* as a prophylaxis of the same disease; and he did not *generalize* more in his advocacy of *Sulphur* than did Hahnemann in his advocacy of *Copper* as a prophylaxis of the same disease; nor did Deiderich in his advocacy of *Camphor* as a prophylaxis of this same malady in Reinish Prussia, Germany, in 1865 (but the cause for this last allegation must certainly have been but a coincidence, judging from Hahnemann's "Lesser Writings," for he there says, on page 755, that "*Camphor can NOT preserve those in health from cholera*"); and none of these had a similitum to that condition, as I will show you later on; and yet Hering was one of our "leading lights" and will always remain so; and Deiderich is actually teaching in a homœopathic medical college in Kansas City (so I'm told), and H. C. Allen still "holds his job" at "The Hahnemann" in Chicago; and all of these gentlemen, I have no doubt, would instantly repudiate any tendency toward

the *alternation* of two remedies as alleged prophylactics; and yet Hahnemann advocated just such procedure, where he says ("Lesser Writings," p. 756): "I have also advocated the *alternation* of these two remedies (*Cuprum* and *Veratrum alb.*) from week to week as a preventive against this disease."

And still in other places, in the same work, he advocates the *alternation* of *Bryonia* and *Rhus tox.*, (p. 755) and the *alternation* of *Hepar sulphuris* and *Burnt sponge* (p. 693) and the *alternation* of *Tr. of Raw Coffee* and *Aconite* (pp. 693 and 695) and the *alternation* of "The best Mercurial with the best remedy for the cure of the itch" ("Organon," pp. 192, 193) and, in this last-named work, gives us examples of his *generalizations* with *Cinchona* (p. 37); with *Mercury* (p. 47); with *Pulsatilla* (p. 48); with *Sulphur* (p. 49); with *Sulphuric acid* (p. 50); with *Aconite* (p. 51 in two places); with *Aconite* (again on p. 52); with *Quicksilver* (p. 52 and, on pages 191 and 192); with *Belladonna* against *Scarlet fever* in these words, "During an epidemic like the one I witnessed at Koenigsutter, ALL children remained unaffected by this highly contagious disease, whenever they had taken, in good season, a very small dose of *Belladonna*." (And, now let me add that if the size of my dose is all that bothers you in my hypothesis, why make it as Hahnemann did his *Belladonna*, "a very small dose;" but *test and advocate the testing of Arsenization* from now on as you are a homœopath; for once tested, you will only too readily concur with the editor of "The American Homœopathist" who says of it, in his November number: "Success in this measure will redound a thousand fold to Homœopathy and remove in part, if not in whole, the stigma that the homœopaths have never discovered anything." (There, at least, is one honest homœopath and he knows "the man from Texas," is another).

But further on you say: "Can you tell me, my classmate, if the people who eat *Arsenic* for their complexions or for other reasons are exempt from *cholera*? Do folks who work in *arsenical* factories go free?"

I don't know what your "classmate" has to say on this subject neither do I know if there is immunity for *Arsenic* eaters or for the workers in *Arsenical* factories, but I can and do tell you right here that *there is immunity* for the workers in smelters (and for their families and neighbors too) where *Sulphuric acid* is made from iron pyrites and to those within the environment of



the smelters where *copper* is made into "pigs" from *copper* pyrites; and I tell you that *said immunity is the effect of the smoke* from said smelters which same smoke impregnates the surrounding atmosphere with *Arsenious acid* in both instances (for *Arsenious acid* is in combination with other substances in both kinds of pyrites) which same *Arsenious acid* volatilizes at 180 (C.), and by its presence and by "virtue of its similitude combined with greater intensity" (which you will find in Chapt. 34 of "The Organon" Hahnemann offers as the probable *modus operandi* of all curative as well as preventive remedies) "that the drug disease is substituted for the natural disease, thus depriving the latter of its power to affect the vital force."

For this reason alone, that *Arsenic* is the most perfect *similimum* to the condition known as *Asiatic cholera*, is *Arsenic* recommended by me; and for this same reason alone, the *Cuprum* and *Camphor* which, as you say, "have been for years more used than *Arsenic*," are NOT recommended; for neither the *Cuprum* of Hahnemann nor the *Camphor* of Deiderich, et al., nor even the *Sulphur* of Hering nor the *Sulphuric acid* of the allopaths; none of these being equally a *similimum* to *Asiatic cholera*, *Arsenic* alone is commended; but NOT *alternately* with *Veratrum alb.*, nor in combination as the *Arsenite of Copper*; but as *Arsenic* alone and simply and solely because *Arsenic*, and no other drug known, is the *similimum* to *Asiatic cholera*; or what you describe as "the real cramp grip cholera." Crawford of "The Hahnemann," of Chicago says: "The most perfect picture of *cholera* is found under *Arsenic*." (I wonder if "the symptoms" here are not similar?)

Farrington says: "*Arsenic* also excites intestinal disease which is almost identical with *cholera*; even the organic growths of *cholera* are found in the discharges from the *Arsenic* proving." (This is from page 508 of his "Materia Medica," and I have often wondered if we have a better exponent of Hahnemann's ideas than this.)

But, referring to practical experience nearer home, I respectfully call to your mind the two different, though very similar, maladies which were reported from Helena and Little Rock, in Ark., in 1892, which required the intervention of a member of the marine hospital service at Washington, with his microscope and chemical analysis, to intelligently diagnose these two conditions (one *Arsenic* poisoning, the other what is known as



“*winter cholera*”) and to advisedly prognose results. (I would respectfully ask my Philadelphia frater whether, in such cases, he would reassert that “As a matter of fact, the symptoms of *arsenical* poisoning are not very much similar to the real cramp-grip cholera?” And in this I do not include the assertions of Farrington and Virchow.)

But let us proceed; for further on I find you saying: “He will return poorer in pocket. etc., because he starts his little calculation in bacteriological supposition with a false quantity.”

Does the above reasoning, my brother, look much like a bacteriological supposition? And then again you say: “Hahnemann, said in 1832, that *Cuprum* was the remedy” (and this, as you say, “without his having ever seen cholera”). May I ask, my brother, with all deference to the memory of that great and good man, does the fact that he never saw cholera, make Hahnemann’s hypothesis of *Cuprum* prophylaxis of *cholera* any the more probably correct?

Remember, sir, that *I, too, have never seen cholera*, and yet I dare to say that Hahnemann was wrong in advocating *Cuprum* because *Cuprum* is not the most perfect *similimum* to the condition studied; and he was doubly wrong when he advocated the *alternation* of *Cuprum* and *Veratrum alb.*, and that I alone am right, for I advocate *Arsenic* and I can prove, (so far as convincing my homœopathic colleagues) my right to my hypothesis and logical deductions, or I will forever hold my peace.

Now, what we homœopaths demand, as I understand it, is a *similimum*, (the most perfect *similimum*) to the totality of symptoms (as a rule; but *not in this case*, which comes under the *exceptions* mentioned at the last of Chap. 100 of the “*Organon*”) to the condition which, in this case, like *small-pox*, *measles*, *scarlet fever*, etc., is invariably the result of a specific morbid miasm (I will call it) which is endemic in some countries and epidemic in still others.

Now in a *specific condition*, such as *Asiatic cholera*, Hahnemann, in his wisdom, has taught us (and left us examples) to *generalize* in our *prophylaxis* against said *specific condition* with a *specific* remedy; and although Hahnemann very evidently concurred in the belief in the alleged *specific* prophylactic effects of *vaccine virus* (Chap. 46 of his “*Organon*”) he always chose a mineral or vegetable in his examples of *generalization* in prophylaxis (*Bell.*, *Cuprum*, *Verat. alb.*, *Hepar Sulph.*, etc.,) and we, as true

homœopaths, of course choose some vegetable or mineral drug in preference to any extract from a similar disease or some one of the laboratory productions sold under the title of animal *toxines*; for we are taught, in Chap. 33 of the "Organon," that: "*Extraneous, noxious agencies* (such as similar diseases and animal *toxines*) *possess a subordinate, and often extremely conditional power; but drug potencies possess an absolute and unconditional power, far superior to the former in its ability to produce ill health (morbid discordancy) of the human body.*" (And of course, we, as homœopaths, know that this is the key note to the curative and the preventive powers reposed in drugs.)

In chapter 30 of the "Organon" Hahnemann also asserts that "Natural diseases are cured and overcome (which includes prevention) by proper medicines, because the ill health of the human body seems to be more readily affected by drugs (*and because it is in our power to regulate their dose*) than by the natural morbid agencies." (Whose exact effect cannot be intelligently prognosed nor the dose always regulated).

Now, my Philadelphia friend, if you are a homœopath, you doubtless by this time recognize why "the man from Texas" (of vast domains and cowboys, *andsoforth*) advocates *Arsenic*, pure and simple, and from an ivory "point" (which insures the most perfect *asepsis*) and *not* filtered through any animal; and why the antidote will always prove effective, if ever needed ("*because it is within our power to regulate the dose.*")

As for the remainder of your fulsome assertions, my frater, I will pay them no attention, but will simply add that although I advocate *generalizing* as homœopathic when I advocate *Arsenization* against *Asiatic cholera*, I do so advisedly and have such approval as the following from no less an authority than our distinguished colleague of Boston, Dr. Conrad Wesselhoeft, who, under date of September 24th, '96, writes me that: "Hahnemann's *generalization* regarding *Copper, Camphor, Veratrum, etc.*, were brilliant; *Arsenic* may be included in that number;" but, my brother, I *generalize*, as before stated, with the most perfect *similimum* to the condition, for in the study of the repertory to Majumdar's work on *cholera* I find he enumerates 205 probable symptoms to be found in all cases of *Asiatic cholera*; and, relatively speaking, the four above-mentioned alleged prophylactics of this disease are to the disease in the following ratio:

The *Sulphuric acid* (of the allopaths) is to *cholera* as 3 is to

205; the *Camphor* (of which Deiderich alleged so much in the epidemic in Rheinisch Prussia, in 1865) is to *cholera* as 65 is to 205; the *Sulphur* (of Hering) is to *cholera* as 40 is to 205; the *Copper* (of Dake and Hahnemann) is to *cholera* as 58 is to 205; the *Verat. alb.*, (of Hahnemann, with which he advised the *alternation of Copper*) is to *cholera* as 107 is to 205; while my chosen drug, and alleged most perfect *similimum*, *Arsenic* is to *cholera* as 161 is to 205. (This work of Prof. Majumdar, of the Calcutta Homœopathic Medical College, is published by Boericke & Tafel, 1893).

Again, if the most perfect *similimum* is what we, as homœopaths, need, and you still think *Arsenic* is not, according to your studies of Hahnemann, the most perfect *similimum* to *Asiatic cholera*, I respectfully recall to you the following, from Chapt. 212 of his "Organon," ("The effect upon the state of the mind and disposition is the principle feature of ALL diseases and seems to have been specially ordained by the Creator of all healing powers") and then to the fact that under the caption of "Mind and Mood," (in that same repertory in Majumdar's work on *cholera*) you will find that *Camphor* is mentioned but twice, and *Veratrum* is mentioned but twice; that neither *Cuprum* nor *Sulphur* are mentioned at all; while you will find my drug *Arsenic* mentioned as a *similimum to every one of the five disease symptoms mentioned*; and you will notice that all these symptoms are, as Hahnemann demands they shall be, "the more *prominent, uncommon, and peculiar* (characteristic) *features of the case.*" ("Organon," Chapt. 153, edition of 1875; by Wesselhoeft).

Now, my dear Dr. Bradford, that I may not appear to wilfully mislead you as to Dr. Wesselhoeft's beliefs concerning *generalization* in general and *Arsenization* in particular, I will quote you further from his recent communication to me upon the subject; and it reads to this effect: "If *generalization* proves even partially true it is a mark of genius which not everybody should dare to imitate;" so you see, that while our distinguished Boston colleague recognizes the great danger to promiscuous *generalizations* (as, in fact, do all students of Hahnemann) he also recognizes the apparent *similitude* between my drug and *Asiatic cholera* in words to this effect: "Hahnemann's generalizations regarding *Copper, Camphor, Veratrum, etc.*, were brilliant; *Arsenic* may be included in that number, *but it*" (he goes on to say) "*like the rest must be established on safer grounds than we now see it on;*

*especially the method of applying it as advocated by you."*

Dr. Wesselhoeft struck "the key note" right there, my colleagues, for this is exactly my reason for applying to the homœopaths of America, particularly, for their signatures to a petition which calls upon our government to test *Arsenization* in some one of the, at present, stricken countries (preferably Egypt and, of course, preferably, through its author).

This is the reason that I have repeatedly asserted that my dosage, as at first advocated, is not at all arbitrary, but merely a suggestion from the author who does not know, from practical experience, any more of the true *practical* inwardness of *Arsenization* than you all; but it is an hypothesis pronounced, by the medical department of our government, as "incontrovertible except by test" (which they also promised to make, but have not made) and by President Gibier, of the New York Pasteur Institute as "theoretically perfect;" and now respectfully submitted again to any unbeliever with the above commendations from such especially distinguished homœopathic colleagues as Drs. Kraft, of Cleveland, and Wesselhoeft, of Boston.

Should any of you all still consider me, as did Dr. T. P. Wilson, of Cleveland, "a *generalizing* allopath." "*you will now see in me but one more generalizing homœopath with the example and didactics of Hahnemann as concurrent authority for my statements.*

But I must close this now, as I would fain imitate that beautiful and pertinent hint from Bryant, which says:

"I would not always reason. The straight path (homœopath)  
Wearies us with its never-varying lines,  
And we grow melancholy."

Yours very truly,

R. B. LEACH.

*Paris, Texas, October 3d, 1896.*

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## DR. BRADFORD'S LAST WORD ON ARSENIZATION.

Editor of THE HOMŒOPATHIC RECORDER.

Will you permit me through your journal to whisper gently to Dr. Leach that if I have said anything I oughtn't I am awfully sorry. There is lots of cholera in Egypt; let the doctor really prove the assertion he makes. It can never be proven by writing allopathic articles to the allopathic journals and homœopathic articles to the homœopathic journals. When Hahnemann whom he quotes so much (in the homœopathic journals) thought

he had discovered a new law of healing he just went quietly to work to prove it and for six long years he experimented until when he spake from the pages of Hufeland's Journal he really had something to say. "Q. E. D.," at the tail of an assertion does not prove its truth.

I have nothing but the kindest feelings for the gentleman from Texas; indeed, when I wrote my article I did not know he was a homœopath; but when a man makes an assertion to the scientific world he must expect criticism, and indeed I meant mine to be goodnatured. I will wait and when the Doctor has proven to us all that in *Arsenic* we have a prophylactic for cholera I will be the first one to doff my hat and "do him proud."

T. L. BRADFORD, M. D.,

*Phila., Oct. 15, 1896.*

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## THE TRUE NAME.

Editor of HOMŒOPATHIC RECORDER.

In the *New York Medical Journal*, I notice a small paragraph on the "Proposed medical legislation in Vermont," and is here appended.

### MINOR PARAGRAPHS.

#### PROPOSED MEDICAL LEGISLATION IN VERMONT.

A SOMEWHAT hasty examination of the draft of a proposed act to create a State board of medical examiners for Vermont, which reached us too late for insertion in this issue, seems to warrant the provisional conclusion that the bill is a judicious one in the main. One thing in it, however, we do strenuously object to, and that is that it designates non-sectarian physicians as "allopathic." By all means, let this blunder be corrected.

I don't see the serious objection to the name. It seems as though the "Allopaths" are ashamed of their sign, are afraid to have the world know them by their *true* name. They call it a blunder the name is one who, prior to the existence of the Homœopathic school, were called Allopathic and why they should be ashamed of their name is more than I can understand, their assumption of being a physician is very uncertain, it is only *right* to give a thing it's true name, to convey the meaning,



and the reason the Legislators of Vermont did it, is because they know that it is *their* name, thus they are known every where by layman and all. *Let them keep it.* Homœopathic physicians are proud and are made glad when called by their true name. Let Legislators make the laws, and do what they will, but we insist that they call us Homœopathic physicians and we also insist on their placing the name "*Allopathic*" over every "Old School" *College, Professor and Student. Call things by their true name.*

Yours for truth,

F. D. HUMPHREY, M. D.

*Green Bay, Wis.*

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### "HOMŒOPATHY IN CALCUTTA."

Editor of THE HOMŒOPATHIC RECORDER.

The above is the heading of a contribution sent by Babu Hem Chander Chowdhury L. M. S. to the International Homœopathic Congress of 1896, which met in London. The account of the contribution is slipshod and desultory, and lacks in faithful details. Many points have been discussed in the contribution with a view to display the writer's learning, and no regard has been paid to the subject matter of the contribution. All weak points have found a prominent place in the contribution and points worth noticing have been entirely left out. The existing defects have been shown but no remedies suggested. Much has been made of the party spirit which is rife and rampant among the members of the new school. This is a fact, that there is no unity but discord in the rank and file of Homœopathy, but who is to blame for it? Are not all the native homœopathic practitioners imbued with ideas of self-sufficiency, and are they not almost all strangers to the noble principle of altruism? Is not the respect for elders and superiors fast disappearing from the land of Aryavarta? This is the spirit of the age and who can stem the torrent of western civilization which advocates equality to all? Babu Hem Chander wants to oust Dr. Salzer from the field of practice by importing a raw recruit either from Europe or America, and holds out hopes of a large practice. This is a delusion, pure and simple. Dr. Salzer is a sound practitioner and a scientific man. He is also well-known in the republic of letters, and is just the man who can be safely consulted in all

contested and difficult cases. In truth he is an honor to the new school and has done a good deal towards the advancement of Homœopathy in this country. He has also enriched the homœopathic materia medica by the addition of new remedies. To bring out his equal is no joke. Even such a distinguished man as Dr. Hughes, the philosophic homœopath of London has a high regard for Dr. Salzer. As to homœopathic practice we have some misgivings. There was a time when homœopathic practice was slowly but surely gaining ground not only in Calcutta and Bengal but in different parts of India, but the tide has now turned against it. Homœopathic practice has now become the stock-in-trade of quacks and charlatans. Pedagogues, clerks, compounders, merchants, priests and *et hoc genus omne* leaving their own avocations have set up as homœopathic practitioners and are in demand in this city and other places and Babu Hem Chander's condemnation of this set of practitioners bodes no good to the country, when they are encouraged by the cultured and intellectual classes. The metropolis has become a hunting ground of humbugs and charlatans and real merit is pining away unseen and unnoticed.

It must be admitted that nothing succeeds so well as success. People, we now find, have not the same appreciation for homœopathic treatment as they had in days gone by, and the reason is not far to seek. A graduate just after securing his diploma settles down and practices Homœopathy. In 90 out of 100 cases he fails and Homœopathy incurs the odium and displeasure of the people. Homœopathy is no child's play, and its abuse is inevitable in the hands of inexperienced practitioners. Expertness in Homœopathy can alone be acquired by extensive reading and observation, and he alone deserves the title of a qualified homœopath whose reading is large, who belongs to the republic of letters, and who has grown old with experience. We can make bold to say that Homœopathy would have supplanted Allopathy by this time had it been used and not abused by the majority of practitioners. It is true that the establishment of homœopathic schools has not furthered the cause of Homœopathy to an appreciable extent, because the education imparted in those schools is imperfect, and the practitioners that are sent out year after year are not well equipped to do justice to the cause of Homœopathy. They rather do incalculable mischief to places where they settle down. There is another potent cause which has im-

peded the progress of Homœopathy. Most of the lay practitioners have become authors of homœopathic works. They have translated into the vernaculars of the country many English works on Homœopathy and the translation is not a faithful rendering of the original, and how can it be when the so-called authors have no knowledge whatever of anatomy, physiology and other collateral sciences? The lay practitioners, it is generally observed, are an attraction to the people for their cheapness. Is life cheap? When people can squander away thousands upon thousands in lawsuits and when they try their best to secure the services of leading counsel to win their cases, is it not becoming and prudent to secure the services of the very best men in the profession to save their valuable lives? What is the worth of earthly goods compared with our valuable life? As long as we exist property has a value, but it has no value after death. Such is life and it is above all price

Babu Hem Chander has omitted some names of qualified practitioners in his list. May we enquire why has he done it? For having suppressed these names, he has laid himself open to the charge of having done it purposely. Babu Hem Chander, as far as we know, is a stranger in the field of medical practice, if he is the same person who, after moving about like a rolling-stone in all the four corners of Calcutta in search of practice, has at last found a resting-place in his original citadel where none can molest him and he can molest none.

TRUTH.

*Calcutta.*

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#### A SODÆ SULPHAS CASE.

Dr. G. E. Potter, of Newark, N. J., contributes a rather interesting reminiscence to the *California Medical Journal*, an eclectic journal. The patient was a child of six and had been down for seven weeks with "lung fever." On the day Dr. Potter was called in three "regular" physicians had held a consultation and said the child would die within a few hours, then Potter, who had just begun to practice, was called in. "At noon I saw the child and found him lying in a crib unconscious, eyes rolled upward, immobile and insensible to light or touch; face, ashy, waxen, cold and set—DEAD; tongue coated with a thick dry dirty white coating, cracked along the centre; lids,

pale; arms and legs cold and the skin seemed dead, no pulsation at the wrist; breathing imperceptible, except upon placing the ear upon chest when a slight respiratory sound and the heart fluttering could be heard."

On the strength of the late Dr. Scudder's teaching concerning the acid and alkaline diathesis, Dr. Potter reasoned that this case portrayed pallor "and called for alkalies." Twenty grains of *Sodae sulphas* dissolved in two ounces of water. A few drops of this were placed on the tongue of the child every few minutes, and artificial deglutition resorted to. In a few days the child recovered.

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## HOW A SINGLE SYMPTOM MAY DIRECT TO THE RIGHT REMEDY.

Dr. Goullon, of Weimar.

Translated for THE HOMŒOPATHIC RECORDER from *Populaere Zeit. für. Hom.*

It is a great advantage to Homœopathy that it is enabled to find real remedies for certain diseases by attending to the characteristic signs or only a single pathogenetic characteristic of the remedy in question. It is well known that all homœopathic remedies have been proved on healthy persons and the summary of these proving symptoms represents the pathogenesis of this particular remedy. The interpretation of these proving symptoms is of eminent value, and the homœopath who investigates conscientiously and possesses the proper pathogenetic knowledge, can accomplish many a cure in cases where Allopathy is at the end of its rope. Professor Imbert Gourbeyre in Clermont gives the following universally acceptable definition of Homœopathy: "Homœopathy, like every discovery, is a very simple matter and consists in this, that it proves the remedies on healthy persons in order that it may draw thence its conclusions as to the use of these remedies in cases of disease."

Many of these physiological symptoms, indeed, are of little value and unreliable and may also be repeated in other remedies; but where they are not thus repeated, they deserve all the greater attention. This is especially the case in our unbelieving times, when also homœopathic physicians beat a retreat more easily than in former times. This tendency is found most frequently with those who are disciples of modern surgery, and

who allow themselves to be seduced to make an application of their knowledge in this branch of medicine, and are, therefore, only too ready, instead of carefully studying the homœopathic materia medica, to shut up the books, and instead of looking for the fault of their lack of success in their personal lack of knowledge, think that they can find an escape either in larger doses, or by calling to aid other therapeutic measures. In these times—which may frankly be styled a time of retrogression in Homœopathy—which is justly proud of her success, an appeal to cling more perseveringly to our pathogenetic acquisitions seems to me, more than ever before, in place.

Now for the example which is to prove this position.

Mrs. L. consulted me for gastralgia. As she had been much debilitated by the previous severe loss of blood during her menses, the case seemed much more suitable for *Ignatia* than for *Nux vomica*. But both of these remedies failed to give any relief. *Calcarea carb.*, the specific remedy for chlorosis also failed. The patient continued to lose flesh; the pains seemed actually to wear her out; and as the tongue was very much coated, the appetite was lacking and she had fallen into a despondent mood, was growing thin and other seemingly suitable remedies also failed to have any effect, it was natural to suspect that a material organic disease of the stomach, *e. g.*, an ulcer, was forming, though there had been no vomiting. Her habitual costiveness and chlorotic constitution made me think of *Graphites*, when Mrs. L. prevented me and caused me to find the right remedy by describing to me unquestioned, her cramps or unspeakable pains. She mentioned the fact, that they commenced quite gently, but gradually kept increasing until they reached their highest point. Such neuralgias are, as it were, made for *Stannum*, though they more frequently affect the face or the head (*Nervous trigeminus*), with the well-known morbid symptoms of *prosopalgia*, or nervous cephalgia, or also those of common megrim.

I gave her the first centesimal trituration, daily three times 5 grains, and after taking but a few doses, and thus in about a half a week this disease which in no way permitted an absolutely favorable prognosis, very gradually gave way, just as it had gradually increased, and Mrs. L. recovered, while a really voracious appetite developed; this she was able to satisfy with milk, with four eggs in the morning, red wine, etc., without causing a return of the gastralgia.



This case to the allopath would have been a great opportunity for exhibiting *Morphine* and all the lately introduced "Oles" and "Ines," *i.e.* for the use of the strangely sounding and strangely compounded drugs that mostly end in "ol" or "ine," those worthy darklings, that for the good of humanity had best have been exposed to die on the day of their birth and forever immersed into the sea of oblivion. An eminent and advanced professor of materia medica openly declared to me that they were "a humbug."

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## COMPARATIVE JUXTAPOSITION OF SOME DIPHTHERIA REMEDIES.

By Dr. Moeser, of Offenbach, A. M.

Translated for THE HOMŒOPATHIC RECORDER from "*Willst du gesund werden?*"

When the homœopathic treatment of diphtheria is mentioned, all who are not so well acquainted with Homœopathy, think only of *Mercurius cyanatus*. Now, *Cyanide of Mercury* is, indeed, one of the remedies for diphtheria, and a very excellent one, but by no means the only one. He who considers *Mercurius cyan.* the only remedy in this much dreaded disease, need not be astonished if he should have more failures than he likes. The mercurial preparations (inclusive, therefore, of *Mercurius cyan.*, *Mercurius sol.*, *Mercurius vivus*, *Merc. subl.*, etc.) are usually unsuitable in *laryngeal* diphtheria, where we find both hoarseness and dyspnoea. Nor are these preparations any better suited for those forms of the disease which have a very rapid course, and which show the symptoms of a very violent *blood poisoning*. In this malignant form of diphtheria *Arsenicum*, *Lachesis*, *Acid. hydrocyan.*, *Acid. muriat.* and *Acid. nitric.* are more appropriate. When the larynx is implicated in the diphtheritic process *Bromium* or *Ammonium bromatum* are suited best of all. The two last mentioned remedies are by most homœopathic physicians supposed to be efficient only when used in the 1st or 2nd decimal potency. On the other side I might mention that Dr. Grubemann, of St. Gallen, according to a verbal communication made to me, in laryngeal diphtheria has seen the best effects from the high potencies (30th) of *Bromium* and *Iodium*. Dr. Siegrist, of Basel, has had good effects in the same disease from *Aurum muriaticum natronatum*, and this was confirmed in his extensive

practice by Dr. Mattes, of Ravensburg. Besides these remedies in these dangerous ailments of the larynx also *Hepar sulph. calc.* is to be considered.

We would then have the following remedies to choose from:

1. *Mercurius cyanatus* for throat—diphtheria in general, where the characteristic symptoms of the remedies that follow, are lacking.

2. *Mercurius iod. flavus*, when the process most manifestly affects the *right* side.

3. *Mercurius bijod. ruber*, in alternation with *Lachesis*, if the *left* side is especially affected.

4. *Kali bichromicum* when the exudation and discharges are very tough (stringy), the tongue is coated yellow and dry, the nose is stuffed with brownish, tough and sometimes bloody contents. The children are fair, bloated with fat, and of a torpid scrofulous habit.

5. *Acidum nitricum* in severe diphtheria of dark-haired, older children who, even before their illness, showed an inclination to tuberculous diseases, and who have either themselves been treated with *Mercury*, or whose parents were syphilitic and had been treated with *Mercury*,

6. *Acidum muriaticum*, when the disease shows a severely typhous character, the character of severe general blood-poisoning.

7. *Arsenicum* in similar cases when paralysis of the heart is threatened.

8. Those favorable to Schüssler's therapy should especially consider *Kalium chloratum* and *Kali phosphoricum*. The latter remedy also deserves a most hearty recommendation in paralysis consequent on diphtheria.

9. Of the remedies from the vegetable kingdom I consider *Vinca minor* (the lesser periwinkle) as most useful. It should be given in a low (1 or 2 dec.) potency. Others praise *Arum triphyllum* and in diphtheria attended with eruptions *Ailanthus glandulosa*.

The appearance of paralysis could frequently be avoided, if in all cases of diphtheria care were taken to keep the bowels moving by a clyster at least twice a day, and this applies to the fatal paralysis of the heart as well as to paralysis of the œsophagus or of other muscles appearing after diphtheria. The hydropathic treatment of diphtheria also deserves consideration.

October, 1896.

## ECHINACEA.

“ Thus it is that while we are at a loss to express the mode of action of *Echinacea*, we do know that it fills a place to which we have applied the term ‘a corrector of blood dyscrasia.’ Whatever the changes may be, we know that a better condition of the blood and the fluids, results from its use. It seems to cover the ground ascribed to antiseptics, antiferments, and antizymotics. Its first use was in those profound depressions produced by the introduction of such poisons into the blood as the virus of serpents and insects. Even extraordinary claims have been made for it in hydrophobia—a disorder that many persons believe to have an existence chiefly in the minds of the laity and some practitioners. That the poison which we know as typhoid, whatever that may be, but which condition we know well by its manifestations, is impressed by *Echinacea*, we are assured by the many reports of its efficacy in typhoid and other adynamic fevers. That it corrects that disturbed balance of the fluids resulting in boils, abscesses, carbuncles, and many pus-forming cellular inflammations, we know by experience.”

“ Careful observers have attributed wonderful properties to it in cerebro-spinal meningitis, in the slow and low form, and evidence is not wanting of its efficiency in diphtheria. Its place in the latter disease, however, is not definitely established, for it will not cure all diphtheria patients, but seems remarkably useful in a good proportion of cases of this much dreaded disease. Fetid conditions of the bronchial tract, as fetid bronchitis, the stench of pulmonary gangrene, and of carcinomatous disorders, are said to be effectually removed by the internal administration of this drug.—*H. W. F. in Eclectic Medical Journal.*

## BOOK NOTICES AND GOSSIP.

**An American Text-book of Physiology.** Edited by William H. Howell, Ph. D., M. D., Professor of Physiology in the Johns Hopkins University. Pp. 1052. Philadelphia: W. B. Saunders, 1896.

We cannot undertake to do more than call the attention of the medical profession to this magnificent addition to medical literature, for any thing like an extended notice would develop into the size of an essay. The contributors are Bowditch and Porter, of Harvard; Curtis and Lee, of Columbia; Donaldson, of Chicago University; Lombard, of University of Michigan; Lusk, of Yale; Reichart, of Pennsylvania; and Sewall, of the University of Denver; the whole under editorship of Dr. Howell, who also contributes one of the papers, that on “Blood and Lymph.” The contents are divided into fourteen chapters making as exhaustive a work on physiology as was ever published. The work is a companion volume to Mr. Saunders’ American Text-

book series in size, type and paper. It is sold by subscription only. The prices are, \$6.00 in cloth; \$7.00 in sheep or half morocco.

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**A Text-book of Materia Medica, Therapeutics and Pharmacology.** By George Frank Butler, Ph. G., M. D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Chicago. Pp. 838, 8vo. Cloth, \$4.00, net. Philadelphia: W. B. Saunders, 1896.

Two such books as this and *The American Text-book of Physiology* noticed above, is, from the medical publisher's point of view, a pretty good record for one month, and Mr. Saunders' list will, if it is not already, be the leading one of our "regular" friends. "The present work," writes Dr. Butler "has been undertaken with the immediate object of supplying the student of medicine with a clear, concise and practical text-book adapted for permanent reference, no less than the requirements of the class room. The arrangement—embodying the sympathetic classification of drugs based upon therapeutic affinities—the author believes to be at once the most philosophical and rational, as well as that best calculated to engage the interest of those to whom the academic study of the subject is wont to offer no little perplexity." The work is divided into parts treating of "Pharmacology and General Therapeutics," "Pharmaceutical Preparations," "Disease Medicines," "Antiseptics," "Symptom Medicines," "Topical Remedies" and "Prescriptions," the whole very thoroughly indexed. "Rational Therapeutics" we are told "is based upon the use of medicines in accordance with a scientific knowledge of pathology and the physiological effects of remedial agents. Here nothing is left to chance, etc." This may be true but it seems to us that the therapeutics Dr. Butler appends to the various remedies are about the same as those found in other works of this nature, and, as all know, these are not very precise—at least not so to one accustomed to precision of homœopathic therapeutics.

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WRITES Dr. Kraft in his notice of Raue: "One of the first books in which we, as willing infant, learned our homœopathic letters was Raue's *Special Pathology and Therapeutics*, and the first book purchased after graduation was this same book in its later edition. We shall ever remember the lessons of sturdy



and sterling Homœopathy which we gathered at the knee of dear Father Raue. It was always Homœopathy. It was never anything else. The temptation may many times have sat at his elbow, to give way to the dominant spirit of the age—the craze for scientific medicine—and so incorporate in his newer editions somewhat of the floating fads and theories of the other schools. If the temptation was ever there, it was never anywhere except behind him. It never dared to face him. He nobly withstood every effort to popularize his book by catering to the “liberal” trend which one time seemed to dominate our school. His book \* \* \* will stand to the end of homœopathic time.”

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“BOERICKE & TAFEL promise us another new book from an eminent specialist in nose and throat troubles. Professor George H. Quay, M. D., of the Cleveland Medical College, has written a small and popular-priced handbook on this topic, especially designed for the student and general practitioner. This book it is hoped to have out of the printers’ hands some time this month. From a personal acquaintance with Professor Quay, and his method for teaching as well as writing, we feel assured that the profession has a treat in store for itself in the book referred to.”  
*American Homœopathist.*

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THE following is from the *New York Commercial Advertiser* of Oct. 5:

“There are two creatures that most men like to think they understand. They are a woman and a horse. Every callow youth will discourse learnedly on ‘the sex, sir!’ on the slightest provocation, and will tell you a great deal on the subject that you never suspected, and every man, young or old, who is not above all human weaknesses, will wink with awful knowingness when you ask him what he thinks of a certain horse. He may be as ignorant of the animal as he is of the psychic philosophy of Mars, but nothing could make him admit it. There are men who have acquired as much information about women and horses as it is vouchsafed to man to learn, but it is not those men that boast of their erudition.”

“Some people really do understand horses pretty well, and among them is John Sutcliffe Hurndall, M. R. C. V. S., England. He has written an interesting book, entitled, ‘Veteri-



nary Homœopathy in Its Application to the Horse,' a copy of which I have. He tells us in his preface that his object in preparing the book has been to furnish, in concise, and, so far as possible, unconventional language, information that will enable those who have the charge of horses to discover what ails the animal when signs of illness or incapacity for work are observed; and, further, how to treat a patient under such conditions."

"Dr. Hurndall is a homœopathist, and as might be expected, he bestows some hard knocks upon allopathists. These two schools of medicine have been fighting ever since they found themselves in opposition, and they fight as heartily in veterinary practice as in the treatment of human beings. Aside from this, however, the author of the book gives many useful hints in the care of horses. In large districts of the United States there is no qualified veterinary surgeon, and owners of horses are obliged to depend on their own judgment in emergencies."

"Until one reads this book he is not likely to realize the multitude of diseases to which horses are heir. But the author is equal to them all, and he never fails to suggest a remedy. One peculiar statement he makes is that in all his experience he has never come across a case of disease of the ear in the horse, and adds that, with the exception of occasional injuries, there would appear to be nothing calling for special treatment on the organs of hearing among the equine race."

"The work is complete, as the index shows. If a horse owner were to read it through carefully and studiously he would be so well informed on all ailments, as well as with regard to the best general treatment of his animals, that he would never require the services of a veterinary surgeon at any time."

"A more useful book for all who have anything to do with horses has never been issued."

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DR. DOUGHTY'S book on "Genito-Urinary Diseases" is not out yet, but is approaching completion; slow work, but careful work, and the book is worth waiting for; it does not give the student the dry husks to be found in every text-book, that leave him as unsatisfied as though he had not "looked up" the subject, but clear, unconventional, practical instruction, that will probably make it a favorite with *all* students and a model of how to do it for future writers.

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## CHELIDONIUM IN CANCER.

Dr. Burnett's favorite organopathic remedy for the liver, *Chelidonium majus*, has come to the fore as a remedy for cancer, and not in a homœopathic journal either, but in the *Deutsche Medizinal-Zeitung* (No. 30, 1896), where Dr. Denissenko relates his experience with *Chelidonium* in the treatment of carcinomatous growth in the municipal hospital at *Bojansk*. He gives the remedy internally in quite large doses, and into the tumor as close as possible to the boundary between it and the healthy tissue he injects from two to four drops of an equal mixture of *Chelidonium*, *glycerin* and distilled water. If the tumor is ulcerated he paints it with a mixture of *Chelidonium* and *Glycerin*. The summing up of the results of the treatment we take from the *New York Medical Journal*:

“The effects of this treatment were shown in the course of a very few days. They were the following: 1. The sallow hue of the skin disappeared. 2. Softening of the tumor set in. 3. After from three to five days, there formed at the points of injection fistulous tracts about which the softening process went on with special rapidity. 4. In from fifteen to twenty days a line of demarcation could be distinguished between the morbid and the healthy tissues: the one seemed to be forced away from the other. In general, the tumor diminished more than half in circumference, and the affected lymphatic glands of the neighborhood underwent involution.”

The sallow hue of the skin disappearing is a confirmation of what Dr. Burnett says of this important remedy in that excellent work *Diseases of the Liver*, a work that every practitioner, regardless of school, should carefully study.

## "THE TABLET FAD."

The tablet seems to be losing friends on all sides and articles headed as above taken from the *Western Druggist*, are multiplying. That tablets are used very frequently where the trituration or tincture would be preferable, there is no doubt, but for all that a properly made tablet has its place in the world. If manufacturers would have followed the directions of Dr. Robert N. Fuller, there is no doubt but that the tablet would not have fallen into disrepute, but instead of doing this—probably few of them have ever read what Dr. Fuller, the father of tablets, wrote—they set about seeing who could turn out the cheapest wares, assuming thereby that the majority of the medical profession care more for cheapness than skill, accuracy and purity. Perhaps in this they are right; but the inevitable reaction has followed and the day of the factory made tablet seems to be waning; but even though the machine product fall into total disuse there will always be a place for the tablet prepared according to the directions of Dr. Fuller.

## CONSUMPTION.

In a paper in *Medical Record* (Oct. 24) headed, "Tuberculosis and Bacteriophobia," Dr. Prettyman, of Milford, Del., maintains that the whole modern theory of tuberculosis is wrong. Tuberculosis, he says, is a disease of malnutrition either hereditary or acquired; the English name for the disease is fully descriptive of it—consumption: Consumption is a wasting away because of malnutrition. "The real seat of the disease is in the chylopoietic viscera and is organic—that is, it has its origin in defective digesting and assimilating organs. They fail to convert the food into healthy blood in sufficient quantity to maintain a normal physiological condition. This is the root of the disease, and what is called the tuberculous bacilli are the outgrowth of it after it becomes seated in the lungs, where the atmosphere has access to the deposit and comes in contact with it." \* \* \* "Fistula in ano and appendicitis are both indications of an organic predisposition to tuberculosis; so also is typhoid fever, but when it is successfully passed through, it seems, for a time at least, and perhaps forever in some cases, to immunize the organization against any further tendency to tuberculous deposition. The root of this fever we all know to be enteric. The same may, in some measure, also be true of appendicitis, fistula,

and tuberculous joint." This certainly seems to be more rational than the commonly taught idea that tuberculosis originates in a microbe, usually a dried microbe blown about in the street dust.

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### THAT VERMIFORM APPENDIX.

At the thirteenth annual meeting of the N. Y. State Medical Association, Dr. Nelson L. North took the bold position of practically affirming that God knew more than modern scientific medical men. The latter assert, for instance, that the vermiform appendix is "absolutely useless." "But," says Dr. North, "rather let us suppose that an almighty God—or the conservative all-powerful force of nature—would have improved at each turn of the evolution processes; and so we should discover that every part of the human organism, however apparent its insignificance, has a use, and should not be sacrificed without good and sufficient reason therefor."

Going a step further Dr. North examined the records of the health office relating to appendicitis, typhilitis, intussusception, etc., and found that there has been an increase in the number of deaths from those causes. Thus it is obvious, reasons the doctor, that since there are more deaths from these causes there must be more cases in the aggregate, or else the treatment was faulty. It was not likely surgical technique would much further diminish the death rate from operative interference, and he thought the difficulty lay in practitioners giving up as soon as a patient complained of pain in the right side, and calling in a surgeon, instead of resorting to early local antiphlogistic and internal remedies.

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### A CURIOUS CASE AND CONCLUSION.

The *Medical Record* tells of a curious suit recently brought against a Staten Island physician by an undertaker. This physician diagnosed several cases chicken pox that the undertaker took charge of after death; from these he claims he contracted small-pox and sues for \$5,000 damages. The *Record's* comment is peculiar; it says: "The unusual scene presented by a suit at law being brought by a member of one profession against that of another upon which it feeds, can be accounted for by the fact that the plaintiff combined the function of coroner

with that of other undertakings." From a lay journal this would be thought rather severe.

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### A BAD PRACTICE.

It is bad enough for proprietary medicine concerns to advertise "homœopathic specifics" or "homœopathic cures," for this, that and the other disease, but it is much worse for concerns that claim to be homœopathic pharmacies to advertise such essentially misleading preparations. What manner of things are "Homœopathic Cough and Croup Syrup," "Homœopathic Dyspepsia Powders," "Homœopathic Catarrh Powders," "Homœopathic Malarial Antidote," "Homœopathic Sore Throat Tablets and Gargle," "Homœopathic Teething Powders" and "Homœopathic Croup and Cough Drops?" Have these things ever been proved? Certainly not, yet they are said to be "homœopathic" to various and sundry ills. The proprietary preparation has too strong a hold on the public (and on the medical profession, too) to be fought any longer, but when any one prefixes the word "homœopathic" to one of these preparations he shows that he is ignorant of the very essentials of Homœopathy.

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### DO NOT BE IMPRACTICABLE.

Boards of Health are very useful and honorable bodies, but if they would learn to curb the impracticable they would be more honored and probably more useful, for a grin of derision from the public weakens a civic body no matter how august. The Board of Health of a certain western State, needless to particularize, has sent a circular to all railroads asking them to issue orders that men who spit on the floors of the cars or stations, shall be "ejected" therefrom. No one denies that spitting on the floor is not a commendable thing, but does the Board of Health realize what a literal obedience to their request would involve? For instance, what would be the result if the trainmen on, say, an Atlantic City or a Coney Island "excursion," would undertake to "eject" every man who spits on the floor! Or suppose a very nice man (or lady, why except them?) on a very nice train were suddenly to have a "coughing spell," coughing up something that they "expectorated" should the trainman jerk his signal rope and put the, perhaps sickly,



offender off the train in the wilds and leave him, or her, to tramp for their lives through mud or snow? Really, it seems to us, if these gentlemen were to adopt towards the public a tone in which request was more in evidence than dictation they would not decrease their influence or usefulness.

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### THE INSIDE WORKINGS.

“Persons conversant with the inside workings of the medicine business are often led to think things that would not sound well if spoken. This nation seems to be afflicted with a kind of rot, not dry rot, not wet rot, but the rot of cheapness. It has sapped the life of our people until from laborer to professional man the cry is cheap, *cheap*, CHEAP. The farmer cannot get cost for his produce, the artisan cannot sell his skilled labor week in and week out for the wages of common labor, the laborer cannot get employment half the year. Everything is on the cheap order, and this encourages substitution of cheap drugs for those expensive and makes a demand for cheap physicians who carry cheap medicines. From the department store with its tissue-paper tinware to the department store with its physician’s advice free, and medicines at half the usual price. the cry of cheapness goes up, and if this thing continues Americans will become a nation of cheaps.”

“Persons who are in touch with the medicine business know how physicians are meeting the problem of the substitution of cheap li ves of goods for those standard, the giving of little for more than its value. Cheapness tends to uncertainty in medicine and prices below those offered by standard manufacturers as a rule, means an expensive purchase to the man who buys the cheap drugs.”—*Eclectic Medical Journal*.

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EPILEPSY in young persons with the key-note of *melancholy* has been benefited by *Indigo*.

Dyspepsia with afflux of blood to the head and somnolence, after eating, *Gratiola*.

Try *Geranium* 1, in habitual sick-headache when all indicated remedies fail.

## PERSONAL.

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Dr. W. H. Phillips has removed from Cape May, N. J., to 56 W. Cheltenham avenue, Germantown, Pa.

Dr. Geo. A. Pridham has removed from 3743 Brown street to 724 North Fortieth street, Philadelphia.

Dr. A. L. Butler has removed from Challis, Idaho, to Butte City, Mont. The tailor can at least always suit himself.

Dr. Chas. W. Stiles will remove, on Dec. 1st, from Newberryport, Mass., to New Britain, Conn.

The Editor of the *American Journal of Surgery and Gynecology* has an imagination that beats sentimental Tommy's.

"It is not what code do you follow? But what kind of man you are?" —*Medical Record*.

The *Australian Homœopathic Gazette* has suspended publication for lack of sufficient support.

**FOR SALE** An established practice of \$4,000 per year in a growing village of one thousand inhabitants within fifty miles of New York Office furniture, medicines, instruments, books and road outfit included. An unusual opportunity for a good man. For particulars address M. M., CARE OF BOERICKE & TAFEL, 15 WEST FORTY-SECOND STREET, NEW YORK CITY.

Turkeys should begin taking Phytolacca Berry Tablets.

Dr. Charles M. Benham has removed from Spring City to Phoenixville, Pa.

Dr. Chas. H. Hubbard has opened an office at 1618 Arch street, Philadelphia. Eye, ear, nose and throat only.

Not long ago a contributor to a medical journal wrote of the "epileptic habit."

**WANTED** A good live homœopathic physician in Norfolk, Litchfield county, Conn., vacancy caused by the death of Dr. B. C. Gidman. A good country practice for the right man. For further particulars call on or address Mrs. Gidman, Norfolk, Conn., or Plumb Brown, Jr., M. D., 503 State street, Springfield, Mass

*Piper methysticum* is being advertised as "A Wonderful Discovery," a "blood purifier."

Nutrico Food still continues to be a great favorite with all who use it.

There is one forward man who is always popular—he who is forward in paying his bills.

Dr. C. Sigmund Raue's paper in this number of the RECORDER, shows that his father's mantle has descended on worthy shoulders.

A live wire dosen't look it.

The cyclone now gives the blizzard the right of way.

Put away that little button, it's all settled.

Keep your eyes open for Quay's book on nose and throat. It is a good one.

For dyspeptic troubles brought on by eating something cold try *Bellis perennis*.

# THE HOMŒOPATHIC RECORDER.

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## REMINISCENCES OF DR. CHARLES G. RAUE.

By Joseph C. Guernsey, A. M., M. D.\*

It is with feelings of genuine, though necessarily sad, satisfaction that I add my tribute of affection and reminiscence to what has already been said of him in honor of whose memory we are met here to-night.

Affectionate in disposition and lovable by nature; gentle in manner but unswerving in his conviction of the truth; wholly unselfish and ever ready to oblige; hearty and whole-souled in his greetings; sincere in all his words and deeds; strong in character and firm of purpose; true to his friends; loyal to Homœopathy; a willing and able teacher and assistant to his younger and less skilled bretheren was DR. CHARLES G. RAUE.

Who cannot look back and recall the glow of pleasure occasioned by receiving that hearty nod of recognition when driving by him; or his genial and cheery "Well! how goes it?" when meeting him in person, accompanied by that clasp of the hand that sent the life blood bounding with quickened impulse through the arteries and warmed the heart.

In beginning my reminiscences of Dr. Raue I vainly look back and search for the time in my life when I did not know him. If there was such a period I cannot recall it. But when it comes to the time of my direct association with him—ah, yes! then I *can* answer, for I was one of those whom he called "my boys." Twenty-six years ago this autumn, over a quarter of a century ago, I matriculated as a student in the Hahnemann Medical College of Philadelphia—and at that time a most important member of the Faculty was Prof. Chas. G. Raue. How well I remember his entrance to the lecture room! Most of

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\* Read at Dr. Raue's Memorial Meeting, October 17, 1896.

the Professors came in the back way and suddenly appeared upon the platform before the students. Dr. Raue did not. He drove up to the old college on Filbert street and climbed those old stone steps just as we students did, came in by the front door as we did and walked through the room up on to the platform amidst a whirlwind of applause. In those days a favorite song of the students was John Brown's body, not then so hackneyed as now! But no matter how intent we were on this song or another, the entrance of our beloved Professor quickly changed the chorus to "*Raue* is marching along," and then came the stormy applause.

His lectures were instructive in character and he possessed a most genial manner and happy method of delivering them, while all the time the kindest smiles brightened his truly intellectual face.

But he passes before me in other views. I see him a genial and welcome member of the company which was wont to assemble at Dr. Hering's on Saturday nights—and what a famous coterie that was—such men as Hering, Raue, Henry N. Guernsey, Lippe, Dunham, Thomas Moore, Fellger, Lilienthal and others from home and abroad.

Reports of brilliant cures, made homœopathically with the single remedy, often with a single dose in a high potency, abounded. Cases of intermittent fever which had lasted long and had baffled the bungling methods of the old school and the inexperienced young homœopathic practitioners, fell into the hands of these incomparable masters to be wholly cured without the use of *Quinine*; hemorrhoids of the most painful kind surrendered to the well directed shot (*i. e.*, pellets) of the expert; tumors vanished under the correctly chosen *similimum* instead of the knife, etc. All such cures were wrought by these masters; they carefully studied the symptoms and skillfully fitted the remedy thereto. Deep and earnest were the discussions at these meetings of the questions, "When treating a chronic case which is the best day of the week to give or repeat the dose; on Sunday, day of rest, *i. e.*, an off day, or a regular working day when all the usual habits of life are kept up"? Also, whether to give or repeat the dose just before an aggravation or after it? Particular attention was paid to the necessity of being perfectly sure whether new symptoms appearing in a case, or a marked increase in the old symptoms, was *an increase of the disease or an*

*aggravation of the remedy.* The importance of watching for an aggravation of the remedy so as to stop the medicine was dwelt upon.

The men I have mentioned above were prominent among the standard bearers—the “Old Guard” of Homœopathy. At times it seems impossible that I have met with and known intimately all those grand old men, among whom no one was better known, or more beloved, or more willing to give of his ample store of learning than was Dr. Raue. He was the last to linger of all his confreres, the last link that bound us of the now with those of the then. His departure completed the gap that separates those who did the sowing and left us to do the reaping.

His sincere and untiring devotion to the laws and principles of Homœopathy during his whole professional career is evident from his writings; he contributed liberally to the literature of medicine, both in German and English publications. From 1870 to 1875 he edited “The Yearly Record of Homœopathic Literature,” which contained extracts and notices of the most important matters from the leading journals of Homœopathy from all countries. His “Special Pathology and Diagnosis with Therapeutic Hints,” published in 1867, proved such a success that it has been steadily used as a Text-book in all American Homœopathic Colleges ever since its first appearance. It has run through three large (and each time improved) editions and lately a greatly enlarged and improved fourth edition has been issued. In his book, “Psychology as a Natural Science applied to the Solution of Occult Psychic Phenomena,” he shows a profound and scholarly knowledge of his subject, deep original reflection and a scientific accuracy in his deductions. The book has been well received and most favorably reviewed by the *savants* of that branch of learning. This striking sentence closes his chapter on *Separation of Soul from Body*: “When the soul departs from the body it leaves as a perfectly organized being of immaterial forces, as fully substantial as any living body ever was in this world, with this difference only, it cannot be reached by any mechanical or chemical means of detection. It is then and there the same soul it was before, beautiful or ugly, good or bad, wise or foolish, corresponding exactly to the development which it has attained while associated with material forces.” Page 378.



I recall the committee meetings, held at Dr. Fellger's, to prepare for Dr. Hering's jubilee—50 years a doctor—and I see Dr. Raue, all aglow with affectionate interest, present at every meeting, taking an active part in making his friend's jubilee the grand success it proved to be.

I remember him as an absolutely honest man in thought and in deed—as one whose very nature shunned and recoiled from all shows, pretence and hypocrisy, and as a hearty hater of all workers of iniquity.

I never knew any one in whom a grateful spirit was more manifest. No reminiscence of Dr. Raue can come to one's mind that does not recall this big hearted trait of his. It was impossible to do the slightest favor for him that did not reap in return a warmth of gratitude that exceeded all bounds of proportion to the favor done him.

I never met a more lovable character. He was wholly incapable of any meanness or underhanded transaction; he was not resentful or revengeful. I have seen him grieved, and the dear man, too open hearted to mask his feelings and too sincere to pretend indifference, could not conceal his wounded sensibilities. With a heart naturally full of peace and good will to men, deceit had no place in it. He could not be hypocritical—his likes and dislikes were too plainly seen in his words and manner for that. He could no more assume a liking for those he disliked than he could suppress his affection for those he loved.

I well remember, and so do many of you, the last time we saw him in this room. It was on January 28, 1895, when the Hahnemann Club, of this city, was giving a series of lectures on materia medica. Dr. Raue was invited to open the course, and he did so with a most entertaining and instructive lecture on "The Homœopathic Materia Medica and Kindred Subjects." It was a wild, snowy night, but this room was crowded with attentive and delighted listeners. At the end of his lecture he was surrounded by his audience, who showered congratulations upon him. He greatly enjoyed meeting so many of his friends, and remained for some time holding an impromptu reception. We little thought it was the last time we were to hear him speak in public.

I love to recall that second story back room of his, his own private study—private indeed, but never closed to his personal

friends. How we can see him now, sitting in his special chair in his own corner, his ample writing table before him, his well-filled shelves of books at his very elbow. I am glad that his family preserve the room just as he left it, and that they continue to meet and gather there just as they did when "Papa" was alive.

Dr. Raue has left behind him two sons, able and well-trained in the science of medicine—one of them connected with this college, as his father was before him. We look to them to carry on the work so ably begun by their father, and we can express no better wish for their welfare than to have it said at the termination of their life's journey the words which can so truthfully be spoken of their father—"Well done, good and faithful servant!"

A marked trait of his deserves special mention. He was not content with being a simple follower in the footsteps of others; his intellect was too great for that. He loved to tread in unknown paths—to study and investigate for himself, and his deductions from such studies were worthy the attention of scientists. For his conclusions were not hastily arrived at nor his views advanced until he had secured some positive data wherewith to substantiate what appeared to him as new truths.

Turning yet again, I see him as the genial and hearty host in his own home. In this respect no one excelled him. He loved his friends, and he loved to have them call upon him singly, or, better still, to gather about him in social reunions of an evening. What exceptionally happy times those were! As guest after guest entered the room and approached him, Dr. Raue's welcome was so warm and earnest that it seemed to each one as though he or she was the special favorite of the occasion. Who of us can forget those birthday nights of his? A few days previous to such an anniversary his good wife—not in any way behind her dear husband in hospitality—would go around and say: "Next Tuesday is the doctor's birthday; you and your family must come and spend the evening with him." Oh, what good times we did have then, when wit and wisdom and music and good cheer and the extreme happiness of all reigned supreme. No one enjoyed those times more than Dr. Raue himself. Do you ask why? The answer is easy. It was because he took his highest pleasure in making others happy. It will be good for us all to remember that trait of his, and to practice it as he did.

No memory has he left behind him which will be more lovingly cherished than his relation to children. Recall his image to your minds for a moment; think of his rotund and jolly figure; compare his appearance with that of "'Twas the night before Christmas, when all through the house not a creature was stirring," etc.; of what personage are you instantly reminded with benevolent countenance and flowing white hair?—Kris Kringle, of course, and by this loving name my children and many other children knew him. It is hard to conceive of any human being presenting a closer appearance to that delightful myth, and Dr. Raue enjoyed hugely this epithet of "Kris Kringle" among the little ones.

I see Dr. Raue in another aspect—as the consulting physician. What a cheering presence was his in the sick-room, and how hopeful and encouraging he always was of the patient's recovery. "Yes!" he would say, in response to the anxious and often tearful inquiry as to whether there was any hope for the sick one. "Death" was not a pleasing topic with Dr. Raue; his nature was too bright, too sunny, too radiant with love and good humor, to harbor thoughts of cold, dark death. But he was not unmindful of the end of mortality, and years before his earthly career closed he had ordered and arranged for the disposition of his natural remains by cremation.

In full accord with the sweet and gentle life he had lived, so he passed his last days. Not feeling at all well, and desirous of being in his own home he was driven there from his son's place in New Jersey—where he had been spending some weeks—on one of the hot days of last August; and on the way he thought not of himself, but expressed anxiety lest the horses should suffer from the heat. On his arrival in the city I was summoned to attend him, as I had on previous occasions, in what this time proved to be his last illness—just as eleven years ago he had attended my father in *his* late illness. Dr. Raue did not suffer from any acute disease; it was a slow fading out of his vitality. Gradually he became weaker and weaker; the frightful heat of those never to be forgotten days and nights told heavily upon his strength. He was faithfully and lovingly attended and waited upon by his devoted wife and children and his loving niece, Ernestina. Not only did they grant his every wish, but they seemed to anticipate his every want. On some days his lamp of life so brightened that we dared hope the ad-

vent of cooler weather would bring him increased strength and allow him to remain with us for some time longer. But it was not to be. He had fought the good fight, and the seal of immortality was soon to be his.

On the morning of August 20th, I found him in an apparently unconscious state, taking no notice of anything and seemingly hearing no sound. I leaned over him, took his hands in mine, and said: "Dr. Raue! do you not know me?" His two hands quickly and perceptibly tightened on mine, and for a brief space of time retained their clasp. That was the last sign of recognition I ever received from him. During the day he failed rapidly, and his end was evidently very near. He scarcely breathed during that long night, and as the sun rose early on Friday morning, August 21st, his spirit rose with it and returned to the God who gave it. It was his firm conviction, and he delighted to believe, that the cessation of one's natural life did not terminate his association with those still on earth. Be that as it may, the spirit of kindness and love which emanated from Dr. Raue's very essence and being will ever linger in the hearts and minds of all who knew him. But he has not gone from us; he has only moved on to God, and God is here! No! Dr. Raue has not left us. Such men as Dr. Raue never die. They are like trees planted by the rivers of water and their leaves shall not wither. He still lives and will continue to live in the affections of all who knew him—for to know him was to love him. Every right step we take will lead us closer to him; each duty done will shorten by one link the chain that binds us to him.

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## MISCELLANEOUS JOTTINGS.

By Dr. George Herring.

I copy the following paragraph, showing the difficulties with which Homœopathy has to contend, from an old number of the *American Homœopathist* :

"Long study and much experience in the use of homœopathic medicines will eventually fix in the mind a more or less perfect picture of the different remedies; but the fitting together of the remedy and the disease to obtain the simillimum, is often as difficult as the fitting together of a Chinese puzzle; hence the various attempts to overcome the laboriousness of the task by



the aid of key-notes, characteristic symptoms, therapeutic hints, etc., all of which admirably fulfill their purpose, but nevertheless still serve to confound the novice in Homœopathy with an embarrassment of riches."

When reading over the long catalogue of symptoms caused by some particular drug, especially a polychrest, one is sometimes disposed to exclaim, "Surely, this medicine will cure every symptom that flesh is heir to!" It does, indeed, seem too good to be true. Therefore, what wonder if some should doubt.

*Intuition.* There is something to be said in favor of *intuition* in prescribing. Some men appear to be specially endowed for therapeutic practice, whilst others must vigorously work out their simillimums. I have myself sometimes been impressed, so to speak, to give a certain medicine in certain cases, and sometimes rather an unlikely medicine, too. Very often the medicine so given has been most beneficial. To be sure, intuition must have its foundation in knowledge, but we can well imagine that of two men who have spent an equal time in study, one of them will then be better competent to treat his patient than the other. This must be from intuition. *Poeta nascitur non fit.* And may we not apply this adage to every other art; even to therapeutics?

Thus I believe in Homœopathy as an art as well as a science.

The *toute ensemble* of a patient will sometimes suggest the remedy. I have often said to myself, when looking at a patient, "This is a *Belladonna* patient; or, this is a *Pulsatilla* patient; or, this is a *Calcarea* patient;" and so on. And usually this impression has proved correct.

#### Dr. Cumming's Simile.

Rev. Dr. Cumming, a somewhat celebrated man in his day, once said, in a speech at Exeter Hall, that the question was sometimes asked as to what part of Great Britain spoke the best English; and Dr. Cumming gave it as his opinion that the man who spoke the best English was he who spoke it so that no one could tell from *what part* of Britain he came. The reverend gentleman then applied this to religious sects, and said that the man who preached so that no one could tell to what denomination he belonged was the best preacher.

How would this simile apply to *medicine*? Not taking an isolated case, but the practice of a whole year. I would not



myself venture to give an opinion. At the same time we might, I think, often with advantage imitate the lawyers and "leave a wide margin."

#### A Curious Illustration.

I was one day conversing with the house surgeon of a Provincial infirmary, a straightforward, bluff, and a hearty fellow, yet not without his prejudices. He was ignorant of Homœopathy and wished to remain so; he did not wish to "prove all things." Amongst other incidents he was telling me about was his skill in diagnosing and differentiating between this, that, and the other; and he finished his discourse with this curious illustration: "Yes, I could tell the difference just as certainly as I could pick out the homœopaths in any mixed gathering of doctors." Under the circumstances of the occasion I thought it discreet to be silent, otherwise I should have been curious to ask "By what signs, Dr. C——, would you form your diagnosis between the allopath and the homœopath?" Evidently I myself would not have been one of the "picked" ones; but whether I ought to have considered this a compliment or not, I am unable to say.

#### Debts.

I have noticed; that is, I used to notice in former days, that many practitioners of the old school allowed their accounts to stand unpaid. Many of them—those in easy circumstances—did not even send in their bills at all. I used to be at a loss how to account for this, but now I think I know. I believe it often arises from a most commendable conscientiousness. The doctor feels conscious that he has done no good, and is therefore too honest to expect any payment. However, this does not speak well for his mode of practice. A homœopath, on the other hand, always looks for a just settlement of the debt due to him because he is conscious that the *quid pro quo* should be rendered.

#### Diet.

There is no doubt that a man's happiness depends a good deal on his diet. The other day I took up my note-book, intending to copy out something for THE RECORDER, but had no sooner done this than I felt it to be an impossibility to proceed further on account of the depression I experienced. So I closed the book and took a hand-mirror to look at my tongue. This seemed to indicate that a dose of Schussler's *Natrum phos.* would

do good, which I at once took. After a while the depression diminished and I began to speculate on the cause of this malaise. I then remembered that on the previous day I had partaken of some pastry to dinner, followed by cake and marmalade at tea, and to these I naturally attributed the depression. No writer ought to indulge in pastry, cake and marmalade on the same day, I reflected. There are other indigestible things besides these, but then every man is a law to himself on dietetics, as in morals.

P. S. I should not have said *morals*, but *moral responsibility*.

Another idea. An intelligent man will very often be better able to tell the doctor than the doctor will be able to tell *him*, what food he should take. The doctor can sometimes only make a guess, whereas the patient can speak experimentally.

#### Another Theory on Dynamization.

I was speaking one day to a homœopathic chemist on the subject of dynamization. He said: "I believe that high dilutions are efficacious or non-efficacious according to the character of the man who makes them. The *good* man imparts to the dilution a *magnetic influence* which makes it efficient. For this reason I always prefer to make these dilutions myself."

You see we are not without frank and original thinkers in England.

#### Trivialities.

I sometimes think there is not much more to be said about medicine now. We are all posted up in our *materia medica*, from *Aconitum* to *Zincum*. As for new remedies, not many of them come to stay. They create only an evanescent interest and therefore it is hardly worth while spend time over them. So what are we to do to keep our journals a going? Perhaps Dr. Bradford can give us some more biographies, for biography is always interesting. For my own part I am going to deal mostly in trivialities, which will suit my mental idiosyncrasy better than the discussion of profound scientific problems. For instance if it were put to me whether I would prefer going to hear a lecture on pathology by a distinguished professor or going to a lecture by such a man as the late Artemus Ward, I should unhesitatingly choose the latter. Why only last night, instead of writing to THE RECORDER giving my own latest discoveries, I spent half the evening in trying to come to decision as to whether

I might or might not venture to go through the insalubrious atmosphere of London in November, to attend a great Presbyterian gathering half a mile away! The clans were to assemble at 8 o'clock. The time came and went, and I still sat in vexatious irresolution. Finally I took up a book. Was it the *Organon*? Ah, no, it was *Rasselas*! But I wish this to be kept a secret.

Now if I choose sometimes to speak on trivial matters I shall find myself in good company—in company with the great Dr. Parker, of the City Temple, *e. g.* This colossal mind has recently been unbending itself in a humorous book. The learned reviewers may treat the book somewhat scornfully, but for my part I am glad to find that the doctor's feet touch the earth, although his spirit often wanders amongst the stars, contemplating the wonders of the celestial worlds. Why even Mr. Gladstone has been known to indulge in a joke or two, although for the most part he dwells with Butler in the regions of abstract thought. And the G. O. M., of Germany also, whose labors in the domain of medicine have not yet been fully appreciated, could relax into an arm-chair, smoke his pipe and chat with his friends. We do not, any of us, yearn for an everlasting reign of science.

#### A Rival to the Bromides.

The following is copied from one of the London papers.

"The Tannhäuser is a nervous sedative as powerful as *Valerians* or the *Bromides*, and will relieve nervous tension, producing a quiet and peaceful state of mind."

I have often thought that music should be more employed than it is in asylums for the insane. Probably nothing promises better results than *music* in a great many cases of insanity. Can we not call to mind the effect which music had upon Saul when David played the harp to him. And see the prominence which is given to music in the churches to-day!

#### Dr. Quin.

I contemplate sending to THE RECORDER a very interesting reminiscence of a distinguished man, Dr. Quin, the founder of Homœopathy in England. It will be taken from the *Homœopathic Review* of thirty-five years ago. The present generation are in danger of forgetting the great service of Dr. Quin; but this will serve to remind them.

*London, England.*

**IRIS VERSICOLOR AND CHOLERA INFANTUM, AND  
CHRONIC ECZEMA AFFECTING THE FACE.**

By R. K. Gosh.

An infant, nine months old, had an attack of diarrhœa, or muco-enteritis, as nosologists call it. The child had also a patch of eczematous eruption on the left cheek, originally of the size of a rupee, and freely discharging (on scratching) sticky, watery matter. The patch of eczema commenced on the twenty-eighth day of the birth of the child. Allopathic treatment was adopted for the eczema, but without benefit. The patch (in spite of the treatment) spread on the right side as far as the nose, and on the left side as far as the left ear. The child was under allopathic treatment for diarrhœa for fifteen days. On the sixteenth day the child had an attack of serous-diarrhœa, with vomiting of similar matter. The allopathic physicians were attending the child. One of them candidly told the father of the child that allopathic medicines would "kill the patient," and that a homœopathic physician should be called. I was sent for at 2 P. M. I found that the stools, and matter vomited were of a serous-acid nature; the urine was suppressed; there were cramps in the hands and the legs; the extremities were icy-cold; there were cold sweats over the forehead; the eyes were sunken in their sockets; there was sharp pain in the abdomen, on account of which the child attempted to press her abdomen often with her bent knees and cried bitterly; pulse was not perceptible at the wrist; the patient was very restless and wanted to drink every minute.

I prescribed *Iris versicolor*  $\text{ix}$ , in half-a-drop doses, a dose every hour. The first dose of *Iris* was given at 3 P. M. At 5 P. M. the patient passed a stool which consisted of mucus, fœcal matter, mixed with bile, and with acid smell. There was no vomiting since *Iris* had been taken. I saw her at 5:30 P. M. I found the pulse was rising; the extremities, which had been very cold in the beginning, had begun to be warm; the eyes looked a little more natural than at first. No urine had been passed lately. At 9:30 P. M. a consistent fœcal, bilious stool was passed, having much acid smell, and with about four ounces of urine. I saw the child at 10 P. M.; I found the pulse was fairly perceptible at the wrist and had become steady; her whole body had become warm and she seemed to be

comfortable. I prescribed no medicine and came away. The next morning I was sent for again. When I saw the child I found the pulse steadier even than the previous day. I prescribed *Iris versicolor* again, but the 3d potency, three doses daily. Next morning I was again sent for, and I found the child doing well. She had passed three stools, consisting of fæcal matter, bilious, and with some trace of mucus in them. She had also passed along with the stools large quantities of urine. Her pulse was natural, and also her countenance. I prescribed *Iris vers.* 3x again, three doses only daily. Next morning, when examining her, I found the patch of eczema on the face, of which I have made mention before, was scaling off here and there. The eczema was evidently decliniug; but I did not understand how it could be. The grandfather of the child said he had heard that such eruptions disappeared on taking homœopathic medicines internally, and so he thought the medicine which had been prescribed for the cholera must have had some virtue by which it cured the eczematous eruptions. Coming home I referred to Hale's *New Remedies*, 5th edition, Vol. II (Therapeutics), article *Iris versicolor*, where, on page 401, in paragraphs 2 and 3, the following remarks occur: "It has been found very useful in pustular eruptions on the head and face (tinea, prurigo, crusta lactea, eczema, &c.), especially in children." I now prescribed *Iris vers.* 3x in half-a-drop doses, three doses daily for a week, and the patch of eczema scaled off, leaving a brown scar in the affected parts. This occurred in July, 1892. I saw the child in September last, when I learnt there had been no recurrence of the eczema.

For the last three years I have been trying *Iris vers.* in cholera infantum and eczema, and with great success. I have kept clinical records of the cases which I have treated with *Iris vers.*, records which I shall publish as soon as circumstances permit.

*Nababpur, Dacca, East Bengal, India, March 18, 1896.*

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STATISTICS show the seasons of the year when scarlet fever and diphtheria are most severe, are almost directly reversed; scarlet fever being most fatal in the spring, and diphtheria in the fall and early winter. Pseudo diphtheria, however, is apt to prevail largely in late winter and spring.—*Reporter.*



**A PERFECTED TASK.\***By **Thomas Lindsley Bradford, M. D.**

Dead ! but his labor was finished,  
 And the marble on which he wrought  
 With its angled sides diminished,  
 Stands a statue of brilliant thought.

Dead ! but his life work was ended;  
 God had given him time to tell  
 His message to man, which blended  
 Its hope with his funeral knell.

Some die in midst of their labor;  
 With pickaxe, or compass, or pen;  
 Or drop the warrior's red sabre  
 To pass from the dwellings of men:

Go with the picture unpainted,  
 The book or the poem half done;  
 Some who at noontime have fainted  
 And fell ere the laurel was won.

Some are who wait at life's ending,  
 Regretting their prodigal waste;  
 Facing mistakes past the mending,  
 While apples of Sodom they taste.

But he, our brother, wrought bravely  
 At the task the Master had set;  
 Ending it steadfastly, gravely,  
 And passed without fear or regret.

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\*Read at a memorial meeting to the memory of Dr. Charles G. Raue, held by the members of the Philadelphia County Homœopathic Medical Society, at the Hahnemann Medical College, October 17, 1896.

**SOME OF DR. AD. LIPPE'S KEYNOTES.**

Thomas Lindsley Bradford, M. D.

During the winters of 1867-8, 1868-9 Dr. Ad. Lippe lectured on materia medica before the students of the Homœopathic Medical College of Pennsylvania, and it was my great good fortune to listen to him. At that time his "Text-book of Materia Medica" had just been published, and it was his custom to open the book at the remedy in question, and after reading a symptom to talk about and explain it fully. I took notes

of all he said, and after lecture used to write them down in the Text Book. My book is full of annotations; upon some pages there is hardly any space free from notes; to me the notes have been invaluable, for my experience has been that what Dr. Lippe said was a keynote is to be relied upon and I have verified many of these characteristics. I have copied from these notes and have mentioned no symptom that Dr. Lippe did not designate as a characteristic or keynote. The symptoms in brackets are not printed in the book in print but are taken from my annotations of Dr. Lippe's remarks.

*Aconite.* Vertigo when rising, with nausea; vanishing of sight; bleeding at the nose on rising in bed; immediately falls over on rising, and is afraid to rise again.

*Aconite.* Sensation as if the hairs of the head were standing on end; the scalp is sensitive to the touch.

*Aconite.* Fears loss of reason, and that friends will detect it; in such cases give only small dose. (See *Calc. c.*) Fright with anger; bad effects from anger.

*Aconite.* Ophthalmia from reflected light; walking on the snow in the daytime; from foreign bodies.

*Aconite.* Tingling in fingers while writing; tingling over the whole body; tingling with attacks of fainting, worse in fall and spring.

*Aconite.* Bad effects from cold air, suppressed perspiration from fright, with fear and anger (chronic affections, coughs, colds, dyspnoea, spitting blood, chest pains, when originating from a chill in dry, cold air; never wishes to open eyes).

*Agaricus mus.* Itching, burning and redness of the ears, as if they had been frozen; red spots on ears; itching and burning and redness, as if frost-bitten—ears, nose, cheeks, fingers, toes; chilblains.

*Agaricus mus.* Much hunger, but no appetite.

*Agnus castus.* Deficient secretion of milk in lying-in women. (Patient is in a sad, melancholy state; frequently repeats: "I soon shall die"—though she does not know why, and has no fear of death.)

*Allium cepa.* Profuse watery secretion from the nose, with violent sneezing, acrid burning, excoriating the nose and upper lip; fluent coryza, with running water from the eyes; smarting of eyes; headache; heat; thirst; cough; trembling of hands, worse in evening and in a room—better in open air. (Must take a long breath, and sneezes correspondingly.)

*Aloes.* (Infantile atrophy; child passes substances looking like jelly-cakes—sometimes small, at other times large; they adhere like congealed mucus—are green or transparent; evacuation of large or small quantities of mucus coming away in a mass, with pain or painless; when there is pain it is often very severe.)

*Aloes.* (Disorders of locomotive apparatus in pregnancy when a sense of weight and pressure into pelvis seems to cause the lameness.)

*Alumina.* Sensation as if œsophagus were contracted when swallowing a small morsel of food; it is felt until it enters into the stomach.

*Alumina.* Frequent ineffectual desire to urinate; the urine can only be passed during a stool. (For reverse condition see *Mur. ac.*)

*Alumina.* (Vaginal neuralgia; stitches in left side of vulva, extending to chest; beating and throbbing pain in vagina.)

*Alumina.* Pain in the back, as if a hot iron were thrust through the vertebræ.

*Ambra grisea.* (Menorrhagia; discharge of blood between periods at every little accident or after a hard stool, or a walk a little longer than usual.)

*Ammonium carb.* (Patient always has smelling bottle about her, is delicate, faints easily; she smells ammoniacal.)

*Anacardium.* Contradiction between reason and will; he feels as if he had two wills, one commanding him to do what the other tells him not to do. (Estrangement from individuals and society, with fear of the future; strange temper—he laughs at serious things and weeps at laughable things; thinks he is a demon.)

*Anacardium.* Suitable for eruptions caused by poisoning with *Rhus tox.* (See *Crot. tig.*)

*Angustura.* (Diarrhœa, with shivering over the face and with gooseflesh.)

*Antimonium crudum.* Alternate diarrhœa and constipation, especially in aged people. (Copious hæmorrhage from the bowels, accompanied by solid excrementitious matter; solid and liquid evacuations at the same time.)

*Apis mel.* Restlessness; continually changing his occupation. (Tires of friends and companions; child is continually wishing for some new plaything.)

*Apis mel.* Jealousy in women with no cause for it.

*Apis mel.* Hydrocephalus, with copious perspiration of the head; torpor; delirium, succeeded by sudden shrill cries; boring of the head deep into the pillows; squinting; grinding of the teeth; urine scanty (milky); twitching on one side of the body, while the other is paralyzed. (Spasm in the big toe; it is upturned and painful to touch. The shrill cries are very characteristic of *Apis*.) (See *Hell*.)

*Apis mel.* Œdematous swelling of the eyelids. (*Rhus* has also swelling of the surrounding face. Swelling of the lower eyelids—*Bryonia*. Swelling of upper lids—*Kali carb*.)

*Apis mel.* Burning stinging in the throat. (Constriction in throat, with heat and dryness—*Bell*.) Thirstlessness, with dropsy. (In sore throat the throat is never relieved by water; stinging in throat.)

*Apis mel.* Oppression of the chest; shortness of breath, especially when ascending; inability to remain in a warm room (also *Puls*). (*Ars*. is opposite.) (Sensation as if each inspiration would be the last one, as if breath would not be drawn again.)

*Apis mel.* Burning and stinging in the urethra. (Characteristic.)

*Apis mel.* Inflammation; induration; swelling and dropsy of the ovaries, especially the right. (Left ovary—*Lach*., *Graph*.) Sharp, cutting, stinging pain in the swollen ovary, worse during menstruation. (Symptoms worse from sexual intercourse.)

*Apis mel.* (Do not give *Apis* in pregnancy, unless with great care.)

*Apis mel.* Hives. (Red blotches with small white spots with great itching; very important in suppressed hives; pains as from bee stings; urticaria, with great itching at night.)

*Apis*. Panaritium, burning, stinging. (Stye, whitlow, in first stage, with stinging, burning pains. Use *Apis* to prevent development; in later stages use *Silicea*.)

*Preparation of Apis.* After inveighing against the usual preparation of *Apis*, which, Dr. Lippe said, was by dissolving the whole bee in the alcohol, he gave the following directions: Take one honey bee and draw the sting; the poison bag will be at the root; with a needle prick this and allow the poison to drop into alcohol; or let the bee sting a lump of sugar and dissolve sugar in alcohol.

*Arnica mon.* (All acute or chronic diseases resulting from a blow, fall or injury producing systemic shock.)

*Arnica.* Inflammation of the eyes, with suggillation after mechanical injury. (Eyes protruding.) (Bad effects from blows implicating the whole eye—for instance, a snow-ball—*Symphytum off.*)

*Arnica.* Whooping cough after crying; from tickling in the œsophagus; with expectoration generally of foaming blood mixed with clots of blood; sometimes in the evening with putrid mucus, which cannot be expectorated but must be swallowed again. (See *Con.*, *Caust.*) (Child always cries before the paroxysms of cough, as from fear of the soreness they cause.)

*Arnica.* Soreness in different parts of the body. (Pains and sufferings are of such violence as to drive the patient almost crazy; he scratches at the wall or bed, and does other absurd things, apparently for relief; pains change quickly from one part of the body to another; sense of weariness and fatigue, either from bodily exertion or originating spontaneously.)

*Arsenic.* Anguish, driving one out of bed at night and from place to place in the daytime. (Can give no reason for it; restlessness from pain. See *Rhus tox.* The *Arsenic* patient wants to go from one bed to another; gets in many positions in bed he feels so uncomfortable. Never give *Ars.* if restlessness is absent.)

*Arsenic.* Sensitiveness to cold.)

*Arsenic.* Profuse fluent coryza, of sharp, burning, excoriating water, with hoarseness and sleeplessness. (The excoriating water from nose and eyes together—*Euphrasia.*)

*Arsenic.* Lips black, dry and cracked. (Or purple and covered with black spots; brown streak on lower lip from one corner of mouth to the other, as if the skin was dry and lying in a streak; cancer of lip.)

*Arsenic.* Aversion to food, loathing the thought of eating. (Sickness from talking of food or smelling it.)

*Arsenic.* Vomiting of the ingesta (after each meal) after drinking; of a brown substance, with violent pain in the stomach; of a black substance of blood; of a green substance; with diarrhœa after drinking the least quantity. (Vomiting immediately after drinking; vomiting as soon as the water has been for a time in the stomach and become warm—*Phos.*)

*Arsenic.* Ulcers about the navel. (On the navel—*Calc.*)

*Arsenic.* Sudden sinking of strength. (Does not know his weakness until he tries to move. The *Phos.* patient thinks he is really weaker than he is, and does not want to move.)



*Arsenic.* Herpes, with vesicles and violently burning, especially at night, or with coverings like fish scales (which peel off).

*Arsenic.* (Symptoms all made better from heat; aggravation from heat—*Secale*).

*Arsenic.* Bad effects from poisoning with *Anthrax.*, all animal poisons, and other noxious substances; dissecting wounds. (Even when gangrene has set in.)

*Arum try.* Malignant scarlet fever, with sore nose; discharge of burning, ichorous fluid from nose, excoriating the nostrils and upper lip; can only breathe with the mouth open; the mouth burns and is so sore that he refuses to drink and cries when anything is offered. (Can't bear to take anything, even the medicine; does not like to see anything to drink brought to the bed.) (As soon as child gets better in scarlatina there is a frequent discharge of pale urine. Now stop the remedy.)

*Arum tri.* Hoarseness; clergyman's sore throat, worse from talking. (No control over the voice; it changes continually.) (Hoarseness from too much talking or singing; in opera singers.)

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## TWO GRATIOLA CASES.

By C. W. Sonnenschmidt, M. D.

Mrs. C., æt. 55, was attacked in June with diarrhœa; passages yellow, watery, frothy, gushing out with force. Severe cutting pains in abdomen, rumbling of flatulence. Occasional nausea and vomiting.

Prescribed *Colocynth* 6 every hour. Next day there was no improvement. Prescribed *Ipec.* 6, as the nausea and vomiting were more decided. Next day no improvement; passages more frequent. Other symptoms were aggravated. Upon close inquiry I found that a cold feeling in the abdomen had existed from the beginning and still persisted.

I prescribed *Gratiola off.* 3, which cured the case very promptly.

A new-born infant, three weeks old, was attacked with diarrhœa and severe colic. There were two or three passages in quick succession, and then an interval of an hour or two. Passages green or yellow, watery, *frothy*; nausea, vomiting. Severe pains *before* stools, relieved afterward for a short time; passages expelled suddenly.

*Cham.*, *Caloc.*, *Verat. alb.* and other remedies, given during the next few days, failed to relieve the little patient. Then a careful study of the symptoms, especially the yellow, watery, frothy stools, gushing out with force, induced me to give *Gratiola off.* 3d, which promptly cured the case.

I should mention here that in this case there was a decided redness around the anus, and on one side an abrasion of half an inch in extent, which caused some oozing of blood. This also improved rapidly under the influence of *Gratiola*.

I have no doubt that this case also had the cold feeling in the abdomen, but had to be treated by the objective symptoms alone.

*Washington, D. C., Nov. 6th, 1896.*

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## GELSEMIUM AND IGNATIA IN NEUROSAL AFFECTIONS.

By C. Sigmund Raue, M. D.

A prominent etiological factor in the production of a high degree of nervousness so common among business and professional men, "a general exalted reflex excitability," as Ultzman puts it, is emotional excitement. Hahnemann and the early pioneers in Homœopathy laid particular stress on the recognition of fright, grief, anxiety and worryment as potent factors in the production of various diseased states, and they have furnished us with most valuable indications for finding the curative remedy, when these psychic disturbances lie at the bottom of the complaint.

The class above referred to usually belong to the nervous temperament and are highly ambitious and active. Every undertaking is coupled with anxiety, every act accomplished with excessive expenditure of nerve-force. There is a leak in the nervous organization and soon the drain manifests itself in a train of symptoms of which a most prominent group is referable to the urinary tract. The secretion of urine being under the influence of the nervous system, as well as the entire genito-urinary mechanism, alterations in its constituents soon occur together with disturbances of micturition. The urine is pale, of low specific gravity, increased in quantity and rich in earthy phosphates. The patient urinates frequently; when the desire comes he cannot withstand it. There is marked hyperæsthesia of the urethra and the neck of the bladder; indeed we come across cases

in which the introduction of a sound or stone-searcher can only be accomplished under an anæsthetic. When there is marked spasm of the sphincter vesicæ from erosions in the prostatic urethra or catarrhal prostatitis it ceases to be a neurosal affection, and these cases are not within the domain of this paper. It must also be remembered that an abnormally small meatus urinarius oftentimes induces reflexly disturbances of micturition, which, of course, are only benefited by meatotomy; however in dealing with the purely neurosal affections we cannot confine our treatment to the urethra, for there are just as important disturbances of a common origin in other parts of the organism which claim our attention.

There may be nervous headaches, nervous dyspepsia, nervous diarrhœa, palpitation of the heart, insomnia, etc., all demanding constitutional treatment.

Perhaps no remedy is so often prescribed in these conditions as *Gelsemium*. The key-note "diarrhœa from fright," and the frequent urination, with passing of large quantities of clear, limpid urine, have apparently been looked upon as belonging to *Gelsemium* alone and have given it the field as a "nerve-bracer" without competition. I have used it here and it has signally failed me. Not because *Gelsemium* is not a good remedy, but simply because *Ignatia* was indicated. It is the genius of *Ignatia* to which these cases correspond—hyperæsthesia, "a general exalted reflex excitability;" how well marked this is exhibited in every symptom of *Ignatia*. It is where the allopath gives *Bromide of Potash* that we give *Ignatia*. The *Gelsemium* patient is in a more critical condition. It is the true, paralyzing "stage-fright" that has attacked him. There is not only diarrhœa from fright, but also paralysis of the sphincter ani and involuntary escape of urine; general weakness and trembling; nausea; heart feels as if it would stop beating if he did not keep moving; even fainting; here the allopath would give *Strychnia*. We can therefore say that *Ignatia* is to us what bromides are to the aliopath, the homœopathic *Bromide of Potash*, and *Gelsemium* the homœopathic *Strychnine*, just as *Chamomilla* has been called the homœopathic *Opium*.

*Philadelphia, 121 N. 10th St.*

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*Mezereum*.—Troublesome muscular twitching in the left upper eye-lid, for eight weeks.—*Chronic Diseases*.

**A SPECIFIC FOR EXOPHTHALMIC GOITRE.**

By Herbert J. Knapp, M. D.

After treating many cases of exophthalmic goitre, I have come to the conclusion that I have found a specific for that disease in *Fucus vesiculosus* (sea wrack). I might record one case. Mrs. Mary B., aet. 24 years, German, came into my clinic at the Brooklyn E. D. Homœopathic Dispensary, to be treated for swelling of the neck of several years' duration. I gave her the tincture of *Fucus ves.*, thirty drops three times a day. The treatment began December 1st, 1895, and patient was discharged cured, on October 2d, 1896. Would be pleased to hear from any others who have had any experience with *Fucus Vesiculosus*.

[The pages of the RECORDER are open for any replies.  
Editor HOMŒOPATHIC RECORDER].

**A CASE OF INTERMITTENT FEVER(?).**

By H. L. Saba, Homœopathic Practitioner.

At 7 A. M. On the morning of the 26th December, 1895, I was called to see a patient said to have contracted fever three or four days previously. Going there I found the patient to be of robust and healthy constitution, about 45 years of age. He lay motionless and drowsy in his bed, but was capable of answering questions when asked. His pulse faintly perceptible in his left wrist, but not at all in his right one; temperature, 97. His whole body was icy cold, but I found no perspiration on it. Thinking the case to be one of a very low stage of remission, I prescribed *Opium* 30x, three doses to be taken every hour, and advised the friends of the patient to report to me after the medicine had been taken. At 1 o'clock I was again called to the bedside of the patient, when I found him very restless, tossing about in his bed, intensely thirsty—drinking often, but a small quantity at a time—and wanting to be continuously fanned. Strange to say there was no rise of temperature, the body being icy cold as before. Pulse not perceptible in the right wrist, but only faintly so in the left. I prescribed *Arsenic* 30x every two hours.

Next morning an old and experienced practitioner having been called, he, after examining the patient, whose condition was

not at all changed from what it was on the day before—prescribed *Quinine* mixture (5 grains of *Quinine* per dose) to stop the paroxysm of fever—if it could be so called at 12 noon, in alternation with a stimulant mixture composed of brandy and *spt. Chloroform* every hour. The paroxysm returned as usual at 12, though three doses of quinine mixture had been taken. Before the paroxysm the patient felt a little shivering, which was followed by restlessness more violent than before. Moreover he suffered this day from a violent attack of cramps in the calf of his legs and in his feet. I gave him *Cup. ars.* 12x to be taken every two hours, and had hot bottles applied to the parts affected with the cramps. I found the patient much worse in the evening. The cramps continued to be very troublesome and the patient was restlessly tossing about in his bed, thus suffering from a sort of internal heat, though the temperature was below normal and the body was as cold as before, the patient wanting to be continuously fanned as before. I now prescribed *Secale* 30x every two hours. Next day, morning, I saw the patient, much better. Pulse perceptible in both the wrists, body a little warmer, though there was no change in the temperature. The same medicine was continued (diet, sago with milk). There was no paroxysm next day as before. I found him much better in the evening—neither restless nor suffering from the cramps. The heat of the body seemed to be normal—temperature standing at 97-8. The patient had passed a formed stool in the course of the day. A few doses of *Sac. Lac.* were given in the night and the patient was all right the next day.

*Pabna, Bengal, India.*

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## NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Buffalo, N. Y., November 14, 1896.

Editor of THE HOMŒOPATHIC RECORDER:

The decision of The American Institute of Homœopathy to hold its next meeting in Buffalo, N. Y., was received with much pleasure by the profession in this city.

Active steps were at once taken by Dr. A. R. Wright, who had been appointed Chairman of the Local Committee of Arrangements, toward choosing his assistants and forming the eleven sub-committees to have charge of the several branches of the work to be accomplished.



The sub-committees, composed of about six persons in each, were completed in August last, and have already made material advancement in their respective departments.

Buffalo has gained much celebrity of late as a convention city, no less than twenty national associations having met there this season. Many more are looked for next year, including the encampment of the G. A. R., which will bring to the city no less than 300,000 persons, including delegates and their friends.

For The American Institute, which will meet in Buffalo in June of next year, the local committee have already engaged the Iroquois Hotel as headquarters, and also have arranged at the same hotel for several committee rooms.

It has been suggested that the alumni associations of the various medical colleges may desire to engage headquarters for their societies during this meeting, and it would be well for such to report to the local committee in good season in order to obtain desirable locations.

A special feature of the work of the local committee will be that done by the sub-committee on new members, working in connection with the regular committee of the institute. A particular effort will be made to increase the membership. It is proposed to send an urgent invitation to every Homœopathic physician in the United States, who is not a member, asking him to join this year.

Further details of the efforts of the local committee will be announced as the work progresses.

Fraternally yours,

JOSEPH T. COOK,

Per CHAS. L. MOSHER,

*Secretary Local Committee,*

*636 Delaware Ave., Buffalo, N. Y.*

By order of Dr. A. R. Wright, Chairman Local Committee,  
414 Elmwood, Ave., Buffalo, N. Y.

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*Zincum.*—Very violent drawing tearing in the middle part of almost all the long bones, so that they have hardly any firmness from sheer pain.—*Chronic Diseases.*

*Guajacum.*—Headache, at night, like a pressure from below upward in the brain.—*Chronic Diseases.*

## SOME POINTS ON SABAL SERRULATA.

By Freda M. Langton, M. D.

The *Materia Medica Journal* (Sept.) contains a proving of this comparatively new, but important, remedy by Dr. Freda M. Langton, of Omaha, that is quite valuable, being the first made by a woman. "Had I known the torment," writes Dr. Langton, "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." The proving was begun with five drops of the tincture four times a day, which in a few days was increased to ten drops. For the first three days no effect was noticed, but after the third day symptoms in abundance rapidly accumulated.

"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 and 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.”

A good many remedies were tried to relieve this distressing condition, but of no avail.

“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 pain and soreness of the ovaries, cephalalgia, acid stomach, flatulence, etc., and I was struck with

the similarity to the condition 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 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.”

Commenting on the possible use of the remedy aside from its indications, Dr. Langton says:

“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.”

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*Alumina*.—Restlessness in the evening as if evil were imminent.

Apprehension of losing his thoughts, his reason. Very timid, is startled at hearing the least thing fall.

He thinks he cannot get well again.—*Chronic Diseases*.

**CRATÆGUS OXYACANTHA IN THE TREATMENT OF HEART DISEASE.**

The *New York Medical Journal* of October 10th, 1896, contains a letter from Dr. M. C. Jennings under the above heading that is interesting and introduces a remedy which may be of some considerable use in the treatment of certain forms of heart disease. This is the substance of the letter.

Until about two years ago there lived at Ennis, County Clare, Ireland, a well-known physician named Greene.

Dr. Greene was well and favorably known over the greater part of Ireland and parts of England and Scotland for professional skill and learning, but chiefly for his reputed ability to cure heart disease.

People flocked to him from all parts of the land to be treated for that disease.

He amassed a good deal of money out of his secret remedy, but lost caste with the profession for refusing to disclose his secret. About two years ago he died, and his daughter, a Mrs. Graham, the sole beneficiary of his will, directed the executor of the will to make public the heart cure. This he did, and it was found to consist of *Cratægus oxyacantha*.

Dr. Jennings procured some of the fruit and prepared the remedy himself. In practice he obtained the following results:

Case I was that of a Mr. B., aged seventy-three years. I found him gasping for breath when I entered the room, with a pulse-rate of 158 and very feeble; great œdema of lower limbs and abdomen. A more desperate case could hardly be found. I gave him fifteen drops of *Cratægus* in half a wineglass of water. In fifteen minutes the pulse beat was 126 and stronger, and breathing was not so labored. In twenty-five minutes pulse beat 110 and the force was still increasing, breathing much easier. He now got ten drops in same quantity of water, and in one hour from the time I entered the house he was, for the first time in ten days, able to lie horizontally on the bed. I made an examination of the heart and found mitral regurgitation from valvular deficiency, with great enlargement. For the œdema I prescribed *Hydrargyrum cum creta*, *Squill*, and *Digitalis*. He received ten drops four times a day of the *Cratægus* and was permitted to use some light beer, to which he had become accustomed, at meal time.



He made a rapid, and apparently full, recovery until, in three months, he felt as well as any man of his age in Chicago. He, occasionally, particularly in the change of weather, takes some of the *Cratægus* which, he says, quickly stops shortness of breath, or pain in the heart. His father and a brother died of heart disease.

Case II was that of a young woman. I was met in the hallway of her home, as I entered, with the announcement that she was dead.

I went in and found that she was not quite dead, though apparently so. I put five or six drops of *Nitrite of amyl* to her nose, and alternately pressing and relaxing the chest, so as to imitate natural breathing, I soon had her able to open her eyes and speak. I gave her hypodermically ten drops, and in less than half an hour she was able to talk and describe her feelings. An examination revealed a painfully anæmic condition of the patient, but without any discoverable lesions of the heart, except functional.

The pulse was hardly perceptible for twenty minutes after she received the hypodermic injection; after that lapse of time it grew slowly strong and less numerous, and at the end of half an hour was fairly good.

A chronic dysentery and indigestion, which were responsible for her trouble, having been cured, the heart trouble and nervous state gradually responded to the general improvement until, at the end of ten weeks, the girl was in a perfect state of health.

She received ten drops of *Cratægus* after meals, three times a day for one month—after that only occasionally. Her heart trouble, though very dangerous, was only functional, and resulted from the want of proper assimilation of the food, due chiefly to the dyspeptic state and dysentery.

Case III was that of a lady from Louisville. She had come hither and put herself under the care of a faith-cure man, and had grown worse daily, until she was taken with dyspnoea at the time I was called to her. She could have lived but a short time if relief was not promptly given her. She was suffering from compensatory enlargement of the heart from mitral insufficiency. A married sister and her father had similar trouble, she said. Her treatment was ten drops of *Cratægus* in half a wineglass of water, four times a day after eating, with a pill consisting of *Hydrargyrum cum creta*, *Digitalis* and *Squill*. When any indi-

cation of salivation became evident the pill was omitted until the gums or mouth had become normal. After one month all active treatment, except a tonic, had been succeeded by an occasional treatment only for the next succeeding two months, and which consisted in giving the patient the medicine once or twice daily and only increasing the frequency of the dose when a lowering barometer or heavy atmosphere indicated possible heart trouble. This patient returned to Louisville in three months apparently well, or at least with neither subjective nor objective signs of disease of the heart.

In a letter from her, three months afterward, she said she was feeling well, but that she would not feel fully secure without some of the *Cratægus*.

The forty other cases ran courses somewhat similar to the three cited—all having been apparently cured. Yet I am not satisfied, beyond a doubt, that any of those patients were completely cured, except those whose troubles of the heart were functional, like the second case cited. And it is possible and even probable that in weather of a heavy atmosphere or when it is surcharged with electricity, or if the patient be subjected to great excitement or sudden and violent commotion or exercise, he may suffer again therewith. That the medicine has a remarkable influence on the diseased heart must, I think, be admitted. From experiments on dogs and cats made by myself, it appears to influence the vagi and cardio-inhibitory centres, and diminishes the pulse rate, increases the intraventricular pressure, and thus filling the heart with blood causes retardation of the beat and an equilibrium between the general blood pressure and force of the beat. Cardiac impulse, after a few days' use of the *Cratægus*, is greatly strengthened and yields that low, soft tone, so characteristic of the first sound, as shown by the cardiograph. The entire central nervous system seems to be influenced favorably by its use; the appetite increases and assimilation and nutrition improve, showing an influence over the sympathetic and the solar plexus. Also a sense of quietude and well-being rests on the patient, and he who before its use was cross, melancholic and irritable, after a few days of its use shows marked signs of improvement in his mental state. I doubt if it is indicated in fatty enlargement. The dose which I have found to be the most available is from ten to fifteen drops after meals or food. If taken before food it may, in very susceptible patients, cause

nausea. I find also that after its use for a month it may be well to discontinue for a week or two, when it should be renewed for another month or so. Usually three months seem to be the proper time for actual treatment, and after that only at such times as a warning pain of the heart or dyspnoea may point out. *Digitalis* in some form should be used as an adjunct to the *Cratægus*.

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### CALENDULA OFFICINALIS.

Dr. Joseph O. Garrison, Easton, Md., comes to the rescue of *Calendula* against the assertions of its worthlessness in recently published works on surgery. After quoting the statements of the bacteriologists against the drug and many eminent men's opinions in its favor, he gives the following interesting personal experience with it which is both interesting and useful (*Medical Century*, Oct. 15):

“My personal experience with *Calendula* dates back to my boyhood days, when Dr. Phillips, of Cape May, N. J., our family physician, prescribed it for all kinds of incised and lacerated wounds, and with the happiest of results.

“My second experience with the drug was when I was clerking in the office of a machine shop, and procured for the mashed and torn fingers of the men, from too close contact with hammer and cogwheel, a bottle of *Calendula*, which was so satisfactory that to this day a bottle is kept handy. The men would cleanse, as best they could, a begrimed, greasy and mashed finger, apply the *Calendula* solution, wrap it up in an indifferently clean rag, keep it saturated for a few days and then go to work—result, no soreness, very little tenderness and no pus or sloughing, and no cicatricial contraction.

“Since commencing practice I have verified the use of *Calendula* as a dressing for various diseased surfaces.

“In one case of very extensive abscess of the cellular tissue extending from the clavicle anteriorly to a point below the lower border of the ribs posteriorly, which came to me from an old school doctor, who diagnosed the case as malaria, and from which on first opening there came not less than four pints of pus, I used *Bichloride of Mercury*, *Carbolic Acid*, *Permanganate of Potash*, *Hydrogen Peroxide*, Laborac's and other solutions, but with no good effect; the pus was sanious and offensive, the septic chill continued and the fever was increasing. I then began using

*Calendula* solution, after thorough cleansing with hot water, and at once the chills became less severe, the temperature gradually came down and the pus became more laudable and less in quantity until it ceased and the cavity healed by granulation, with final recovery of the patient.

“I have never used any preparation except the tincture, although many use the *Succus Calendulæ*, claiming less irritation and better results than from the alcoholic preparation.

“I use the tincture in solutions of from one part to eight parts to one part to one hundred and twenty-eight parts (teaspoonful to the pint) of hot water, mostly in the solutions of from one to ten, to one to twenty. I have used these solutions in cases of lacerated wounds in which there was much soreness and bruising of the tissues, with abatement of soreness and entire absence of pus, healing taking place by first intention where the integument was brought together, and by granulation where there was much loss of tissue, and with no or very little contraction.

“In several cases of parturition with bruised and lacerated tissues, after severe instrumental deliveries, *Calendula* has proved of great value, relieving the intense soreness and preventing extensive suppuration and apparently promoting healing; especially in one case, where *Bichloride of Mercury* in solution of 1 to 7,500 had proven poisonous, was it valuable.

“It is also of value in leucorrhœa when it is very free and purulent, and the patient complains of much soreness in the vagina, with or without external excoriation.

“In one or two cases of obstinate gonorrhœal urethritis, where the pus continued and great soreness was present, an injection of hot water, followed by a solution of *Calendula*, has rapidly cleaned up the case, after failure of the more commonly used solutions.

“In suppurative otitis media the solution aids healing and cleansing; or after cleansing with simple warm water the meatus can be packed with a powder made as follows:

Tinct. *Calendulæ* . . . . . ʒi  
 Sacch. lact. . . . . ʒi

M. and triturate to dryness and add:

Acidi boracici . . . . . ʒi

“For the dry treatment of this condition this combination will give better results than *Boric acid* alone.

“In a recent case of double suppurative catarrh of the middle

ear, after failure of *Hepar* and *Silicea* and the dry treatment as above, improvement set in at once under the internal use of *Calendula* 3x, continued until the discharge was almost stopped, when a return was made to *Silicea* on account of the great glandular enlargement, which was present on both sides; the improvement begun under *Calendula* continued until perfect recovery resulted.

“I have been lately using this powder in a number of cases of minor surgery, simply covering the wounded surfaces with it after they were cleansed by hot water and ready for dressing; in cases of clean-cut wounds, knowing to a certainty there would be healing by first intention, and in cases of laceration and loss of tissue, feeling sure granulation would come on quickly and healing take place with a minimum of suppuration.

“*Calendula* cerate, as made by our homœopathic pharmacists, has many uses, among them coverings for burns and scalds; some cases of eczema with soreness; almost a specific if used in the dry stage for herpes labialis, and promoting healing when vesicles and pustules have formed and are broken. Good for the fissured lips we so often see, covered with scabs. Any break or abrasion of the skin finds a reliable remedy in it.

“In erythema of hands and face from either cold, wind or heat, it is almost a specific, either as a *Calendula* cerate or in a preparation which has given me much satisfaction:

R—Tinct. *Calendulæ* . . . . . ʒij  
 Tinct. *Benzoini* . . . . . ʒj  
 Sp. *Vini Rect.* . . . . . ʒi  
*Glycerinæ* . . . . . ʒiv  
*Mucilago Cydonii* . . . . . q. s. Oij

M.—Sig., apply locally.

“This is more cleanly than the cerate and contains enough dilute glycerin to lubricate the skin and enough *Calendula* to promote healing.

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### PRACTICAL POINTS.

[Translated for THE HOMŒOPATHIC RECORDER from Pop. Zeitschrift für Hom., Sept. 1, 1896.]

Respecting THE DIAGNOSIS OF HEART DISEASE, Prof. Dr. Eulenburg remarks: “Anyone who is well acquainted with diseases of the heart knows that a diagnosis should be made with the utmost caution when he examines the patient FOR THE FIRST time during a fainting spell.



HYGROMA PATELLÆ (Inflammation of the Synovial Membrane of the Knee).—"I can only confirm your communication in the last number of your periodical concerning the extraordinary effects of *Arnica* 3 in this ailment. In two cases which had lasted respectively  $1\frac{1}{2}$  and  $\frac{3}{4}$  of a year, and had been treated internally, and where I myself had used without effect *Iod.* and *Calc. carb.*, *Arnica*, administered externally and internally, effected a cure in less than 14 days. No one could doubt the medicinal effects in these two cases, for the ailment had existed too long unchanged for any such supposition. DR. T.

VORACITY OR BULIMIA is a state that generally is developed quickly, in which a person is seized with an extraordinary hunger, which is attended with pains in the stomach or even fainting fits when the appetite is not satisfied. We must distinguish this from the so-called canine hunger (*Fames canina seu lupina*), in which the appetite is directed to things not usually eaten, as well as the morbid appetite with children and certain (diabetic) patients. Bulimia may appear with persons whose stomach or intestines are diseased, or also in invagination. It may be a so-called nervous phenomenon, or also simply a natural one, caused by fasting. It is most rational to moderately satisfy the appetite—*i. e.*, to eat, but to take care to masticate properly. If such states recur frequently the causes must be investigated and removed—*i. e.*, an appropriate treatment must be given. If no causes can be discovered, this condition must be treated symptomatically:

*Menyanthes* 3, when the hunger passes away after eating a little.

*Rhus tox.* 3, when it is aggravated by eating.

*Spigelia* 3, when there is voracity with nausea and vomituration.

*Kali muriat.* 3, when it disappears by drinking water.

*Sabadilla* 3, in voracity after eating sweets or farinaceous food.

To effect an eventual cure, *Schelling* especially recommends *Calc. carb.* in children, but *Asafœtida* in nervous persons. I myself have always seen good effects in such patients from *Ignatia* 4. Farrington gives *Lycopodium* as a specific in voracity, when there is considerable fullness after eating. P.

HEMOPTÆ.—Besides the usual remedies in hemoptæ, as *Ipecacuanha*, *Hamamelis*, *Arnica*, *Aconite*, *Millefolium*, *Acalypha Indica*, *Secale*, etc., we ought also sometimes to consider *Ledum palustre*. It is especially employed in the hemoptæ with persons given to drinking and also with persons of a rheumatic constitution. Joussett recommends its use and points to his good success in many cases. Its use is especially indicated by frequent impulses of coughing and by the coughing up of great quantities of blood. It must, however, according to Jousset, be given in a low potency—even up to 1-20 drops of the mother tincture for a dose—as higher potencies frequently show no effect at all. It may be given in much larger doses without any apprehension, as it has no poisonous qualities. It is often given in alternation with *Aconite*.

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## BOOK NOTICES AND GOSSIP.

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**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. 214 pages, cloth, \$1.25; by mail, \$1.33. Philadelphia. Boericke & Tafel. 1897.

This fine little work will unquestionably fill a long felt want in homœopathic circles, *i. e.*, for a fresh, ably written, up to date book on the nose and throat by an experienced specialist, and for a book on nose and throat that is sold at a low price. It is designed especially for the general practitioner and the medical student, and is therefore concise, and right to the point, in its treatment of the various nose and throat diseases. The author says on this subject, "Few general practitioners have either the time or the inclination to wade through a volume on rhinology and laryngology which deals with exhaustive details, though a working knowledge of the diseases of the nose and throat is absolutely essential to the successful physician." The reader does not have to "wade through" this book, for he finds what he wants in its pages concisely and clearly put. The 214 pages of the book are divided into twenty chapters, which will cover ninety-nine cases of "nose and throat" out of every hundred. The type is clear, paper and press work good and binding all one could ask. It is a safe prediction that this book will be one of the successes of the year.

**The Principles of Medicine.** An introduction to the study of special pathology, being a course of lectures delivered to the classes of the Cleveland University of Medicine and Surgery. By E. R. Eggleston, M. D. 128 pages, 12mo. Cleveland University of Medicine and Surgery. 1896.

This neatly printed little book is a condensation of the lectures delivered by Dr. E. R. Eggleston, of Mt. Vernon, O., at the Cleveland University of Medicine and Surgery. The contents cover such topics as disease, etiology, nutrition, tubercle, temperature, diagnosis, prognosis, etc. In his preface Dr. Eggleston says that the day of didactic teaching is drawing to a close and the text-book will soon take its place. This interesting little work, we are also told, is the forerunner, of "a larger and completer work on same subjects in course of preparation."

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**Essentials of Physical Diagnosis of the Thorax.** By Arthur M. Corwin, A. M., M. D., Demonstrator of Physical Diagnosis in Rush Medical College. Second edition, revised and enlarged. 199 pages. Cloth, \$1.25.

This little book is about as complete a guide to the diagnosis of diseases of the chest as one could ask for; it covers all the diseases of that part of the body and gives all the prominent signs, as well as the finer shades, by which each disease or disorder may be detected or differentiated from others. The fact of a second edition also speaks well for the work.

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**Physician's Visiting List for 1897.** Philadelphia: P. Blakiston, Son & Co.

With the approach of the new year the 1897 edition of this famous visiting list puts in its appearance, slightly enlarged with a few new features and as elegant as ever.

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**The Standard American Encyclopædia of Art, Sciences, History, Biography, Geography, Statistics and General Knowledge.** Prepared under the supervision of John Clark Ridpath, LL. D. Encyclopædia Publishing Co., 156 Fifth avenue, New York. 1897.

This work is divided into eight volumes, pages of long quarto size, 11x7 $\frac{1}{4}$  inches. The aim of the publishers has been to

make it a busy man's encyclopædia. In doing this they have omitted no subject that is to be found in works like the *Encyclopædia Britannica* but have condensed the text—in place of giving the reader an essay of ten or thirty pages on a given subject have boiled it down into a column or a page. Half of the 7th and all of the 8th volumes are taken up with tables on almost every conceivable subject, from college yells to a condensed biographic table of every great man, from horse racing records to a complete chronological outline of history from the discovery of America. If you want a book of this sort write to the publishers for prospectuses and terms (see also advertisement in this month's RECORDER), and say you saw it in THE HOMOEOPATHIC RECORDER.

A WESTERN physician sends us a copy of a Chicago spiritualist paper containing the advertisement reproduced below. Our correspondent writes that the RECORDER ought to give this

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book is being so extensively advertised in our leading journals. This man Carey's character is self-advertised in his card; his medical degree, as the *RECORDER* has shown in the past, was self-conferred in a diploma mill started by himself. Needless to add that a book from such a man would be a disgrace to any medical library.

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THE *Monthly Homœopathic Review* says: "We can heartily commend Dr. Douglas' *Repertory of the Tongue* to our readers as a useful and carefully compiled book."

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THE *Homœopathic World* gives high praise for Dr. Hurndall's recently published *Veterinary Homœopathy in its Application to the Horse*. Among other things it says: "He does not look upon the horse from the purely commercial nor even from the clinical material point of view; he regards them with the sympathetic fellow-feeling that all patients of whatever race ought to receive." The book is undoubtedly the best one on the treatment of the diseases of the horse ever published.

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MESSRS. BOERICKE & TAFEL have broken the record for new homœopathic books in the year 1896. Up to present writing they have published ten new works (not counting reprints of standard works from plates) and have four others in press, one or two of which may appear before the first of January. They have many new and important works under contract.

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WE have received a copy of "Vaccination Funeral March" set to the music of "Rock of Ages," by the veteran writer, homœopathist and anti-vaccinationist, Dr. J. J. Garth Wilkinson. It is as vigorous as anything the author of *Epidemic Man* has written. Here is a sample verse:

Pollution dire, and no escape,  
 Law has taken Herod's shape.  
 Herod's judge. The likes of them  
 Slew the babes of Bethlehem.  
 Vaccination, skin and bone  
 Reigns upon his gory throne.



“THE book,” Hurndall’s *Veterinary Homœopathy*, “is well worth the price to every doctor who owns a horse, and of inestimable value to the farmer and ranchman,” saith the *Denver Journal of Homœopathy*. Let us indulge in the hope that sooner or later every doctor will have a horse, if not a span; but while waiting for the coming equine let the doctor study that animal with the aid of Hurndall, of whom the New York *Commercial Advertiser* said: “Some people really do understand horses pretty well, and among them is John Sutcliffe Hurndall, M. R. C. V. S.”

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WE have received two interesting pamphlets on the subject of “Inoculation” (which term in the pamphlets covers the serum therapy craze), reprints from I. H. A. Transactions of 1896, by B. Fincke, M. D., Brooklyn, and Walter M. James, M. D., the well-known editor of that staunch homœopathic journal, the *Homœopathic Physician*, of Philadelphia. Needless to add that the follies of “serum” and its tribe are handled without gloves.

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DOUGHTY’S *Genito-Urinary Diseases*, the publishers report, has passed the 300th page and ought to be out near the first of January. From what we have seen of the advance sheets the book will be unique and as popular with one school as the other, and yet, withal, a sound homœopathic work. If in need of such a work it would be well to wait the appearance of this book, as otherwise it might involve the purchase of two books where one would answer your purpose.

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WE are glad to be able to announce that the veteran Dr. James B. Bell has prepared the copy for a fourth edition of his famous work on *Diarrhœa*, and that it is now in press. The size will be different from the third edition, returning, at the author’s suggestion, to the small form of the first edition. Aside from this there will be very few differences between the fourth and the third edition, no new remedies having been added and none dropped. In fact, Bell on *Diarrhœa* comes very close to being a perfect book. But, then, what homœopath is there that does not know all about that work?

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THE publishers of Malcolm and Moss’ *Regional and Comparative Materia Medica* have turned over the stock of that work to

Messrs. Boericke & Tafel, as selling agents. The arrangement of this book is original, and with many practitioners it is highly popular; the reason for this is the arrangement; for instance, one is looking for a peculiar skin symptom, or heart and pulse, cough, eyes, mind, or any of the divisions into which homœopathic materia medica falls, instead of looking up each remedy separately he can, in this *Regional and Comparative Materia Medica*, find all the skin symptoms of the recognized materia medica grouped under one heading; and so are they grouped for mind, inner head, outer head, etc., etc.; and, to further simplify matters, each of the forty two chapters is followed by a repertory. The book is worthy of careful examination, as it may be just what the reader has been wanting.

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DR. ARNDT, we hear, has nearly completed the manuscript of his work on the practice of medicine, to which he has been devoting himself for several years. It will be a one volume work, with nothing superfluous, yet nothing left out that the practitioner or student has a right to look for in his work on practice.

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“Raue himself had been absorbing wisdom for nearly twenty years when, in 1867, his first homœopathic work, *Special Pathology and Therapeutic Hints*, appeared. It was dedicated to Hering in the following words :

“HONORED FRIEND :—As a token of most grateful acknowledgment of your uniform friendship so long enjoyed by me, and of my appreciation of your high attainments in science and vast experience in practice, I would dedicate to you this fruit of my humble labor.

“Your ever grateful

“PHILADELPHIA, December 3d, 1867.”

RAUE.

This book, marvelous in its completeness and practical scope, into the last edition of which (1896) the author put what was new in the progress of medical science, as well as the remainder of vitality left him, the writing of the preface being his last stroke of work upon earth, is a monument to his industry—surely a book no homœopath can afford to be without. It represents the making practical of what was theoretic, the showing of *how* the thing should be done. Hering inscribed his *Condensed Materia Medica*, likewise a text-book for students, to his friend Raue.”—*Dr. C. B. Knerr in Hom. Physician.*

# Homœopathic Recorder.

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## CLOSE OF THE HOMŒOPATHIC RECORDER'S ELEVENTH YEAR.

The first number of the RECORDER, succeeding *The Bulletin*, appeared on January 15, 1886, under the able management of that respected physician, Dr. J. T. O'Connor, of New York. The journal continued under Dr. O'Connor's management for three years, published bi-monthly.

In 1889, Dr. C. F. Millspaugh, the well-known botanist and author of that great work, *American Medicinal Plants*, controlled the journal.

In 1890 the present management assumed control of the RECORDER.

In 1893 the publication was changed from a bi-monthly to a monthly, and since then has prospered and its list of subscribers steadily grown until it is now probably second to none, in point of bona fide subscribers, among homœopathic journals.

The aim of the present management has steadily been to make the RECORDER a homœopathic forum, from which the physician who prescribes D. M. M. potencies on down the potency scale to him who pins his faith and practice to the mother tincture doses, the physicians who stick to the single remedy and those who believe in alternating, and all others, could be fairly heard, always barring personalities. No attempt has been made to intrude in the field of the many specialists, so ably occupied by a number of our contemporaries, but the effort has been to keep the journal in the broad field of general homœopathic medicine, a field interesting to the specialist as well as the general practitioner. The pursuance of this policy, to judge by the increase of subscribers, has met with the approval of the profession, and

to day the journal's readers and contributors hail from all parts of the world.

Especial attention has been, and will be, devoted to the introduction of new remedies—not the trade-marked products of the laboratories, but the remedies of nature from which Hahnemann drew the “old guard” of polychrests. Many of them may be of slight value—that is for the reader to determine—but among them will be found those that are of the highest value filling niches in the therapeutic temple hitherto vacant.

There is one change in the RECORDER that might be noted here: that it has outgrown the “sample copy” age, though large editions from time to time are still sent out, as is the case with the present number, which we shall try to place in the hands of every homœopathic and liberal physician whose address we can obtain, in the hope that many of them may conclude to become subscribers and contributors.

And now, craving the reader's pardon for having taken up so much time with purely domestic matters, and wishing him a Merry Christmas and a Happy New Year, the editor doth hereby withdraw again into his shell as an editor, in the old dictionary sense.

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#### **The American Institute of Homœopathy at Buffalo.**

Attention is called to the letter from Dr. J. T. Cook, published in this number of THE RECORDER, concerning the meeting of the American Institute of Homœopathy, at Buffalo, N. Y., next June. Especial attention is called to the paragraph “It is proposed to send an urgent invitation to every homœopathic physician in the United States, who is not now a member, asking him to join this year.” Let our readers who are not members consider Dr. Cook's letter an invitation to join the institute and, if possible, attend the next meeting. Buffalo is an interesting and pleasant city to visit; it is not far from that wonder of nature's, Niagara, a sight of which in June is something to remember the remainder of one's life.

The local committee is a good one, consisting of Drs. A. R. Wright, J. T. Cook, E. P. Hussey, B. J. Maycock, G. P. Moseley, C. S. Albertson, A. M. Curtis, Jessie Shephard, F. P. Lewis, G. R. Stearns, T. J. Martin and D. G. Wilcox.

Join the institute, thereby strengthening the cause of Homœopathy, the institute and yourself!

## REPORT OF ROYAL COMMISSION ON VACCINATION.

The following points, mainly taken from the *Homœopathic World*, will give an idea of the drift of public sentiment on this report, and a fair idea of the tenor of the report itself. Perhaps the most important point is the confirmation of the unanimous recommendation made by the Commission in 1892, that "persons imprisoned under the vaccination acts shall no longer be subjected to the same treatment as criminals," a recommendation which Lord Saulsbury then declared would practically repeal the vaccination acts. Of this recommendation the *Saturday Review* says: "And this is as it should be. There are a great many things that our medical high priests would like to see made compulsory, but life is too short, and it is impossible for us to be inoculated for all the complaints against which some 'lymph' has been prepared." Caustic, but showing the drift of even the old Tory world.

The *St. James' Gazette*, a strong pro-vaccination paper, admits that "the full text of the document shows that the anti-vaccinators have prevailed."

There are two reports, the majority and minority, and it is of the majority report that this is said; the minority report is in favor of the old order of things.

The majority report disapproves of legal compulsion; advocates the cessation of criminal treatment and prosecution of any kind; states that the prophylactic power of vaccination has been much exaggerated and its perils to health dangerously underestimated.

Those who recall the published reports concerning the state of affairs at anti-vaccinated Leicester will be surprised at the following extract from the report under consideration, where it treats of sanitation and isolation as means of preventing the disease: "Leicester suffered less than many of the other large towns which have been invaded by small-pox during recent years, both in the number of cases and in the number of deaths." This is so at variance with the stories published in the daily press as to be startling.

It is recommended that the age period of vaccination for children in England and Wales, and in Ireland, be extended to six months from the date of birth. "An epidemic," it says, "is



not likely to originate, nor in its early days to grow, owing to the non-vaccination of that class (young children)."

Two of the Commissioners, Dr. Collins and Mr. Picton, while dissenting from some parts of the majority report, nevertheless make the following statement:

"We are of the opinion that a resolute and universal enforcement of vaccination is neither possible, nor expedient, nor just. It is not possible, because there exists a sufficient amount of conscientious opinion opposed to it to give recalcitrants the credit of martyrdom, and because in great centres, such as Leicester, it is questionable whether even the police could carry out compulsion without the aid of the army. It is inexpedient, because it concentrates attention on a safeguard proved to be insufficient in itself, and leads to the neglect of sanitation and isolation, which our evidence shows to be more effective. It is unjust, because to meet danger often remote by a defence, at best uncertain, it over-rides parental responsibility and degrades parental feeling."

Commenting on the report, the *City Press* of London says: "The Commission has given a death-blow to compulsory vaccination."

Another journal, the *Morning*, comments as follows: "The instant conclusion will be that on the highest medical authority vaccination, always a troublesome business, may safely be neglected; and in the face of this report, whatever attitude the government may take up, it will practically be impossible to enforce the existing law. We confess we do not view this contingency with much alarm."

Per contra the well-known Mr. Ernest Hart, in a pamphlet, not only advocates making the refusal to be vaccinated a criminal offence, but also that all who write and speak against vaccination shall be criminally prosecuted.

So the matter stands. It looks as though compulsory vaccination would soon be a dead letter law in England, and that in its place would be substituted sanitation to prevent the disease and isolation to check its spread when once it appears. This course would also be in harmony with the policy of that country in abolishing quarantine.

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#### "Active Principles."

One of our Eclectic contemporaries is rejoicing in "the eminent superiority of our standard eclectic medicines" over homœ-

opathic mother tinctures. We can heartily congratulate our eclectic friend on the improvement in the quality of their drugs, for certainly, according to the testimony of the late Dr. John M. Scudder, it was needed. But, we fear, our optimistic contemporary is rejoicing with the joy of ignorance in this matter; behold, it cries, our — has so much more per cent of the active principle than the homœopathic mother tincture of the same drug! Very likely this is correct, but why rejoice? The homœopathic drug man could, quite as easily as his eclectic brother, get more of the “active principle” in his drug if he so desired, but in doing so would go contrary to the fundamentals of Homœopathy, which requires that the drug be prepared as it was by the prover. Our contemporary seems possessed by the idea, and it is not alone in that respect, that all that avails in a drug is its “active principle,” yet if any one thinks that he can successfully substitute say the “active principle” of *Aconite* for the fresh plant tincture he will soon discover his mistake. The crystals that may be obtained from the juice of a plant after it has been deviled through the processes of a laboratory may be very good things, but to say that they are all that acts in the pure juice administered as a remedy is to make a very big assumption. Homœopathy to thrive must have the drugs of the provers, and nothing else. No little harm has resulted from the substitution of cheap eclectic, allopathic, fluid extract and dried plant tinctures for the homœopathic mother tinctures by homœopathic pharmacies for the sake of securing trade by low prices.

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### MAMMARY CANCER.

*The Journal of the British Homœopathic Society* for October contains a paper from James Johnstone, T. R. C. S., of the London Homœopathic Hospital on mammary cancer, in which he concludes, “roughly speaking, *one person in five operated upon is cured*, and survives three years without recurrence,” but even to secure this meagre result operation must be done early. “Is this result better than drug treatment? I am inclined to say ‘Yes,’ reserving the use of remedies for inoperable cases and for after treatment for those operated on.” *Hydrastis* and *Arsenicum* seem to be the only remedies in which the writer had any confidence. Why not try some of the new remedies in such a hope-

less disease, such as *Phytolacca decandra folia*? Dr. Hurndall and others have had good results from its external use.

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### AND ART THOU THERE?

The *Therapeutic Gazette* says skilled physicians are fully aware that the effects of drugs in minute doses are the opposite to what they are in large doses, thus small doses of *Ipecac* will "control" vomiting and similar doses of *Pilocarpine* will relieve excessive sweating. And so the *Gazette* reasons to the conclusion that the small dose of *Pilocarpine* is a good remedy for exhaustive sweats, especially night sweats. This is sound, but crude, Homœopathy; it is what the men who clearly see the great therapeutic law, that should guide in the administration of all drugs for curative purposes, have been fighting for during the greater part of the century.

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### A NEW HEART REMEDY.

Attention is called to the rather remarkable letter from Dr. M. C. Jennings condensed in this number of the *RECORDER* from the *New York Medical Journal*. The new heart remedy, *Cratægus oxyacantha*, seems to be well worth careful investigation. After considerable trouble Messrs. Boericke & Tafel have succeeded in procuring a supply of the remedy. It is sold at regular prices.

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### A RADICAL EXAMINER.

The editor of the *Denver Medical Times* says: "We have for some time taken the stand that this country should not recognize foreign diplomas." This is pretty sweeping, but worse looms up when the Denver man portentously writes: "It is questionable whether we should recognize our own diplomas." So the day may come when the novitiate to the mysteries of medicine may be compelled to go through probationary periods that will rival the trials of the candidates to mysteries of the Rosicrucians. But in the meantime let us cherish our honest, old-fashioned doctors; they have done well. Let us hope the product of the future will do as well.

## AGRIMONIA EUPATORIO.

It is frequently recommended, and is of great service in properly selected cases of urinary trouble. Given a case in which there is the characteristic dirty, muddy skin; foul, bad looking, bad smelling urine, a urine heavily loaded with mucus or pus; with uneasiness or deep seated pain through the hips, lumbar regions or kidneys, and as a relief promoter, *Agrimony* has few if any equals. We believe it to be far superior in many cases to the much used and much abused acetate of potassium. These symptoms all point to a painful congestion, that may exist alike in a catarrh of kidney or bladder, or in a cystitis, a nephritis, or in a chronic inflammatory condition of any part or the whole of the urinary tract.

These symptoms may predominate in diseases of other mucous membranes of the body, as in dysentery and in diarrhœa due to congestion of the mucous lining of the large or of the small intestines, when the same sense of uneasiness prevails throughout the abdomen, or behind the pûbes, or perhaps only in the peritoneum. In these troubles, with these conditions, use *Agrimony* and you will not be disappointed in its action.

The same broad assertion applies as well to cases of pûthisis pulmonalis. It will not cure, but it gives relief by toning up the mucous membrane, overcoming the profuse secretion, relieving as far as possible the cough, dullness, etc., due to consolidation of the lung tissue. *Agrimony* under like conditions and circumstances is just as efficient when administered in cases of chronic bronchitis, and in asthma of the so-called hummoral variety, in scrofula, etc., etc. The *Agrimony* pain, as described by Prof. Scuder, is colic like, and may be attributed to the uterus, lower part of the liver, or as located in the lumbar region.—*W. E. B. in Eclectic Medical Journal*.

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“I dare any political economist to show me one expedient whereby conception may be avoided. I challenge him to name a single preventive which will not do damage either to good health or good morals. Even natural sterility is a curse. Show me a home without children, and ten to one you show me an abode dreary in its loneliness, disturbed by jealousy and estrangement, distasteful from wayward caprice or from unlovable eccentricity.”—*Dr. William Goodell*.

## PERSONAL.

The active principle of all proprietary medicines is printers' ink.

Dr. Geo. Hering, whose philosophical papers in THE RECORDER have been read with interest, has removed to 15 Lancefield street, London, W. England.

Dr. W. W. Van Baun has removed to 1402 Spruce street, Philadelphia.

"Eat three francs' worth a day; but earn the money, and you will get thin," was the advice of a French doctor to a fat man.

Dr. Isaac Van Dusen has removed to 2105 Tioga street, Philadelphia.

Dr. C. H. Lutes has removed from Hebron, Neb., to Belleville, Kan.

The flippant define economy to be doing without things you want today so that you may have them some other day when you do not want them.

Bradford's gleanings from notes of Lippe's materia medica lectures in this number of RECORDER are interesting.

A western community has lost 50 per cent. of its cows in stamping out tuberculosis; beef and milk are up and tuberculosis is just where it was before.

Dr. Stephens Hemmens "has announced to the scientific world his ability of changing, at will, silver into gold" That settles the 16 to 1 question.

According to a "prominent New York physician," hot water will cure dyspepsia, chills, colds, headache, sleeplessness, backache and wrinkles—but then New York always is ahead in its discoveries, as in other things.

From all accounts Mrs. Lease's advice to raise a tophet does not seem to have been a success where followed.

If you use mailing boxes, send your address to Boericke & Tafel, Phila., for a free sample of the new Perfection Mailing Box. It is a good one.

The best preparatory book for a homœopathic student is *The Life of Hahnemann*.

"The ptomaine is the weapon of the microbe."

"But chronic Diseases have quite another Genius," wrote Sydenham before Hahnemann.

Dr. C. E. Fisher has recovered and resumed editorial control of the *Medical Century*.

Look at the libraries of successful medical men and you will see the key to their success.

It is not necessary to read every book of your profession, but to keep in the front you want to skim it and have it at hand.

A homœopathic library without the ever famous *Chronic Diseases* is like Hamlet minus the Prince of Denmark.

"You are slow!" said Hurricane Hustler to Philadelphia. "Indeed!" replied P., sauntering on and getting there without loss of breath.

Quay's *Nose and Throat* is out. It is the work of the general practitioner and student has been looking for.

Boston wrestling with Macmonnie's "Bacchante" is a sight to make the world pause and reflect.

As a last resort in old ulcers put patient on material doses of *Echinacea*. It is said to have done good in such cases.

Don't expect the stomach to do the work of the teeth.

If you want to advertise a practice for sale, location wanted or anything of that nature, the RECORDER "Personals" (this page) is the best place to do it; \$3.00 in advance.















