



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

H610.5
I 6
B85

No. 6.—Vol. 1.

B 208,859F

June, 1895.

THE
INTERNATIONAL BRIEF.

**A Monthly Journal of Materia
Medica and Therapeutics,**

**Devoted to the Advancement of Homœopathy, and Published
both in ENGLISH and SPANISH.**

PUBLISHER

E. Fornias, M. D., 1229 Spruce Street, Philadelphia, Pa.

EDITED BY

*Edward Fornias, M. D., of Philadelphia,
Fernandéz de Lara, M. D., of Mexico,
Joaquin Gonzalez, M. D., of Mexico.*

ASSISTED BY

*Joaquin Segura y Pesado, M. D., of Mexico,
Ignacio M. Montano, M. D., of Mexico.*

Exchanges, books for review, communications, original papers, checks, &c. corresponding to this Country should be addressed to Dr. E. FORNIAS, 1229 Spruce Street, Philadelphia, Pa., those corresponding to Mexico to the Mexican Editors, av. 5 de Mayo, 17, — av. Oriente 2, N. 120, Mexico.

CONTENTS.

Analytic Study of Arsenicum by E. Fornias, M. D. Special Treatment of Scarlatina. The Philosophy of Homœopathy by W. Warren Baldwin. Miscellaneous; Etc.

This Journal circulates in North, Central and South America, Spain and England.

Subscription, \$1.50 a year, in advance. Single Numbers, 20 Cents.

Our Materia Medica Plan for the present year comprises the analysis of four groups of remedies as follows:

<i>Cerebral.</i>	{	Belladonna,	January
		Hyoscyamus,	February
		Stramonium,	March
<i>Febrile.</i>	{	Aconitum,	April
		Gelsemium,	May
		Arsenicum,	June
<i>Gastro Neurotic.</i>	{	Ipecacuanha	July
		Nux Vomica,	August
		Pu'satilla,	September
<i>Constitutional.</i>	{	Calcarea C.,	October
		Silicea,	November
		Sulphur,	December

We shall prepare a DIFFERENTIAL ANALYSIS of the three remedies of each group, at the end of each quarter, in such a way as to show at a glance their characteristics and points of difference.

Anhalt's Homoeopathic Pharmacy

AND GENERAL DEPOT FOR

PHYSICIAN'S SUPPLIES.

Homeopathic Medicines, Books, Medicine Cases, Surgical Instruments,
Antiseptic Dressings, Etc. All requisites of the profession
in stock and supplied at the lowest rates.

ORDERS BY MAIL PROMPTLY ATTENDED TO.

HERMAN ANHALT,
HOMŒOPATHIC PHARMACIST & MEDICAL BOOKSELLER,
1616 COLUMBIA AVENUE,
PHILADELPHIA, PA.



MATERIA MEDICA.

ANALYTIC STUDY OF ARSENICUM.

Nervous System.

1. **Nervous Centres.**—The *pyrogenic agents*, which, absorbed into the blood act on the *thermic centres*, giving rise to the *fevers indicative of this drug*, are known to be derived from the *marsh-miasm (protozoon)*, from other occult sources (*bacteria*), and from *local inflammatory foci (toxin, etc.)*. In other words, the **Arsenic fevers** are, either **specific**, due to the introduction of a specific poison into the system, or **symptomatic**, dependent on *acute local inflammation*, or occurs in connection with *persistent purulent discharge*, as that met with in *phthisis*; and in their evolution they exhibit a *continued, remittent, or intermittent course*, **periodicity** being the most striking feature. More or less, they are all attended by *great restlessness and anxiety (Aconite)*, *insatiable thirst, hyperthermia, sudden sinking of the forces, prostration, and progressive emaciation*. The chief representatives of the above classification, are: 1). The **malarial intermittent type**, characterized by *violent, long-lasting, principally incomplete paroxysms*, the one or the other stage being absent, or feebly present, and by *intermissions*, which rarely, if ever, are entirely clear.—2). The **ataxo-adyamic type of low, continued fever**, principally **typhoid**, characterized by a mixture of *erethism and depression*.—3). The **inflammatory type**, attending *active inflammation of the various organs and tissues of the body (stomach, bowels, liver, spleen, glands etc.)*, characterized by *malignity, decomposition, and even destruction of the parts involved*.—4). The **hectic type**, *intermittent or remittent, usually associated with chronic suppuration and wasting diseases, and characterized by abolition of nutrition, colliquative discharges, and progressive loss of force and flesh*.

3. **Disorders of Sensation and Motion.**—The *febrile process*, which is always *intense and protracted*, is ushered in with *chills or rigors*, due to *spasmodic contraction of the cutaneous vessels from shock*, and as in **Gelsemium**, usually unattended by the motor symptoms of *shivering, shaking and chattering of teeth*. *Shuddering* is present when walking in the open air. In *periodical paroxysms the chill is irregularly developed, never clearly defined; simultaneously, or alternating with the heat, and ameliorated by external warmth*. The *chill may be internal, with external heat and flushing of the cheeks*. The *fever heat, in all cases, is intense, long lasting, dry, burning, and pungent to the touch, with inclination to uncover, and insatiable thirst for frequent and repeated small quantities of cold water, which may, however, disagree*. There is a general feeling as if hot water were poured over the body, or

as if hot water flowed through the blood vessels, preventing sleep. The heat may be followed by sweat, but usually it continues through the entire paroxysm. Other important sensory phenomena are: burning in internal and external parts; tearing pains in the tracks of various nerves, appearing periodically, and pressing burning pain in the splenic and hepatic regions. Less common are itching, gnawing, biting, etc. The headache is not characteristic; in fact, the action of this drug on the head is far from striking, and we have to depend for its selection on the general symptoms. An important and almost constant motor disorder accompanying the fever of **Arsenicum** is a persistent nervous restlessness, which is always associated with extreme anxiety and prostration, and cannot be calmed by rest in any position. A localized expression of this distressing erethism is an extreme nocturnal uneasiness in the lower limbs, which drives the patient out of bed in despair, and from place to place for relief. Trembling, violent starting, jerking of the muscles, and even spasms, are not uncommon.

Nervous System.

3. **Mind and Sensorium.**—The leading expression of the mental disorder produced by **Arsenicum**, is an extreme anxiety, sometimes amounting to frantic desperation, always attended by unremittent restlessness, which increases as the night advances, and cannot be quieted by any posture or motion. The patient, however, is not only restless, despairing and anxious, but dreads death, especially when alone, or on going to bed. Associated with these symptoms of irritation, we may find others of depression, for occasionally he is indifferent, or sad and tearful, and on account of his suffering inclined to commit suicide. The sensorium becomes excited, and even perverted, its functions are withdrawn from the influence of the will. If delirium is present, it is always full of anguish and distress, sometimes violent, but more frequently muttering. When delirious, the patient may labor under hallucinations and delusions. He sees vermin, throws away bugs by the handful; imagines having formerly offended others, whom he is averse to meet; he complains of imaginary financial losses, thinks he will have to die, with his family, from starvation; cannot be consoled, walks about, wringing his hands, and moaning; cannot find rest anywhere, goes from one bed to another, he is constantly on the go. Oftentimes he is in the dorsal decubitus, perceives nothing, complains of nothing, and there is a tendency to stupor and delirium. In fact, as a result of the profound prostration of the nervous system, the typhoid state supervenes.

4. **Spinal Cord.**—Congestion of the lower portion, which may become so affected as to produce symptoms of impeded functional activity, amounting in some cases to positive paralysis. Cramps and contractions in the paralyzed limbs are common, but more common still are neuralgic pains, of a tearing burning character, in the tracks of various nerves, and these pains are almost always associated with a sense of uneasiness in the lower limbs and the most extreme anxiety, which impel the patient to change position of feet constantly, or to walk about to get relief. The weakness and exhaustion of the limbs may, however, be so excessive as to oblige him to lie down, but even then we will find present evidences of that irritability of fibre, so characteristic of this drug. Fornication and burning are usual sensory phenomena, the former along the whole spine,

**Nervous
System.**

the latter rather confined to the lumbar and sacral portion. In the motor sphere, other symptoms of importance are: *tremor, trembling, twitching, sudden startings, jerking of the muscles, and loss of power in the small of the back, with great weariness of the legs. Very rapid sinking of strength.*

5. **Circulation.**—Arsenic acts on the *blood life* with *unfailing force and in the most profound manner.* The alteration is both *quantitative and qualitative,* and the phenomena observed, are, on the one hand, those of *congestion and inflammation,* on the other, those of *contamination and deterioration.* Under the *abnormal distribution of this vital fluid,* we find *regular gradations from slight acceleration of the flow to the most violent febrile storm, and from simple congestion to destructive inflammation.* The phenomena developed during the destructive work of this drug on the blood, bear striking resemblance with those provoked by *febrile conditions, sprung from the most malignant influences, such as marsh-miasm, bacteria, toxin, or purulent material.* Clear evidences of the deterioration and disintegration of the blood, are found in the *hemorrhages, ecchymoses, petechia, exanthema, serous effusions, dropsy, and anemia,* as well as in certain changes which the solids of the body undergo, *emaciation, bed-sores, ulceration, gangrene, phagedæna, degenerations, etc.* The **vascular excitement** is always attended by the most *distressing erethism,* which persists after the vital forces have been lowered to the utmost, and may still be evident in the last stage of the disease. In fact, the *increased nervous irritability* holds equal pace with those grave symptoms derived from the altered condition of the blood.

**Vascular
System.**

6. **Heart.**—Besides the disturbances-created by the fever in the pulse and respiration, this drug *perverts the action and exhausts the muscular power of the heart,* producing regular progressions from *impeded functional activity to inflammation of its substance and encasing membrane,* with subsequent *dropsical effusions, valvular lesions, eccentric hypertrophy, and even fatty degeneration.* The usual attendants of impaired cardiac action and organic disease, found under **Arsenic,** are: *palpitation, pain, weak cardiac contractions, dyspnæa, precordial distress, sense of impending death, inquietude, cyanosis, cold sweat, fainting, vertigo, irregular pulse, œdema, anasarca, and albuminuria.*—The *palpitation* is tumultuous, visible and audible, with *great anguish,* especially at night, when lying on the back, or on ascending.—The *pain* comes in spells, is cardiac or precordial, *agonizing, radiating into the arms, principally into the left, with tingling in the fingers, and there is apt to be some burning around the heart, and inability to lie down, to move about, to breathe, or walk against the wind, without much suffering.*—The *weakness of the cardiac contractions* breaks up the equilibrium between the lowered arterial and the raised venous pressure, and as a result we have *venous stagnation in the liver, kidney and brain, pulmonary and malleolar œdema, anasarca, effusion into the serous cavities, diminution and alteration of certain secretions (anuria, albuminuria), subdelirium, dyspnæa, and subicteric coloration.*—The *dyspnæa* is extreme, paroxysmal, worse at night, particularly after midnight, or on lying down, and due either to *impeded circulation, which renders hematosis insufficient by congesting the pulmonary capillaries, retarding the flow of*

**Vascular
System.**

blood, and hindering the entrance of air into the pulmonary cells, or to accumulation of serous liquid in the chest, which diminishes the pulmonary expansion, and may interfere with the function of the diaphragm.—The cyanosis is due to venous and capillary engorgement, and mal-aeration of the blood, and when persistent may be associated with valvular disease.—The fainting is usually in spells and due to aortic insufficiency, to fatty degeneration of the myocardium, or to cessation of the arrival of sufficient quantity of blood to the brain, as in anæmia.—The vertigo is principally due to sudden variations in the blood-supply, and is a common attendant of eccentric or dilated hypertrophy.—The pulse is quickened and depressed in proportion to the rise of temperature, and its characters are variously modified, particularly so when the heart becomes organically affected. It may be rapid and small, rapid and weak, or intermittent, and in advanced adynamic conditions is almost imperceptible or thread like.—The œdema commences about the feet and ankles, and may extend upwards (*anasarca*); it is, in great part at any rate, mechanical, due to obstruction to the return of blood from the part affected.—The albuminuria seems to be due to renal congestion.—The restlessness, precordial distress, sense of impending death, and cold sweats, are usual concomitants of all those forms of perverted cardiac action, with violent palpitation and acute pain in and about the heart.

**Respiratory
Apparatus.**

7. **Respiratory Organs** — Disturbance of the nervous centres in the medulla, which preside over the *respiratory mechanism* and the *blood-supply of the lungs*, should, in some measure, be held responsible for many of the symptoms we are about to consider. At any rate, for the various gradations of difficult breathing indicative of this drug, we must inculcate first the *pneumogastric*, then *obstruction to the circulation*, and the *spasmodic element*, *per se* (spasm of the respiratory and of the bronchial muscles), should not be forgotten. Moreover, **Arsenic** produces *spasmodic contraction of the bronchial muscular coat*, and *engorgement, with tumefaction of the respiratory mucous tract*, conditions necessarily leading to *obstruction in the finer bronchi*, which is regarded by many as the immediate cause of those **violent attacks of suffocation**, called **asthmatic**. Under this drug we find *shortness of breath* of different degrees of intensity and duration: *oppression, dyspnoea, orthopnoea, and apnoea*. *Orthopnoea* is said to exist when the derangement of the respiratory function is so great that the sufferer cannot lie down, but can only respire in the erect posture; in which position greater freedom is allowed for the expansion of the chest, and all pressure upon the diaphragm by the abdominal viscera is removed. *Apnoea*, on the other hand, means interrupted or suspended respiration, leading to *asphyxia*, or pulselessness. No matter in what degree of intensity the *shortness of breath* may be present, it is more or less attended by *anxiety and nervous irritability*, and in the more severe cases, by a *sense of oppression and constriction of the chest and trachea, with wheezing respiration, cyanosis, cold sweat, fear of death, and great exhaustion*. Such conditions may be associated or followed by *cough, with frothy expectoration, or sputa* composed of small pieces of mucous mixed with blood. The *dyspnoea* may be paroxysmal, intermittent, periodical, and always worse at night. Sometimes the *nocturnal attack* is so fearfully

**Respiratory
Apparatus.**

intense, that the patient springs out of bed in distress, scarcely able to breath, adopts the sitting or erect posture, with the shoulders raised and fixed, the chest inclined forward, the head thrown back, and the mouth open, and all the extraordinary muscles of respiration are brought into play. The face wears an aspect of terror; the skin is pale and dusky, and often bedewed with sweat; the extremities are cold; and the pulse is small and quick. In fact, a true picture of *severe asthma*, which if persistent and unchecked, is very apt to lead to *emphysema*, just as *emphysema* may lead to *hypertrophy and dilatation* of the right side of the heart, and *general venous congestion*.

**Muscular
and
Glandular
Tissues, etc.**

8. **Tissue Changes in Nutrition and Secretion.**—**Arsenic** alters with marked effect the *metabolism* of the body (progressively or retrogressively), as shown by the *retention of water in the system*, the *diminution and alteration of certain secretions*, *anæmia*, *dropsy*, *albuminuria*; and such structural changes or cell-transformations, as *inflammation*, *ulceration* and *mortification*, and *atrophy*, *hypertrophy*, and *degeneration*. The most marked of these *metabolic changes* however, are the *wasting of the body* and the *vitiation of the blood* (emaciation and anæmia). The diminished elimination of water is evinced by the *scantiness of all the excretions* (saliva, vomit, stool, urine, sweat, etc.), by the *dropsical swellings*, from mere puffiness to *anasarca*, and by the *dryness of the skin and mucous membranes*, and probably these facts explain the *unrefreshing thirst*, the *dryness of the mouth*, the *white coating and morbid redness of tongue*, the *woody, insipid taste*, the *loss of appetite*, the *nausea and qualmishness*, the *fruitless retching*, and the *enteric irritation and tenesmus*.

**Digestive
Canal.**

9. **Digestive Organs.**—The symptoms developed in the alimentary canal are very prominent—The **mouth** is extremely *dry*, with *intense thirst*, especially for frequent small quantities of water, probably on account of the *intolerance of liquids*, which are rejected as soon as taken; and there is a periodical, *jerking tooth-ache*, extending to the temple, relieved by external warmth and by sitting up in bed.—The **tongue** is also *dry*, as if burnt, coated white, brown, or *morbidly red*, with raised papillæ; is sometimes deprived of sensibility, or *very painful*, the pain being of a *burning character*, principally at the tip, which may also be excoriated. The *alteration of the gustatory sense* comprises a woody, insipid, sour, bitter, metallic, or putrid taste, and may be sweetish in the throat ——In the **throat**, dryness, *burning*, soreness, and *sensation of constriction*, with difficult swallowing, are common phenomena; the *dysphagia*, however, may depend upon paralytic condition of the pharynx and œsophagus.——In the **stomach** the most important symptoms, besides the *burning pain*, are *nausea and vomiting*; the nausea may recur periodically, occurs in conjunction with *great weakness* and *anxiety*, and is worse by motion; the *vomiting* requires great effort, takes place immediately after food and drink, is *scanty*, as are all the excretions of this drug, and, as with the stools, always followed by *great prostration*; it may be watery, whey-like, bloody, black, or of a grass-green mucus. The *appetite* is altered or lost, when *altered*, there are cravings for alcoholic drinks, acids, coffee, or milk, when *lost*, there is aversion to solid food, or increased thirst. Though the

**Digestive
Canal.**

thirst is violent, water always disagrees, undoubtedly due to gastric irritation. Leading characteristics of many gastric derangements are also, weight and pressure in the region of the stomach, distressing heartburn, abortive eructations, fruitless retching, intense heat and burning in the pit of the stomach, great epigastric distress, and sense of impending death.—In the **liver and spleen** we observe *induration and enlargement*, and these structural changes are usually attended by *burning, tensive, drawing, pressive, stitching pains*, chiefly in and about the spleen.—In the **abdomen**, the same *burning pains and distress* predominates, the feeling is sometimes like coals of fire, at other times the *pains* are of a *cutting, crampy* character, and there may be *painful distention*. All these acute states are here, as elsewhere, always accompanied by extreme *anguish and despair*, and great *restlessness and tossing*, the patient being unable to find rest or relief in any posture. If *ascites* supervenes, with the *inquietude and anguish* we will find associated, *fainting, suffocative spells, and unquenchable thirst*.—In the **bowels** the irritation is marked, and the *increased peristalsis* is preceded by *restlessness, anxiety, and burning pain*, attended by *vomiting, burning pains* along the intestinal canal, and *tenesmus*, and the evacuations whether scanty or profuse, are always followed by *burning in the anus, and debility*. When the purging is prolonged, we may have in addition, *trembling, palpitation, icy coldness of the limbs, wasting, and prostration*. The **stools** are of variable character; they may be painful or painless, watery or slimy, whey-like or bloody, black or green, acrid or offensive, and as a rule, *scanty*.

**Mucous
Membranes**

10. **Irritation, Congestion, Inflammation, Ulceration, Sloughing, Gangrene.**—*Scanty exudations.*—*Catarrhal and non-catarrhal affections, from slight irritation to destructive inflammation, the usual general attendants being fever, chilliness, headache, unquenchable thirst, dryness, dry cough, constriction, dyspnoea, cyanosis, anxiety, nervous restlessness, muscular soreness, great debility, rapid sinking of strength, fainting, collapse, cold sweat, and wasting, but the burning pains and excoriating discharges are the universal expressions of the action of Arsenic on the mucous tracts.* These two important symptoms, conjointly or separately, are found associated with *photophobia, tumefaction and oedema, in the eye*;—with *sneezing, suffused eyes, throbbing headache, tumefaction, sore lip, ulcers, bleeding, and scabs, in the nose*;—with *swollen tongue, painful blisters, aphthous ulceration and gangrenous tendency, in the mouth*;—with *soreness, constriction, dysphagia, plastic deposit, ulceration and gangrene, in the throat*;—with *heartburn, fruitless retching, nausea, violent vomiting, cramps, and epigastric weight heat, and distress, in the stomach*;—with *painful distention, cramps, vomiting, watery purging, anal soreness, tenesmus, ulceration, and hemorrhages of dark, offensive blood, in the bowels*;—with *constriction, whistling, oppression, asthmatic breathing, tickling, dry fatiguing cough, ulcerative condition, and bloody spots, in the larynx*;—with *frequent urging and spasmodic difficulties, in the urethra*.

Skin.

11. **Cutaneous Tract.**—*Dryness Squama. Vesicles Induration. Inflammation.*—As in the mucous membranes, the ascending degrees of the inflammatory process, includes *ulceration, sloughing, and mortification.*—(*Edemata of the derma and subcutaneous tissue, especially in the lower extremities, is another common effect.*—

Skin.

The eruptions indicative of this drug are chiefly of the *squamous* and *vesicular type*, and are usually attended by great *dryness* and *smarting pruritus*.—The detachment of the epidermis, almost always shows a *tendency to ulceration*, and the *ulcers* when formed, discharge an *ichorous, offensive pus*, and may present a *gangrenous aspect*.—Sometimes, circumscribed portions of the *skin and subjacent tissue* become *severely inflamed*, with infiltration of *unhealthy lymph and sloughing (anthrax)*.—At other times, *ulcers already existing* become *inflamed, very sensitive and slough*. Such variety of ulceration is commonly accompanied by a good deal of *heat and pain*, and *constitutional disturbance*, and indicates ill-health from some cause which depresses the system and vitiates the blood—Still yet, in consequence of the deterioration of the blood-life, we may observe *small extravasations* from the capillary nets (*petechiæ*).—Again, no inflammatory process exists, and the parts simply *wither*, or become *mummified*, as in *dry gangrene*.—Lastly, due to imperfect metabolism, the *skin*, like the muscles and fat it covers, is *poorly nourished and wastes*, and the alteration thus resulting, presents a *parchment-like appearance*, without disturbance of sensation.—All solutions of continuity indicative of **Arsenic**, are attended by *biting, lancinating*, but principally *burning pain*, as if red hot coals were laid upon them; by *nocturnal aggravation*, and by *irritability of mind and body*. They are apt to discharge an *excoriating, dark sanious matter*, or to *bleed very readily*.

The extent of usefulness of this valuable drug can only be estimated after having obtained a thorough knowledge of its special and general symptomatology, for the entire organism is under its powerful influence. No tissue or organ of the body seems to be exempt, the *nervous and vascular systems*, and the *mucous membranes and skin* being undoubtedly the parts most deeply affected. Under its energetic action we see the functional activity of the organs highly disturbed; the cellular elements of tissue, increased, decreased, changed and destroyed; and the fluids of the body altered, polluted and disintegrated. It operates with variable intensity and progressive effect. We observe ascending degrees of morbid action of various types and location,—from the mildest mental excitement to frantic desperation,—from gentle wandering to boisterous delirium,—from mere fidgetiness to distressing *erethism*,—from slight acceleration of the blood-current to the most violent febrile storm,—from impeded functional activity to positive paralysis,—from trivial irritation to destructive inflammation,—from

localized serous effusion to general dropsy,—and from simple shortness of breathing to orthopnoea. The universal *key-notes* of **Arsenic**, however, are, the **rapid sinking of the forces** (*adynamia*), the **unappeasable anguish** (*agony*), and the **persistent restlessness** (*erethism*), of which some evidence remains, even when life seems almost extinguished. These *nervous phenomena* unite together to form that **ataxo-adyamic condition**, so characteristic of this drug, and which we so frequently observe in malignant diseases of a febrile or inflammatory character. Other *elements of decision*, which should always be borne in mind, when consulting this remedy, are:

- The nocturnal inquietude.**
- The uneasiness of the limbs.**
- The constant change of position.**
- The sense of impending death.**
- The profound debility.**
- The progressive emaciation.**
- The high protracted fever.**
- The gastro-enteric irritation.**
- The constant, peculiar thirst.**
- The intolerance of liquids.**
- The burning pains.]**

The excoriating discharges.

The tendency to drowsy.

The periodicity of the attack.

The nocturnal aggravations.

The amelioration by warmth.

This list of symptoms, with the above key-notes, constitute, as you see, a rich store-house of precise and well defined indications, applicable to many serious conditions of *disease*, of an *acute* and *chronic* character.

While reviewing the different sections of the analysis, we must have become aware, above all, of the perfect adaptability of **Arsenic** to various forms of fever. We have stated that four are the principle types to which it closely corresponds, viz, the **malarial intermittent**, the **ataxo-adyamic**, the **acute inflammatory**, and the **hectic**, and its clinical history, in all four, is full of flattering success. It is one of our chief remedies for those *manifestations of malaria distinctly intermittent*, and none can take its place when characterized by *violent, long-lasting, principally, incomplete paroxysms*, the one or the other stage being usually absent, or feebly present, and by *intermissions which are rarely clear*, especially if composed of an *irregularly developed, undefined chill; intense protracted heat, and post hyperthermic sweat*, or no sweat at all; attended by an *unrefreshing thirst*, for frequently repeated small quantities of water, *intolerance of cold water*, and *extreme anguish and restlessness*, and followed by *great debility and prostration*, and after frequent attacks by *mal nutrition, progressive emaciation, anemia, dropsy, watery diarrhoea, neuralgia, and enlargement of the spleen and liver*. Moreover, we find in the records of the drug, that many of the cases treated successfully, had been saturated with *quinine*, or contracted in *salt-marshes* along the *seashore*, and have shown a tendency to degenerate in a *remittent type*. In **children intermittent** it has also displayed its curative powers. A child from which we cannot obtain subjective symptoms, should receive **Arsenic**, if it is *burning with fever, very thirsty, pale, weak, and prostrated*, especially, if *having no definite chill*, must be covered to keep quiet. There are, of course, other forms of *ague*, capable of

being cured by this drug, but it is in the above mentioned type where it has won the greatest reputation, for experience teaches us, that, the less distinctly developed the chill, the longer and more intense the heat, and the more advanced the lesions and prostration, the better is this remedy apt to cure. No less adaptable is **Arsenic** to those **masked manifestations of the malarial poison** (*dumb ague*), in which the *neuralgic* and *congestive phenomena* are so prominent, and the *febrile element* so accessory or secondary. The manifestations of the *malarial infection* in such cases, are always those of other maladies, with which it has no analogy, and the best known forms, are **facial neuralgia** (*brow-ague*), and **intermittent urticaria**. Occasionally, however, we meet with *masked attacks*, under the shape of *coryza, tonsillitis, œdema, diarrhoea, arthritic pains, spasmodic cough, sneezing*, and certain forms of *asthma, migraine, and hiccough*. Its efficacy in that *condition of ill-health* (**Malarial Cachexia**), developed after repeated attacks of intermittent or remittent fever, or begotten by the continued exposure to the *marsh-poison*, cannot be disputed by anyone familiar with the evolution of this chronic state and its treatment. In support of the statement, it suffices to say, that, under the prolonged influence of this poison, the *adynamia, emaciation* and *anæmia* become progressive; that the last (*the anæmia*), is frequently maintained by the *hemorrhages* which may complicate the case (*epistaxis, hæmaturia, etc.*), and gives rise to consecutive *œdema, anasarca*, and even *effusion into the serous cavities*; and that the *pulse is small and depressible, the cardiac impulse weak, the enlargement of the spleen and liver often enormous, and splenic infarction may lead to suppuration and gangrene*. Favorable results have also been obtained by **Arsenic**, in the treatment of those *alarming types* of **pernicious fever**, called **algid, choleric, syncopal, and gastralgic**.

Arsenic is one of the few drugs we possess to perfectly cover the so-called **ataxo-adyamic type of low continued fever**, principally **typhoid**, and we urge the student to keep in mind the

fact, that for this drug to be the remedy, the common *depression* of all low fevers must necessarily be associated with certain amount of *erethism*; in other words the *abnormal increase of nervous irritability* must, to the last, hold equal pace with the *exhaustion of the vital forces*. The patient is *stupid, exhaus'ed, and prostrated*, and yet he *moans and tosses in distress*, and even when apparently *insensible and helpless*, he *moves the hands and feet, or head*; these are the leading indications of this remedy. It covers likewise, the *intense hyperthermia of the typhoid state*, with *muttering delirium, jerking of the muscles, trembling, fainting, brown dry tongue, sordes, tympanites, involuntary stools, ecchymoses and hemorrhage*.

Symptomatic fevers, attending **acute structural inflammation** of such organs as the **stomach and bowels**, calling for **Arsenic** are of frequent occurrence, and by a careful study of these cases, we shall find that its selection depends, as much on the general condition, as on the tissue-changes and other local phenomena. In **intermittent or remittent types of fever**, accompanying **chronic suppurative or wasting diseases** (*hectic fever*), this drug comes into use as a most valuable remedy, for such advanced conditions always produce *mal-nutrition, progressive adynamia and emaciation, pallor of the face, flushing of the cheek, oedema, colliquative diarrhœa*, etc. In the *pyrexia* attending the advanced period of **chronic ulcerative phthisis**, we know of no drug more frequently indicated than **Arsenic**. We must also resort to this remedy in *asthenic and hemorrhagic cases of exanthematous fever*. In *scarlatina*, for instance, it is indicated when the *eruption delays or suddenly fades, becomes livid or petechial*, and the *throat is dangerously involved*.

In **diseases of the heart**, both *functional and organic*, with *violent palpitation, cardiasthenia, cardiac failure, irregular or thrady pulse, great dyspnea, inability to lie down, cyanosis, pallor, cold sweat, fainting, irritability, restlessness radiating agonizing pain, tingling and numbness of the fingers, precordial anguish, sense of impending death, dropsical effusion, albuminuria, exhausting*

diarrhœa, and extreme debility, it has proven a most valuable remedy. Guided by these symptoms we have prescribed this remedy, often with marked improvement, sometimes with complete success, in simple **cardiac pain**, and in **angina pectoris**, with or without degenerative disease of the root of the aorta; in **cardiac inflammation**, especially **endocarditis** or **pericarditis**, after suppression of exanthema, and in the latter when complicated *with effusion*; also in **myocarditis** (inflammation of the muscular substance of the heart), by extension, or when occurring in the course of *infectious or septic fevers*; in **fatty degeneration**, principally when traceable to *chronic alcoholism*; in **hypertrophy** associated or not with **dilatation**; and we firmly believe that in **chronic valvular disease**, it has often done for us a noble work, by *improving the general vitality and thus encouraging hypertrophy*. Of course, not always the proximate causes of *cardiac failure* are readily accessible and removable, and many cases are beyond the control of any remedy, but we can frequently aid the treatment by giving rest to an overworked heart, by feeding a heart that has been starved, by soothing a heart that has been worried, by enjoining rigid teetotalism in those addicted to drink, by interdicting the use of tobacco in those who are depressed by resorting to it in excess, by advising moderation in sexual intercourse, and by adjusting the diet in those who have been pampered and overfed.

Of all **catarrhal affections** of the upper mucous tra, in **coryza** and **influenza** is where **Arsenic** has shown its best curative effects, but the results of its employment in the **throat** are no less satisfactory, if **gangrene** or **plastic deposit** develop, and we consider the general symptoms. In **coryza** is indicated as soon as the debilitated vessels commence to *exude profusely a thin, arid fluid*, which severely excoriates the adjacent parts. *Chilliness, sneezing, and a dull throbbing, frontal headache* are additional indications. The same *scalding discharge* should remind us of this drug in **winter colds** of scrupulous children, or in persons of tuberculous parentage. In

influenza, an *epidemic catarrh* presenting in addition to the symptoms of a bad cold the most striking prostration, this remedy is almost a specific. In **diphtheria** is indicated when the throat emits an exceedingly *fetid odor*, the *membranes present a dry, wrinkled aspect*, is dark in color, and there are some *burning pains*, and absolute *exhaustion of the strength*. This drug may also be required in **apthous sore throat**, when in unsound constitution *gangrene* and *sloughing* appear; or in **noma**, when developed in *scrofulous children*, and accompanied by *severe gastro-enteritis*.

In *affection of the middle and lower mucous tracts*, this drug has also an excellent record. It has been employed with great success in **acute gastritis** and **gastralgia**; in **acute and chronic gastric catarrh**; in **acid, irritative, or drunkards dyspepsia**; in **gastric ulcer**, and even in **cancer of the stomach**. The indications for all these *gastric troubles*, are found in Sections 9 and 10 of this analysis. Passing now to the **bowels** we can confidently state, that **Arsenic** is one of the most important remedies for **diarrhoea**. It suits all types, *scanty or profuse, painful or painless*, provided they are preceded by the characteristic *restlessness and anguish*; attended by *nausea and vomiting*, sometimes by *excessive irritation, cramps, internal heat, burning in the rectum and tenesmus*; and

followed by *burning in the anus, palpitation, trembling, and great debility*, and if persistent by *rapid emaciation and collapse*, as in **cholera Asiatica** and **summer diarrhoea of children**. The *exciting causes* of these *gastro-enteric troubles* are, frequently, sudden chilling of the stomach with ice-water or ice-cream, alcoholic drinks in excess, impure waters, spoiled or contaminated food, inflammation, ulceration, and new growths.

In Section 7 of this analysis we can also find an important group of *respiratory symptoms*, bearing a striking resemblance with those characteristic of the most severe attack of **asthma**.

And finally, **Arsenic** should be thought of, in **emphysema** and **gangrene of the lungs**; in **diseases of the kidneys** and **dropsy** connected therewith; in **anæmia**, with great prostration of all organic functions; in **malignant dysentery**, **pyæmia**, and **scurvy**; in **cutaneous disease**, with hard, scaly eruptions, itching and burning like fire; in **gangrenous and phagedenic ulceration**, syphilitic or not; in **carbuncle** and **cancer**, with burning pains; in **neuralgia**, with pains as if a red-hot wire were drawn along the nerve; in **chronic alcoholism**, with *hamoptysis* and *tremors*; in **melancholia**, with attacks of anguish, despair and inclination to suicide; and in **affections of the eyes and ears**.

PRACTICE OF MEDICINE.

SCARLATINA.

Scarlet Fever (Ger., *Scharlachfieber*; —Fr., *Scarlatine*;—Sp, *Escarlatina*.) is a contagious and infectious fever, characterized by a high temperature, constant sore throat, and a minutely punctiform scarlet rash of variable intensity, which appears about the second day, fades about the fifth, and terminates in a scaly and flaky desquamation, according to the location.

Etiology.—Originates by contagion. Unknown specific poison. If bacterial in origin, the organism has not yet been found. Extremely infectious. Its power

seems to be greatest at the outset of desquamation, but contagion is possible at all stages. For the disease to develop an individual predisposition must always exist. It may be conveyed by immediate contact, by the air (which carries the fine scaly detritus), or by clothing and other fomites. It may also be transmitted by milk which has in any way been exposed to the infection. Like *measles*, it chiefly attacks young children, but infants under three months of age are seldom affected. It rarely occurs a second time, and observations have shown that second attacks are usually mild, often without rash and little or no

throat affection, and may pass unnoticed. *Scarlatina* is more frequently observed in the Fall and Winter than in the Spring and Summer, often prevails epidemically, and is probably less contagious than measles or variola. Stevens, among others, believes that puerperal women and persons suffering from wounds, are unusually predisposed to the disease, but it is more likely that the red eruptions observed in many cases are all examples of severe erythema, such as those produced by quinine, belladonna, copaiba, jodoform, etc., or represent only the red rash of septicæmia. Desquamation is no criterion, as it occurs whenever hyperæmia of the skin persists for any length of time (Osler). Investigations to ascertain the *specific germ of scarlet fever* have not proven satisfactory. As in measles and variola, the *bacteria* found in the products of secretion and in the scales of desquamation seem to belong to the *species pyogenes*, which most likely find there a favorable soil for development (Lefort). The *micrococcus scarlatinae* of various authors, said to be found in the blood, the exudations and tissues of the ulcerated throat and the epidemic shedding, is claimed by Klein to exist in the milk of cows suffering from a certain vesicular affection of udder and teats, which, however, Crookshank and others assert has nothing to do with scarlet fever.

Symptoms and Course.—*Invasion*—After an *incubation*, which varies from some hours to some days, and rarely extends beyond a week, the *onset* is usually very sudden, and ushered in by repeated *chills* or an initial *chill*, occasionally *vomiting*, or *convulsions in infants*. The *fever is intense*, the temperature rising rapidly to 104° F or more, *without notable remissions*, then remains stationary, and subsides as the eruption fades. The *skin is dry and burning*, but there may be a moist pungent heat, the *pulse very rapid*, 120, 140, even 160, out of proportion to the fever, the *thirst intense*, and *constipation* is the rule. The *tongue is coated*, with red tip and edges. *Lumbar pains* are rare. The *tonsils, soft palate and pharynx* present a uniformly *diffused redness* not unlike that of the skin with *tumefaction and pain*, especially during

deglutition. The *submaxillary glands* are frequently enlarged and tender, and the surrounding parts *œdematous*. *Headache* and a *mild nocturnal delirium* are not unusual.—The *urine* is febrile and often albuminous. This stage is shorter than those of *variola* and *measles* (about two days), and during its course we may notice *hyperpyretic rises*.

Eruption.—The *rash* appears at the end of the second day or beginning of the third; starting not on the face, as in *variola* and *measles*, but on the neck and trunk, and extends thence rapidly over the whole body, attaining its maximum of intensity and diffusion (in 24 or 48 hours) with the fever, which gradually declines as the former fades. It consists at first of *minute bright red spots*, soon *coalescing into irregular patches*, with no intervening spaces of healthy skin, until the entire cutaneous surface of the body becomes of an *uniform scarlet hue*, momentarily dispelled by pressure, and upon which a *punctiform arrangement* of a deeper shade is visible. It is more distinct about the bends of joints, inner part of thighs, lower abdomen and loins. The *face*, however, never exhibits the above punctiform distribution, and though, almost always, merely flushed with a white ring around the mouth, it may occasionally present isolated exanthematous tracks, giving it a streaked appearance (Trousseau). This description, still, does not embrace all cases, for even corporal coalescence is sometimes incomplete enough to make the patches discrete, with intervening pale spaces; at other times the rash is slightly *papular* and *vesicular* (*scarlatina miliaris*); in some rare cases it is pale and indistinct; and even may be altogether wanting, especially in the adult, the only signs of the disease present being the continued high fever and sore throat, with or without albuminuria. The *eruption*, in addition, is often accompanied by *sudamina*, with notable *swelling of the face and hands*; occasionally by a more or less *intense itching*; and in *malignant cases may become petechial*.—During this stage the *furred tongue* peels off, from before backwards (about the fourth day), and becomes of a *bright red color*, with large, prominent papillæ,

(*strawberry tongue*).—The *sore throat* increases; the *fauces* are covered with *pullacious products* and some *slight ulceration* may be seen. The *tonsils* are of en the site of follicular inflammation.—*Defervescence* commences with the fading of the *rash*, and a thermic rise at this time, indicates a complication.—The *respiratory track* seldom presents any important symptoms; *laryngitis* and *bronchitis* are rare.—The *nervous* and *gastro-intestinal* symptoms are those observed in all intense fevers.—Not unfrequently the patient complains of severe pains in the joints of a rheumatic character, and which may prevent sleep.—The *eruptive stage* lasts from three to five days, but sometimes is very fugacious. By a rare anomaly a short exacerbation may occur, followed by a fresh eruption which rapidly disappears (Rayer).

Desquamation.—Begins from the sixth to the ninth day of the illness, sometimes prior to the entire disappearance of the eruption, and may even occur when there has been no rash. It starts at the neck and chest and ends by the hands and feet. The *cuticle* comes off in small scales, like scurf at the face; in larger scales at the trunk, and in extreme patches at the extremities, which often take the form of the fingers and toes. In rare instances even the nails are shed. The *red, desquamated surface* is very sensitive to pressure, but a new cuticle soon develops. The *itching* is usually considerable. The *desquamative process* lasts from ten to fifteen days, but it may persist for six or more weeks. The *pulse* and *temperature* often fall below normal, and a thermic rise at this time indicates a complication. If the patient has not been protected from cold, *dropsy* and *albuminuria* may come on, but the latter, unless in very large amount, does not indicate organic lesion of the kidneys.—*Convalescence* gradually sets in, but the throat and ears may remain affected for some time.

Anomalous Forms.—Besides the ordinary form of *scarlatina* just described, we meet occasionally with very mild cases, in which the *fever* and *eruption* are insignificant, the *sore throat* almost null, and the *duration* very short.—More rarely

we observe, especially in second attacks, *fever* and *sore throat* without any *rash* (*scarlatina sine eruptione*)—We admit also the existence of a *latent form*, in which the *rash* and *sore throat* have been so slight as to escape detection, and the disease has only been discovered by the occurrence of *desquamation* or *anasarca*.

—*Mild cases*, however, should always be watched with solicitude, for they are apt to be followed by *severe nephritis*.—In the course of other epidemics, on the contrary, we meet with the *severest forms*. The so-called *anginose variety* refers to cases in which the throat seems to bear the brunt of the disease, the *faucial localization* soon proceeding to destruction of tissue by *ulceration*, with great *tumefaction of the glands* and *inflammation of the connective tissues of the neck*, which may end in *induration*, *suppuration*, and even *sloughing*, the latter process, in some rare instances, destroying the carotid artery and producing *fatal hemorrhage*. *Suppuration*, when it occurs, is slow, in small isolated areas, and does not form an abscess and point; it sinks deeply between the muscles and dissects them out very distinctly (Collie). *Fetid breath*.—*Membranous exudation* may occur and is apt to extend to mouth, pharynx and nostrils. *Salpingitis* and *otitis media*, by extension, with all its formidable results are also occasionally observed.—Under the *malignant variety* are grouped those cases in which the system seems to react and struggle with *toximia (ataxic)*; others in which the blood life is compromised (*hemorrhagic*), and others still, in which overwhelmed by the poison, speedily succumbs before the rash had time to develop (*adynamic*). The *nervous system*, central or peripheral, is always deeply affected, and the *rash* more or less imperfect and livid. The syndromes usually observed in these grave forms, are: *Delirium* soon passing into *coma*; *convulsion*, *collapse*, and *speedy death*; low fever, with putrid sore throat and tendency to slough; *severe rigor* and *early intense vomiting*, as in *meningitis*; *persistent diarrhoea*, *anuria* and *exhaustion*; or *hyperpyrexia*, *sordes*, *fetid breath*, *delirium*, *jactitation*, *stupor* and *exhaustion* (typhoid state).—The *hemorrhagic* is, however, the *rarest*

form, and probably the most fatal, and includes those *adynamic* cases, with or without *dyspnœa*, in which the rash becomes *petechial* and *hemorrhages* from the nose and kidneys take place.

Complications and Sequelæ.—1).

The varied complications may be said to be due either to the *blood* or to the *throat lesions*—The **first group** includes *Arthritis, pleurisy, pericarditis*, often *suppurative*; *endocarditis, chorea*. These are *pseudo-rheumatisms*, due to the infectious state (Dieulafoy), or manifestations of the rheumatic diathesis aroused by the disease (Péter).—Tendency to *suppuration, adenitis, cellulitis, phlebitis, embolism, gangrene*.—*Early albuminuria*, usually fugacious, caused by a slight nephritis (Dieulafoy); or *late* (from the fifteenth to the thirtieth day), associated to a *nephritis* of variable intensity, *acute, interstitial*, not epithelial as it was formerly believed, localized in the *Malpighian bodies* (Laveran and Teissier), or diffused and of an infectious character (Le'ori).—The *nephritis* also leads on to *anasarca, anuria*, and sometimes *uræmia*, and explains the *late hæmaturia*, which is not like that of the outset, due to deep alteration of the blood, and to degeneration of the minute blood vessels, but to embarrassment of of the renal circulation (Laveran and Teissier).—Also *anasarca, a frigore*, independent of nephritis and occurring during desquamation.—The **second group** embraces: *Secondary angina*, usually *diphtheritic*, or *ulcerative, gangrenous*.—*Edema of the glottis* leading to suffocation.—*Glositis*—*Tumefaction of the neck*, with or without suppuration—*Post-pharyngeal abscess*.—*Otorrhœa* followed by deafness, and which, like *Coryza*, may become chronic.—*Purulent inflammation of the middle ear*, may end in *caries of the petrous bone* and lead to *meningitis, abscess of the brain, or facial paralysis*.—*Ophthalmia*.—2). The most common *sequelæ* however, are:

anasarca, albuminuria, otorrhœa, and deafness, the latter due, either to perforation of the drum, closure of the Eustachian tubes, or disorganization of the internal ear.—Among the rare results is *rheumatism*.—Convulsions, and coma, due to *uræmic poisoning*, may also follow, but still more rare are *mania* and *melancholia*.

Pathological Anatomy.—The

lesion of the skin is simply a more or less intense *congestion of the derma*, which in severe cases may end in *superficial œdema*, but outside from this cutaneous hyperæmia, which almost disappears after death, the principal alterations are found in the blood and blood making apparatus. The blood is diffuent, very poor in fibrin and oxygen especially in the hemorrhagic form, and it contains bacilli and micrococci. The *spleen* is enlarged and softened. The *glands* of the neck, mesentery, and solitary of the intestines are tumefied (Laveran and Teissier). The *liver* occasionally presents the lesions of interstitial hepatitis.

Diagnosis.—The differential diagnosis of *scarlet fever* is often a subject of much difficulty, but in typical cases the elements of decision are: the *intense fever, rapid pulse, short pre-eruptive stage, appearance and distribution of the rash and constant sore throat*. In doubtful cases on the other hand, the occurrence of *anasarca, the indurated swelling of the neck and the flaky desquamation* may be sufficient to confirm the diagnosis.

Prognosis.—Variable, according to the age of the patient nature of epidemic and severity of complications. *Mild cases* nearly all get well, but the *nervous and hemorrhagic forms* usually have a fatal termination. In either case, however, the prognosis should be guarded, for while recovery may ensue even when the throat and neck suffer severely, the mildest cases occasionally end fatally by the occurrence of *nephritis*.

THE PHILOSOPHY OF HOMŒOPATHY.

Read before the Toronto Homœopathic Society.

Homœopathy as a system of medicine fearlessly invites us to the study of its philosophy. It has nothing to fear

from the search-light of honest scientific criticism.

It is the province of philosophy to

demonstrate the harmony between observed phenomena. If therefore we claim for homœopathy a philosophy, we claim the possibility of showing that the phenomena observed under its practice are in perfect harmony with other natural phenomena.

In the whole history of medicine from Hippocrates down, we will look in vain for any other system of therapeutics which could challenge scientific investigation.

Never until Hahnemann wrote his Organon of homœopathic medicine, was there presented to the medical profession a therapeutical system founded upon infallible law. There have been rules of practice given to the profession for its guidance, rules as many and varied as the theories on the nature of disease, but it remained for Hahnemann to enunciate the one law of cure, *Similia similibus curantur*.

The so-called science of medicine outside of homœopathy has ever been one chaotic collection of notions, its practice has been a ceaseless search after new methods for the cure of this or that disease. All along the line we see nothing but change, change, change; while suffering humanity and all the ailments to which it is heir, remain the same. The doctor's theories and his methods of cure are ever changing, and we are told that it is the advance of science. "I am troubled with my old insomnia again," said a patient to his doctor. "Eat something before going to bed," prescribed the doctor. "Why doctor" replied the patient, "You once told me never to eat anything before going to bed." "Ah," said the doctor "that was last year, science has made great strides since then." How strikingly illustrative of the common practice of medicine in this enlightened 19th century; one method one year, another the next, and it matters not how diametrically opposite the methods may be, they are all scientific, the change is only a step in advance.

We have described homœopathy as a system of therapeutics based on infallible law. Unless we recognize it as such, would it be possible to defend it from the standpoint of philosophy? If *similia*

similibus curantur is merely a rule of practice, very generally, but not universally applicable, and if we claim the liberty of resorting to therapeutic measures un-homœopathic in our efforts to cure disease, then being governed by no law, but claiming the right to choose as guided by experience, we are nothing more than eclectics, nor have we any system of therapeutics at all.

We desire in this paper to maintain the assertion that it is most rational and scientific to recognize the existence of a universally applicable law by the operation of which medicinal agents *curatively* remove the symptoms of disease. The existence of such a law is alone consistent with the phenomena of nature. Is it reasonable to suppose that the healing of the sick should be the one thing which a divine and beneficent Creator has left ungoverned by law? Do we not see law in all nature wherever we look, shall we then exclude it from the healing of the sick? To this appeal comes back the answer of the vast majority, allopaths, eclectics, and alas, many too who fight under the banner of homœopathy, uniting make reply: let all else be governed by law, but in the art of healing let there be chaos.

It will readily be admitted by all that medicinal agents can only cure by virtue of the fact that they are capable of producing symptoms. This being the case, must not the symptoms which a drug is capable of producing bear a definite and unchanging relation to the symptoms it can curatively remove? Is it reasonable to suppose that a medicinal agent will be curative at one time because its symptoms are similar, at another because they are dissimilar to the symptoms to be removed? or that one drug will cure disease by the operation of one law, while another drug will accomplish the same by the operation of another law? If such were possible, then would there exist in the science of healing a state of confusion to which no parallel could be found elsewhere in nature. We presume that no one will care to contend that medicinal agents curatively remove symptoms at haphazard in obedience to no law at all.

It will be manifest to all that the symptoms which a drug is capable of producing must necessarily bear to the symptoms it is capable of curing, one of three relations: they must be homœopathic, antipathic or allopathic. Similar, directly opposite, or entirely dissimilar.

Unless then, we are prepared to contend that each medicinal agent is a law unto itself and may prove curative when any one of these three relations exist, we are forced to the necessity of deciding which of the three is present when the agent used *curatively* removes the symptoms. For the solution of this problem where shall we look? Shall we submit the question to the judgment bar of experience and bid her decide for us, and shall we be prepared to abide by her decision? If the mere removal of symptoms is tantamount to a cure, then experience will not decide for us which of the three relations must exist, but will undoubtedly declare that the same result may be obtained when any one of the three is present, for there is no lack of evidence that symptoms of disease disappear with equal certainty when the agent used for their removal is either homœopathic, antipathic or allopathic. It will be noticed, however, that we have everywhere spoken of the *curative* removal of symptoms, by which we mean a removal which tends towards cure. If we submit this question to experience, specially regarding this qualification, then the bulk of evidence which it is possible to produce goes to prove that for the removal of symptoms in a manner which tends towards cure, the agent used must be homœopathic in its action.

It is the fact that symptoms may be removed homœopathically, antipathically, or allopathically, that has blinded the profession and prevented the recognition of law in the art of healing. Men have been too well satisfied with the disappearance of the symptoms they have attacked to care to investigate the ultimate result of the method employed. It has never occurred to them that it is utterly irrational to suppose that we obtain precisely the same result whether we remove symptoms homœopathically.

or antipathically. Might we not indeed, as reasonably expect to arrive at exactly the same point by proceeding continuously in precisely opposite directions.

Thus far we have sought to maintain that it is rational and in keeping with the order observed in nature to recognize some one law of cure. We have held moreover, that if we produce all obtainable evidence, experience will declare that law to be the law of homœopathy. We desire, however, to go a step further, for not only do we contend that homœopathy is the only system of medicine which can justly claim to be a science, because it recognizes law; but we maintain too, that the law *similia similibus curantur* is not an isolated law confined to the sphere of medical science, but a phenomenon of life to the existence of which the study of biology furnishes ample testimony.

If we ever arrive at a satisfactory solution of the problem of the nature of disease and its cure, depend upon it, we must study it from the standpoint of biology. It would take us far beyond the limits of this paper to discuss that doctrine which recognizes disease as a disordered condition of an immaterial vital force, but whatever theory we may hold as to the nature of disease, one thing is certain, there can be no disease without life; life is essential to disease, therefore disease and its cure become at once problems of biology.

When we attempt to cure disease, do we seek to produce an effect on life? Let us then ask ourselves the question, what is the only possible way of producing an effect on life? Must we not bring it under an environment to the influence of which it is susceptible? It is a self-evident truth that every effect is due to environment. Whenever we administer a medicinal agent for the cure of disease we bring life under the influence of an exterior force, in other words under the influence of a new environment. Clearly then the law, by the operation of which the result is brought about, must be the law which governs the behavior of life towards its environments. Biology teaches us that

life always tends to establish a correspondence with its environments; tends to become accustomed to its environments, and ceases to suffer from the effect of an environment to which it has become accustomed. In disease we see life suffering from the effect of some exterior force; will it not cease to suffer from this effect provided it can establish a correspondence with, in other words, become accustomed to the environment which caused the effect. Life can only become accustomed to an environment by being brought under its influence or under the influence of one sufficiently similar. Thus when we administer the similar remedy, do we not simply bring into operation this fundamental law of biology.

If we study the effect of environment on life in instances which we do not designate as disease, we can find an exact parallel for the phenomena observed under the action of disease producing agents, whether they be drugs or forces spoken of as natural morbid agents, between which there can be no essential difference. The homœopathic cure, the antipathic and allopathic suppression of symptoms, which are all matters of common observation in the practice of medicine, can all be found in the study of the effects of environment on life. Is it not a matter of the commonest observation in every day life, that surroundings which at first disturb or delight us, if we are constantly brought under their influence very soon lose their effect, they no longer produce their symptoms in us, we have been homœopathically cured of the first effect. Do we not know too, that if we attempt to drown sorrow in pleasure, we may succeed for a time, but so soon as the pleasant surroundings begin to lose their effect, as lose it they surely will in obedience to the inevitable law, the old sorrow returns more unendurable than ever. Again, who does not know that one may be suffering from symptoms of extreme embarrassment caused by being placed in some unusual situation, which symptoms will entirely disappear if some temporary circumstance occur sufficiently engrossing as to occupy the whole attention; but let this

circumstance pass, and the old symptoms embarrassment return in their original strength

We have endeavored to show first that homœopathy is a system of medicine which can justly claim to be a science, because it recognizes the guidance of infallible law, and secondly that it is a science not at variance with other sciences, but in perfect harmony with them because its laws can be found operating beyond its own domain. It may be asked, is there anything to gain by such endeavor? We claim that there is much to be gained. We live in an age when men demand of us a reason for the faith that is in us. It should be the aim then of every disciple of Hahnemann to discover and perfect the true philosophy of homœopathy. Homœopathy will make many more converts when we can not only practically demonstrate its truths at the bedside, but can also defend its doctrines in controversy. And does our own faith at times need no strengthening? When the trying times come, when, in spite of our best efforts, we have failed to apply the law, are we never tempted to think that after all the antipathic experiences, so ready to hand and so sure of effect are just as good; in such times would it be no source of strength to us, if we understood our law and knew of a surety that relief from antipathic or allopathic measures never tends towards cure? Are not we who have taken upon ourselves the designation homœopaths often taunted with not being what we profess, and is there not too much truth in the charge? Let us then by a study of its philosophy convince ourselves of the truth of homeopathy and swear allegiance to its laws, or give up the name. Allopaths and eclectics point the finger at us and say that we practice as they do while we pretend to be different, and surely if *similia similibus curantur* is not a universally applicable infallible law, our differences are only of degree and not of kind.

W. WARREN BALDWIN,

Toronto, Canada.



Miscellany.

WARNING.

Homœopathy has reached a culminating point; her rapid and successful growth has bred danger ahead, and we must be prepared to overcome it. From various quarters the warning has been given and a vigorous protest must follow. While we have been wasting a precious time, disputing trivial points about the dose, which really is only a precept emanating from the **Law of Similars**, but not law itself, empiricism and polypharmacy have insidiously invaded our ranks. This is a great evil which must have an end, if we are to exist as a school of medicine. Thousand times better an honest opposition than a vile deception. Let us energetically make bare the imposition and those who try to frustrate our aims shall be reckoned as enemies. We have seen with real pleasure the *veteran North American Journal of Homœopathy* come out with the following:

"Bitter and implacable as is the hostility of the allopathic hosts, the greatest present danger of the homœopathic school does not in our opinion lie in that direction. The restless waves of the therapeutic sea have parted the anchor of the homœopathic craft and it is slowly drifting on the shoals of a dangerous and destructive polypharmacy. We are tending more and more towards the modern practices and methods of the allopathic school.

The immediate duty of the homœopathic school is a return to homœopathic practice. "Truth," said Locke, "whether in or out of fashion is the measure of knowledge and the business of the understanding: whatever is besides that, however authorized by consent or recommended by rarity is nothing but ignorance or something worse." We commend this paragraph to those, who, masquerading as homœopaths, cannot find time or ability to make a homœopathic prescription. But if the school has won its present enviable and renowned position because of the faithful and untiring labor of those who have preceded us, it will as quickly lose its prestige and sink into obscurity if we are recreant to our trust."

For lack of space we were compelled to leave for our next number, the *differential analysis of Aconite, Gelsemium and Arsenicum*:

Anhalt's Label Book has no equal, broad clear type, well gummed, and containing a list of 410 remedies repeated from one to five times. Price 20 cents.

BOOKS.

SPECIAL NOTICE.

In our notice last month of *A Regional and Comparative Materia Medica*, by Drs. Malcolm and Moss, we omitted to state that a *free sample chapter*, illustrating the plan and value of the work, can be obtained by addressing Dr. O. B. Moss, publisher, 16 Bishop Court, Chicago, Ill.

Send for a sample. The work is simple in plan, direct, and complete in one volume, embracing and designating the "characteristics" or key-notes, and the most prominent special symptoms, by new principles and methods of arrangement, giving *full and immediate control of the entire Homœopathic Materia Medica*, without abridging the usual form of symptomatology.

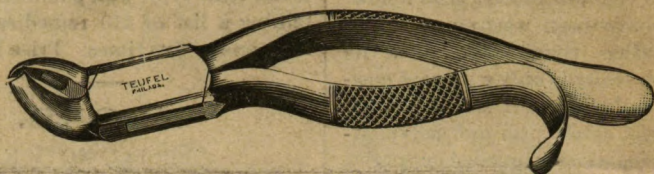
ANNOUNCEMENT.

The Elements of Surgical Pathology with Therapeutic Hints, by James G. Gilchrist, A. M. M. D., Professor of Surgery in the Homœopathic Department, University of Iowa, will be issued about August 15. Price, \$2 50. Published by Minneapolis Pharmacy Co., No. 608 Nicollet Avenue, Minneapolis, Minn.

The National Medical Exchange.—Physicians', Dentists', and Druggists' Locations and Property bought, sold, rented and exchanged. Partnerships arranged. Assistants and substitutes provided. Business strictly confidential. Medical, pharmaceutical and scientific books supplied at lowest rates. Send 10 cents for MONTHLY BULLETIN containing terms, locations, and list of books. All inquiries promptly answered. Address, H. A. MUMAW, M. D., Elkhart, Ind.

SUPERIOR SURGICAL INSTRUMENT MANUFACTURERS,

WHOLESALE AND RETAIL.



TOOTH FORCEPS A SPECIALTY.

JACOB J. TEUFEL & BRO.,

114 South Tenth Street.

Established 1856.

PHILADBLPHIA, PA., U. S. A.

BIBLIOGRAPHIC INDEX.

MEDICAL CENTURY CO., 31 Washington St., Chicago, Ill.

Diseases of Children and their Homœopathic Treatment, Illustrated, by Charles E. Fisher, M. D. . . . Cloth, \$5 00; Morocco, \$7.00

MALCOLM & MOSS, Publishers, 16 Bishop Court, Chicago, Ill.

A Regional and Comparative Materia Medica, by J. G. Malcolm, M. D. and O. B. Moss, M. D. . . . Cloth, net, \$6 00; Morocco, net, \$7.00

HALSEY BROS. CO., 51 and 53 Dearborn St., Chicago, Ill.

Characteristic Materia Medica Memorizer, by W. H. Burt. Cloth, net, \$2.50

BOERICKE & TAFEL, 1011 Arch Street, Philadelphia. Pa.

Special Diagnosis and Homœopathic Treatment of Disease, by T. S. Verdi, M. D. 579 pages. . . . \$3.50

Bœnninghausen Pocketbook, by T. F. Allen, M. D. Flexible Leather, 4.00

Materia Medica Primer, by T. F. Allen, M. D. Cloth. . . . 2.50

Condensed Materia Medica, by C. Hering 4th edition. Morocco, net, 5 00

Farrington Clinical Materia Medica. . . . Cloth, net, \$4.80; Morocco, 5.60

Please name this Journal in corresponding with our advertisers.