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THE
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No. 1

ONCE MORE UNTO THE BREACH,
DEAR FRIENDS!

Undeterred by the fate of his predecessors, Dr. Henry Beates, Jr., President of the Pennsylvania State Board of Medical Examiners, rides a tilt against "sectarianism and dogma" in medicine and against "dying" Homœopathy in particular, in the November number of *The Monthly Cyclopædia of Practical Medicine*. Dr. Beates opens his paper with an assertion that every homœopathic physician will accept, namely, "The highest duty of the physician is to treat afflicted fellow beings with the best known means to effect relief and cure." That is what Samuel Hahnemann said in the opening paragraph of *The Organon*. This accepted the question arises: What are the best means? Dr. Beates might select certain means as the "best" in a given case which one of his brothers also untrammelled by "dogma." might pronounce very deleterious, or *vice versa*. The homœopath animated by the same high purpose would select still other means. In such a by no means improbable case the only broad guide to the right remedy must be previous results, and when it comes to these the homœopath stands on an impregnable rock. Many ingenious explanations have been made by those who claim to be unfettered by "dogma" to account for the marvelous results following homœopathic treatment and a favorite, though two-edged one, is that homœopaths give no medicine, nature doing the work. Then why not leave all medical cases to nature?

The assumption that there is no medicine in homœopathic prescriptions is rather amusing to men who have tested the matter,

tested it scientifically. There certainly are drugs, or drug influences, in the homœopathic 30th potency, and probably none of those who disbelieve in these potencies could take doses of one of them for thirty days without being emphatically convinced. It has been tried. The potentized homœopathic drug acts powerfully, but not with the crude, drastic action of the same drug when given in massive doses. If it be the *similimum* it goes to the seat of the disease, where its curative action is marvelous, and with due respect to Dr. Beates, far more scientific than the mixed and massive doses of the other schools.

Dr. Beates grows somewhat indignant over the word "dogma." The word is defined (*Century Dictionary*) as: "A settled opinion: a principle, maxim, or tenet held as being firmly established," etc. Is it a matter of reproach that one should have settled opinions? Has not Dr. Beates settled opinions? Indeed he has, as is demonstrated by his paper, under consideration. He is suffering from the dogma that Homœopathy is no good. Dogmas may be true or false.

Here is another point: "— of 1,200 practitioners in the Commonwealth (Penna.) who have received their degree from homœopathic colleges, it has been possible to discover but six who are practicing strictly in accordance with the tenets of Samuel Hahnemann." The question arises as to whether Dr. Beates is competent to pass on what is homœopathic practice? He adds, "There may be others, but inquiry from nurses and physicians on all sides fail to discover them." Again the question: Are nurses and physicians on all sides competent to judge of that which they confessedly do not and will not understand? Is this scientific reasoning? It is undoubtedly true that many graduates of homœopathic colleges are resorting, more or less, to old school measures, but pin them down and they will acknowledge that if compelled to stick to one form of therapeutics it would be the homœopathic. For Doctor Beates' benefit it might be mentioned that Homœopathy confines itself solely to therapeutics, it is the science of therapeutics and nothing more, but this does not mean that the men who practice it ignore anatomy, physiology, surgery, bacteriology or any other necessary department of medicine. That all this is not known to many seems evident when Dr. Beates pays attention to our colleges, and writes: "Do you know that they teach the sciences of anatomy, physiology, bacteriology,

chemistry and pathology in the same manner as do colleges of medicine?"

Now we come to what is vulgarly known as the milk in the cocoanut. "The law recognizes three so-called schools of medicine," allopathic, homœopathic and eclectic, though Dr. Beates claims that there never was nor never will be an allopathic physician. Oh! well, the rose by any other name would smell as sweet. Let it go, there must be a distinction or an extinction. Now, according to Dr. Beates, in this the law is wrong and should be amended "for the protection of the public." The mere fact that the law advocated by Dr. Beates would put every homœopathic and eclectic physician at the mercy of the allopaths, and thus necessarily turn all patients over to their care, does not seem to enter into Dr. Beates' consideration; he seeks only to protect the public—only that and nothing more. Yet it would necessarily revive the old Oriental ultimatum, "Renounce your faith" or be impaled—this or a back down on some one's part.

But the HOMŒOPATHISTS (*they* have a name to be proud of) have grown to be a lusty body with a big following of the most intelligent people, who, in all parts, are constantly clamoring for more *homœopathic* physicians, and so they are not to be swept aside by a mere wave of the arm. No, some reason must be brought forward for the proposed act, and here it is:

Dr. Beates contends that if they will still insist on belonging to a "pathy" instead of to the larger pathy they should be legally compelled to keep within the limitations of the "pathy." In other words, the jail should yawn for any homœopathic physician who should dare do any thing for a patient than prescribe a homœopathic remedy, but as Hahnemann taught otherwise, *i. e.*, first of all look for a "removable cause" of the disease. Dr. Beates' contention goes for nothing. He really ought to read up as to what Homœopathy is, though such a course is dangerous, for many a good man has adopted this means of demolishing Homœopathy only to become an ardent believer in it.

"Certainly," writes Dr. Beates, "a scientific physician cannot rightly be a party to a method of treatment which is based upon mere theory and dogma, and exclusive of scientific truth." This is a fine, glittering generality and a neat begging of the question. If the man from Mars were to visit the earth and find the homœopathic physician standing on the unchanging and unchange-

able rock of the natural law of therapeutics, the greatest of medical scientific truths, and then look at the ever shifting therapeutics of their opponents he would smile a little amusedly at the latter.

Men, of whom Dr. Beates is a fair type, are constantly asserting that truth and science cannot and must not be shackled by dogma and pathy. That they must be "free" It sounds well, but it is, after all, naught but a high sounding error. Take the most exact of the sciences, mathematics, by way of illustration. A mathematical problem when worked out stands as a thing demonstrated and demonstrable—a hard fact, a truth, a dogma. What sane man would prate against being "bound" by that fact or truth? None. He cannot "expand" it, and he cannot "limit" it. A fact—a truth, as you will—is a concrete thing beyond the control of man. It may be used in many ways, but science cannot change it, for of such things is *true* science built.

The truths of therapeutics are not so easily demonstrated (especially to prejudiced minds) as are those of mathematics, but so long as a handful of snow remains the only cure for a frosted ear, so long will the truth of *Similia similibus curantur* be apparent to clear minded men.

In conclusion. The next time any one attacks Homœopathy let it be done in a scientific manner. To this it may be replied, "The subject is not worth the study;" if this be so then it is unjust to attack it from the point of view of confessed ignorance. There were certain gentlemen once who attacked the fact that the world is round; they said it was flat, and flouted the theorists who said it was round. They had not studied the subject. "The subject is not worth the study," they said.

PHARMACODYNAMIC CONFERENCES ON BELLADONNA.

By Eduardo Fornias, M. D.

BELLADONNA was the drug selected by Dr. Bellows and his co-laborers, of Boston, for a reproof; that is, an experimental study of its pathogenetic action upon the healthy human organism; a painstaking task which has certainly come not only to en-

rich and support Hahnemann's pathogenesis, but to confirm the established therapeutic value of this important remedy. BELLADONNA, like other drugs, has its especial sphere of action, its distinctive features, its individual characteristics and its modalities, and these all have been well outlined by Dr. Bellows as important points for the student to grasp, if he is to understand its *modus operandi* and its suitable indications.

BELLADONNA is chiefly a *cerebro-spinal remedy*, with especial predilection for the brain, which under its action becomes congested and inflamed, with *flushed face, throbbing headache, pulsating carotids, dilated pupils, stupor, insomnia and great intolerance of light and noise*, and if the mind is affected with *hallucinations, illusions and maniacal impulses* of various kinds and degrees. In conjunction with the brain, the spinal cord is also deeply affected and the *sensitive* as well as the *motor nerves*. In fact, we may well assert that its most characteristic symptoms are derived from these disturbed areas, and that whenever the brain and its membranes become congested and inflamed, and the spinal cord participates in the trouble, the nervous phenomena following will, in the majority of cases, closely correspond with those of this drug, and this correspondence is still greater if the sensorial functions are disturbed or perverted. Spinal congestion under BELLADONNA is principally expressed by *tetaniform convulsions and clonic spasms*, which are renewed by touch and bright light, but the *involuntary muscles* may become paralyzed.

Marcy and Hunt consider also the *cerebral system* the central point from which all the symptoms of BELLADONNA radiate. Even the *inflammations* induced by this remedy, say these authorities, always emanate from within outwardly, by an increased action in the central organ." Thus in the *exanthemata*, as soon as the eruption appears, the severe cerebral symptoms, the headaches and the general febrile phenomena, caused by the nervous system irritating the vascular, disappear. When an exanthematous eruption is suppressed, the brain is instantly the seat of a violent attack. BELLADONNA cures only those diseases of the *splanchnic nervous system*, or of the *abdomen or uterus*, in which there are more or less brain symptoms. In all *visceral inflammations* cured by BELLADONNA, we may safely conclude that these diseases were expulsions of inimical agents, which originally threatened to attack the cerebral nervous system. The same remarks apply to all fevers, especially typhus, or the *febris nervosa versatilis*.

"BELLADONNA is then the specific remedy for the *diseases of the nervous system*, especially for the fifth pair, and vascular system under the influence of this sphere. An inflammation or fever to which it is applicabl  is accompanied by symptoms peculiar to the fifth pair,—more or less reddened conjunctiva, the white of the eye is injected, an unsteady or fixed look, distorted features, turgescence of the face, confusion of the head, aching pain in the forehead and eyes."

From the study of its pathogenesis any earnest student can also anticipate good results from its use in many cases of *mental perversion*, for it is a drug rich in *psychical phenomena*. They comprise *sensorial excitement*, *violent impulses*, *maniacal attacks*, *baseless creations*, *fixed ideas*, or *delusions*, *alternations of mood*, etc. BELLADONNA will be found frequently indicated in the *excitement of certain manias*, as mental troubles attending *epilepsy*, as well as in *puerperal insanity* and *mania-u-potu*. In many cases of *maniacal excitement* it comparts honors with HYOSCYAMUS and STRAMONIUM, and the three drugs together constitute the most important group of remedies of our materia medica to combat *violent states of mental exaltation*. Their pathogenesis cover admirably not only many known *disorders of the general activity of the intellect*, and of the emotions, but many *psycho-motor impulses* to acts of eccentricity or violence, dangerous, ridiculous, erotical, homicidal and suicidal.

In BELLADONNA, however, the irritability of the perceptive centre is attended by visual and auditory disturbances, principally a *persistent photophobia*. In HYOSCYAMUS there is a predominant *photopsia*, with great aversion to light and company; while in STRAMONIUM the *photomania* prevails, hence the patient desires light and company.

The *delirium* of BELLADONNA is not only *vesanic* but *febrile*, the result of *congestion* and principally of *infection*. The *delirium of its fever* may be as noisy and violent as the *vesanic*, but the *hallucinations* and *impulsations* are temporary, and the elevation of the temperature, the flushed face, the injected eyes, the beating carotids, the throbbing headache, the dilated pupils and the intolerance of light and noise clearly indicate the congestive origin of the trouble.

The *vesanic delirium* is due to *excitation and perversion of the intellectual faculties*, and the hallucinations and their impulses

may be transitory and short-lived, as in some cases of *puerperal insanity*, but usually they are consecutive and permanent. The *emotions* have also a good share in the *mental perversion* indicative of this drug, and so we have that the *delirant state* that claims it, as a remedy, is as much intellectual as emotional. In the first variety the patient sees spectres, monsters, demons, insects, rats, black dogs, conflagrations, etc., or he imagines to be pursued and assaulted by brigands, hideous faces, lions, evil spirits, or soldiers who come to arrest him, and from whom he tries to escape or hide. The most characteristic *delusive conceptions*, however, are to believe himself suddenly rich, to have a transparent body with brown spots here and there, to be cured and capable of resuming his duties, etc. In the second variety the *emotional frenzy* seems to depend on egotism, malice, hatred, revenge, and above all, on fright and fear. The *emotional impulses* of BELLADONNA comprise the *inclination to bite, to strike, to kick, to pull the hair, to throw stones, to destroy near objects*, or the *frenzied acts* may be limited to touch things and bystanders, to move the head, to grind the teeth, to make faces, to cry, to laugh, to dance, etc. The *mistrust* or *suspicion* are expressed by a great fear to the approach of strangers, by a desire for solitude, and by a constant dread of imaginary things. The *discouragement* translates itself by the satiety of life, by the indifference to everything, and by the inclination to suicide. Worthy of notice is also the *change of mood*. We find the patient now loquacious, soon after silent and reserved; he now cries and then laughs or sings; he is one moment furious, and full of anxiety the next; he complains now and is arrogant right after; fearful and violent in a moment's time; apathetic in the morning, irascible in the afternoon, etc. These are the chief manifestations of the *mental disturbances* of BELLADONNA.

Some of the important effects of BELLADONNA on the *nervous system* are found also among the *disorders of sensation and motion*, and for this reason is this drug so *efficacious* in the *treatment of pain and convulsions*. The *pains* are of various kinds and location, always *acute* and usually attended by *redness* and *dryness of the parts* and more or less constitutional disturbance. Their leading characteristic, however, is that *they come on suddenly, and after a shorter or longer duration, cease suddenly, or change their seat*. Moreover, pain is aggravated in the evening and at

night by coffee, wine, vinegar, and ameliorated by pressure and compression. As to character, the pain may be *congestive*, as in *headache, otalgia, rachialgia, ovaritis*, etc.; *inflammatory*, as in *abscess, mastitis, tonsillitis*, etc.; *neuralgic*, as in *prosopalgia, odontalgia, cephalalgia*, etc.; *spasmodic*, as in *colic, dysmenorrhœa, proctodynia*, etc. As to location, it is usually *throbbing in the head*, with red face and burning heat; *pressing in the forehead* and frontal prominences; *shooting in the right supra orbital region* (*Spigelia* left, without congestion); *pressing or aching in the eyes*; *jerking or tearing in the teeth*, with red hot face, especially before the menses; *shooting, tearing from the side of the face* up into the temples, ear and down into the nape of neck, which becomes rigid; *sticking in the throat*, with sensation of a plug, worse swallowing liquids; *pressing in the stomach*, cramp-like during every meal; *gripping and cutting in the abdomen*, relieved by pressure; *clawing pains with violent straining and pressing towards the genitals*, as if all would fall out; *burning, throbbing pulsations in the back*, especially after emotions.

There are other *sensations* of more or less importance, but the above can hardly be mentioned in any connection without calling to mind BELLADONNA as a remedy for *encephalitis, neuralgia, toothache of women, organic affections of the eye, tonsillitis, inflammatory colic, dysmenorrhœa*, etc.

Equally rich is BELLADONNA in *motor symptoms*. If we pay especial attention to the *motor oculi*, we find that the common disturbances are *spasms of the muscles of the eye and lids* (blepharospasm, strabismus, diplopia and mydriasis). If to the area of distribution of the fascial, *convulsive movements of the muscles of the face and mouth*, trismus, gritting of the teeth, etc. The *motor phenomena of the cord*, likewise very characteristic, comprise *tonic contractions of the erector spina muscles*, from mere stiffness to complete opisthotonos, and *clonic spasms* from *twitching* of single muscle groups to *general epileptiform convulsions*; while in the *voluntary muscles* we may have *spasms* leading to retention of urine (*cystospasm*) and to *rigidity of the os uteri*, or *paralysis or paresis* may give rise to *relaxation of the sphincters, dilatation of the iris*, etc. As a result of its *vasomotor influence* this drug produces also contraction followed by *dilatation and congestion*, with *flushing of the face, throbbing of the arteries, smooth erythematous rash*, etc.

The action of BELLADONNA, then, not only on the *individual cerebral nerves* (area of distribution of the facial, nerves of special senses, and those supplying the *motores oculi*), but in the *involuntary muscles* and principally in the *sphincter vesica* and *muscular coat of the uterus*, suggest at once its applicability to many affections of the parts. In *rigidity of the os*, it is only second to GELSEMIUM, and its power to relieve *spasms* and *general convulsions* is universally accepted; be the convulsions, epileptiform, puerperal, or of certain congestive kinds, as those produced by the irritation of teething or worms, or from infection.

Among the disorders of the *special senses*, the favorable effects of BELLADONNA have been very marked in *hyperæsthesia of the retina*, reflex or dependent upon some anomaly in refraction, as well as in *blepharospasm* and *strabismus* due to spasmodic action of the muscles, or when resulting from brain affections. Norton considers this drug a valuable remedy in *orbital neuralgia*, especially of the infra-orbital nerve, with red face and hot hands, and may be required in some cases of *amaurosis* and *amblyopia*, especially if they are congestive in form and accompanied by headache and other characteristic symptoms. In *hyperæsthesia of the retina* I have found BELLADONNA only second to NUX VOMICA, and in *blepharospasm* inferior to AGARICUS. BELLADONNA is not frequently indicated in *inflammatory diseases of the eye*, but Norton claims that it may prove serviceable in *erysipelatous inflammation of the lids*, and in some forms of *conjunctivitis* (especially catarrhal, in the early stages), with dryness of the eyes, thickened, red lids and burning pains in the eyes, though not as frequently indicated as ACONITE. "Its use may also be necessary in *acute aggravations of various chronic diseases*, as in granular lids, when, after taking cold, the eyes become *sensitive to air and light*, with dryness and a gritty feeling in them; or in *chronic forms of keratitis* in which the eye suddenly becomes intensely congested, with *excessive photophobia*, heat and pains which may be throbbing, or sharp, shooting through the eyeball to the back of the head.

Manifested under this drug, says Prof. Guernsey, is a remarkable quickness of *sensation*, or of *motion*; the eyes snap and move quickly; pains come and go with great celerity; a pain may have lasted for some time, then in a second it is gone; pains may commence suddenly, and slowly increase in severity till the height is

reached, and then in a second it is gone. Much twitching and jerking of the muscles. Dull and sleepy, half awake and half asleep. Sleepiness, but cannot sleep. *Affinity of most sensations for the right side of the body.* General symptoms right side also.

BELLADONNA exerts but little action on *nutrition*, and is rarely indicated in *digestive trouble*, but its influence on *secretion* is powerful. *Secretion* under this drug is usually diminished, causing *dryness*, but it may be thickened, causing a ropy discharge which, however, does not assume a plastic character. Nothing reveals better the value of our provings on the healthy human organism than the *secondary or dynamic effects of drugs* recorded in our *Materia Medica*. BELLADONNA, for instance, produces *excessive dryness of the mucous membranes and skin*, by entirely arresting the secretions, and yet as in the throat, vagina and skin, we find, on the one hand, *great heat and dryness of the parts*, on the other, *salivation, leucorrhœa and sweating, succeeding the dryness*. This action and reaction of the secretory and motor nerve-endings are due to the fact that BELLADONNA, besides its great influence upon the entire sympathetic system, is primarily a paralyzer, and secondarily, a stimulator of those nerve endings, and so we have *extreme dryness followed often by exudation and excretion*. To understand well these processes it is sufficient for the student to know that *the secretion of sweat is regulated by the nervous system*. In the skin, as in the secretory gland, the fluid is formed from the material in the lymph spaces surrounding the gland. Two sets of nerves are concerned, viz., *vasomotor*, regulating the blood supply, and *secretory*, stimulating the activities of the gland cells. Generally the two conditions, *increased blood flow and increased glandular action*, co-exist. At times profuse clammy sweat occurs, with diminished blood flow.

The sweat of BELLADONNA frequently occurs on the covered parts, or may ascend from feet to head, suddenly appearing and disappearing, but when attended with burning heat or following immediately after the heat it is most common on the face. This change of place, under different circumstances, is easily explained if one considers that although the dominating sweat-centre is located in the medulla, there are also subordinate centres in the cord. Physiology teaches us that the secretory fibres reach the perspiratory glands of the head and of the face through the cer-

vical sympathetic; of the arms, through the thoracic sympathetic, ulnar and radial nerves; and of the leg through the abdominal sympathetic and sciatic nerves. As to cause, the perspiration of this drug is undoubtedly due to the increased temperature of the blood circulating in the medulla cord, just as it is due to the venosity of the blood in SULPHUR. This well-known action of BELLADONNA upon the secretory fibres and perspiratory glands through the *sympathetic nerve*, has led to its successful employment in the *arrest of lactation*, especially when this is followed by *inflammation of the mammary gland*, with hardness, heaviness, and radiating redness, parting from the centre. In the case indicating this drug, the *pains* are *throbbing, paroxysmal, fleeting*, and the gland is usually found not only flushed, but hot, smooth and shining. BELLADONNA, however, is not only indicated in the *arrest or suppression of the lacteal secretion*, but in *galatorrhœa* (excessive flow of milk), plainly showing again, both, its stimulating and paralyzing effects upon the secretory fibres of the gland-cells. On the subject of *secretion and excretion* the remarks of Prof. Ludlum demand our attention, he states that BELLADONNA does not promote *diaphoresis*, is not critical in its results, has no special relation to the emunctories, but is appropriate to, and exercises a calmative influence over the deranged function of reflex action.

A close study of the pathogenesis of this drug will, however, abundantly show that while *dryness* is a leading characteristic, there are sufficient evidences of *secretory stimulation* in many of the parts of the body over which it has an acknowledged influence; and an eminent observer, like Baehr, states to have always found that when there was a doubt whether ACONITE or BELLADONNA should be given, a disposition to perspire constituted a valuable indication for the latter remedy.

BELLADONNA affects powerfully the *circulation*, and principally the *capillary system*. The genuine expression of the *capillary congestion* is the smooth erythematous rash, like that of *scarlet fever* and *non-vesicular erysipelas*, which commences with minute red points, soon assumes a diffused, scarlet red, shining appearance, and is attended with *dryness, burning heat*, and *marked nervous disturbances*; for in few remedies is the *vascular and nervous systems* so simultaneously excited as in BELLADONNA. Of its

special affinity for the *brain and its membranes* I have already referred to at the beginning of this conference, and it behooves us now to allude to the *congestive and inflammatory localizations* this drug is able to produce and cure. Of these localizations the most common are the *facial* and *laryngeal*, the first attended by burning soreness, dryness, swelling and painful deglutition; the second by painful constriction, hoarseness, anxious, hurried breathing, and dry, spasmodic, tickling cough. The *tumefaction of the tonsils and surrounding tissue*, with secretion of ropy mucus, is sometimes so severe that there is a constant urging to swallow and rejection of liquids through the nose. The *ear* is also the seat of *congestion*, with tearing and shooting, and the *parotid gland* may become involved, especially the right. Important is likewise the *ocular localization*, with its burning soreness, shooting pain, conjunctival injection, lachrymation and intense photophobia; and no description of the local action of BELLADONNA is complete without a reference to the *uterine congestion*, where the clutching, clawing pains, the occasional loss of hot, bright red blood, and the urgent, downward pressing, as if everything would protrude through the vulva, are so characteristic.

The *glandular and submucous cellular tissue* partake sometimes of the *vascular congestion and inflammation*, with impending formation of pus. In the *glands* there is arrest or suppression of secretion, with tumefaction, beating pains, and constitutional disturbances. In the *sub-mucous cellular tissue*, the same dryness, redness, heat and swelling of acute inflammatory processes, with more or less disorders of sensation and motion, according to the region involved. When the *spine is congested* the pains are usually of a drawing, burning and throbbing character. In some cases there is a *bachache*, as if broken, but the *cramp-like pains* of the sacrum and coccyx, in fact, of the back generally, are characteristic. In other cases, the crampy pains are of a pressing character in the middle of the spine, or there is a sticking and gnawing pain in the vertebral column generally. A *sore spot* between the last dorsal and first lumbar vertebræ has been observed and recorded.

The active influence exerted by BELLADONNA on the *nervous system*, as we have seen elsewhere, where not only the *brain* but also the *spinal cord* is deeply affected and sensitive, as well

as the motor nerves, has led to its employment, since the days of Hahnemann, in *acute congestion of the brain*, arising from any cause, such as exposure to heat, alcoholism, brain exhaustion, fever, gastric irritation, etc. A careful study of the central, peripheral, motor and sensory phenomena will lead us at once to its use in many organic and functional affections of nervous origin.

BELLADONNA covers admirably the *period of excitement of cerebral congestion*, and the same may be said of *acute simple meningitis*, a form of *leptomeningitis*, generally affecting the convexity of the brain, and where the congestion of the pia mater is the initial manifestation. But even in the *stage of depression* it will be found to correspond with some of the most pathognomonic symptoms, such as *somnolence, dilatation of the pupils, relaxation of the sphincters, retention of urine*, etc. And, again, if we take into consideration that in *simple leptomeningitis*, where tubercles do not exist, if the base of the brain is involved, the symptoms developed are almost identical to those of *tubercular meningitis*, we may still find occasion to employ this drug in the latter affection.

The symptoms of the *stage of irritation of acute spinal congestion and even inflammation* are also very frequently indicative of BELLADONNA, especially if the affection of the spine is associated with cerebral meningitis, the phenomena of which are then super-added, making the indication more complete. When, however, the backache abates, the muscular spasm is replaced by paralysis, hyperæsthesia by anæsthesia, and the reflex excitability, which was previously increased, becomes diminished, we must consult other remedies better suited to the stage of depression. We should further bear in mind that the symptoms of *meningitis* are really those of *superficial myelitis*, and their severity depends upon the extent to which the latter proceeds, and that in those cases of *myelitis* which are secondary to *meningitis*, as so frequently happens, the early stages will, of course, be characterized by the symptoms peculiar to the latter affection.

In the treatment of *acute inflammatory fevers*, especially *exanthematic*, BELLADONNA holds an exalted rank. It has a brilliant clinical history in the treatment of *scarlatina*, where the character of the rash, the sore throat, and the tendency to convulsions are some of its most characteristic symptoms. In the *prodromal rash*

of *variola*, when scarlatiniform, we often have to resort to this remedy; and in *non-vesicular erysipelas*, especially of the face, where the brain often becomes involved, its curative properties have been frequently verified.

I have never found BELLADONNA indicated in *typhoid fever*, but it has been my privilege to employ it repeatedly and with satisfactory results both in *yellow fever* and *typhus fever* during the ten-year-war in Cuba. At that time, by order of the Government, men, women and children were taken to the cities and huddled in provisional hospitals and barracks,—centres of filth, over-crowding and destitution,—where the death-rate was appalling, and where, through the kindness and courtesy of Dr. Aparicio, of Trinidad, I had ample opportunity to study and treat these diseases, at the “Cuartel de Carreras.” From my notes, taken at the time, and which I intend to publish in the near future, I am today enabled to state that BELLADONNA is admirably suitable to those cases of *yellow fever* with early *cerebral affection*, chiefly expressed by a *violent delirium* and *psycho-motor impulses*, sometimes severe enough to require restraint. In the cases in which I found this drug indicated there were always markedly present the *burning skin*, the *injection of the face and eyes*, the *heavy lids*, the *photophobia*, the *anxious look*, the *throbbing headache*, the *lumbar pains*, the *epigastric distress*, and the *unremittent temperature*. In several of these cases the *secondary febrile reaction* was so slight as to pass unnoticed. When the *jaundice* is severe, the *black-vomit* occurs, and the *typhoid state* supervenes, BELLADONNA ceases to be a remedy of this infectious fever. But while the *meningeal irritation* and *psycho-motor impulses* last, even if the urine is scanty or suppressed, this drug should be considered.

Better indicated still and with better results did I employ BELLADONNA in the treatment of *typhus fever*, a fever in which the *onset* is usually so sudden that the patient may be taken very ill in a few hours, with *rigors*, *rapid ascent of temperature* (104° - 105°) and *severe involvement of the brain*. Even when the attack is insidious, the *prodromes* are nearly all of nervous origin—*mental dulness and confusion*, *severe headache*, *vertigo*, *intolerance of light*, *facial and conjunctival injection*, *pain in the back and limbs*, *agitation*, etc. In no infectious fever known, I think,

is the *nervous system* so rapidly and completely overwhelmed by toxæmia as in *typhus*; only a few hours being very frequently required to witness the inroad made by the disease upon the nervous centres and blood-life. Here, as in all acute specific fevers, the *typhoid state* is the expression of profound prostration, and the *cerebral cortex*, with all its functions of perception, of motion, and of sensation, is found lowered and blunted, sometimes nearly to abolition.

It is interesting to observe, that while during the first week of *typhus fever* the *frontal headache* is of a crushing or splitting character, and usually attended by intellectual dulness, vertigo, insomnia, troublesome sleep and agitation, it is replaced, at about the beginning of the second week, by a *delirium* of varied form and intensity (*Typhomaria*). This circumstance may be puzzling to the inexpert, who may often be led to ascribe to BELLADONNA the cessation of the headache. My observations, however, induce me to believe that in many pronounced congestive cases the *delirium*, which at the early stage amounts to mere mental dulness and confusion, coexist with the headache, and that this headache only disappears when the *delirium* becomes intensified, assuming either the *muttering character* of all low fevers, or the *violent, almost destructive* of mental aberration, especially when accompanied with impulses to escape or to commit suicide. This last variety of delirium was chiefly noticed in soldiers, and particularly in those addicted to alcohol.

Moreover, BELLADONNA, like *typhus fever*, diminishes the secretions. In both we find the skin dry and so the mouth, tongue and throat, with thirst; the bowels confined; the urine scanty, retained, or suppressed, and so are other secretions. But it is when the *nervous symptoms* are prominent and come on early that the consideration of this drug becomes imperative. As soon as I noticed the heaviness and confusion of the head, the mental dulness, and the patient complained of giddiness and intolerance of light, I thought at once of BELLADONNA, which never failed to do its share of work. Even when the *prostration* with dull, heavy look is as marked as in pneumonia, and the heart shows the great debility in the impulse and shorter, almost flapping first sound, I have seen this remedy aid the recuperative forces, especially during the state of excitement which so frequently precedes the

circulatory depression, and which only those who have observed the disease are able to appreciate. Of course, we should remember that these observations were made during an epidemic, and that the general character of this disease is that of acute blood poisoning of a low type in which *BELLADONNA* has but a limited sphere of usefulness.

ARNICA AND HAMAMELIS.*

By C. M. Boger, M. D.

Loss of continuity permeates the mental as well as physical processes of almost every *Arnica* condition. Ideation is irregular, being subject to interruption; the power of the motor nerves is often abolished or they act only in part. The results that imperfect or slow answers, followed quickly by stupor and involuntary evacuations, are much in evidence; other symptoms like those seen after injuries, concussions, apoplexies, fevers, etc., soon appear.

The sensory nerves do not generally suffer so severely, for there is much bruised soreness more referable to their distribution to the upper limbs, feet and toes, the very parts most liable to injury. All through the remedy evidences of loss of power or function run side by side, with acute sensitiveness or soreness; this you must remember.

In the spinal irritability, caused by accident, or due to the constant vibration and jar of railway travel, often seen in engineers and trainmen, it is the first remedy to be thought of, particularly if, along with many reflex symptoms, there is a feeling of a lump in the back. We may find the sensation of a lump occurring in other parts, notably the brain, which feels as if rolled up into a lump, or the epigastrium.

Its effect upon the nervous system may be deep enough to simulate paralytic phenomena, as shown by the involuntary stools, paralysis of the lower jaw, noisy swallowing, inability to expectorate the loosened phlegm, which must be swallowed; a feeling as if the right side were heavy, hanging down and paralyzed, and pains which seem to paralyze the parts, etc. Hemiplegia (right) with dark, blue spots on the skin, hæmorrhages or involuntary stools.

*Notes from lectures delivered at Pulte Medical College.

Many injuries are accompanied by extravasations and even hæmorrhages, particularly in persons having an active capillary circulation. By virtue of its double effect upon the blood and its containers *Arnica* causes petechial spots and an erysipelatous eruption closely resembling traumatic erysipelas, meeting the indications which it presents most effectually. In traumatic or post-operative erysipelas it is the remedy above all others. Vesicular erysipelas spreading wherever the fluid from the blisters runs.

There is much evidence of its power to absorb extravasations of blood. Blear eyes and subconjunctival hæmorrhages are prominent examples of this.

Arnica gradually disorganizes the blood, finally causing effects very similar to those seen in low types of zymotic, septic or traumatic very similar to those seen in low types of zymotic, septic or traumatic by heat of the head and a bad odor from the mouth. The heat is often partial or comes in repeated short attacks, and with it there are pains in the muscles, swelling of the veins of the hands, sour vomiting, backache, prostration and mental indifference. If the fever becomes continuous, the latter soon passes into stupor from which the patient can only be temporarily aroused, a red stripe appears along the centre of the tongue, bruise-like spots are seen on the skin and hæmorrhage from some organ may occur. If it takes the form of nose-bleed, the blood is dark and fluid; from the lungs it is frothy. The stool is apt to be involuntary, and sometimes consists of brown froth. There may be a bloody vomit or blood in the urine.

Under its influence there is a tendency to boils, which are either very sore or fail to mature. There are also excoriations, ulcers and nondescript eruptions all marked by extreme painfulness and crawling, itching sensations which change place when scratched.

Gout of the big toe, with redness and constant fear of being touched or approached. This fear of being approached or touched is caused by the bruised soreness from which the patient suffers; he don't want any one near him for fear of being hurt. It causes the bed to feel too hard, and may be general or local, but we naturally find it more pronounced externally. When it is more sensible internally *Camphor* and *Pulsatilla* outrank *Arnica*.

Because of their stimulating effects there is a desire for sour

things and whiskey, but the torpidity of the digestive canal gives rise to indigestion and the generation of much foul gas, sometimes having the odor of bad eggs. An objective bad odor from the mouth, as well as a subjective bad or putrid taste, is very common. In general, it is a remedy of foul odors, which are mostly due to decomposition.

Early in his sickness the *Arnica* patient is stubborn, resists treatment and is easily irritated, but later, by falling asleep while talking, or replying to questions, and at once relapsing into a stupor, he shows a certain mental incapacity which borders closely on paralysis. In spite of this, the intellectual faculties never entirely lose the impressionability so distinctive of this drug.

The aggravations occur in the evening, and correspond to the times of greatest fatigue. Injuries, concussions, contusions, blows, sprains and external violence stand in a causative relationship, therefore they take the first rank.

Echinacea, closely related botanically and pathogenetically, gets much credit lately where *Arnica* would answer every needful purpose.

Sulphuric acid is complementary, often finishing the work begun by *Arnica*.

Hamamelis.

Fulness, soreness and bleeding is a syndrome which should call your attention to *Hamamelis*. The sense of overfulness is caused by venous engorgement, the soreness is due to irritation, and the bleeding is of the dark, passive sort, which shows that veins have relaxed and lost their tone.

Hæmorrhage somewhere or from some part is part and parcel of the *Hamamelis* state: the blood may come from the nose, throat, stomach, lungs, intestinal tract, piles or elsewhere, but it nearly always flows passively and is not coagulable. Retained hæmorrhages, forming extravasations and effusions, are very amenable to its action. There is little or no evidence of its power to alter the composition of the blood, such as we see causing the ecchymoses of *Arnica*.

With this knowledge you should be quite prepared to see it relieve and cure varicose veins, for it justly holds the first rank

among remedies for this purpose; when it does not seem quite sufficient to complete the cure, *Fluoric acid* will usually do so. Phlebitis, especially of traumatic origin, when the veins seem ready to burst (*Vipera*) and the parts are exquisitely tender.

It is especially suited to those venous constitutions in which the congestion of blood to some part causes a sense of overfulness, only relieved by bleeding (*Melilotus*). Sometimes the loss of blood prostrates out of all proportion to its quantity.

It has a special affinity for the glandular parts of the generative organs, the ovaries and testes; they become sensitive and are the seat of the bruised sore pains so common in orchitis and ovaritis.

Hamamelis has a peculiar sweat which is worth remembering, in that it is very profuse, and only affects the parts which are covered with hair, the scalp and genitals, especially the scrotum.

Witch hazel belongs to the hydrogenoid group of remedies and is, therefore, worse from dampness, particularly from warm, moist air.

The cardinal point to remember is that it combines a bruised soreness, with a tendency to varicoses and hæmorrhages.

It should be compared with *Pulsatilla*, *Arnica*, *Sulphuric acid* and *Hypericum*.

Predominant Conditions.

Arnica.

Injuries or toxæmias with consequent innervation, paralysis, etc.

Bleedings.

Bruised soreness.

Parkersburg, Va.

Hamamelis.

Glands.

Varicoses.

Bleedings of dark, non-coagulable blood, often giving a sense of relief.

Fulness; bursting sensations.

THE DANGEROUS GERMS.

By Wm. L. Morgan, M. D.

There is no one subject that occupies so much space in modern literature of every kind, as well as in the teachings and research of the highest educational institutions of the civilized world, as that of the germ theory of disease.

No subject has caused more fear, dread and suffering among all classes of the human race than the science of bacteriology and the literature regarding dangerous germs, microbes, bacteria and ptomaines.

About four years ago, at a Tubercular convention held under the auspices of one of the leading universities of America, which was made very interesting by lectures delivered by professor of bacteriology from several of the world's most noted universities, there was given this very intelligible definition of the organic germ: "A living vegetable organism from decomposed, dead organic matter," and it was further explained that dead tissue and other organic matter, when decomposed, formed a soil to produce microbes.

It was also especially explained that microbes may be, and often are, in the systems of healthy persons, but harmless until there is a susceptibility in the system for their operations, all of which was clearly explained in scholarly language and, in a manner, consistent with sound philosophy and in harmony with what is well known of the propagation of larger plants, from the planting of the seed, through the growth, ripening of the fruit, to the death, decomposition and fertilizing of the soil for another crop, and their relation to, and connection with, the decomposition, or the dead organic matter in living human organisms. This, when carefully analyzed by the unbiased reasoner, will be found of deep interest and great value to the botanist and agriculturist, and it will be found that before the microbe can do harm there has to be the work of another agent to prepare the soil to sprout the microbe seeds; as there has been no putrefaction, there could be no ptomaines. And hence, as neither microbes nor ptomaines could be present or do damage till the soil is prepared suitable to the growth of the specific microbe: Therefore, it is perfectly

clear that there must be another agent or factor preceding the microbe which deranges life and causes a morbid condition, and the death of cells and molecules which decompose to form the said soil.

We now see, from lectures and literature of the highest order, that microbes and ptomaines are not the dangerous germs of disease, and we must look further.

From recent history of malarial and yellow fevers in New Orleans, also Havana and other cities in Cuba, Panama and the Isthmian cities, we find that when the miasmatic fevers were very disastrous, the United States army force cleaned the cities drained the swamps, where vegetation was decaying, and buried all dead animal matter, to get rid of the invisible emanations which were constantly given off, with the gases, from the decomposing masses of filth of various kinds, and then yellow fever soon disappeared. A short time ago, in our own city, an epidemic of typhoid fever broke out in Hampden and Woodbury, as we all remember, which was attributed to germs in the milk, but speedily disappeared when the neglected part of the city was cleaned and the decaying masses of matter that produced the miasms were removed.

Cases are too numerous to relate in this paper where fevers and diphtheria have infested a small locality, or even a single house, for a long time, in which when a mass of decaying vegetation and animal matter was removed, and a general cleaning up took place, the sickness at once disappeared, to stay away as long as there is no decomposing matter nearby to produce that vital emanation to be inhaled with the air breathed that deranges life and places the entire system in a morbid state and creates a soil for microbes.

With all this, what could be clearer to the mind of the unprejudiced thinker than that invisible miasms from masses of decomposing organic matter are the dangerous germs that first invade the healthy system and cause the morbid state and all that follows, and from the unquestionable high authorities referred to we know that there can be no possible danger from microbes, bacilli or ptomaines, causing or generating sickness, and that the invisible miasms from decomposing dead organic matter of any kind are *The Dangerous Germs*.

This epitome of the subject is not complete without saying that with infectious, contagious and inoculable diseases the disease dynamis, and not matter, acts on the life force through the peripheral nerves and from the point of inception deranges the functions of life, causing a morbid condition in blood and tissue, which condition is made known to the observer through the organism.

Baltimore, Md.

BIOCHEMISTRY AND SEPSIS.

By **Eric Graf von der Goltz, M. D.**

Ch. D., a young girl of fifteen years of age, had suffered on board of the ship, while coming from Europe to New York, a slight accident, as it seemed at the time, somebody having stepped on the great toe of her right foot.

About fourteen days after coming to New York she fell sick (March 10th, '07)—did not feel well, had headaches and chills, and also pains in this injured toe.

The toe beginning to swell, a physician was called; from his prescribed compresses, with a lotion, the whole foot and leg began to swell and became inflamed in such a way that the relatives of the patient called another physician, and, later, still another was consulted without any result.

Finally, again, the first physician was called, who, in consultation with another, a hospital surgeon, recommended an extensive operation, respectively, amputation of the leg.

The family and patient, not consenting to this proposal, the writer was called *May 25th*, and found her in the following condition: The patient was sitting in bed, holding the best leg with both hands.

The foot and leg were swollen to the double size of their normal state, all tendons of the knee shortened, so that the leg could not be stretched.

On the leg, and also on the foot, from different points, matter was oozing. The foot and leg, up to the hip, were very sensitive to the touch.

The patient was in wretched condition from pains, fever and

sleeplessness—the most pains happening at night from relaxation and changing of the position while falling asleep.

It was necessary, at first, to combat the exhausting low fever and to stop the general pyæmic cellulitis involving the bone—the patient was, besides, nearly starved, as her stomach revolted against everything—the primary biochemic remedies were *Kali phos.* 6x and *Silica* 12x, changing every two hours.

May 27th.—Idem.

May 31st.—Idem.

June 6.—Gradually an improvement appeared. Since about twenty-four hours, instead of the general and diffuse pain—they had exclusively settled in the bones, especially at night—*Kali iod.* 6x, one dosis every hour.

June 22d.—The general swollen state of the whole limb had gone down, a perceptible mobility of the knee-joint and the hamstring condition had been ameliorated. As the pains and the disease seemed now to locate mostly around the knee-joint, *Kali iod.* 6x and *Alumina silico-sulfocalcareo* 6x were given in a two hours' change.

The general state was better, as with diminishing of the pathological process, the appetite had returned to some degree.

July 6th.—The further improved state of the patient allowed, for the first time, a more exact examination of the deeper layers of foot and leg. It was found that on many places, especially near the oozing points along the leg (either broken on own accord, or lanced by the former attending physicians), the surface of the bone appeared to be elevated and knobby. Medication now *Calc. fluor.* 12x and *Kali mur.* 6x, the latter, especially, for the soft parts, in a two hours' change.

July 21st.—Patient begins to improve in a more observable way. The pains appear now only at intervals. The sleep and rest is less disturbed. The knee-joint continues to improve, especially in regard to mobility. The latter fact was the greatest concern for the writer, as it is well known what trouble such a neglected ankylosis of a joint will give.

Same medication.

August 11th.—Slow, but constant progress; as observation had taught in former cases, where several remedies are necessary, the greatest benefit will often be gained by compound

salts, so here it was deemed necessary to give, as sole medication, *Calcarea silico-fluorata* 6x, one dosis of three grains, three times a day.

August 23d.—Good progress in every way.—Idem.

September 7.—Idem.

September 17th.—Further uninterrupted improvement; the swelling has fallen off considerably. Patient is able now to stretch the leg slowly so far that the foot, with the sole, save a small part of the heel, rests on the ground. The knee-joint remains flexed only to a slight degree.—Idem.

November 9th.—Patient can walk around unrestrained. The foot remains still a little swollen; same medication (continued since August 11th).

November 27th.—Patient discharged fully cured, all remaining swelling having disappeared.

New York City, 247 East 72d St.

THE DOLLAR AND THE DOCTOR.

By T. L. Bradford, M. D.

“It is worth \$25 to \$100 to make the first study of a very difficult case, and mark out the line of treatment.”

So writes one of the best and most careful and skillful prescribers, who has accepted the rich legacy left by Hahnemann, Lippe, Farrington, Raue, to all the members of the School of Similia. Accepted—aye, accepted and practiced, a thing that all our school has not done. But, why? Ask the young man just out of college, wise with the knowledge of many books, and he will usually tell you that to prescribe as Hahnemann advised one must waste too much time; that we moderns have changed all that, that we have reached a plane beyond such time of antiquated methods, and can now press a button and the coal tar products will speedily do all the rest.

But is this true? Is it a fact that a law can become obsolete? Does not the apple still fall from the tree groundward? Aye, my masters, and truly, if we really find the medicine that will produce the ailment, that medicine will most certainly remove it from the suffering body. It is the Law. But the time it takes! And

the little pay! That part of it is right, the careful doctor who spends some hours in repertory study, in writing up the case, in discrimination, gets no more than the man who advises a dose of quinine or Matamidophenylparamethoxy-Chinolin. And if we are only commercial doctors the question is answered—we will go on giving the routine remedy and let the patient blunder back to comparative health. But, if we subscribe to the statement made by one German thinker, that: “The physician’s highest and only calling is to restore health to the sick, which is called healing,” if we put our calling above dollars, then it behooves us to use all the means in our power to CURE.

It is not easy to study up a case and to find the proper remedy; but there is a lot of pleasure in watching the poor sufferers, heir to generations, maybe, of wrong living, grow strong and healthy; to see the little baby, victim of mal-nutrition, become plump and good natured under the action of the RIGHT homœopathic remedy. And, therefore, my masters, it does pay us to prescribe carefully and conscientiously and in accord with the law we profess to follow, pay us in a gold that is brighter than that of the heartless plutocrats. But—how shall we take the case? That is what Dr. E. B. Nash has very lucidly explained to us in a little book just published, under the title: “How to Take the Case and to Find the Similimum. Phila.: Boericke & Tafel. 1907.” Price. 50 cents.

Now, Dr. Nash stands to-day as the principal exponent for the Homœopathy of Hahnemann, and in several carefully written books he has very ably taught the methods of exact prescribing. In this small volume of fifty pages he tells us that we may not prescribe for the name of the disease, but by symptoms, that the true homœopath has no remedy for quinsy, or rheumatism, or diphtheria. Usually the patient will locate the trouble, and then the doctor must determine the significance of the pain, if necessary, by research in the repertory. There are the sensations, burning, sticking, fulness, cramping, numbness, faintness, the aggravations and ameliorations, as to time and circumstances, the cause of the diseased condition, cold, suppression of disease, the constitution and the temperament of the patient. Lastly, there are several pages of numbered “Generals.” “Symptoms, as given by patients,” and on the opposite page, “Same as found in the repertories.” Of these there are twenty-three. And there are

twenty-two paragraphs. numbered. of "Particulars." On one page the Particular given by the patient, on the other, that given by the repertory. Now, take down all symptoms, work them out in the repertories. After each symptom put down the remedies given; and the remedy occurring the most times will probably be the indicated remedy.

Dr. Nash says in his last pages, "Physicians are about the only profession that are expected to do a good job for the same pay as a poor one." "The biggest humbugs on earth get more wealth out of patent nostrums, out of the *grand elliptical Asiatical panti-curial nervous cordials* than the most educated, able and conscientious physician in the world."

And Dr. Nash is right, the charlatans thrive. But what would ye, my masters? Is money everything? Is there not the delight of the true workman, be he artist, or doctor, or builder of houses, in doing his work well, in painting a perfect picture, in building a lasting mansion, or in making a sick person well, and as Kipling sings:

And no one shall work for money, and no one shall work for fame,
But each for the joy of working and each in his separate star
Shall draw the thing as he sees it for the god of things as they
are.

A PLATINUM CASE.

By S. C. Bannerjee, M. D., F. H. C. S.

Babu ——— came to my office and informed me that his brother's wife was under the influence of a ghost, and further, he added, that she was subject to attacks of hysteria. She would try to go away and said that some of her dead relatives often came and called her to go with them. She said that she could see them standing by. She would talk of past events and feared the approach of death. I further learned, on questioning, that she was suffering from painful menstruation of dark and clotted blood, mind depressed. Discharges much clotted blood during the first day, with painful urging, and pinching pain in abdomen and groins; discharge intermittent, low spirited, nervous and irritable; temperament, obstinate; constipation, palpitation, great inclination to weep, aversion to every kind of food; everything seems strange to her.

Under the above circumstances my prescription was *Platinum* 30, one powder thrice daily; this was continued for two days. She made quick and complete recovery.

Second: A Bubo Case.

I was called in to see a lady suffering from bubo. I prescribed *Ars. iod.* 2x, one powder every four hours. On the next day I was informed that her menses, which had been suppressed for a year after delivery, for which she had taken several allopathic drugs without any benefit, had reappeared and were now normal and have remained so.

Third: Diphtheria.

On the 19th of September, last, I went to treat a girl seven years old. She was suffering from diphtheria. Saw her the second day of the attack.

The symptoms were, sudden feeling of heat and soreness of the pharynx; the arches of the palate dusky red; feeling of stiffness about the throat; deglutition was painful, tonsils were inflamed, swollen and covered with exudation; patches of grayish-white spots were on the tonsils, which were small at first, but gradually increased and threatened suffocation. The tongue was thickly coated yellow. There was slight fever and constipation.

TREATMENT.—A dry flannel bandage was placed round the throat. The child was made to inhale steam of hot water, to which a few drops of oil *Eucalyptus* had been added. A gargle of ʒi of alcohol and gr. v of *Natrum mur.* in a pint of warm water, was administered several times a day, and she was kept in a warm bed in a well-ventilated room, separated from the other members of the family. Proper nourishment was given to her, and absolute cleanliness observed.

Merc. sol. 30, one drop in one ounce of distilled water, was administered every four hours. This was continued for four days and the girl is all right since then.

Sitamarhi, India

Hawkes' *Characteristics* is not a new book but a most excellent one for those who want the characteristics of our remedies accurately and tersely put. Good symptom note book, too, as every alternate page is left blank.

CACTUS VS. CACTUS GRANDIFLORUS.

The *Therapeutic Gazette* recently contained an editorial on "The Lack of Therapeutic Value of *Cactus Grandiflorus*," which we copy. Here it is:

"For a number of years a considerable number of practitioners have been under the impression that *Cactus grandiflorus* possesses certain virtues as a cardiac stimulant, while others have considered that its stimulant effect is feeble, but have believed that it exercised a sedative influence upon the cardiac viscus. Thus, a well-known practitioner of Philadelphia has been accustomed to employ the tincture, or fluid extract, in cases of cardiac palpitation or irregularity, and while he has frequently combined this remedy with other drugs he has been wont to credit the good results to the cactus rather than to the remedy administered simultaneously. Those who have been most rational in this matter have, however, never believed that cactus possessed very great power, and certain investigations which have been carried on during the last few years seem to prove pretty clearly that even a moderate degree of activity is not possessed by this drug."

"The most recent of these contributions is an investigation which has been published in the *Journal of the American Medical Association* of September 21, 1907, by Hatcher, who has studied the effects of the drug upon animals, and who has also gone over, in considerable detail, the literature which deals with this so-called remedy. After proving that the few experimental studies which have been made with it are not worthy of confidence, he proceeds to detail the results which he has obtained in experiments upon animals, and he finds that cactus and its so-called "active principle" are not only devoid of any influence similar to that of *Digitalis* and *Strychnine*, but that they are inert when used on animals in doses that are hundreds and even thousands of times as large as those recommended by persons who claim that the drug produces excellent results. These conclusions distinctly indorse those reached by Sayre and Houghton which were published in the *Therapeutic Gazette* in 1906. It is remembered that the good results which have been obtained from the use of cactus by certain practitioners may have been in reality due to other causes than the drug itself. The rest in bed which many

practitioners wisely recommend to patients with cardiac irregularity is always a powerful factor in recovery, and the psychic influence of taking a supposed remedy from a physician in whom the patient has confidence does much toward diminishing mental anxiety in regard to the heart, particularly if at the same time some sedative like *Hyoscyamus*, the *Bromides*, or *Belladonna* have been given as adjuvants."

So writes the editor of the *Therapeutic Gazette*, and what he writes here is true of cactus, but not of *Cactus grandiflorus*. There is probably as great a difference between these two as there is between *Rhus aromatica* and *Rhus tox*. The great bulk of the tinctures, fluid extracts and elusive "active principles" are made from the cheap native cactus and not from the magnificent night-blooming cereus (*Cactus grandiflorus*). The reason for this is that the latter is very difficult to obtain in sufficient quantities and very expensive. To illustrate this point: A homœopathic pharmacy recently wanted to renew its stock of *Cactus grandiflorus*; they were offered any quantity of cactus at low rates, but the sellers admitted that it was *not Cactus grand.*, "but," they added, "it is what all use."

The firm in question, after considerable trouble, located a source of supply and a reliable man to gather, pack and ship it. In due time the shipment was received—not a very large one—and the various charges on it, exclusive of the price paid to the collector was over seventy-five dollars. The consignment was verified as being the genuine *Cactus grand.* by the Agricultural Department's botanist. Probably if it were possible to use the *Cactus grand.*, in place of ordinary cactus, the reputation of the drug would be rehabilitated and also the price of the tincture would materially advance. The reputation of many a good drug has been ruined by the too prevalent spirit of commercialism, which disregards everything in a drug save its price and name. There is a wide difference between tinctures bearing the same name.

DIARRHŒA, INFANTILE, CURED BY
MEDORRHINUM.

By R. C. Mitter, M. D.

Babu N. Karr's child (male), aged six months, came under my treatment on September 10th, 1907, after it had passed several allopathic hands. The child was evacuating greenish-watery, slimy, frothy and sour-smelling stools. The mother is dyspeptic, for which she received *Robinia* 3x. Looking at the characteristic stool of the child, and the head sweating profusely, I prescribed *Calcareo carb.* 1000, one dose, then paused for seven days, but there was no change for the better. The stool became grass-green, frothy, slimy, and *Ipecac.* 30c. was prescribed. One dose in the morning was continued for six days. The character of the stool was not changed and as the vitality of the child was ebbing away, I prescribed the same medicine in 6x and 3x potencies for another week. This gave no effect and the stool became more and more profuse and the child was now evacuating profuse greenish-yellow stool, as if it had been coming out of open anus. *Phos.* 30c., one dose. Next day the only improvement found was that it was not so profuse as before, but the character remained unchanged. I paused for four days after *Phos.* had been administered, but the stool again became profuse and smelling horribly offensive. The child was found to be nearly pulseless, eyes sunk into the sockets. I hesitated giving *Phos.* low and looked over the case again. I asked Babu N. Karr (Hd. clerk Junior Engineers' office Sahebgunge) if he had been suffering from any chronic malady; he said, yes, for the last six years he had had seminal emissions daily and during the night. He had felt well a month only. It convinced me that the child received some constitutional taint through his father. Then I looked over the stool of *Medorrhinum* (Clark's *Dictionary of Materia Medica*), it ran thus:

"Child, æt. fifteen months, brought on a pillow to clinic, apparently dead; eyes glossy, set; could not find pulse, but felt heart-beat; running from anus greenish-yellow, thin, horribly offensive stool."

Gave the child a dose of *Medorrhinum* 200c. The next day the character of the stool was found thus:

Yellowish-green (grass-green, not watery) stained bright-red blood, frothy, smelling sour. Vomiting and retching several times during the day and night. I now came back to *Ipecac.* 30c. and the child was now improving rapidly and it came round in five days.

Sahebgunge, India, Nov. 8, 1907.

SOME PECULIAR CASES OF INFLUENZA-PNEUMONIA.

By Dr. G. Sieffert, Paris.

In every new epidemy of influenza the observation made long ago of its mutability of form becomes anew noticeable. This fact is seen even in the merely bacteriological relations of its specific cause. New observations by Wasserman, Doering and Jochmann show that it is often very difficult to find the bacillus of Pfeiffer; the active cause quickly vanishing out of the sputum, etc.

Also the fact that some persons are apt to be taken sick with frequent relapses of influenza brings new difficulties for the theory of the bacteriologist. Pseudo-influenza is spoken of, also of an epidemic *imitating* influenza, only because the typical bacillus is lacking, while the other characteristic phenomena are present. Jochmann, from this, concludes that also other bacilli, as pneumococci, etc., may cause typical influenza. Also in this case it is seen that the modern view, with its one-sided consideration of the bacillus, instead of being further cleared up, is everywhere confronted with contradictions. Even the bacteriology of diphtheria has proved the inferiority of the microbic proofs as compared with the clinic characteristics.

It might, therefore, be true, that the retention of the term "*Genius epidemicus*" might prove the more scientific in view of the lack of agreement of teachers; denoting by this term the complex of physical atmospheric influences, and the personal individual disposition, which are the components which give to the epidemics their infinite shadings, while it is so far impossible to see in the action of these influences in accordance with any definite laws. This predominance of the "*genius epidemicus*" does not show itself only in the factors, which according to the

old school, are the causes (the bacteria). but it shows itself even much more strongly in the clinical forms of expression of the epidemy at this day. Thence it is that the conception of influenza-pneumonia is to this day still changing and fluctuating. It is a tedious broncho-pneumonia which is most generally viewed as an influenza-pneumonia. Also here in Stuttgart these lobular pneumonias predominated, while the croupous forms had become very rare. But in the last epidemy, here and elsewhere, the relation has somewhat changed. The clinical course, as well as the pathologico-anatomic image, show again a manifest approach to the croupous form, although there are still abundant shadings of the several phenomena of the disease. A few cases from practice may present this more clearly.

I. Mrs. P., thirty-six years of age, was taken sick on the evening of April 11, with violent stitches in the left half of the back and a strong inclination to cough. When I saw the patient next morning, I found besides the general phenomena of a violent infection, beginning in the region of the right rib, a manifest pleuritic friction, as also in the anterior side from the mammilar region downwards to the left border of the ribs. The patient complained quite loudly of the stitches, the cough had brought up but little indifferent sputa. Unusual was the course of the temperature on the first day, as it showed a decrease in the evening. Herpes labialis.

April 12. During the night there had developed a distinct dulness of sound, with the respiration approaching the bronchial. In the course of the next day hepatization of whole of the left lung developed, with a continuance of violent pleuritic symptoms, especially on the left and in front. After several pseudo-crises, the temperature on the sixth day again mounted high, only to take a critical fall on the seventh day. The force of the heart had shown signs of depression on the day preceding the critical solution by a pulse that was frequently intermittent. The restoration to integrity was rapid and undisturbed. Therapy: *Bryonia* and *Veratrum vir.*

II. The second case developed in a similar manner, only more briefly. I was called to the patient, who was forty-six years of age, on the morning of May 10. According to his statement he had been sick and feverish for two days before. At my first ex-

amination I found a dulness of sound extending all over the right lung, with bronchial respiration, the sputum being rust colored, etc. Morning temperature 103° F. In the course of this and the following days the temperature rose even to the critical altitude, to fall to 97° the next morning, with a copious respiration. The resolution ensued, as I supposed, on the fifth day. Thus there was also in this case an atypic relation of the temperature in spite of a croupous clinical and anatomic series of phenomena decidedly pronounced. Therapy: *Phosphorus*.

III. The third case showed a course of temperature more in consonance with the usual typical process, in so far as the temperature remained at its height during the fully developed pathological anatomical phenomena. Herpes labialis. But, also, here we see a remission in the *status incrementi* and still more manifest was the irregularity in the dropping of the fever. Also in this case (that of a girl, nine years of age) there was a localization on the left side, with hepatization of the whole of the left lung. But the whole image of the disease was dominated by the pleuritic phenomena, which were of exceeding severity. The pains were incessant for days, and were localized according to the little patient (who showed great patience), in the upper region of the abdomen; they increased by paroxysms, leading the beholder almost to suppose that a part of the intestinal tract was undergoing a disease like colic. The abatement of the fever and the introduction to convalescence followed on the seventh day. Therapy: *Kali chlora, pho.*

IV. In the fourth case the same peculiar variation in the pleuritic phenomena appeared only in an increased measure. On the evening of the twelfth of May I was called to see C. H., a boy five years of age, who had been taken sick with vomiting and severe colic. On examination I found severe pleuritic friction on the left side anteriorly below, while according to the patient, they were localized in the region of the stomach. The respiration was anxious, in frequent short gasps. The patient vomited everything he partook of, and there had been one pappy stool. When the temperature decreased on the third day, all the phenomena, except some moderate pleuritic pains, were relieved the vomiting had ceased, and the child next morning was sitting up smiling in his bed, taking his breakfast. In the evening there was a re-

newed rise in temperature, with a violent return of all the pains and symptoms in the stomach, at the same time there had developed on the left side in the lower lobe of the lung a hepatization, with a changed bronchial respiration, which continued unchanged until the morning of the sixth day. But the rest of the image of the disease changed in the manner described above, two times more with a disappearance and return of the pleuritic and violent symptoms in the stomach. Therapy: *Ipecacuanha*.

In observing the last two cases, I was vividly reminded of an address of our colleague, Goehrums, which he delivered in the Swiss meeting last year on the theme of "Cramps in the Stomach" as a rare symptom of "pleuritis interlobaris serosa." The localization and the kind of pains in the cases of Goehrums and in my cases were exactly the same. Goehrums assumed as the cause in his cases, interlobary pleuritis.

I would not venture to reduce my observation as to its cause to more than a suppositious interlobar pleuritis. For to delimit and establish by the side of the fully hepatized lung also an interlobar exudation through physical means, would remain a theoretical chef d'œuvre. In the cases of Goehrums the circumstances, indeed, were more simple, and I would not express any doubt as to the possibility of his diagnosis. Only in comparing these cases the thought entered my mind, whether in both cases there may not have been an accompanying pleurisy of the diaphragm. The radiation of the pains into the upper region of the abdomen may more easily be thus explained, than in interlobular pleurisy of the lower lobe and much more so than in superior lobular pleurisy. The dyspnoea in my cases, *i. e.*, the reduction in the respiration, and the chopped manner of speaking were so pronounced, that it made it very probable that the diaphragmatic part of the pleura was involved. It, therefore, seems to me to be justified for referring the rare symptoms of cramps in the stomach to a diaphragmatic pleurisy, the proof of which, indeed, is physically impossible under such circumstances, rather than to an accompanying interlobar inflammation. The physical diagnosis of diaphragmatic pleurisy is very indefinite even in uncomplicated cases. In an exudation which is at all copious, there is a zone of tympanitic sound above the base of the lungs, which corresponds to the exudation of the compressed lobe

of the lung. Clinically, we may observe a triad of symptoms, which cannot, however, be demonstrated in all cases. The first is the presence of a definite point of pain, the so-called "*bouton diaphragmatique de Uzy*;" it is the point of intersection of two lines, the one of which runs vertically, parallel to the outer border of the sternum, while the horizontal line is an imaginary continuation of the tenth rib. The second symptom of diaphragmatic pleuritis appears quite early in the disease, and is a one-sided elevation of the diaphragm. The third sign is the so-called respiratory abdominal reflex, *i. e.*, jerking twitches of the musculus rectus abdominalis; this develops at the height of respiration. I am sorry to say that I only became acquainted with these signs after my cases had been attended to and could not, therefore, apply the test to my cases.

Somewhat striking in my cases was the frequency with which the left lung was affected, while usually it is the right side which, by preference, is the seat of inflammations. I may not mistake in stating, that the character of the pneumonias caused by influenza is gradually changing and that instead of the bronchial pneumonias, which used to be frequent, the lobar type is decidedly becoming more numerous.

The homœopathic therapy of these affections, of course, conforms to these symptomatic transformations. The literature, with respect to these changes, is extensive and well known, so that I need not waste your time in proving my brief therapeutic statements with any lengthy demonstrations. *Translated from Allg. Hom. Zeit.*

Imagine the scene in a meeting of the American Institute of Homœopathy or the American Medical Association, for that matter thirty years ago, if a member had extolled the subject of bacterial therapeutics. At that time, bacteriology and even pathology was a thing apart from medicine. The pathologist and bacteriologist were merely tolerated. Now the bacteriologist is coming into his own. Scarcely a meeting is held or a medical journal printed without some consideration of the application of bacteriology to therapeutics. Formerly the bacteriologist literally was our scullion. Now, he is our hero. Formerly, we believed nothing that he told us. Now we are in danger of believing indiscriminately everything he tells us.—*Laidlaw.*

BOOK NOTICES.

A Text-Book of Practical Gynæcology. For Practitioners and Students. By D. Tod Gilliam, M. D., Emeritus Professor of Gynæcology in Starling Ohio Medical College, and Sometime Professor of Gynæcology, Starling Medical College; Gynæcologist to St. Anthony and St. Francis Hospitals; Consulting Gynæcologist to Park View Sanitarium, Columbus, Ohio; Fellow of the American Association of Obstetricians and Gynæcologists; Member of the American Medical Association, of the Ninth International Medical Congress, etc. *Second Revised Edition.* Illustrated with 350 Engravings, a Colored Frontispiece, and Thirteen Full-Page Half-Tone Plates. 642 Royal Octavo Pages. Extra Cloth, \$4.50, *net*; Half-Morocco, Gilt-Top, \$6.00, *net*. *Sold only by Subscription.* F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Here is a book on gynæcology of 652 pages amply illustrated, thirteen plates, and 350 illustrations, with latest text, now in its second, revised edition. The author says that to increase the bulk of the book, he has to eliminate certain portions so as to admit new matter. The press-work and paper are good and the whole book presents a neat appearance. It is, as will be seen from above title, sold by subscription only.

Thomas Skinner M. D. A BIOGRAPHICAL SKETCH. By John H. Clarke. 93 pages. Cloth. London. Homœopathic Publishing Co., 12 Warwick Lane, E. C. 1907.

This is an interesting sketch of the life of a famous "high potency" homœopath, from the pen of that able writer, Dr. John H. Clarke. It traces the career of Dr. Skinner from the days when he was associated with Dr. Simpson, on until he became a thorough homœopath, but a staunch believer in the tremendous power over disease of the potentized. Here is a sentence from one of Dr. Skinner's papers, quoted by Dr. Clarke: "Such is my

experience of the difference between the crude drug and a high potency of the same, especially when it is selected according to a mental or subjective characteristic, as in this case." Throughout the book is a plea for the acknowledgment of the curative superiority of the potentized drug over the crude drug, or the extreme low potency.

Incidentally, there is one little fact stated in this book that may not be generally known. The reader, no doubt, has often read papers where the letters "F. C." are appended to the name of the remedy. F. C. stands for "fluxion centesimal," or potencies, run upon the Skinner Potentizer.

The Illusions of Christian Science. Its Philosophy Rationally Explained. With an Appendix on Swedenborg and the Mental Healers. By John Whitehead, M. A., Th. B. 247 pages. Cloth, \$1.00. The Garden Press, 16 Arlington St., Boston, Mass., 1907.

The author of *Illusions of Christian Science* has gathered from *Science and Health* its teachings on the fundamental principles of the Christian religion. These teachings in *Science and Health* are scattered indiscriminately throughout the book, so that it is difficult, if not impossible without special study, to learn what Mrs. Eddy teaches on these subjects. The work before us serves a very useful purpose in making clear what the fundamental principles of Christian Science are. The subject is treated in a dignified manner and from the New Church (Swedenborgian) point of view. Any one interested in this peculiar—shall we call it craze?—will find this book very interesting.

The Elements of Homœopathic Theory, Materia Medica, Practice and Pharmacy. Compiled and arranged from Homœopathic Text-books, by Dr. F. A. Boericke and E. P. Anshutz. Second revised edition.

This little work is divided into three sections—Generalities, Therapeutics, and Materia Medica. The method of presenting the facts of therapeutics is brief but ideal. It ought to be of great service, not alone to the student, but as a useful reminder to the practitioner.—*Eclectic Medical Gleaner*.

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

EDITORIAL.

THE HOMŒOPATHIC RECORDER.—With this number the RECORDER enters on its twenty-third year of publication, ranking it among the older of the homœopathic journals and, probably, the oldest under one management.

We do not try to please, but to give the subscriber his dollar's worth during the year. Similarly, we do not try to offend.

You cannot please everyone. What pleases one man often offends another.

Every editor (saving a very few of the elect) must take what he can get. There isn't enough "copy" to enable all of them (the homœopathic) to pick and choose, and, perhaps, it is well that such is the case, for otherwise each one would serve a monthly bill of fare of what *he* likes and involuntarily forgot that there are others.

To edit a journal is to take a degree in what that arch Philistine, Elbert Hubbard, calls the University of Hard Knocks.

The worst knocker is the polite gentleman who, in effect, writes: "I do not like you any more, therefore, please dis—" needless to finish it. He is a terror compared with the man who hits you with a verbal bludgeon, hauls you over the coals, blows you up and concludes with, "Inclosed find my renewal to—," etc. It is good and refreshing to receive such knocks, for it gives one the other point of view, something always useful. It is also very good to receive a pat on the back once in a while.

The new editor always begins, "We want short, practical articles," or "Our pages are always open to short practical papers." Bless your heart, of course, they are. and to long ones, too, if you can get them.

The other day the *Century* man, he at Ann Arbor, counted up the number of original articles in his journal in a given time. He had almost distanced the others he named. The RECORDER was not named. The RECORDER man then counted up his original papers and found that Ann Arbor led by a close shave.

We always are glad to see a new homœopathic journal and mourn the demise of an old one. There should be many of them. The plan of the A. M. A. to have only one is not good. What the J. A. M., Chicago, thinks or wills, may be very good, but, again, there are others, and if they can get the floor let them shout. The wily reader wants the privilege of a choice.

Hoping that old subscribers will remain, that many new ones will come in and that all will chip in a contribution now and then—they will have a big circle of readers—we remain

THE HOMŒOPATHIC RECORDER.

THE OLD, OLD STORY —A contributor to the November *Critic and Guide* indulges in an old-time war whoop at Homœopathy, and flourishes the rusty old tomahawk most vigorously.

Listen to him. He refers to "Hahnemann's Dream-Book," but what book he thus wittily pillorizes is not stated; probably he never read a line of Hahnemann's books and so has to turn to generalities. Here it is:

"Now, Doctor, to be candid with you, we would rather believe that a toy pistol could demolish a thirteen-inch gun battery, that the flash light of the fire fly was more brilliant than the sun, that pop-corn could make the earth tremble more than an old foggy earthquake, that they could dig the Panama Canal with a feather, or that one drop of water, if well diluted, could move the bowels of the earth, than in the oyster shell cure."

"Now, Doctor," your acute mind can readily see that while the paragraph quoted most touchingly expresses his feeling in the matter, the feelings of the contributor to the *Critic and Guide* are neither evidence, argument nor science. Time was when the eminent scientists, "the immortals" of the French Academy, shook their fat sides with laughter and flashed their keen scientific wits in one poor wight who proposed to employ smooth rails on railroads and smooth driving wheels on locomotives. "Why," they explained between yells of scientific laughter, "we would as soon

believe that a pop-gun could demolish the Bastile," and so on. Later on they most reverently pointed (no doubt) to the smooth rail, etc., as an evidence of the giant strides *their* science had made.

A certain Galileo once got into trouble for opposing the John Jasper scientists of his day. "Everyone but a lunatic could see that the sun 'do move!'"

A poor devil of a doctor once announced that the blood circulated. Wow! what a scientific hullabaloo ensued. but the time came when these *soi disant* scientists claimed this discovery as an evidence of their collective acumen.

So it ever has been and, probably, ever will be. Homœopathy will stand on its merits, or fall because it has none. It will not fall before the gibberings of men who assume to speak for science—horribly abused word. Wise men will adopt it, while—the others will not.

WRITE ON ONE SIDE OF THE PAPER ONLY.—One would think that this request to contributors had been dinned in the ears of writers long enough for everyone to know all about it by this time; such, however, is not the case, and papers continue to arrive, not only written on both sides, but with the lines crowded so closely together as to be almost illegible. We want your contributions and it may be ungracious to complain of the style in which some of them are gotten up, but it is just as easy—easier—to get them up right as not.

AN HUMBLE SUGGESTION.—Whenever you see an article in a homœopathic journal on some of the new procedures of modern medicine, which begins with profuse protestations of the "rock-ribbed" truth of Homœopathy you, the wise old owl, may wager your boots that before the article is finished Homœopathy will be torn to tatters and scattered to the four winds. And yet, though thus demolished, Homœopathy serenely goes its healing way, while the new comer lives its brief day and then is heard no more.

"Out brief candle!"

VERBENA HASTATA IN EPILEPSY.—Dr. J. M. French, of Mil-

ford, Mass., in a paper in *Medical World* for December, claims that in his hands *Verbena hastata* in material doses has proved to be effective in cases of epilepsy where the bromides (as usual) had miserably failed. He used tablets, beginning with one and increasing to six, three times a day. Tincture tablets could be used or the mother tincture itself.

DISRESPECTFUL.—A disrespectful and jeering doctor recently said of a certain State Medical Examining Board that it was “dollars to doughnuts that not one of the members could pass the examinations dished up for the friendless recent graduate.” Of what practical use is it for a young man to cram his head full of stuff that will be of no earthly use to him in daily practice. Yet they must cram in order to pass an examination dug out of text-books. The ideal method would be to shut up the Board and the “class,” with nary a text-book available and make each examiner frame a given question and write its answer “out of his own head.” The answers would be, probably, of a Dolly Varden character, for each examiner would probably have a different answer and the student would have a picnic.

Is a man a better doctor because he can name offhand every bone in the body. Nay, probably a worse one, for he has neglected, most likely, the common things a doctor should know in the sickroom, which is the real examining board, the court of final appeal.

THOSE “MIGHTY STRIDES!”—Hardly has the field been covered with serums (at so much per) and comfortable incomes accruing when with its seven league boots well greased, science (the so-called brand) makes another mighty stride, and behold the “opsonins.” These are prepared from certain germs in the blood by means of cultures, and when ready are injected into the blood and that’s about all the “opsonin” doctor has to do. Rest assured, reader, that when these opsonins go out of fashion there will be something else to take their place and taunt Homœopathy for being out of date and very unscientific. First we had tuberculin and its kind, these were pushed aside by the serum family, and these are about due to go, for does not “progress” mean to advance, hence this year’s therapeutic means must be kicked out by next year’s. Let the merry dance go on!

WHAT IS THE DIFFERENCE?—You can advertise (if you have the money to pay the bills) Bombastocine, Takeminine, Assinine or any other “in” or “ine” as a cure for croup, diphtheria, grippe, tuberculosis, or what not, in medical journals, just as Dr. Pierce, Professor Munyon, Mr. Hood, Lydia Pinkham and the rest of the bunch advertise their wares as cures for many or all ills; the difference is that the advertisement in the medical journal is said to be ethical, while the others, in the secular press, are outlaws. But what is the difference between the two? Both print testimonials and both claim pretty much everything for their wares. The doctor does not know what his particular “in” is beyond what the advertiser tells him, neither does the layman, though both classes of advertisers made a bluff at telling the buyer what the goods are.

Both classes are scientific—according to their proprietors.

Compare all this beating of tom-toms with what you meet in Homœopathy and ask yourself which is really scientific.

GOOD ENOUGH IN HIS DAY.—Dr. W. C. Abbott, of Chicago (alkaloidal?), contributes a paper to the November *American Physician* on things in general pertaining to Homœopathy. “The work of Hahnemann and his immediate followers was done at a time when the influence of suggestion was not appreciated,” the innuendo being that the cures performed by means of homœopathic medicine were the result of suggestion. So says Mother Eddy, and on this she and Dr. Abbott can shake hands. How a hen, a horse, a cow, or a dog, to say nothing of infants, can be influenced by suggestion is not at present known, but, of course, future investigation may throw light on the subject; at present the fact stands out that the animals, fowls and babies have been wonderfully aided by homœopathic medication—or suggestion. Dr. Abbott writes many things, one is that Hahnemann conducted his investigation with “old crude drugs;” wherein these differ from the modern crude drug of the same species is not made apparent, but alkaloids are remotely “suggested” as being an improvement on the “old crude drugs.” And there is the con in this wood pile of Abbott’s!

“Whatever be the therapeutic law in operation,” writes Dr. Abbott, “no results that are definite and conclusive can be based upon agents that are indefinite and variable.” *Very true!* And

as homœopathic drugs when indicated always act they must be definite and invariable. Deaths must occur under any system of medicine (even the "alkaloidal"), but under the homœopathic the percentage of recoveries is greater than under any other, the duration of illness and the after condition of the patient far better.

Finally, who can say that the alkaloids are like the laws of the Medes and Persians? They are, at least, bully money makers for those who know how to exploit them.

CALIFORNIA OLIVE OIL.—The California growers of olives and makers of olive oil are a very progressive and aggressive set of men, and their industry is to be commended. Sometimes, however, they go to what seems to be absurd lengths in making statements that are not only untrue but ridiculous. Here is one of them from a pamphlet issued by one of the California olive oil companies: "Imported olive is a dangerous thing to use." Statements like this will re-act on the California men to their hurt. It is a matter of fact that you cannot have an adulterated olive oil pass the Custom House *as olive oil*. On the other hand, you can buy a pure olive oil from the importers, adulterate it as you please and label it "pure olive oil," just as you can with California oil. In the matter of quality we can truthfully state that the finest imported olive oil compares with the finest California oil somewhat as a fine cabinet Rhine wine compares with the California product, which sells at 25 cents a gallon wholesale; the latter is pure, but when compared with the former is raw and crude.

We were recently shown a bottle of what was sold for the very best California olive oil; it had turned rancid in three months. The best grade of imported olive oil will keep sweet and retain its delicate flavor for three or four years. It is just as in wine; a really fine wine improves with age, while a raw, crude article will turn sour, though it be pure wine.

Another point. We were recently shown two bottles of a leading make of California olive oil—one was sold for a quart of olive oil, the other for a pint. A standard quart bottle was procured, and the California quart was poured into it; when all was in the standard quart bottle was *two-thirds full*. Same with the pint, yet both were sold for a full quart and a full pint. If you doubt this *try it*.

Understand, gentle reader, that we are not hostile to the Cali-

ifornia olive oil industry, but wish it continued and great prosperity. That prosperity, however, will be retarded by maligning a better article instead of learning how to equal it. Would also suggest that it is, in the long run, bad business policy to sell two-thirds of a quart for a quart. We admit that these bottles are not labelled "quarts" or "pints," but they are *sold* for quarts and pints, though, of course, this may not be the fault of the growers.

DIAGNOSIS.—Dr. Herman Hawkins contributes an interesting paper to the November number of the *Medical Summary* on the errors made by physicians in diagnosis, or, rather, lack of diagnosis. One peculiar case was as follows:

"I know a physician who tested a single unfiltered specimen of his own urine with heat and acid, found albumin or thought he did, and promptly went into a decline because of the mental impression produced. It has required two years of time and repeated tests by several laboratory experts to convince him of the error of his diagnosis."

The Eddyites could, and rightly, make great capital out of this. When the man was convinced that the albumin existed in his mind only the trouble was over. But the other side of the shield—suppose the albumin, and all it stands for, had been present? Believing that it was not present when it was present would not have changed matters. It is only in such cases as related by Dr. Hawkins that the Eddyites can perform their "miracles."

The sum of the whole matter is that physicians should pay more attention to this branch of medicine and should get the latest and *best* book on the subject; that book unquestionably is Bartlett's *Diagnosis*. It is a mighty help in any office.

ADVICE TO MEDICAL STUDENTS.—Dr. Willis G. Tucker, of the Albany, N. Y., Medical College, gave the following advice to the students in his annual address:

"I beg you to listen to me when I say that you can make no greater mistake at the outset in your course than to attempt to inject into the medical school any of the boyish frivolities or foolish customs that obtain and that may even be encouraged in high schools and colleges. Put all such things behind you for they have no place here. If you have not 'been to college' do not, I beg of you, suppose that the medical school in some way is

to supply an imaginary lack. Don't call yourself a 'freshman.' We have no 'freshman' here. Don't do the foolish things that many college students do because you are in a 'college.'"

Excellent advice, but will they follow it?

INTERNAL VACCINATION.—The *Hahnemannian Monthly* for November has an editorial to which is subjoined a letter on the subject. The *Hahnemannian* very properly commends the Institute for voting down a resolution endorsing this method of vaccination, when "the status of internal vaccination has not yet been determined;" but *per contra*, the Institute does not seem to have taken any steps to investigate this matter, which is not a trivial one.

Dr. Slocumb's letter appended to the editorial relates how he as health officer at Brighton, Colorado, was almost daily exposed to small-pox, and as a preventive took a dose after each exposure of *Vaccinum*, but for all that contracted the disease, not severely, but was in the pest-house for twelve days in consequence. To some this may not seem like a very strong argument, owing to the literal fact that hundreds of thousands who have been vaccinated by scarification have contracted the disease and large numbers of these have died of it. But we did not start out to defend any special form of vaccination, but to explain the different substances used in internal vaccination.

Vaccinum is the vaccine virus, used in scarification, triturated up to the 6x in sugar of milk and then run up in the usual manner to the 30th centesimal potency. This is what Dr. Moore used.

Variolinum is the contents of small-pox pustule treated in the same manner. This is the remedy that Dr. A. M. Linn used so successfully in Des Moines, Ia., and which the Supreme Court of that State decided was a legal vaccination.

Malandrinum is the "horse grease" treated in the same manner as the two preceding nosodes. This is the substance, or virus, that Jenner said was the origin of cow-pox, being transferred from the horse to the cow by the milkers.

These are the three nosodes used in "internal vaccination," but only *Variolinum* has legal sanction; *Malandrinum* has many advocates; so has *Vaccinum*, but as the latter is a rather variable substance—owing to maker or cow—it is the most doubtful one of the three.

A SUIT FOR DAMAGES.—A St. Louis proprietary factory has

brought suit against a Memphis doctor for damages. They aver that:

"Complainant respectfully shows unto your honor that it has expended a large sum of money for its formulæ and for the compounding and preparation of the same, and by strict, progressive business methods, conforming in every particular to the ethics of such business, it has spent and is spending a large sum of money in the legitimate advertising of its preparations, and as a result it has a patronizing territory, covering all of the Southern States, and indeed all of the United States and territories and many foreign countries. It has built up and is enjoying a large and lucrative business throughout the said territory."

As Mr. Squeers would say "here's richness!" The complainants aver that they have spent large sums of money on their affairs and in advertising same according "to the ethics of such business," consequently they feel, as shown subsequently, no mere doctor has the right to butt in and spoil that business, which is conducted strictly in accordance with the "ethics" of the proprietary, *alias*, patent medicine business. This may be a shrewd stroke for free advertising, or it may be that the medicine men really feel that they have a grievance worthy of damages, though whether they can collect, assuming that they get judgment, is quite another question.

The shrewd patent medicine man calmly ignores doctors, medical journals, Collier's Weeklies and the like, for these are all as ephemeral as the morning glories, while his dope, if advertised, goes on while honest doctors rage in vain. For as the man in a recent play, the man who fixed up a hidden barrel full of water and old boots and other refuse and piped it down to his hotel where the public eagerly drank it, and the viler it was the louder they lauded it—the man in the play said "De public be such d——n fools." Of course, it was only in the play this was said; let that be distinctly understood—only the man in the play said it.

A NEW UNION.—The press dispatches announce that the doctors of Boston have formed a "trade union" and advanced their scale 25 per cent. It is to be hoped that affairs will not come the pass depicted in Dr. W. Harvey King's clever booklet, *Medical Union* 66, or that the members of the new union will not be prohibited from charging more than the scale as is done in sure enough trades union.

CURRENT ITEMS.

Dr. A. A. Stowell, Lawrence, Mass., has opened an office at 448 Main St., Fitchburg, Mass.

Dr. J. J. Lawrence has sold out his *Medical Review*, after thirty-five years' work as its editor, and will retire from all business. Henry R. Strong is his successor.

The students of Ann Arbor have organized the Samuel A. Jones Medical Society of the University of Michigan. If they follow his writings they will be sound physicians and homœopaths to boot.

B. & T. received commendation for their "Jottings" from far off Japan, and, incidentally, an order for Gregg's *Consumption*.

The address of Dr. J. W. Dowling, Secretary of the Faculty of the New York Homœopathic Medical College, is now at the College, 63d street and avenue A, New York City. Attention is called to the change of the College's advertisement on last cover page of this issue of the RECORDER.

The following is an extract from a letter received by Messrs. Boericke & Tafel, 145 Grand St., New York. There seems to be something in this treatment: "Will you please send me two bottles of your *Phytolacca Berry Tablets*. Since my husband has been taking them he has not much reduced in flesh as yet, but he finds he can handle himself so much better than he did. Before he took them it was almost impossible to get down to unlace his shoes, now he thinks nothing of putting his foot across his knee; it also has helped his short breath. He could not hurry up or down stairs without being out of breath, and he is so much better that way that I do not worry for fear he will drop dead without warning, so we are going to give them a good trial. You will find inclosed," etc., etc. All this is a confirmation of what Dr. W. M. Griffith wrote concerning the *phytolacca berry* treatment over fifteen years ago.

Please note change in the card of the excellent Bovinine Co. this month.

We have received a newspaper clipping announcing the death of Dr. Joseph A. Bigler, Rochester, N. Y., at his late residence, 60 Clinton avenue, South. Dr. Bigler was a graduate of the University of Pennsylvania, '57, but a sound and successful practitioner of Homœopathy for many years.

PERSONAL.

What is the specific difference between a "specific tincture and the ordinary fluid extract?"

No, Mary, a muffler will not subdue a loud suit of clothes.

An honestly made fresh plant mother tincture is the best tincture pharmacy can produce.

Men give a silent sigh of relief when the dreary drool of the whistler ceases.

The postage stamp has the gift of sticking to one thing.

Jokes at the expense of the medical profession are musty and in bad form.

Mrs. Eddy ought to write a book on How to Succeed.

If every one paid his small bills hard times would vanish. But every one won't.

"Next train at 6." "I'll take it if you will say 5:48," said the "bargain" hunter, absent mindedly.

An "esteemed" tells us that Methuselah "never had a cold." Wonder how he found it out.

A baker kneads dough; so do many others.

When a man goes South for the winter he generally finds it.

"You can always tell an Englishman," said a friend. "Yes, but it is useless," replied George Ade.

"A sausage," remarked the funny man on the stage, "is a Hamburger steak in tights."

The Romans said that only "kings and fools could do as they pleased."

The use of pure olive oil is more than a passing fad, it steadily grows as its merits become more generally known.

If we thought it would do any good we would ask our readers to write: "My experience with olive oil." Why not?

A Sunday newspaper rebuking Sabbath violators causes the average man to smile.

You may eat bran bread; you may go well fed, but the undertaker gets you just the same.

The average memory is a lumber room where you cannot find what you seek.—*Ruskin*.

"Knowledge," says Ruskin, "is a mental food;" but it is so often highly spiced as to produce mental dyspepsia.

The man who is pleasant without being effusive or fawning has struck the key-note of an easy life.

Drinkers and tobacco users possess, at least, the merit of meekness—they are railed at but never offer any defense.

If corsets were abolished the gynæcologist would have lean pickings.

Why, oh, why, sell thy stocks, O Financial Agent, at a song, when you know they are rich beyond the dreams of avarice?

"Millions of mouths look to the trusts for food," said that genial Congressman and Irishman, Bourke Cockran.

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HOMŒOPATHY AND SCIENTIFIC MEDICINE.

Dr. William Hanna Thompson contributes a very interesting paper to a recent issue of *Everybody's Magazine* on the much talked about work done by scientific medicine, as it is universally termed.

Laveran, a French surgeon in Algiers, in the year 1880, "demonstrated that malarial fever is caused by an animalcule that eats up our red blood corpuscles." How these animalculæ get there remained unknown until it was further demonstrated "that there is no such thing as malaria in the sense of a bad air, but that the disease is due solely to a hypodermic injection, by a mosquito, of a dose of micro-organism. There are, therefore, no unhealthy places nor climate, as such, but localities instead which medical science can make as salubrious as any, by disinfection."

"The Pontine marshes in Italy had always been celebrated for malaria, and so some of the local insects there with handsome spots on their wings were caught by Italian savants and sent to a convent in the Appenines, whose inmates never had malaria. When the mosquitoes were let loose there upon some men, straightway the men had ague." Likewise a lot of these mosquitoes were sent to London, where also they produced cases of malaria in those they bit. Then a commission of English doctors camped in those deadly marshes for a year, but keeping well screened from the mosquitoes, did not contract the malaria. Essentially the same experience was gone through with yellow fever, which was similarly and seemingly proved to be caused by mosquito bites. All this leads Dr. Thompson to assert that "there is

no miasm." He also realizes that even this seemingly conclusive demonstration runs him up against a stone wall, "which, however, was the first to harbor these sickening things, is like the old question whether the egg preceded the hen or the hen the egg."

As the matter now stands the mosquito sucks the animalculæ from the body of some one down with malaria or yellow fever, and conveys it to another man, and so on, an endless chain.

All this does not by any means conclusively prove that mosquitoes are the cause of malaria and yellow fever, though it does prove that these insects may be the means of conveying them. There is also room for doubt that the animalculæ said to be the real cause of malaria are the cause at all, even though they be always present in every case. (Are they?)

There are well authenticated cases where malaria has raged in mid-winter where extensive excavations have been made. There were no mosquitoes about, nor had been for weeks. It looked very much like an epidemic of malaria caused by the now rejected miasm. If the animalculæ were also present in these cases then it seems that these are caused by the action of the miasm on the blood, doesn't it?

There are great regions in the south where malaria was always more or less in evidence. Finally, with no thought of ridding the country of malaria, driven wells came into use for the sake of getting pure drinking water. Where this was used malaria disappeared, though there were as many mosquitoes present as ever. This seems to disprove the mosquito theory, and also that of miasm, and put the cause of the disease on the water used, this, or back of all these is an undiscovered cause. Science has been doing some good work in looking into some of the means by which disease may be conveyed, but the cause remains a closed door. Considering the fact that malaria is generally found in hot countries where vegetation is rank, or follows the upturning of new soil, it looks as though the old idea that it is the result of decaying vegetation is about as good as any.

That mosquitoes can convey yellow fever has been demonstrated, but that they are the cause of the disease is open to very great doubt. During the late Civil War in the United States, after New Orleans had been captured, it was found that yellow fever was very prevalent there. General Butler had the city thoroughly cleaned up and the fever disappeared. So the old

notion that yellow fever comes from a combination of filth, crowding and hot weather, seems still as tenable as any other theory.

One of the real triumphs of modern medicine occurred at Bellevue Hospital, New York. A resolution was passed discontinuing all amputations at that hospital because they were always followed by death, while at the modern hospitals the operation was uniformly successful. When the wards were rebuilt it was found that operations could be performed at Bellevue as successfully as at any other hospital. The cause of this was known to the ancients, as Dr. Thompson points out, as in the book of *Leviticus*, where the plastering on the walls of a house occupied by a leper is ordered to be burned.

For years what is known as Malta, or Mediterranean, fever has been known, and thousands have suffered or died from its effects. In 1905 the British Government sent a commission to investigate the matter, and it was found that the cause was a bacterium found in the goat's milk used there. Condensed milk was substituted in the British garrison and the fever at once ceased.

Similarly it was found that the so-called Texas fever afflicting cattle originated in a bacteria found in a certain district in Kansas. Some of these parasites were sent to various parts of the country and healthy cattle infected with them; Texas fever followed in every instance. When this district was avoided the fever ceased.

Very many other instances of the invaluable work accomplished in these directions might be cited, but they are mostly familiar to all. The money spent in forwarding this class of work is well spent, none better, as witness the marvelous things accomplished by the Japanese Medical Corps in the war between that country and Russia; it was a revelation to even the best medically equipped armies.

But while modern medicine has done so much in the prevention of disease, preventive medicine, what of curative medicine? Here assurance and certainty ceases and confusion and uncertainty reigns. It can do much to prevent cholera, yellow fever and the like, but when cases do occur, which seems inevitable, it can do practically nothing but intelligently nurse and feed the case. Here is where Homœopathy rightfully has its place as the mœopathy has been as brilliantly successful in curing as modern twin and elder sister of what we call modern medicine. Ho-

medicine has in preventing diseases of microbic origin, such as Asiatic cholera, yellow fever, malaria and others. The fact of the power of Homœopathy and of its existence is beginning to be acknowledged by the real thinkers in medicine in Germany and France, but the great rank and file stand hostile or indifferent. Yet the day will come, must come, when Homœopathy will take its place as the peer of preventive medicine. Men will not forever let prejudice debar them from a means by which they may be restored to health.

The exceedingly great power of the *similimum* over disease, great though acting so mildly, is one obstacle to the more universal acknowledgment of its truth. A man is "hopelessly" ill. The *similimum* promptly cures him. The man rubs his eyes and thinks the doctors who pronounced the case hopeless were mistaken. "Nothing much ailed me." The doctors shrug their shoulders and say, "Mistaken diagnosis."

In an age of enlightenment this cannot last forever.

BAPTISIA—PYROGENIUM.*

By C. M. Boger, M. D.

The *Baptisia* patient shows that he is laboring under the influence of an intense and rapidly acting, systemic infection, which exalts and then depresses the sensibilities, ending by disorganizing the blood. The trend of the *Baptisia* sickness is toward a typhoid state. It moves toward malignancy with a rapid pace, and is peculiarly suitable for sicknesses which quickly prostrate the patient: grippé, typhoid fever, fulminating fevers and malignant diphtheria are good examples.

The stage of excitement is ushered in by chills going up and down the back alternating with an intense, burning heat of the whole body, except the feet, which are cold.⁶ The heat is so distressing that the victim instinctively seeks a cool place in the bed or goes to the open window for relief; even the air of the room seems hot and oppressive. At the same time a peculiar, general, bruised, muscular soreness comes on and causes restlessness, the softest bed seems too hard, it even extends to the eyeballs, they turn red, feel bruised and pain when moved.

*Notes of lectures delivered at Pulte Medical College.

After awhile the fever becomes continuous, causing the face to flush a purplish red, and it looks and feels besotted. At first this only amounts to an undefined wild feeling, but very soon passes into a wandering delirium in which the victim laboriously gathers together various imaginary, scattered objects or has illusions that parts of his body are too large or are separated from the rest, and he vainly tries to replace them. Sometimes this sense of duality is uppermost, and he imagines his body or a part thereof to be double. (*Anac., Lach., Phos., Stram.*)

In fully developed cases, the temperature runs high, prostration increases, the delirium passes into stupor, and fetor begins to show itself. Probably the earliest sign of this is the filthy taste of which the patient complains, but bleeding from the nose or gums soon follows, and a little later the mouth is filled with offensive, tenacious mucus, a brown stripe forms down the center of the tongue (*Arn., Phos., Verat. vir.*), and sordes are seen on the teeth.

Great fetor is one of the ear-marks of decomposition as well as a great indicator for *Baptisia*. Not only is there a bad odor from the mouth, but the stool smells putrid, and the whole body emits an unwholesome emanation. It encourages putrid decomposition whatever the disease may be. The menstrual blood is chocolate brown and offensive (*Bry.*).

The purplish hue of the face is part and parcel of what may be seen elsewhere. Under certain circumstances the mucous membrane looks dark, at other times fleeting, livid discolorations are seen in various parts of the skin.

Most of the pains are of an aching, bruised character, and are more intense in the occiput and along the back; on the other hand, perversions of sensation are more marked in the extremities. This is particularly true of the early stages of acute disease; when they become well established *Baptisia* cases are very apt to tend toward insensibility and painlessness (*Opium*) combined with sluggish mental operations or stupor. Painless, blue ulcers (*Opium*).

It has developed pains in the region of the gall bladder very similar to those of *Leptandra* and *Dioscorea*. Other things being equal, we should prefer it to the latter when symptoms of biliary intoxication appear.

In rachialgic pains it should be compared with *Phytolacca* and *Variolinum*.

Baptisia, *Aconite* or *Veratrum viride* are sometimes used merely to reduce very high temperatures. This is not strictly homœopathic, although it may occasionally be useful.

Pyrogen.

The *Pyrogen* in general use in this country was prepared from septic pus by the late Dr. Swan, and proved in the highest potencies by Dr. Sherbino, who, because of having had blood poisoning twenty-seven years before, was evidently highly sensitive to its action.

It can not be too strongly emphasized that finer drug effects are developed late and as rare symptoms in the ordinary prover or appear with great distinctness in sensitives. Because a number of provers obtain but few or unimportant manifestations simply shows their relative imperviousness.

With *Pyrogen* it is now possible to make direct cures of cases which were formerly cured in a roundabout way with *Eupatorium*, *Arnica* and *Rhus tox.* or *Arsenicum*, by treating first one group of symptoms and then another. Its pathogenetic action greatly resembles that of the combined characteristics of these remedies in that it causes an aching in the bones as if they would break, bruised soreness of the flesh and restlessness; picturing a blood infection in which the pulse soon becomes accelerated out of all proportion to the height of the temperature or the severity of the other symptoms. The heart seems to feel the brunt of the attack, and its action is greatly increased.

Cases of sickness showing such a disproportion in the pulse rate are not necessarily recent, but they are always serious. Acute diseases, in constitutions already enfeebled by some previous blood poisoning process, are apt to present such features. It is then usually necessary to antidote the effects of the older infection with *Lachesis*, *Pyrogen*, etc., before the best progress can be made with a later disease.

The *Pyrogen* patient is sensitive to cold to quite a degree; uncovering or putting the hand from under the cover makes the patient worse or causes sneezing. This distinguishes it from *Lachesis* and compels comparison with *Hepar*, *Nux vomica* and *Rhus tox.*

The resemblance to *Rhus tox.* is often very close, both have an

impulse to move because the bed feels too hard, laborious dreams of business and relief in the act of motion, but the *Rhus* case is distinctly worse in the after part of the night, and is very likely to have a history of having been wet.

A few doses of *Pyrogen* in a high potency is a favorite prescription with many practitioners upon seeing the very first signs of puerperal infection, and the results are good. In auto-infection it is among the first remedies to be thought of, unless some other is well indicated. The kidney symptoms are worthy of notice. The urine deposits a red, adherent sediment or one looking like red pepper. It has cured several cases of Bright's disease, at least one of which followed the absorption of pus.

It causes a sensation as if the nails would fly off (*Apis*), and it is probably more than an interesting coincidence that nearly all of the remedies which have falling off of the nails also stand in the front rank in Bright's disease.

In puerperal infections it should be carefully differentiated from *Rhus toxicodendron*, which is best suited to advanced cases when the tongue becomes red and dry at the tip, the restlessness is worse after midnight, and the mind is no longer properly alert to the situation. In such cases a tenacious adherence to *Rhus* will bring the best results.

CLINICAL CASES FROM THE ORIENT.

A Case of Dysentery.

By K. L. Gupta, M. D.

In the evening of the 23d of July, 1906, I was called in to see a widow lady aged about twenty. I learned that she had passed not less than thirty stools of bloody mucus during the previous night and the morning following. She had much tenesmus during and after stool. The thirst was almost absent. The thermometer indicated the temperature of the body to be 102.4°. There was no tenesmus vesicæ. She got four doses of *Merc. sol.* 6c. that night. The following morning she was no better. On the other hand, in addition to the troubles stated above, she complained of a feeling of excoriation about the anus. That night she had passed forty-five bloody stools.

Finding that the case improved not in the least, I changed the medicine, and prescribed *Sulphur* 30th, she having received only two doses of the remedy. The following morning I found her state as bad as before, she having passed nearly seventy stools during the last twenty-four hours. That morning I found the stools, which she had passed during the preceding night, consisted of nothing but thick, white pus, the quantity being not less than a pound. I was also given to understand that in the morning the muco-purulent stools alternated with offensive, bloody stools containing small black balls of hard fæces. The high temperature of the body still persisted. The patient then began to complain of intolerable lancinating pain in the intestines. On palpation I found the whole of the transverse colon hard and extremely sore to touch. She also complained of burning in soles and palms. All the above symptoms clearly pointed to *Sulphur*. But as *Sulphur* had already been used in the 30th potency with no effect whatever, I hesitated to prescribe it again. But finding no other remedy to fit the case so well I determined to try *Sulphur* high. So *Sulphur* was exhibited in the 200th potency. The effect was magical. The next morning I found the fever was gone, and was given to understand that all the complaints had gradually disappeared, and that she was feeling hungry. She had passed only ten stools during the last twenty-four hours, the last one or two of them being bilious, and having not the least trace, either of blood or pus.

It must be mentioned here that the application of a hot poultice of the husks of wheat on the abdomen had been recommended at the time when the pain in the abdomen became intolerable.

Camphor in Colic.

On the 17th of June, 1906, I went to a widowed lady, nearly sixty years old, who had been suffering from a violent colic for the last three hours. She had taken Halna (a preparation of flour and clarified butter) the preceding night, the following day being the eleventh day of the moon, which is strictly observed for fasting by the Hindu widows. I found the old lady almost mad with the pain, which she seemed to locate under the hypochondria. I learned that she had had four or five purgings and vomitings in the morning. But the purging and vomiting had entirely stopped for the last four or five hours. She also had passed no urine dur-

ing all this time. First I prescribed *Pulsatilla* 30th, then *Aconite* IX, but to no effect. I was informed that the colic was rather increasing. I was again called in, and on examination I found no distention of the abdomen. But the pulse was very weak. The extremities were cold. She also complained of burning within, although external coldness made her feel chilly. She was found rolling on the floor. I prescribed spirit camphor in drop doses, and gave only three doses of it. Within half an hour after the exhibition of the first dose she passed urine and the colic had almost subsided before the repetition of the dose, which was given an hour and a half later. The second dose cured her completely of the colic.

Nyctanthes in Fever. "Nothing Ailed Him."

In January, 1906, Babu D., aged about forty-five, and belonging to a high aristocratic family, came under my treatment for an acute attack of bilious fever. Although the man himself had no faith in Homœopathy, I was called in by his relatives, who had much faith in the method of treatment of the new school. It was nearly 8:30 P. M. when I first saw him. Finding the two-fold task of curing the patient of a noble family and of convincing a skeptic in the efficiency of the dynamic remedies, I sat down to study up the case most carefully. Learning that his son-in-law, who was a civil surgeon, practicing in Calcutta, was to be sent a telegram to come and take up the case, I determined to make the man all right before the arrival of his son-in-law. His condition was as follows: There was marked anxiety and restlessness about his person. A continuous moaning seemed to indicate some indescribable pain within. He had intense thirst. But the water was thrown up sometimes after it was taken. He was troubled very much with nausea and vomiting. There was a thick, furred, white coating on the tongue. The liver was much congested. The temperature of the body was 103.4°. The bowels were also constipated. Sweat was totally absent since he had had the attack, even when the fever abated. Intense frontal headache was present. He told me that the first thing that I must do for him was to stop his nausea and vomiting. He also wanted to have his bowels moved, and for which he had already taken an indigenous purgative, but without effect. I at first gave him a dose of *Sul-*

phur in the 30th potency, which moved his bowels once. Three hours after the exhibition of *Sulphur* the temperature was found to be 103°. I then prescribed a few drops of *Nyctanthis* 1x in a cupful of water, and ordered a teaspoonful of it to be taken when there was tendency to vomiting. The next day at about 2 P. M. I was requested by his relatives to come and see the patient at once, as he had long been sleeping, which they suspected to be a coma. When I got to the patient he was awake, and said that he had a very refreshing, sound sleep for the last three hours. The fever was gone and he was perspiring profusely from head to foot.

It is really amusing to state what happened when the doctor son-in-law made his appearance next evening to see his father-in-law quite at ease on the sofa. The only remark which he made and which I think worth mentioning is that there had been nothing serious with him. He said that the patient most probably had been a little feverish, and the symptoms appeared to be so much troublesome to him because he was an opium eater. But we are sorry to say we failed totally to understand his logic.

Sahebgunge, Bengal, India.

A MEDICAL CYCLONE.

Under the heading, "Vocation or Avocation," Dr. George M. Gould, of Philadelphia, lets go a blast in the January issue of the *American Journal of Clinical Medicine* that is a veritable medical cyclone. Whatever else he is, Dr. Gould is honest and has the courage of his convictions. In years past he let fly at Homœopathy, but his was a fair stand-up fight, and Homœopathy can stand all assaults of that nature. One feature in Dr. Gould's latest effort, this time directed against the high-up "regulars," is that he holds, as did Hahnemann, that the physician's highest and only duty is to heal the sick—not fatten on them. The paper is a long one—thirteen pages—but here is the gist of it, and the *italics* wherever they occur are Dr. Gould's. (The paper is an address delivered before the Medical Department of the Syracuse, N. Y., University.) This is the beginning:

"For professional education and medical progress one small medical college, especially if located in a little, instead of a large, city, is worth any two big medical colleges. As a rule, the greater

the size of the classes, the more famous the professors, then the more untire the teaching, the more immoral both teachers and taught. Success, ambition, politics, greed, conservatism, the dirty kind—are more certain to rule the minds and kill the hearts of the men in control of the huge institutions than those of the small ones. This is because the ambitious self-seeker and medical politician chicanes for and gets the professorship.”

“The Rich Should Help the Little Colleges.”

“The duty of the rich and of the endowers is, therefore, to avoid helping the unwieldy and unethical schools with their (often) ill-gotten wealth; they should help the little colleges. The more the money the less the therapeutics. Everyone who may influence a young man beginning the study of medicine should do his best to keep him out of the big college and to guide him into the small one. The greater the student body, the worse the teaching. The more pompous the professor, the quicker he should be laid aside. The greater the boast of ‘science,’ the more really unscientific. When professors are paid enormous salaries by lay commercial companies, their science is pretty sure to be unscience. Did you ever hear of a professor in a huge political medical college making any valuable medical discovery? If you have heard of such cases, did you ever personally know of one? And, according to some of the members of the Council on Medical Education of the A. M. A., three-fourths of the 4,000 annual graduates of American medical colleges are too poorly taught to practice medicine intelligently. The chairman of the Council says 55 per cent. of those who fail to pass the State boards ‘cram up’ and pass the examination a few weeks later. Dr. Ingalls says that out of 150 American medical colleges 144 are not up to standard in their teaching. Possibly he meant the six were the six biggest colleges. If so, I beg leave to differ, absolutely.”

“The Charlatanism of the Strutting Professor.”

“Of all amusing and yet disgusting things we see every day the most egregious is the fawning upon and adulation of the rich sick and the sick rich by our hysteria doctors and leading consultants. Thousands of these pitiful patients are being ‘rest-cured’ out of their money and health with no attempt to learn the

causes of their diseases, and with fear that the known causes will become widely known. As a profession we have catered to this gallery-beloved melodrama. Our professors and big-wigs have played the game of strutting before the groundlings and of demanding many-thousand-dollar fees for cures that often never cured, and for operations that frequently were unnecessary. The medical profession should long ago have stopped this quackery of \$5,000 and \$10,000 fees. Every one of us knows it is charlatanism. The science and skill of the surgeon and the great *poseurs* is no greater, is often not so great as the science and skill of the family physician who for weeks or months or years combats or conquers the common disease. * * * The brokers and the experts are like unto the 'great authorities' and 'professors.' If you have a little hoarding to invest, do you ask the Jay Goulds and the Harrimans what to do with it? Whether in finance or in medicine, the safer rule nowadays is not, *Trust the expert*, but is, rather, *Distrust him!*"

He next turns his attention to "*The Degradation of Specialism*," and this brings up the question: "Is it wise to have killed the family physician?" If you take from him everything from bellyaches to skin diseases, "what is left the poor devils which the medical colleges are turning out at the rate of four thousand a year?" We next come to

"Shall the Professor Pay or be Paid?"

"Indeed, is it not becoming plain that the functions of a professor in a medical college, and especially in a big one, are so onerous that if he does his duty to the students and the hospital he should not have private practice? There is enough work connected with the hospital to keep him up to the mark in clinical and operative progress. He must read and study more than is usually possible for the non-teacher, and his lectures and instruction should be made over afresh each year. When I was a student we all had the same lectures repeated each year, and we knew exactly to a day and minute when that old story, effete joke, or eloquent admonition would invariably appear. Unless the professor is properly paid he cannot, of course, agree to drop private practice, but he may be sufficiently well paid. In how many colleges, even at present, do the professors pay the institution for the privilege of teaching? That's the way, in fact, that much

private practice was formerly obtained, and is the sorry custom entirely dead? The unimaginable infamy and deviltry not infrequently exhibited in the race for a medical professorship are not outdone even by our ward bosses and legislators."

The next section is in a manner self-explanatory in its heading.

"Surgery Should Be Appealed to Only When Therapeutics is Impossible."

"When I was studying medicine, and also while an assistant in an out-patient department of the hospital, I found my fellow-students were always interested in operations. They would crowd about the operator, while I was left with the patients who had pain or organs acting badly; functional diseases did not interest them much. When I asked what caused the surgical disease I was stared at as if I were 'cracked.' When I asked if the surgical disease couldn't be prevented it was evident that I was stark mad. * * * Surgery is the despair of curative medicine, and must be appealed to only when therapeutics is absolutely impossible."

But this is to-day not the rule.

"Using Your Position to Feed Your Fame."

"Notwithstanding this and without my solicitation I was offered two hospital positions which were avidly sought by others. After accepting one, I found men were using their positions to feed their surgical fame, and that the 'clinical material' of hospitals was considered as vivisection material, stuff to practice upon to turn over to the underlings if not wanted by superiors, etc. Indeed, I was advised by my superiors to have the poor dispensary patients come to my office and sit about the halls and waiting rooms to make an effect upon private patients, and the rest. Moreover, I could get some money out of the poor if I worked the affair cunningly. My answer to all that was—my resignation! And later I resigned a higher position as visiting surgeon because I found that there was here no attempt at discrimination between the needy poor and those who could pay."

Dr. Gould next takes up "*Common Hospital and College Graft*," and has some horribly bitter things to say, but let them pass. Here is the key-note to much of it—that which isn't self:

"Indeed, for a long time, now, the Medusa head of therapeutic pessimism has been peeping out from under the wig of anatomic pathology and medical atheism. The pathologists have long ago settled it that there is really no functional disease, and that it is only our microscopes that are at fault when we cannot discover the bug of senility, the lesion in foolishness, or the tumor in megalomania. The gastrologists practically admit that the surgeons should get their patients after they have thoroughly pumped their stomachs and purses. But at last the neurologists have come into the open and have flung away their wigs. Snakes instead of hair are not pleasant to look upon! 'Neurasthenia,' it seems, has 'passed,' and with it hysteria—all the thousand forms of habitual peculiarities in many women and children. Such patients, one and all, are simply insane, and there's an end on't! What a world, when all but a few Americans will be in asylums commanded by the only sane men, the neurologs! And nobody curable"

"Leaders Do Not Lead, But Oppose Medical Progress."

One specimen of this will suffice:

"A rich patient recently paid, in all, some \$20,000 to have removed, what one of the consultants told me was 'as pretty a little healthy pink appendix as he had ever seen!'"

Here is a rap at some of the medical journals:

"And these official medical journals—what a farce they are! If any of you are troubled with insomnia or optimism you should subscribe for, say, *The British Medical Journal*. Such journals are carried on for the benefit of the select few who arrogate to themselves a knowledge which has been outlived, a science which is almost as hopeless as that of Mother Eddy, and an egotism which outdoes that of this wonderful lady. Try to get into the columns of these defenders of the faith an article which advocates progressive advances in medicine, and see how you will be 'turned down.'"

Here is what is needed:

"What above all is needed is physicians who are not afraid of traditional prejudices and entrenched authorities, men who cannot be intimidated either by their own ambitions and selfishness or by the tyranny of conservatism and medical politics, medical so-

cieties, organizations, or fashions; men who will speak out and act as their own consciences demand upon all professional questions."

"Live to your ideals and cure your individual patient in your individual way of his individual disease. And of all unholy stupidities do not believe there is no cure. *The cure and the prevention of disease, of most all the diseases which curse our world is possible. Perhaps not by the methods you suspect or have tried, but still, really, by some method.*"

"If You Do Not Believe Diseases Are Curable—Get Out."

"Over all and above all, cling to the ideal of your profession being a calling, a vocation, from a source higher than the love of success and fame and money. Cling to the idealism and religious purity of your youth, to the love of your suffering fellowmen which lingers in the silent depths of your soul as all that makes your soul valuable and breeds its immortality."

Such is the tenor of Dr. Gould's address. It applies to the "regulars" only, for he does not recognize the homœopaths, though his cry for curing the patient is distinctly in tune with the belief and practice of the true homœopath. The whole is a savage revolt against therapeutic nihilism that obscures those who rightly or wrongly occupy the seats of the medical mighty, and a call to the family physician to hold up his head.

THE PHARMACOPŒIA QUESTION AGAIN.

The following gives it in a nut-shell: "The first of the proposed amendments to the national food and drugs act to attain a place on the calendar of Congress provides for the recognition of the Homœopathic Pharmacopœia of the United States as a legal standard."

The recognition of Homœopathy by the national government is something much to be desired, but if the recognition is to come in the form of the adoption of a moribund book as the representative of Homœopathy, we had better rest content and let things remain as they are. To be sure, the book has the perfunctory endorsement of the American Institute of Homœopathy. The first edition was called the "Pharmacopœia of the American Institute

of Homœopathy," and was copyrighted "By Committee on Pharmacopœia of the American Institute of Homœopathy." This edition, however, owing to its numerous errors was withdrawn, and an amended edition under the title, *The Homœopathic Pharmacopœia of the United States*" was substituted. This work, which is called a "second edition," like its predecessor, is copyrighted "By Committee on Pharmacopœia of the American Institute of Homœopathy." The work is published by a firm of Boston publishers, though whether they, or the Institute, assume liabilities and take the profits, has never, to our knowledge, been made public.

The *Pharmacopœia of the United States* is copyrighted by the United States Pharmacopœial Convention, and presumably published by that committee, as a number of publishing firms in various cities appear on the title page as agents, while another firm is given on an inside page as "Printers and Binders."

In what may be termed the allopathic, or old school, pharmacopœia, chemistry in its various branches almost alone is considered, hence as new chemical discoveries are made, or new methods evolved, the need of frequent revisions.

This is not true of the homœopathic pharmacopœia, but the very reverse is true. In Homœopathy no drug can be used *homœopathically* until it has been proved, *i. e.*, until it has been voluntarily taken in sufficient quantities to develop its poison, drug or disease effect. These effects are collected and constitute the Homœopathic Pure Materia Medica, for every symptom (if properly reported) is a pure effect of the drug. When the proving is made the provers report how they prepared the drug, what parts of the plant were used, and all details. This report necessarily forms its part of the homœopathic pharmacopœia, and it logically follows that no alteration can be made in the method of preparation without more or less invalidating the proving on which the science of Homœopathy is based.

The Homœopathic Pharmacopœia of the United States changes the methods of the preparation of homœopathic medicines, hence the remedies prepared by its formulæ are divergent from those prepared by the provers from which the provings were made. This fact marked the new pharmacopœia for failure from the start. Several pharmacists adopted it, but nearly all have given it up as being impractical. A list of standard remedies were pre-

pared by one homœopathic pharmacy according to this new work and the fact generally made known, but the physicians would not order them.

From these facts it will be seen that it would be a very great mistake to have this book adopted as the official homœopathic pharmacopœia of the United States by the Government. It could never be that save in name only. The writers of this book had a splendid opportunity to make a pharmacopœia that would have been gladly accepted by all, but they failed, and that failure is not chargeable to the profession or to the pharmacists or to "jealousy," but to their own faulty work.

TWO CASES: LIVER, ITCHING.

By L. M. Lanyal, M. D.

Liver Disease With Persistent Low Fever.

Babu C. B. B., demonstrator Presidency College, Calcutta, called me in for the treatment of his granddaughter, aged eleven months, who was suffering from a low fever, and was gradually emaciating. The liver was somewhat enlarged, greyish colored hard stools, very excitable, slight dry cough was present. *Bryonia* 12 dil., thrice daily, was given, but with no benefit. Then *Calc. carb.* 12th three times daily, and suspecting the mother's milk, I changed the diet to the following: Well boiled pearl barley water, 2 parts; lime water, 1 part; milk of goats, 1 part. After three days I noticed that the stool changed into yellow and little grayish color and the fever was less in degree in comparison with the previous accession. Then I prescribed *Magnesia mur.* 6x, three times daily. The fever ceased and the greyish color disappeared. She completely recovered, and is in good health now.

A Case of Intense Itching—*Urtica Urens*.

Babu H. C. D., opium vendor and cloth merchant, Calcutta, aged about fifty, came at Hahnemann House on the 25th inst., suffering from unbearable itching over the whole body. All parts of the body were excessively swollen, and red areola appeared on the skin. *Urtica urens* 3x, one drop in an ounce of water for a dose, was given. The itching instantly ceased, and the patient rejoiced.

Calcutta, India.

A CRITICISM OF "ELEMENTS."

Our estimable *Medical Advance*, January, reviews the second edition of *Elements of Homœopathic Materia Medica Practice*, etc., etc. We quote the review entire:

"The popularity of this small hand-book has been such that a second edition is called for in a short time. It is intended for physicians of other schools who wish to obtain an insight into what Homœopathy really is. There is a brief sketch of Hahnemann and some of the pioneers of Homœopathy; the manner of its discovery, its doses, how to apply it in the cure of the sick and some of the recent works on Homœopathy. The materia medica of the last half of the book will be found very helpful to the beginner. But the therapeutic part, the treatment of diseases by name will be found disappointing. The potency, from the tincture to the 30th, is attached to nearly every remedy without apparently any rhyme or reason."

"Here is an unfortunate illustration: 'Our allopathic and eclectic friends can do little to modify or curtail an attack of whooping cough, and they have persistently taught the people to believe that this disease is incurable, that it "must run its course," and here is the reason why, under homœopathic treatment, as here laid down, that it probably will "run its course."

"When cough runs into convulsions, *Cuprum metallicum* 6."

"Where the whoop is very marked and clear, *Mephitis* 6."

"Severe paroxysms, changing color of face, *Magnesia phosphorica* 12x."

"In cases not marked by any severe symptoms, *Drosera rotundifolia* 1x."

"'Minute gun' variety or smothering, *Coralium rubrum* 12x."

"With tenacious, stringy mucus, *Coccus cacti* 3."

"Rattling of mucus, white tongue, *Tartar emetic* 6."

"To prevent the spread of the disease give *Drosera* 1x to the other children, or to those liable to contract the disease."

"As a prophylactic, *Drosera* 1x will most certainly fail, unless in rare cases, where it is the genus epidemicus. This is not the way to educate an allopathic physician or indoctrinate a family into the homœopathic treatment of whooping cough. Besides it leads the beginner to believe that the potencies here given are *the* only ones to use."

So runs the *Advance's* review. Many, very many, attempts

have been made by writers to give information to the allopaths and to the public, and of all of them *Elements* is by far the most successful if the number of copies sold is to be taken as a criterion. It is not claimed that a better book (in same compass) on the subject could not be written, but so far none better have been offered to the publishers. The therapeutics criticised above are a fair sample of all this section of the book, and if the reviewer will write us in about the same space a better therapeutics of whooping cough or put it in better form no one will welcome it more heartily than the builders of *Elements*, for nothing could do more to further their work. Or if any of the readers of the RECORDER can offer anything to better that little book the suggestions will be thankfully received. The book is designed to give in a concise and low priced form a general knowledge of Homœopathy something in which all are interested who care for the spread of Homœopathy. To say that such and such a part is bad without pointing out wherein it is bad and how it might be bettered is like slapping a blind man on the back and shouting, "Here, you fool, don't you see you are going wrong!" and then going your way.

DO EPIDEMICS FOLLOW INFLUENZA ?

Editor of the HOMŒOPATHIC RECORDER :

There is at present in this neighborhood a pronounced epidemic of influenza (I think influenza a better name than "la grippe") but with a low fatality. It is interesting, from the point of view of epidemiology, to ascertain if this be generally diffused. From the historical point of view it is a fact that a widespread mild influenza epidemic has nearly always, perhaps, always, been the precursor of a more malignant epidemic of some form in the following fall. I do not connect them as cause and effect, but if the fact is universal they point to some common cause.

Will you invite the profession to report to you their experience as to the prevalence of influenza, and communications thereon to the undersigned will be highly appreciated by

Yours very respectfully,

M. R. LEVERSON, M. D.

927 Grant Ave., Bronx, N. Y., Jan. 27, 1908.

REQUEST FROM DR. PACKARD.

Editor of the HOMŒOPATHIC RECORDER:

The writer desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to anyone who reads this circular and can be authenticated by facts as to the history and condition prior to recovery and the length of time which has elapsed since recovery, such information will be much appreciated and duly acknowledged.

Any well authenticated reports of recoveries from carcinoma located in other parts than the mammary glands will be welcomed.

Cancer paste cures, X-ray cures, radium cures, or cures as result of surgical operation are not wanted.

Hearsay cases are not wanted unless accompanied by name and address of person who may give knowledge first hand.

Address,

HORACE PACKARD.

470 Commonwealth Ave., Boston, Mass., Jan. 2, 1908.

HOMŒOPATHY IN PORTUGAL.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,
October 3, 1907.

Under the above title we find the following communication from Dr. Homem d'Albuquerque from Porto in the *Omiopatia in Italia* No 56:

In Portugal we have no periodical of the homœopathic school; the physicians who are strict homœopaths, number about eighteen, and nearly all of them live in Lisbon and in Porto. In the rest of the country there are many physicians who are convinced of the truth of Homœopathy, but partly owing to the lack of pharmacies that are privileged to manufacture medicines, and partly because the laws of Portugal forbid the simultaneous practice of the medical and the pharmaceutical professions, they are obliged to practice as eclectic physicians. Others prefer giv-

ing the medicines free of cost, rather than violate the laws of the land. (All homœopathic physicians there ought then to do this! Ed. *Allg. Hom. Zeit.*)

"In Portugal there is no purely homœopathic hospital, but in Santa Casa de Misericordia in Porto there is a homœopathic division, owing to a legacy of Conde Ferreira; at first this was a single hall, but at this time it consists of four rooms and is conducted by homœopathic physicians."

"The writings published in Portugal are either polemic in their nature or written for the purpose of amusement, or again, translations of popular manuals. I know of no original work in the Portuguese tongue, and the books written in Portuguese, used in Brazil, are translations from English, Italian and French works." The editor of the *Revista hom. de Parana*, Dr. Nilo Cairo, rightly calls this assertion in question, and enumerates eighty-one original works published in Brazil, giving their titles in the *Revista* of June and July. (Dr. Kl.)

We may here add that according to the *Revista hom. de Parana* No. 7, Dr. Galvao, Bueno, a man of repute as a specialist in the diseases of women and in diseases of the bladder, as also as a politician, has lately come over to Homœopathy. (Kl.)

CASES FROM MY PRACTICE.

By Dr. Stoeger, in Bern, Switzerland.

Translated for the HOMŒOPATHIC RECORDER from the *Hom. Monatsblætter*, October, 1907.

Stomach Troubles.

CASE I.—On the 3d of February, 1905, I received the following letter from Mrs. L. R., in Burgdorf:

"*Dear Doctor:*—You will remember my writing to you two years ago for help from severe stomach troubles. I am sorry to say, that I am now again in the same predicament, only that I am unable to come to you, as it is only four days since my confinement. I am again unable to eat anything, not even milk and oat-meal; I have constant violent pains in the stomach, causing also severe pains in the back. I do not want to go to the allopathic

doctor here, as no one ever helped me in this trouble but you. Dear Doctor. I would, therefore, request you to send me, until I can come to see you again, such a glorious remedy; the other worked wonders." The other remedy helped this time again, and will always help in similar cases, as I have experienced a hundred times before. The other remedy was *Gelsemium* 4. and *Nux vomica* 4. mixed together. I often use complex Homœopathy with the best of results.

Falling Out of the Hair.

CASE I.—A young gentleman, a technical engineer, who worked very strenuously, kept losing his curly hair, which he always considered a great adornment. This was last year. There was no disease of the skin, based on a parasitic foundation; but I noticed one thing, the man looked quite pale, he was poor of blood, anæmic. The lever had to be applied here. *Ferrum phosphoricum*, given according to Schuessler's direction, in the 6. D., and a daily rubbing of the scalp with the tincture of *Geranium Robertianum*, diluted with some water, had a splendid effect in the course of six weeks. The young engineer can show his Adonis-head as proudly as in days past.

Ischias.

"Dear Doctor:—I would respectfully request you to send me the remedy for *ischias*, which I before got from you. I am suffering a good deal, so that I am unable to come to you. Your remedy helped me so well in June, that I feel myself deeply indebted to you.

"Mrs. St."

Gosslitwyl, October 14, 1906.

In consideration of the fact, that the woman was suffering at the same time from chronic inflammation of the kidneys, which was plainly the cause of the *ischias*, I gave her *Lycopodium* 30. Which by itself, without the use of any other remedy, always relieved her. In obscure cases of *ischias*, where other remedies fail, *Lycopodium* often has a wonderful effect, indicating the connection of the nervous *ischiadicus* with the kidneys. This would also show that these homœopathic nothings, as our opponents sometimes define our remedies, may even help us in our diagnosis of diseases.

CASES FROM PRACTICE.

By Dr. Strohmeyer.

Gonococci.

I. Mr. B. has been troubled now for the second time with a discharge from the urethra, which as disclosed by the microscope is due to gonococci. The first attack had been successfully suppressed with *Protargol* and *Argentum nitricum*; so I gave again *Protargol* 0.75 to 200 *Aqua destillata*, so as first to get rid of the gonococci. I may be blamed for not at first going to homœopathic preparations, but in the course of time I have found out by experience that it is often best to destroy the bacteria and then treat the rest of the ailment with homœopathic remedies. In the old school treatment, as is well known, very many cases of gonorrhœa remain uncured, and in these cases it may be seen that a gonorrhœa cure does not consist in merely making the issue free of bacteria, and in reducing it to a mere agglutination in the morning; but it requires a remodeling of the constitution, in order to cut off the soil of the poison, in which it otherwise continues to luxuriate with consequences extending beyond the domain of the urethra. I can not come to believe that the permanent mental depression owing to the non-disappearance of the last drop could of itself be the cause for all the bodily malaise to which such persons are subject. The symptoms are far too severe to be put off with the mere explanation: Through the long duration of your illness you have become a neurasthenic. No, the whole state has been changed! Formerly bright and merry, now melancholy and sad; once upon a time strong and clear in his head, now dull and dizzy; aforesometimes unmindful of weather and storm, now chilly and shuddering at every draught; before this trouble he was blessed with sound and quiet sleep, now there are twitches and jerks all night; aforesometimes he would not be tired out by a walk of several miles, now his legs are as heavy as lead; he has colds ever and anon, pains and tearing, now here now there, all over the body—such is the image of the much ill treated, chronic gonorrhœa patient abused with injections, bougies, catheters and massage of the prostate gland, and still remaining

uncured. But to return to our case. After two weeks, no more gonococci could be seen in the secretion, the secretion soon ceasing altogether, and the patient would have supposed himself cured if an acutely lancinating sensation in a certain part of the urethra had not always warned him that there was a place which was not yet all right. There was no question of any stricture, but the sensation of a stitch in that place could not be argued away, and the patient was in no way inclined to be a hypochondriac. So I prescribed for him *Acid. nitric.* 10.0, three drops every morning and evening in a teaspoonful of water. After the fourth day there was no more stinging.

II. Mr. K. was taken with syphilis five years ago. went through three ointment cures, and believed that he was cured, although here and there a little pustule could yet be seen; and he was betrothed and married—the result showed up in the form of a little child, incapable of continuing in life, loaded down with all the signs of congenital syphilis. Besides the eruption and the typical ozæna, it showed an enormous swelling of the liver, a sure sign of hereditary lues. The child then died, for in such cases we may do what we will, and ought, in fact, to do nothing at all—and the father, otherwise a very honorable and efficient man, underwent a thorough treatment, *Kali iod.* and *Acid nitric.* in various potencies, frequent steam-baths and light baths, a predominantly vegetarian diet were used for half a year, still every now and then small, humid spots appeared on the hairy scalp, until finally *Mercurius iod. ruber*, in the third trituration, taken morning and evening, as much as would lie on the point of a knife, well loaded up, cleaned him out thoroughly in about a week; and then he remained clean. The remedy was continued with longer intervals for some time and I am convinced that a second child, if it should come, will no more call to mind the wretched fate that overtook the father in a weak hour.

Menstrual Troubles.

II. Miss B., from Miltenberg on the Main, applied to me by letter, on the recommendation of a lady I had cured, with the request that I would send her medicine against the excessive troubles she had at every menstruation. The cramps and pains appeared in the first two days often with such violence that she

at times swooned, and was only relieved by the warmth of the bed, hot cloths and hot bed-pans. She is in general somewhat nervous and easily excited, also pretty anæmic. She had taken a sufficiency of iron, as her teeth and stomach could testify. She was doubly distressed by her condition, as she is now a bride, and was afraid that she would be unable to perform the duties of a household and of married life. I wrote her an encouraging letter, stating that this very trouble was frequently relieved through marriage, but that her chlorosis ought to be first removed. I prescribed a definite diet, lukewarm sitz-baths, much use of milk and cream, abstinence from coffee and tea, and as medicine I prescribed *Magnesia phosph.* in the 6. trituration, alternating with *Cuprum acet.* also in the 6. trituration. The remedies were ordered to be taken in alternate weeks. After the lapse of some time I received the report that the menstruation now proceeded with moderate symptoms; though she was inclined to attribute this to the reason that her anæmia had entirely disappeared in consequence of the sitz-baths and the copious use of milk. The patient will probably never understand the brilliant effects of *Cuprum aceticum* in the treatment of cases of chlorosis, where iron refuses to act, or has been used to excess and to the injury of the patient.

MENTAL ALIENATION CURED BY ZINCUM.

By B. Assem, Prior.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig Pop. Z. f. Hom.*, November 1, 1907.

A short time ago a female came to me requesting my aid for her mother, who was sick and who had herself eight years before frequently consulted me on account of the sickness of this her daughter who is now standing before me. At that time I had recorded the following data: "August 30, 1889, A. M., twenty-five years of age, the daughter of a farmer; about a year before this time a well-known married man had made her an immoral proposition and sought to overpower her, but could not effect his purpose. Nevertheless, she was so much excited and outraged

thereby that from that time on she had not been normal. Her mother says that she is distracted in mind, gives no answer to questions, does not want to work, is unable to sleep, and walks up and down in the room for half the night; at times she sobs and falls into weeping spasms, and seems to be absent-minded; she will lie on the floor instead of going to bed; is unwilling to eat; people call her crazy. The worst symptoms is her constant anxiety and restlessness, which drives herself and those around her almost to distraction. This has gone on for a year. Also medicines have been tried, as also kindly and earnest admonitions, but all in vain. Owing to the great expense she has not yet been taken to an insane asylum, but this will eventually have to be done."

For this case of restlessness the remedy recommended by Farrington, *Zincum valerianicum*, seemed to me to be indicated. This remedy I gave to the mother for the patient, and I was not mistaken, for in quite a short time the mental equilibrium of the patient was restored and to this day, eight years afterward, she has not had any relapse. She has regained her cheerfulness and industry, but is not disposed to recall her experience. I received no further information as to her mother, on whose account she came to see me.

FROM DAILY PRACTICE.

The following from the *Leipziger pop. Zeitschrift fuer Homœopathie* is from the pen of Dr. G. Sieffert, of Paris:

I. Scarlatina.

Mrs. K., of Brazil, twenty-six years of age, well built, in the sixth month of her third pregnancy, was taken sick while passing through Paris. I was called in, and an examination showed:

Lack of appetite combined with an obstinate constipation, headache, trouble in swallowing, a greyish coating on the right palate, while the soft palate shows a scarlet redness and an eruption is beginning around the neck. There is a fever mounting up to 102° to 104° F. The thorax develops no symptoms.

All these symptoms pointed to scarlet fever. The eruption was irregular in its development, and might point as well to measles as

to scarlatina. It also remained so up to the end of the sickness, though it had gradually extended all over the body.

The husband of the patient who had some experience with Homœopathy had from the first started the treatment with *Belladonna* 6, alternating with *Mercurius cyanatus* 6. I continued this treatment for three days. By clysters I soon succeeded in removing the constipation.

But otherwise the improvement failed to appear; the fever had on the contrary increased so that I gave *Belladonna* D. 1. On this the temperature sank promptly; also the greyish coating of the palate disappeared, and so I stopped the *Mercurius cyanatus* and went back to *Belladonna* 6.

In the meantime I had remarked that the urine was very scanty; some delirium also had appeared. I demanded an examination of the urine, and here again there was a peculiar development. The first analysis showed nothing, the second showed 95 centigrams of albumen in 600 grams of urine. I at once prescribed *Apis* 6, two drops four times a day. Next day the third analysis showed one gram of albumen. In the fourth analysis 1,500 grams of urine gave no trace of albumen. I continued the *Apis* for two more days, but as the urine now remained normal as well as the quantity of the urine, I dropped the *Apis*. Repeated examinations of the urine during the course of the disease up to the full cure showed no more abnormal symptoms.

How can we explain these facts? That *Apis* acted very rapidly is manifest from the facts themselves. But was the symptom merely a transitory one? Was the albumen to be ascribed to the pregnancy or to the scarlatina? I never found out. But the facts about the albumen are surely as given above. This fact remains assured, the more as the examination was made by a special chemist under my supervision.

But the husband of the patient was not willing to believe in so sudden a result. He was incredulous also in other matters. So he was of opinion that the disease of his wife had nothing in common with scarlatina, and asserted that in Brazil even the least case of fever was apt to be accompanied with an eruption like that which I had found in his wife. I, therefore, desired to convince my doubter thoroughly.

After the disappearance of the albumen the course of the disease was quite favorable. The troubles in the throat had dis-

appeared some time before and the patient, who had received back her appetite after some doses of *Nux vomica*, could now eat whatever was suitable to her condition.

On the fortieth day I let the patient take a full bath, and in order that I might not be deceived by any imagination either of my own or of the husband, I asked for permission to attend the bath. When the patient left her bath and dried herself the desquamation that I had expected at once appeared. This made an end of the doubts of her husband. This gave me the more satisfaction, as I had had great trouble at the beginning of the disease to secure the removal of his little children. Now he was very thankful that I had insisted upon it.

It remains, however, without doubt that the disease, and especially the eruption, was very irregular. And in calling the attention of the reader to this fact, it is especially because scarlatina is in all cases a dangerous and infectious disease, which often appears in a very deceitful form, and may be overlooked by the inexperienced layman. Caution!

II. Acute and Chronic Gonorrhœa.

The lack of care frequently shown by patients in the treatment of their own disease may appear from the following case:

A man, thirty years of age, had caught gonorrhœa. Instead of applying to a physician he had consulted a quack, who had treated him with a caustic injection. This, indeed, caused the issue to disappear in a short time, as also the pain. The man, therefore, thought he was thoroughly cured and married. Scarcely three weeks after the wedding the unfortunate couple appeared in my office. The woman complained of an indefinite inflammation of the abdomen, pain on micturition, swelling and looseness of the pudenda, a puriform issue and a painful swelling in the inguinal glands. A closer examination showed the existence of a real gonorrhœic infection. The man asserted that all these symptoms came from the leucorrhœa; but I was not so easy to convince. I questioned the man more closely and he confessed that he had some time before had an acute gonorrhœa. He was quite willing to be examined, and I constituted the existence of chronic gonorrhœa.

Now the case was clear enough. The husband had infected his wife, and I involuntarily recalled the words of Prof. C.

Schroeder: "It has come so far that young ladies are afraid to enter marriage because they know that all their acquaintances were taken sick after marriage, and never regained their health." But this case did not get that far.

The case of the wife was simply vulvitis with Bartholinitis. I forbade the concubitus, and began the treatment of both the patients. In the case of the wife I prescribed warm, full baths with a suitable diet and bodily rest, daily a clyster to secure an evacuation and careful washing of the pudenda, as the general treatment in her case. Internally I prescribed every day twice in alternation four drops of *Thuja* tincture and of the tincture of *Cannabis sativa*.

After four weeks every abnormal symptom with the wife was removed.

With the husband it took somewhat longer, although there was not any stricture. I prescribed according to Dr. Mossa's mode, *Sepia* 30 and *Thuja* 30 on alternate days, taking daily eight drops in two doses. The patient at the same time had become somewhat anæmic, and so I prescribed as an intermediate medicine *Ferrum aceticum* 1 trit., as much as would lie on the point of a knife, an hour before breakfast and an hour before supper. In this way his condition gradually improved, and in six weeks nothing remained of his symptoms but a slight swelling of the inguinal glands, which was soon removed by *Silicea* 6.

III. Mutually Recurring Gonorrhœa.

Some years ago I was called in to see a man forty years of age, who complained of a painful swelling of the right knee. This had gotten better several times, and had also entirely disappeared, but had returned without any known cause. This had now continued for several years.

An examination showed that the man had a chronic gonorrhœa, which grew worse after every concubitus, and which, therefore, probably caused the swelling of the knee. Of course, all concubitus was forbidden. The gonorrhœic rheumatism was soon removed with *Phytolacca decandra* in the tincture. The chronic gonorrhœa was removed with *Sepia* 30 and *Thuja* 30, in alternation, and ever since the man has been thoroughly well. But the matter was not so easy with the wife, who, of course, had also been infected by the husband. With her the infection had ex-

tended even to the uterus, and I had here to combat a real endometritis cervicis blenorrhœica.

Extremely surprised by my diagnosis the wife was unwilling to be treated at home for any length of time, and preferred to go to a hospital to avoid talk. A specialist undertook her treatment, confirmed the diagnosis which I had made, and after three months she was discharged as cured from the hospital. But I am sure that these married people mutually infected each other. And so also in this case the dictum of Professor C. Schroeder is established: "As to the women there is no doubt that gonorrhœa does them far worse injury than syphilis." As a proof of this I will only state that the woman patient in question had to give up all hope of becoming a mother.

IV. Chronic Bronchitis.

Now for another striking example of the action of our homœopathic remedies:

Mrs. M., forty years of age, was seized last winter by an acute bronchitis, which was not cured easily, and had gradually passed over into chronicity. She especially complained of a constant inclination to cough with tickling in the throat, now here now there. At first the cough was weak and dull, but afterwards it became more violent, and eventually caused the ejection of a copious yellow expectoration, which caused some alleviation, but only for a short time. In vain the patient had consulted many allopathic physicians. Finally, like many other patients who have not been relieved by allopathy, she applied to Homœopathy. The allopaths had endeavored in vain to remove the painful cough with all kinds of preparations of *Opium*.

An examination showed nothing else than a constant rattling, a real Turkish music on all parts of the lungs. Still there was no sign of tuberculosis, but much shortness of breath.

I first prescribed *Kali bichromicum* 12 in alternation with *Arsenicum iodatum* in the third centesimal trituration.

This essentially improved her condition within two weeks. There is no more pronounced dyspnœa, less expectoration, less cough, but still there is no appetite.

Nux vomica 1 C., four drops before every meal, brought back her appetite, and a strengthening diet removed the emaciation, which I omitted to mention before. Still the painful cough con-

tinued more or less. So I finally took to *Stannum iodatum* in the second decimal trituration. The patient took this for two weeks, after which the cough entirely disappeared, and has not since returned.

DANGER OF PREGNANCY FOLLOWING OPERATIONS FOR CANCER OF THE CHEST.*

By William S. Cheesman, Auburn, N. Y.

Whatever theory we adopt as to the nature and etiology of cancer in general, it must be conceded that when located in the female breast its development is influenced by some unexplained sympathetic correlation with the pelvic organs. The clinical fact has long been recognized, and is sometimes mentioned in text-books, that under the physiological stimulus of pregnancy mammary cancer takes on a specially malignant character. And on the other hand, Beatson, by ablating the ovaries in some cases of late inoperable cancer of the breast, was able to effect the disappearance of the disease. So we may say of this mysterious epithelial reproduction, this cellular new birth, to which we give the name cancer, that whatever its ultimate character, it may be stimulated to unwonted efflorescence, or retarded and even extinguished, according as the uterus and appendages are rendered active or functionally obsolete.

The highest functional act of these organs is gestation. This may associate itself with mammary cancer in one of two ways, either cancer attacks the breast during the course of pregnancy, or pregnancy occurs as a complication of already existing cancer. In whichever way the association arranges itself the result is the same, viz., a stimulation of the disease to unexampled malignancy and rapidity of growth.

It has been my evil fortune to encounter each of these two varieties.

CASE I.—*Cancer of the Breast Complicating Pregnancy.*—About a dozen years ago a lady aged 29, mother of three children, became pregnant for the fourth time. She had had an abscess

*Read at the fortieth annual meeting of the Medical Association of Central New York, held at Rochester, October 15, 1907.

of the breast after her first confinement, and there remained a nearly imperceptible cicatrix in the gland. This was quiescent during two succeeding pregnancies, but about the third month of her fourth pregnancy she reported that the old scar was enlarged and tender. Examination showed a swollen, indurated mass in the breast, and axillary and supra-clavicular glands enlarged. A well known surgeon saw her at once with me, diagnosed malignancy of rapidly growing type, and did a thorough extirpation of breast and all lymphatic connections. The wound healed kindly, but in spite of the sweeping thoroughness of removal the disease seemed scarcely to have been checked. It broke out immediately over the whole area of operation, ulcerating and discharging and finally involving the pleura. I induced labor early in the eighth month, saving the child, now a well grown boy; but the young mother died a few weeks later.

This case familiarized me with the behavior of cancer of the breast during gestation, but it needed still another to awaken my dull perceptions to the importance of this knowledge for the surgeon.

CASE II.—*Pregnancy Complicating Cancer of the Breast.*—In March, 1905, I operated on a woman aged 36, doing the usual removal of breast, axillary contents, and muscles, by a wide circumsection necessitating Thiersch skin-grafts to close the defect. I mention these details to show that the work was thorough. The wound healed well, only a soft pliable scar remaining. I watched this case from time to time, and more and more felt that the result promised at least long postponement of return. All went smoothly till in December, 1905 (nine months after operation), the patient reported herself pregnant two months, and examination verified this suspicion. Her danger was instantly clear to me, and I told her the pregnancy should be interrupted in order to avert the chance of its relighting the disease. This view being concurred in by a consultant, I emptied the uterus of a two months' embryo.

But even at the second month we were too late. I had observed the scar to be a trifle red and indurated just before the curettage, but soon after there could be no doubt. A flame of reddened lymphatics spread from the scar to the other breast which was swollen and glossy with indurated œdema. ("Mastitis carcinomatosa" of Volkmann.) The situation was so dreadfully

clear that the patient herself recognized it, and asked: "Did my pregnancy bring this back again?" I had no need to answer; she read the truth, and pierced my conscience with the searching query: "Then, why did you not warn me?"

I have asked myself that question many times since, and I would ask my colleagues to-day: *Why have we not warned breast cases of the dangers of pregnancy?* Of course, the cases suffering from our omission have been few in number, unfortunate rarities, I judge, of surgical experience. Cancer attacks the breast commonly late in life, well after the child-bearing period. But not exclusively then. The circles of incidence of the two conditions intersect and overlap to a considerable extent. So that there is a period of ten to fifteen years in which a small percentage of women are liable to both conditions. But even if the number of such women were too small to affect the statistics underlying operative prognosis, even if we see but one or two such cases in a long surgical experience, we shall not escape the condemnation of conscience if we fail to individualize in their favor, and admonish them of their peril.

I do not know whether others have recognized this danger and this duty to their patients. If so, they have failed to indicate it in the literature. A research carried on for me in the library of the Syracuse Academy of Medicine fails to bring to light any evidence that the subject has received attention. I am constrained, therefore, to believe that the danger has not been clearly appreciated, and that once notice is drawn to it, others will wish, like myself, to include in the advice given patients after operations for malignancy of the breast, a warning against pregnancy. —*Buffalo Medical and Surgical Journal, January, 1908.*

WOOD FOR PAPER COSTS TWENTY-SIX MILLIONS.

**The Publisher Pays Much More for His Stock Than He
Did Last Year.**

To-day there is general complaint among publishers that printing paper is constantly growing dearer. In the Middle West many local papers are raising their subscription price 50 per cent. in order to pay for the paper. From the time when Gutenberg

first used movable type, made of wood, to the present day of metropolitan papers, some of which consume the product of acres of spruce in a single edition, printing has in very large degrees depended upon the forest.

In the face of a threatened shortage of timber, the amount of wood consumed each year for pulp has increased since 1899 from 2 million to 3½ million cords. The year 1906 marked an increase of 93,000 cords in the imports of pulpwood, the highest average value per cord for all kinds and a consumption greater by 469,053 cords than that of any previous year.

Spruce, the wood from which in 1899 three-fourths of the pulp was manufactured, is still the leading wood, but it now produces a little less than 70 per cent. of the total. How well spruce is suited to the manufacture of pulp is shown by the fact that during a period in which the total quantity of wood used has doubled and many new woods have been introduced, the proportion of spruce pulpwood has remained nearly constant in spite of the drains upon the spruce forests for other purposes. During this time three different woods, from widely separated regions, have in turn held the rank of leader in the lumber supply.

Since 1899 poplar, which for years was used in connection with spruce to the exclusion of all other paper woods, has increased in total quantity less than 100,000 cords, and is now outranked by hemlock. Pine, balsam and cottonwood are used in much smaller amounts.

New York alone consumes each year over a million and a quarter cords of wood in the manufacture of pulp, or more than twice as much as Maine, which ranks next. Wisconsin, New Hampshire, Pennsylvania and Michigan follow in the order given. Sixty per cent. of the wood used in New York was imported from elsewhere, and even so the supply appears to be waning, since the total consumption for the State shows a small decrease since 1905, whereas the other States named have all increased their consumption. Other States important in the production of pulp are: Massachusetts, Minnesota, Ohio, Oregon, Vermont, Virginia and West Virginia.

The average cost of pulp delivered at the mill was \$7.21. The total value of wood consumed in 1906 was \$26,400,000. The chief item determining the price of paper is the cost of pulp. An example of the increased price of paper is found in the case of a

publisher of a daily in the Middle West, who recently paid \$1,200 for a carload of paper. The same quantity and grade of paper cost a year ago but \$800.

The chemical processes of paper making, which better preserve the wood fiber, are gaining over the mechanical process. In 1899, 65 per cent. of the wood was reduced by the mechanical process; in 1906, less than 50 per cent.

All importations of wood for pulp are from Canada, and comprised, in 1906, 739,000 cords, nearly all of which was spruce. Four and a half million dollars' worth of pulp was imported in 1906, a slight falling off from 1905.

Circular 120 of the Forest Service contains a discussion of the consumption of pulpwood in 1906, based on statistics gathered by the Bureau of the Census and the Forest Service. The pamphlet can be had upon application to the Forester, United States Department of Agriculture, Washington, D. C.

THE OLD, OLD SOCIAL PROBLEM.

Dr. I. B. H. Sayse thus handles this problem in a recent issue of the *New York Medical Times*:

"Anent the discomfiture of women who seek bread by the pleasure of men outside of marriage, in conformity with the moral sentiment of conservative religious attitude, and of the applauded spurt of scene-shifting political 'reformers,' in Philadelphia, there has been started an insistent clamor to tear out something special for diplomatic buncombe in the social interests of the city. There has, therefore, been inaugurated a hostile repetition of midnight raids by the police upon houses of ill repute. These heroic onsets are planned and conducted by schedule information furnished by clandestine spies and co-operative officials who are spasmodically impelled by the steam of high pressure sense of popular duty in response to claims for service and salary. The church authorities warmly applaud the name of one eagle-eyed agent, of the persecuting or prosecuting machinery, but at same time they do not offer or furnish these hundreds of unfortunate erring women any substantial opportunity of social salvation by giving them honest and more honorable employment and life-supporting compensation. They are willing to have these women hounded to jail instead—they would

self-righteously prefer to crush the female sexual refugee on earth completely. On a rounding-up night campaign, hundreds of girls and women are hauled unexpectedly into the police dragnet. The last vestige of their self respect must be thus openly undone and lost, the last chance to get back into the avenues of correct life is officially slammed into their faces with bars of iron. No champion of the Gospel of sympathy and charity which leadeth the erring heavenward intervenes with the life-line of rescue after the pattern of Christ when the censorious scribes and Pharisees dragged before Him for judgment the erring woman. In the zeal for a puff of surface 'reform' it is forgotten that these 'fallen' girls and women have all been nursed at a mother's bosom, all have suffered some ignominious cross of life, all are in bonds of betrayed trust, of repressive circumstances, of mental delusion, of physiological tension, of constitutional degeneracy that have singly or by group perverted and deformed their natures. Furthermore, their perceptions and senses have possibly been submerged by the misdirections of drink, paid for by the passion-offering of men of respected popular positions, and whereby responsive womanhood so resistlessly loses grasp of normal balance. 'But why don't such women resist?' cry the Pharisees. Did Eve resist? They also are daughters of Eve."

Venesection Saves Life.—In the clinic at Prague in a case of poisoning with coal gas the ancient remedy of venesection has been applied with the most brilliant effect, leading to the saving of life. Two women had filled their range with anthracite coal, had lit it, and had then retired to rest. Next morning one of them was found dead, the other in deep unconsciousness. She was brought into the clinic and venesection was at once resorted to, in which process 500 grammes of blood were withdrawn and as many grammes of the solution of common salt were injected. Besides this oxygen was applied for inhalation. On this, respiration improved, but consciousness had not returned; there was, therefore, another resort taken to venesection next day. The patient then returned to consciousness, and in two weeks the patient was fully restored. The restorative action of venesection may be explained from the fact that the poisonous action of carbonic acid first poisoned the blood, which was in part removed from the body through venesection.

BOOK NOTICES.

Le Triomphe de l'Homœopathie, par le Dr. Flasschœn de la faculté de médecine de Paris. Ouvrage de 490 pages in-8°, Paris, 1908, librairie générale, L. Sauvaitre, 72 Boulevard Hausmann. Prix: cinq francs.

So runs the title of a handsomely printed book of 490, 8vo pages, with broad margins. It follows the European custom of being "stitched" only, *i. e.*, paper bound, the buyers there suiting each his particular taste in the matter of permanent binding. For some years the author has been demanding "de la faculté de médecine de Paris," the right to deliver an official course of lectures on Homœopathy at the medical schools of that city, but needless to add, has been constantly refused. What else could they do? The two won't mix and cannot mix, for they are incompatible when you get down to their respective foundations. The idea of the two becoming one is an idle dream. This fact, however, would not prevent a course of lectures on Homœopathy in an allopathic school from being very useful, for it would give the students the opportunity of choosing between the two antagonistic principles in medicine. Man does not create these opposites, he discovers them and then should have freedom of choice between them. A clear insight into the errors of an opposing element is always helpful to the student and to the adult mind. But the allopathic powers that be think otherwise—or they are afraid to let the homœopathic light shine in their darkness. Yet though they set faces of flint against any teaching of what Homœopathy is to their students, they will "charitably" say to the homœopaths, "Drop your name Homœopathy, come to us and be brothers." Strange that sane men should even consider such an impossibility. If you see the truth of Homœopathy *you cannot join their ranks*; if you do not you can easily go over to them or to the Christian Scientists, the voodoos or any other medical outfit. A chair of Homœopathy in an allopathic medical school would be a good thing for the students and their prospective patients, but old principles would be upset and old idols smashed. If Dr. Flasschœn's book could be done into English it would make interesting reading for many.

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

EDITORIAL.

UNEASY LIES THE HEAD THAT WEARS A CROWN.—Dr. Henry Beates, Jr., seems to have discovered the truth of this even though his crown be that of the President of the Medical Examining Board of Pennsylvania. He had fun slanging the homœopaths and telling his own crowd that the greater part of the medical graduates they turned loose on the world were “unfit to practice medicine.” All this was fine until the return match began and the verbal brick-bats came hurtling his way, then it was different, so different that the president seeks refuge in a newspaper interview:

“In the examinations which we make,” said Dr. Beates, “we merely endeavor to ascertain whether the applicant has or has not medical knowledge. If he has the sort of knowledge that qualifies him to take charge of human life and health, he is passed. Nevertheless the construction of his replies, the spelling and the English discloses to a very important degree whether he was fitted to enter the medical school at all, or whether he never should have been admitted.

“Some of those who do not like my attitude on this matter are pleased to criticise me personally—my training and the character of the questions which constitute the examination of students.

“Now, as to my training. I graduated as valedictorian of my class in the West Philadelphia Academy,” etc.

Further on he affirms that of the 160 medical schools of this country only 20 to 40 of them give good results. Questioned as to the Philadelphia schools he would only say that “the University gives good results,” which is a facer for Jefferson and the Medico-Chi. Dr. Beates is a graduate of the University.

He also challenges any one to go over the examination papers at Harrisburg and deny the truth of his assertion; if it can be proved that he is wrong he will give up his job.

It seems that English, grammar and spelling play no unimportant part in the passing of "the recent graduates," and a cynical friend suggests that clothing, correct ties, collars, and the like, ought also to be considered. Think of that rough old doctor whom Ian Maclaren pictures entering a silky bed-room! As for spelling, there are a number of men to whom a foolish world looks up, George Washington, for instance, who would be turned down with a dull thud on the examining board's requirements anent spelling.

Under the sub-heading, "These puzzled students," is given a lot of questions. One of them is: "How is the heat of the body supplied and maintained at an even temperature?" If the inquirers, with Dr. Beates at their head, will tell us how it is supplied at all the world will be grateful, especially the learned world.

The whole examining board business all over the country is in a most chaotic and unsatisfactory condition and ridiculous position. A legislature passes the "bill," knowing nothing of the real subject. Then some one selects a number of men to do the examining—this some one knows nothing of the subject. Then the medical graduates who have satisfied their respective colleges of their qualifications are turned over to these boards to determine whether they have "the sort of knowledge that qualifies" to take charge of human life and health! Do the members of the various examining boards possess these qualities?

ECHINACEA IN GANGRENE.—Ellingwood's *Therapist* for January has a short paper from a Dr. C. S. Whitford, adding more testimony to the long list in favor of this remarkable drug. The case was a man who had been cut in the leg near the knee. He worked in a cowyard. The time was during the hot term in July. The result was gangrene. The attending physicians said that amputation was the only hope, but as the man refused to have his leg cut off Dr. Whitford was called in, and by the use of *Echinacea*, internally and externally, cured the patient in fourteen days, so that he could go to work. A remedy that can accomplish such results is well worth knowing.

A "SPECIFIC."—There are men in this queerest of all queer worlds who get an idea, or adopt one, and then monotonously repeat it and nothing else for days and weeks and years. The never ceasing drone of one idea sooner or later influences a certain number of men, and they become fanatics of the much droned idea or verbal formula. Something the same occurs when a man gets the bee in his bonnet of "specifics" in medicine. Such a man will write or asserts that such a drug is a "specific" for, let us say, rheumatism, or this, that or the other disease, and he believes what he says or writes. There is this to be said in favor of this idea, namely, that all diseases, according to the ruling belief, are caused by specific germs, and, therefore, it logically follows that each disease must have a specific remedy if there be such a thing for disease. There is where you are logically landed—for a specific cause there must be a specific antidote, or remedy, or counteracting thing. But when we descend from theory—or ascend may suit some as being the better term—to things as they are any one at once realizes that there is not nor cannot be such a thing as a "specific" for disease as it is catalogued in the text-books. The hard facts of experience knock the theory on the head, and the wise man falls back on the sometimes flouted indicated remedy. Burnett came nearer solving the "specific" question than any one else, when he preached his "organ remedies." They are useful and practical.

HOW TO TREAT ASIATIC CHOLERA.—The following from the J. M. A. is the latest treatment for Asiatic cholera. It is scientific and may possess a certain interest to those who know the better way. Patient first receives four or six tablets of cocaine hydrochloride, 1-20 grain; creosote, 1-8 minim; cerium oxalate, 2 grains; pepsin, 1-4 grain; tincture of nux vomica, 3-8 minim.

This is followed by tablets: Morphine sulphate, 1-6 grain; hyoscyamus, 1-8 grain; nitroglycerine, 1-100 grain; citrated caffeine, 1-2 grain; capsicum, camphor, of each, 1-4 grain; tincture of digitalis, 5 drops.

After this, "every few minutes, until the pulse can be felt at the wrist, the tablet of nitroglycerine, 1-100 minim, with 2 minims of the tincture of digitalis, is given."

In the meantime the patient is given the following mixture diluted one-half with water, tincture of eucalyptus, 4 fluidounces; spirit of camphor, 2 fluidounces; tincture of capsicum, 30 minims.

"Mutard plasters and the application of heat to the body are not neglected."

"Heroic doses" of tannic acid are given to stop the diarrhœa.

"A great many patients promptly react as a result of this treatment, and then are attacked by suppression of urine, which often occurs at this time. To fight this he employs the tincture of eucalyptus in addition to the digitalis and citrated caffeine, which also act as "diuretics."

There you have it, not in detail, but in essentials. "The recovery is rapid unless complications occur."

SURE!—"In spite of the rigid criticism and enquiry of our age," writes Dr. Edwin Walker, of Evansville, Ind., in the *California Medical Journal*, "there is still in medical literature much which is untrue." Truly there is very much. What medical book lives more than a few years outside of homœopathic books? Practically none save anatomies and dictionaries. Are the "latest" true? About as true as their predecessors. Why does the *Organon* live? It has truth. Truth lives. Error is chaff and perishes. "There is still in medical literature much which is untrue." Sure!

OFFICIAL ORGANS.—The *Pacific Medical Journal* asserts that the official journal of the medical society of the State of California had, some years ago but three subscribers outside of its own membership, *i. e.*, the society, while to-day "the number of bona fida subscribers is seventeen." Rather a small subscription list for even a medical journal. But it seems the official organ has other strings to its bow, as the following extract from a circular sent out to members of the society demonstrates:

"Again your hearty co-operation can be of great service to your journal (the society 'organ') by treating the salesman, who frequents your office on a basis of 'give and take.' When Mr. X. calls to sell you goods, you should say to him, after carefully looking over your journal, 'I notice that your firm does not advertise in our journal. Why is this? When I can purchase equally as reliable goods from a firm which patronizes our journal, I propose to do it.' If a representative of a house which does not take advertising space in your journal met with such questions as the above in every doctor's office who is a member of our society, how long do you think it would be before that firm would seek advertising space in your journal?"

Any journal must make good to its readers or it will die. Even bullying advertisers will not save it.

A "POTENTIZED" CHILD.—In answer to a query from Bradford A. Booth, M. D., Medical Inspector, Department of Public Safety, Pittsburg, Pa., concerning *Variolinum*, and "what is the legal meaning of vaccination," the *Journal of the A. M. A.* replies: "We know of no legal decision giving the meaning of vaccination." As to *Variolinum* the editor quotes Blackwood's *Materia Medica* as to what it is, how prepared and the dose. The editor then sapiently throws in the following bit of information: "A child who takes this substance internally is said to be 'potentized.'" Verily, one must go to the great, to the big-wigs, to learn things as they are in the minds of the great! Homœopaths have never been accused of cruelty, but if the mighty *Journal of the A. M. A.* can prove that they potentize children we'll show 'em up and spare not.

TROUBLE AMONG THE "REGULARS."—The "regular" is having his own troubles just now. For example, down in Texas the *Texas Medical Journal* calls the *Journal of the American Medical Association* "the Octopus," and raises merry Cain over the "lemon" the profession has been handed in the shape of an examining board, a board made up of pretty much everything medical save the Christian Scientists. The *Texas Journal*, for instance, asserts that "the House of Delegates is dominated by the great machine goes without saying—and our Committee on Legislation sacrificed every principle of professional ethics and pride at the dictation, really, of an apostate homœopath, the power behind the octopus, Simmons." Aside from the family row here revealed the point that will strike good homœopaths is the contemptuous reference to an "apostate homœopath." Better stick to your colors or go into some other business.

Also the American Medical Association, as we learn from the *Century*, has a council on pharmacy, the duty of which seems to be to dictate what pharmaceutical preparations may be ethically prescribed, and which are anathema. On this council of fifteen there are no practicing physicians apparently no one but medical politicians. They have passed 250 preparations, over seventy-five per cent. of which are foreign. The leading American drug firms

seem to be taboo. The bulk of the American preparations passed, as might have been expected, belong to one house. And these gentlemen solemnly prate about "protecting the public."

The true physician is he who heals the sick, relieves suffering and is the guide, counsellor and friend of physically erring humanity; he does not prate, or pose, or blow his own horn, or seek power and pelf—the other kind apparently does, and is very anxious to "protect the public."

RAT POISON.—"Ratin" is the latest, or one of the latest, "made in Germany" things. It is a substance inoculated with a bacillus, which bacillus not stated. It is mixed with bread, or anything the rat will eat. It not only kills the rat, but before he dies the infected rat infects the whole rat community and they all die. If the bacillus dies with the rat well and good, but if the bacillus lives on then there may be trouble for others besides the rat. It must be a lively bacillus that can kill a colony of rats, which are reputed to carry the bacillus of the plague apparently without any inconvenience.

"BREAKING DOWN THE BARRIERS."—Commenting on the eagerness of some men to break down the barriers (truths!) which separate the old school and the homœopaths, Dr. Arndt writes (*Pacific Coast Journal of Homœopathy*, December):

"About a quarter of a century ago, Dr. Piffard, of New York, took occasion to avow his respect for Homœopathy and cited many instances in which he had in practice proved the efficacy of certain methods of homœopathic practice, referred chiefly to the clinical value of the minute dose of highly subdivided drug substances (as mercury) and the practical value of 'provings' in indicating the therapeutic field of substances thus proved (as *Rhus* in the treatment of certain diseases of the skin). Dr. Piffard was at first passed in silence, then taken to task; and now many a year has come and gone since he has been heard from. Yet he is still actively engaged in practice, and those who know him well stoutly affirm that his views to-day are exactly the views he held twenty-five years ago."

Come, "you miserable" and "we'll forgive you—but don't do it again." "All ye who enter here leave Homœopathy behind."

CHANGING VIEWS OF MODERN MEDICINE.—Dr. E. C. Hebbard,

of Boston, Mass., contributed a rather suggestive paper to the *New York Medical Times*, January. While acknowledging the importance of the work done by the bacteriologists he warns his readers "not to lose sight of the science of therapeutics." He further says:

"It is generally conceded that the powers of a specific antitoxin, while destroying the effects of original toxin, often results in much harm by its deleterious effects on the nerve centers. It is also a question if antiseptic application may not be the agency of carrying other dangerous agencies into the tissues—agencies that are incompatible to the body requirement.

"While the body possesses, in a marked degree, the power to sustain the attack of injurious substances, its integrity is often overcome and most unscientific results obtain."

Good homœopaths will be rather pleased at this acknowledgment that the antitoxins may be dangerous, for they have suspected it for some time. Here also is another hint: "Late investigators are beginning to question the germ theory as the cause of disease." It looks as though Hahnemann's views advanced in the *Chronic Diseases* may yet come to the fore.

A complete system of therapeutics is suggested "restoring chemical equilibrium." This looks like an approach to Schuessler's biochemistry. Let the good work go on! it is headed in the right direction now.

SKILLFUL ADVERTISING.—Germany is no longer in it in the "ethical advertising" of "ethical" proprietary drugs. Whenever you see the alkaloidal ad. you can feel certain that the files of that journal will contain a few scientific papers in which very casually will occur something like "The best form in which this invaluable drug can be prescribed is"—see alkaloidal ad. Some grim homœopaths point to the fact that their "indications" are "lifted" from Homœopathy. Then Homœopathy is patted on the head, told it was very well in its day, but not "scientific." We wonder why these "scientific" ones have not put forth "alkaloid" "Lachesiod;" the indications are open to all and there are many who would eagerly bite. There's millions in it!

GREAT LEARNING.—The learning, the medical science, furnished to doctors free and without the asking is at once profound and

stunning. Here is one gentleman, or company of them, who informs the medical world that the katabolism of the protoplasm exceeds the anabolism, and, therefore, all needed to knock out the lowering katabolism is to take —— so and so, at so much per bottle. The advice is free and the remedy is cheap. Don't bother reading books; read the free "literature," prescribe the dope recommended, and take no care, leaving that to the philanthropic dope makers. It is docterin' made easy.

THE MODERN FRANKENSTEIN CREATION.—Scientific physicians have dwelt so much on "germs" as the one and only cause of disease that finally the public, like a huge and blind land slip, has slipped en masse to their way of teaching, and the result is that the scientific ones are being crowded into an unpleasant corner.

"Germs are the cause of disease; kill the germs and quarantine the sick and there will be no more disease," in a broad way is the teaching of the scientific ones when they condescendingly or didactly give the public a glimpse of what is doing in the esoteric realms of their scientific domain.

And in that domain it is all germs, nothing but germs, and they have sung this song for so long that the public has become hypnotized and are now demanding results, and thereby crowding the high priests of "scientific medicine" into an uncomfortable corner. For instance, here is a very sane daily journal of Philadelphia indignantly demanding that the board of health stop the epidemic of grippe now (January 1st) raging in Philadelphia, and from reports, all over the United States. "The disease," argues this confiding editor in effect, "we know is caused by a bacillus (*b. Pfeffer*), and the board of health is neglecting its duty when it does not head off this bacillus. Every person affected with this disease is a centre of infection and should be quarantined and isolated and thus stop the spread of the disease. If the board has not the necessary authority, give it to them, and stop this epidemic." Such is the tenor of the editorial.

It would be nuts and balm to the board to have this added power to wield and money to spend, but back of this must loom the after effects. No one knows better than these men that even with all the money in the U. S. Treasury and a standing army of quarantine guards they could no more stay a grippe epidemic than they could sweep back a storm tide with old woman's brooms.

But they have taught the public to believe in germs, and the reaction is now beginning, or, rather, the public demands something more than talk.

The other day (true) a physician sent a hurry call for certain medicine. "Can't give it out fast enough to the grippe cases. I've got it myself."

Instead of being a centre of healing he was a centre of infection, according to the prevailing idea.

Let the newspaper wise men turn their guns on the weather bureau and demand better weather, for germs or no germs, so long as the air resembles that of a damp cellar we will have grippe, pneumonia, and the like.

Let the germ-faddist stand on two legs. "Germs are the cause of disease" they teach. But they teach nothing about the equally important fact that without "the soil" the germs are harmless. If one is in condition to contract a certain disease he will probably do so, if not he can snap his fingers at the *b. Pfeffer* and the rest of his tribe.

The secret is to have a sound mind in a sound body, and not get unduly excited.

HAS IT?—In one of his philosophical editorials (December *Clinique*) Dr. H. V. Halbert writes, under the heading, "Looking Backwards," in part, as follows:

"In this day of advanced medicine the question has arisen whether the homœopathic profession has not accomplished its work. Well, we believe it has, but that is no argument for stopping it. Without doubt the idea of 'similia' is better understood and more practically applied than ever before; it has made its impression upon the general school of medicine, and the uncalled for ridicule, which was once our lot, has given way to a more just appreciation."

Now there be those who hold that so far from Homœopathy being better understood to-day a knowledge of what it is is less understood than ever, and that there is an ample field even in the homœopathic ranks for yeomen effort in the missionary line. There be those who hold even this. When a layman raises Cain over the fact that his homœopathic physician had put him up against 70 dollars worth of drug store prescriptions in two weeks in a case of typhoid, it looks as though Homœopathy had

either greatly advanced or in some way greatly changed. There are also those who hold that the mission of Homœopathy will be fulfilled when all men are homœopaths and disease has ceased to trouble.

MULLEIN OIL IN DEAFNESS.—Dr. V. G. Vance, Tafel, Ind., writing to *Ellinwood's Therapeutist*, December, has this to say of Mullein oil:

“Personally, I have had some expeirience in the use of mullein oil. In a number of cases of simple deafness, which I thought were dependent upon slowly increasing catarrhal conditions of the ear, I have used this remedy in three minim doses, dropped directly into the ear three or four times each day.

“While its influence has not always been marked, and often not entirely satisfactory, there are a number of cases in which marked benefit has been derived from this use of the remedy. I am especially favorable to its use in conjunction with other indicated measures.

“It has been of direct service in a number of cases of simple earache in children. One drop, dropped directly into the ear, will often give immediate and satisfactory relief.”

Dr. Vance also says “it is not an oil. It is more the juice of the plant.” This is an error. *Mullein oil* is a dark, aromatic liquid sun distilled from the bloom of the mullein plant. It is to the mullein what the attar of roses is to the rose.

CURRENT ITEMS.

Dr. James W. Ward, the famous surgeon of San Francisco, Calif., has removed his offices to The Marsden, 1380 Suter St., cor. of Franklin.

The next regular meeting (annual) of the Minnesota State Homœopathic Institute will be held at Minneapolis, May 19, 20 and 21. This is ample notice and every doctor should set his house in order and attend. Dr. A. E. Comstock is president and H. O. Skinner secretary, both of St. Paul.

Dr. Guy E. Manning has been appointed to the seven year term on the San Francisco Board of Health.

PERSONAL.

"I'm afraid of premature burial." No danger of your being buried too soon," replied Binks.

Men who can stop a furious bayonet charge cannot stop the baby from crying.

"Does Mr. Brown keep many chickens, Rastus?" "Yes, sah, as many as he kin."

When will the "regular" brother learn that the assertion that Homœopathy is "dying" has become funny.

It is more dangerous to head the procession than to plod unnoticed in the rear.

The doctor saved the fellow's life. Afterward: "Doc, isn't your bill rather steep?" "It is," replied the doctor, "far more than the services were worth." Fellow looked thoughtful as he paid.

Dr. E. L. Fish says that cider is an excellent drink for typhoid cases.

"He that knows, and knows that he knows is wise." We all know that we know, hence are wise.

Oh, well, 1908 is already an almost twice told tale. Time is purely mechanical anyhow; suppose there were no clocks!

What is in a name? Much when on a check.

No, Mary, food for thought is not manufactured at Battle Creek, Mich.

A medical editor tells us how to cure the financial condition.

Dr. Nash's *Regional Leaders* is being translated into Spanish.

Certain cheerful—ones try to make us believe that skim-milk is better than cream.

A wife talking too much is a cause for divorce in China. Now let the wan-eyed funny man do his duty.

Pity is a poor relation to love.

A "complication of diseases" is the twin of "heart failure."

Wonder if love would laugh at a modern time-lock?

When a man tells you that truth is stranger than fiction, he is not necessarily personal.

Dr. Doty tells us that money does not carry germs. Good! Now you can take it without fear.

Bulwer used to insist that disbelief-skepticism were evidences of a small mind.

"The law is an ass," said Dogberry. "The law is the perfection of human reason," say the lawyers. Can both be right?

Said Jeremy Bentham, "Lawyers are the only persons in whom ignorance of the law is not punished."

Wonder if the gentleman who got up ethylglycolicacid cester couldn't have hit upon a more technical term?

They say that deep breathing will cure broken hearts and liver complaints.

"Skin diseases are but danger signals," say the advanced medics who have got nearer Hahnemann's *Chronic Diseases*.

Take plenty of olive oil and thus soothe the mental and physical asperities of life.

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ONE SIDED.

Dr. Charles E. Page is a doctor in Boston town well-known to those who read many and varied medical journals. He is a man who knows what he wants to say, knows how to say it, and is not in the least afraid to say it. Much of what he says or writes is good, very good, but some of it is—well, one sided. His last paper appears in *The New York Medical Times*, the best of its class, though, also, one sided sometimes. Dr. Page's last paper is headed "Strychnine; Just a Thought: 'Heart Disease.'" Here is the gist of it:

"This Christmas morning opens up very sadly for the Ball family and near relatives at Hopedale. The morning papers give us a lot of figures anent the prevalence of 'heart disease,' and an editorial on this subject gives some good advice as to the influence of overtaxing the physical powers in the struggle for success in business, and of bad and over-eating; and there is an item of news from Hopedale telling of the fatal poisoning of two-year-old Catherine Ball by *Strychnine* pills prescribed by the family doctor for her mother who is said to have heart disease. Her small daughter was killed by a 'medicine,' every little dose of which was a positive injury to the mother, bringing her a little nearer to her death from 'heart disease,' or, perhaps, some other disease resulting from the outrage inflicted upon the great central organ, the heart. Such accidents as this which caused the little girl's death are of quite frequent occurrence. One of these not long ago caused the death of two young children, while the in-

valid mother looked on, sitting helpless in her chair while her dear babes ate from her box of *Strychnine* pills. Imagine the horror of it!"

"When that good time comes which Sir Frederick Treves, King Edward's physician, has recently predicted must some day come, when 'the people will leave off the extraordinary habit of taking medicine when they are sick'—it has already arrived for some millions of well-informed human beings, thanks to the teachings of hygienic physicians, health magazines, such as 'Physical Culture,' 'Health Culture,' etc., etc., and, to be sure, to the 'Mother Eddy' jolliers—the doctor who should prescribe *Strychnine*, *Digitalis*, or other poisonous drugs, would be prosecuted for mal-practice, and, in case of a fatality, for manslaughter."

Further along he takes up the case of the late King Oscar, of Sweden, and the only surprise expressed is that the King withstood the "heroic" treatment of his doctors as long as he did. The treatment was the cause of his death.

There is a great deal of truth in all this that Dr. Page says, but it is one sided, for not only are the extreme druggers condemned by him, but the drugs as well. Physical culture and health culture are excellent things; Mrs. Eddy has made many "cures" by taking the patient away from heavy drugging; hygiene, sanitation and the removal of the cause of illness are things against which no one can say a word of disparagement, but after all is said and done all these excellent measures are absolutely helpless when confronted by disease.

A case is presented where the patient exhibits undoubted evidences of illness. His life, habits, dwelling, surroundings are corrected and, behold, the man (or patient) recovers health. But suppose another patient presents himself who has had all the advantages of proper living, and all implied, yet is ill, what then? What can the new method men do for him? Nothing. It is here that the one-sidedness of the new men, if the term be allowable, is revealed, and it is here that Homœopathy and Homœopathy only is of avail.

Take the case related by Teste (we believe it was Teste) of the man who was apparently hopelessly ill. He had gone through drugging, hydro-therapy, change of climate, every thing, but to no avail. As Dr. Page would do to-day, Teste sought for the

origin of the illness, others had sought for it, perhaps found it, but did not recognize it as the cause of the disease, nor could they have benefited the case, even if they had recognized the cause, could not because of their one-sidedness.

The man said that some years before, in winter, he had traveled for 700 miles in a sleigh and had been exposed during that time to dry, bitter cold winds; from that dated his illness. Clear as sunlight to the man who knows Homœopathy, dark as Erebus to all others! A few doses of homœopathic *Aconite* restored the man to health. And so it is—only Homœopathy can overcome *real* disease and God knows there is enough of it in the world.

Every school of medicine will be one sided and not scientific until it learns when and how to use drugs—learns Homœopathy.

NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, KANSAS CITY.

The president and first vice-president of the Institute visited Oklahoma City early in January and reluctantly decided against that city as the next meeting place of the Institute. They found the hotel accommodation entirely inadequate, bath rooms are scarce in both hotels and the "White Temple" entirely unavailable as a place to hold sessions. Also the hotels practically refused reduced rates and could promise to take care of but few of the Institute members, and these would be compelled to "double-up," two in a room. For these reasons the Committee decided on Kansas City, Mo., as the next place of meeting. Concerning this city the Committee reports:

"It were perhaps a work of supererogation to speak of the beauties and attractions of this wonderful city. Commercially, physically, æsthetically, it is second to none in the United States. The combined population of Kansas City, Missouri, and Kansas City, Kansas, separated simply by an imaginary line, is nearly four hundred thousand. The municipalities form one great, restless, aggressive, progressive, beautiful city. High bluffs, deep gorges, attractive ravines, multitudes of rivulets, great rivers, high land and bottoms—all give themselves to natural pictur-

esqueness and artistic possibility. Millions upon millions have been spent in developing one of the finest park and boulevard systems in the world. This is, without doubt, one of the show cities of America. The transcontinental tourist who has simply passed through Kansas City, and almost every American railway system touches it, knows nothing of the multitudinous attractions of this place. The railways are in the valley out of sight; and the city, on the hilltops. One must take the incline and view it from a high place to know that at his feet lies the pride of the West, beautiful Kansas City. Here are vast hotels, gorgeous theatres, great churches, palatial homes, wide gardens, inviting shade, and cool retreats. The hundred members of the local profession and the nearly two thousand of the States of Kansas and Missouri will give us hearty welcome."

"The trip to Kansas City is easily and quickly made. It is a night's journey, twelve hours from Chicago: six hours from St. Louis; over night from Denver; and can be reached from New York City with but one night on the sleeper."

The main thing is the meeting itself. The meeting at Kansas City ought to be a rousing one.

MORPHINUM SULPHURICUM.

By John Hutchinson, M. D., New York City.

A Proving of the 30th Centesimal Potency.

This proving, made for the Bayard Club, of New York City, illustrates some results that may be secured by *remedy* proving, as distinct from drug proving. The two experiments are not identical; they differ under the same technique in both range and quality of accomplishment.

It has been found possible to avoid much of the gross disturbance caused by massive or crude drug-dosage. That method yields inadequate returns in definite and available symptoms. On the other hand, an employment of the potentized or dynamized—the potentiated—medicinal substance is sure to reward the competent observer with a finer grade of characteristic disturbances

of the organism; that is, symptoms of graphic nature, at once establishing their utility as leaders in prescribing.

Twelve persons were selected for this proving, as follows:

No. 1. Boy of 16 years, unemployed.

No. 2 Young man, 18, accountant.

No. 3. Single man, 23, physician.

No. 4. Single man, 24, fireman.

No. 5. Single man, 25, business, mostly indoors.

No. 6. Single man, 28, commercial traveler.

No. 7. Married woman, 38, housekeeping, has had one child (living).

No. 8. Married man, 48, writer.

No. 9. Single woman, 49, no employment.

No. 10. Single woman, 50, teacher.

No. 11. Married man, 52, business, mostly out of doors.

No. 12. Married man, 76, author, and literary worker.

The first six provers (Nos. 1-6) were examples of average physical sturdiness. Three of them were fairly athletic. All the twelve provers were attending to their usual duties in life, with which, barring one exception, the work of this proving interfered in some measure. This exception was Prover No. 9, the single woman, age 49, having no employment. Her health was greatly benefited by the proving, and some time later, it being thought best to repeat the remedy for a renewal of the improvement, one dose of a higher potency was given with immediate and lasting advantage.

Prover No. 11, married man, 52, whose business kept him in the open air, was distinctly benefited by the proving, as shown by marked and sustained increase of general vigor.

No. 4, single man, 24, in the fire department, complained of nothing while under the remedy. He had a few unimpressive objective symptoms, however, such as sallow face, disinterested manner, and irresponsive mental attitude. These being somewhat characteristic of the man (except the sallow skin) little weight was accorded them.

With these three exceptions (Nos. 9, 11, and 4) certain pronounced disorders appeared in all the provers. That is, out of the group of twelve, nine provers developed symptoms in common. The most obvious condition was a sore throat, a dry, burn-

ing pharyngitis, in some a marked laryngitis as well, with unnatural and husky voice. This condition can best be described as one calling for *Belladonna*. Two provers were so ill as to demand *Belladonna*, which they received with consequent relief. These were provers who had taken *Morphine* 30.. a tablet every two hours for two days. The other provers received the remedy once in six hours.

Capsicum and *Æsculus* were remedies also thought of in the circumstances, but they were not prescribed. The *Belladonna* was dominant in its indications, in those provers whose distress demanded relief.

It may be stated here in passing that all these provers were ultimately improved in health by their experience with this remedy, a fact that brings to mind the teaching of Hahnemann himself; that the proving of remedies is a healthful experience. It is a pity that, as a school, we do not see it in that light, or, at least, that we do not, as individual physicians, oftener demonstrate it.

Though this proving brought out some valuable and practical characteristics of the remedy, *Morphine* in potency, it did not exhibit a prover so peculiarly susceptible to the medicine as to express in his symptomatology remarkable, striking, and unique effects. The desideratum in a series of provers is that one (if not more) shall be found who is so delicately sensitive to the particular substance under investigation, that his organism shall express the finest lines and shades of intolerance in his subjective symptoms. Just as we get the best proving, say, of *Pulsatilla*, from the person most susceptible to that given remedy, so it is ever with all remedies. We neither look nor hope for pathological changes in tissue. Our best expectations are for an expression of revolt of the organism against the introduction of the morbid agent. Only then are we given data on which to base safe therapeutic conclusions and technique.

In this series of twelve provings, that intolerance which yields the highest grade of symptomatology was not reached. What was determined belongs in a field somewhat beyond the syndrome of the "*Morphine* fiend," so-called, with which we are more or less familiar. His sallow cachexa, glassy eyes, egoism, and mendacity, are all too general and common. They do not help

us in any large area to prescribe for the individual patient: though, *undoubtedly*, this very class of cases could be reclaimed by the same drug, if administered in suitable potency.

In this series, however, was demonstrated: Dejected mental state. Anxiety. Apprehension of incurability. Intellection increased. Self-pity. Egoism. Mind occupied with physical condition. Nerves at high tension; on edge. Hyperæsthesia of all senses. Exquisite general irritability. Face red; throbs (sallow next day). Yellow countenance, cachectic. Unnatural expression of eyes, glittering, glassy, staring. Pupils contracted (with sore throat). Dilated (with sore throat). Loss of taste. Sneezing. Takes cold, though well clad. Throat dry and burning, with fever. Congested. Bright in color. Angina. Pharyngitis. Laryngitis. Swallowing painful. Better hot drinks. Worse solid food. Hoarseness.

Probably in this series the most to be learned is from Prover No. 9, who was benefited, as stated, by the proving experience. For many years her health had been impaired, and she had received much medical treatment. Her conditions were characterized by general hyperæsthesia, and this state was instantly affected for the better. She had taken anodynes and soporifics for many years. Undoubtedly, her system demanded for its return to health, *Morphine* in potency.

78 East 55th Street.

“A LONG FELT WANT.”

By T. L. Bradford, M. D.

Since Dr. Hill published his little book, as a guide to the family and the busy doctor in the practice of Homœopathy, there have been issued many books, family guides, pocket doctor-books, ready references for the physician, monographs upon disease, and all have been more or less useful. The latest little volume to appeal to the man who wants his knowledge condensed is the second edition of “The Elements of Homœopathy.” Its authors, Dr. F. A. Boericke and E. P. Anshutz, have sought not vainly to include in this handsome pocket volume of 218 12mo. pages the

facts necessary to the family prescriber, to the hurried doctor, and to the doctor who wants to know more about the Homœopathy he has so often ridiculed. It seems to be well adapted to the wants of each of these persons. And to compile a book that shall meet such widely diverse demands is by no means an easy matter.

The publishers say in, perhaps, the shortest preface ever written, "This little book, judging the way the first edition sold, seems to have filled 'a long felt want.' There have been some additions made to the new edition and the headings under Therapeutics and Materia Medica have been put in black letter type."

Like all Gaul, it is divided into three parts, although the contents page mentions but Part I and Part II. In Part I, under generalities, we find the name Samuel Hahnemann, followed by a short sketch of the life of that thinker. Next, the origin of Homœopathy, with a lucid analysis of its law. Then a quiet "dig:" at enterprising people who are always demanding "the latest," suggesting that the homœopathic medicine of to-day is just the homœopathic medicine of Hahnemann's time, that the medicines of Homœopathy being founded upon a law have the same effects upon disease as they did one hundred years ago; PROVIDED, That they are prescribed according to that LAW.

A lucid explanation of dosage and potency, a description of Hahnemann's "Chronic Diseases" and their theory, some remarks upon symptomatology and its value, a list with a short description of the books of our school, especially adapted for the beginner, and for quick reference.

Several pages are devoted to the manner of action of homœopathic medicines, and the method of preparation of tinctures, dilutions, attenuations, triturations, and the vehicles used in their dispensing, with some remarks as to how the medicines act.

Part II. is devoted to therapeutics. The names of the principal diseases are given alphabetically, and, praise be, in *black type* that quickly catches the eye. After the name the more common symptoms with the remedies oftenest required. Thus under dyspepsia: "Flatulent, acid, heartburn, loose bowels, *Carbo veg.*

"From indigestible food, tongue brown at the back, cramping or spasmodic pain, flatulence, vomiting, constipation, *Nux vom.*

"Feeling of a stone in the stomach, *Bryonia.*

“Feeling as if the stomach were loaded with undigested, hard-boiled eggs, *Abies nigra*.

“In whiskey drinkers, *Nux vom.*, or *Capsicum*.

“In beer drinkers, *Kali bichromicum*.

“From starchy food, *Natrum mur.*

“From eating rich or fat food, heartburn, *Pulsatilla*.

“Hungry, but a few mouthfuls satiate, fulness, gas, *Lycopodium*.

“Immediate relief from eating though pain comes on some time after, *Anacardium*.”

This is a fair example of the carefulness with which the therapeutic section has been prepared. The list of diseases is quite complete, from abscess to yellow fever, and these therapeutic hints are largely made up of keynotes or characteristics of the various remedies. This covers eighty-seven pages of this useful little book.

Part III. is devoted to *Materia Medica*. The botanical name of the remedy is given, followed by the common name and the portion used in medicine. In the symptoms following, seldom has there been a more explicit presentation of the peculiar symptoms defining the genius of the remedy.

There is no elaborate verbiage of symptoms, but such as are given tell us that story that we all need to know, the story how to fix upon the right remedy. Thus, under *Aconite*, “In all typical *Aconite* cases, mental distress, anxiety, restlessness and fear are prominent. Effects of fright. Exposure to dry cold, inflammation. Bad effects of sudden chill. Neuralgia and rheumatism, with numbness and tingling.” Now, is this not in few words a picture of capillary congestion? And from it can one not see the picture of the remedy one needs for useful prescribing?

We are reminded that *Æsculus* is for bleeding piles, when the rectum feels full of sticks; *Agaricus* for twitching, for chorea, and for chilblains; *Agnus* for sexual atony; *Ailanthus* for that terrible malignancy of scarlet fever; *Aloes* for venous congestion; *Anacardium* for the mental state that lies between mania and sanity; *Ant. tart.* for the rattling cough and the tendency to respiratory paralysis so often met with in the young and the very old; *Apis*, the puffy swelling of dropsy; *Baryta* for the

prematurely aged and the dwarfed; *Belladonna* for the violence of apoplexy; *Calcarea carb.* for the lack of bone formation; *Camphor*, with its choleraic collapse; *Cantharis* and its cystic picture; the peevishness of *Chamomilla*; the constriction of the bodily orifices found under *Collinsonia*; the ascending paralysis of *Conium*; the bone pains of *Eupatorium*; the watery charms of *Euphrasia*, the lassitude of *Gelsemium*; the lacerations of *Hypericum*; the sighs of *Ignatia*; the eczemas of *Petroleum*; the cough of *Sticta*; the delirium of *Stramonium*; the dinginess of *Sulphur*. All the characteristics, the pictures of the remedies are presented in few words, but so plainly that even the novice can prescribe from them.

This useful book has also an index combining the remedies and the diseases. The book is of the size easily to be carried in the pocket, and we predict that it will be of great value to many a busy and conscientious doctor. In it we find combined the best points in many of the previous handbooks and presented in a plain and easily understood manner.

GOING TO THE ORIGINAL.—CACTUS GRANDIFLORUS.

Men to-day, save the favored few, who own the right kind of libraries, or have access to large and properly equipped libraries, must take their knowledge of many things at second hand, yet, when they go to the original, the subject takes on new phases and light. What gave rise to this statement is a little pamphlet, the translation of Dr. Rocco Rubini's pathogenesis of *Cactus grandiflorus*, of which he was the prover, by Dr. A. Lippe, and printed by J. B. Rodgers in 1865. It is a rare pamphlet and should any reader run across a copy, our advice is to hold on to it.

We can only give a point or two here concerning it. The translator complains that the translation by Dr. Dudgeon, in 1864, and the German translation, by Dr. Meyer, from Dr. Dudgeon's rendering, are inaccurate in some respects, as "it appears that liberties have been taken by the translator, which are

not admissible." It is not our purpose to go into the matter here, as it seems to be really non-essential, being errors of omission chiefly, it seems, for Dr. Lippe says: "The notes left out stamp Dr. Rubini to be a true Hahnemannian; by omitting them he may be claimed by the 'other side.' Symptom 154 seems to be the chief error of commission; in the original, as translated by Lippe, it reads:

"Urine more copious than usual (the first four days)."

This is translated by Dudgeon as "Less."

Turning to more interesting matter we read in Rubini's preface, the following statement:

"My wife and I, on perceiving how powerfully it acted on the heart and circulating system, causing the shedding of tears and feeling of terror, had not the courage to go further in experiments which might endanger our lives," and he expresses the hope that others with more fortitude may continue the proving. The symptoms that caused this pain are thus rendered:

Symptom 67. VERY ACUTE PAIN, AND SUCH PAINFUL STITCHES IN THE HEART, AS TO CAUSE HIM TO WEEP AND TO CRY OUT LOUDLY, WITH OBSTRUCTION OF THE PERSPIRATION (the first eight days).

Symptom 74 reads:

"PERIODICAL ATTACKS OF SUFFOCATION, WITH FAINTING, COLD PERSPIRATION ON THE FACE, WITH LOSS OF PULSE (the first eight days)."

Symptom 64, the famous one known to all, reads:

"SENSATION OF CONSTRICTION IN THE HEART, as if an iron hand prevented its normal movement (the first ten days)."

All of our materia medica men, including T. F. Allen and J. H. Clarke, render this "iron band," probably following Dudgeon. There is, of course, no practical difference, but if Lippe is right in his translation, all the rest of them are wrong. There is the possibility that Lippe may have translated the word, or his compositor have set it "hand" instead of "band."

Some symptoms read as though they were clinical:

90. "MANY PLEURISIES, which are all cured in from two to four days."

91. "Hepaticization of the lungs, which is resolved in a few days."

92. "VERY SEVERE PERIPNEUMONIA," cured in four days.

94. "VIOLENT PNEUMORRHAGIA, WHICH IS CHECKED IN A FEW HOURS, AND CEASES ENTIRELY."

As to dosage, Rubini writes: "It acts with much efficacy in the dose θ , that is to say, the mother tincture; it acts equally well in the 6th, 30th and 100th dilution (dynamization)."

Here is another bit from the preface to the remedy, though why the part in italics should be put in quotation marks is not apparent: "The characteristics of this Cactus consists in the development of its action '*specifically on the heart and its blood-vessels, dissipating their congestions and suppressing their irritations,*' without weakening the nervous system, like *Aconite*. Hence it is preferable to the latter in all cases of inflammation, particularly in cases of lymphatic and nervous temperaments." Elsewhere we read, under Clinical Observations: "It is a SPECIFIC REMEDY FOR DISEASES OF THE HEART, upon which it acts promptly." Here also the dose question again appears and Rubini states, "In the above organic diseases, *i. e.*, heart diseases, "the dose is from one to ten drops of mother tincture mixed in water." Further on: "In nervous diseases of the heart the globules of the 6th, 30th and 100th dilutions give immediate relief."

APIS FOR "SPONTANEOUS LIMPING."

Wolf, in his monograph on *Apis mellifica* (Berlin, 1857. Radde, Philadelphia, 1858) writes: "Spontaneous limping is another affection which we cure with *Apis*. This disease which causes so much distress in life, is, likewise, in its essential nature, an outburst of psora, as regards its local character and its effects upon the constitution of the patient: it seems to be characterized by the same inflammatory and suppurative process as whitlow, and be endowed with a similar tendency to organic destruction." "Who has not seen coxarthrocace develop itself during the course of a severe cerebral disease, scarlatina or typhus, where the patient, on suddenly awakening to consciousness from a state of stupor, is made sensitive of the presence of this insidious disease, perhaps, already fully developed? Since

I have used *Apis*, I have never had to deplore such saddening results."

"According to my observation, we may regard *Apis* as a specific remedy for spontaneous limping; every new trial confirms me in this statement."

Wolf was led to this use of *Apis* by "American Provings, symptom 917, 'Painful soreness in the left hip-joint, immediately after taking a dose of *Apis* 2, afterwards debility, unsteadiness, trembling in this joint.'" This "is the only symptom that seems to indicate the curative power of *Apis* in this distressing malady."

When the psoric taint is fully developed *Apis* gives place to *Kali carb.*, and later, perhaps, to *Silicea*.

"TOXINS."

A regular editor (*Medical Council*) seems to be a little tangled up in comparing such remedies, used by the homœopaths, as *Bacillinum*, *McDorrhinum*, *Psorinum* and the rest of them, and those which to-day, in a very crude form, bear the sanction of that chameleon known as scientific medicine. He confesses to have been made just a little dizzy in reading one of Dr. J. C. Burnett's books in which such remedies are prescribed, "yet here we are working medical editors overtime in an effort to make an old theory appear new," *i. e.*, working the bacterial vaccines, the "opsonic" what-you-may-call-'ems, etc.—serums, like lymphs, seeming to be back numbers now. But the point of the matter is his assertion concerning the homœopathic nosodes, namely, "All these were so prepared as to kill the bacteria, but preserve the toxins." Ay, there's the rub that makes a joy of bacterial science and a fearsome mystery. Time was when it was the micro-organism, the bacillus, or, in the language of the unregenerate, "the bug," that did the mischief. Now, it is not that many named bug that is at fault, but his toxin, and what a toxin is no one seems to quite know, and all have but a very hazy idea concerning it. Whether the homœopaths, in the preparation of their nosodes, "kill the bacilli and preserve the toxins" or not, is a very puzzling question.

They take from a given and typical case of tuberculosis, diphtheria, or any other disease, the bacilli, or what is coughed up from the lungs of a consumptive or swabbed from the throat of a diphtheritic case, and triturate it with sugar of milk for many hours; this trituration, 1 to 10, is again triturated in the same proportion with fresh sugar of milk, making the 2x, and so on up to the 6x. The 6x trituration is then thoroughly dissolved and run up with alcohol to the 30th, 100th, or to any other centesimal potency desired. Whether in the, say, 30th potency, there is any toxin left, is a question, but there is a most powerful something there. What is it? Hahnemann, for want of a better name, called it the "spirit-like" power, and the scientific ones of his day laughed at him as they do to-day. Perhaps they mistake scepticism for scientific acumen. Be it either way, the curative power is there and it is not toxins, though it may be developed from them as light is from radium.

OBJECTIVE SYMPTOMS.

By Dr. Oemisch.

To the newcomer in Homœopathy our collection of disease pictures presents the greatest difficulties. He has heard from the mouths of his celebrated university clinicians, that the only important symptoms of disease are those from among which the particular sickness, the diagnosis, can be objectively established. All else is non-essential and without meaning, especially does one not dare to guide himself by subjective statements. The diagnosis establishes the point of view; in the vast majority of instances it indicates the therapy. Now comes Homœopathy teaching that we can in no wise be satisfied therewith and that the subjective symptoms of the sick are of the very greatest importance in the choice of the remedy, and that when we have made a diagnosis, our real difficulties have only begun, *i. e.*, the choosing of the remedy.

Here the young proselyte at once raises the objection that we thus depend upon a most unsafe and doubtful requirement, for we make ourselves dependent upon the subjective statements of

the patient who frequently himself does not know the nature of his sensations, and who wittingly or unwittingly opens the door to self deception. Building upon such an uncertain ground must lead to mistakes of the gravest consequence and how is it with the children, the unconscious or deaf and dumb where all subjective complaints fail? To the first named, this objection is on superficial examination, indeed, troublesome, and evidently legitimate. After I had been a homœopath some years I met a student friend, then a private docent on surgery. Naturally, the conversation turned upon Homœopathy; he related that he had once looked into a homœopathic practice and found many curious subjective symptoms therein, some of which he mentioned. I still hear his laughter—and since that time concluded that he was done with this “science.” I don’t remember my answer, evidently I did not remain owing one, for I was already an enthusiastic adherent of Homœopathy. The conversation on the street was short and had no sequences. I remember how bitter I had found these weak sides of our method and how gladly I would have given the so-called rubbish of one subjective symptom provings for some objective ones. Later I obtained a true insight into the necessity for these subjective pictures of provings, but on the other hand, I made it my duty to zealously sieze every open symptom that I could perceive upon the sick. Thus, from the urgings of bitter necessity I slowly learned to recognize objective symptoms in their own drug settings. Unfortunately, our text books not infrequently fail us more or less in this respect; the compilers themselves do not seem to have known them accurately. Their grains of wheat mostly lie quite hidden in a mass of chaff where they are difficult or impossible to find. The practical text book of materia medica is yet to be written.

There is a book, truly, that may help and always give certain advice, von Bœnninghausén’s Repertory. This pocket-book became my teacher. In this experiment it also stood the test. He who does not wish to continually get into perplexities in practice must refer to it again and again. Confessedly, its use must be learned, for constant exercise makes the master.

Take the case of a child with pneumonia; what shall we do in this instance? Subjective manifestations are certainly not overplentiful. Shall we merely say that it is shown, statistically or

by experience, that of all remedies *Phosphorus* has been the most helpful in the lung inflammations of children, hence we will give it? He who speaks thus, handles the disease from an allopathic standpoint, with homœopathic remedies. No! We must ask ourselves much more; that for which our remedy stands, is the sum of its proved symptoms, as related to the conditions of the present sickness. To find out this is most difficult, if we also observe the objective symptoms of our sick.

Within the meaning of "objective symptoms" are not only the so-called pathognomonic symptoms which may be called objective symptoms of the first class, but we may also extend their scope much further. Every illness which we or the laity may observe with our five, sound senses conclusively depicts an objective symptom. Among these are found exactly those which are of decisive import in the choice of the remedy.

It is not my intention to define these symptoms more closely; their number is far too great for that and I also question whether anyone can give a comprehensive summary of them. I will, therefore, only select some of the most important ones.

Referring to the above-mentioned case of pneumonia of childhood, let us predicate a condensation of the lower lobe, fever 102.2 to 104, pulse quick but strong, breathing quickened, cough and expectoration absent; as I have too often witnessed, in opposition to our text books. The patient complains only of heat and shortness of breath. We next observe the *posture of the patient*. He lies on his back; is that strange? He must lie in some position, I hear some one say. Very well! but why does he not lie on his side? His relatives even state that before his sickness he always desired to sleep on his right side. I say, desired to sleep, for in sleep most persons assume the position in which they are best able to go to sleep and sleep. (Naturally, there are patients, who, like well people, can sleep in any position.) Therefore, lying upon the back must be a necessity for our patient; furthermore, he asked for another pillow and was more comfortable when lying with the head high; another objective symptom. Again, he put his arms out upon the cover, as often as his parents tried to cover them up, in the mistaken belief that he might take cold. Even during sleep he stuck them out. That makes three objective symptoms that distinctly point to a

definite remedy which we will readily find with our Bœnninghausen. Aggravation from lying on the side and from warm wrapping, as well as amelioration when lying with the head high, are three symptoms which find no place in the imagination of the patient and objectively individualize our case of pneumonia. Experience teaches that the remedy chosen, by reflecting over the case, cures the attack.

Objective manifestations, of the greatest importance in practice, appear in subacute and chronic, as well as acute sickness. It is in these particularly, that Homœopathy, when rightly handled, glories in her triumph. If we rightly observe and learn to use these symptoms we will enjoy the greatest satisfaction in treating chronic cases. Light and simplicity at once come into the chaos of the most inexplicable and unheard of complaints with the consequence that we can, without reserve, place our reliance on such symptoms because of the absolute impossibility of a false apprehension or subjective delusions.

Again, in most instances, the *position of the patient in bed* is of the utmost importance. Many remedies (and patients) have amelioration in the dorsal position. I may mention *Bry.*, *Calc. c.*, *Kali c.*, *Lyc.*, *Puls.*, *Rhus tox.*, often also *Phos.* and *Sul.*; while *Ars.*, *Caust.*, *Cham.*, *Coloc.*, *Cup.*, *Iod.*, *Nux v.*, *Sep.* and *Sil.*, also do not tolerate the dorsal decubitus well. This is truly a whole array of polychrests. Furthermore, there is a whole series of remedies unable to bear lying on the left side. Naturally, those which affect the heart stand at the head: *Aco.*, *Cact.*, *Colch.*, *Kalm.*, *Nat. c.*, *Nat. m.*, *Nat. s.*, *Phos.*, *Pul.*, *Sep.*, *Sil.* and *Sul.* in no wise exhaust the group whose consideration in the main is not restricted to heart remedies. *Am. m.*, *Mag. m.*, *Merc.*, *Nux v.*, and numerous others lie on the right side poorly. Whether the liver plays a role in this, as we might infer from the remedies named, remains undecided. Whether the patient can lie on the affected or painful side is often important. Naturally, we must consider that the pressure of the bodily weight on this side may become disagreeable, therefore, is avoided; the number of remedies belonging to this category is truly great, so that one is not inclined to count or make note of them. Just that much more important, however, are the remedies in which the patient lies on the painful side a number of polychrests: *Bry.*, *Calc. c.*,

Caut., *Cham.*, *Coloc.*, *Flu. ac.*, *Ign.*, *Puls.* and *Stann.*, while *Kali c.* and *Rhus tox.* have it, but not characteristically. Finally, sometimes the question, as to whether patients would rather lie with the head high, comes into question. According to my observations most patients with heart and respiratory troubles do not like the head low. It is, therefore, unquestionably evident that we will find a remedy among *Ant. t.*, *Ars.*, *Puls.* and *Spig.*, or, again, *Arg.*, *Chin.*, *Colch.*, *Hep.*, *Kali n.*, etc. (When they prefer the head low think of *Verat. vir.*) B.

The behavior of the patient toward the heat of the bed is highly important. Often enough we get nothing at all, or little of importance to the question as to whether heat or cold are more bearable. Truly, the question in this form often admits but poorly of an answer. Instead, every patient knows how to tell accurately whether he must cover himself to his throat or whether, on the contrary, some other part of the body must be uncovered. The restless sleeper will often unconsciously do the latter. The chilly person awakes because the uncovered part becomes cold and then covers himself again; the other will not be awakened thereby. For chilly persons, *Ars.*, *Aur.*, *Bell.*, *Bry.*, *Cocc.*, *Colch.*, *Con.*, *Dulc.*, *Hep.*, *Mer.*, *Nat. c.*, *Nat. m.*, *Nux m.*, *Nux v.*, *Psor.*, *Rhod.*, *Rhus t.*, *Samb.*, *Sep.*, *Sil.* are especially suitable; my numerous observations on the sick also add *Caut.* and *Kali c.* For the opposite condition, we have mainly: *Bor.*, *Calc. c.*, *Ferr.*, *Iod.*, *Kali iod.*, *Led.*, *Lyc.*, *Pul.*, *Sec. c.*, *Sul.* and *Verat. a.*

But few sick have a healthy, undisturbed sleep. Very many complain of nightly restlessness; they awake repeatedly and find no restful position and even toss about during sleep. Who would not here think of *Rhus tox.* immediately? But *Ars.*, *Calc. c.*, *Carb. v.*, *Cham.*, *Cimi.*, *Cup.*, *Hyos.*, *Ign.*, *Lach.*, *Merc.*, *Nux v.*, *Pul.*, *Sep.*, *Sil.*, *Staph.*, *Stram.*, *Sul.*, *Thuja.*, *Valer.*, *Zinc.*, etc., also belong here. Naturally, we must note the exact cause of the restlessness. He who can not go to sleep turns over and over, hence restlessness is the result. Mostly, however, it is the reverse, and the sufferer does not rest because of the pains (*i. e.*, *Rhus t.*) or the heat of the bed feels oppressive (*i. e.*, *Puls.*, *Sul.*) or because his sufferings become worse at night (*i. e.*, *Kali iod.*). Often an internal nervousness is the cause (*i. e.*, *Valer.*).

Another important symptom, usually taken objectively, is *the time when the symptoms appear*. Many sicknesses show themselves at very definite times. One has an early morning diarrhoea, another's head always aches toward noon, the third has a cough in the evening, and, finally, a fourth becomes asthmatic about midnight. This important subject was so thoroughly delineated by Sanitarist Dr. Ide, a year ago, that I need not pursue it further.

Whether *motion or rest* is more bearable to the patient is readily seen. Here we can draw from a large number of remedies. It is much the same with the influence of light and darkness, the various kinds of weather, atmospheric changes, etc. But here we enter the borderland lying between objective and subjective symptoms.

The *appearance of the expectoration* takes us into the midst of objective symptoms again. It is often very characteristic and plainly points to definite remedies. Who does not recognize the yellow, stringy mucus which almost invariably demands *Kali bi.*? We note the color of the expectoration (mixed with a little blood), the quantity, its solubility, odor or consistency. Of similar portent is the nature of the blood during *menstruation, menorrhagia or abortion*. Here the acute observer notes many differences; the blood is bright red, dark, fluid, lumpy, odorous or acrid. The leucorrhœa has just as many peculiarities.

It is often very necessary or useful to get an accurate description of the *stool*. Many remedies have quite characteristic motions. In diarrhoea we are, indeed, almost completely guided by objective symptoms as. *i. e.*, in little children. Who will say that these patients are, for this reason, more difficult to handle and cure?

The *urine* also depicts a lot of variations from the natural, which often influence the choice of the remedy.

I will skim over *the skin diseases*. Even if we can see in them the most of all symptoms, it is no secret that the forms of eruption, for instance, unfortunately, do not point conclusively to the remedy. However, some definite forms stand in close relationship to certain remedies. The seat of the eruption often characterizes particular drugs, *i. e.*, the edges of the hair, bends of joints, about the scrotum, etc. In moist forms, the nature of

the secretion as well as the odor is often noteworthy. Further, local sweats are of great importance. Cold sweat on the forehead is a well-known characteristic of *Veratrum album*. A sweat on the head during sleep points to *Calc. c.* or *Sil.* in children. Finally, footsweat, a great distress to the patient, is important, and of additional significance when it has been suppressed by some external measure.

Ulcers, and the nature of their secretions, are highly important objective symptoms. Bœnninghausen devotes a number of pages to them.

At the first glance there seems no greater subjective symptom than the *voice*, and yet how rarely is it in reality subjective. According to my experience, we ordinarily get the best grasp of it by examining the situation instead of the patient. Here, also, wilful, or involuntary delusions are good, as excluded, because from long observation, nothing is as apparent as the state of the mind which frequently enough bears the whole impress of its environment. I need only mention the irritability of *Nux vomica*, the morbidness of *Staphysagria*, the weeping of *Pulsatilla*, or the indifference of *Phosphoric acid*.

As important as the preceding objective symptoms, indeed, are, they take a very inferior rank, as compared with the greatest and weightiest symptom obtainable, namely, the combined impress that the patient makes upon us. There are a great number of remedies holding the closest relation to certain types and external peculiarities. Who does not know the *Baryta* child, with its open mouth, giving the whole face such a stupid expression that to avoid our gaze it shrinks behind its mother from whence it timidly observes us! Whose spiritual eye does not see *Calc. c.* when a thick-set, blonde person slowly ascends a step laboriously gasping for breath while he wipes beads of sweat from his forehead and face. Just so it is no riddle to the initiated what remedy this large, lanky blonde needs whose spiritual face betrays such intense sensitiveness that she starts at every noise, and in addition has a dry, hacking cough. As truly as she needs *Phos.*, so surely is *Sul.* the constitutional remedy for the thin, snuffling snoopier who saunters in with poorly brushed clothes, drooping shoulders and reddened lid margins, and yonder rotund woman with red cheeks and deep shadows about the eyes, closing her

ears to the noises of the children and hurrying into the open air has, without further inquiry, certainly a *Sepia* nature. Enough! These are all too evident objective symptoms, and he who does not know them will experience many mischances in his practice.

I close my experiences, naturally, without imagining that I have exhausted the theme. He who glances through the *materia medica* will find that almost every remedy possesses a number of typical objective symptoms which do not repeat the same combination under any other, but indicating them would overstep the bounds of this brochure. My effort has only been to properly bring into relief the important and prominent ones; setting them in their true light in the disease sketch. He who, from this, believes that he can neglect real subjective symptoms, more or less, even if they seem unsafe and not indicative, will find it a costly mistake, for they belong to the disease picture just as much as the objective ones and are only in evidence more because they make use of the gift of gab. Both have the same weight. A one-sided view of the disease picture leads very certainly to a partial, therefore, a false choice. If we want to be homœopaths in the best sense of the word we need *all the evidences* in every case in order to heal quickly, safely and pleasantly.—*Translated by Dr. C. M. Boger from an article by Dr. Oemisch, of Halle, in the December Zeitschrift des Berliner Vereins Hom. Aertz.*

THE FACTS ABOUT VARIOLINUM.

By Charles Woodhull Eaton, M. D., Des Moines, Iowa.

(This is a condensation of the paper read by Dr. Eaton, at Jamestown, and ordered reprinted and circulated in pamphlet form by the Institute. The paper is excellent throughout, but too long to be reprinted entire in the RECORDER.)

The entire matter of internal vaccination by means of *Variolinum* is comprised in the answer to three simple questions:

First. What is *Variolinum*?

Second. Is its use, as a greatly improved form of vaccination, reasonable?

Third. Has the test of actual experience demonstrated its effectiveness?

First. What is *Variolinum*? A pertinent and necessary inquiry it would seem; for the leading editorial in a recent issue of one of our ablest Journals refers to it as "a drug." As a matter of fact, *Variolinum* is the contents of the ripened pustule of small-pox. It is *not* the contents of a vaccine pustule. It is the virus of variola; not the virus of vaccinia. It is the virus of small-pox; not the virus of cow-pox. There has been some confusion on this point. Our pharmacies afford both *Variolinum* and *Vaccinum*, with the result that the two preparations have been mistaken for each other.

The importance of this distinction is evident when it is remembered that any immunity conferred by cow-pox virus is indirect; conferred by small-pox virus, it is direct.

Second. Is the use of *Variolinum* reasonable?

It is reasonable——

(a) If an individual may be rendered immune to a given disease by inoculation with the virus of that disease, in the proper preparation and amount; and

(b) If the virus of disease is effective when administered by the mouth, as distinguished from administration hypodermically or by scarification.

These two propositions demand close attention and exact thinking. For just here is the very core of the whole matter. No loose and hazy "general impressions," and no half-and-half conclusions will do here. We must advance cautiously; weigh our words; reach definite and clear-cut conclusions; and then stand by them. In this spirit of unbiased precision let us take up each in its turn.

(a) May then an individual be rendered immune to a given disease by the administration of the virus of that disease in the proper preparation and amount?

Behind this question lies an enormous amount of experimental research which bears upon it as directly as if instituted for the sole purpose of determining the answer. For you will not fail to observe that all the work done in the entire field of serum therapy rests absolutely upon the proposition that immunity *is* obtained by the administration of the virus of the disease. I am especially anxious not to be misunderstood just here. We have nothing to do just now with the question of the merits or demerits of seru

therapy as a mode of treatment. We are not concerned with the question what these serums accomplish, but solely with the question how these serums are obtained. Stop and think closely for a moment. These serums are all obtained from animals rendered immune to a disease by the administration of the virus of that disease. Every animal that ever furnished a serum is an affirmative answer to this question. Every animal is evidence that immunity is obtained by the administration of the virus of the disease.

(b) Now, for the second question; and again I invite that pointed attention which has in it the decisive quality. Is the virus of disease effective when administered by the mouth as distinguished from administration hypodermically or by scarification? Must it be by the hypodermic syringe, or may it be by the mouth? Is disease virus absorbed, actually taken into the system when swallowed? Are its characteristic reaction and its immunizing impress upon the system, obtained only when it is injected? Or are they also so obtained when it is ingested?

Never mind the theory, what we want is the fact. And again I avoid trespass on your time by citing at once an established and conspicuous fact, namely, the danger from ingestion of tuberculous milk and meat. Why dangerous? Because disease products do make their impress on the system when ingested. The protest of the medical world when Koch maintained that bovine tuberculosis was not transmissible to man, and the quick and earnest demonstration that he was in error, are still fresh in your minds. In Great Britain this assertion of Koch caused the appointment of a Royal Commission to investigate. I have before me their "Second Intermediary Report," an extended and elaborate document published this year. They say, "Of the total sixty cases (of human tuberculosis) investigated by us, twenty-eight possessed clinical histories indicating that in them the bacillus was introduced through the alimentary canal. * * * These facts indicate that a very large proportion of tuberculosis contracted by ingestion [italics mine] is due to tubercle bacilli of bovine source."

But the comparative amount required by the two methods of inoculation in order to produce toxic effects, does not now concern us. The question is not one of size of dose, but simply

whether actual inoculation results from swallowing disease products in any dose. And the answer furnished by the investigations of the British Royal Commission, and by the establishment of our own systems of meat and milk inspection, is so undeniable and so pointed, that it would seem to be a waste of your time to indulge its further consideration. So, again, I ask you to come squarely to the scratch. If your answer is "yes," let it be clear and decisive.

Reverting now to the original query, is the use of *Variolinum* reasonable? there seems to be no escape from an affirmative answer. We have seen that it is the virus of small-pox; we have seen how complete is the demonstration that an individual may be rendered immune to a given disease by the proper administration of its virus; we have seen how experience has so amply demonstrated inoculation by swallowing, that that fact has compelled the enactment of food inspection laws. How then can we escape the verdict that the use of *Variolinum* is reasonable? In a word, we have first the virus, second the law of immunization, and third, the fact of inoculation by ingestion. Is internal vaccination reasonable? The answer is inevitable.

So much for the scientific basis. It remains to inquire whether the test of actual experience has demonstrated its effectiveness.

The small-pox epidemic of five years ago (which, indeed, has not yet wholly disappeared) afforded a rare opportunity for just such a test. Up to the time of this epidemic, most physicians had never seen a case of small-pox, much less had they any chance to test its prophylaxis. But with its onset, all this was changed, and experience with both methods of vaccination accumulated rapidly. What was the verdict of this experience regarding the internal method? How did *Variolinum* stand the test in actual practice?

This is a simple question of fact and should be answered by the actual figures. So I asked some of my Iowa colleagues who I knew were the users of the new vaccination to contribute their experience in the following particulars:

- I. Number whom you protected by *Variolinum*.....
- II. Number that you know to have been exposed to small-pox after taking *Variolinum*.....
- III. Number who had small-pox after taking *Variolinum*.....

In making this request, I was careful to write, "I trust that reference to your case book, ledger and other records will enable you to make your figures on these three points definite and exact. May I ask that in any uncertain cases such ones be omitted from your report, to the end that the figures may be conservative, and an understatement rather than an overstatement."

This suggestion was cordially received, all those reporting their experience being careful to have their figures well inside the facts. So much so that the total number they vaccinated by the internal method was much larger than the figures given, because their records were not complete enough to enable them to report the full number. One of the most careful observers wrote that he presumed he had used *Variolinum* in twice as many cases as he reported, but had not the records to verify the figures. Because of this care on their part to make the report of their experience conservative, I take pleasure in presenting the following combined experience :

Number Protected by Variolinum	Number known to have been exposed to smallpox after taking Variolinum	Number who had smallpox after taking Variolinum.
*2806	547	14

As already noted, the total number of *Variolinum* vaccinations was, in fact, materially greater than the figures indicate, because of rigid conservatism in reporting. But to a still greater degree are the reported number of exposures less than those which actually occurred, for the terms of the report were severe, namely, "Number that you *know* to have been exposed to small-pox." Necessarily the number *known* to have been exposed must have been far less than the number actually exposed. And here again

*I am indebted for these reports to Drs. C. B. Adams, Sac City; E. C. Brown, Madrid; E. N. Bywater, Iowa Falls; A. P. Hanchett, Council Bluffs; A. H. Hatch, Des Moines; T. L. Hazard, Iowa City; H. M. Humphrey, Lake City; J. W. Laird, Mt. Pleasant; A. M. Linn, Des Moines; H. E. Messenger, Des Moines; P. J. Montgomery, Council Bluffs; George Royal, Des Moines; L. W. Struble, West Liberty. It is but just to say that these are all well known Iowa practitioners of character and standing. Two are members of the State Board of Health, and a third was also a member of that body when the small-pox epidemic was at its height.

the scientific caution of the reporting physician is conspicuous and commendable. For example, one of them who reports only eight known exposures, expresses the opinion that 100 were "doubtless exposed."

Many of these reported "Exposures" were of severe character, as for instance the following:

"Mrs. A. R., aged 64. Had never been vaccinated. Found her nursing her son who was in the pustular stage of small-pox. Gave *Variolinum* 12x five disks every four hours. On the fifth day had a severe general headache with a temperature of 102.5. The next day one vesicle appeared on the face. The temperature subsided on the fifth day. She had sole care of her convalescing son and herself all the time." (Dr. Royal.)

"I had three different houses where one of the inmates had small-pox. In one house there were six inmates. One of their number had small-pox. The other five had never been vaccinated. I used the *Variolinum* on three, the other two I scarified. None of them took small-pox. In the other two houses there were four and five inmates besides the one stricken. I gave *Variolinum* to all of them and none of them took the disease." (Dr. Laird.)

"One case began atypically, was taken to the hospital where he was visited by a number of relatives, was worked over by internes and nurses by the hour to relieve a severe pain in an old appendicular scar, thus fully exposing, at least, twenty people. To every one of them *Variolinum* was given and not one of them took the disease. This was a marked case and was in the pest-house for about four weeks." (Dr. Hazard.)

"I know positively of eleven that were exposed to small-pox and were continuously in the room with the sick. Of that number, two had what I thought to be the initial fever of small-pox, but no eruption appeared, and in three days all the trouble had subsided." (Dr. Humphrey.)

"Family of J. S. Three cases of small-pox developed in family before I was called in. Four other members of family, two young men who had never been vaccinated, and the parents who had been vaccinated. Administered *Variolinum* to all four and none of them developed small-pox, though in constant and direct contact with the sick members of the family." (Dr. Adams.)

"February, 1901. V. H. Developed small-pox. His wife who

had been vaccinated, and three children who had not been vaccinated, were given *Variolinum*. They lived in the same house, and slept in the same room with him during all of his sickness, yet none of them contracted the disease." (Dr. Adams.)

"March, 1902. D. L. Four of family developed small-pox. His wife and five children, none of whom had been vaccinated, were given *Variolinum*. Within forty-eight hours the oldest son developed symptoms of small-pox, but his attack was very light. All other members of the family, though living in the same house and directly exposed through attendance on the sick, escaped all symptoms of the disease." (Dr. Adams.)

"March, 1902. F. R. Young man aged thirty, developed small-pox. His mother and an adult sister who lived with him, neither of whom had been vaccinated, were given *Variolinum*. They attended and nursed him through a very virulent attack and neither contracted the disease." (Dr. Adams.)

"March, 1902. C. S. A young man, aged 24, developed small-pox. His father and mother were given *Variolinum* and both escaped the disease, though in constant attendance upon him." (Dr. Adams.)

"Gave *Variolinum* 30x for one week. That day her brother came home with a well developed case of small-pox. The girl nor her mother had neither ever been vaccinated before. I at once gave the mother *Variolinum*.. They were quarantined 35 days with the case of small-pox and neither of them contracted the disease." (Dr. Bywater.)

"Girl. Given *Variolinum* in October, 1904. Was quarantined 35 days this spring with three cases of small-pox and did not contract the disease. Was of that type that takes everything that comes along, but escaped this time." (Dr. Bywater.)

"Ethel Stevens. Then aged six, was given *Variolinum* 30x in January, 1902. Have had small-pox in the family three times since the *Variolinum* was given, was never vaccinated or protected in any other way, has been exposed, at least, each of these three times, and has never showed a symptom of the disease. Her grandfather died of it, her brother was very sick with it (the worst case of small-pox I ever attended) in March, 1903, and some cousins had it a year later, and she has been with them all and never contracted the disease." (Dr. Brown.)

“Two children who had never been vaccinated I protected by *Variolinum*. An uncle had small-pox some two or three months after, and they were exposed, but did not take the disease.” (Dr. Brown.)

Of the fourteen who had small-pox after the use of *Variolinum*, one was a mild case of small-pox occurring two years after; three were not strictly within the limitations of the test, as they “had also been vaccinated by scarification a short time previous to the attacks of small-pox.” In addition to the fourteen cases reported, there were three others, but “in each of these cases the symptoms appeared within 72 hours after the first dose, thereby proving that infection had occurred before the administration of the remedy.”

The evident deduction to be drawn from these few cases is that the protection afforded is not absolute and without a single break; but that in exceptional instances, small-pox will occur in spite of the fact that *Variolinum* had been used.

But the same is true of the scarification method; and experience shows that small-pox occurs after scarification with much greater frequency than it occurs after the use of *Variolinum*. That the old vaccination often fails to protect, has been the personal observation of all those who have had to do with small-pox epidemics; while the numerous deaths in the army of the Philippines, in spite of the Government's painstaking vaccination and re-vaccination of the troops, is fresh in the minds of all. The same fact is indicated in the reports of the Registrar-General for England and Wales, which show for the year 1879 to 1884, a total number of deaths from small-pox among those who had been vaccinated of 1,648 persons.

With these few words of comment I have the honor to place before the Institute the above figures of actual experience with the internal method of vaccination by the administration of *Variolinum*. The 2,806 cases, the 547 known exposures, and the fourteen instances of small-pox, should constitute a sufficiently extended test to satisfy all scientific requirements. Further than this, it must be remembered that the figures submitted represent the experience of only a few of the Iowa physicians using *Variolinum*, and constitute but a fraction of the total Iowa experience. And with striking unanimity the physicians using it have come to

be strong adherents of the *Variolinum* method, though many began its use with decided skepticism.

My own personal experience is not included in the above reports. It seems to me so important that this inquiry be scrupulously judicial in its spirit, that I omit my personal figures, so that this presentation of the matter shall have in it nothing of the bias of the advocate.

Proceeding then to the test of actual experience, we have passed in review a series of 2,806 vaccinations with *Variolinum*, including 547 exposures and 14 cases of small-pox. Shown thus by clinical test to be remarkably effective in actual practice, as well as scientifically correct in principle, the demonstration stands complete. The use of *Variolinum* is sound in theory and conspicuously successful in practice. It, therefore, does not ask our acceptance, it demands it. As scientific men, we are at liberty to indulge our whim about the matter. It is not something that asks our support. The demonstration is placed squarely before us, and a demonstration never requests, it demands. We must do Homœopathy the injustice of giving this, one of its most successful and useful outgrowths, a partial and equivocal recognition, just because it happens to be strange to us. This splendid piece of practice is not new, it has its roots in the past, though we may not have known it. And we must not injure the cause by refusing to recognize its value, just because we happen not to have been conversant with it. We cannot afford to play with the question, and temporize with it, and half way repudiate it, until in the course of time some one of our opponents shall make a wonderful discovery, and cultivating the small-pox virus through old horses or prolific guinea pigs, produce an uncertain and inferior product combined with some secret antiseptic to preserve it, which yet shall retain sufficient activity to make possible the announcement of another great advance, to be used for the good of humanity,—and the discomfiture of Homœopathy.

Variolinum is distinctly our own, as distinctively as is *Aconite* or *Lachesis* or *Lycopodium*, and its immense value should be gladly recognized and vigorously claimed. It is a high honor to Homœopathy, and we cannot, we must not, let our individual lack of familiarity with it bar it out from its proper place. An unfamiliarity that costs Homœopathy so much, is a heavy

responsibility. When so much is at stake, it is not optional with us whether we will know or remain uninformed. In such circumstances, we are under the highest obligations to know; and failure to inform ourselves is, in the words of the *Organon*, "a crime."

Let us take to ourselves the earnest admonition which a shrewd old Sioux Indian woman impressed upon her grandson,—“When you see a new trail, or a footprint that you do not know, follow it to the point of knowing.”

H-M-C.

Editor of the HOMŒOPATHIC RECORDER:

My Dear Sir:

In the January issue of your journal you make some comments upon my article in the *American Physician*, which are unjust and uncalled for. If you gentlemen of the homœopathic school have been treated badly and unjustly, it ought to be the best reason in the world for your avoidance of indulging in a similar fault. You find fault with my remark, that at the time Hahnemann made his observations the influence of suggestion was unknown. Is this not true? Does it not apply to the therapeutics of every school? There is no slur in this against Homœopathy, for it is simply a statement of fact. It is only of recent years that any of us has begun to comprehend how much of the effect which we attributed to our drugs was really due to suggestion. This fact in itself renders questionable all the data recorded as to therapeutic action in the past. There was nothing said in my paper to indicate that I credited all the data recorded by Hahnemann to suggestion, but only that the influence of this principle was not appreciated at the time. Still more unjust are your remarks implying that my advocacy of the alkaloids is simply commercial. I have no patent on the alkaloids. They are not protected by any species of monopoly, but are absolutely free for every pharmacist to furnish if he chooses. Why, then, should I be charged with commercialism in their advocacy? Can't a man be honest, even about a drug which he as well as everybody else sells? Can't a man offer for sale a thing which he believes to be good, just because he believes it to be good? There is not a particle more justification in this

accusation than there is in the allegation that every homœopathic physician is commercially interested in advocating Homœopathy because he uses it.

The one great fault I have to find with homœopaths is that they are continually looking for slights. My own relations with this portion of the profession are of the most cordial character, I number many of them among my warm personal friends, and the question of school never comes up between us. We recognize our individual rights in this respect. If you prefer Homœopathy, you have just as much right to do so as I have to prefer the alkaloids. You only injure your class by displaying such small feeling. It is my conviction that Homœopathy demands the reproof of drugs under the light of modern science. If it makes absolutely no difference in Homœopathy whether the opium on which the provings are founded contains eighteen per cent. of morphine, or none at all, it is difficult to avoid the conclusion that there cannot be anything definite or tangible in Homœopathy.

This I do not believe. My own studies of drug action have shown me that there is a very wide difference, in many cases an absolute antagonism, between minute doses of a remedy and maximum doses of the same remedy. As to the claims of Homœopathy, I believe in submitting them to the clinical test, which is, after all, what decides the correctness of the hypothesis we construct in regard to the drug action.

Yours very truly,

W. C. ABBOTT.

Ravenswood, Chicago, Feb. 14, 1908.

The RECORDER asks Dr. Abbott's pardon for hinting that his strenuous advocacy of the alkaloids is due to "commercialism"—if this be not the case. The error was due to the fact that, probably without exception (there may be a few isolated instances), whenever a scientific article on the alkaloids appeared in a journal there would be found an advertisement of the alkaloidal company in the advertising forms of that journal, to say nothing of reading notices. This impression, which Dr. Abbott indicates to be erroneous in the above communication, was further confirmed by the fact that so often when a remedy was mentioned in the scientific articles already referred to the letters

"H-M-C" were appended to it. These letters being, we believe, the trade-mark of Dr. Abbott's company. The practice reminded one of a St. Louis company which a few years ago made a practice of putting their name, in brackets, in every article they republished, after the name of each drug mentioned, even though the writer of the article may never have heard of that company. However, since Dr. Abbott assures the profession his drugs are the same as "everybody else sells," the conclusion must be that the "H-M-C" habit is a mere idiosyncrasy and really of no scientific portent. So the question is narrowed down, so far as the members of the homœopathic medical profession is concerned, to the relative merits of alkaloids and our old homœopathic forms of the several drugs. The latter have been proved and on those provings Homœopathy is founded, and from those provings comes much of the therapeutic "advances" of other schools. The alkaloids are, potentially, probably as valuable as the tinctures, but until they are as thoroughly proved their use must be based on clinical observations or empiricism.

Dr. Abbott states: "If it makes absolutely no difference in Homœopathy whether the opium on which the provings are founded contain eighteen per cent. of morphine, or none at all, it is difficult to avoid the conclusion that there cannot be anything definite or tangible in Homœopathy." Very true, but no homœopath has ever said it; and, in fact, opium that contained "none at all" would not be opium. It would be about as much to the point as if someone were to write that if an alkaloidal tablet contained no alkaloids it would not be "very definite or tangible." The effects on the provers demonstrate quite conclusively that the opium they proved was a very robust article.

Again, "There was nothing said in my paper to indicate that I credited all the data recorded by Hahnemann to suggestion, but only the influence of this principle was not appreciated at the time." Quite so, but even the quotation just made insinuates that while not "all" of the homœopathic provings of Hahnemann were due to suggestion, part of them were, and which are real and which suggestive is indeterminate; a beautiful illustration of "damning by faint praise."

Just here Dr. Abbott might be informed that Messmer was born in 1733 and Hahnemann in 1755, and that both were physicians. What has this to do with it? Simply that Messmerism

was and is essentially the same as hypnotism and its ally, suggestion, and that the early homœopaths were quite well informed on the subject, and were, as a body, vigorously opposed to it. If Dr. Abbott believes that the provers were under the "spell" he is quite welcome to his belief, for it alters nothing. Also, if he advocates the use of his drugs on certain old homœopathic lines there is no law against the fact save that of good form, which consists in the acknowledgment of priority in things literary and scientific where such priority exists.

To insist on such matters may be a display of "small feeling;" if so, why so be it; but there are a certain number of men who will view the matter in quite a different light and put the word "small" elsewhere.

We have no quarrel with Dr. Abbott personally; he runs a very good journal, entertaining and readable, and we agree with him on the desirability of reproofing drugs, especially their alkaloids, if these are to be intelligently used by homœopathic physicians.

EDITOR OF THE HOMŒOPATHIC RECORDER.

REMEDIES IN RACHITIS.

Aloes: The first remedy I wish to call your attention to is *Aloes*. This remedy is seldom thought of by those who have already made a diagnosis of rickets and perhaps it would not be so well indicated at that stage, that is, when such a diagnosis would be reasonably certain. But I believe *Aloes* is an antipsoric, having many symptoms like *Sulphur*. When this remedy is indicated, there is usually a rise in temperature with dry lips, tongue dry and red, with thirst. Diarrhœa, character of stool not so important, but is worse after nursing, worse in the morning, in damp weather, with gurgling in the abdomen; pain before and during stool. Child is peevish, hard to please and cries at least provocation; not as cross as the *Chamomilla* child. I am afraid *Chamomilla* has often spoiled a good *Aloes* case, but the symptoms accompanying the stool should differentiate it from *Aloes*.

Baryta carb.: This remedy is more often called for in the older child with granular enlargements. Child looks old, weakened, mental and physical weakness, no desire to play, wants to lie down often, eyelids inflamed, loss of appetite. Diarrhœa with

much urging, rectum sore, with expulsion of pin worms. Profuse sweats on first falling asleep, mostly on left side of body and head, bad smelling foot sweat, with soreness between toes (*Sulph.*). Sweat especially in the evening.

Calc. carb.: This is a remedy whose symptomatology is so well known to you all that I will not repeat many of them here. The open fontanelles, profuse head sweats, retarded dentition, with its enormous appetite, whitish, frothy diarrhoea, always worse during the last quarter of the moon, when convulsions are liable to occur from worms (*Sil.* and *China* in the new moon). Feet sweat, but the odor is not bad like *Baryta carb.* and *Sulph.* Hands do not sweat like the *Sil.* child.

The indurated glandular enlargements and tendencies towards suppurative conditions are better met with *Calc. fluoricum* which has cured large, hard periosteal swellings, accompanied with great tenderness so that the least covering was unbearable.

Phosphorus: In experiments on young animals, *Phos.* has produced rickets. Now what more do we need for a good homœopath? I think we need a good deal and we have it in our other remedies, and if they have been carefully selected, the case will never get to that state, where *Phos.* will be necessary, except in the case of early bronchial troubles, which may be the beginning of the rickety condition, but it is in the badly treated or far advanced cases that *Phos.* will be of such great value, and it is not necessary to give it in material doses either.

The necrosed bone, or digestive derangements with vomiting, diarrhoea, distended abdomen, open anus, accompanied with the hunger and thirst as characteristic, will respond to the 200th and higher potencies much better than to the crude drugs. This poor, sick, almost disintegrated child needs to be handled with care. We may have to change our potency to fit the peculiar condition of each child, but you will find it much safer and surer to begin high and go lower, if needs be, than to overdo it, and likely spoil the case by beginning with the crude drug or 6x even. To go into the finer indications of the remedy, would be out of place here. I have called your special attention to *Calc. c.* and *Phos.*—*Dr. Byron I. Clark, from paper read before American Institute of Homœopathy.*

BOOK NOTICES.

Les Secrets de l'Homœopathie. Par le Dr. Jules Gallavardin, de Lyons. Liste des Oeuvres de Hahnemann. Preface du Dr. H. Duprat, de Genève. Genève. Imp. Ed. Pfeffer. Boulevard Georges-Favon 6. 1908.

This little paper bound pamphlet of thirty-two pages contains five papers, by Dr. Gallavardin, that were contributed to a well-known French allopathic medical journal, *l'Echo de la Médecine et de la Chirurgie* in the year 1907, and by request of the editor, Dr. Tassau. The papers are followed by a complete list of Hahnemann's works in chronological order, running from the year 1777 to 1835. The first is a translation from the English of an "Essay on Hydrophobia," and the last one is "Discours de Hahnemann a la Société homœopathique gallicane." It seems from Dr. Duprat's preface that many allopaths in France have the idea that "les homœopathes forment une secte plus ou moins occulte, et pratiquent des formules secrètes par eux seuls connues," or in other words, that the homœopaths constitute an occult society and practice by secret remedies and methods, known only to the esoteric. This fantastic notion is what Dr. Gallavardin combats by expounding the homœopathic law and illustrating it; he thus reveals all the "secrets." Concerning Isopathy he makes the rather interesting statement that it was practiced by "Hering, Lux, T. J. M. Collet" in 1833, apparently originated by them, and then adds, "Pasteur fut aussi médecin isopathique." So it would seem that so far from Pasteur being the originator of modern therapeutics the honor belongs to Hering and the others. Isopathic remedies are simply homœopathic to the symptoms they will cause in the healthy, as is every known substance that will cause symptoms, for is not Homœopathy a Law, and thus necessarily universal? *Variolinum* is a so-called isopathic remedy, but did not Dr. Eaton, in his paper read at the Institute meeting held at Jamestown last year, demonstrate from the provings made on the healthy when it was given too strong, or too frequently, as a prophylactic, that it caused all the symptoms of small-pox? And, furthermore, did he not demonstrate that

it was both a prophylactic for that disease and a most excellent remedy for it? The "secret" of Homœopathy is its law, *Similia similibus curantur*.

"**Hering College Happenings**" is the title of a fifty-two page booklet, issued by the Class of '08, which is "serious and saucy, solemn and silly"—the booklet, not the class. Extra copies, 10 cents (to swell the Class Treasury).

A class book does not readily lend itself to comment, for the very good reason that most of the jokes and allusions are purely personal—the class catches the point, but the outer barbarian doesn't. That which best illustrates this, but is very good, is the "Keynotes of the Class of '08," under "*Hering Condensed*," each keynote being directed at a professor or member of the class:

"Time passes too slowly—an hour seems half a day."

"Proud, self-contented look."

"Great loquacity, wants to talk all the time."

"Great longing for fresh air—(especially when there is a base ball game)."

The RECORDER suggests that to the many things for which there are "collectors"—stamps, coins, autographs, etc.—there be added class books, and begin with the Hering, '08. No charge for the suggestion, even though it be a good one.

A Text-Book of Clinical Medicine. Treatment. By Clarence Bartlett, M. D., Professor of Medical Diagnosis and Clinical Medicine in the Hahnemann Medical College of Philadelphia; Visiting Physician to the Hahnemann Hospital. 1,223 pages. One volume, cloth, \$8.00. Two volumes, half morocco, \$10.00. Expressage, extra. Philadelphia: Boericke & Tafel. 1908.

The author of this book is so well-known that anything as to his personality may be a work of supererogation. He compiled and arranged, among other things, Farrington's *Clinical Materia*

Medica, from stenographic notes, had a very considerable hand in preparing and publishing Goodno's *Practice*, and is the author of *A Text-Book of Clinical Medicine, Diagnosis*, by many considered the best book on the subject ever published. The present volume is a venture into a medical field that is almost unexplored; true, we have our many most excellent works on homœopathic therapeutics and every writer on special topics, or practices, follows each disease by a more or less complete section on the treatment, but a book exclusively confined to treatment is a rarity. We know of but one, and that is rather old and contains nothing of homœopathic treatment. Dr. Bartlett gives homœopathic treatment in full, and also includes the treatment that is recognized as best, and is accepted, by the most advanced men of other schools. There never has been, and, probably, never can be, a book on treatment that in all particulars will meet with the unqualified approval of all physicians. Each reader, doubtless, will find certain treatments of which he does not approve, but, more especially, each will fail to discover some measure that in his practice is peculiarly valuable. The book, we hold, must be regarded as an epitome of the modern treatment of disease, including Homœopathy, and thus the aim, or scope, of the book is above criticism. When it comes to particulars there is, doubtless, much room for criticism of this, that or the other treatment given for a special disease; but even here the critic must go easy for, most likely, in the same section he will find that of which he highly approves. The author has gathered the generally accepted data on the subject and, we believe, has presented it accurately. There his work ceases and the reader must determine what treatment given in the book is the one to be employed on his patient, if any. The man of other schools will find the best homœopathic treatment in its pages—the best aside from the classical Hahnemannian method of writing down the totality of the patient's symptoms and finding the similitum—and the homœopath will find the best treatment of what is generally known as modern medicine. The errors of the book will be found by individuals to be chiefly those of omission.

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

EDITORIAL.

A PROVING OF BARIUM CHLORIDE.—Dr. T. G. Stonham reports a proving of Chloride of barium (or *Baryta muriatica*, as it is sometimes listed), in the *British Homœopathic Review* for February. One grain of the drug was taken every morning and evening for ten days. The action was chiefly on the lower extremities and the lower alimentary tract, especially the rectum. The most marked feature was stiffness and weakness of the legs “similar to what one feels from overwalking or bicycling too far.” “Weak knees which feel as if they must give way.” “Aroused from sleep by severe spasmodic pain in the rectum, as from pressure of wind, which would not pass—it lasted on and off for an hour.” Aching pain in right knee under patella, before getting out of bed, and continuing until after walking.”

Hahnemann somewhere says that the proving of drugs (unless too “heroic”) so far from being deleterious to the health is positively beneficial, and his long life seems to back up this assertion. It is a pity we could not have more short, but clear cut provings such as Dr. Stonham reports. Have them published in some journal.

COMMON SENSE.—The *Hahnemannian Monthly* under this heading gives us an editorial that is rather good. Here is the gist of it:

“The healers of the sick are, indeed, a motly crowd. On one side we see the ‘Indian doctor’ with his collection of skins and herbs, and on the other the ‘Christian Scientist’ with his present or absent treatment; here the osteopathist and there the psy-

chotherapist; here the surgeon and there the electro-therapist; here the materialistic polypharmacist and there the homœopathist; here the hydropath and there the dry air specialist, and so on through an innumerable list that would tire the writer to relate and the reader to hear. What is more essential for the physician in selecting from all this jumble of true and false that which he may employ to advantage in the treatment of the sick than a large and well trained bump of common sense? Let us not be in too much of a hurry to abandon the old, nor let us be in too great haste to take up the passing fad, but let us carefully and considerably prove all things and hold fast to that which is good."

MEDICAL PROGRESS.—Dr. Woods Hutchinson is a man of some weight in the medical world, and he writes in *Monthly 'Cyclo-pædia*: "How many of our boasted and much-used antipyretics act simply like an increased dose of the toxin, by depressing the vital resistance and preventing the temperature reaction? I have no hesitation in naming two—*Aconite* and *Veratrum*—and expressing grave suspicions of a third, namely, the whole group of coal-tar products. The man who gives *Aconite* or *Veratrum* in a case of pneumonia, typhoid, or appendicitis is pouring a second poison into the body of his unfortunate patient to suppress the resistance which it makes against the first. They make the patient more comfortable and the doctor much easier in his mind for the time being, but what of the ultimate outcome? They lower the temperature, slow the pulse, but it is much after the same fashion that a blow on the head with a club will quiet the struggles of a man resisting arrest, or a dose of *Opium* will relieve the fatigue of a soldier on the march."

Very true, doubtless, of those who prescribe according to the name of a disease, and in the usual "heroic" doses, but not in the least true of the man who prescribes the homœopathic potentized drug according to the law of Similia. Some day they will learn that the fault in their drug practice lies in their science which doesn't prove to be science when put to the test. Do not blame the drugs for your own short comings.

HOW IT WORKS.—Our English friends are experiencing trouble in having their prescriptions properly compounded it

seems. The *Westminster Gazette* says that 85.7 per cent. of the prescriptions sent to the city analyst for inspection were found to be wrongly compounded. And what puzzles the Londoners is to know how can such things be in face of the fact that the standard for examinations has been raised so high that it is most difficult for chemists to get assistants. Can it be that the strenuous examinations are breeding a race of professionals like Mr. Toots, that classic product of the forcing system?

FREAK QUESTIONS OF "EXAMINING BOARDS."—"Describe the phenomena of karyokinesis." Even with his "Dunglison" at hand, the student would only be more in the fog than ever. Also "Describe colostrum, emmetropia, diapredesis, hemolysin, lochia, osmosis, alexins, atavism, zymogen." These are specimen bricks from the wall built by an examining board to "protect the public." Unless you know all about atavism you must not attend to the baby's colic, for may not a knowledge of the protoplasm from which the line of baby's ancestors were evolved be highly important in the scientific treatment of the wind that causes the present yell? Go to, thou scoffers. How would "Define the *real* function of the cramming board" do for a question?

The wise guy would answer "a body of learned men engaged in protecting the public from those who say 'sweating of blood' instead of diapredesis, and who do not know that an alexin is a microbe killer—not Radam's."

"WE FAIL TO FIND."—If any reviewer of homœopathic books wants to show his knowledge of therapeutics and at the same time gently roast an author, let him select his disease from the author, then compare it with Lilienthal's pages on the same disease and he can write "we fail to find" this, that, or the other remedy "mentioned" to his heart's content, and, what is more, be really accurate in his failures to find.

MORE SERUM ACCIDENTS.—At a place named Mulkowal, in India, there were nineteen deaths from tetanus, recently, due to injections of an anti-plague serum. The authorities are looking around, to find out how the germs got into the serum, especially as the bottle was known to be tightly corked and was one of five

used in the vicinity, and from the others only one person is known to have "suffered." It is to be hoped that the authorities will discover the cause of these deaths, as the discovery would, probably, revolutionize some medical procedures.

PRO BONO PUBLICO.—The editor of *The Eclectic Review* warns its readers to keep their weather eye on the Legislature of New York, and the same may be said of other legislatures, when it comes to medical legislation. The cause of this caution is the fact that some one, or some "crowd," is urging the passage of a bill prohibiting physicians from dispensing medicine. Thus, if the act passed, a homœopathic physician would be a law breaker who gave the baby a dose of *Chamomilla*. If such a fool measure were to become a law (and could be enforced) it would be a fat thing for pharmacists and druggists, for the patent medicine outfit and for the swarms of hungry "drugless healers." Such a bill, like most of its species, is a "snake," to use the slang of the legislator, and to malign an honest reptile.

WHY THEY DO IT.—The *Medical Concensus* writing of "The Ideal Medical Journal" incidentally remarks that the objectionable features to the big medical publications is that they are too "long winded," and that "the principle reason why medical men subscribe to most of such publications is that they mistake quantity for quality." "Interesting" is the word that defines "good writing," whether it be long winded or short breathed, grammatical or ungrammatical. If the writer can hold his reader he is on the right writing road, whether what he writes is believed or not. He gets the floor.

BOSSISM IN MEDICINE.—Pity the poor "regular," the (R) of Polk's Directory. He sanctioned the "official journal," and his creation is now dictating to him what he must and what he must not do. There is no law to enforce the decrees, but, as the years go by it will be more and more difficult to avoid obeying and the day must come when to disobey will mean excommunication and the disobedient one will be a medical pariah. The rank and file are now "requested" not to prescribe or use anything in their

profession that is not sanctioned by the "Council of Chemistry." The request will easily merge into the command and the individual will become the mere slave of the creature he has formed—or, supposed he did, good, easy man. Better be the free man outside of the cabalistic (R) than an automaton in it.

IT ADDS TO THE GAIETY OF THE NATIONS.—Recently, in running through an exchange, devoted to "nature cure" and abusing doctors and drugs, attention was arrested by a head line announcing the restoration of sight to a blind man. Hello! What's this! Why, it was the case of a reader, a subscriber, who, "having noticed — advertised for eye trouble, I decided to give it a trial," and, lo! his sight came back to him and he can now see as well as ever, even to reading medical "ads." In the words of Jean Jacques Rosseau and T. R. Roosevelt, Jr., "Back to nature!" and "ware the nature fakirs!"

NO APOLOGIES NEEDED.—Dr. L. F. Ingersoll, of Chicago, concludes a paper in *The Clinique*, with the following tart words: "I always regret to hear apologies for our system of therapeutics. It doesn't need them, but its disciples often do. When we fail we too often charge it to inefficiency of Homœopathy, instead of individual incompetency." A friend who read these words added, "There's more truth than poetry in that." And the remedy seems to lie in a closer study of the materia medica, not the boiled down and abbreviated materia medica, but the unabridged article. Go a little deeper into *Bryonia* than "worse on motion." Or *Pulsatilla* than "Timid, tearful and blonde," and so on, for there is more to learn. Also be sure of your drugs.

MITCHELLA REPENS IN CHILD BEARING.—Dr. H. T. Webster (*Eclectic Medical Journal*) got his first start in obstetric practice by treating a woman, who had always aborted, with the above named drug, with the result of no abortion, but a fine baby. Another case treated with the same drug was that of a married woman who was subject to profuse uterine hæmorrhage at nearly every menstrual period, with the result that the hæmorrhages ceased and the woman, in time, became the mother of a healthy family of children. In another case a woman who

had suffered severely at two confinements was given the drug for three or four months before confinement, with the result of very easy labor. Dr. Webster concludes: "*Mitchella repens* probably stands at the head of the list, as a resort when we desire to favor the reproductive power of the female organs. If it is reserved for this alone we will not employ it often, but results will be very satisfactory whenever a demand arises for it. It is important that we get as near the fresh plant as possible in using it."

The drug was given in material doses.

SURGERY AND INGROWING TOE-NAILS.—The *American Journal of Surgery* says: "It is doubtful whether the classical operations for ingrown toe-nail cure permanently in even a fair percentage of cases." Very few have ever used the classical remedy of Homœopathy for this condition, *Magnus polus aust.*, in not less than the 30th potency (preferably the 200th), yet the few who have, made favorable reports of its action. It seems to be the constitutional remedy where ingrown toe-nails constantly recur in spite of surgical interference.

THAT OLD SCHOOL SHOT-GUN.—Scudder, of the *Eclectic Medical Journal*—a good one, too, by the way—after quoting some of the "scientific" alkaloid proprietary prescriptions put up by the Abbott people, writes: "No wonder that rebellion follows in the ranks of the allopathists when their section on alkaloidal medication asks them to father this kind of drug study. Such conglomerates remind one of their ancient shot-gun mixtures, and are enough to make an allopath of the olden time turn green with envy." That poor old drudge word "scientific" is most awfully abused. Some day the innate moral sense of the medical fraternity will insist that the overworked word be given a much needed rest.

"CAN SUCH THINGS BE AND OVERCOME US LIKE A SUMMER SHOWER."—The irrepressible Dr. Henry Beates, Jr., president of the Pennsylvania Medical Examining Board has again appeared in the daily press, advocating the use of the press for educating the people in things medical. To illustrate this he relates an incident during the consideration of the vaccination bill which Dr.

Dr. Samuel G. Dixon, Commissioner of Health of Pennsylvania, narrowly escaped assassination.

"There was a member of the Legislature," said Dr. Beates, "who so inflamed his constituents over the exclusion from the public schools of their children who had not been vaccinated that two of them followed Dr. Dixon, and, armed with pistols, lay in wait for him. Dr. Dixon escaped assassination only because he happened to leave his office by a door he seldom used. That incident was directly due to the lack of proper dissemination of information on vaccination through the public press."

If this is true, some one has been very remiss in the duty of good citizenship in not having these would-be assassins arrested, for any one who would assassinate or attempt to assassinate another for any cause, deserves punishment. If it is not true (it reads very fishy), what must be thought of a physician and a State official, who would publicly make such a charge?

SOME PERSONAL EXPERIENCE IN SMALL-POX.—Dr. W. E. Reiley, of Fulton, Mo., in a short communication to the *Clinical Reporter* on his experience with small-pox, rather caustically remarks: "During an epidemic of small-pox most doctors call every case of eruptive fever small-pox. I have seen measles, German measles, chicken-pox, and even roseola diagnosed as small-pox and nobody held accountable for the error—unless, perchance he be a homœopath, in which case it was unexcusable." Also, "the effects of vaccination were not recognizable in either of these epidemics. In one family in which I had a case of confluent small-pox there were four members, and only one of the four would submit to vaccination. They nursed the child through the case and were all in the room with her much of the time, but no other case ever developed in that family. In another family in which all had been recently vaccinated, we had two cases of confluent small-pox and two or three lighter cases. The confluent cases were in patients with typical vaccine scars."

"STAMPING OUT QUACKERY."—The *Post-Graduate*, January, tells of circulars wrapped around filled prescriptions by Paris pharmacists "that would make an American proprietary drug maker blush at his own feebleness as a writer." There is no

reason why a man should ever die, if he can make a correct diagnosis of his case and buy his medicine at an apothecary shop in the Rue de la Paix." Also, "This indicates that it is impossible even in old civilizations to stamp out quackery." One might well parody Pilate's question, "What is quackery?" If every humbug in medicine were to be pilloried, what a sensation there would be!

REFRACTION.—The *Post-Graduate* quotes "one of our contemporaries" on the subject of refraction, in part, as follows: "Where shall you begin to study. As you must begin with refraction there can be only one answer: Philadelphia. Things are bad enough there, Heaven knows, but they are so bad elsewhere that Heaven couldn't know. By the art of refraction, of course, is meant subjective refraction, supplemented by retinoscopy when the subjective method is impossible. Only two or three men in all Europe know anything about this art, and if you went there to study you'd never find them. The same may be said of New York, Chicago, etc. Some day some discerning philanthropist will give a million or two dollars to found a school of refraction. And if it should get into the right hands it will do more good to humanity than all the hundreds of millions that have been given to 'charity' in the last generation. In the meantime we must wait and blunder along as best we may, until an aroused and repentant profession tires of anatomic pathology, laboratories and east wind."

Good advice to these gentlemen would be: "Get a copy of Copeland's *Refraction* and read up on the subject," for, if what the *Post-Graduate's* quotation asserts is true, refraction is a bigger subject than is dreamt of in most men's philosophy.

"NOT RESPONSIBLE."—Many editors print standing matter which asserts that they are "not responsible," or "do not necessarily endorse," etc., etc., the opinions or statements of contributors. Surely not unless one is steering a try-to-please affair in which nothing but smooth platitudes are admitted. Any one can safely endorse a smooth platitude, for it is like a diet of bread and water—unobjectionable, but somewhat tiresome.

DR. SWAN TO THE FORE.—If the shade of the late Dr. Samuel Swan could revisit the earth it would be amazed, or rejoiced, or

angered, as the case might be, to see his pet system, isopathy, in the very fore-front of "modern medicine," and medical men following it eagerly. The cure, to Dr. Swan, for a case of habitual bellyache from eating cucumber was a potency of cucumber. He advocated a potency of tuberculosis, of diphtheria, of any other disease for the cure or prevention of that disease. This is isopathy, very baldly put. Wherein does that differ from the serums or the opsonics—is that their proper name—save in the matter of simplicity?

When the disease virus, or toxine, or whatever its proper term is, is given in the potentized form nature has the opportunity of rejecting it, but when administered hypodermically this opportunity is denied. Some brilliant cures are reported by the new isopathy and some cases that are rather startling in their results. The old isopathic practice had the advantage of simplicity, safety and cheapness, three attributes that are not always so marked in the latter day practice. The probabilities are that the new method will be wrecked, as usually happens in all allopathic practice, by big dosage and the hypodermic syringe.

RULE OR RUIN.—The following from the February number of the *Medical Century* shows to what lengths the friends of the new and curious homœopathic pharmacopœia (or some of them, rather) are willing to go in support of that moribund book:

"The *American Druggist and Pharmaceutical Record* opposes the amendments to the National Food and Drugs Act proposed by Senator Gallinger, whereby a drug shall be deemed adulterated if not prepared according to the homœopathic pharmacopœia of the United States. And we agree with the *American Druggist*. It has been stated that probably 98 per cent. of the homœopathic remedies used are prepared according to the *American Homœopathic Pharmacopœia*."

"Adulterated," ye gods! Is it not psychologically curious that there should be men willing to have the drugs used by all homœopaths from Hahnemann down to the present day officially condemned and for the sake of an ill written and unscientific book?

GRIPPE AND APPENDICITIS.—The *Pacific Medical Journal* says that San Francisco was in the grip of Grippe during January

and that one-half the inhabitants were affected by it. Then follows the curious comment that "whenever we have an epidemic of influenza the cases of appendicitis multiply many fold."

ITEMS OF INTEREST.

Dr. S. M. Ghose has removed to Jangail, Bengal, India.

Kraft has changed his dress, coming out in a dull orange shade, and the cut much smaller than the old suit, dress, being an 8vo., this time. For whether you say Kraft or *American Physician*, is it not the same? He presents quite a fine front.

Dr. H. A. Klock, of Mahanoy City, long time practitioner of Homœopathy, died in February.

The *Medical Forum*, of Kansas City, Mo., has suspended publication. Running a homœopathic journal isn't altogether a snap, as many have discovered.

Dr. Oscar K. Richardson announces change of office to Donaldson Building, corner of 7th St. and Nicollet Ave., Suite 401.

Metropolitan Hospital, New York City, with its 1,300 beds, is the largest homœopathic hospital in the world, and presents to its internes unsurpassed opportunity for obtaining experience in every department of medicine and surgery. Examinations for appointment on the Resident Staff, will be held at the hospital on Friday, April 3d, 1908, at 10 A. M., and, simultaneously, at Chicago, St. Paul, St. Louis and Cleveland. Eighteen vacancies are to be filled for twelve or eighteen months' service, commencing June 1st or December 1st, 1908. Applications for examination, accompanied by three letters of reference, should be sent to Edward P. Swift, chairman Examining Committee, No. 170 West 88th St., New York.

PERSONAL.

Chicago is going to try Christian psychology as a cure for the booze men. Good field.

"Some folks think they are holy because a good dinner makes them feel unhappy."

It is suggested that the Standard Oil may try for rebates on its fines.

There can be nothing but "hold ups" in balloon expresses.

Hear, O ye doctors! "The price of diamonds is advancing.

After you have downed the other fellow don't rub it in. 'Tisn't wise.

The Illinois Board of Health calls out: "Spread the gospel of vaccination." It's a religion, eh?

As we now have Daughters of the Revolution why not have Sons of Guns?

"Training the phagocytes to cure," etc., is the latest off-shoot of isopathy as she is now preached.

The limb should realize the truism that it is not the tree.

"Trading on a name" is the sincerest flattery—even in homœopathic pharmacy.

Man said, "I've carried this umbrella for two years." Friend replied, "Time you're returning it."

"Lime light" being out of date, isn't it time to omit it from verbal pyrotechnics?

The *Chironian* invents or quotes: "He who is without enthusiasm for Homœopathy is without knowledge of Homœopathy.

A doctor Herzog (*Ec. Review*) asserts that "everybody is a born criminal." Oh, Jerusha Ann!

"If dirt were trumps, what a hand you'd hold," said Charles Lamb to his whist partner once.

"My wife isn't a 'club woman,'" remarked the man; "she mostly uses a flat-iron."

"Large fees are like large fish, more talked about than seen."—*The Clinique*.

The earnest seeker after truth is perhaps some times very much disgusted when he finds it.

Dr. Jacobi in address recently referred to "those that come from Jersey, South Brooklyn and Russian Poland"—and no joke was intended.

A man remarked that it was very hard to lose one's savings, and Binks replied, "Not in the stock market."

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DR. WANSTALL AND HOMŒOPATHY.

The leading article in the March *Hahnemannian Monthly*, covering fourteen pages, is by Dr. Alfred Wanstall, of Baltimore, Md. The heading is: "Homœopathy: A Natural Law of Cure; or a Systematic Empiric Principle, by which Drugs are Selected for the Treatment of Disease." Dr. Wanstall takes the stand that it is an empiric principle. He writes:

"The following conclusions have been slowly reached by the most elementary reasoning, and they are such as one naturally hesitates to express. They sound so discordant a note among the views prevailing in this body, if those that are audible here prevail, that one fears one will be stoned, figuratively speaking; and, perhaps, it would have been better to have kept one's light under a bushel. But each of us has to make peace with his own soul as he goes, and history will write down sooner or later what is the truth."

Thus, right at the outset the reader is confronted by that old, old question, What is Truth? A question that has caused more bloodshed than any other in this world, but has never been "scientifically" answered.

Dr. Wanstall writes honestly and sincerely and with the object of benefiting the medical profession, what he considers to be the truth, but many other men equally honest will regard his truth as mere aberration.

Dr. Wanstall defines his position, as follows:

"Why the homœopathic law has not been and cannot be defined is, to the mind of the writer, due to an intellectual confusion regarding the idea on which it is based. At the outset I desire to announce my conviction that Homœopathy is not founded on a natural law of cure—we

do not know how drugs cure diseases—but is simply a method of procedure according to which drugs are selected for the treatment of disease; systematic, inasmuch as it is based on the principle of a symptomatic similarity; and empiric, inasmuch as it is dependent upon the clinical test."

There are many ways of answering this, but, perhaps, the most direct would be one in kind: "My conviction is that Homœopathy is a law of cure," and each of Dr. Wanstall's arguments advanced to support his conviction could be answered by arguments, equally valid, in support of the opposing conviction.

"We do not know how drugs cure disease." Very true; neither do we know how the sun shines, how gravitation acts, how life comes and goes; in fact, there are several things we do not know. But we do know that the sun shines, that things fall to the earth, and that man lives for a few years and then —? We *know* that drugs act on disease, and, some believe, act, on the "principle," if one prefers the word, of similia, and are governed accordingly. The success that follows this rule of action in the administration of drugs leads some men to believe that the action is governed by, or, rather is, a law of nature. If another man choose to believe that it is not such a law why, so be it. Further on:

"The theory of dynamization has been Homœopathy's greatest misfortune, both because it has repelled investigation and because it has involved the minds of practically all its votaries in an intellectual transcendentalism."

So much the worse for those so repelled. And why should it repel investigators? The facts of radium and the X-rays have led many men, of late, not homœopaths, to believe that there is something more in dynamization than what Dr. Wanstall terms "transcendentalism." The Austrian provers of old did not believe in dynamization and selected salt for a test of its truth or falsity—and were convinced that it was a very potent fact. Why do not the scientific doubters put the theory to the *only* test possible, instead of mere denials, backed by nothing but their disbelief?

"It behooves the homœopathic school to look sharply after its fundamentals at this time, as it is daily becoming more difficult, if it is not already impossible, to firmly establish its dogma in fresh minds that are being simultaneously imbued with the principles of rational medicine, because the homœopathic dogma and the present intellectual motive in rational medicine represent intellectual incompatibilities."

Really, is not the term "rational medicine" what might be termed borrowed plumage? Bear in mind that the whole question at issue is the application of drugs to the cure of disease. Are the coal-tar things, the serums, and the rest, at present, in fashion, any more rational than the similitum? To some men they are, to others they are not. Proof? Each side will bring "proof" that satisfies—itself. What is the truth? Why, there comes that bothersome old question again. It really looks as though truth were what seems good to each individual. When, occasionally, a truth (like "the earth is round") becomes demonstrable to *all*, it is solidified into fact. One more:

"We should realize that we possess no charter from God for an inspired LAW of cure; that Hahnemann was human and mortal; that we treat disease with drugs not because it was the Divine intention that they should be so treated and that nature would reveal no other means nor on account of their extraordinary utility, but because and when we have nothing better to take their place; and the great wonder should be not that drugs do not do more, but they do so much."

What is a "charter from God?" When "rational medicine" comes at one in that form there is nothing left for one to do but look on in silence, for part of it is self-evident, and part of it an assumption of a knowledge of Divine intention that goes further than anything ever advanced by the most enthusiastic Hahnemannian.

CALENDULA AN ANTIDOTE TO APIS.

Editor of the HOMŒOPATHIC RECORDER:

If you think the following cases from practice worthy of a place in the RECORDER, please insert the same:

First case. A little girl, stung by a honey-bee on the finger—intense pain and swelling of the arm to the shoulder, with red streaks; as different remedies had been applied without effect, sent small powder of sugar with six drops of *Calendula* tincture on it, to be dissolved in half teacup of water, arm to be frequently bathed with it. Result: Pain relieved in a very few minutes; swelling disappeared.

Second case. Man came to the office with his arm in a sling; stung by a bumblebee; could not bear the arm to hang down:

pain so great; applied *Calendula*, as above; in a few minutes left the office without pain, with use of arm in any position.

Third case. Woman stung on upper lip by honey-bee; screamed with pain; lip swollen and extended as far as the end of the nose. *Calendula* applied, as above, relieved the pain almost instantly, swelling disappeared in a very short time.

Fourth case. Woman stung on finger by honey-bee; in a short time not only pain, but nearly all the bad symptoms, as recorded in the provings of *Apis* appeared, terrible swellings in different parts of the body, with decided marks similar to hives, etc., together with threats of convulsions, drowsiness, almost coma. Treatment as above, together with two or three drops of *Calendula* tincture, to half tumbler of water, one teaspoonful to be taken every few minutes, internally; prompt improvement followed, entirely relieved in an hour or two.

Fifth case. A brother of the writer, who keeps bees. One of the hives being filled with combs and honey, the bees built a large size of combs on the bottom of the hive. Two of his children, aged four and six, went to the hive, the boy, by closing his arms around the mass of combs, pulled it entirely from the hive; in an instant they were surrounded by hundreds of bees; both children were stung, probably, by scores of bees. The pain being terrible, all domestic remedies being applied without effect, their life being almost despaired of. Some one suggested that I had a preparation for such cases, sent and got the remedy. *Severe* pain subsided almost instantly, the terrible swelling, which closed the eyes and invaded the whole body disappeared in an hour or two. Fully recovered without any particular desire for honey. Treatment same as above, but no internal treatment with the *Calendula*.

Of course, but few cases of bee stings prove very dangerous, yet we hear of them occasionally. The writer knew a man in Lancaster county a few years ago, who was stung on an ear, he died of convulsions in twenty minutes.

Although an advocate of high attenuations, have never used *Calendula* in other than the above preparations, but firmly believe *Calendula* an antidote to *Apis*.

J. B. TEMPLE, M. D.

Marshallton, Pa., R. D. No. 8.

THE "NEW MOVEMENTS" IN MEDICINE.

Mr. Elbert Hubbard, in his *Philistine* for March, gets off the following:

Anxious Subscriber: The expression *Similia Similibus* is a Latin phrase and means that an imaginary disease can be cured by an imaginary remedy.

The Fra. dearly loves an epigram. The foregoing black-letter effort was brought out by a Farewell Address issued by Dr. A. L. Mitchell, of East Aurora, N. J., which, as all the faithful know, is the headquarters of the Society of the Immortals. Dr. Mitchell has been a successful practitioner, and, being an honest man, has given it all up. He doesn't believe in drugs, or in medicine, as practiced. Here are a few pebbles from his address:

"If a physician can practice medicine successfully and not juggle policy and principle, he has accomplished a feat seldom attainable. In fact, I doubt, if it is ever done continuously."

"The physician of to-day sacrifices his self esteem for the whim and prejudice of his patients. The homœopathic attenuation, the Galenic 'dough pill,' as well as its ultra-modern successor, the blank tablet, synonyms of the many things that might be classed under the head of 'dope' are some of the subterfuges that he uses as reminders, to fix good advice in minds fickle through fear and excess."

"If this rooted evil of applying a drug to every ill were but overcome, much of the fear of disease, as well as its anticipation, would be avoided."

"The physician is, primarily, the product of a demand."

"Hurry and ambition stimulate the commercial features of his relation to you; and, if he has the expected professional spirit, he will act according to the *popular* medical opinions of the day."

Dr. Mitchell concludes his address by stating that he has practiced medicine for twenty-five years, and his wife for ten years, very successfully, in both senses, it is to be inferred, but "we have come to feel a lack of faith in drugs as a cure of disease. If we have been successful in a professional way, I am

convinced that it has been through an ability to restore confidence in the minds of our patients."

These words close the address, and after them follows the Fra.'s black letter squib, quoted above.

This is the drift to-day. It reminds one of our old friend, the pendulum. At one time the school of medicine, broadly taken in by the term "allopath," could not give big enough and varied enough doses of drugs to suit their ideas, for the human body would not stand for it; now they are repudiating all drugs, which, while less harmful than their former practice, is just as absurd. The whole thing is simply a stealing of Mrs. Eddy's thunder without crediting that lady—to be sure, she got it from some one else, but she formulated it and made it known, and to her belongs the credit.

It may be that Dr. Mitchell has taken up with Christian Science though he does not say so. If restoring "confidence to the minds of our patients" is to be the sole therapeutic rule of the doctor, then we cannot see the difference between it and Christian Science, and there is none. Of course, there is much said about proper living, eating, exercise and all that sort of thing, but does not the gentle Christian scientist teach and sometimes practice all these things? Indeed, these things have always been known, but never before trotted out as something wonderfully new.

A physician, or, a "healer," may have the unlimited confidence of a community, but should Asiatic cholera, or yellow fever, break out, that confidence would not stay the disease, only medicine, and homœopathic medicine at that, can *cure*. Right living will go a long way towards abolishing disease, but, when disease comes—it is the rankest kind of folly to ignore the helping hand of Homœopathy. Suppose the child has croup, diphtheria, scarlet fever, is anæmic or rachitic, or any of the things that babies may be, what can "confidence" do? Nothing!

Fra Elbertus is a brilliant and, what is better, an entertaining writer. He gets off much good stuff along with considerable tommy-rot. When it comes to medicine he is simply a slangy, free and easy, let-'er-rip, Christian Scientist.

Here is a bit of free, but good advice to the Fra: Write a "Little Journey" to the home of Hahnemann. It will mightily

interest the little journey world (which is a big one), and, better, instruct them as to the true and only use of drugs.

LATER. After the foregoing was written, we concluded to look up Dr. Mitchell in Polk's Directory, and, behold, we find him a graduate of "279 b.," 1883,, *i. e.*, Cleveland Homœopathic Medical College, in the last edition marked (H), but, in previous editions (R). This, however, makes no difference, for was not Mrs. Eddy a homœopathic physician, who, unable to believe that the little potentized drug could possibly exercise the tremendous power it evidently did over disease, concluded that the effects must be the result of her mind acting on the mind of the patient. In so believing she made a scientific *fauv pas*, but gained a fortune, and gradually evolved a church, of which she is the head. When she dies (we presume she is mortal), will that church *select* another head for itself?

The breaking up of old allopathy seems to have been followed by conditions similar to those that prevailed when the tower of Babel proved a fiasco. The one stable thing to-day, medically, is Homœopathy.

DERMATITIS MEDICAMENTOSA.

P. W. Shedd, M. D., New York.

We see no reason when a classic text-book of the old school contains a chapter of inestimable homœotherapeutic value, why it should not be offered *in toto* to homœotherapeutists. We refer to the chapter under the above heading, found in Prof. Stelwagon's Treatise on Diseases of the Skin (5th Ed. W. B. Saunders Co., Phila.). Dr. Stelwagon performs for homœotherapists a labor of love in his exhaustive collocation from all sources, save homœopathic pathogenies, of dermatites admitted by him as medicinal in nature.

It is true that it has not dawned upon him, nor any philosophoid mind in the old school, that, possibly, there may exist a therapeutic relation between these constant medicinal dermatites, and the dermatites developing as, or in conjunction with, "natural" disease. When such relation is traced, the philosophoid mind will have become philosophic, for the law or laws governing, cor-

relating or intercalating two series of facts will then have been discovered and formulated. At such time a reference to the completer, finer indications found in homœopathic pathogenies will develop whether, in gangrene, for example, *Arsenic* or *Belladonna*, or *Ergot*, or *Iodine* compounds, or *Quinine*, or salicylate compounds are indicated, and hence curative. There is a vast difference in the syndromes presented by two patients suffering with gangrene, and one of whom needs *Arsenic*, and the other, *Ergot* (*Secale cornutum*).

And the old school investigator not swathed in the rhinoceros-hide of tradition nor hampered by the strait-jacket of prejudice, will find that the specialized work of the homœotherapist, his exhaustive tests of almost every known medicinal substance, and of many unknown to traditional medicine and ordinarily inert, but, developing medicinal powers by molecular separation in the process of trituration and dilution, as in *Graphites*, *Sodium chloride*, *Carbo vegetabilis*, *Silica*, *Lycopodium*, have materially extended the list.

The balance of this article consists, practically, of the summary of Prof. Stelwagon, to whom the credit should be given. Its practical value for the homœotherapist is very evident, and the summary should be incorporated into homœopathic literature.

* * * * *

The symptomatology of drug eruptions is essentially the symptomatology of the various erythematous, exudative, and inflammatory diseases. Thus, all the various skin lesions are encountered in different cases, such as erythema, papules, vesicles, pustules, tubercles, blebs, purpura, and even gangrene. The carbuncular or anthracoid eruption and papillomatous nodules or plaques produced by *Iodine* and *Bromine* compounds are, however, somewhat peculiar, and will be referred to later. In most instances there is more or less uniformity in the type of lesion in the same individual from a particular drug, but not infrequently an eruption of a mixed type may result, such as, for example, the various forms of erythema multiforme.

Medicinal eruptions are apt to make their appearance somewhat suddenly, after one or two doses, or, with some drugs only after continued use. They are usually highly colored. Upon withdrawal of the drug they, with few exceptions, rapidly dis-

appear. Sometimes, however, the eruptive phenomena may continue for some time after the drug has been stopped, as has occasionally been observed with bromides, and less frequently with the iodides, especially in children. And in exceptional cases it has been noted that the first appearance of the rash has not presented until the drug has been withdrawn. Exceptionally, too, the eruption produced may go through the various stages of the idiopathic malady which it simulates. In generalized eruptions, especially of the erythematous, morbilliform, and scarlatiniform types, there may be a variable degree of constitutional disturbance.

ETIOLOGY.—In the large majority of cases the eruption called forth is due to some idiosyncrasy of the individual, and while the same drug produces most frequently, as a general rule, the same type of eruption in other susceptible individuals, this is by no means always the case. On the other hand, certain few drugs, *e. g.*, the iodides and bromides, give rise so often to pustular or acnoid lesions that such effect may really be considered its normal or physiologic action. Many of the more severe types of medicinal eruption are due to the fact that the medicine is continued after the milder manifestation has shown itself, or has been administered in large dosage; on the other hand, occasionally, profound cutaneous disturbance results from an exceedingly small quantity.

Women and children seem to present drug idiosyncrasy most frequently, and those of light complexion more commonly than brunettes. Probably, too, those of a weakened state of health and a neurotic temperament are more susceptible. Defective kidney elimination is certainly a factor of importance.

As illustrating an extreme of drug idiosyncrasy, a man taking an ordinary dose of *Quinine* was attacked with an erythematous scarlatinoid eruption of itchy character with some exudation, and which took several weeks to run its course, ending with desquamation. Several years subsequently he went into a drug store and took a "calisaya soda-water tonic," with the same eruption as a result. A few years later, the family physician gave him some pills, each containing, among other ingredients, one-sixteenth grain dose of *Quinine*, of which he took only three, with the development and course of the cutaneous outbreak as before.

DERMATOLOGIC TYPES.—The subject of dermatitis medicamentosa is of sufficient importance to warrant a summary of the eruptive types provoked by different drugs, and a brief consideration of the possible eruptions which each individual drug may produce.

The following is a summary of the forms of eruption which may follow ingestion or absorption. Many drugs are capable of giving rise to several types in different individuals, or even in the same individual; many are only rarely causative; others, for example, the *Bromides*, *Iodides*, *Quinine*, *Copaiba*, coal-tar derivatives are somewhat frequently etiologic.

Dermatologic Types.

BULLOUS: Aconite, Anacardium, Antipyrin, Boric acid, Chloral, Bromin, Copaiba, Cubebs, Iodides, Iodoform, Mercury, Opium (?). Phosphoric acid, Salicylates.

CARBUNCULAR (Anthracoïd): Arsenic, Chloral, Iodides, Bromides, Opium.

CYANOTIC: Acetanilid, Pot. chlorate.

ECZEMATOUS: Boric acid, Belladonna, Carbolic acid, Opium, Morphine, Sod. borate.

ERYTHEMATOUS: Acetanilid, Antipyrin, Arsenic, Alcohol, Antitoxin, Belladonna, Benzoic acid, Boric acid, Bromides, Capsicum, Carbolic acid, Chinolin, Chloral, Chloralamid, Cantharides, Chloroform, Castor oil, Conium, Copaiba, Cubebs, Dulcamara, Exalgin, Iodides, Iodoform, Guaiacum, Gurjun oil, Hydrocyanic acid, Hyoscyamus, Lead acetate, Mercury, Opium, Pilocarpin, Piper meth., Phenacetin, Phosphoric acid, Pot. chlorate, Quinine, Salicylates, Sod. benzoate, Santonin, Sod. borate, Stramonium, Sulfonal, Tannic acid, Tar, Oil of Turpentine, Tuberculin, Veratrum vir.

ERYTHEMATOPAPULAR: Acetanilid, Antipyrin, Benzoic acid, Copaiba, Digitalis, Gurjun oil, Iodides, Iodoform, Phenacetin, Silver nitrate, Pot. chlorate.

EPITHELIOMATOUS: Arsenic (secondarily to keratoses).

FURUNCULAR: Antipyrin, Arsenic, Bromides, Calx sulfurata, Chloral, Condurango, Ergot, Mercury, and opiates.

GANGRENOUS: Arsenic, Belladonna, Ergot, Iodides, Quinine, Salicylates.

KERATOTIC: Arsenic.

MORBILLIFORM: Antipyrin, Antitoxin, Belladonna, Copaiba and Cubebs, Boric acid, Opium, Sod. borate, Sulfonal, Tar, Turpentine, Tuberculin.

NODULAR: Iodine and Bromine compounds.

PAPILLOMATOUS: Iodine and Bromine compounds.

PAPULAR: Arsenic, Boric acid, Bromides, Cantharides, Chloral, Conium, Copaiba, Cubebs, Digitalis, Iodides, Jaborandi, Ol. tereb., Mercury, Terebene, Opium.

PAPULOVESICULAR: Capsicum.

PIGMENTARY: Arsenic, Silver nitrate, Antipyrin.

PRURITUS (WITHOUT ERUPTION): Opium, Chloral, Copaiba, Strychnine.

PURPURIC (INCLUDING PETECHIAL): Antipyrin, Antitoxin, Arsenic, Benzoic acid, Calx sulfurata, Chloral, Chloroform, Copaiba, Cubebs, Ergot, Hyoscyamus, Iodoform, Iodides, Lead acetate, Mercury, Phosphoric acid, Pot. chlorate, Sandalwood oil, Quinine, Salicylates, Stramonium, Sulfonal.

POLYMORPHOUS (RESEMBLING ERYTHEMA MULTIFORME): Antipyrin, Antitoxin, Sod. benzoate, Copaiba and Cubebs, Iodides, Iodoform, Boric acid, Chloral, Exalgin, Coal-tar derivatives, Opium, Pot. chlorate.

PSORIASIFORM: Sod. borate, Tuberculin.

PUSTULAR: Aconite, Antipyrin, Arsenic, Bromides, Calx sulfurata, Condurango, Antimony, Hyoscyamus, Iodides, Ergot, Mercury, Nitric acid, Cod liver oil, Opium, Tanacetum, Ol. tereb., Salicylates, Veratrum vir.

PAPULOPUSTULAR: Bromine and Iodine compounds.

SCARLATINIFORM: Antipyrin, antitoxin, Belladonna, Chloral, Copaiba, Cubebs, Digitalis, Hyoscyamus, Mercury, Nux vomica, Opiates, Ol. tereb., Pilocarpin, Rhubarb, Quinine, Strychnine, Sulfonal, Salicylates, Stramonium, Tuberculin, Viburnum prunif.

ULCERATIVE: Arsenic (secondarily to keratoses), Bromides, Chloral, Iodides, Mercury.

URTICARIAL: Alcohol, Antimony, Anacardium, Antipyrin, Antitoxin, Arsenic, Bromides, Benzoic acid, Chloral, Copaiba, Cubebs, Digitalis, Dulcamara, Hydrocyanic acid, Guarana, Hyoscyamus, Iodides, Opium, Mercury, Pilocarpin, Phenacetin, Pimpinella, Quinine, Salicylates, Salol, Santonin, Ol. tereb., Sod. benzoate, Tannin, Tar, Valerian.

VESICOPUSTULAR: Antimony, Antipyrin.

VESICULAR: Aconite, Anacardium, Antimony, Antipyrin, Arsenic, Bromides, Cannabis Ind., Calx sulfurata, Chloral, Copaiba, Cubebs, Cod liver oil, Ergot, Iodides, Iodoform, Nux vomica, Ol. tereb., Opium, Quinine, Salicylates, Sod. santonate.

HAIR LOSS: Boric acid, Thallium acetate.

Drug Types.

ACONITE: Not common; usually vesicular, exceptionally bullous, and pustular.

ACETANILID: Occasional; erythematous and erythematopapular; not infrequently cyanosis, especially of lips, face, and extremities.

ALCOHOL: Rare; erythematous and urticarial, of generalized distribution.

ANACARDIUM: Rare; urticarial, vesicular and bullous.

ANTIMONY (ANT. TART.): Uncommon; urticarial and vesicopustular.

ANTIPYRIN: Not common; usually morbilliform, occasionally erythematopapular, polymorphous, scarlatiniform and urticarial; there may be considerable sweating, variable pruritus, and desquamation may follow; trunk, flexures, and occasionally face are the most common sites; mouth, hands and feet may also be involved; exceptionally, vesicopustular, bullous, furuncular and purpuric. The erythematopapular may leave behind redness and pigmentation for several weeks. Exceptional blackness of the skin of the penis (*verge noir*) has developed, usually taking a long time to disappear.

ANTITOXIN: Rather frequent; simple erythema, scarlatiniform, morbilliform, urticarial and polymorphous. The morbilliform and scarlatiniform may or may not be followed by desquamation. There may be prodromic symptoms, or, the outbreak may be sudden, with considerable temperature rise and pain and swelling about the joints. The rash may appear shortly after the injection or not until several days later. The subjective symptom of itching is variable. The eruption usually lasts from several days to a week. Exceptionally, petechiæ are observed.

ARSENIC: Somewhat rare: almost every form of cutaneous eruption has resulted from the internal use of Arsenic—erythe-

matous, papular, vesicular, urticarial, pustular, petechial, erysipelatos, herpetic, furuncular, carbuncular, pigmentary, keratotic, ulcerative and gangrenous. The genital region, especially the scrotum, is the usual site of the ulcerative, œdematous and gangrenous manifestations. Herpes zoster has been observed in a number of instances, to follow its use. The prolonged use, as in psoriasis and chorea, is sometimes followed by extensive pigmentation, especially about the trunk. Thickening of the callus of the hands and soles and over elbows and knuckles is occasionally noted in long-continued administration. The horny formations may undergo epitheliomatous degeneration, and in a few instances, death has finally resulted.

BELLADONNA—ATROPIN: Not infrequent, especially in children; scarlatinous type most usual; patchy erythematous areas or flushings occasional. The eruptions are, as a rule, of short duration upon suspending the drug. Exceptionally, erythema and gangrene of the scrotum have been observed. Itching is sometimes troublesome.

BROMINE COMPOUNDS: Quite common. An acne-like, papulopustular and pustular about the face and shoulders and back most frequently; although the lesions are usually discrete, several or more may tend to group and become, in places, confluent, forming a sluggish, conglomerate patch studded with pustular points and slightly resembling a superficial carbuncle. The eruption may, in some instances, be more or less generally distributed. Occasionally, erythematous, vesicular, papular, urticarial, furuncular and carbuncular eruptions are observed. Exceptionally, an eruption similar to erythema nodosum develops. Bullæ are rarely noted.

A rather rare manifestation, occurring, especially in children and adolescents, consists of one or several red or purplish-red elevated papillomatous or condylomaform areas, sometimes crusted, and sometimes with numerous points of pustulation; there may also be in parts of such lesions superficial ulceration, but rarely of marked character. Such formations are usually of sluggish appearance, and, while they may be numerous and of general distribution, there may be but one or two plaques present, occupying an area of several square inches. In the latter, the lower leg is the most common site; in the extensive form, legs, arms and region of the face are favorite situations.

Contrary to observations concerning most drugs, the Bromide eruption may persist, especially in children, for several weeks after discontinuance of the drug. The plaque or condylomaform type is usually slow in disappearing.

BENZOIC ACID (SOD. BENZOATE): Uncommon; from Benzoic acid, erythematous, erythematopapular and urticarial, the last most usual. After Sod. benzoate, erythematous, polymorphous and urticarial, with or without furfuraceous desquamation.

BORIC ACID AND SODIUM BORATE: Rare; from Boric acid, erythematous, papular and bullous. An inflammatory, scaly eruption, eczematous in character, quite marked on scalp, face and neck, with more or less complete loss of hair, has resulted in a few instances after long dosage: condition subsided after stopping drug and hair grew in again. From Sod. borate, rare erythematous, morbilliform, eczematous and psoriasiform, the last after long use.

CALX SULFURATA: Not common: usually furuncular and pustular; rarely, vesicular; and exceptionally, petechial.

CANNABIS INDICA: Exceptional; vesicular, more or less general, with puritus.

CANTHARIDES: Rare; erythematous and papular.

CAPSICUM: Rare; erythematous and papulovesicular.

CHINOLIN: Not infrequent; erythematous; observed in six out of twenty fever patients to whom the drug was given.

CHLORAL: Not uncommon; scarlatinous most frequent and usually with fever, congestion of buccal and conjunctival mucosæ, and followed by desquamation. Occasionally urticarial, papular, and vesicular, and exceptionally bullous, furuncular, carbuncular, petechial and ulcerative; and in children, ulcers of tongue and cornea.

CHLORALAMID: Exceptional; punctate erythematous with vesicles and redness of nasal and oral membranes, coryza, febrile action and subsequent desquamation.

CHLOROFORM: Not infrequent; erythematous, punctate or blotchy; exceptionally purpuric.

COD LIVER OIL: Rare; vesicular and acneiform.

CONDURANGO: Rare; acnoid and furuncular.

CONIUM: Uncommon; erythematous, papular and erysipelatus.

COPAIBA AND CUBEBS (in combination): Not infrequent; usually erythematous, scarlatinious, morbilliform or polymorphous; rarely, vesicular, papular, bullous, urticarial and petechial. There may be considerable pruritus.

COPAIBA: Not infrequent; most of the rashes from the preceding combination are due to Copaiba.

CUBEBS: Rather unusual; erythematous and small papular.

DIGITALIS: Exceptional; scarlatiniform, papular, erythematopapular, urticarial and erysipelatous (of face).

DULCAMARA: Rare; erythematous, urticarial, and erythematosquamous.

ERGOT: Rare; usually only after long use. Vesicular, petechial, pustular, furuncular, gangrenous; this last on the extremities and usually circumscribed.

GUARANA: Rare; urticarial.

GUAIAECUM: Exceptional; miliary, erythematous.

GURJUN OIL: Rare; erythematous and erythematopapular.

HYOSCYAMUS: Occasional; commonly erythematous and urticarial, with œdema, exceptionally scarlatiniform, pustular and purpuric.

IODINE AND IODIDES: Common; usually papulopustular and pustular—"Iodide acne;" generally on face, shoulders, back, although it may be more or less scattered. Occasionally, two or more lesions may blend, as in the Bromides, giving rise to a papillomatous, condylomaform, carbuncular, crustaceous or rupial area; they are somewhat persistent, disappearing but slowly after stopping drug.

Exceptionally, the Iodides may provoke a multiform or polymorphous eruption, closely simulating erythema multiforme, sometimes erythema nosodum. Urticarial eruptions are also observed; likewise, vesicular, bullous, purpuric (rarely). The bullous may be with considerable erysipelatous redness and swelling, and with more or less profound constitutional disturbance; such lesions may be numerous, sometimes confluent, most common on face, hands, arms. Ulcerations beneath the lesions are sometimes observed. The bullous and purpuric are usually seen with kidney and heart disease. Investigations tend to show that the Sodium salt is least apt to cause eruptions.

IODOFORM: Uncommon; may be erythematous, erythemat-

papular and polymorphous, vesicular, bullous and petechial. Serious constitutional symptoms can also result; delirium, nephritis and death have been observed.

IPECACUANHA: Exceptional; circumscribed erysipelatos patches of more or less general distribution.

JABORANDI AND PILOCARPIN: Rare; erythematous, miliary, papular, urticarial. Active diaphoresis.

MERCURY: Not common; erythematous, scarlatiniform. papular, pustular, herpetic, bullous, purpuric, furuncular, ulcerative. Almost all, especially the severe, forms result from overdosing and are scarcely observed at the present day.

OLEUM RICINI: Rare; erythematous, with pruritus.

OPIUM MORPHINE: Not common; erythematous, of scarlatiniform, morbilliform and polymorphous types, usually with intense itching; desquamation may follow; less frequently, urticarial; exceptionally, vesicular, bullous, pustular, furuncular, carbuncular.

PIPER METH.: Kava-kava, the fermented juice, gives rise to erythematous, exfoliative dermatitis.

PHENACETIN: Not common; erythematous, erythemtopapular and urticarial.

PHOSPHORIC ACID—PHOSPHORUS: Rare; bullous and purpuric.

PIMPINELLA: Exceptional; urticarial.

PLUMBUM (Carbonate and Acetate): Rare; erythematous and purpuric.

POTASSIUM CHLORATE: Exceptional; erythemtopapular, polymorphous, cyanotic.

QUININE, CINCHONA: Occasional; erythematous, scarlatiniform, with or without desquamation, most common; less frequently urticarial, purpuric, vesicular, bullous, erysipelatos, and gangrenous (especially of scrotum). In the scarlatiniform and sometimes in other types of general distribution there may be considerable constitutional disturbances, with marked febrile action, etc. In the desquamating cases this may be branny, lamellar, or come off in sheets or from the hands as a partial or complete casting. Idiosyncrasy and not dosage is the all-important factor. Itching is frequently present, sometimes very annoying.

RHUBARB: Exceptional; scarlatiniform, desquamative erythema.

SALICYLIC ACID—SALICYLATES: Not common; usually erythematous, scarlatiniform and urticarial, with or without desquamation; rarely vesicular, bullous, purpuric or even gangrenous.

SALOL: Exceptionally; urticaria. (*Very marked in a case of the writer's, coming from old school hands.*)

SALIPYRIN has been credited with œdema and loss of tissue.

SANTONIN AND SOD. SANTONATE: Exceptional; from Santonin in generalized urticarial, with desquamation and œdema; from Sod. santonate, vesicular.

SILVER NITRATE: Slate-colored and grayish-black pigmentation or discoloration; exceptionally erythematopapular.

STRAMONIUM: Not common; usually erythematous and scarlatiniform; rarely erysipelatos and purpuric.

STRYCHNINE—NUX VOMICA: Rare; scarlatiniform and miliary, with pruritus.

SULFONAL: Occasional; commonly erythematous and scarlatiniform, with desquamation and pruritus; rarely morbilliform and purpuric.

TANACETUM: Exceptional; varioliform.

TANNIN: Rare; erythematous and urticarial.

TAR: Rare; erythematous, morbilliform, urticarial.

THALLIUM ACETATE: More or less complete alopæcia.

TUBERCULIN: Not common; erythematous, scarlatiniform, morbilliform, with or without desquamation; exceptionally, psoriasiform.

TURPENTINE—TEREBENE: Occasional; erythematous, scarlatiniform, morbilliform; exceptionally, vesicular and papular, urticarial and pustular. Terebene, papular, with pruritus.

VALERIAN: Exceptional; urticarial.

VERATRUM VIRIDE: Rare; erythematous and pustular.

VIBURNUM PRUNIFOLIUM: Exceptional; scarlatiniform, with subsequent desquamation.

* * * * *

The homœotherapist, who, from the above, cannot obtain refreshment of much of his knowledge, as well as many valuable addenda, must be far advanced in dotage.

The comparative study of Prof. Stelwagon's two repertories

should be a scientific delight. We congratulate Prof. Stelwagon. It is charming to find in an old school text-book an accurate (even if inconsistent) therapeutic approximation of condition and remedy; a marshalling of two series of facts which (inconsistently) afford the development of a therapeutic law. Consider the scarlatiniform remedies, and note the possibilities lying before the homœopath; *Belladonna's* prophylactic and curative powers are well known, but, probably, more extended study of *Chininum sulfate* and *Chloral* would not be valueless, and, altogether, the Stelwagon list of scarlatiniform drugs alone is provocative of thought and experiment and therapeutic practice.

1318 Brook Avenue, New York.

HELIANTHUS ANNUS.

By Eduardo Fornias, M. D.

HELIANTHUS ANNUS (Eng., *Sunflower*; Spa., *Girasol*; Ger., *Sonnenrose*; Fr., *Tournesol*). Linn.—*Natural Order: Compositæ*, is the only species employed in Homœopathy. This plant is called *sunflower*, because it always turns the flat surfaces of its flowers towards the sun. The flower grows on a long, clean stem or stalk, with long terminal leaves, and consists of projecting yellow petals and dark, pointy seeds, gathered together in a central alveolar disk. It really presents the aspect of a solar disk with its golden rays. It flourishes exuberantly in tropical countries, but it is nurse everywhere, and even springs up spontaneously in temperate and cold climates, during the summer months. It has no fragrancancy and its chemical analysis, according to Dr. Vargas Pardo, of Bogota (Colombia), shows that it contains an alkali, an inodorous substance called camphor; a special oil, helianthic acid ($C_7H_9O_4$), bitter principles, potassium nitrate, sugar, and a more or less variable amount of emetina.

The *Tincture of Helianthus* is prepared, according to Hahnemann's Pharmacopœia, with the petals and seeds of the flower, gathered during mild weather; at twilight or daybreak. When collected during damp weather, they seem to lose part of their sap, and some of their medicinal virtues.

The same authority, in his recent excellent paper on

HELIANTHUS ANNUS VEL FLOS SOLIS, published in "La Homœopathia," organ of the Homœopathic Institute of Colombia, gives the *physiological action* of this remedy as consisting of *dryness of the mucous membranes of the mouth, throat and fauces; vomiting; heat and redness of the skin, and slight inflammation of the epidermis.* He recommends the employment of the tincture, and up to the 6. attenuation, and he gives as antidotes of this drug, SAMBUCUS and AMMONIUM, stating that in many cases, GRAPHITES and ACONITUM are analogous remedies.

He, likewise, asserts that HELIANTHUS is employed to cure the great *pustulous œdema; eruptions of psoric character; irritative laryngitis; tonsillitis, with burning and disturbance in the nasal fossa, and measles,* when other remedies fail. It is also prescribed, with excellent results, in *chronic vaginitis,* with difficult expulsion of gases from the stomach, and anguish and distress in the thoracic cavity; and especially in *diseases of the digestive canal.* More brilliant yet have been the results obtained from this drug, in the treatment of *malarial fevers,* principally when *Quinine and its compounds* have proved inefficacious.

He also gives the therapeutic scheme of a celebrated physician of Switzerland, which reads, as follows: 1. *Measles.* 2. *Diseases of the skin.* 3. *Thoracic affections.* 4. *Digestive and genital disorders.*

It was stated in a foreign journal, some time ago, that the *common sunflower* was gaining favor in many parts of Europe as a *febrifuge;* that in Russia, where this plant is extensively cultivated for its edible seeds and its oil, *fever patients sleep upon beds of sunflower leaves;* and that a Russian physician, experimenting on one hundred children, between one month and twelve years of age, had found the *alcoholic extracts of the leaves and flowers to cure fever as rapidly as Quinine.*

By the above description, however, I am inclined to think that the HELIANTHUS ANNUS is not the plant referred to as being extensively cultivated in Russia for its seeds and oil. The only species of *Helianthus* grown for culinary purposes, that I know, is the variety called *tuberosus,* the Jerusalem Artichoke, a native of Brazil, much resembling the *common sunflower* in habit and appearance.

I took interest in the above report, and have since, in anything

referring to the plant, on account of a rare case of poisoning I was called to treat over two years ago. The patient was a Russian boy, nine years old, who, the day before, had eaten a quantity of sunflower seeds he picked off in a neighboring yard. I found him suffering with a *distressing nausea and vomiting of a greenish substance. The face was flushed, the tongue dry and morbidly red, with raised papillæ, the bowels inactive, and there was some febrile disturbance.* For a couple of days the *appetite was entirely lost, and a critical green fermented stool, with some tenesmus,* ended his sufferings. The only remedies prescribed with favorable results were IPECAC. 6., followed by a single dose of SULPHUR 30. It is unnecessary to say why, as I am, this time, not writing for students. Further inquiry from the mother revealed the fact that the family, while living in Russia, had been in the habit of eating the seeds of the sunflower, and she positively asserted, that the partaking of these seeds in this country, by some members of the family, had always been followed by sickness of the stomach and vomiting, and she was still more positive that the sunflower of this country was not like the one that grows in Russia. In view of all this, I planted the *Helianthus annus* in my own yard, nursed carefully the plants, gathered the flowers in due time, and had the reliable house of Boericke & Tafel to prepare for me the mother tincture.

Since I obtained this remedy, only several months ago, I determined to utilize the knowledge the above experience gave me, and I am glad to say I did not wait long to put into practice this knowledge. I prescribed HELIANTHUS 3x. in two cases of *acute malaria, with predominant gastric disorder; in a case of simple continued fever, with gastric disturbance, dry skin and an uniform, diffused redness of the surfaces of the body;* and externally and internally in a case of *lichen tropicus* (prickly heat), which commenced with vomiting, insomnia, restlessness, and never showed a tendency to become vesicular. This patient was convalescing from a *severe attack of malaria, with intermittent manifestations.* If *lichen tropicus* is, as Fox asserts, an affection of the sweat glands, this may be a hint for the consideration of HELIANTHUS, in glandular diseases.

Of course, the cases given, are few, and require repeated verifications for the indorsement of this remedy; but everything

must have a beginning, and, for my part, I am quite convinced that there is real therapeutic value in *Sunflower*.

The only *proving* we have of this remedy, is by Dr. Cessoles, of Switzerland, which is incorporated in Allen's Encyclopædia of Materia Medica. It reads as follows:

HEAD.—Headache.

EYE.—Slight redness on the margin of the left upper lid, with smarting in the inner canthus. Eyes suffused.

NOSE.—After a short time slight epistaxis occurred, and the nostrils became free from pre-existing catarrhal discharges.

FACE.—Anxious countenance. Face deeply flushed.

MOUTH.—Sticking in the upper back teeth. Tongue and fauces very red, and inclined to dryness. Unusually hot taste while eating. Difficulty in articulating.

THROAT.—Stiffness and dryness of the throat. Sensation of glowing in the throat and stomach. Severe burning sensation in the fauces, œsophagus, and epigastrium.

STOMACH.—Thirst. Nausea. Vomiting (produced apparently by too large a dose). This effect recurred frequently, though in slight degree, when HELIANTHUS had been administered for an ordinary cold. Symptoms increased in severity until she vomited freely, when she felt rather better.

RECTUM AND ANUS.—Hæmorrhoids.

STOOL.—Stool, soft, black, with emission of semen. Hard, black stool every second day.

RESPIRATORY ORGANS.—Voice hoarse. Cough, in the forenoon, with gelatinous expectoration streaked with blood. Breathing rather difficult and hurried.

PULSE—Pulse 110, full, soft, and compressible.

INFERIOR EXTREMITIES.—Rheumatic pain in the left knee on descending stairs.

SKIN.—Skin generally of a scarlet redness, and very hot. Groups of red pimples on the inner side of the knee, with slight itching. Many urticaria-like pimples, especially on the inner side of the forearm, and afterwards on the leg; afterwards itching in external warmth, in the morning and night. Small, red tetter to the right of the navel. Tingling of the skin.

Authorities:—Dr. Cessoles took expressed juice of flowers (B. J. of Hom., 2, 169—from trans. from Bib. Hom. de Genève).

Effects on a lady, aged 40. *ibid.*—A. H. Z., 31, p. 20 (apparently from *Bib. Hom. de Genève*, though the symptoms differ very materially from preceding; the original is not accessible), effects on a man. Effects on a girl. Davey, from *Med. Gaz.*, Oct., 1848; effects on a woman of eating a quantity of sunflower seed.—(See my case *ut supra*.)

BERIBERI AND ITS TREATMENT.

By Dr. Srish Chandra Casu, L. H. M. S.

Synonym.—Bad sickness of Ceylon—peripheral neuritis.

Definition.—According to some authorities, beriberi is a complicated case of *dropsy*, while the others are of opinion that it is an epidemic form of *neuritis*.

The name *beriberi* has been given to this disease by Nalanban—Singalese for weakness, and by repetition implies great weakness.

This disease is common in Burma, Ceylon, Eastern Archipelago, China and the southern coast of India, and generally attacks people living in damp and swampy locations in these countries. Sometimes it breaks out among the Europeans, native troops, and convicts in jail in these places, but it is seldom found in European countries.

At the present time, Calcutta has been visited by this disease and many are dying from it.

Etiology.—The fertile brain of our friends of the old school will probably connect with some *microbe* of special type, as it sometimes breaks out in epidemic form. Actually, some of them have surmised that it is due to a *hæmatozoon* allied to that causing *malaria*, as there is a certain periodicity about some of the symptoms. Be that as it may, the exciting causes are cold and wet, hence *beriberi* occurs, generally, towards the close of the rainy season.

Among the predisposing causes may be mentioned, (1) the hydrogenoid conditions of blood, (2) ill health, (3) consequences which follow a neglect of sanitary laws, (4) scorbutic diathesis, (5) rheumatic and gouty disposition, (6) co-existing heart, liver and renal diseases. Overcrowding is often a potent factor in bringing out an epidemic of this disease.

Classification.—There are three varieties of this disease, (1) the atrophic, or dry, (2) the hydroptic, or wet, and (3) the acute pernicious type.

The *atrophic* type usually presents the ordinary symptoms of a severe multiple neuritis, such as severe pains and muscular weakness, followed by atrophic paralysis.

The *hydroptic* exhibits almost the same symptoms as those in the *atrophic*, with the addition of œdema and disturbances in the circulatory organs.

The *pernicious* type is characterized by the symptoms of the foregoing, which progress to a fatal termination with peculiar malignancy.

Symptoms.—This disease is prone to attack all ages and sexes. The incipient stage is marked by great and progressive weakness, lassitude and faintness. As it progresses, the numbness of the body, with stiffness and pain, œdema of the lower limbs, anæmia becomes apparent; then the trunk and face get swollen, and eventually there are anxiety and vomiting—sometimes of blood. Now the urine becomes scanty, and sometimes almost suppressed, the thirst great, the pulse intermittent and frequent, skin dry and warm, and temperature rises from 101° to 103° . Then comes the fluttering or palpitation of heart, with a sense of suffocation, probably due to effusion of serum into the pluræ and pericardium. In some cases there is effusion in the peritoneum, exhibiting signs of ascites, and in the meninges of the brain, followed by coma towards the close of the disease: diarrhœa often supervenes, but this is sometimes brought on by too much use of purgatives injudiciously given by some physicians. In this way, the patient struggles for two or three weeks, and sometimes for a month or more, and at last dies from exhaustion. In some cases, in the midst of apparent improvement, death occurs suddenly and unexpectedly, probably, from embolism.

Prognosis.—In cases, which terminate favorably, the œdema does not extend beyond the lower extremities; kidney, lungs, heart and brain remain unaffected; there is no constitutional disease; sweating is abundant, urine is profuse and stool copious and watery. In unfavorable cases, there are œdema of lungs, hydrothorax, hydropericardium, ascites, cranial effusion, suppression of urine, absence of perspiration, alarming anæmia, intermittent and compressed pulse, coma and convulsion.

Diagnosis.—This disease is likely to be confounded with *anasarca*, but, in the latter, there is often derangement of kidney, liver, or heart, proceeding sometimes back.

Pathology.—There is a very meagre information about the pathological change which this disease brings about—so far, it is certain, that the blood is found in watery condition with coagulation here and there in the circulatory system. While the white corpuscles of blood increase abnormally, the red corpuscles diminish considerably. The serous membranes become affected and the veins and arteries lose their power of absorption, due mainly to the effusion of serum in the cavity. The visceral organs are often found filled with water.

Treatment.—By way of general treatment, it is suggested that the means which prevent anæmia should be adopted. The vapor or hot bath seems beneficial, and wet sheet packing is also recommended. The diet should consist of milk, soup and animal food and also fresh fruits.

As to the remedial agencies, our brethren of the allopathic school would probably give a combination of *Digitalis* and steel, relieve the bowels with purgatives and resort to diuretic, and in extreme cases, to stimulate also. Dr. Tanner recommends two remedies, which he found much esteemed in India, although he himself is not very confident about their curative value. These are *Treack Farook* and *Oleum Nigram*; the dose of the former is 3 to 15 grains and that of the latter, 10 minims.

The homœopathic treatment of this disease appears to be most natural and effective, but, unfortunately, homœopaths here have little opportunity of testing their skill in combating with it, as, in their eagerness, the people often run to the allopathic doctor for help. I, however, suggest the following few remedies which may be tried by our brethren:

Apis Mel.: In all variety of the disease, urine scanty, insomnia, absence of thirst, stinging burning pain in different parts of the body. Must sit up to get any ease.

Apocynum Can.: General dropsy with sinking feeling at the pit of the stomach. Stomach irritable, cannot retain even a draught of water. Bruised feeling in the abdominal wall. Choked up if he lies down, sitting up relieves. Urine scanty or suppressed. Thirst great.

Arsenic. Alb.: The body, particularly the face, looks livid, pale or greenish. Great prostration and debility. Faint feeling from slight motion. Tongue dry. Great thirst, but drinks only a little at a time. Feeling of suffocation, especially at night when lying on back. Great anxiety. Warm within, but cold outside. Diarrhœa, with foul smelling stool. Fear of death.

Asparagus: Applicable to old people with affection of heart. Face pale, wax-like and bloated. Expression of anxiety and distress. Heart visibly throbbing, especially at night. Urine scanty, straw-colored and foul.

Aurum: Ascites, due to functional disturbance of abdominal organs.

Bryonia Alb.: Œdema of feet, swelling increases during day, but lessens at night. Obstinate constipation or retarded stool. Frequent desire to pass urine, but only a few drops at a time. Lower eyelids œdematous. Lips bluish, dry, cracked. Great thirst.

Cactus Grandiflorus: Œdema of the hands, especially the left. Œdema of lower limbs. Skin shining, and pits on pressure.

Cantharis: Dropsy from the atony of the urinary organs.

Chimaphila: Anasarca following intermittent fever.

China: Œdema in consequence of the affection of the liver and spleen or arises from the loss of animal fluid.

Colchicum: Œdema due to heart disease in consequence of acute rheumatism. Face yellow, and œdematous swelling of feet and leg. Skin dry and cold or alternating with heat during night. Scanty, dark colored urine.

Convolvulus: Urine almost entirely suppressed. Abdomen filled with water. Constipation. Weakness, with good appetite. Could eat more if there is more room.

Digitalis: Difficult micturition. Countenance pale. Intermitting pulse. Doughy swelling, which easily yields to pressure of finger. Cyanotic symptoms.

Eupatorium Purp.: Swelling all over the body, due to renal disease.

Fluoric Acid: When the abdomen is affected from the enlarged or indurated liver in consequence of drinking whisky.

Ferrum: Œdema of the body. Anæmia, with pale face and lips. Great debility. Great paleness of the mucous membrane, especially that of the cavity of the mouth.

Helleborus: Acute cases. Diarrhœa of jelly-like mucus with griping. Suppression of urine. Slow comprehension and slow in answering questions.

Helonias: Swelling of whole body, with general debility. Connected with atonic condition of the sexual organs and renal disease.

Hepar Sulph.: Due to Bright's disease.

Iris Vers.: In consequence of hepatic disease.

Kali Carb.: Swelling over eyelids. In complication with heart and liver affection. Skin dry. Worse at 3 A. M.

Lycopodium: Upper portion of the body emaciated, while the lower is greatly swollen. One foot cold and the other warm. Restless sleep. Urine scanty with red sediment.

Lachesis: Complicated with heart, liver and spleen diseases. Hoarse after sleep. Cyanosis. Urine black and scanty. Fæces offensive. Dyspnœa.

Ledum: Swelling with pain in the limbs. Dry skin.

Leptandra: Swelling of abdomen or whole body from the obstructed circulation in the portal system.

Mercurius: Abdomen swollen, tense and hard. Not much thirst. Oppression of chest. General heat, and sweat which does not relieve. Anguish. Constant short and racking cough.

Natrum Mur.: Distension of stomach. Complexion sallow and very pale. Constipation.

Natrum Sulph.: Hydræmia, hydrocyanid condition of blood.

Nux Vom.: In consequence of gastro-intestinal derangement, sedentary life.

Opium: Cranial effusion. Stertorous breathing. Coma. Face bluish.

Senecio: Abdomen very tense. Feet and legs swollen. Pain in the lumbar region. Urine scanty and high colored, or profuse and watery. Especially suited to females.

Senega: When the disease is confined to chest.

Spigelia: Hydrothorax. Dyspnœa during motion in bed. Can lie only on right side and with trunk raised. Anxiety and palpitation of the heart.

Terebin.: Hydrothorax with suffocative fit at night when turning to the other side, but going on sitting up. Dropsical, burning swelling of the external parts. After suppressed erup-

tion. Skin dry and husky. Sleep with moaning. Quick pulse. Cold feet. Sweats easily, especially on the face. Painless diarrhoea, particularly in the morning.

Zincum: Convulsion. Brain failing. From effusion of brain. Eye closed.

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ECHINACEA AND A FEW OF ITS USES.

The first case in which I used *Echinacea* was that of an old man who came to me after his regular physician had given him up to die from septicæmia from absorption from the urinary bladder after twelve years of catheter life. His left foot and leg were tremendously swollen, but there was no pitting, the swelling being very hard. Had had the chills at times with following perspiration; was unable to walk and was subject to such severe pains that *Morphia* had been given continually. He was first put through a good course of *Strych. phos.* 2-4 and then put on *Hexamethaline*, 5 grs. twice a day, to keep the bladder as innocent as possible. Following this he was given *Echinacea* tincture, one drop every hour, which was later increased to two drops. The result was not a complete cure in two days, but in less than two weeks the pain ceased, appetite improved; in two months the swelling of the limb had softened sufficiently to allow walking in moderation, and from that time for eighteen months, he remained in comparative comfort. At times, as special symptoms arose, he was given other drugs, but usually his medication was as outlined above.

Of course, I claim no cure, but life in comparative comfort for two extra years is well worth considering if the average man may be allowed to judge.

One other case of my own—Mrs. D. S. Taken suddenly with acute cramps and pains in abdomen, "low down," as she expressed it, with extreme soreness over both ovarian regions, and the uterine also, about five days after another physician had replaced a misplaced uterus with a sound. Had slight convulsions, ill defined; temperature, 100° F.; pulse, 112. Could not bear weight of either bed clothes or night robe—profuse leucorrhœa,

pain severe in lumbar region. Gave *Echinacea* tincture hourly the first day with pearls of *Amyl nitrite* for convulsive attacks. Second day repeated same, and in five days pain was all gone, soreness largely gone and patient up and at work about the house.

Reports from other physicians show quite a variation in dosage and effect.

One reports relief and probable cure of a case of septic endocarditis after anti-streptococcus serum had been given in vain. Tincture used, 20 m.

One reports using it on himself for a crop of boils without effect. Strength and amount used not given, but material doses were taken. One reports apparent cure of a like case with the 20th.

One physician in Vermont, who has used it extensively for six years, says he has had uniform success and is especially pleased with it in cases of septic abortion or sepsis after labor.

A most interesting case of pyæmia was treated in Wesson Hospital, after six weeks trying other things unsuccessfully, by full doses of *Echinacea* tincture, with the result that chills, sweats, fever and finally sickness ceased, and now the patient is well on toward recovery. This particular result has been questioned somewhat, because of a few doses of *Sulph.*, given at one time.

Among the major symptoms collected by Dr. Fahnestock from twenty-five provers, including himself, are the following:

Dulness in the head, with cross, irritable feeling. Confused feeling in brain, depressed afternoons. Drowsy—can't apply mind, restless, dull headache. Troubled dreams; severe headache in back of head, better on rest. Dull or sharp pain in eyes, worse reading. Stuffiness in nostrils, nose feels full. Face pale when head aches. Neuralgia of fifth nerve, tongue coated white, gas in stomach, metallic taste in mouth, anorexia, nausea, better lying down. Pain in right hypochondrium. abdomen feels full. Urine—pale, profuse, frequent. Increase of heart's action with anxiety. Pain in small of back, wrists, fingers and knees; cold feet, weakness of limbs, depressed, tired, exhausted, aches all over. Worse after eating; evenings, after physical or mental labor; better at rest. Chills run up back, cold flashes. Itching and burning of skin, pimples on neck and face. Diminution of red corpuscles.

A greater skepticism regarding *Echinacea's* alleged virtues exists near Boston than toward the west, traceable, probably, to the point of its origination. Accessible provings are believed by many to be none too reliable, and while we are willing to admit this, we can hardly hold ourselves aloof from its use until such time as its provings shall meet our full expectations. In all probability the symptoms we have at present of *Echinacea* are just as reliable as those of many a drug we now use freely and of whose proving we may feel quite well satisfied.

The concensus of opinion favors sixty-drop doses of the tincture, and in some cases I believe it best to increase this, and give it about four times daily.

I would not by any means neglect such accessory treatments as seem indicated in individual cases, such as irrigating septic cavities, flushing out the bowels, or any other proceeding suggested by common sense.

From my own experience, as well as that of others, I believe *Echinacea* to be a valuable acquisition to our materia medica, and that after a careful trial on a few selected cases you will be unwilling to be without it.—*Dr. E. W. Capin, in New England Medical Gazette.*

A CASE OF TYPHLITIS.

By H. O., Assistant Surgeon in P.

The case I here report was that of my mother, and I premise a description of it: My mother is sixty-nine years old, of a weak constitution, and inclined to diseases of the abdomen. From the time of her last childbirth, in the year 1877, she had an inguinal rupture on the left side. In general, she was in good health up to the year 1900, when in June of that year, she had an inflammation of the liver. For this she was treated by a homœopathic physician, Dr. H., in K., for six weeks, with good success.

Towards the end of the year 1903, my mother began to complain of pains in the abdomen, which increased up to March, 1904, but she was unable to say anything definite as to the seat of the pain. Now to come to the case itself:

On April, 1904 (Easter Sunday), I was called to see my mother, who lived about half a mile from my house, and word was sent that she was seriously ill. I went at once and found my mother in a violent fever. On asking whether there had been anything preceding the attack, she answered that the evening before, she had a shaking chill, followed later on by heat. She had not been able to sleep all night, owing to the pains in her abdomen. She especially complained of pains in the ilio-cæcal region. The temperature was 104° F., and the pulse 110 a minute. To understand better about the pains, I carefully examined the abdomen and found it very painful, but only in the region of the vermiform appendix. This showed a great sensitiveness to pressure, as also at every movement of the patient. On palpation I felt a long immovable and smooth swelling, which, in form and position, perfectly corresponded to the cæcum and the beginning of the colon ascendens. To this was added nausea and eructation, but no vomiting; there had also been constipation for two days. From these symptoms I at once concluded on typhlitis.

Owing to the severity of the case, I at once called in the allopathic physician, who came immediately. After he had examined my mother, I asked him for his diagnosis. He gave this as hernia on the left side, and he suspected that there was also an incarcerated hernia on the right side, although there was a total lack of vomiting. He also advised us to be ready for any emergency, as, owing to the severity of the case, the patient was not apt to survive the night. When he had thus given his view, I told him also my view of the case, and he said, that this could not be decided at once, but it was possibly correct. He would next day make another examination. But if it should grow worse in the meantime, we should call him at once. His prescription consisted in *suppositories* for the stool. *Phenacitin powders*, *Codein* and *Tinc. Opii simpl.* Besides this, he directed cold compresses to be laid on the swelling, which should also be rubbed with mercury ointment.

The suppositories were of no effect; I did not give her the powders and the tincture, as I thought the stool ought to have been secured by the suppositories, while the *Opium* tincture is used by allopaths chiefly in catarrh of the bowels.

Whether I acted right, I leave for the reader to judge: I gave *Aconitum* ʒ. and *Belladonna* ʒ., in alternation, every quarter of an hour. I also prescribed hot compresses of linseed oil, which, however, were not well endured by the patient. On account of the constipation, I gave *Mercurius sol.* ʒ. D., every two hours, a powder of one grain. Next morning the doctor came early and made his examination. I met him on the street and asked him as to the result of his examination, when he confirmed the diagnosis which I had made, and told me to continue his medicines. He said that the patient would have eventually to be operated on, but for the present he would not operate, since, owing to the weakness of the patient, the effect would probably be *fatal*. As no stool had as yet resulted, he prescribed a clyster of soap suds, which he administered himself. A little firm stool had been discharged in consequence. On leaving he directed me to repeat the clyster next morning and desired to be notified of the result. The temperature on the evening of April 3, had mounted to 102° F., the pulse being 115 a minute. When I came to my mother's house she complained to me, that she had not been able to sleep for pains all night; she also added that all night her abdomen had been distended and gas had been discharged continually, causing the most violent pains. I left her continue the other remedies, and gave her, during the day, *Opium* ʒ., four drops in a teaspoonful of water, every hour to half hour, which somewhat eased her pains, so that she had some sleep the following night. On the fifth of April I administered the clyster prescribed, about a pint and a half, when, in about fifteen minutes, quite a quantity of blackish-brown, fetid stool was discharged, causing a considerable relief. I immediately notified the physician of the result, and he said that this was a very good sign. He desired to examine the urine, which was at once sent to him; he said that it only showed a slight trace of albumen. The temperature now fluctuated between 104° and 102°. I discontinued the *Mercurius*. On the tenth of April the swelling had much increased in size. I now stopped the use of *Aconitum* and *Belladonna*, and gave instead *Hepar* and *Silicea* in alternation, whereupon the pains increased, and there were some nodules formed around the swelling. Owing to this very aggravation, I continued the medicines, until the pains, which

were very violent, reached their acme on the 15th and 17th of April, and the swelling broke open on the afternoon of April 18, in the ilio-cæcal region, and about two quarts of putrid pus were discharged. The physician was at once called in and was much surprised at the quantity of the pus as well as at the rapid and favorable turn of affairs. After the pus was pretty well discharged, he pushed a plug of Iodoform gauze, about two inches deep into the opening, and directed me to renew this every day for six or seven days.

I continued the *Hepar* and the *Silicea* for a few days more; but after four days no more pus was discharged, so I discontinued the *Hepar* and continued the *Silicea* for another week. After this the plug of gauze was thrust out and the opening closed slowly, after which I discontinued also the *Silicea*. As there was considerable sleeplessness, I gave her *Passiflora* tincture, fifteen drops, and was well satisfied with the effects.

On the 25th of April the patient left her bed for a few hours, and she is quite restored. Whether my mother, if we had followed all the directions of the physician had recovered, may well be doubted.—*Leipziger pop. f. Hom.*

CLINICAL CASES OF RENAL HÆMORRHAGES.

By Dr. Granow, Frankfurt, A. M.

I. Mr. W. M., of Hanau, had been sick with renal hæmorrhages, with, and also without renal colic. He had been treated and looked into according to all the rules of our art, he had also taken quite a variety of medicines, was for a time in Wildungen, as also in the clinics at Bonn and at Heidelberg. He has, indeed, had times in which he was free from attacks, but has never been free from pains. When I saw him he was very much depressed and despondent. My diagnosis pointed to renal gravel. I treated the patient for a year and three months, and cured him with *Phosphorus*, *Terebinthina*, *Nitric acidum*, and *Coccus cacti*. At least, he is quite well since last July. I hope that he will not be troubled with a relapse. In any event, he has never before had five months without an attacks. His free periods before this never exceeded eight days.

II. Merchant Sch., of Sachsenhausen, brought me in the beginning of August last, his urine in which, as a sediment, there was a thick stratum of yellowish lumps and of pus and mucus, over which there was spread a thick coating of blood corpuscles, as I could plainly see with the microscope. The patient is quite emaciated and his mucous membranes are pale. He is very much depressed, as he thinks he ought to recall his engagement to be married, owing to his disease. He has no faith in a cure. His condition was, indeed, quite alarming. I had to make my diagnosis as tuberculosis, and then consider what was best to be done. Quite a desperate case!

By the administration of *Tuberculin*, *Nitric acidum* and *Arsenicum iodatum*, I have now restored him so far, that the urine, which, when brought to me at first, was mostly of a milky appearance, now shows only a slight turbidity, while it is discharged without pain; the patient has regained some of his weight and is now in hopes of getting well. Traces of blood still appear now and then. He feels himself so far invigorated that he has undertaken, with his bride, a two weeks' tour to visit his parents. I am quite content with my success so far and hope he will be entirely restored.

III. Merchant H., in L. This case occurred a few years back. The patient, owing to a contusion from a falling tree, had such copious hæmorrhages from the kidneys, that the physicians were perplexed, and were going to excise the kidney, in order to check the hæmorrhage. The hæmorrhage was not at once checked by *Terebinthina*. The urine, however, gradually assumed a lighter color and in three weeks was entirely clear. In six weeks he could again take up his work.—*Pop. z. j. Hom., Leipzig.*

BOOK NOTICES.

Enlarged Tonsils Cured by Medicine. By J. Compton Burnett, M. D., London. Second Edition. 100 pages. Cloth, 60 cents. Postage, 5 cents. Philadelphia: Boericke & Tafel. 1908.

Though this little volume is a "second edition," it is but a reprint of the original first edition, for, alas, Burnett is no longer living, save in his books. And those books! This is but one of them, but they are all along one general line, which is at variance with some accepted procedure in medicine, allopathic or homœopathic. Not that Burnett was a medical iconoclast, but ever and anon he would revolt against an accepted practice, would try for some new and better method, would investigate until his new departures were proved to his own satisfaction to be better than the old and then he would embody them in a small book instead of a magazine article, for the former lives, if worthy, while the latter is soon unattainable and too often forgotten. This little book is an illustration of his methods, theories and practice. It is the accepted practice to cut out the enlarged tonsils and then in Burnett's words, "heave a sigh of relief, 'Now that's done with!' But is it? I fear not." The enlarged tonsil, in his eyes, is but an evidence of a deep-seated disease and the cutting leaves the patient as badly off as ever, even if the operation does give seeming relief. Cure the patient and the tonsils will become normal. This little book, like every one of the many he wrote, is well worth reading, reading *very* carefully and, in time, reading again. Next to *Ringworm*, it is his smallest book, but points to the underlying conditions, as is done in his other books, rather than to the local exhibition of the disease in the patient. "When you cut off a tonsil you certainly get rid of it, so you do if you shrivel it with gland tissue destroyers, but the perfect cure is where the enlargement disappears under the influence of dynamic remedies; here the normal tonsils remain to do the work allotted to them within nature's cycle." This was his view. Glancing over the remedies he used, one is struck by the fact that the most "advanced" medicine of the day is but an awkward stumbling in his footsteps; he gave the potentized nosode direct, while the advanced one first potentizes it through the veins of a horse,

or goat, doctors it with antiseptics and administers it by the hypodermic syringe, with poor results when compared to those obtained by Burnett. That his methods are not regarded favorably by many homœopaths, and are even condemned by some of them, is most true, but—try them, no harm can result in these “hopeless” cases, and something very new may be learned, new and valuable. There is something in Burnett’s books that gives them unwonted vitality.

The Production and Handling of Clean Milk. By Kenelm Winslow, M. D., M. D. V., B. A. S. (Harv.). 207 pages. Cloth, \$2.50. New York: William R. Jenkins Co. 1907.

The author writes: The aim of this book is to provide a working guide for those pursuing, or wishing to pursue, one of the most wholesome, worthy and laudable undertakings—the production of “clean milk.” The book contains 47 illustrations and 17 plates, and gives the inquirer about all the milk lore he can ask.

The Correction of Featural Imperfections. By Charles C. Miller, M. D. 134 pages. 12mo. Cloth, \$1.50. Published by the Author.

On the side of this little book is stamped “Cosmetic Surgery.” It tells how the author corrects facial defects, which seems to be a growing branch of surgery.

Therapeutics of Vibration. The Healing of the Sick an Exact Science. By Wm. Lawrence Woodruff, M. D. 144 pages. Cloth, \$1.50. J. F. Elwell Publishing Co., Los Angeles, Cal.

The author, a member of the American Institute of Homœopathy, is enthusiastic over vibration, which makes electrical treatment “seem ordinary,” and will bring the physical millenium about if anything can. Those who want to know about vibration can get the book.

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

EDITORIAL.

PASSIFLORA IN INSOMNIA.—“I have observed the action of *Passiflora* in the treatment of insomnia. The remedy cannot be used indiscriminately, but I have found that where there is an *absence of pain*, it may be given in the majority of cases to produce quiet and restful sleep. I add a teaspoonful to half of a glass of water, and give the mixture in teaspoonful doses every half hour before retiring until the patient is quiet. I would advise the physicians who have not used it to try it.”—*Ida H. Barnes, M. D., in Ellingwood's Therapeutist.*

SEND IF INTERESTED.—Our excellent Uncle Sam's “Forest Service, Washington, D. C.,” has discovered a cheap method of treating timber so that it will last three or four times longer than if untreated. Any interested RECORDER reader should send his name to above address for a free copy of directions.

IT IS THE LAW.—Antitoxins, vaccines, opsonines, seras and isopathy seem to be hopelessly mixed, but it is the great homœopathic Law that gives them what vitality they possess. Take a disease product, whether “cultivated” or not. It is not the disease. It will produce symptoms in the human body. It will cure its similar symptoms in disease. The virus, to use the old fashioned term, of small-pox, is not small-pox, yet it will produce symptoms similar to small-pox, and it will cure and prevent small-pox. It is homœopathic to its symptoms. All the marvels of modern medicine in this region of research are nothing but old Homœopathy, more or less hampered by so-

called scientific bandages and useless spangles. Any substance that will cause deviations from health will tend to cure similar symptoms.

SMALL-POX IN JAPAN.—We were shown a letter recently from Japan in which the writer said that small-pox had broken out in that country and that the officials were hard pressed for vaccine material. Compulsory vaccination is enforced in that country with Japanese thoroughness, but, for all that, the disease has made its appearance. Small-pox really seems inevitable after a great war and even the superb medical corps of Japan could not prevent it. It would be useless to advocate the use of *Variolinum*, even though it would be the most effective means of staying the disease outside of sanitation, for Japan does not officially recognize Homœopathy, which, in view of the fact that it adopts everything else progressive, is singular.

BE "LIBERAL."—Among the many odd bits of printed driftwood that float this way, is a little journal that relates the following case, in good faith: At the age of eighteen, a young man was "sorely afflicted with spinal trouble, which baffled all medical skill, and which, for, at least, seven months of each year, for thirty-nine years, had rendered him a helpless cripple." He had been a "backslider," but returned to grace, and one night, after thirty-nine years, by earnest prayer, "he was certainly completely healed. His spine, which had had a curvature, was now, thank God, perfectly straight." To confirm the truth of this case the photograph of the man is given, before and after, the healing. After healing he presents the picture of a fine looking man. What are you going to do about it? Be "liberal" and "investigate" or be liberal and leave them alone? The latter liberality is the wisest, and the only successful to pursue in meeting these queer, religious obsessions. Opposition and reason but fans them to fury.

THE EXAMINING BOARD CZAR.—At a public meeting held at Philadelphia, February 16, Dr. Henry Beates, Jr., chairman of the State Board of Medical Examiners of Pennsylvania, who, of late, has appeared so frequently in the newspapers that his name

is almost as well-known as that of "Professor" Munyon to newspaper readers, gave warning that:

"I will give the officers of these diploma mills, who are grinding out so-called 'doctors,' just six months more to alter their standards. I shall not expose them just yet," etc.

The hypercritical might smile over Dr. Beates' English (altering standards being a rather peculiar phrase, especially as this is one of the faults, according to him, of the product of the medical diploma mills, against which he fulminates), but what will strike the cynic is the czar-like "I." Dictatorship is something new to the American people, as yet, except from the political boss, and he is very chary of publicly launching his "I command!" He has had more experience, however, than his medical brother. When a public officer, at least that is what he is supposed to be, publicly brands old and honored colleges as "diploma mills," it shows that one of two things must be true in the matter.

1st. That public officer has the personal power and intends to use it, or,

2d. He has very strong convictions of his own importance and power, from which he may recover in time.

If the first point be true it is a veritable thought provoker.

THE DAWNING LIGHT?"—The quarrels of doctors is a stock-joke, every joke-smith carrying it in his outfit. Quarrels between individuals are merely personal and are not considered in the regular stock in trade of the jokes, but when it comes to the other "quarrels" the matter is very different and the would-be joker shows his ignorance, for in this matter it is a conflict of principles and not of personal wrangle, principles that involve life or death. Ever and anon some one arises and speaks of "brotherly love," of "harmony," of "all working for the common end for the good of humanity," of the "most self-sacrificing and noblest profession" and the like, and no one can, or will, say a word against his sentiments, but in reality they are almost as meaningless as the joker's jokes. Imagine an assemblage of physicians, doctors, each one representing the best in his particular form of belief and each absolutely unselfish and animated solely by the desire of alleviating or curing human ills. Such an assemblage could be gathered from almost any community.

A patient is brought in who is seriously ill and the assemblage is asked to cure him. Now, with the utmost honesty of purpose, one would prescribe crude and massive doses of drugs, another would advocate a careful reading of the symptoms, objective and subjective, and the history of the case, and then prescribe a potentized drug covering the case in its totality, another would give hypodermic injections of a drug or drugs, another would give no drugs, but regulate the patient's life and diet, another would claim that only a surgical operation could do any good, and so on. All honest men and all learned. What would you? If there is to be harmony, who will give way, and how shall an honest man give up his convictions and remain honest? If each adheres to his conviction, the joker sees but a "doctor's quarrel," the man for harmony sighs, and the wan eyed patient waits. There is no "joke" in such a situation, is there?

The only solution we can see—there may be others—is for the patient to decide and for the other doctors to abide by that decision and not to hamper the chosen physician in his task. There may be other roads to "harmony," but, if so, where are they and what are they?

A HOMŒOPATHIC BOOK.—Dr. Valiente, of Cartagena, Columbia, South America, highly praises Dr. H. C. Allen's *Therapeutics of Fevers*, as being a book "based on the true doctrine of Hahnemann." His daughter was attacked with "pernicious intermittent fever," or, rather, an attack of fever developed into that usually fatal form. The text-books, homœopathic and allopathic, advised quinine only, "prompt and energetic." He was about to resort to this last and almost hopeless expedient, when he remembered Allen's book. This guided him to *Veratrum alb.*, the result was a stay of the disease; it then guided him to the fact that back of all cases of very low or malignant fevers there is a constitutional taint, and to the remedy. That was four years ago and since then the patient has "enjoyed perfect health." Dr. Valiente is right in his praise of this book of genuine homœopathic therapeutics of fevers of all kinds. It is a book of more than therapeutics.

A WARNING AGAINST TUBERCULIN TEST.—Dr. A. Trosseau

in *Journal de Medicine et de Chirurgie*, Jan. 10, writes: "The noisy demonstration which has followed the advocacy of the ophthalmo-tuberculin reaction" has made it his duty to warn medical practitioners against the danger in that procedure. It is not always harmless and may be very dangerous, and many cases from various sources are cited in proof of this. Tuberculin "tests" seem to be good things to severely let alone, whether in man or beast. If a diagnosis cannot be made without the use of a virulent nosode, better not make one, but "treat the patient" instead.

WHAT NOT TO DO IN ACUTE ALCOHOLISM.—The following clipping is from a paper by Dr. Robert S. Carroll, of Asheville, N. C., and published in *Charlotte Medical Journal*:

"The third day of delirium, with a pulse running from 140 to 160, he received fifteen grains of Chloral, 190 grains of Bromide of Potash, one and one-half grains of Sulphate of Morphine, hypodermically. Within five days, he received a total of 580 grains of Potash, 60 grains of Chloral, 140 grains of Veronal, one and one-half grains Strychnine, one-sixth of a grain of Digitalis, three grains of Sulphate of Morphine, besides paraldehyde and adrenalin. This man was treated according to the advice of many of our good text-books, he was treated by good men; conscientious and earnest, and had the benefit of counsel."

Death was the result; not from the disease, but from the treatment, which, even a robust man could hardly survive, Dr. Carroll hints.

TIME WORKS WONDERS.—Over three hundred years ago the most famous surgeon of his day, Ambrose Pare, wrote: "God is my witness, and all good men know that I have now labored fifty years with all care and pains in the illustration and amplification of my art; and that I have so certainly touched the mark whereat I aimed, that antiquity may seem to have nothing wherein it may exceed us beside the glory of invention, nor posterity anything left but a certain small hope to add some things, as it is easy to add to former inventions."

Wouldn't it be interesting to read the comment of some old Dryasdust in the year 2208 on a volume published in 1908!

GET OUT OF RUTS.—Dr. Robert Gray, writing from Pichucaleo, Mexico, to the *Medical Summary*, says:

"In many big retail stores there are prominent signs, 'If you don't see what you want, ask for it.' It seems to me that there should be a sign or motto in the cranium of every practitioner, 'If you have not what you need, seek it out of the common ruts.'"

"ANTISEPTIC."—The *Eclectic Medical Gleaner*, March, says: "*Baptisia tinctoria* has held a prominent place for many years in the Eclectic Materia Medica as an antiseptic, but of more recent date it has shared honors with *Echinacea*. Both, however, have their particular uses, and the one should not be discarded for the other, a practice too common in these days when a new drug almost daily displaces another. Both *Baptisia* and *Echinacea* are good general antiseptics, yet each has its specific indications pointing to different specific action and needs." Is not the term "antiseptic" applied to remedies a misnomer? Or does it here betray a lack of comprehension of the law governing the action of drugs in the human body? You put an antiseptic in a sick room for a specific purpose: do you put *Baptisia* or *Echinacea* into a patient on the same principle, merely to antidote decaying matter? and after all, are they *antiseptics*?

A FATAL HORSE-DISEASE.—The following is an extract from a letter received from North Carolina: "Within the last three years there has been over 1,000 horses die, in this State, from eating moulded grain. The allopaths have never saved a horse once affected, they give it up as incurable and homœopaths are not allowed to practice here. I had a valuable horse die from this disease before I knew the cause. It is called "staggers" here and is quite common. Just before the corn comes in it sometimes heats and then moulds, and such corn causes the disease. Is there any homœopathic remedy for this disease?" We do not know of any remedy for this disease, or, rather, poisoning, for that it is. Do any of the readers of the RECORDER?

LUCK.—Luck is one of the most used and apparently best understood words in the English language, but when you come to define it you are "up against" something. The other day we

read, "There isn't enough bad luck in the world altogether to ruin one real live man." This floated forth the query as to what is luck? The dictionary (boiled down) tells you that luck is luck, and then hastens to give you examples of how to use the word. The average sinner defines it "When things come your way," and that is about as good a definition as one can find, but the question still remains unanswered.

THE POTENTIZED REMEDY WON OUT.—Dr. G. A. Leach, of Morris, Ill., contributes a very suggestive clinical case to the February number of *The Clinique*. Dr. Leach states that "having been first well grounded in old school practice, when I get a serious case I am quite apt to lose faith in our potentized remedies and take the easier way of giving physiological doses." The case was one of leukæmia. The patient, a Greek of twenty-one. He vomited and passed dark blood, membranes blanched, skin yellow, spleen enlarged, headache, and altogether rather lifeless. Had a previous attack and had not been able to work for a year. The treatment from October 10 to 28 included salt solution and adrenalin, which stopped the hæmorrhage; these were followed by infusion of *Digitalis*, *Carduus mar.*, *Ceanothus*, *Thyroid* and *Apocynum*, all in physiological doses, but the patient was no better. Then arose the question, "Why not try a homœopathic potency?" The symptoms were carefully gone over and they indicated *Natrum mur.*, which was given in the 30x. Improvement set in, the patient became cheerful and was ready to go to work. Dr. Morris concludes: "The mistakes and failures are ours and do not belong to the homœopathic law."

And then it is so much easier, and self-satisfying, to be skeptical! It is an easy way to appear learned.

INTERNAL VACCINATION.—A correspondent of that very excellent homœopathic journal, *The Iowa Homœopathic Journal*, writes, March issue: "I am interested in 'Internal Vaccination,' though I am a so-called 'Regular' physician, and I will tell you why. My wife, when a girl about fourteen years, was vaccinated with *humanized* vaccine, with the result that she was given a terrible scourge of scrofula, none being of record among her ancestors. It has given me much trouble. My second

daughter, now about eleven years old, inherited scrofula from her mother." The letter then goes on to state that he "vaccinated" this daughter with *Variolinum*. All went well until he moved and was compelled to send the child to another school. The doctor here would not accept the *Variolinum* vaccination and insisted that the vaccine virus must be inserted into her blood in the usual manner. The father staved off the operation as long as possible, giving the child, in the meantime, *Variolinum*. The result was that the vaccination would not take, though frequently repeated, and the orthodox "scar" was only obtained by the actual "deep cutting" of the vaccinator.

MORE INANITY.—The Maryland Legislature has passed a law that puts a quietus on Christian Science, at least, officially; enforcement will—"but that's another story." The Christian Scientist is now required to pass examinations in things she does not believe exist unless she tells fibs. But, the wise men assert, she (or he, it's generally she) can believe what she pleases, "we do not oppose freedom, we only aim to protect the public from incompetent practitioners." Very true, but as she believes it to be her duty to dispel ignorance and erroneous beliefs, and as you are a big factor in the errors why—there you are! Leaving out all the pros and cons in the matter, we are inclined to the belief that, from a purely business point of view, the "laws" directed against Christian Science, and all the other flummeries, is most wretched policy. It won't bring a single patient more to the doctor's office, but it will earn the hatred of a well meaning class and excite the cynical amusement of the others who take the trouble to think of the matter at all. When Homœopathy was young the allopaths virtually did all they could to "protect the public" against it; as a matter of fact, it was a very unwise move to protect, as they thought, their pockets, but it had the very opposite effect. Human nature has not changed since those days. Hot talkers dearly love to exclaim, "Truth is mighty and will prevail!" If truth is mighty, what need is there of wire-pullers in the Legislatures to make it prevail? Wherever truth does prevail, it is a force so mighty that it needs no little "laws," or the police, to uphold and protect it.

A WEAK POINT IN SOME TEXT-BOOKS.—Many authors assume that their readers know more than they (the readers) actually do, or it may be that the authors are a little hazy themselves. The *Critic and Guide* dwells on this point, as follows:

“Prescriptions in medical journals and in text-books are looked down upon by a certain class of physicians. Still they are indispensable to the everyday general practitioner. Suppose the young doctor has a case of chronic laryngitis and looks up his latest edition of Osler for the treatment. Here is the entire treatment as given by Osler: ‘Among the remedies most recommended are the solutions of Nitrate of Silver, Chlorate of Potash, Perchloride of Zinc [by the way, there is no such a thing as Perchloride of Zinc, there is only a Chloride of Zinc, $Zn Cl_2$], and Tannic acid. Insufflations of Bismuth are sometimes useful.’ Now, kind sirs, of what benefit is such information to any physician, young or old? What practical use can he make of it? Shall he use the Nitrate of Silver 1-10 per cent. strong, or 5 per cent. or 50 per cent.? Shall he use the Chloride of Zinc in 1 per cent. solution, or shall he burn and destroy the patient’s throat with a 50 per cent. solution? Such indefinite, practically useless, information characterizes many of our text-books, and as long as this is the case, there will be a very definite demand for clear, explicit statements and clear-cut prescriptions.”

Dr. Bartlett has avoided this mistake in his last book, *Treatment*.

THE SUMMER SCHOOL OF HOMŒOPATHY.—Dr. E. B. Nash has favored the RECORDER with the announcement of the session of his summer school for 1908, see page xv. Port Dickinson, N. Y., is a suburb of the thriving city of Binghamton. While in mind, just drop a card to Dr. Nash for particulars, as this summer school is growing, and it is worth while knowing about it, even if unable to attend. Accompanying the announcement is the card of the Corwin Sanitarium, devoted especially to Chronic Cases. There is no one thing in modern medicine that equals in importance what is known as Homœopathy, and it is, therefore, rather desirable to get a rather firm intellectual grip on it.

A CORRECTION.—In the reply to Dr. Abbott published last

month, the words were used, "These letters (H-M-C) being, we believe, the trade-mark of Dr. Abbott's company." This is an error, writes a correspondent, as the letters are not the general trade-mark, but stand for a compound tablet, consisting of "hyoscine bromide $\frac{1}{100}$ gr., Morphine hydrobromide $\frac{1}{4}$ gr., and cactine," for hypodermic use. This may be a very excellent tablet, for all we know to the contrary, but our general contention is that essentially the Abbott Co. differs only from Professor Munyon in the fact that it advertises for physicians' trade, while the "Professor" seeks the public's trade. Cannot Dr. X., Y., or Z., compound drugs, if they must be compounded, quite as intelligently as an advertising compounder?

COLORADO EXAMINING BOARD.—The Colorado Examining Board is giving, or offering, the other States what our respected President, Roosevelt, terms "a square deal." The examinations of fourteen States are now good in Colorado and, reciprocally, that of Colorado is good in those States. This is as it should be. Restricting physicians to the limit of one State is un-American, and utterly foreign to the spirit of the country. The spirit of the country originally was that the State guarantees every man personal, civil and religious liberty, and tacitly assumes that he, the man, is capable of minding his own business; but now it seems to be assumed that the man is a weakling, and the State must think for him and regulate his life and "protect" him as though he were a mewling infant.

THE FIRST CONVICTION.—Mr. Robert N. Harper, of Washington, D. C., bank president, Chamber of Commerce president, and proprietor of "Curforhedake" and "Brane-Fude," is the first one to be convicted for violating the new Pure Food Law. His "fude" is "misleading" for "food" and anything misleading doesn't go under the new law. Whether guilty or not he deserves to be fined for making such fool abortions as "Curforhedake" and "Brane-Fude." "Uneda Biscuit" was clever and took, but since then the world has been sickened by its kind.

SCHUESSLER REMEDIES AND THE IOWA COURTS.—A woman in Iowa has been convicted for practicing medicine without a

license. She did not claim to prescribe medicine, but dealt out, on plates, "tissue" food "prepared by a distinguished German scientist, Professor Schuessler, who was alleged to have discovered that the human system is made up of fourteen different elements of properties, and that with a sufficient tissue or remedy for the building up of these elements of component parts, all diseases would become curable. Twelve of these ultimate elements and their proper food had been discovered by Professor Schuessler, and when the other two had been found 'you simply need never die.'" The case was carried to the Supreme Court and "conviction confirmed."

All very proper, but it is a wide, open question whether these prosecutions do not do the medical profession far more harm than good; the average man will not care a button, unless it might be fleeting feeling for the woman, while those who imagined they were benefitted by the "foods" will get an additional grouch against "the doctors."

BOK AFTER THE DOCTORS.—Mr. Edward Bok, needless to say, of the *Ladies' Home Journal*, has got into the J. A. M. A., and this is the way he wields his good broad-sword:

"I ask every intelligent physician this question: Suppose the present tendency to investigation should turn itself on the medical profession and its methods? What kind of a revelation would come to the public? What would the public think of the scores and hundreds of instances of densely ignorant, unintelligent and criminally careless prescription writing of which the physicians of to-day have been guilty?"

Now, what is this Samson doing among the J. A. M. A. philistines? So far as can be seen he is lambasting the scientific doctors who prescribe proprietary and, therefore, really secret, medicines that are *persona non grata* to the J. A. M. A. and that are not to be found in its advertising pages. Probably they couldn't get there if they tried, but the fact that they are not there remains. Suppose, Mr. Bok, that the "fierce electric search light" should be turned on the other crowd? Ugh! Suppose the "fierce light" were to glare at Homeopathy? But then it never does, for it seems to know that it is not needed in the sun-light; its mission is to glare in dark places.

BLEEDING ONCE MORE.—Dr. H. I. Parker writes of a case of pernicious influenza to which he was called. His treatment consisted in drawing off thirty-two ounces of blood by venesection. Patient recovered and Dr. Parker writes: "Do not let the horse get away, but catch him on the first dash and use that greatest of horse tamers, the lancet, which has defied death itself for three thousand years, and under the intelligent use of which inflammation and conditions of autointoxication vanish like mist before the morning sun." Reads queer, does it not? Oh, that old pendulum! Does not the mere fact that the pendulum is used as a figure, tell that the practice it typifies is at no point satisfactory?

AN ANTI-FAT FALLEN FROM GRACE.—Some years ago quite a stir was made over the simple treatment for fat, consisting of drinking Vichy and Kessingen water. It was tried quite extensively. A correspondent of the *Medical World* writes that in his neighborhood "One gentleman lost reason and life," and a lady lost "health, hair and complexion" from its use. If nature makes one fat, better puff and bear it.

NEWS ITEMS.

The *Charlotte Medical Journal* and the *Carolina Medical Journal* have been consolidated and will "retain the same architectural features," etc., as the first named enjoyed.

Dr. N. M. Collins, of Rochester, New York, one of the leading surgeons of that city, sailed for Europe this month.

Dr. D. H. Chandler, of Cornwall, New York, died in March, of pneumonia.

It is said that Humphrey (specifics), Eddy (Christian Science), and Abbott (alkaloid), were all originally homœopathic physicians. *Aconite* tablets in gaudy trappings and with a foreign title, would sweep the country. Nearly all successful "nostrums" are but simple remedies masquerading under assumed titles.

Prescriptions for 35,011 quarts of whisky were filled in the year 1907, in one town in the "dry" zone of the South, according to the veracious J. A. M. A.

Small-pox prevails in nearly every State at present.

PERSONAL.

"Sure there isn't a Mike Robe in th' ward," said O'Flynn.

Many a man who resigns is not resigned, but full of fight.

The man who covertly sneers at his flag is worse than he who openly turns against it.

Detective Byrnes says that a born criminal *cannot* be reformed. Well?

No fellow, not even a deacon, strenuously objects to being called "a devil of a fellow."

Germany is getting after doctors who write "strictly scientific papers" about a proprietary drug for pay.

It cost Thaw's family \$17,694 for medical experts to prove that he was insane. How much will it cost to prove that he has recovered?

Often a mathematician doesn't count in his own home.

An impecunious man in the divorce court pleaded he was well off before marriage.

It is now proposed to have an examining board to examine the examiners. The professors who pass the students would make a good one.

The riddle of the Sphinx—there's nothing to say.

"A funny affinity must be a mermaid," remarked the Wise Young Person.

"How did you come to fall in the water?" "I didn't come to fall in, I came to fish," replied the dripping man.

"No blowing of horns." whispered the usher to the man who produced his ear-trumpet in church. "Hey!" and then——

Some finicky persons shudder at "I have to meet a party" when "I have to meet the bunch" wouldn't faze them.

The frontier lecturer dwelt on the beauty of cheerfulness and, finally shouted at his audience "D——n you, smile!"

A fool, the dictionary man tells us, is "one destitute of reason," *i. e.*, the fellow our reasons won't change.

Wit is the salt of humor.

"Stick to it" is good advice to a man learning to ride a horse.

The "practitioner" is passing and the "practician" taking his place.

Now the mosquito is held responsible for leprosy. Lucky he doesn't buzz in grippe times.

Pittsburg doesn't have to have "smokers."

A friend suggests that when brain storms fail, we can advance to brain blizzards.

The big-guns might even have brain cyclones.

Countless is the wealth of many a count.

"Don't bother to forgive your enemies—just forget them."—Charcot.

The seasick man wants the earth.

When an advertiser "guarantees," who guarantees him?

In bygone days they wrote, "Let us then be up and doing;" now it is, "Get busy!"

THE HOMŒOPATHIC RECORDER.

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NO 5

THE BARS ARE STILL UP.

The Philadelphia newspapers of April 16th, modestly head-lined the fact that the Philadelphia County Medical Society—allopathic, for want of a descriptive name—had admitted to membership four graduates of the Hahnemann Medical College of the same city. The reporter makes the following comment on the act:

“This was the first time in the society’s history that disciples of Samuel Hahnemann have been granted that privilege, and the move is regarded by physicians in general as revolutionary in the professional relations between the two schools of medicine.” What form this revolution is to take the reporter does not state. Dr. Henry Beates, Jr., however, president of the State Board of Medical Examiners (allopathic, for want of a more descriptive term) and general spokesman of late for the medical orthodox, comments on the “revolutionary” event as follows:

“This is not letting down the bars. No homœopaths will be admitted as such. We all know, however, that a physician is a scientific man, who treats suffering humanity in any manner and by the use of any means that genuine scientific study has proved to be of value for relief or cure. A doctor, therefore, cannot possibly be limited to any single theory, cannot be a sectarian.

“We propose, then, to take the stand that all practitioners of the healing profession, from whatever school, may be admitted to membership, so long as they can honestly declare that they are governed by no dogma. This and the proof that they are thoroughly educated in science of medicine as taught at approved colleges are the sole requirements of a technical sort.”

At the first reading this appears to be just what all men of sense are looking for, but the oftener it is read the clearer the avoidance of its own sentiments is apparent. Dr. Beates and his side loudly exclaim against "dogma," but they really mean "all dogma that is not our own."

Medicine is a peculiar science, or art, or whatever it may be termed, in that it cannot, apparently, be formulated into a science. Samuel Hahnemann tried to so formulate it, and men who believe in Homœopathy think he succeeded. Science at its root means "knowing," with the attendant capacity of demonstrating that which you *know*. In all sciences men formulate demonstrable truths which if doubted can be proved, their formulated science is not dubbed by that old scare-crow word (really used only by the narrow minded) "dogma;" but when it comes to medicine the rules that apply to science are useless, for if a man of medicine formulates a belief, as did Hahnemann, it is not an apothegm of science but a "dogma." Homœopathy is merely "dogmatic assertion," they say. If Homœopathy is not the science in medicine of drug therapeutics, then there never can be a science in medicine. Are not the results of every science its true and only test? Wherever and whenever true Homœopathy is put to the test of curing the sick—and is not that the supreme test of medicine?—it gives results so far superior to all other medical methods as to raise the question as to whether the other methods are not harmful.

Yet the men who employ methods that in results are not comparable to those of Homœopathy, and who with no sense of humor, dub their methods "scientific" are willing to receive the homœopaths into fellowship if the latter will abjure their "dogma," which is to say, give up their formulated science. Is not this very requirement evidence of a pragmatism, dogmatic narrow-mindedness quite foreign to science? And what is to be gained by association with those who thus restrict mental freedom? Nothing.

A COMMENT ON OUR MATERIA MEDICA.

By Dr. Lewis E. Rauterberg.

There is no curable disorder in the human body nor any curable invisible morbid change that does not make itself known as

disease by signs and symptoms, and hence by removing the entire complex of perceptible signs and disturbances, the disease itself is canceled. Therefore, to observe the totality of symptoms in each individual case, can be the only guide in the selection of a remedy.

This is the teaching of Hahnemann.

This being the rock bottom of our doctrine, and the very backbone of successful treatment, it does not require very much argument to deduce the immense importance of the books that teach us the symptoms—the deviation from the normal—produced by toxic doses of medicine upon the human economy. To make ourselves familiar with the vast compilations of symptoms in our materia medica is the most important thing in the life of a homœopathic physician. I used often to hear my revered father say that the whole secret of success in Homœopathy lay in just one word, “*study*.” There is no way out of it unless we would be frauds or failures; short cuts and pocket repertories won’t do. There must be toil and sweat and labor and dogged perseverance; we must know it so well that it is *instinctive*: we must be so soaked with materia medica that we can never think without it. Subconsciously we must always be carrying on a quiz class with ourselves. While talking, walking, while in street cars, in society, in business relations, that subconscious mind must be searching every human face and form for tell tale clues and symptoms, and fastening the remedy upon them. *Study*—that is our watchword. Study, read, no matter how often or how long, you will always find great treasures hidden, that will prove invaluable yet; it will “come in handy” and save life and suffering—sometimes when you least expect it. I know it has often been the complaint that these books are too voluminous, that they should be simplified and abbreviated. I used myself to assert with an arrogance for which I now blush, that our materia medica was much too large, uselessly voluminous; but with riper years I have reached the conclusion, not that the materia medica is too big, but that our brains are *too small*, and our duty lies not in shortening the book, but in enlarging the brain. With the conceit of mediocrity I used to fume over the mass of unimportant symptoms (as I called them) and superfluous matter with which our pages are cluttered. I asserted that they should be weeded out, leaving only the vital points. Fool that I was. Which of us with our puny brains can presume to point out the unimportant symptoms!

I was recently shocked to hear a brother physician announce that he had stopped studying when he arrived at the age of fifty, and he thought everyone should. Why, I most modestly assert, that I have studied more diligently and learned more to appreciate the truth and depth and infinite value of our materia medica *since* I passed that age than I had in all my preceding years. It seems to me that I find new gems every day. Things that I had thought entirely superfluous and trifling suddenly assume a lustre and value never dreamed of, and save life and suffering. It fully repays one. The haze clears away, a grasp upon the individuality of the remedies is obtained, the provings are no longer a disjointed string of independent symptoms, but a logical sequence, with a connecting thread through the whole. I remember when my sole use for *Antimonium crudum* was for an overloaded stomach with nausea and white tongue. Occasionally I gave it for rheumatism when the symptoms seemed to tally, but frequently without success. We all have our pet remedies. *Antimonium crudum* was no pet of mine. I saw no connection between the symptoms. I did not see why sometimes it cured the rheumatic and sometimes it didn't. My head was gray before I perceived the wonderful thread upon which each of her symptoms is so plainly strung. That thread is intestinal auto-intoxication, and the hæmorrhoids and the rheumatism, the gout and the callous skin and the snarling temper are all dependent upon and secondary to a sluggish, overworked intestinal tract, and they can only be cured by working back to this starting point. And the *only* form of gout or rheumatism which it *will* cure is that which results from this auto-intoxication.

With shame I recall the time when *Aurum metallicum* was to me a great remedy for melancholia and suicidal mania, useful also in some forms of syphilis and mercurialization. "And it was nothing more." But a daily pegging away at the old materia medica taught me what a fool *I* was and how stupendous was the brain of Samuel Hahnemann. I gradually began to see *why* he mentions *Gold* as a remedy for barren women with indurated and prolapsed wombs; why it cures pining, undeveloped boys; why bone exostoses, rheumatic metastasis to the heart, sclerosis and dropsy. It is because *Gold* ends the blood *thundering* through the body, forcing it through withered and forgotten capillaries, gath-

ering up waste and distributing life to the dying tissue. It eliminates, it absorbs, and it feeds, that is, it forces the blood to do it. And so on with numerous remedies, I could tell you how they unfolded themselves to me.

While speaking of *Aurum*, I will relate several cases which will illustrate the value of its so-called *unimportant* symptoms. A boy of thirteen, becoming overheated while roller skating, sat down on the curbstone to cool off. A severe cold resulted with general aching; next, rheumatism of knees and ankles developed, worse on motion. Next day it had left the legs and attacked the shoulders and arms. From that point it flew back to the feet, which began to swell. He had received *Bryonia*, *Lachnantes*, *Ledum*, etc., according to the symptoms, but at this point I was myself confined to my home for some days and had to rely upon the reports of his parents, which were vague and indefinite. They now reported that while the feet continued to swell, the rheumatism was gone, but that now he had pain in his chest, it hurt him to breathe, it was impossible for him to take a long breath. I gave *Bryonia*, then *Cimicifuga*, upon their representation without good results; the boy grew worse. On the sixth day the mother reported that the boy was so weak that he could scarcely speak. I cross-questioned her very closely, among other things asked, "Lying upon *which* side was the pain worse?"

"Oh," exclaimed the poor, stupid woman, "I forgot to tell you, he can't lie down *at all*, he hasn't lain down for five nights. We have him in a Morris chair, he sits bent forward all night with his head resting in a chin strap made of towels." A light broke upon me. Then I knew it was no pleurisy I had to deal with, but *rheumatism of the heart*. I hastened to his home. As I entered the room I was shocked at the pitiful change in the child since I had seen him six days before. The labored gasps for breath could be heard outside the door, the little figure sat bent forward in the Morris chair, face blue, sunken, cyanotic, feet and ankles swollen as big as watermelons; but the thing that struck me most as I entered was the terrific, visible throbbing of the carotids, which could be seen across the room. It was with great difficulty that I could examine his heart; he could not endure the least touch, and at each attempt gasped, "Oh, doctor, give me time; give me a little more time." I finally made out a muffled, tumultuous heart sound,

as if beating under water. The fever was 103, yet there was a good deal of perspiration, urine very scant, no thirst, no appetite. He had only slept short naps for many nights. He could scarcely speak audibly. I feared the boy was dying. There was a time when I would have treated the heart symptoms with *Aconite* or *Kalmia* and the dropsy with *Apocynum* and what not, and so zigzagged a slow cure or a speedy death. But fortunately I knew better now. I knew that every one of these symptoms are summed up under one remedy, and that is *Aurum*, and it is the *only* remedy which covers every point exactly. I gave *Aurum* 10x. Dose to be given every three hours. I never saw a more brilliant cure. The first dose was at 7 P. M. I requested that they 'phone me at 11 P. M. that night. At eleven the message came, "Louis is in a *drenching* perspiration, he has urinated immense quantities, and his breathing is less labored." At eight o'clock next morning they 'phoned that he had slept peacefully most of the night, though still in his upright position with chin straps. That night he could recline in the chair, and the next he could lie down in bed. The urine continued in unbelievable quantities, the perspiration rained from him, and the swelling promptly disappeared. You see what a profound eliminant gold is when homœopathically indicated. The lad made a rapid and complete recovery with no other medication. He received it first in the 10x, then I rose to the 30th, and then to the 200th, on which I kept him until the poor damaged little heart was quite normal again.

You will recall that every one of the above symptoms are recorded by Hering and Hahnemann in these words:

"Rheumatism which jumps from joint to joint and finally fastens upon the heart.

"Impossible to lie down. Must sit up bent forward.

"Visible throbbing of the carotids.

"Face cyanotic. Gasps for breath. Can hardly speak above a whisper.

"Much perspiration, as in auric fever.

"Swelling of feet and limbs."

Does not that picture the little boy I have just described? Another case yet which proved to me how important are all the *unimportant* symptoms of this and all remedies. A lady brought her little son aged ten to me. The child was not sick, but some-

thing was wrong. He cried if spoken to, he moped, he was cross, tired. He didn't care to romp or play or even fight. He could not learn his lessons. He could not remember anything. He was a sulky, listless, bloodless looking little chap. He had been dosed by other physicians for malaria and anæmia. At first I suspected some vice, but, upon closer examination, decided that the reason of his lack of manly *spirit* and energy was because his *manly body* was not developed properly. One powder of *Aurum* worked a miracle. It made a new boy of him. That was a year ago, and his mother says he has been a different boy ever since. It humbled me to remember that I used to regard the paragraph on "pining boys" under *Aurum* as superfluous and useless, and I would gladly have stricken it from the pages. It took many years for me to grasp the scope of *Aurum* in not only rejuvenating dead and worn out tissue, but also in building up the starved and undeveloped.

I have heard men assert that they only aspired to master the broad lines of a remedy and let the details go. I earnestly assure you that, important as the broad lines are, this is not enough. A wide, thorough understanding of the disposition and meaning of a remedy is not enough. We must possess an infinite knowledge of detail and the finest shades of difference between remedies. It is a Herculean labor and a never ending one. Constantine Hering once said to me: "It is impossible for any brain to remember it all, but it is astonishing how elastic our brains can become by persistent effort."

I was not long ago impressed by the value of a knowledge of detail. A certain lawyer of this city was taken ill while at Atlantic City with a violent cold followed by abscesses in both ears. He suffered agonies and slept only under morphia. A violent chill and high fever indicated the formation of pus. As the attending physicians could afford him no relief, he insisted upon returning to Washington. The physicians protested, but being headstrong and impatient he could not be controlled, and with fever of 103° he arrived, and I was sent for. I found him suffering terribly. The drum of one ear had ruptured, and it was discharging freely. The condition of the other ear was grave. Friends were clamoring for mastoid incision, and the patient was besides himself with agony. I recognized that the Eustachian tube

was closed, so that it could not discharge through *that* avenue. According to the allopathic practice, I suppose, I should have punctured the drum and drawn off the pus, lest it should back water into the mastoid process, causing graver complications. But I know old Hahnemann could do better than that. As there was oily perspiration in spite of the fever and worse towards night, it was clearly a *Merc.* case. I gave *Merc. vivus*, confident of success. After ten hours the patient was not one whit better. It was surely a *Merc.* case I knew. And yet, *which* preparation or combination of *Merc.*? Ah, there is the rub! Of our eight preparations of *Merc.*, all so closely related and similar in general outline, *which* was the key that would fit *this* lock exactly? Here a knowledge of detail was *imperative*. In a flash I remembered that Farrington mentions in an unobtrusive little footnote that where there is closure of the tube, *Merc. dulcis* is preferable. Rejoicing that this detail, this mere crumb of materia medica had been stored up, I gave *Merc. dulcis* 3x. Imagine my delight when at nine o'clock next morning, his wife burst into the office exclaiming that the medicine had worked a miracle with the first dose. He had slept all night and had no pain. *Merc. dulcis* was the key that fitted the lock, you see. It opened the Eustachian tube, the abscess discharged through that avenue and all went well. *Merc. dulcis* was continued for two days. After that the hissing in the perforated ear and the continued discharge seemed to call for *Silicea*, but as *Sil.* must never follow directly upon *Merc.*, I interposed *Bella.* for one day for an erratic neuralgia and then *Silica* completed a prompt and perfect cure.

There is yet another phase of study necessary for the homœopath, a study not often found in books. It is not only necessary to have a broad, comprehensive insight into the general nature of a remedy, and a complete mastery of detail, but to be able to recognize the symptoms in the patient. As we are all painfully aware, patients do not always relate their symptoms in the words of the book, and it is surely a study and an art to be able to recognize and translate them into the language of the materia medica. Here is a clinical example of this point. A young man of thirty was brought to me afflicted with epilepsy of eight years' standing. The attacks were frequent and of frightful severity. He looked almost imbecile. He was florid and scrofulous. He

knew of nothing that aggravated or ameliorated the attacks. He could name no time or circumstance that influenced the fit. They seized him at random. The only thing that he could tell was that he heard voices calling him, calling, calling. He felt that he *must* get to them, he *must* break away, he *must struggle* to reach those calling voices; and then and there he fell in the fit, screaming, struggling and biting. As you know, the books say that the *Stramonium* epileptic hears voices calling him. So *Stramonium* was given. Well, it had no effect whatever. Then I sat down to think and to *translate* his symptoms. I reasoned thus: The prominent symptom of *Bella*. is a desire to *escape*, to get *out* or *away from* where they are, to get from under an oppressing load, to escape from something that holds *to* something else. Again, under *Bella*. we read yet, "illusions of sight and hearing." Might not this epileptic's illusion of hearing and struggle to escape to the voice be translated into *Bella*. Remembering that florid face settled it. I gave him several powders of *Bella*. 30, and he has never had another fit since, and that was two years ago.

In conclusion, I want to call attention to the importance of a careful selection of the books we study, remembering that while many lightweights rush into print, it takes an intellectual giant to be a reliable authority upon this immense subject. If we will cling fast to Hahnemann and Hering, Von Bœnninghausen and Jahr, both the Allens, the brilliant Burnett and good old man Nash, we will have selected books worthy of our reliance. If we live with them intimately we can not *help* but catch some of their glory. Let us stick to the highest type of old true Homœopathy. Remember that the really great men of Homœopathy have invariably been the strictest Hahnemannian homœopaths. I would not for a moment have you think, however, that because I advocate the old Hahnemannian Homœopathy, that I mean nothing modern is worth while. That would be unworthy of any intelligent physician. Do not mistake me, I am warning against discarding old splendors for new trash. While I consider Hahnemann and Hering as the very backbone of our literature, we find in lesser degree modern masters, too. These have perfected a large array of nosodes and added them to our splendid equipment. *Bacillinum*, *Medorrhinum*, *Syphilinum*, *Variolinum* and all the other inums, with the exception of *Psorinum*, represent their

work. I cannot imagine what I would do without *Bacillinum* nowadays, in tuberculosis, or without *Pyrogenium* in septic fevers. And in passing, permit me to remark that of this last I have seen the most brilliant results where physicians and surgeons pronounced cases doomed. I fear this wonderful remedy introduced by Burnett has been sadly neglected, judging by the number of septic cases where I have found the patient being dosed to death with Fowler's solution, quinine and the like, where *Pyrogenium* cured. Stop and think what it is. *Rotten meat*. Could anything be more homœopathic to aseptic or puerperal fever, or any condition where decayed animal matter has been absorbed? We owe debts of gratitude to Burnett for his introduction of it, and H. C. Allen for his admirable proving.

Thus from time to time there arise such great men who can add another bit to the great work of Hahnemann, but not one who has yet been able to detract from it.

For myself, through a long life, while I have gathered useful hints from many writers, I invariably find I am at my best when I am following most closely in the steps of the master, Hahnemann.

The Farragut, Washington, D. C.

MEDICAL "HIGH FINANCE."

The *Journal of the American Medical Association* and the *American Journal of Clinical Medicine* (Abbott Co.) have been waging a feud for some time past. In its issue of March 14th the former turns loose on the Abbott Alkaloidal Company under the rather grave heading, "Modern High Finance and Methods of Working the Medical Profession."

The charges may be summarized as follows, from the columns of the *Journal*:

That many of the alkaloids and active principles of drugs exploited by the company are nothing but "typical nostrums."

That the journal is published for "the exploitation of the various products of the company."

That during the year 1907 Dr. Abbott wrote forty-eight papers that were published in various medical journals, which papers were chiefly devoted to the products he has for sale.

That there are a corps of doctors who write for the company, and who are "afflicted with the testimonial habit:" one of them in a year contributed thirteen "original" papers devoted to thirteen different proprietary preparations, but now writes solely of the Abbott proprietories. In short, these men have flooded the medical journals with pseudo-scientific "original" articles which were "clearly advertising matter."

That the company issues "bonds" to physicians (it is estimated that \$125,000 have been sold to the doctors), which makes them really profit sharers, yet these bonds are "simply unsecured notes, nothing more."

That the real estate of the company is mortgaged to Dr. Abbott for \$30,000.

That the Ravenswood Bank is now in the hands of a receiver; its president is secretary of the Alkaloid Co.; its vice-president is Dr. W. C. Abbott, and Dr. W. F. Waugh is a director. The bank owes its depositors "over \$400,000." The Abbott Company (*Chicago Tribune*) owed the bank \$100,000 on personal notes of \$100 or thereabouts held by 1,000 physicians throughout the country." These notes are the "guaranteed participating co-operative bonds."

That the Abbott Company is now offering preferred stock "guaranteed" to pay the doctor 7 per cent.

Incidentally, it is noted that Dr. Abbott is, or was, actively interested in selling the stock of a silver mine to physicians.

The foregoing is a bald outline of over ten columns, in fine type, devoted to the matter by the *J. A. M. A.*

It is said that France is one of the richest, or the richest, nation in the world. The Frenchman puts his surplus money into securities that are *safe*. If the doctors of the United States were in the future to follow the example and put their surplus into *safe* stocks, bonds or mortgages, and cease chasing the get-big-returns bubble, it would be but a few years until collectively they would be a wealthy body of men. Do not look for big returns. A thousand dollars safely put will return from forty to fifty dollars a year, and can be turned into cash at will. It is not much, but each year it will be easier to increase the safe investment until the aggregate will constitute sufficient to retire on. But so long as the doctor rises to the bait of silver, gold, copper or other mines,

or oil stock or other schemes that the promotors assure him will "conservatively" earn 10 per cent. and "probably will pay" 30, 40 or 100 per cent., so long will the doctor and his surplus be easily parted.

The *very worst* investment a doctor can make is in the stock or securities of a pharmaceutical concern; and this is true even though the concern should prove to be successful, which it nearly always doesn't. Let it be whispered in a community where a detrimental word spreads like a drop of indigo in water: "Yes, Doctor X is financially interested in the company whose medicines he gives his patient," and a subtle blight has touched that doctor. It is an unjust and unmerited insinuation; the fact of the securities owned may not swerve the doctor a hair's breadth from his duty to his patients, but until human nature changes it will insidiously work detrimentally to a physician.

This is not written with a view to what is past—that speaks for itself—but with reference to the future. Turn your backs on the *promising* baits, and put your money where it is safe, where it will pay you an assured income, and in securities that can be turned into cash whenever wanted. The writer is not theorizing, but can look back on money that had it been invested as outlined would have been a comfortable competence, but to-day is worth—nothing, literally not one red cent. Where did it go? Oh, in iridescent mines, oleaginous "wells," glittering "companies," in business enterprises managed by others, in all sorts of ways. The one certain thing is that the money "went."

All this is somewhat out of the RECORDER's path, but it is an honest effort to warn physicians against the anglers that are ever fishing for their surplus, and if it prevents any reader from making a—from making a bad investment it will not have been written in vain.

BOLDO AND BOLDINE.

By Dr. Eduardo Fornias.

PHARMACOLOGY.—The Chilian shrub BOLDO is the *Peumus Boldus* of Molina (1782); *Peumus fragrans*, Pers; *Boldea fragrans*, C. Gay, also Juss.; *Ruisia fragrans*, Ruiz and Pavon.—³ (see Bentley and Trimen, Medicinal Plants, 217.)—*Synon.:*

Laurel de Chili: *Laurelia aromatica*. Sp.—Nat. ord. *Monimiaceæ*.—*Note*: There seems to exist some dissent about the botanical classification of *Boldo*, for while the majority consider the plant the *Peumus Boldus* of Molina, a few regard it a *tetranthera* (four anthers), Jacq.; of the Nat. ord. *Lauraceæ*.

The *Boldo leaves*, which are the parts chiefly used in medicine, are opposite, on short pistils, coriaceous, about 2 inches (5 cm.) long, broadly oval or oval-oblong, very obtuse at the apex, entire or somewhat undulate on the margin, with numerous glands upon their surfaces, rough on both sides, glossy above, and pale and hairy beneath. When dry they are reddish-brown, fragrant, and of a refreshing aromatic pungent taste. The *bark* is usually employed in tanning and to perfume wine casks; the *wood* is esteemed for charcoal making, and the *seeds* are said to be eaten by the Chilians.

It is in the intercellular spaces of the leaves that a large amount of an *aromatic volatile oil* has been found, and it was Claude Verne (1875) who first obtained from them about 2 per cent. of this oil. *Boldo leaves* also contain about 10 per cent. of an alkaloid called BOLDINE, discovered by Bourgoïn and Verne (1873), and which on account of its *toxic effects* should be employed with caution. It imparts to water a bitter taste, and is soluble in alcohol, ether, chloroform, etc. It is an *hypnotic* and *local anæsthetic*, whose dose is 2-4 grs. (0.133-0.266). More recently Chapoteaut found the glucosid BOLDOGLUCIN ($C_{30}H_{52}O_8$), which is also *hypnotic* and *narcotic*, and it has been given in capsules in doses of 20-60 gr.

Verne was the first to propose a TINCTURE OF BOLDO, made with 20 parts of the leaves and 100 parts of 60 per cent. alcohol. There is also a *wine* made with 3 parts of the leaves and 100 of *Madeira*, as well as an *aqueous* and an *alcoholic extract of Boldo*, the latter prepared by evaporating the tincture. The *mother tincture*, prepared according to our methods, can be obtained at Boericke & Tafel's pharmacies.

Physiological Action.

1) BOLDO seems to owe its properties to its alkaloid BOLDINE, and like *ginger*, *cardamons* and *mint* is an aromatic stimulant. Like all plants which contain an essential oil, *Boldo* in moderate

doses is an active *stimulant of the nervous and circulatory systems.* (Stille.)

2) BOLDO, and chiefly BOLDOGLUCIN, in moderate doses excite the biliary function and provoke sleep. At a very high dose BOLDO becomes toxic, producing *burning in the stomach, vomiting, purging,* etc. (Martin.)

3) Fifteen grains of the *extract of Boldo* dissolved in 14 cm. of alcohol, were injected into a dog, and the dose renewed at the end of an hour, when the animal *could not stand on his legs and was sleepy,* and his temperature had fallen a degree or two. (Early theoretical critics claimed that these effects were, in a great measure, due to the alcohol, but this opinion is not supported by later researches. We know to-day that the alkaloid BOLDINE is an *hypnotic* and *local anæsthetic,* similar to *Cocain,* and that even the glucoid BOLDOGLUCIN has *hypnotic* and *narcotic* properties.)

4) Among the symptoms following the administration of the *volatile oil* to a large dog, none referable to the *nervous system* were observed, but the *urine* acquired a strong smell, the *stomach* was disturbed by vomiting, and the *bowels* affected with diarrhœa. (Stille and Maisch.)

5) In man even the *tincture* is represented by some, as not to have produced *cerebral* or *spinal phenomena* (a perverted statement), but only a *glow in the mouth, fauces and stomach,* and *some quickening of the pulse.* It is also claimed that in the dose of 30 or 40 cg. of the *oil, in capsules,* only some *burning at the epigastrium, nausea and eructations* were produced, which, as well as the *smell of the urine,* lasted for not less than twelve hours. In still larger doses only a higher degree occurred of the same phenomena, with the addition of *diarrhœa.*

6) Experiments upon himself by Verne (1882) showed that BOLDO affects neither the circulation, the temperature, nor the secretion of the urine, but that it *augments the discharge of urea.* (*Bull. de ther.,* CII, 286.) There we have a clear evidence of the influence of BOLDO on *hepatic metabolism.*

7) More recent investigations place BOLDO not only among the *tonics,* but among the *antirheumatics* and *antifebriles.*

8) According to Pascaletti (*Therapia Moderna,* 1891) BOLDINE when injected hypodermically *paralyzes both the motor and*

sensory nerves, and also attacks the muscle fibre. As a local anæsthetic he believes it superior to *Caffeine*, but inferior to *Cocaine*. When given internally in toxic doses it produces *great excitement, with exaggeration of the reflexes and of the respiratory movements, increased diuresis, cramps, disorder of co-ordination, convulsions, and finally death from centric respiratory paralysis*, the heart continuing to beat long after the arrest of respiration, and finally stopping in diastole.

9) BOLDOGLUCIN acts on the lower animals as a narcotic. Fifteen drops of the oil cause in man some *warmth in the epigastrium*; in half a drachm doses, much *gastric irritation, with pain and vomiting*, and the passage of the urine smelling strongly of the oil. Larger doses than 5 drops of the *tincture* are apt to vomit and *purge*. (Wood.)

10) All the clinical researches and physiological experiments made, says Houde, agree as to *the influence of BOLDINE on the liver and on hepatic affections*. All its therapeutic activity is concentrated on this organ.

A careful analysis of the above observations readily show that BOLDO and its derivatives act with energy, not only on *digestive and hepatic metabolism*, but on the *motor and sensory nerves and the brain*.

THERAPEUTICS.—Much of the knowledge I have of BOLDO today I owe it to my friend, Dr. Saaverio, of Havana, who, besides supplying me with sufficient and valuable data, informs me that in Chile, *vulgar therapeutics* employs both the bark and leaves against *rheumatism and dropsy*.

There seems to be no doubt that BOLDO acts favorable upon *hepatic congestion*, especially when attended with *painful phenomena*, and it is claimed that it has been efficacious in *hepatic colic*. The enthusiasm of some goes so far as to declare it a wonderful agent to combat *diseases of the liver*, particularly *ascites* due to atrophy. Moreover, our opponents assert that BOLDO has proved serviceable not only as a *tonic* but as an *anti-rheumatic* and *antifebrile*. BOLDINE as an *hypnotic* and *local anæsthetic*. BOLDOGLUCIN as a *narcotic* and *hypnotic*. The bark has also been used for the cure of *dysentery*. The oil for *gonorrhœa* and *chronic cystitis*.

From the current literature on BOLDO we still take additional

commendations. This remedy has been recommended in alcoholic and vinous solution for *anæmia*, *dyspepsia* and general debility, and the *oil* has been proposed for the relief of *catarrh*, especially of the urinogenital organs. (Stille.) Dujardin Beaumetz recommends BOLDO as a *stimulant tonic* and in *affections of the liver*; he found the *oil*, in 5 drop doses, a useful remedy in *genito-urinary inflammations*. (*Bull. gen. de Therap.*, 1875.) According to Chernoviz BOLDO (*holdea fragrans*) has been extolled against *blenorrhœa* and *liver troubles*. The same authority recommends the *alcoholic tincture of Boldine* for *dyspepsia* and *chloroanæmia*, and during the *convalescence of serious fevers*. He also refers to the good effects obtained with BOLDO in *acute and chronic cystitis*. (*Guia Medica*, 4th Edit.) Potter states that BOLDO is chiefly used as a *substitute for quinine*, and as a *tonic* for cases of *chronic hepatic torpor*, and that in S. America is employed for *gonorrhœa* and *chronic cystitis*. (Memoranda on New Remedies.) Verne (1883) employed this remedy with success as a tonic in *chronic hepatic torpor*, and in *hepatitis*. (Doses higher than 5 drops of the tincture often produced *vomiting and purging*.) René Juranvillec employed BOLDOGLUCIN, with asserted success, as a *hypnotic* and *calmative* remedy in *insanity*. The dose was from 20 to 60 gr. in capsules. (Wood.)

To Haudé, of Paris, however, we are indebted for the highest encomium of BOLDINE as a hepatic remedy. He states that "in cases of *chronic hepatitis*, *jaundice*, *hypertrophy of the liver*, *hepatic colic*, and *diseases of the liver* contracted in the Colonies, BOLDINE gives rapid and conclusive results, often determining a complete cure." He says, in addition, "that due to its properties the *constipation*, the *bilious vomiting*, the headache, the *jaundice*, the *dyspnœa*, all disappear with notable success. The morbid symptoms are dispersed, the *hepatic sensitiveness* vanishes, the *urine*, which is at first of the color of coffee, becomes clear and leaves no sediment, and there is a *cessation of the fever*, *chills* and *sweating*. He makes also reference to other notable changes, namely, the decrease in the volume of the liver, the return of the appetite and the gradual gain of strength, thus, slowly and progressively attaining the cure." (The dose he uses is a granule of one millegramme, six times a day.)

This is a sweeping claim which should be received with caution,

and yet there seems to be a consensus of opinion as to the valuable influence of BOLDO upon the *liver*, a gland so greatly concerned in metabolic activity, in the breaking down of albuminoids, in the elaboration of urea, and in the blood making process; an organ which suffers, more or less, in all general diseases, where many of the symptoms are due to *hepatic disturbance*; and as we know that BOLDO, in moderate doses, *excites the biliary function* and *induces sleep*, we may anticipate good results from its use in *torpidity of the liver* with its train of distressing symptoms. Moreover, its *toxic effect*, when given in large doses, are chiefly translated by *great excitement*, with *aggravation of the reflexes* and of the *respiratory movements*, *increased diuresis*, *cramps*, *disorder of co-ordination*, *convulsions*, and *even cardiac failure*, which together with the *gastric burning*, *vomiting* and *purging* which also produces may become indications of value in many *diseases of centric, medullary* and *gastro-enteric origin*.

We should also notice that BOLDINE *paralyses, both the motor and sensory nerves*, *attacks the muscular fibres*, and *produces anæsthesia*, a symptom which may arise from *organic disease of the brain, cord, or nerves*, or from *functional nervous disease*, as *hysteria*.

We have also clear enough evidences of the effects of the OIL OF BOLDO upon the *genito-urinary track* to suggest its application to *gonorrhœa* and *cystitis*. It has been compared with TEREBINTHINA, which in excessive doses *deranges the stomach and bowels*, and produces *oliguria*, *albuminuria* and even *hematuria*, and is eliminated chiefly by the urine, as CUBEBA. CUBEBA, like BOLDO, produces *gastro-intestinal irritation*, with *nausea*, *vomiting*, *gripping* and *diarrhœa*. COPAIBA is another similar remedy.

The *hypnotic* and *narcotic* properties of its *active principle*, lead us to infer that the *sensorium* is profoundly affected by this drug, which may prove a useful remedy in *any morbid condition attended by drowsiness or stupor with gastric or hepatic irritation*, and as *atony of the stomach*, *acute yellow atrophy*, *acute alcoholism*, *jaundice*, *lithæmia*, etc.

Of course, any use we may make of this drug, at present, will be empirical or experimental, and it seems indeed officious and unwarrantable to run after unproved remedies, of doubtful origin.

when we have at our disposal so many therapeutic agents of admitted value to combat not only *liver troubles*, but all classes of disease; drugs with a long clinical history, well experimented upon the healthy human organism, strictly confirmed and sanctioned by experience. And yet we cannot afford to ignore the claims of honest men, especially in an age in which the impossible no longer exists, and surely, in this case, we should suspend adverse judgment as to the value of BOLPO in *liver disorders*, for, if the clinical symptoms of Dr. Olivera's cases published in THE RECORDER, for August, 1907, should ever be verified, we will then have good reasons to undertake the proving of a plant, which really seems to own valuable properties.

The synthetic syndrome of Dr. Olivera's cases can be laconically expressed as follows: 1) "*Burning pain in the region of the liver, with inability to bear the weight of her garments. Sensation of weight, pain in the stomach, and a feeling of something hard, that she thought was a tumor. No appetite, mouth bitter, constant headache, constipation, insomnia, sadness and weeping all the time; for eight years could not bend the right knee. (Probably a hysterical symptom.) Her face had a yellow-clay look, languid, glazy eyes, tired feeling while talking, with dyspnea.* 2) *Hepatic abscess, with vomiting of pus.* 3) *Bloated, cyanotic countenance, with high delirious fever.*"

It is to be regretted that Dr. Olivera omitted to give us his *thermometrical and hematic observations*, as well as to tell if there was or not a *history of malaria* in all his cases: and important would have been also to know, if in the study of his cases, he did consider such drugs as SEPIA, KALI CARB., PULSAT., NAT. MUR., SULPHUR., ARG. NIT., CHELID., HYDRAS., PHOSPH., and MERCURIUS, etc.

TRANSACTIONS OF THE SIXTY-THIRD SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHIC.

This big volume of 1,175 pages, edited by Secretary Kraft, to hand. Here are a few little bits picked from its pages that may be of general interest:

Dr. Peck, in his report on International Homœopathy, tells us

(and he is generally very accurate) that there are 312 homœopathic physicians in Germany, England has 193, Spain 142, France 120, Russia 61, Italy 47, Austria 44, Belgium 44, Switzerland 24, Holland 22, Denmark 6, Greece 3, and Portugal 2. Proportionately the pharmacies largely outnumber the physicians, which seems to show that Homœopathy is very popular among the people. For instance, England has 73 homœopathic pharmacies.

Dr. J. P. Sutherland in his paper spoke of: " 'Combination prescriptions' and 'combination tablets' whose use, in my own belief, is being viewed with too complaisant an eye. The specialist in therapeutics who calls himself a homœopathist, cannot consistently make use of drugs whose action on the healthy remains unproved. Where are our provings of 'combination tablets?' Let the physician employ such if he desires—but let him not call himself a homœopathic physician while employing them."

The Committee on Drug Provings state that several colleges have appointed directors of drug proving.

The Pharmacopœia Committee stated that an effort had been made to have the new pharmacopœia adopted by the U. S. Government as official, also this comment: "In the meantime, let us promote the success of Homœopathy in the United States by binding ourselves together by an additional tie-loyalty to pharmacopœia. To do this we must see that all our pharmacists conform to its directions so that their preparations shall be uniform and official, and that the remedies spoken of in our literature shall be in its nomenclature. Only thus can we have a uniform scientific literature. During what may be called the transition period it would be well to remember that the θ and $1x$ are the same, and to mention that fact wherever they are used in reporting cases." But suppose it is impractical?

The committee to investigate the value of *Variolinum* as a prophylactic against small-pox said that "Experience with the remedy is practically conclusive as to its value in immunizing against small-pox." Also "The conclusion of your committee is that *Variolinum* is an effective means of immunizing against small-pox, and we recommend that as such it shall be accorded proper recognition at the hands of the American Institute."

The Committee on Medical Examination Boards said: "A renewed effort, more open than ever before, is making to ex-

tinguish completely our school of practice, through legislative enactment, assuming that they have the right to govern all medical legislation. While we believe the majority are honest in this course, we cannot think that the arbitrary leaders are altogether sincere in the movement."

Here is a practical hint from remarks made by Dr. H. C. Allen on the subject of homœopathic missionary work: "One of our graduates went to Texas a few years ago, and sent to me for 500 tracts to distribute. I said, 'Does this pay you?' He replied, 'I have all I can do.'"

Dr. W. F. Hinckley wanted to look into Homœopathy and was referred to the *Encyclopædia Britannica*, and grew indignant that an allopathic doctor should have been employed to describe, so "I went down to Lafayette street and bought these books, the *Organon*, *Key Notes*, *Jahr's Forty Years* and *Bryant's Pocket Manual*—costing seven dollars, then I studied Homœopathy that year, and the next year joined the homœopathic profession. I did not throw away all the palliative medicine I had on hand, but I did use the law of similars as fast as I could absorb it, until now I practice Homœopathy and have for a great many years."

Dr. John P. Sutherland said of homœopathic editors: "The most formidable single problem the homœopathic editor has to face stares at him from the advertising pages of his journal. Advertisements are a journal's sinews of war. Advertisers, the stoutest financial supporters of a journal, may easily become its most subtle and powerful ethical and professional foes, the more so as they are so literally foes in its own household."

Dr. H. E. Beebe got off quiet satire: "Dr. Osler in the first editions of his works on practice appears in the role of the therapeutic nihilist. But seeing that this was not fully accepted, in his second editions he commends the use of medicine, a direct contradiction to his former books." "Thrift, Horatio, thrift!"

An allopathic doctor was quoted: "Did you ever note the fact that without the contributions made by the proprietaries our drug equipment would with very few exceptions be practically where it was fifty years ago?"

Another allopath: "If no more attention was given in the course of study to surgery than to materia medica, surgery would be in the hands of the instrument makers, as materia medica is in the hands of the manufacturers of drugs."

MY EXPERIENCE IN TREATMENT OF CANCER.

Editor of the HOMŒOPATHIC RECORDER:

In February number of the RECORDER I find an article by Dr. Cheesman, On Danger of Pregnancy Following Operation of Cancer of the Chest. The doctor writes from the standpoint of a surgeon; I will write as a medical specialist, a homœopath.

When the doctor sees danger following pregnancy he is perfectly right. Every patient operated upon for this goes soon if pregnant or not, besides suffering the tortures of the damned before she dies. Dr. Beaston in ablating the ovaries was able to effect the disappearance of the disease. Does this not point to the origin of it? I say that if pregnancy occurs with a patient afflicted with mammary cancer, it is a favorable condition for a cure, it proves that the functions of the sexual organs are still intact, and when so are more amenable to treatment.

Pregnancy stimulates the growth by increased activity, transferring the disease to the breast, but it does not produce it.

Homœopathic treatment will retard and extinguish according as the uterus and appendages are rendered active or functionally obsolete.

I speak from experience in about seventy cases of cancers. My success in the treatment of cancers is as good as in other severe diseases. I do not extirpate in a single case. Well directed homœopathic treatment cures, never kills. If the disease is too far advanced does not shorten life, it smooths the path to the grave what no operation can do. Have never found a healthy liver in a cancer patient, never healthy sexual organs with mammary cancer. Does extirpation cure this? No, it throws the outer offsprings of the inner evil back with greater force to the first cause, hence speedy death.

Sweeping knowledge of homœopathic materia medica and therapeutics is the only way to handle cancer.

I am happy in knowing this, and so escape the condemnation of conscience. "Clear up the case," hunt the cause, read between the lines, do not follow fads. Do not warn against pregnancy, help it on with well selected remedies. Be a thorough and true homœopath. Early recognition, not early extirpation; the latter is evidence of ignorance.

Respectfully,

DR. J. H. PETERMAN.

Ardmore, Oklahoma, March 9, 1908.

HEREDITY AND TUBERCULOSIS.

“Professor Karl Pearson,* than whom there is no higher authority on biologic statistics, finds that his researches on the incidence of pulmonary tuberculosis rather favor the presumption of hereditary being a leading if not a dominant factor. It is impossible, he admits, to assume, with the present insufficient data, that any disease is inherited in the same sense that physical and mental characteristics are inherited, but if inheritance of a consumptive tendency or diathesis is not assumed, it is difficult to explain the facts, or to see how any one escapes with the actual universal distribution of the infection, especially in dense populations. Few individuals, he says, who lead a moderately active life can escape an almost daily risk of infection. Another fact pointing the same way is that the average age at the onset of the disease is practically the same in all cases, whereas with the infection theory, pure and simple, it should occur earlier when a constant possibility of infection exists, as, for instance, in families where some members is a sufferer from the disease. Statistics show only an insignificant difference in such cases. The present tendency to magnify the infection factor at the expense of the formerly more generally accepted view of the importance of heredity in the spread of pulmonary tuberculosis is, we think, largely based on *a priori* grounds. When consumption was demonstrated to be due to microbic infection there seemed to be little need of invoking any other agency. Another thing favoring the change of view was the apparent better prognosis afforded, and further, we may perhaps consider the advocacy of the infection theory as somewhat prompted by ideas of expediency as falling more readily in line with the active campaign against ‘the great white plague.’

“For a biometric authority like Professor Pearson to magnify the importance of heredity in tuberculosis is, however, significant and should tend to modify some of the radical utterances that consumption is not and can not be, in any proper sense, hereditary. Another fact brought out by Professor Pearson is that, while the offspring of consumptives are not less fertile and in all probability are even more fertile than those of normal heredity, the fact that

*A First Study of the Statistics of Pulmonary Tuberculosis, London; reviewed in *Nature*, Feb. 27, 1908.

consumption is pre-eminently a disease of youth and early middle life, lowers the marriage rate and the period of fecundity, and thus tends to lower the normal birth rate of a community."—*Journal of the American Medical Association.*

It is not improbable that in a few years the man who talks "germs" as the cause of disease will be hooted and jeered as being "out of date." "a back number" and an "old fossil."—RECORDER.

ASCLEPIAS TUBEROSA.

By C. M. Boger, M. D.

Pleurisy root is a general relaxant, increasing the secretions. This is particularly true of the skin, mucous membranes and pleura. There are also certain myalgic manifestations. Often a gentle perspiration only appears, then again the sudiferous glands may be very active and pour out a profuse sweat; in either case the moisture seems very natural.

The intestinal secretions are also augmented, ending in a very characteristic diarrhoea. The provings show several kinds of stools, but the one most commonly met with in practice has an odor of rotten eggs (*Chamomilla*) and burns the anus like fire (*Iris versicolor, Lycopodium*) as it passes. It is generally of a dark color. I recently cured a diarrhoea of this kind in an aged man who had just passed through a long siege of pneumonia under allopathic care. It was interesting to note that as the diarrhoea improved he showed symptoms indicative of incipient pleuro-pneumonia, but it all passed away without any special event. You should know that when old symptoms reappear they had best be left alone as they will eventually pass away of their own accord and leave the patient in much better health. If you are imprudent enough to give a new remedy while the symptoms are leaving in the reverse order of their appearance, you will generally spoil the whole case and get the patient as well as yourself into a lot of trouble. It also has stools like moss floating in water (*Magnesia carbonica, Gratiola*). It also has oily stools, leading one to think that it must have some effect upon the pancreas. Other remedies with this symptom are, *Causticum, Picric acid, Phosphorus, Thuja*, etc.

The main interest in *Asclepias*, however, centers about the chest. Very many cases of pleurisy and pleuro-pneumonia and some of the pleurodynia have been cured by it. In such instances the temperature is usually not very high, and the pulse is soft and compressible. There are various sorts of chest pains, none of which are especially noteworthy unless it be one of a cutting nature. It is usually sensitive externally, and the patient has a desire to sit up and lean forward. The cough is usually partly moist, and may not be painful. Like under *Bryonia* the cough often causes pain in forehead and abdomen, but the posture assumed is just the opposite. It is one of the drugs having diagonal pains.

It must always be remembered that the homœopathic prescription is based upon the combination of the symptoms and of their groups. When the groups containing the principal actions of the remedy are combined we may reasonably expect a good result, if the conditions agree, even if the symptoms given have not as yet been elicited in the provings of that particular remedy. In the case of *Asclepias* we have sweatiness combined with pleural and enteric symptoms, the former ameliorated by bending forward and the latter marked by burning discharges; when this combination is present your remedy is certain.

Compare: *Bryonia*, *Ferrum phosphoricum*.

Lac Caninum.

Some of the earlier writers in medicine mention the use of bitch's milk as a remedy, but we owe its modern use in medicine to Homœopathy, where it fills a very useful and pretty well defined place. It is not a little remarkable that the weak points in the organism of the dog should correspond to the region most affected in the human economy by provings of this substance.

The tendency of *Lac caninum* symptoms is erratic, to wander from place to place, but in doing this they almost invariably change from side to side, be the disease what it may. This is especially true of the throat manifestations. Objectively the parts may present almost any appearance from a simple angina to tonsillitis or diphtheria. As a matter of fact, this repeated changing from side to side happens in recurrent tonsillitis oftener

than in any other throat affection. For this type of sore throat it is the only remedy I know of.

In diphtheria the membrane is very often of a glistening, china-like whiteness, and the mucous membrane of the throat also takes on this glistening or varnished appearance. (*Apis*, *Kali bichromicum*.) Cracks often appear in the angles of the mouth and nose.

This alternation of sides is not restricted to the throat by any means; it is not unusual in the female sexual organs, first in one ovary then in the other, or they shoot from one to the other. Here *Cimicifuga* leads all other medicines, but if the concomitants agree *Lac caninum* may be indicated.

Before we leave the female sexual sphere I wish to call your attention to the great usefulness of this medicine in drying up the breast milk. Sometimes, for various reasons, you may find yourself compelled to stop the flow of milk, and it will be one of the pleasures of your practice to do this without resorting to the nasty practice of applying camphorated lard or *Belladonna* ointment, like the old school. If *Lac caninum*, in the rapidity of its action should form a few nodules in the breasts, *Phytolacca* will speedily disperse them.

The *Lac caninum* patient is exquisitely sensitive, overwrought and full of all kinds of horrid imaginations: she thinks she is tormented by the presence of snakes, dreams of them, is terrified by them. She fancies her body is loathsome with disease or that she has some poison or other in her system (*Lachesis*, *Vipera*). She even don't want her fingers to touch each other, so she keeps them spread apart (*Lyc.*, *Sec. c.*). This sensitiveness extends to the retina, which retains impressions of objects long after the eyes have been turned elsewhere, like *Nicolin* and *Tuberc.* *Lac caninum* then presents the very useful combination of throat and sexual symptoms; one that will come up in your work pretty often, and when it does you will do well to look this remedy over very carefully. Sore throat coming on and passing away with the menses should attract your attention. (*Mag. c.*) Menses are sometimes green.

The symptoms are very apt to be worse on the morning of one day and on the afternoon of the next. In a general way it reminds one very much of *Lachesis*.

FINDING OF THE SIMILIMUM IN HOW TO TAKE THE CASE.

Editor of the HOMŒOPATHIC RECORDER:

I enclose a letter (see below) from Dr. Lusk, which I desire to answer through the pages of your journal.

I think this the best way, because there may be others that might get "balled up" as is Dr. Lusk, and I can see how it might be so. I tried in the footnote on page 45 to make myself clear as to symptoms of different values, but perhaps should have added that in the count I always allow the numeral 3 for the highest grade symptoms, 2 for italics, and 1 for the ordinary symptoms, unless, as Dr. Lusk does, I only use the two higher orders, which I also find very practical. In common, offhand work if (as Dr. Lippe used to say) I get three of the symptoms styled *peculiar* or *characteristic* by Hahnemann (Sec. 153 Organon), I have the three legs to my stool and can feel quite safe sitting upon it. Of course, more mane it firmer. But in working out a difficult chronic case repertory work will sometimes be necessary.

I will repeat in substance what I meant to be understood in the footnote referred to that if I had a case of twenty symptoms and one remedy covered eighteen of them, but only three were characteristic (or strong), and another remedy covered only twelve of the symptoms, but ten of them were characteristic, I should certainly choose the latter remedy.

Hoping this may answer not only the very honest and pertinent question of Dr. Lusk, but others in whom the same question might arise, I will close by thanking Dr. Lusk and all others who may honor me with a study of my modest endeavors to be helpful to my brethren in the profession.

E. B. NASH, M. D.

Port Dickinson, N. Y., April 22, 1908.

E. B. NASH, M. D.

Dear Doctor: I have just finished reading your little brochure, "How to Take the Case," but a question arises which is not answered therein relative to how to "find the similimum." Take for example the sample case given, what symptoms do you place first

in studying the case from Bœnninghausen's Pocket Book? In my work with the Pocket Book it is my plan to take what seems to be a leading symptom, select the remedies named, all except those in the smallest type, and use this list to choose from under the next important symptom. This is also the method used by Dr. George Royal, of Des Moines, ex-president of the A. I. H. From your discussion of the case in studying the remedy I do not catch the significance of the numerals affixed to the various remedies, and I can not quite see by what process you arrive at a conclusion. No doubt the fault is my own, but really, doctor, I can not tell from your book by what methods you find the similinum.

If it is not asking too much of you I should consider it a great favor if you could find time out of your busy life to explain this point to me.

Awaiting your pleasure and convenience for a reply. I am,

Yours very truly,

E. E. LUSK.

Keota, Iowa, April 10, 1908.

HOMŒOPATHIC PHARMACY.

The RECORDER has received a letter from a well known homœopathic pharmacist strongly commending the position taken by this journal on the pharmacopœia question. From the pharmacist's point of view (it may be added that the letter referred to is by no means the only one received of a similar tenor) the chief objection to the new pharmacopœia is that it is impractical, and the sooner the gentlemen who are actively upholding it, out of a sense of loyalty to the Institute, realize this the better it will be for Homœopathy. The very best thing that could be done in the matter would be to let the book quietly slip into oblivion, as the old school has done in a parallel case. On this point another pharmacist said: "The old school men tried something similar when they wanted (officially only) to have their tinctures 'assayed.' It was found to be impractical with few exceptions that always have been assayed, and given up; one or two houses for a time made a bluff at it but no one paid any attention to them and they dropped the bluff. In all probability they did not change the mode of making tinctures before or after their bluff."

It is the old story over again, beautiful (to some) in theory, a dismal failure in practice. Individually, with a very few exceptions, the members of the Institute seemingly care little about the matter;* they probably realize that pharmacists naturally know more about the preparing of tinctures than they. Only two homœopathic pharmacies *claim* to follow the new book to-day; several tried it but gave it up. They did not abandon the new pharmacopœia because they wanted to "fight the Institute," or on account of "hostility" to any one, but because the new work is impractical.

Another point worthy of consideration even by the friends of the new work is that it is based on the atomic theory, one that is now no longer tenable or held by any scientist. Is it wise to have a book based on an abandoned theory adopted as the homœopathic standard by the United States Government?

CRATÆGUS OXYACANTHA.

By Crawford R. Green, M. D., Troy, N. Y.

The introduction of *Cratægus oxyacantha*, the Hawthorn berry, into medicine as a heart remedy is attributed to a Dr. Green, of Ennis, Ireland. From time to time this remedy has attained to some sporadic vogue, but it has never received that general recognition which it so richly deserves. Indeed, *Cratægus* has given such uniformly successful results where it has been employed in heart conditions that, although a comparatively new remedy, the neglect it has received, both in our literature and in our practice, is quite remarkable.

Unfortunately, this wonderful remedy has not been proved, so that we know little of its truly homœopathic action. The clinical observation of those who have employed it, however, is sufficient to establish that it is no exaggeration to say that it is one of the greatest heart remedies which we at present command.

The action of *Cratægus* is so broad that there are few heart conditions it does not include, and none that contraindicate it. In

*When the new pharmacopœia came out Boericke & Tafel prepared all the leading drugs according to its directions and catalogued them, but there is very little call for them.

fact, it may be regarded as approaching a specific for cardiac conditions in general. It acts both as a powerful heart tonic and as a stimulant. It profoundly affects the circulation, strengthening the weak pulse and regulating its rhythm, correcting alike tachycardia, brachycardia, or simple arrhythmia, apparently regardless of cause.

Its action in valvular heart conditions is truly remarkable, whether the mitral or aortic area be affected. It seems to have positive power to dissolve valvular growths of calcareous or vegetative origin. It is of value, too, in heart conditions caused by, or associated with anæmia.

Cratægus has saved many lives in cases of organic disease with failing compensation. In the pronounced œdema of such conditions, it manifests a diuretic action in every respect rivaling that of *Digitalis*, *Apocynum* and *Strophanthus*. Some observers have found the extreme dyspncea frequently associated with these conditions to be a leading indication for its employment. Unquestionably, it has a powerful action upon the pneumogastric nerve, correcting its inhibitory function when heart failure is imminent as a result of over-stimulation.

In heart pains of various kinds, where we so frequently think of *Cactus*, *Spigelia*, *Kalmia*, and their allies, *Cratægus* often gives relief when other remedies fail. In angina pectoris it is of indubitable value. Jennings has reported its use in a series of forty cases of true angina with remarkably good results.

As a heart stimulant and sustainer in the infectious fevers, *Cratægus* is of the greatest service. In diphtheria, typhoid, pneumonia and all other toxæmic conditions, it may be confidently prescribed as a routine measure upon the least sign of a flagging heart. In such conditions, it gives results far safer and far more effective than alcohol, *Digitalis* or *Strychnia*. When employed in this manner, I have frequently seen lives saved with it when I am confident that any other form of stimulation would have failed. In two cases of typhoid fever I have seen heart murmurs disappear within twenty-four hours after its administration, reappear within a few hours when the remedy was experimentally discontinued, and again disappear upon its readministration.

In fatty degeneration of the heart, where, above all, we must guard against the dangers of over-stimulation, *Cratægus* is an

absolutely safe remedy. For this reason, pulmonary tuberculosis, so generally associated with fatty heart, presents a field of exceptional utility. In the tubercular wards, it has been shown that *Cratægus* will often tide a patient over critical periods when adrenalin is of too transient action, and *Strychnia*, always dangerous in pulmonary tuberculosis, would expand the heart and as surely kill the patient.

In shock, in collapse, in syncope of cardiac origin, *Cratægus* gives excellent results when administered alone or in conjunction with any other stimulant that seems immediately indicated.

A summary of the symptoms for which *Cratægus* has been administered would be an epitome of the symptomatology of heart disease in general. Feeble and irregular pulse; valvular murmurs; œdema; dyspnoea; pallor; cutaneous chilliness: blueness of fingers and toes; circulatory disturbances; heart inflammations: heart pain—all these symptoms and many more are attributed to it by various observers.

The dosage of *Cratægus* is usually given as five to fifteen drops of the mother tincture, repeated every six hours. As the remedy has no cumulative action, it may be repeated at more frequent intervals in severe cases with perfect impunity. As a heart tonic and sustainer the administration of seven to ten drops, three times a day to adults, or two to four drops to children, gives excellent results. Clarke recommends giving it during or immediately after a meal, as otherwise it may cause nausea. I have, however, repeatedly given it upon an empty stomach, and in only one instance have observed it to cause gastric disturbance. As an immediate stimulant in extreme cases of collapse, it may be administered hypodermically in ten drops of the tincture. The preparation used is of importance, for the tincture should be prepared from the ripe hawthorn berry and not from the whole plant.—*The Chironian*.

THERAPEUTIC POINTERS.

"A troublesome itching of the shin-bone," lasting for years, permanently cured by *Rumex crispus*.

"Intense and distressing itching of the end of the coccyx," of very long standing, cured by *Bovista*.

"Stinking feet for many years, even the little children in the evening would run, holding their noses and crying 'Papa is taking off his boots.'" *Sanicula* cured the case when washing three times a day was of no avail.

A boy continually blistered by sun-burn, was made like other boys by several doses of *Camphora*.

A man who itched and scratched for many years when cold weather set in, but was always freed from the affection by going south in winter, was cured by *Sulphur, high*.—*Dr. W. A. Yingling, Med. Advance.*

A woman, æt. 46, gasps on first lying down, breathless on descending stairs, starts at sudden noises, awakes gasping, on falling asleep. *Borax* cured.—*Dr. M. E. Burgess, Hahn. Round Table.*

For the foul breath I have yet to find the case that will not yield to *Baptisia tinctoria*, for I think that back of syphilis is a condition that has never been recognized, that is akin to typhoid."—*Dr. Webb, Ec. Review.*

Dr. P. C. Majumdar reports a case of hiccoughs accompanying paralysis that was removed by *Nux vomica*. Other remedies cured the paralysis.

Pambotano is used in Mexico by distillers to prevent acetous fermentation. Dr. Roby (*Ellingwood's Therapeutist*) combined it with *Echinacea* in a case of senile gangrene with the best results. It was given internally.

Dr. Bloss reports a case of *Aconitine* poisoning in which two of the *Aconite* keynotes were very prominent, *i. e.*, "numbness and tingling throughout the body."

Rumex crispus is said to be peculiarly rich in "organic iron," and to be very useful in youthful anæmia, or "impoverished blood" of any age, and has high repute in some quarters for very intractable eczemas.

A mild solution of quinine is said to be a sure cure for *Rhus* poisoning.

OLIVE OIL IN GASTRIC TROUBLES.

Those who have used olive oil in gastric troubles have become convinced that there is a field for the action of this remedy which is not thoroughly understood.

Bloch treated nineteen cases of gastric ulceration, a part of which were accompanied with pyloric stenosis, with the use of either olive or linseed oil given in a small quantity three times a day. This not only promoted restoration of the strength of the patient, but relieved the pain.

Where from spasm of the pylorus there was enlargement of the stomach, the result was immediate and satisfactory. Where the stenosis was extreme, the results were most apparent.

This suggestion is a good one and I should be glad, if any reader has adopted a similar course, to receive a report of the result. The oil is nutritional in its influence and will do away with the necessity of so large a quantity of nutrition which the stomach may not receive well.

Should there be liver faults in conjunction with stomach difficulty the remedy would be of increased advantage.—*Ellingwood's Therapeutist.*

LETTER FROM KANSAS CITY.

Editor of the HOMŒOPATHIC RECORDER:

The local physicians of this city are working hard to perfect arrangements for the coming meeting in June, of the A. I. H. All feel satisfied that one of the best meetings in the history of the Institute will be held.

Dr. Cramer, of the Local Committee, has hotel arrangements completed. The Coates House, which has been selected as headquarters, is located at the corner of 10th and Broadway, several blocks from the business centre, and is a first-class hotel in every way. It has abundant facilities to handle the entire attendance, should all elect to stop there. The rates on the American plan will be from \$2.50 up per day; on the European plan, \$1.00 a day up.

The sectional meetings, committee meetings, and officers' headquarters will be located in the "Coates," as will also the Exhibitions, for whom ample arrangements have been made. Mr. Firey, manager of the hotel, is bending all his energies to provide for the comfort and convenience of his coming guests.

The general meetings of the Institute will be held at the

"Casino," a new assembly hall, adjoining the hotel. This is a modern building, that will accommodate the largest meeting, and has all the modern conveniences.

There are numerous other hotels in the immediate vicinity of the "Coates," at rates to suit all purses. Numerous entertainments will be provided for the visitors, including, we understand, a banquet. The Reception Committee, including Drs. Lyon, Starkey, Alexander, and others, will see that all are made comfortable.

M. R. F.

BOOK NOTICES.

The Clinic Repertory. By P. W. Shedd, M. D., New York. Including a Repertory of Time Modalities, by Dr. Ide, of Stettin, Germany. Translated from the Berliner Zeitschrift Homœopathische Ärzte. Band xxv., Hefte 3 and 4. 240 pages. Cloth, \$1.50. Postage, 8 cents. Philadelphia: Boericke & Tafel. 1908.

In reviewing Dr. Shedd's Clinic Repertory, we feel that we are reviewing a book of essentials, practicalities, and exposition in the repertory form of the simplicity and wide range of homœopathic medication. The book was designed originally, as stated in the preface, for use in the clinic, and physicians who have had charge of a medical clinic with its numerous patients and limited time will appreciate the need of such a work: and professional visits at the bedside (whither one cannot carry a library), or even office consultations, present many features found in clinic practice. The consideration of such a book is its facile groupings of essential elements, which, with an ordinary working-knowledge of materia medica, shall lead to reliable scientific prescription.

The repertory begins with a very complete summary of

Aggravations and Ameliorations from Weather and Temperature.

Aggravations and Ameliorations from Position and Motion.

Remedies Markedly Affecting the Sides of the Body.

Remedies Corresponding to Sensory Stimulation.

Peculiar Sensations.

Formication, Numbness.

Alternation of Complaints, for example:

Asthma X eruptions: Calad., Rhus.

X gout: Lyc., Sulf.

X nocturnal diarrhœa: Kali carb.

Colic X delirium: Pb.

Contrary complaints in general: Croc., Ign., Kali bi., Plat., Puls.

Convulsions X rage: STRAM.

Cough X eruptions: Croc. tig.

X sciatica: Staph.

Diarrhœa X rheumatism: Dulc.

X headache: PODO.

Herpes X dysentery: Rhus.

Laryngeal X uterine symptoms: Arg. nit.

Lumbago X headache: Aloe.

Mental X physical symptoms: CROC., Hyos., LIL. TIG., PLAT.

Numbness X pains: CHAM., Graph. (sciatica lumbago).

Paralytic X spasmodic symptoms: Stram.

Religious affections X sexual excitement: Lil. tig.

Rheumatism X cardiac pains: Benz. ac.

X catarrh: Kali bi.

X gastric symptoms: Kali bi.

Vertigo X colic: Ver. alb.

and then follows the anatomic schema: Mind, Head and Brain, Eye, Ear, Nose, Face, Mouth, Teeth, Tongue, Throat and Voice, etc.

The glandular, nervous, osseous, and muscular systems are again taken up under their respective rubrics, and Common Diseases and Conditions are also grouped together.

Aside from the purely symptomalogic points, there are included under the anatomic headings the remedies found clinically most useful in common disease-types, *e. g.*, under *Skin* we have:

Erysipelas: ACON., Amm. c. (blackish), APIS (smooth, œdematous), Ars. (blackish), Bell. (smooth, erratic), Bry. (joints), CANTH. (vesicular). Carb.

ac. (vesicular), Euphorb., GRAPH. (ulcerative; moist; wandering; chronic), Hep. (ulcerative), Lach., LAPPA (chronic), Merc., Puls. (erratic), RHUS (vesicular), Sulf. (ulcerative; chronic).

Gangrene (from burns or sores): Agar., Ars., Asaf., Canth., CARB. AC., Carbo v., CAUST., Kreos., Rhus, Stram.

cold: Ars., PB., SEC.

hot Ars., SAB., SEC.

moist: CHINA, Hell.

senile: Ceba, SECALE.

spots in: Croc. h., Cycl., Hyos., Sec.

A valuable materia medica of the keynote of 50 polychrests,

e. g.,

Nitric acid: Sad, despondent, joyless.

Excessive psychical and physical irritability, an "easy cusser."

Weak, but still irritable.

< from cold, always chilly.

< at night.

< from sensory disturbances.

General weakness worse in A. M.

Bleeding fungoid ulcers with sticking pains. *

Acid sweat like horse-urine.

After a loose stool, distress for hours.

Last stage of hæmorrhagic typhoid.

Liquifies rather than coagulates the blood.

Seniles (natural or premature) with diarrhœic tendencies, is a part of the work. There is a chapter of Common Sequences; of Dynamic Antidotes; one of Poisons and their Physiologic Antidotes, and of great interest and worth is a most complete repertory of the Appearances and Aggravations of Complaints according to Time, as translated by Dr. Shedd from the German of Dr. Ide (Stettin: *Zeitschrift des Berliner Vereines hom. Aertze. Band XXV, Hefte 3-4.*) No remedy which has a time aggravation of any complaint or symptom is lacking here.

The work is unique in its facility of reference, and exhibits an intensely practical turn of mind. Dr. Shedd's familiarity with the resources of homœopathic literature in all languages has permitted the collocation of a number of remedies found most useful

in the experience of our over-sea homœopaths. An early edition of the Repertory in Spanish will be forthcoming.

The typographical part of the work is done in the best style of this publishing house: the binding is substantial; the book fits the pocket or the satchel (240 pages) and the price (\$1.50) fits the purse.

We feel that we may, without bias, heartily commend the Clinic Repertory to the general practitioner, old or young; the medical student and interne; and to "Old School Men" to whom the author dedicates it as a practical introduction to the science of homœopathic medication.

A Nursery Manual. The Care and Feeding of Children in Health and Disease. By Reuel A. Benson, M. D. Lecturer on Diseases of Children, New York Homœopathic Medical College, etc. 184 pages. Cloth, \$1.00. Postage, 5 cents. Philadelphia: Boericke & Tafel. 1908.

A daintily bound, well printed on fine paper, and well written book that is much needed to-day, both for the actual use it will be to mothers, and as a beginning of the reaction of homœopathic physicians from their past attitude of hostility to family Homœopathy. A sound little book like this will greatly strengthen Homœopathy in the family where it acts as a guide, and thus benefits both family and physician, to say nothing of the youthful denizen of the nursery of whom Dr. Benson writes: "A child who has been properly fed and reared under homœopathic regime, is physically better equipped for life than any other." And that saying is sound to the core; given a hundred average babies one-half of them making the start in life under homœopathic treatment, and the other under the old school treatment, and the little homœopaths will far outstrip their handicapped brothers and sisters in the matter of physical equipment. The idea, as intimated above, that has ruled for some time past among physicians that families should not be encouraged to study into family practice is a very erroneous one for both doctor and patient, for books like this put into the nursery will enormously enlarge the clientele of the physician by cultivating an intelligent apprecia-

tion of what Homœopathy really is and what it can do for health and attendant happiness.

As for the text, it need only be said that it is plain, simple and practical, and the medical treatment what might be well termed "first aid" in Homœopathy, just such as will be really useful in the nursery and tend to strengthen the family's belief in the efficacy of Homœopathy.

Knaves or Fools? By Charles E. Wheeler, M. D., B. S., B. Sc. 104 pages. 60 cents. Postage, 5 cents. London: John Hogg. 1908.

Dr. Wheeler, the author of this book, is now editor of the *Homœopathic World*, succeeding Dr. John H. Clarke. The book is divided into five chapters and their headings will give the reader an outline of the book. These are, "The Situation," "Samuel Hahnemann and His Times," "The Trend of Modern Medicine," "Knaves or Fools?" and "The Future and Its Possibilities." The book is most excellently written on these topics which concern the status of Homœopathy in its relation to modern medicine, and that the blind negation of the latter will no longer avail. If scientific medicine is to be worthy of its assumed title, it must face that which is known as "Homœopathy." The title, in our opinion, is not a very happy one; at first glance one naturally jumps to the conclusion that the doctor who will not follow the law of similia must be a knave or a fool, but refers to the amusing attitude of the allopaths, who look on homœopaths as being one or the other—chiefly the latter. This attitude reminds one of courtiers in the court of an African king met by Stanley, who looked down on him and the other whites quite contemptuously. Something of this spirit is shown even by homœopaths who laugh at Hahnemann's *Chronic Diseases*, because he terms the chief of his chronic miasms "psora," *i. e.*, itch. If Hahnemann taught that the vast army of psoric ills are due to the itch mite the scoffers would have some grounds for their superior knowledge, but it happens that he does nothing of the kind, and those who laugh are those who never read the book.

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EDITORIAL BREVITIES.

IS IT A DREAM?—Is it mere idle speculation to read in the signs of the times that about the period some of our worthy homœopaths have succeeded in getting doses big enough and strong enough to suit their ideas, that the restless allopath will have struck the trail of the dynamic remedy and have followed it to the point where even the I. H. A. will have to sit up and take notice? You can wager your little surplus, with a surety of winning, if you live long enough, that the man, the faction, the school, or what you will, who follows the *dynamic* remedy administered on the law of Similars, as laid down in *The Materia Medica Pura* and *The Chronic Diseases*, will be the medical survivor of the future. Man is too apt to mistake the passing show for the discovery of eternal verity.

THE LAW.—Dr. Eustace Smith, in the *British Medical Journal*, February 29 (quoted in *Hahn. Monthly*), writing of the uses of *Antimony* in small doses, adds: "There is another use for the antimonial salts which must not be forgotten. It is a recognized fact that all nauseating medicines when given in minute doses lose their irritating properties and become gastric sedatives. Good examples of this *law* (our italics) are seen in the cases of *Ipecacuanha* and *Zinc sulphate*," *i. e.*, *Ipecac* in large doses will produce vomiting and in "minute doses" will relieve vomiting. If "this law" prevails in one class of drugs is it not but elementary logic to affirm that it must govern all drugs? If it governs all drugs is it not Homœopathy? And if, as seems to be admitted by Dr. Smith, this is the general law governing the effects of

drugs in their action on human beings, should not the old school men for the sake of humanity avail themselves of it? And if they do adopt this practice which common sense dictates, should not they as honest men admit the fact that Homœopathy is a natural law—the law of therapeutics?

BIER'S HYPEREMIC TREATMENT.—This method is making something of a stir to-day, though in reality it is not new. During "the war" a doctor named Hatfield, at Cincinnati, O., employed what is practically the same treatment, and though he advertised he was a rather skilful physician. His advertising was original. It was "NO CURE UNTIL PAID." While he used drugs, and even homœopathic drugs, his chief reliance was in an air pump with various appliances to remove the air pressure from any part of the body, thus causing an accumulation of blood, which is, it seems, the essential thing in the Bier method. He could apply the suction to any part of the body, and even to the whole body. When it first appeared it was quackery. Now it emerges from the limbo of the forgotten as science, while the principle remains the same. It doubtless has some uses, but is very far from being millennium medicine.

"REGULAR" THERAPEUTICS.—Dr. Torald Sollman has been discussing "the aims of the council on pharmacy and chemistry," which council seems to be a part of the A. M. A. organization whose duty it is to pass on proprietary preparations and steer the prescriber in the way he should go. This is a surmise only and subject to correction, of course, but no one can deny that the council, or a member of it, is sometimes right as when Dr. Sollman asserts of the ("regular") therapeutics of the day, "at present it cannot be classed as an art, nor as a science; it can only be classed as a confusion." After this frank statement Dr. Sollman proceeds:

"Within the gates, we hear clamor from the man who would substitute the laboratory for the bedside, and from the man who would substitute the bedside for the laboratory. One shouts valiantly for every new product of the advertiser's skill; another asserts boldly that the treatment of disease is a figment of the imagination. One praises baths as the modern elixir of life, another electricity, another radium. This one rests his faith in

nurses, and this one in office furniture—and thus it goes. Without the gates, we see healers of various names, even more noisy, each shouting for his little cure-all, discordant in every thing but their attacks on what they discern as the weakest part of medicine."

The "product of the advertiser's skill" is an especially happy phrase, for what general reader has not run across statements of physicians, who do not believe in diphtheria antitoxin, yet dare not cut out the use of it in a case of diphtheria? Dare not because if the patient were to die he would be tacitly held responsible for the death. Why? Because of skillful, exceedingly skillful, advertising the public have adopted it as a fetish, and woe to the luckless medical wight who in practice flouts it. Homœopathic doctors will do well to remain in the clear light of their law and keep out of the therapeutic rat pit of "scientific" medicine described by Dr. Souman.

THERE IS NOTHING BETTER.—Dr. William Sharp wrote, in one of his tracts (No. 10): "I have allowed that Hahnemann's proving are not free from errors and defects; but I contend, and this from my own personal observation and experience at the bedside of the sick, that, notwithstanding these errors and defects, they are of more practical value in the treatment of disease than anything which had been effected by former physicians." And these words might be honestly written to-day, A. D. 1908.

THE NOSODES.—In the discussion following the reading of Dr. Stuart Close's paper on "Gonorrhœa" at Jamestown, showing the far-reaching and disastrous evils that follow that disease, which is rarely cured and never by injections, Dr. H. C. Allen said: "I have used *Medorrhinum* for perhaps thirty years, and the more I have studied its symptomatology the better results I have had in eliminating some of the worst chronic cases I ever saw. Those allopathic physicians who have never applied these remedies as Hahnemann has instructed us by strict symptomatological application have yet some surprises for them in the future. They will find many cases which may be kept away from the operating table by *Medorrhinum*." No man to-day is better fitted to write a book on the nosodes than Dr. Allen, and no book would be more welcome.

BRYONIA IN PUERPERAL FEVER IN COWS.—Dr. Chatain, an old veterinary surgeon, relates his experience with *Bryonia* in puerperal fever in *Le Propagateur de l'Homœopathie*. He got his knowledge from Teste and other of the early practitioners. His first case was a cow that had given birth to a calf and was lying on the floor of the stable immovable, with closed eyes and cold. He diagnosed it as an advanced case of puerperal fever. Ten drops of the tincture were put in a quart of water, and a tumblerful given the cow every hour. After the third dose the cow arose and began to eat at her stall. Dr. Chatain says that he was successful in every case of the disease that he treated with *Bryonia*.

THE ORIGINAL EXAMINING BOARD.—Dr. Remindino (*Pacific Med. Jour.*) tells of the first medical examining board and its origin. When France became "nutty," as the language of the day would put it, over Liberty, Fraternity and the rest, she chased off all the aristocrats (which word, if memory is not at fault, means "the best"), and with them went the doctors and surgeons. Then France engaged in a grand scrap with the rest of the world, and many citizen patriots got hurt. The medical corps of the army was made up of barbers, tooth drawers and leeches. At the head of this body was Baran Percy, who seem to have been one of the surgeons who was not chased out of the country and escaped having his head shaved off at the neck. He complained to the patriot government, convention, at Paris, of the inefficiency of his so-called surgeons and doctors. The convention remedied the trouble by establishing a medical examining board. This board didn't know anything of medicine or surgery more than those they examined, but they had the guillotine back of them so what they decided *went*. The candidate was locked in a room and one written question after another was shoved into him. The "board" then decided on his fitness and there was no appeal, for while not aristocratic, it was autocratic. Dr. Remindino seems to think that "we have fallen heir to this raw system of examinations." If you happen to remember the answers to the questions you are a good doctor, while if you don't you are n. g. "Marvelous!"

"MORE OLIVES—LESS PORK."—Such is the heading of an edi-

torial in the Southern California Practitioner, highly lauding ripe olives and olive oil as "ideal nutrients" that "have good effect on both mind and body." "Olive oil, with bread, makes a delicious, healthful luncheon," at once cheap, palatable, highly nutritious and easily digested. Now, that hot weather is approaching, the substitution of olive oil for beef and pork would at once prove healthful to the body and bracing to the pocket. It would also be a gentle hint to the philanthropic beef trust that there are others.

A PROVING OF SODII IODIDI.—The other day a man went to a very good doctor and received a prescription made up of Sodii iodidi, Aquæ and Glycerine. The dose was five drops, three times a day. This man, like many of his kind, knew more than his doctor and took a dessertspoonful three times a day, with the result that he had quite a neat proving of the *Sodii iodidi*. As near as could be gathered from the man who knew better than his doctor, he had the following experience: It caused heavy nose-bleed, lasting once nineteen minutes, and recurring off and on all day. Head felt heavy and swollen. Neuralgic, shooting pains. Back of head heavy and swollen. Great heat all over the body. Running at nose, watery, but bland. Felt heavy all over, and couldn't sleep well on account of pains in head. The heat that welled up from all the body evidently centered in the head.

ONE WAY TO THE REMEDY.—Our friend, Dr. W. L. Morgan, says that if one of his patients has a craving for a certain article he looks it up in his repertory and does the same when they exhibit a special aversion to anything and finds it to be a great aid. Though this is not new it is worth recalling in everyday practice.

"THE EMANUEL MOVEMENT."—In what is termed "the Emanuel Movement," it looks as though the ministers were reaching out, or back, to the mediæval times when priest and doctor were one. Also, from the outside, it looks as though they were appropriating the Christian Science thunder, and making assertions that read like a proprietary medicine pamphlet. The thing back of this particular "movement" is the same as in all, of a similar nature, that have preceded it, many of which still flourish. It is "suggested" to a human being that he, or she, is

ill, or the patient imagines it on his own hook, the result is the same, imaginary illness. The more the imagined ill is dwelt upon the worse it becomes. Finally, it is "suggested" by some other mortal that a bath in a certain river, a dip in a pool, a visit to a shrine, a pilgrimage to a certain place, a visit to some gentle little lady, who assures you that you only imagine yourself ill, the touch of some one's hands, the exorcising by a spirit-medium, the hypnotist, the prayer curer, the Emanuel healers, or what not, "WILL CURE," and, behold! you imagine yourself cured, even as before you imagined yourself ill. The "cure" is very real to the sufferer, for imagination often is an uncanny thing, and the healer, be he pagan or Christian, has done a good work, but the trouble comes when, as generally happens, he gets puffed up, he is apt to tackle ills that are not imaginary, and then he becomes an evil to the real sufferer, holding him from a physician by means of the power acquired by his cure of imaginary ills. When these well meaning and perfectly honest enthusiasts learn that their therapeutic power begins and ends in the imaginary they will have become useful members of the healing profession. Occasionally, a physician gets caught in one of these eddies and is soon left stranded on the shore.

We are all apt to say that the imagination is "nothing," and therein we err, for it is a very real and very important thing, but it is not everything in the make-up of human ills, and the man who sticks solely to the material is about as one-sided as the man who places the all of cure in "suggestion" in any of its phases. The true homœopathic considers both. And even in Homœopathy that tendency to one-sidedness is apparent in the exclusive use of the "low" or the "high" potency. They are both needed.

ITEMS OF GENERAL INTEREST.

Dr. E. C. Winsmore has removed from Philadelphia to Ephrata, Pa.

Dr. C. E. Sawyer has fully recovered from his recent accident and attendant illness, and is again attending to his professional duties at Marion, Ohio.

A Kentucky woman has sued her city for damages resulting from vaccination, to which she was forced to submit. Suits of this sort chill the professionals.

A Nebraska doctor, sued for accepting a pass from the U. P. railroad, said that he gave professional services to the company for \$25 a month and an annual pass. Cheap!

According to a German pharmaceutical journal, "Eno's Fruit Salts" are seidlitz powders masquerading under the aforesaid name.

A German surgeon removed a stone from a patient's bladder and used it in demonstrations, before a class; patient refuses to pay the bill unless stone was returned, and was upheld by legal authority. Moral—obvious.

Nosebleed is the latest field, perhaps, entered by serotherapy. Dr. Sheffers, of Liege, reports two cases of nosebleed cured by serum injection.

Koch's emulsion of tuberculin consists of the filtrate of the bacilli cultures to which has been added 1 per cent. of carbolic acid.

In an obituary column, April 4th, there were 64 deaths of doctors reported, and of these, 23 were over 70 years of age. It is *not* a killing profession.

President Dr. W. L. McCreary, Knoxville, Tenn., in his address, said: "Wherever you find a good homœopath [in the South] you find his practice among the wealthiest people in his community."

Dr. Edward N. Bywater, of Iowa Falls, writes (Iowa Hom. Jour.): "In internal vaccination, I believe we have a safe method of producing immunity against small-pox. Wherever tried, it has proved its efficacy." He also adds that in his belief the cause of the great increase in tuberculosis is due to "nothing less than the infection through vaccination by scarification," which will continue as long as the old method of vaccination continues.

Dr. John H. Clarke has retired from the editor's chair of the *Homœopathic World*, and is succeeded by Dr. C. E. Wheeler. The policy of the *World* will be unchanged.

Dr. A. C. Pope, for many years one of the editors of the *Monthly Homœopathic Review*, now *British Homœopathic Review*, died on March 26.

A Denver surgeon sued a patient for \$225.25 for removing his appendix. Patient demanded that the appendix be produced, which surgeon couldn't do.

Medical news teems with damage suits against doctors, surgeons and hospitals. This fact is, probably, largely due to those pests of civilization, the lawyers who take "contingent fees," *i. e.*, cases on "spec."

Dr. Cummings, of the U. S. Marine Hosp. Service, reports that small-pox is epidemic in Japan. As Japan is as rigidly vaccinated as Germany, this fact must make many sit up and think.

When one considers the ways of the house-fly, one loses faith in the doctrine of contagion to a great extent. Perhaps the fly is really a scavenger and not dangerous, only vile. Don't give him any work to do and he will clear out.

Mr. Hibbard, proprietor of the Boston Medical Institute and the Bellevue Medical Institute, Chicago, has been convicted of using the mails for fraudulent purposes, and sentenced to two years' imprisonment. Temporary stay of execution granted. The decision caused a flutter among the various medical institutions of a similar nature.

A doctor, health officer of Los Angeles, Cal., has preferred charges against the Board of Education, for permitting an unvaccinated child to attend schol. though its physician certified that it was too delicate to stand the operation. Noble officer!

A Jersey patient sued his doctor for malpractice and lost. Now the doctor is suing the patient; he will, probably, lose, or fail to collect. The lawyers are always winners in such suits.

The Philadelphia health officer had another small-pox scare on April 17. Two negroes were down with chicken-pox, according to their physician, but the health doctor said it was small-pox. Aided by about 80 doctors, policemen, etc., he swooped down on the neighborhood and quarantined 118 houses. The Africans had not visited these houses, nor their inmates, the domicile of the Africans, so the health army was apparently out for practice drill.

The Prosecutor, of Chicago, is out for the scalps of the "advertising specialists." It will be \$25 to \$200 per for all convictions. There are other places where this game is played.

A jury has given a verdict of \$10,000 against Dr. Charles E. Still, of Kirksville, Mo. (the Father of Osteopathy?), for breaking several ribs in a patient during "treatment."

Drs. David A. Strickler and A. C. Stewart have given up the editorial management of *Progress*, and are succeeded by Dr. James Polk Willard.

The New York *Times* recently made a great sensation over a "lanceheaded viper," at the Bronx Park, New York, that had been procured by a firm of homœopathic pharmacists. This snake, it was said, furnished "a spoonful" of the "precious serum" for "insanity" and replenished the world's supply of homœopathic *Lachesis* "for fifty years" to come. A week later (May 4) the *Times* editorially said that the affair was a "huge joke." Fortunately for the welfare of Homœopathy, the snake, from which Hering obtained the poison for his proving, is in a perfect state of preservation at the Academy of Natural Sciences, Philadelphia—fortunately, because those who have seen both snakes, say they are of an entirely different species. This point should be settled beyond question before the poison of the Bronx snake is accepted as genuine. Someone told the reporters that the old supply of *Lachesis* was "exhausted" and "inert;" this statement displays gross ignorance, or is an intentional misstatement of fact.

The New York Homœopathic Medical College and Hospital has established a "Voluntary Fifth Year Course of Clinical Medicine and Surgery."

Dr. G. E. Dienst has changed his address from Naperville to 81 Fox St., Aurora, Ill. Dr. Dienst is the author of *What to Do for the Head*, ditto, *Stomach*, two recent publications hinting what to do for those regions of the body when they are out of condition.

Two San Francisco druggists have been fined \$50 each for selling poisons without a prescription. Alternative, 50 days in jail. \$1.00 a day the value of druggists' time?

"The Supreme Court (of Illinois) is said to have declared that the State law, which makes vaccination compulsory, is illegal."—*Journal A. M. A.*

Dr. H. Leonard, of Pomona, Fla., died some weeks ago.

The senior member of the firm of Otis Clapp & Son, publishers and proprietors (?) of the new pharmacopœia, is allotted seven pages in the May number of *The Hahnemannian Monthly*, to defend that work from a few comments that recently appeared in the HOMŒOPATHIC RECORDER. Unfortunately, as at Atlantic City, when the first edition of that unfortunate work was discredited, he dwells only on what are non-essentials and does not say a word on the real objections to the book. He writes that but two objections have been advanced against this pharmacopœia. The first of these is that no mention is made of the preparation of dilutions from the insolubles, and the other, that the new work directs the preparation of a few drugs by maceration instead of from the expressed juice. If these were the only objections to the book, there would never have been a serious word raised against it, and for the senior member to advance these in the pages of a leading journal as the sole reason for the wide-spread dissatisfaction with the book for which he stands, evidences an obtuseness which we did not believe characterizes him, or a weak effort to dodge the real objections to the book. The new book claims to be guided by "modern science," and is based on the exploded atomic theory. Guided by this theory, it says that all traces of the drug disappear at about the 12th centesimal potency, consequently, the inference must be, the reported provings and cures by homœopathic physicians by drugs from the 12th potency upwards are but mere imaginings of enthusiastic and visionary individuals. Now we hold that a pharmacopœia has no business to go into the matter at all; and, further, that modern science has already utterly discredited the old atomic theory. There are many, very many, more practical objections to the book, but let these suffice, and let the reader thoroughly comprehend the fact that this book means the repudiation of everything in Homœopathy that has to do with anything above the 12th centesimal potency. As for Dr. Clapp's assertion that the RECORDER is animated solely by "sordid commercialism" in this matter, we will pass that by, knowing full well that he will some day blush at the remembrance of having written anything so utterly at variance with the truth.

PERSONAL.

In biblical times many cases of nervousness were diagnosed "possessed of a devil."

The greater number of the "new movements" are but little eddys on the edges of the big, turbulent stream of life.

When Pope wrote "Man wants but little here below," the big trusts were not in commission.

We are apt to silently grin when we remember that in the days of Nineveh men worried about their future just as we do.

Man can always find fault when he cannot find anything else.

"Capital isn't timid," said Binks, "it's too husky a brute for that."

"I'd like to paint your barn," said the artist. "Taint wuth it," replied the farmer.

The success of the "four flusher" depends on yourself.

The artist should never paint rotten fruit.

Roaster accounts for Solomon's knowledge by the fact that there wasn't so much to know in his day.

You feel surer of your spelling in "rickets" than in "rachitis."

"Avoid fear," shout the "nature" whoopers. Wouldn't they make the soldiers, though.

Dr. Kinnett affirms that *Natrum mur.* 3x is the remedy for sunstroke.

Elder reports a case of endoaneurysmorrhaphy.

To tell a man who has broken through the ice to "keep cool" is needless.

Binks says he never gets the remittent fever unless a lawyer writes him.

Monkeys probably regard Darwin as quite clever and the missing link man's misfortune.

A picture of Wall Street in 1644 shows a flock of lambs peacefully reposing under the trees.

No, child, a rear admiral is not necessarily a laggard in a fight.

"He's real mean," said little Willie, of his sister's young man. "he won't let her have a chair to herself.

"Elaborately beaded belts are prescribed by fashion." Woman's page. Fashion ought to pass the examination board before prescribing.

M. Grandin has walked over 80,000 miles—and hasn't got there yet.

Read up on *Thlaspi bursa pastoris* for uric acid.

The chatelaine, little camera, reticule or the green baize bag, carried is, most likely, but a modern dinner pail.

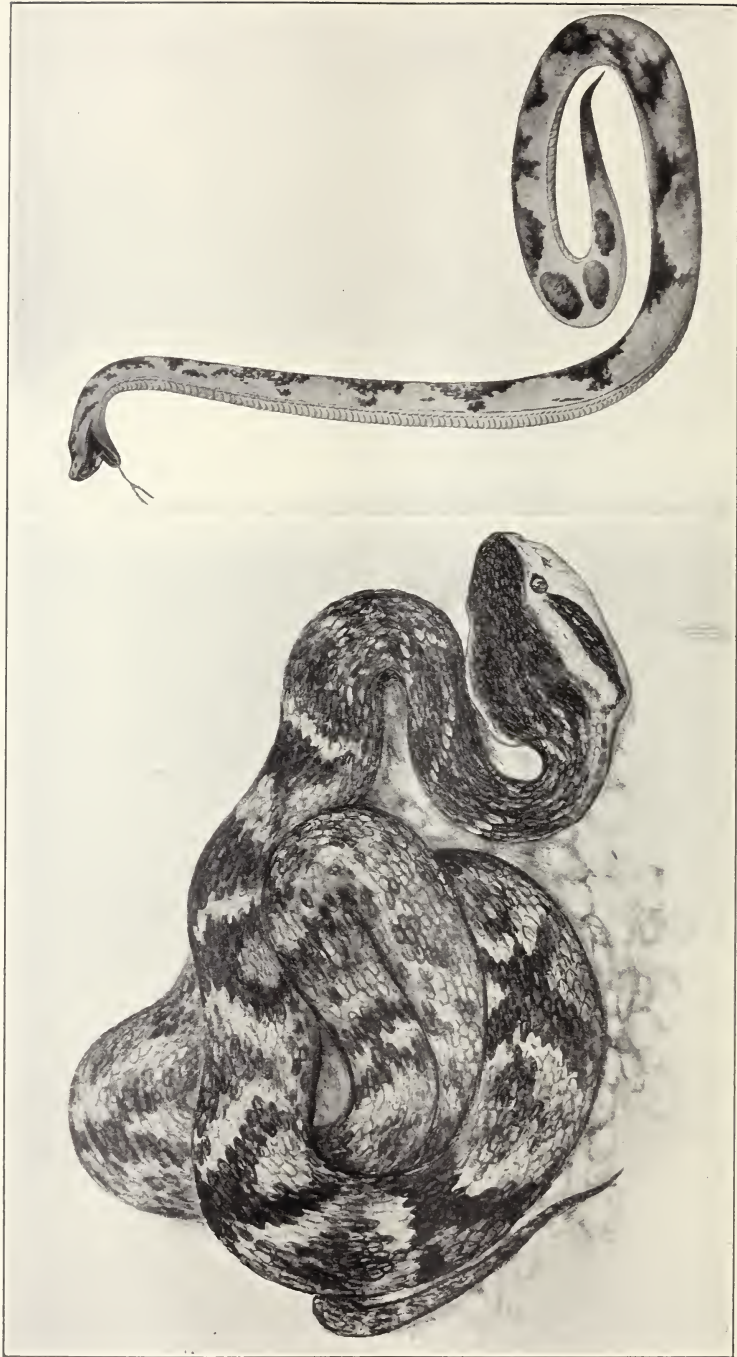
How many men honestly believe she is the better half?

The dilatory man is a veritable Johnny-on-the-spot with an excuse.

Why is the auto man always in a hurry? He doesn't know why himself.

The circus men, they say, intend to charge double admission this year for the girl with the hat.

"People do not dress as much on board as is supposed" is a rather ambiguous ocean steamer item.



LANCE HEADED VIPER.

LACHESIS MUTUS (HERRING).

THE RELATIVE LIFE SIZE OF THESE TWO SNAKES IS THE REVERSE OF THE SIZE SHOWN IN THE ILLUSTRATION.

THE HOMŒOPATHIC RECORDER.

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No 6

THE NEW LACHESIS VS. THE TRUE LACHESIS.

Probably the most of our readers have seen the somewhat sensational accounts of the extracting of the poison from a lance headed viper at the Bronx Park, New York, that have recently appeared in the newspapers, some of them giving the matter a full page, with elaborate illustrations.

The only point of vital interest to homœopathic physicians in the affair is to determine the question: Is the poison extracted the same as that from which the provings of *Lachesis* were made? If it is, we have a new supply of *Lachesis*, while, if it is not, the fact should be known to all physicians. After a very careful investigation, the RECORDER is prepared to announce that the new *Lachesis* is not the true *Lachesis* of our provings.

If one were to attempt to settle this question from books, he would soon be lost in a maze, for the truth is that our pharmacopœias, materia medicas and authorities generally sadly mix things when it comes to *Lachesis*, a purely fanciful name, as Dr. Fornias points out, derived from Greek mythology. Fortunately for Homœopathy, the question can easily be settled beyond dispute. The snake from which Hering obtained the poison used in his proving of the remedy known in Homœopathy as *Lachesis* is at the Academy of Natural Sciences, of Philadelphia, in a perfect state of preservation. A simple comparison of it with the snake at the Bronx Park settles the matter very conclusively for anyone who sees them, for, regardless of names, the two snakes are of a different species. There is another *Lachesis* snake at the Academy, one at Hahnemann College, Philadelphia, and one in possession of Boericke & Tafel, and any one can see that these four are the same, and different from the snake at the Bronx.

One can really make the comparison at the Academy, for they have a lance-headed viper there on the shelf with the *Lachesis mutus* of Hering.

Here is further incontestible proof in the matter. The original snake at the Academy of Natural Sciences is a very large one, and is labeled in Dr. Hering's own hand writing, as follows :

Lachesis Mutus	Daud
Surinam	Dr. Hering.

Now, bearing this in mind, read the following from the pen of Mr. Ditmars, curator of the Bronx Zoological Park, which appeared in the *N. Y. Journal*, May 17th—just here we should add that Mr. Ditmars has been strictly accurate in all his statements, and none of the error in the matter is due to anything he has said or written :

“While the lance-headed snake,” he writes in the *Journal*, “is one of the most deadly serpents of the New World, having enormously developed fangs in proportion to its size, it is not, as has been stated, the most deadly of all serpents, although its bite is usually fatal. The mapapire, scientifically known as *Lachesis Mutus*, and occasionally called the bushmaster, inhabits much the same country and grows to a greater size.”

Mr. Ditmars here states that the lance-headed snake at the Bronx Park is not the *Lachesis Mutus*, and that ought to settle all controversy in the matter.

There remains, however, the evidence of sight, and as few readers are in a position to compare the two snakes, we have here reproduced pictures of both.

That of the *Lachesis Mutus* was painted by H. Faber, at the request of Dr. Hering, and the original hangs on the walls of Hahnemann College, Philadelphia. Mr. Faber drew the greater part of the illustrations in the recently published work, Piersol's *Anatomy*, which fact vouches for his ability as an artist.

The illustration of the lance-headed viper, is taken from life—from the snake at the Bronx Zoological Park. The reader can compare the two and draw his own conclusions. Unfortunately, these pictures do not give a proper idea of the relative size of the two reptiles. The *Lachesis Mutus* is very much larger than the lance-head.

The error of confusing the lance-headed viper with the

Lachesis Mutus, probably arose from the fact that there are many species of the Lachesis family, and among these is the lance-headed viper, but a St. Bernard and a terrier are both of the dog family, yet no one would think of substituting the one for the other. Please understand that we make no charge of deliberate substitution here, believing that it was solely due to error, an error that might have proved very detrimental to Homœopathy had it not been discovered.

In some quarters it has been stated that the supply of *Lachesis* is about exhausted and what remains is inert. We can state that the supply of the 6th potency is ample, and that there is plenty of the lower triturations on hand. The 6x is the lowest sold. As to its having become "inert" any physician who prescribes the drug knows that it is not only not inert but fully as active as ever. In fact, some men go so far as to contend that the properly made and potentized homœopathic drug, if anything, rather improves with age.

LACHESIS.

The following letter from Dr. Fornias to Messrs. Boericke & Tafel speaks for itself:

MESSRS. BOERICKE & TAFEL.

Gentlemen:—I was just engaged in the preparation of a paper on the "*Snake-poisons*," when, to my surprise, I learned, from the daily press of this city, that a successful extraction of poison had been made, from a *lance-head viper*, in the Bronx Park Zoological Garden, New York; and you can well understand how such an event has stirred up the homœopathic profession, which, naturally, wishes to have some information as to the geographical origin and species of the snake employed, as well as to the pathogenic character of venom obtained.

I appeal to you, in the name of several friends, in the hope that you may be able to furnish the information desired, but, principally, because it is your house, which, for years, has supplied me with remedies, and among them *Lachesis*, a drug I hold in great esteem, especially to combat *mental and circulatory disorders connected with the menopause*.

In expressing this legitimate wish, however, permit me to state that it would be very desirable to particularly find out, whether

the serpent brought from Brazil and experimented upon is, or not, of the same species as the one from which Dr. Hering obtained the venom for his proving. Moreover, I cannot further speak of this subject without remarking, that while the pathogenesis of the venom, employed by Hering, is recorded in our materia medica under the name of LACHESIS, no work on Zoology, I am acquainted with, gives any variety of *Crotalidæ*, *Elapsidæ* or *Viperidæ*, under such a name, and as to *Trigonocephalus*, the term simply implies, *triangular shape* of the *forehead*. Hence, I sincerely believe that our illustrious Hering, for some reason or other, applied this mythical name to the *Brazilian Viper*, as a striking, descriptive term, for *Lachesis* in *Mythology* really means one of the three goddesses (*Parcæ*), who were supposed to preside over accidents and events, and to determine the date and period of human life. They were called *Atropos*, *Clotho*, and *Lachesis*, and are variously represented—sometimes as spinning the thread of human life; in which employment *Clotho* held the distaff, *Lachesis* turned the wheel, and *Atropos* cut the thread. And yet I have notes from an old dictionary, which refer to LACHESIS RHOMBEATA (*Flammon*) as a poisonous serpent, common in the lower forests of Peru; as well as to *Lachesis Picta* (*Tschudi*), an *arrow-poison*, said to be composed of the poison capsicum, and infusions of a strong kind of tobacco, and of euphorbiaceæ, mixed together with the poisonous emmet, and the teeth of the formidable serpent, called by Peruvian Indians *Miuamaru*, or *Jergon*. May not this be the origin of the name of Hering's remedy? I have read also in a medical dictionary, that our remedy, LACHESIS, is derived from the LACHESIS MUTUS, a South American serpent (*Selenoglyphe* of *Guiana*).

Important would be also to know whether LACHESIS belongs to the family *Crotalidæ*, *Elapsidæ* or *Viperidæ*. The first, from the Greek *Krotalon*, a rattle, is the family of the *Rattlesnakes*, and comprises some of the most deadly poisonous serpents, whose upper jaw contains but few teeth, but is armed with sharp-pointed, perforated, or grooved, movable poison-fangs. In this species the fangs are concealed in a fold of the gum, or raised, at the will of the animal. They connect with a gland situated near the eye, which furnishes the fluid poison. When the snake bites, the fangs are raised, and the pressure of the temporal muscle upon the gland forces the poison along the fang into the

wound. The *Crotalidæ* have a deep pit between the eye and the nostril, and the *rattlesnakes* proper have the tail furnished with a rattle, with which they make a noise when they apprehend danger. The family *Elapidæ*, comprises venomous snakes which have fixed and permanently erect fangs; while the family *Viperidæ* is distinguished by having the upper jaw toothless, but with movable fangs in front, no pit between the nostrils and eyes, the scales generally keeled and the tail short and tapering. It is claimed by some that no species of *Vipera* has been found in America. To this family belong the *Common Viper* of Europe; the *Horned Viper*, or *Cerastes*, of North Africa and West of Asia, repulsive in appearance, and which carries a pair of horns on the snout, from which its name is derived; the *Puff Adder*, of Africa, and the *Death Adder* of Australia (*Acanthoptus tortor*), which differs from most of the *Viperidæ*, in not having the scales keeled. It is also known in Australia as the *Black Snake*, and it has two poison-fangs on each upper jaw, and its tail ends in a small recurved spine; its bite is said to be sometimes fatal in a quarter of an hour. The *Viperidæ* are more numerous in warm climates, in which also their bite is said to be more deadly than in colder ones.

In distinguishing species of serpents, it should, likewise, be remembered that some are *oviparous*, and of those some deposit their eggs in a sort of chain, leaving them to be hatched in a warm situation; others like the *Pythons*, incubate their eggs; and still others are *viviparous*, their eggs being hatched inside their bodies. In this analytic study, however, we should not include the *Boidæ* (Boa-family), which have both jaws armed with teeth, and rudiments of hind legs, or spur-like appendages; neither the *Calubridæ*, serpents having both jaws fully provided with sharp teeth, directed backwards, but without poisonous fangs; nor the *Hydrophidæ*, sea-snakes of small size, which inhabit the warm parts of the Indian and Pacific oceans, and the streams of the East Indies, and are very venomous.

And, finally, I would highly appreciate any information you could give me about the *BOTHROPS LANCEOLATUS*, a remedy of which Dr. Farrington speaks in his *Clinical Materia Medica*, and, which is said to cause *aphasic symptoms*.

EDWARD FORNIAS, M. D.

706 W. York St., Philadelphia, May 6, 1908.

P. S.—Since my letter of the 6th inst., asking you for information about LACHESIS, I have had access to “*Dr. Brehm’s Thierleben Allgemeine Kunde des Thierreichs*,” Leipzig, 1883. In this excellent work we find the name of *Lachesis* applied to various species of the *Ophidia*. On page 478, this authority speaks of COLUBER LACHESIS or *Vipera inflata*, and on page 510, of LACHESIS MUTA, or LACHESIS RHOMBEATA. But here, as in other works on Zoology, we find the same confusion about the names of the different species of serpents. For instance, while the French give the names of LACHESIS to CROTALUS MUTUS, a *solenoglyphe of Guiana*, and LACHESIS RHOMBEATA to *Flammon*, a poisonous serpent common in the lower forests of Peru, the Germans describe the CROTALUS MUTUS under the name of LACHESIS MUTA, LACHESIS RHOMBEATA, BOTHROPS SURUCUCO, *Scytale ammodytes*, *Cophias Surucuco* and *Crotalinus*. But neither the BOTHROPS LANCEOLATUS (*Coluber glaucus* and *Megaera*, *Vipera coerulescens*, *Trigonocephalus*, *Cophias* and *Craspedocephalus lanceolatus*), a native of West Indies and Central America, Brazil, which is from 2.5 to 3 metres long, and of the thickness of a man’s arm; nor the BOTHROPS BRASILIENSIS (*Brazil vipera*, *Cophias Iararaca*, *Bothrops Megaera*, *furia*, *leucostigma* and *ambigua*, *Trigonocephalus Iararaca*, *Craspedocephalus brasiliensis*), which is about half the size of the former, are of the same species of LACHESIS MUTA or RHOMBEATA, also called BOTHROPS SURUCUCU, which is a *crotalidæ*, and I think the LACHESIS of Hering.

Dr. Brehm also describes another species of *lance-head* BOTHROPS, under the name of LABARIA (*Bothrops atrox*; *Coluber*, *Vipera*, *Cophias* and *Trigonocephalus atrox*, and *Bothrops dirus*, principally native of Guiana, and which, like all *Bothrops*, are not provided with rattle.

For our purpose, it is unnecessary to go any farther, it suffices to repeat that the name of LACHESIS is of mystical, if not of obscure origin, and that Dr. Brehm is the only authority I know, who speaks of the “*Lachesis Schlangen*” (LACHESIS) as a species of the “*Stumme Klapperschlangen*” (CROTALUS MUTUS), which he holds as the terrible monster of the Deutch-Guiana-Jungle.

(The *Lachesis* of Hering was obtained by him in Dutch Guiana from the "terrible monster" described by Brehm, a very different reptile from the lance-headed viper.—Editor of the HOMŒOPATHIC RECORDER.)

SERUM THERAPY.

Eric Graf von der Goltz, M. D.

If any one will take the time to scan over the three volumes of J. H. Clark's Dictionary of Materia Medica he will find all that on record which at the present time fills the allopathic press as the newest gain of scientific researches. But it must be said that the statements of those old records show a greater clearness, a more simple language than the editorials and original articles.

The reader must recognize easily an old acquaintance in this opsonic treatment—isopathy, well known since Hahnemann's time in 1833.

The writer cannot help but suspect when contemplating Wright's opsonic theory and its manifold bacterial vaccines to have before him nothing else than a great analogue to the teachings of isopathy since the first beginnings with the English physician, Fudd, dead since over 200 years, with his fundamental teaching: "Sputum ejectum a pulmonibus post debitam præparationem curat Phthisim," and later Lux, Swan, Burnett and others.

It must be said suspiciously analogous, as the thought cannot be put off, that the whole teachings of the opsonics should have arisen absolutely independently and without any possible knowledge of the experiments and observations of all the isopathists.

The wonderful mathematical congruency between the opsonic theory and isopathy can even be followed further.

Not only is isopathy used in its remedies according to its name, but isopathic remedies are successfully used in different diseases with the theoretical consideration of possible constitutional taint, etc.

Exactly in the same line of arguing we observe the different allopathic writers publishing, for instance, the following essays:

1. Treatment of Pertussis With Diphtheria Antitoxin, by W. H. Deardorff, February, '08, American Medicine.

2. Treatment of Asthma With Diphtheria Antitoxin With Fatal Case, by P. N. Willis, March, '08, Northwest Medicine, Seattle, Washington.

The writer could easily, if hunting through any index medicus, amplify at will those articles treating the application of the different serums for ætiologically most different diseases.

The opsonic and general vaccine treatment at the present time has its great drawbacks, and one especially, the great danger.

Every reader knows the great danger of sudden death after antitoxin injection, so more appalling if used as a prophylactic treatment in the office of the family physician.

Every unbiased reader must concur in the opinion that a treatment that should guard against a dangerous disease should under all conditions be free from being liable to deal unsuspectedly the death blow.

Such a remedy must be judged worse than the possible disease.

The sudden death till to-day after antitoxin injection after few minutes has been the cause of a considerable literature filled with conjectures, but without giving the least possible cause; one of the latest of such a publication is contained in the March issue of the *Carolina Medical Journal*, 1908, Charlotte, by Dr. T. F. Patterson, New Bern, N. C.—*An attempted explanation of sudden death subsequent to injection of antitoxin.*

The writer especially lays stress in the present paper on the fact that in all those years, since antitoxin (diphtheria), with all improvements of preparation, this sudden death neither has been eliminated nor understood and satisfactorily explained. A second grave danger of those sera (as also known from different disasters with antitoxin) has lately been warned against by Dr. Theobald Smith, of Boston, Mass., in an article in *Journal A. M. A.*, Vol. 50, No. 12—*Some neglected facts in the biology of the tetanus bacillus; their bearing on the safety of the so-called biological products.* The essence of this article being that there practically up-to-date does not exist any reliable safeguarding in the manipulation in the laboratories against tetanus bacillus in animalized lymphs.

The third drawback, especially in regard to the opsonic treatment, is of minor gravity, and has been argued in the *British Medical Journal*, March 14, '08, by Dr. West, of London, that

these individual toxins can be used only in chronic cases, as, for instance, in cases of pneumonia and other acute diseases it would take too long to prepare the sera—"the patient either had been convalescent or died."

To be enthusiastic is one of the greatest blessings of life, but to be over-enthusiastic is decidedly wrong; the continuously going on of the congratulatory Chinese handshaking with themselves as done by the allopathic (scientific!) press and its spokesmen and leaders has not only become monotonous, but must be regarded skeptically as an alarming symptom of impending catastrophe—the bursting of a so long guarded and hedged soap bubble—the germ theory with its different branches of a more or less lucrative industry, the commercial output of all those sera, recommended and advertised in nearly all medical papers.

It is characteristic if suddenly in this prolific age of sera and antitoxins an allopathic physician writes as Dr. Herbert Snow, of London: "It has become evident that there are numerous facts throwing grave suspicion on the whole germ theory and discrediting the virulent properties ascribed to the micro-organisms identified with various diseases."

The paradoxical behaviour between infectious diseases and the finding of the germ, as the causal moment for the infection, shows clearly that the whole teaching must have somewhere a weak point.

The whole structure of the serum treatment, therefore, seems to be in danger of collapsing.

The reader especially must be referred to an editorial in the *New York Medical Record*, Vol. 62, No. 9 (August 30, 1902), coming to the same opinion held by the late Schuessler in 1897, to have in the dreaded germ rather the result than the immediate cause of the disease.

This was argued by English physicians in India shortly after Dr. Koch had isolated and charged the comma bacillus as the cause of cholera. This must be absolutely the reason of all negative results regarding all researches so lately the *Lancet*, London, April 4, '08, "Bacteriology of Scarlet Fever," by H. Kerr, unable to claim anything specially as the agent of infection.

This manner in finding the specific agent, but on the other side, in the eyes of the writer of the present paper, must be received as

the proof of the isopathic side of the infectious diseases, and of the products of the infectious diseases.

The sera must not be cultures of more or less fancifully isolated germs, but must be as done by the isopathists, the unchanged product in more or less potentized form, following the rational explanation of the chemical law of the minimum of the recognized chemist, Justus V. Liebig (Chem. Letters, Vol. II., p. 295).

This isopathic side to the question called formally genius epidemicus, is a true and simple explanation that one sera (diphtheria) is to the present day nearly the only serum to be called effective, where nearly all other antitoxins have proved to be with few exceptions failures.

We must say that the isolated culture of the diphtheria germ was not able to destroy the isopathic affinity (the genius epidemicus of the diphtheria), and that this isolation (Bein-culture) of all other germs so far was deleterious to the genius epidemicus of the individual sera with few exceptions, in which exception this isopathic property was too strong.

It must be mentioned in reference to the great cures of diphtheria antitoxin that many cases of simple tonsillitis follicularis have been pronounced diphtheria without the least truth, and then that the antitoxin, at best not harming the patient, was accredited with unmerited result.

Incidentally, the controversy between the *New York Times* and Dr. Mills, of the Hom. Co. Soc., the contentino of the *New York Times* must be refuted as erroneous and false.

The two reasons that the *New York Times's* editorial regarding the snake poison if taken per os is wrong, are first the letter written by Dr. H. Pratt, from the laboratory of the Board of Health, and in second line the following citation from a publication in the *International Medical Journal*, of Australia, Melbourne, February, 1908, by D. M. Paton, "*New Generalization in Serum Therapy.*"

The interesting passage reads: "Give by rectum or by mouth they act on all tissues physiologically in normal serum with increased power on tissues which have been pathologically affected." . . . It is, therefore, evident that the *New York Times* in claiming that snake poison per os was so innocent like egg albumen was erroneous. The *New York Times* editor or any-

mous writer should himself try the internal use of Lachesis [by the way not at all C. Hering's Lachesis] in the form according to the once already mentioned law of the minimum, to find out the truth!

This ignorance of a layman cannot be accepted as an excuse for the behaviour of Dr. Morris.

To use abusive language instead of weighty arguments proves only to have no arguments, and, therefore, to be filled with impotent hatred and malignancy. O si tacuisses. . . .

New York, 247 East 72d Street.

HOMŒOPATHY VS. HOMŒOPATHY.

Editor of the HOMŒOPATHIC RECORDER:

In perusing the latest copy of the *Century* am confronted with a paper forcefully presenting the query, "What's the matter with Homœopathy?" in which the author states as a fact that Homœopathy is all right, "the matter lies with us," he declares.

This is all well and good, but do *wæ*, the practitioners, not represent the system to the laity? and if we fail, does not the system fail, when the flag is furled the nation dies, when the rulers capitulate what becomes of the rank and file?

To all intents and purposes, so far as the progress of Homœopathy is concerned, when the practitioner fails the system fails, and that family rightly so considers it, and when the "Little Pills" sends a prescription to the drug store for iodalbumin, or anacoricin, or sanmetto, or vapo-cresoline, all of which I find advertised in the current number of the *Medical Century*, what can the family think except that there is no difference between the allopath and the homœopath? And the homœopath gladly toys with his hypo. and talks learnedly of a heart tonic, and uses plasters and liniments and lotions by the score, yet he wonders why the people do not flock to him, and students try to be allowed the privilege of sitting at his feet.

Pshaw! Scan the catalogues of our pharmacies and note the increasing number of compound tablets on the market, read the advertising pages of many of our magazines and see the number of nostrums there set forth.

Homœopathy is afflicted with senile gangrene. It is dying of

dry rot, the leaders are surrendering and the banner is being trailed in the mire.

For shame!

If I were possessed of the pen of my old professor, Dr. Wilson, it should write such a screed as would set Homœopathy on fire and arouse its adherents to a sense of duty. Why, men, the nation is crying for relief from Oslerism and therapeutic nihilism; it needs homœopathic prescribing at the hands of a master, it is ripe for a therapeutic revolution, and we are dying as a direct result of thrombotic processes in our colleges. The life blood of Homœopathy is its *materia medica pura*, hinder its circulation and we have no excuse for living.

"We have a name to live, but art dead." During the session of 1893-'94 the following prescriptions were placed on the board for the enlightenment and edification of benighted students in one of the colleges in Cleveland, O. It is taken from a note-book I still ruminate over occasionally:

℞. Carbol. ac.	grs. x.
Ol. Cach.	ʒss.
Ung. sulph.	ʒj.

M. S. For erysipelas.

Here is another by the same teacher:

℞. Tr. rhus tox.	
Tr. canthar.	aa ʒss.
Aqua	pint j.

M. Sig. Apply on hot cloths.

Another professor presented us this:

℞. Ac. salicyli.	scruple j.
Amyl.	ʒss.
Pulv. talci.	ʒijss.

M. S. Hyperidronis.

Still another gave this:

℞. Carbol. ac.	ʒj.
Tr. iodine	ʒj.
Acidi tannic	ʒ
Cerate	ʒiv.

Fiat ungu.

And I could continue this throughout my clinical record of that date.

Now comes a prominent professor of clinical medicine and therapeutics with an article detailing five cures with iodalbumin. Did Hahnemann, or Hering, or Dunham ever find it necessary to resort to such "drugs"? Did either of them ever exploit such a remedy as saxanite?

If the blind lead the blind do they not both fall into the ditch? The students are blind, how about the teachers?

If the teacher is apologetic can the taught be enthusiastic?

The time was when our system encountered active opposition. It is still so in rural communities, particularly in the South. Men were antagonized and ostracized, the homœopath was isolated, and made to fight manfully for the faith that was in him, and he delivered the goods. Now we are opposed by a system of benevolent assimilation whereby we are being enveloped in a coat of slime preparatory to being swallowed whole by our friends the enemy, and not a struggle appears against the process, the frothings and slobberings are seemingly enjoyed, and I doubt not the little souls will be happy to be counted a member of the great A. M. A. and wear a button as insignia of their slavery.

"And there were giants in those days."

"Backward, turn backward, O time in your flight," and give *us* just a giant or two.

Vine Grove, Ky.

O. F. MILLER, M. D.

REPLY TO "DR. WANSTALL AND HOMŒO-PATHY."

Editor of the HOMŒOPATHIC RECORDER:

Touching your editorial in the April number on "Dr. Wanstall and Homœopathy," permit me to say a word. I gratefully acknowledge your appreciation of the motive of my article. You ask, anent, my "history will write down sooner or later what is the truth." "What is truth?" and continue: "A question that has caused more bloodshed than any other in this world, but has never been 'scientifically' answered." While one may not be able to say that this or that is true, there can be no question whatever as to "what is truth." "What is truth" has caused no bloodshed, and is answered "scientifically" daily, hourly, minutely; but what is true or what is not true is an altogether different question. Truth is fact, and fact is truth.

You say "each of Dr. Wanstall's arguments advanced to support his conviction could be answered by arguments, equally valid, in support of the opposing conviction." It would be interesting to have the counter arguments in detail, if they have not been already considered in my original article.

Regarding my statement, "we do not know how drugs cure disease," you say, "very true; neither do we know how the sun shines, or how gravitation acts," etc., and to which I reply, but the sun always shines and gravitation is always acting, both are facts and are the truth so far as concerns themselves, although I can imagine a child in fact and one in intellect disputing both propositions in the case of a fog or a balloon. You go on to say, "We know that drugs act on disease," etc. Would it not be nearer "truth" (fact) if we were to say, we know that drugs act on persons in health, and that they also act on persons in disease, and that such action may be made useful to persons in disease? And even if it could be conceded that drugs act on disease, between the words "act" and "cure" there is still a gap, which may be so narrow as to be crossed in a stride or so wide as to be absolutely impassable. That drugs *cure disease* is in no wise an established fact (truth), although it may be freely conceded that drugs contribute to the recovery from disease.

Regarding the question of dynamization you ask: "And why should it repel investigators?" Then you say, "The facts of radium and the X-rays have led many men, of late, not homœopaths, to believe there is something more in dynamization than what Dr. Wanstall terms "transcendentalism." You can hardly mean that the facts of radium and the X-rays have led "*many men*," not homœopathists, to believe in "dynamization," as that word is understood in homœopathy; and yet if you don't mean this the sentence means nothing. There is nothing dynamic about the X-rays in the sense of "dynamization" as understood in homœopathy; and however wonderful are the emanations from radium, the radium is there. Do those who are familiar with the phenomena of radium and the X-rays believe their properties are common to all other substances in nature? And what are the special therapeutic facts of radium and the X-rays justifying the broad generalization in substantiating the truth of "dynamization", and its clinical utility as understood in Homœopathy?"

Supposing the Austrian provers were right when they were convinced, in the case of salt, that dynamization was a very potent fact, does this establish the same potent fact for all other substances? If it is a fact it must have had a beginning, a rise, a maximum and a decline, and if the main fact was established, it does not seem possible that its cardinal points should not have been established also. Or has it no beginning, no maximum and no limit as seems to be the theoretic idea of "dynamization" homœopathically considered?

Is what is supposed to be true of salt true of opium also? If a quarter of a grain of morphine (hypodermatically) is a maximum therapeutic dose for an individual weighing one hundred and fifty pounds, it is a truism (due allowance being made for the susceptibilities of age and individuality), that one-half a grain would bear practically the same relation to a person weighing three hundred pounds, and one-eighth of a grain to one of seventy-five. What objective or subjective evidence is there to justify the assumption that dilution or trituration develops something else in this substance to which the term "dynamization" is applicable? Do we know two actions of morphine, one material and the other "dynamic?" Or does the action of morphine diminish *pari passu* with the diminished dose? The action we do know as a maximum dose is as 1:4,617,600.

Are man's actions and reactions limited or not? Are there not heat rays and light vibrations to which he does not respond, to which he is immune? Every drop of water we drink, and every cubic foot of air we breathe may be supposed to contain endless unidentifiable "dynamizations" to which we are immune. It is a favorite illustration to bring forward the fact that certain reputed insoluble metals can render water toxic to certain vegetable micro-organisms as proving the existence and therapeutic action *on man*, "dynamizations" homœopathically considered. If we cannot prove our law with our own science certainly we cannot with another's. What is one man's bread may be another's poison is an old enough maxim to, at least, accustom us to the thought that one form of life may be quite immune to influences that are detrimental to another.

I do not understand why the term "rational medicine" is "what might be termed borrowed plumage." "Rational, I. Possessing

the faculty of reasoning. 2. Conformable to reason; reasonable; judicious. 3. Pertaining to reason; attained by reasoning. 4. Pertaining to rationalism." The "coal tar things, the serum and the rest," according to the individual instance, may be more or may be less rational than the similitimum. When I use the word rational I use it in its broad sense, and not as pertaining to a particular school of medicine. Similarity is rational when considered as a mode of procedure, irrational when considered as nature's law for the cure of disease.

Regarding the question, "What is a charter from God?" the answer is obvious, it is a figure of speech. The following sentence I don't understand. "When 'rational medicine' comes to one in that form (in the form of 'a charter from God' (?)) there is nothing left for one to do but to look on in silence. for part of it is self-evident, and part of it is an assumption of knowledge of Divine intention that goes further than anything ever advanced by the most enthusiastic Hahnemannians." One of the gentlemen replying to my original article believes that in order to cure every patient with mathematical certainty, it would be only necessary to have perfect pathogeneses of every possible drug substance and a corresponding power to elicit symptoms. But he subsequently says: "Such wisdom is only possible with God." Although this is only a figure of speech, it implicitly implies a God given law, whose intentions we are feebly following in our man-like way. This gentleman is not even an "enthusiastic Hahnemannian." I shall not soon forget his pathetic plea at Atlantic City, in 1906, to the users of the so-called "dynamization" to at least adopt a rational nomenclature if they would not adopt a rational dilution, and the naive reply of one of them that his clinical results with the "dynamizations" whose nomenclature could not be rationalized were better than with those that are what they purport to be.

A. WANSTALL, M. D.

Baltimore, Md.

Reply.

In that veritable store house of interesting things, *Sharp's Tracts*, we find the following, clipped from Baden Powell's "History of Natural Philosophy," anent the discovery of the satellites of Jupiter, by Galileo with his new telescope, which made so much stir at the time among the orthodox scientists, and their reasons for not accepting anything so scandalous.

“The principal professor of philosophy at Padua (in which university Galileo was also a professor) *pertinaciously refused to look through the telescope*. Another pointedly observed that we are not to suppose that Jupiter had four satellites given him for the purpose of immortalizing the Medici (Galileo having called them the Medicean stars). A German, named Horkey, suggested that the telescope, though accurate for terrestrial objects, was not true for the sky. He published a treatise discussing the four new planets as they were called; what they are? why they are? and what they are like? concluding *with attributing their alleged existence to Galileo’s thirst of gold.*”

It may be that THE RECORDER is refusing to look through its friend Dr. Wanstall’s telescope, or the reverse. Each is positive that the other is laboring under error—so let it go at that.—
EDITOR OF THE HOMŒOPATHIC RECORDER.

GLEANED THERAPEUTIC POINTERS.

Dr. W. E. Kinnett says that *Kali muriaticum* given in apendicitis will prevent suppuration and otherwise greatly aid the case.

Dr. H. C. Allen says that *Malaria off.* seems to hold the same relation to suppressed chronic malaria that *Cinchona* does to acute. Full account as far as known in *New, Old and Forgotten Remedies*. It is a sort of malarial *Pyrogenium*.

Kraft points out the fact that *Arnica* and *Lachesis* are both blue remedies, but the blueness of *Arnica* is from a very different cause from that of *Lachesis*.

Dr. C. Wesselhœft reports infant of nine months affected with a sort of laryngitis, awakening almost suffocated, cured by *Sambucus*.

Dr. Bodman reports case of spasmodic dysmenorrhœa, griping pains after causing fainting, apparently permanently cured by *Pulsatilla* 30.

Dr. Day reports case of albuminuria in a two-year-old boy cured by *Plumbum* 12. (The 12th is the extreme limit sanctioned by the new H. P. U. S.)

“Scald head,” with yellow crusts and discharges, is a condi-

tion for which *Calcarca sulph.* is prescribed by those who believe in the tissue remedies.

Dr. Thomas S. Blair says that unless *Phytolacca decandra* is prepared from the fresh roots it has no "particular therapeutic value."

In orchitis, inflammation of the testicles, *Phytolacca* is a remedy to be considered.

Dr. A. E. Ibershoff (*Med. and Sur. Rep.*) gives three cases of ringing, noises in the ear that always followed the eating of grape fruit. It has a popular repute in the South as a remedy for malaria.

Dr. Harvey Bodman (*Monthly Homœopathic Review*) reports a case of facial paralysis with symptoms that was cured with *Silica* 30.

Sanguinaria canadensis nitricum was twice used with good effect by Dr. Kopp in seminal effusion after onany with simultaneous cold ablutions of the sexual parts.

According to Dr. Noack, in Lyon, *Berberis vulgaris* is almost a specific in *flat warts*. The most effective dose seems to be the first decimal potency.—*Le Propagateur de l'Homœopathie*.

HULL'S JAHR: A NEW MANUAL OF HOMŒOPATHIC PRACTICE.

Nearly all the older practitioners of Homœopathy are familiar with this fine work, but later generations impelled by the idea that newer works must be better have neglected it much to their own loss, for it may be safely asserted that there is not to-day a homœopathic book extant that is its equal in giving one a better insight into the true nature, scope and use of the remedies than this "Hull's Jahr: Snelling."

The book is in plates, and how many editions have been printed no man knows. This year, 1908, the publishers reprinted it again, but changing the date on the title page was overlooked, and the title page bears the date of a previous reprint, 1898. The book was first printed in 1860, and no changes have been made in it since. It was originally the production of Jahr, then Americanized (so to speak) by Hull, and finally revised and enlarged by Snelling, aided by Hempel, Gray and others.

It is a curious book, full of lore unknown, probably, to many of the men of to-day, yet if any man wants to write a paper on any of our remedies that is out of the usual rut (the paper, that is), and one that will command attention, he would do well, he could not do better, in fact, than to turn to *Hull's Jahr* for his facts and general data.

Take that, perhaps, mightiest of remedies, *Aconite*. "Hull's Jahr" begins, with the usual small type matter, on page 55, and ends on page 85. Up to page 75 the space is devoted to a general consideration of *Aconite* in all its phases and actions, drawn from all sources and then from page 75 to end follows the symptomatology of the drug carefully given and differentiated with *italics* and asterisks. The first part embraces the "Rationale of its Action," "Secondary or Reactive Stage of the Aconite Disease," "General Effects on the Nervous System," "Muscular System," "Vascular System," "Venous System," "Lymphatic System," "Toxicology," "Hahnemann," "Hartman," and many other authorities, then the various diseases and other matter, and finally the materia medica. When one has gone over all this he knows something about *Aconite*.

Not all the remedies, to be sure, are treated in this full manner, but each is handled in a way that holds the attention of the reader. Take as an example the following from *Anacardium*:

"NOACK AND TRINKS.—'The confectio-anacardina sui sapientium' has been celebrated as a distinguished remedy against weakness of mind, memory and the senses, Nevertheless, R. A. Vogel (Hist. Materia Med., p. 276) remarks: That Caspar Hoffman has called this confection of the wise a confection of fools, because many had lost their memory, and had become mad on account of using it *too often and inconsiderately*." Hence it is only the improper and too frequent use of *Anacardium* that made it hurtful; if applied correctly, it becomes curative.

In this we get a glimpse of our "loss of memory" symptom.

Take again this under *Argentum nitricum*, by Dr. John F. Gray: "Epilepsies produced by moral causes (such as, for example, very impassioned lay preaching) and promptly and durably cured by a few small doses of this drug, whilst those proceeding from abdominal irritation, independently of moral causes, are, at best, but poorly palliated by very large and frequently repeated doses." Dr. Gray contends here that the drug uses is

peculiarly "confined to diseases originating from moral causes," *i. e.*, the brain, but we cannot go into it at length here.

The preliminary to *Arnica* is peculiarly interesting, but cannot be quoted, being too long. Hahnemann says it "is an indispensable intermediate remedy in most inveterate chronic diseases."

Under *Arsenicum alb.* the greater part of the symptoms are preceded by asterisk, *, which means that the symptom has been verified at the bedside. This sign holds throughout the book, and adds greatly to its value to the practitioner. Some remedies have no asterisks to their symptomatology

Probably every one knows, "according to Hahnemann," *Calcarea carb.* is indispensable when the menses appear too soon and are too profuse, whereas *Calcarea* is almost always prejudicial when the menses appear at or after the proper time."

Calendula off. is not dignified by asterisks but one of its "CHARACTERISTIC PECULIARITIES" is "Almost all the symptoms make their appearance during the chilly stage."

Camphor is lauded for "Siberian influenza when it appears amongst us at the time when the hot weather has set in." Here is a point about *Camphora* by Dr. Gray that will interest many: "Camphora, as is well known, is very efficacious when administered by olfaction, but does not sustain dynamization." (One for Dr. Wanstall.)

Capsicum gives us: "*Tabes-testicularum*; dwindling of the testes to the size of a bean, extinction of the sexual instinct, emaciation, falling off of the beard, and weakness of sight," and a foot-note tells us the French soldiers in Egypt experienced this from drinking brandy liberally supplied with the drug.

Cicuta virosa is starred with "Epilepsy. Horrible epilepsy," etc.

Colocynth is credited with ability to remove "complaints arising from indignation * * * about unworthy treatment," etc., and who hasn't been "mad all over" from unworthy treatment?

The reader won't find any microbes in this book, and it is quite innocent of any serums, but when a man wants a *cure* it will beat those things to a stand still.

It contains 1,272 pages in half morocco binding, and its price is \$4.80. to which add 38 cents postage.

THE GENERAL MEDICAL COUNCIL.

The English are stirred up over the General Medical Council of that country. It seems to be a sort of medical inquisition answerable to no one, not even to the British laws. We are told that when any one sends in papers or documents in a disciplinary case these papers, etc., no one but the Council may ever see, as other wise persons would be deterred from submitting the information. In a recent case the court demanded that certain papers in the possession of the Council be produced, but this was refused even though it constitute contempt of court, and the counsel for the Council said that the registrar would rather be committed to prison than to produce the papers. At first glance this position seems to be rather admirable, but when it is considered that the "confidential" matter is submitted to this secret council in its trial of a doctor in which an adverse decision means professional ruin, the thing takes on a different aspect. It is a court, an inquisition, for the trial of physicians from whose verdict there is no appeal. Who gave this body this terrible power? They acquired it presumably in the same manner that leaders of a mob acquire theirs. A clique advocated, no doubt, the formation of a Council to adjudicate professional matters secretly. This once adopted and a few domineering men in the saddle unlimited and unrestrained power over things medical was theirs. For any one to protest placed him in the same position as those who protested against the acts of the men who fed the guillotine in the days of the French revolution, and it may be that doctors shout for the Council as the sans-cullotes shouted for its Council in France, because they fear to do otherwise. A man may have shouted himself hoarse in protestation of his administration at, and joy over, the work of the keen-knifed guillotine but, as we all know, this did not always save him. Secretly information was lodged before the all-powerful (for a time) Council and it settled the case—and there was no appeal. Theoretically every safeguard was thrown about the "citizen," practically there was only the will of the Council, answerable to none. And this seems to be the case with doctors in England. In the United States? That's another story.

Medicine from its very mission should be the freest of all professions. It is the profession that opens up the highest and great-

est fields of knowledge for it concerns the human race, and when viewed in this light the binding of fetters on doctors seem to be a —mistake. On the other hand, even as medicine opens up the greatest possibilities for great learning so does it for enthusiasts, dreamers and quacks. The one needed restriction should be that no one be legally empowered to force his ideas on others.

The regulars say that a "pathy" is a dogma, and its believers are sectarians, cramped and limited, while the physician without any special belief is "free." The reverse of this is true, for these men who claim to be free are held in hand and ruled by an iron despotism. They dare not inquire into Homœopathy or avowedly practice it without danger, perhaps certainty, of being summoned before the secret Council. Free? Well, hardly!

SOME REMARKS ON APPENDICITIS.

By Dr. Matteg, Ravensburg.

As is well-known, the appendix vermicularis, with the herbivora, is enormously extended and we find in it a quantity of undigested food, while further up in the larger intestine the food has already disappeared. Why then should man, who eats everything, also herbs, have no vermiform appendix? Cellulose and fibrin are not digested by the saliva, the gastric juice or the intestinal and pancreatic secretions, while in the vermiform appendix it is transformed into sugar and into carburetted hydrogen gases (see "The Function of the Cæcum and of the Vermiform Appendix," by Dr. Schlegel, *Allg. Hom. Z.*, 1095, Nr., 7 and 8).

My supposition is that the supposedly superfluous vermiform appendix is, as it were, the rudder and the lever of the peristaltic action of the cæcum and of the large intestine, and also the regulator for the Bauhinic valve, extending, when it is opened and contracting when it is closed, and then discharging its digestive juice. Therefore, when the vermiform appendix is diseased, this action ceases, and there is a paralysis of the large intestine and of the ileum, and constipation with frequently following intussusception or volvulus. This is another reason for supposing that the so-called typhlitis stercoralis is a sec-

ondary phenomenon, *i. e.*, a consequence of a disease of the vermiform appendix, fomented by internal causes (as indicated above), and so also the disturbance in digestion after the extirpation of the vermiform appendix may thence be explained.

It is probable that through immoderate use of meat, and the use of meats not always sound, which, in consequence of the modern mode of feeding the stock, are continually becoming more common, the lymphatic juices and also the lymph of the vermiform appendix are becoming much corrupted (by the so-called nuclein albumen), since, as is well-known, infectious bacilli are more easily formed from a meat diet than from a vegetable diet. Now, in this one-sided, *i. e.*, predominantly meat diet, the strong and, besides this, also corrupted secretion of the vermiform appendix finds no use and no disposal, and through further decomposition there may be formed inflammations and congestions in the lymphatic passages.

If, then, exceptionally, or at rare intervals, fibrous food is consumed, as happens at certain seasons of the year, it will frequently lie undigested, and will then, of course, also further contribute to foment the inflammation already existing. As is well-known, an organ which does not find the appropriate activity frequently becomes diseased and it degenerates.

Therefore, give the cæcum its appropriate activity and do not live in a one-sided manner on meat, but also, and, indeed, predominantly, on a vegetable diet and on vegetable fibre! This is the best way of guarding against appendicitis! In regions where people live more than they do with us on vegetables, this disease is found more rarely, while in regions with prevailing meat diet it is as frequent as tuberculosis, as, indeed, it is the frequent precursor of the same. For whoever has once passed through appendicitis is, and remains, according to my experience, predisposed to tuberculosis, and then also it is only appendicitis. Thence it is necessary that a physician, during appendicitis and afterwards, should treat the whole man, *i. e.*, he should improve his constitution, and not cut out the vermiform appendix in order to guard against this disease. The best protection is a natural mode of life, with a predominant vegetarian diet and temperance, or, rather, abstinence from alcohol, a proceeding which is also to be recommended in the tuberculous

diseases of the various organs, which diseases follow after appendicitis.

After an operation on the appendix, the digestion of vegetable food is essentially limited from the causes above indicated, and, according to my experience, there frequently appear disturbances in digestion, diarrhœa or constipation, with flatulence. On the other side, man, through a one-sided meat diet, becomes more prone to various diseases, especially to cancer and tuberculosis. And especially those of a tuberculous disposition, who have been operated on after typhlitis, thereby become particularly prepared for tuberculosis, and especially to abdominal and intestinal tuberculosis. I have been able to show with certainty that people, who, in the course of years, have been seized with appendicitis, are tuberculous or descended from tuberculous families. It is also certain that the particular age and constitution which dispose to tuberculosis of the lungs are also easily seized with appendicitis.

Appendicitis is as certainly an introduction to tuberculosis of the lungs as the lymphatic swelling of the glands of the various organs. My treatment is predominantly a constitutional one; therefore, besides the various well-known medicines, *Tuberculinum* plays the first role and in all the cases treated by me in the last ten years; it produces a decisive and rapid improvement and cure, without passing into suppuration. The cases treated by me in that time were sixty, and of these I only lost two, these being advanced cases in which perforation ensued in the first five or six days. From this surprisingly rapid action of *Tuberculinum* we may also again conclude as to the tuberculous nature of typhlitis.—*Allgemeine Hom. Zeitung*.

SOME CASES OF ASTHMA.

By Dr. Martens, Lueneburg.

The present communication is caused by the cure of several cases of nervous asthma. In all the four cases here adduced a longer or shorter allopathic treatment had preceded, consisting chiefly in the prescription of *Iodide of Potassa*, *Bromide of Potassa*, *Quinine*, *Atropin*, and the inhalation of vapors of *Spirits*

of *Turpentine* and *Ammonia*, etc. In one case (IV.) also a climatic cure at the sea-coast had been tried for some time without any success. I may add that I did not use in the cases cited any hydropathic measures. The cures may, therefore, be designated as purely homœopathic.

CASE I.—On the 4th of last August there appeared in my office a young man, twenty-three years of age, who, for two full years, had been troubled with asthma. According to his statement, this developed with considerable violence after a forced foot-tour, followed by a cold bath in the river. An objective examination showed that the upper air-passages were perfectly free; on the chest, whistling noises were heard. There is, on the whole, but little cough; a little tough, grayish white mucus is thrown out during the coughing. On the chest there is a strong sensation of constriction and oppression. The asthmatic trouble is worse in the morning; it is very apt to come on *when he is in a room where there are many men*. The patient also suffers from headaches appearing periodically *with a sensation as if the head was expanding*. I gave him *Argentum nitric.* 5. D., five drops, three or four times a day, and the patient felt easier in a few days. I last saw him a week ago, on the 14th of September. His dyspnœa had altogether vanished, and I am of opinion that *Argentum nitricum*, which he is now receiving only twice a week, and in the fifteenth potency, will complete the cure. The headache also has quite disappeared, since he began the use of *Argentum*.

CASE II.—In this case *Capsicum* was the remedy which effected the cure. This case occurred three and a half years ago. The young woman in question was about twenty-two years of age. She was seized with asthmatic oppression every three to four weeks, three to four days at a time. Even before her marriage she had suffered from asthmatic dyspnœa to a slight degree, but these attacks had become worse after an abortion. There was always a disagreeable smell from her mouth; during the attacks there was a *cough with very ill-smelling breath*, also a sensation of chilliness and cold in the body. It was relieved by the expectoration of mucus.

CASE III.—A woman, sixty-five years of age, had been suffering for fifteen years from asthma; there was also in this case

some emphysema of the lungs. The attacks of dyspnœa appeared, especially, about midnight, and were attended with great anguish and palpitation, followed by a sensation of weakness. In the chest there was a sensation as if it was constricted. There was relief from expectoration of mucus, which was sticky, and slightly salty in taste. There were also attacks from violent exercise and from going upstairs. On the chest there could be heard a rattling of mucus, which was discharged with difficulty. *Arsenicum alb.* produced a considerable relief. On account of the mucus, which was difficult to bring up, I afterwards alternated this remedy with *Ipecacuanha*. The general health was much improved. Owing to the age of the patient and her general weakness, we can hardly expect a full cure in this case.

CASE IV.—In this case I was led to the suitable remedy, especially by the nature of the mucus expectorated. I was called on September 5th to see painter Z., forty-three years of age, and found him still suffering from his attack. These attacks have appeared for almost four years, and appear frequently two or three times a week, and then almost always early in the morning. *The expectoration is of a yellowish white color, STICKY, VERY TOUGH AND HANGING FROM THE MOUTH IN LONG STRINGS.* In the morning on waking up he is frequently hoarse, his voice is rough. The attacks are apt to come on in wet and cold weather. *Kali bichromicum* at once gave relief; the attacks appearing less frequently and with less violence. After seven or eight weeks the trouble was entirely cured and has not returned since. I may add, that in all attacks of asthma I first give low potencies, the third to the fifth decimal, in frequent doses; after relief has set in, I give higher potencies, the tenth to the thirtieth decimal, and less frequently, mostly two to three times a week.—*Leipsiger pop. f. Hom.*

ECHINACEA IN FEVERS.

“*Echinacea* is a remedy that should not be forgotten in fevers. My experience has been such that I can lay claim to the wonderful results that some claim for it in febrile conditions. In measles, chicken-pox and scarlet fever it seems to exert a powerful influence, not shortening the attack, but the diseases run a very mild

course and leave no bad after effects. If you give *Echinacea angustifolium* in scarlet fever you should never fear having it complicated with nephritis or any other complication.

"Many physicians claim more for the remedy in malarial fever than others, and I can only say this about the remedy: I have used it in twenty cases without one failure; the disease would soon be under the control of the drug, the chills would not return after several days' use of the drug, and the patients could return to work as if they never had been ill. If the remedy is continued several weeks after the fever is broken up, they will have no return of the trouble, as the remedy seems to entirely rid the blood of the malarial plasmodia. I have watched the blood very closely while giving the remedy, and have found that the red and white blood corpuscles increase in number, and the blood gradually becoming free from the plasmodium."—O. L. Massenger, M. D., *Eclectic Medical Journal*.

KALI PHOSPHORICUM.

By Dr. George Royal.

Let me give you a few groups of *Kali phos.* symptoms which have been verified and which will show some of the conditions for which it will prove useful.

CASE I. *Amenorrhœa*. The *Kali phos.* symptoms were "constant, dull headache, yet drowsy all day," cross and snappish (irritable): "cries easily (depressed);" "so fidgety she could not control herself." *Kali phos.* 3x, four times daily, cured in three months.

CASE II. *Nervous dyspepsia*. "Nausea soon after eating, accompanied by marked drowsiness." "Eructations putrid both to taste and smell." "Eructations relieved by nausea." "Gnawing pains with fulness in the afternoon."

W. T. Laird made this comparison between the dyspepsia of *Kali phos.* and *Anacardium*:

"The *Kali phos.* patient is more decidedly neurasthenic than the other; and the relapses, which are frequent in both, are mostly due to dietetic errors in the *Anacardium* cases, and to excitement or worry in the *Kali phos.* cases."

CASE III. *Nervous exhaustion*. H. F. Dodge reports the case of a worn and nervous mother made so weak by a sickly baby.

The indications are: "Dull, heavy ache in the occiput." "Drowsy but yet restless." "Foul breath." "A brown coated tongue."

CASE IV. *Nervousness* due to sexual excitement. Dr. J. C. Nottingham gives the following group: "Excessive excitement whether suppressed or indulged;" "aching in the sacrum;" "sleeplessness;" "dull aching pain in occiput and back;" "natural irritability;" "great despondency;" "frequent micturition;" the quantity being large and the amount of **phosphates increased**.

CASE V. *Typhoid fever*. Many cases have been reported claiming help from *Kali phos.* in typhoid fever, but the symptoms for which it was given were not clearly set out.

One, however, gives the following, all found in the provings: "Mental confusion for a few days;" "pain in the forehead, at **first sharp and transient, then dull and constant**;" "foul breath;" "brown-coated tongue;" "chilliness;" "weak," "tired feeling;" "distention of abdomen and offensive, dark-yellow pasty stools."

The patients for which *Kali phos.* will be most useful will be adults of both sexes of nervous temperament.

The cause of their troubles will be excitement, overwork and, especially, worry.—*Transactions Am. Inst. Hom., 1897.*

GONORRHŒA.

(The following is clipped from Dr. Stuart Close, *Trans. A. I. H., 1907*, and shows the necessity of good homœopathic treatment in old gonorrhœas.)

We have strong endorsement of this position by a number of the highest authorities. Prof. Lydston, in his recent admirable treatise on *Veneral and Sexual Diseases*, says, "the disease [gonorrhœa] is rarely treated upon rational principles. The patient expects more from the surgeon, and the latter expects more from remedies, than in almost any disease. The fallacious notion of the simplicity of gonorrhœa and its congeners has proved disastrous. Physicians should embrace every opportunity to impress the patient with the fact that gonorrhœa is one of the most severe and, perhaps, the most far-reaching in its results of all the infectious diseases. It is not only worse than a bad cold, contrary to the lay opinions upon the subject [and he might

have added, some *professional* opinions], but it is far worse than its much dreaded rival for popularity—syphilis.” (Page 136.)

Again, the same author, after a review of the subject, says, “gonorrhœa is the most dangerous of the venereal diseases, for, through the medium of its sequels and complications, it causes more deaths than syphilis. By comparison, chancroid is benign. Subtract the evil effects of gonorrhœa from human ills, and the resulting increase in human longevity and happiness would be surprising.” (Page 140.)

In taking up the subject of the complications of gonorrhœa Lydston says: “Most complications are due, not to the intrinsic pathologic tendencies of the disease itself, but to irrational general management or over enthusiastic attempts to cure. *The frequency of complications is proportionate to the energy expended in the treatment.*” (Page 129.)

Noeggerath was the first in the old school to declare the truth in regard to suppressed gonorrhœa. His first statements startled the profession, but surprise soon gave way to incredulity and he became the victim of ridicule and vilification for a time. Later his findings were confirmed by the discovery of the gonococcus and its presence in the disease which he had ascribed to gonorrhœo. Noeggerath's theory, as originally formulated, is substantially as follows:

1. That nearly all men who have had gonorrhœa and apparently been cured, sooner or later infect their wives.

2. That this infectiousness on the part of the man is usually latent, but may possibly become perceptible in the form of an urethritis, more or less severe, following sexual intercourse.

3. That consequent upon this latent gonorrhœa in the man, there occurs a similar latent infection of the wife, which may in its turn become active as the etiologic factor of one or more forms of pelvic inflammation.

Ricord said that 800 men in 1,000 have had gonorrhœa. Noeggerath said that 90 per cent. of these cases remain uncured, and recent writers agree with him. Comment is unnecessary!

SOME HIGH POTENCY CASES FROM GERMANY.**By Dr. Strohmeyer, Frankfurt a. M.**

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. f. Hom.*, April 1, 1908.

The following three cases, I think, I can claim as having been cured by means of high potencies, and I would go further and would claim that, basing my assertion on former experience, that they would not have been healed as promptly and safely by lower potencies, as by the high dilutions which I used:

I. A Stye.

The first case was that of a lady, thirty-five years of age, who, hitherto, had always enjoyed an enviable state of good health, until a short time back, when her cheerful disposition was a little disturbed by the appearance of a stye on an upper eyelid. As the ailment in the days following increased and caused her lively trouble, an eye doctor was called in, who, through a slight incision, put an end to this disturbance. In a few days all was right again, and our lady as merry as before. But what could describe properly her indignation, when a week later, a second stye made its appearance in the same place with the same symptoms, and the disturbance in the use of the eye through the swelling induced another visit to the specialist. Hot poultices matured the stye, a slight cut, and the lady was relieved the second time. In about the same time a third stye, the same procedure, and the same result. But when the trouble arose for the fourth time, the patient lost her patience, and endeavored to cure it in another manner. I must confess that there was little to be seen of the merry disposition, which, as the patient stated, had formerly been her usual mood, when she paid a visit to me. On the contrary, the lady showed an impatient and embittered spirit, and charged herself with crossness and perversity; and she rather made the impression of a little Xanthippe than of a gentle and cheerful dame. Every one knows what a great weight homœopaths lay even in slight troubles on the mood and disposition and it would hardly do to say that any fair lady would be thus irritated by the appearance of four styes in succession. Now

would you suppose that such a disposition would have been cured by *Pulsatilla*? As little as by *Silicea*. But *Staphisagria* 200. D., in three powders of sugar of milk, each powder receiving six drops of the dilution, one to be taken every evening on three successive days, not only prevented every return of the ailment, but brought relief on the second day, while the styne was still at its height.

II. Furuncles.

The second case, no less interesting, was that of a young forester, who had been suffering for some time from furuncles, which kept recurring, and for which he in vain endeavored to find a cause. Treatment with *Arsenic*, by an allopath, had not the least effect upon it, nor the use of yeast, taken for a lengthy period. An examination of the vigorous, blooming young man yielded absolutely no result, with the exception of a slight indolence of the stools, which, however, had existed for years. Nor could the patient remember having received either a greater or lesser bodily lesion. There had not been any sexual infection, the urine was free from albumen and sugar: the appetite, sleep, and all the other functions were normal—and yet one furuncle kept following the other; at the present time there were several in the neck, and one in the right axilla. The indolence of the stool, then, was the only etiological moment which could be brought in connection with this cutaneous disease. This was the more astonishing, as the diet of the patient was thoroughly rational, and he was compelled, by his calling, to take the most strenuous bodily exercise. There was, indeed, a daily stool, but, owing to the dry consistence of the fæces, this was in some degree, labored, and the patient had the sensation as if quantities of the fæces remained undischarged in the bowels. An examination of the rectum showed a slight predisposition to piles. I supposed that the furunculosis was supported by a certain process of self-intoxication, and this supposition was sustained by the result of the medication. The patient received *Sulphur* 200. D., taken on four successive evenings, seven drops at a time, in a tablespoonful of water. I requested him to call again in two weeks, but I had to wait for three weeks, before I saw him again. He told me then that during the first eight days nothing unusual

had taken place, but toward the end of the second week a large and extremely painful furuncle had formed on the back of the region of the last ribs. This had tied him to his bed for fully five days. His wife had made hot poultices of linseed, which softened the furuncle, after which a great mass of matter was discharged—but since that time there had been no more furuncles. Being questioned as to the stools, he merrily answered that he had been constipated for the first few days, but since that almost the contrary had been the case, and now this function was entirely normal.

III. Gonorrhœa.

The third case was that of an engineer, who was at the same time a lieutenant of the reserve, and who had brought back as a memorial of the last manœuvres, a case of gonorrhœa, which had been treated in the customary manner with injections, and had been dismissed as cured, after some weeks. The case was cured, or not cured, according to a man's point of view. There was not, indeed, any more discharge, in fact, according to his statement there had only been an urethritis anterior. But a queer result was, that since this cure he did not feel any more bright as before, and suffered from broken sleep, a certain dull headache, and light rheumatic pains, which kept changing their position. He felt, as we say, "under the weather." I made no further explanation, as these would not, probably, have been understood, but I prescribed three powders, moistened each with *Thuja* 200. D., six drops to be taken on three successive evenings. As I had expected, so it happened; on the third day there appeared a thin, watery discharge, with slight burning of the urethra and a slight weariness in all the limbs. In the nights following, there was a copious perspiration, with a gradual disappearance of all the symptoms. The discharge, which had slightly frightened the patient and had brought him post-haste to see me, came to an end in two weeks. I think that anyone who has once seen such a prompt action of a medicine is not apt to forget all his life how great and brilliant is the action of the high potencies.

LOW POTENCY CASES FROM FRANCE.

By Dr. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER.

Whooping Cough.

A prophet is not without honor save in his own country. This saying was also verified a short time back with the children of our janitor. Both of these, a little daughter, of five years of age, and a little son, three years of age, were seized with whooping cough.

Of course, the parents did not think of consulting the physician, whose advice they could get without expense, but his wife consulted with the neighbors' wives, and thus gradually all the domestic remedies at their disposal were put in use. But none of them proved of any use. The attacks became ever more frequent and more violent, occurring, at last, eighteen times a day.

The consulting wives, therefore, concluded to send the children to the country. Finally the janitor, probably, merely from courtesy, thought of also asking my opinion. I opposed the idea of sending them to the country, and offered to treat the children homœopathically. The janitor and his wife accepted my offer, after I had promised them to furnish the remedies gratis. Their agreement to my proposition, probably, was only due to their fear of displeasing me; for, secretly, the janitor's wife said to our servant girl: "What can the Doctor expect to do with his watery solutions? I shall let him try for a week, then if you are no better I will send them to the country. A change of air is to be preferred to all medicines."

I prescribed *Drosera* 6., six drops for every child every day. On the fourth day of the treatment their case was considerably improved; the attacks had diminished in frequency to twelve a day, and at the end of the week they had diminished to six times a day. With the boy the improvement continued without interruption. I diminished his dose to four drops a day, and at last to two drops a day. But with the girl there appeared after every transient improvement, vomiting and epistaxis. In two days this was stayed by means of *Ipecacuanha*, when I came back to *Drosera*. At present, after treating them for three weeks, the

whooping cough, with both the little patients, has been quite assuaged. Now and then one attack a day, and none since the day before yesterday. So at last I succeeded in gaining the respect of the janitor and his wife.

II. Congestion of Liver.

A spinster, of thirty years of age, somewhat corpulent, and living a sedentary life, whom I had treated a few years ago for appendicitis, felt somewhat unwell. Loss of appetite, coated tongue, a dull headache, torpid stool, pains in the abdomen. The patient at once was afraid of another siege of appendicitis. But an examination showed no symptoms in the region of the appendix, nor was there any fever. Still I found a slight induration, on the lower border of the liver, which did not cause me any astonishment, as the patient had always, I might say, by inheritance, been suffering from a sensitiveness of the liver.

To regulate the stool, I prescribed lukewarm clysters, internally, *Nux vomica* 3., six drops a day. This caused an improvement in the coating of the tongue, and the stool proceeded regularly. But the induration of the liver and its sensitiveness would not yield, though the appetite had come back. I advised a strict diet, and gave *Mercurius dulcis*, first decimal trituration, five doses of one decigram each, five times a day, for two days in succession. A copious micturition followed on this treatment. The border of the liver now felt soft to the touch, and was not swollen any more. The liver returned to its normal position and at the end of the week everything was again normal without the use of any other medicine.

III. Slight Glandular Swelling.

While I was treating the young lady mentioned above, her mother, while out walking, had stepped into a large shoe-nail, which had passed at the same time through the sole of her shoe, the stocking and the sole of her foot. There was, of course, no considerable wound, it merely looked like the prick of a large pin.

The patient at first did not mind the wound at all, and quietly attended to her business. But after a few days, the foot became painful, somewhat heavy, without being swollen, and was very

painful when she stepped on it. When examined, there appeared a slight swelling, as large as a walnut, *i. e.*, a small gland was inflamed.

I warned the patient to give her limb rest, in order that no abscess might form, daily, a lukewarm foot-bath, and internally, *Silicea* 6., two drops morning and evening. In a week all the symptoms had disappeared.

IV. Long Continued Chronic Acute Congestion of the Liver.

A man, seventy years of age, who, in his youth, had suffered from syphilis, and later from articular rheumatism, came to my office a few months ago and complained of jaundice. The patient had passed through several such attacks, and since, in some of these attacks renal colic had appeared, he was afraid of a similar painful contingency at this time. An examination showed nothing striking; there was no trace of syphilis. The border of the liver was only slightly swollen and somewhat indurated. The patient stated that he was sensitive to medicines and desired to be treated with higher potencies. So I prescribed *Nux vomica* 12., and in a few days all morbid symptoms seemed actually to have disappeared.

Three weeks later, however, the patient called me in. The jaundice had returned, more violent than before. The skin of the whole body was a dark yellow. The tongue was coated thickly with a yellow coating. Not much fever. Obstinate constipation. The border of the liver was thick and swollen hard; the region of the liver, especially the gall bladder, was extremely sensitive to the touch. Daily clysters promoted the stools. Internally, I prescribed *Podophyllum* 6, two drops, four times a day. On this his condition showed improvement, without a complete removal of the trouble.

One morning I found without any other warning, that the pulse was much retarded and diminished in volume, the micturition reduced to one-half. What had occurred? There was no question that the circulation had been seriously disturbed, the more as on examining the heart I found an extremely violent mitral sound. Of course, the liver was again thick, and swollen hard. A syphilitic phenomenon was excluded, but a rheumatic in-

fluence might be considered. But on scanning this cause more closely, I also gave up this supposition and explained the phenomenon—correctly, as the event proved—in the following manner:

The circulation is a closed circle, in which various obstructions have to be surmounted. If one of these obstructions is difficult to surmount, this difficulty reacts on the whole circulation. In the case in question all the circumstances seemed to begin with the liver. The lower vena cava, which returns to the heart all the venous blood of the abdomen and lower limbs, was compressed by the swollen liver. The venous change which takes place in the capillaries thereby became more difficult, and this produced an increased tension in the large arterial vessels, causing a mitral insufficiency and, in consequence, an enlargement of the left ventricle. The mitral insufficiency again was able to produce an obstruction in the pulmonary circulation, and by means of a like process (an increase in the tension, enlargement of the ventricle and insufficiency in the valves), an insufficiency in the tricuspidal valve. In this manner I explained the sounds of the heart, the more as it proved in the sequel that this sound disappeared with the removal of the lesion of the liver. This process we may assume all the more readily, as every insufficiency of the liver may be attended with the resorption of toxins causing a weakening of the muscle of the heart.

Now as to the treatment: In spite of the preference of the patient for minimal doses, I made use of *Mercurius dulcis* in pretty massive doses, and the pulse was somewhat accelerated and more vigorous next day, the sound of the heart was no more violent, and the excretion of urine was essentially increased. I then waited for a few days and repeated the *Mercurius dulcis*, and all the threatening symptoms gradually disappeared, and a full cure was effected. A few doses of *Nux vomica* removed the last vestiges of the disease.

The whole treatment had lasted five weeks and the patient is at present in the full enjoyment of his health.

V. Inflammation of the Testicle.

A syphilitical patient whom I have been treating for some time on account of tertiary symptoms of his disease, appeared in

my office lately and complained of the extremely painful inflammation of the right testicle, which was swollen hard; this was attended with violent fever.

I naturally enough thought of a malignant phenomenon. But when I examined the patient more closely, I found out that he had a few years ago been afflicted with gonorrhœa; but as he supposed that this had been cured, as he had only slight symptoms of it left, he had not thought it necessary to call my attention to it. This made the case clear. Compresses according to Priesnitz, rest in bed, and some doses of *Clematis erecta* 6. in six days cured the case completely.

ABDOMINAL PAINS—CHIONANTHUS.

A woman of forty-one came to the hospital complaining of attacks of abdominal pain, at irregular intervals, lasting seven or eight hours, and accompanied by more or less jaundice, vomiting, and distension. This condition had continued for six years. There was no enlargement of the liver, but much tenderness in the right hypochondrium. I took the attacks to be biliary colic, and began treatment with *Berberis* θ . The following fortnight she had three attacks. *Chelidon.* θ succeeded no better. After four weeks, with little or no relief, she was put on to *Chionanthus* θ and now has had no real attack (though mild threatenings now and then) for six months, except for one fortnight when *Iris* ν . was substituted in November last. *Chionanthus* has been continued fairly steadily—indeed, she will not be left without a supply. As her attacks were coming every few days when she came to the hospital and for a month thereafter, I feel bound to attribute some effect to the *Chionanthus*. I must add, however, that latterly she has been subject to headache (frontal), and has only lately obtained some relief from this complaint by means of *Lycop.* 200. So that, although considerably improved, she is not yet in a fully satisfactory condition.—*Dr. C. E. Wheeler, Hœmœopathic World.*

Remember *Cratægus* *o.r.* θ , in all cases of heart disease.

BOOK NOTICES.

Des Vrais Caracteres de la Therapeutique Experimentale. Premier facicule. Réponse a M. le Dr. Pierre Jousset. Par le Dr. Jules Gallavardin de Lyon. Prix : 2 francs. Paper, 71 pages. A. Malone, 25 Rue d' l' Ecolesde-Medicin, Paris, France. 1908.

In the controversy between Drs. Jousset and Gallavardin, the latter stands for what we, in this country, term Hahnemannian Homœopathy, and the former for the Homœopathy which plays a subordinate role in medicine, though still a very important one, as a therapeutic measure. It is the old controversy presented in new dress, but lack of space prevents giving an outline of this particular exchange of opinions. Generally speaking, the man who stands for old Homœopathy is on firmer ground than he who would stray to the brilliant, but, too often unstable ground, of what is termed "modern scientific medicine." But each one to his taste.

A Manual of Practical Obstetrics. By Frederick W. Hamlin, M. D., Professor of Obstetrics, New York Homœopathic Medical College and Hospital. 480 pages. Cloth, \$2.50. New York: Boericke & Runyon. 1908.

Of this work the author says: "This little book is intended to be a *vade mecum* for the busy practitioner. It is not designed as a text book, but, as a ready reference book for the use of the rank and file of the profession."

The book treats its subject very concisely, yet clearly. Old school treatment is given in the therapeutics, and also the homœopathic therapeutics very fully, together with diet, hygiene, etc. The book ought to have a good sale among the family practitioners and homœopathic students.

The second edition of Nash, *Regional Leaders*, is out. It is considerably enlarged.

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EDITORIAL BREVITIES.

SEEKING THE TRUTH.—When a man says there is some good in all systems of medicine and more or less error in them all, and that the student should seek the good in all and reject the error, he has taken a position that is unassailable, yet which may land him in nebulosity, unless he be a veritable intellectual giant and one who can distinguish good and evil. After one has glanced at the ceaseless stream of books and pamphlets which no human being could read in toto, listened to the numerous enthusiasts depicting the wondrous beauty and effectiveness of some particular hobby, one realizes that to “select the good and reject the bad” is quite a task.

SUNBEAMS FROM CUCUMBERS.—A very eminent Professor tells us that “Metchnikoff and Roux announce that they have succeeded in establishing the attenuation of human syphilitic virus by passage through small monkeys, opening a prospect for successful vaccination against syphilis.” If attenuation is sought, why not—attenuate the virus? Any homœopathic pharmacist will show how it is done. And, if it is attenuation plus something else in the monkey is sought, what is that something else? What is the object of all this expensive hugger-muggering when attenuation to any degree and with the utmost exactness is open to any “scientist?” Can it be that plain attenuation is too cheap and simple, while the other method offers a wide field—for—for—?

TO CURE OLD AGE.—Our most estimable contemporary, the *Buffalo Medical and Surgical Journal*, for May contains a most absorbingly interesting paper from the pen of Dr. Suzor, of Paris, copied from *National Therapeutics*. The theme of the paper is "old age." The learned scientist, Suzor, demonstrates that old age is an infectious disease that may be cured. The paper concludes that the specific for old age is prepared with great care at the "Pasteur Vaccine Co.'s Laboratories" in "tablet form," "hermetically sealed," etc. The only thing missing in this wonderful contribution to scientific medicine is the admonition to "Beware of imitations!"

VIVISECTION.—The *New York Medical Times*, with its usual level-headedness on most subjects, seems to put the vivisection problem in its true light, *i. e.*, vivisection properly conducted by sane men and for a definite purpose is useful, but, "In many instances vivisection has been merely the instrument of an unreasoning curiosity or ambition, without any practical humanitarian motive. In others, it seems to have been worse than this, a horrible expression of Sadism differing only in the fact that it was performed in a laboratory instead of in a brothel from the vile acts of non-professional sexual perverts."

It is the morbid, the brutal and the sexually perverted, that have brought vivisection into such disrepute. The average man loves a dog, and when he sees or hears of one of them being brutally tortured by some one apparently for the gratification of a morbid love, he feels that the world could better spare the two-legged brute than his four-legged victim. At best, the knowledge gained by this practice is of no great value.

LADIES' DOCTORS AND SERUM THERAPY.—A prominent one of the gentler sex, in Philadelphia, recently turned loose on serum therapy and, judging from the defence of Dr. J. P. Reynolds, in the *Public Ledger*, Mrs. White got the best of the fray. Dr. Reynolds states that serum therapy opens up "a large field that is yet in process of active cultivation." That "this department of science is in a process of evolution" with investigators "hard at work in it." That "the causation of disease is but imperfectly understood." That "it is true that virulent bacilli are frequently

found in persons having no symptoms," and the reverse. But "all these apparently paradoxical facts will, in due time, be explained," and that the serum men "may be relied upon to emerge with credit from the ordeal through which your correspondent imagines they are passing." "Serum therapy is not yet what your correspondent would have it, nor, seemingly, any other department of medicine. Let her not despair," and so on. This is a fair abstract of the defence, which, after all, is but a plea to suspend judgment and wait for what "evolution" will produce. But in the meantime, certain impatient folk are wanting cure for themselves, or their children. Homœopathy is good enough yet. And then the parturition act of evolution may bring forth a monstrosity.

NATUROPATHY AND BIOCHEMISTRY.—Our estimable friends, the "naturopaths," have taken biochemistry into their fold. They say a cell salt is not a drug, but a "food," and a necessary substance for the maintenance of life." If cell salts are drugs, so are "potatoes, meat, butter, eggs and flour," and there you are. If this be true, then each man should take his regular rations of *Silica, Kali phos.*, and the others, every day, and be happy. Health chasing is a queer sport.

ADVERTISED MEDICINES.—After one has looked on the combat waging between the big A. M. A. Journal and the other allopathic journals for any length of time, he comes to the conclusion that if, as is, probably, the case, the various word gladiators are truthful men, none of the advertised medicines are worth their price to a physician who knows his profession, as he is presumed to know it. For example, Potassium iodide (or any other old drug), masquerading under a "scientific" name, will do precisely what plain Pot. iod. will do, and it will do nothing more. If the advertiser tells you it will do more under its masked-ball title, he is—laboring under a delusion.

CRUDE PRESCRIBING.—In a letter to the *Medical Century*, describing his experiences in establishing hospitals in connection with railroad construction in the South, Dr. C. E. Fisher tells of

the difficulty he experiences in getting homœopathic assistants in his work. At the last hospital in North Carolina, he succeeded in getting a young homœopathic physician, and he was "the crudest prescriber I have had on my lists." The growth of Christian Science ought to convince any one that success in the future in medicine does not lie in the direction of crude drugging.

WISDOM.—The Philadelphia papers, of May 14, contained the following "whereas" and "resolved:"

"Whereas, It has pleased Dr. Samuel G. Dixon, Commissioner of Health of the Commonwealth of Pennsylvania, to call his medical inspectors together, etc.

"Resolved, That we, the county medical inspectors of the State of Pennsylvania, most heartily acknowledge our appreciation of his wise purpose, etc."

A NEW DANGER FROM THE X-RAY.—The case of Southern vs. Lynn, Thomas & Skyrme, in England, wherein the plaintiff recovered \$20,000 damages, is rather suggestive of possibilities. We only know the general features of the case and the results. The case was "a subglenoid dislocation of the humerus, with a fracture of the surgical neck and much bruising," etc. The dislocation was easily managed, but, in some way the fracture interfered. The point is, that the surgeons used the X-rays on the case, which, not progressing favorably, was the ground for the damages awarded, because there was no precedent for such a procedure in well-known text books in Great Britain. If this is to be the position of juries and courts in England, surgery will come to a standstill in that precedent ruled country. Law is sometimes as freaky as medicine in some of its phases.

SEDUM REPENS.—One of our homœopathic journals recently published a translation of a paper by Dr. Stæger, that appeared in the *Homœopathische Monatsblätter*, extolling the virtue of *Sedum repens* in the cure of cancer. As the drug was asked for by a number of physicians after the publication of the translation, a letter was addressed to Dr. Stæger, asking for a supply of the remedy. The reply was: "What I call *Sedum repens*, is, in

reality, a mixture of the various crassulacæ in a homœopathic dilution. No one knows the composition, but I myself. I do not intend, for the present, to make known this composition. "It is offered at \$30 pr. Kilo in 30x medicated pellets. The house in question declined the offer of the sole agency for the United States.

ADVERTISING "TO PHYSICIANS ONLY."—Dr. G. G. Burdick rather acidly writes (*Wisconsin Med. Recorder*):

"As a 'come on,' the general practitioner is a success. To delude him into prescribing some fool thing of which he does not even suspect the composition is almost as easy as selling 'green goods to the backwoods farmer. He has an abiding, even child-like faith in any proprietary article of which he does not know the combination, and as far as I have been able to observe, he has no ethical consideration of the pitiful figure he cuts in the 'magic mirror.'"

AN ALKALOIDAL DIG.—Dr. William F. Waugh (alkaloidal man) writes to *Wis. Med. Reporter* that the HOMŒOPATHIC RECORDER "finds nothing but commercialism in the alkaloidal propaganda. Other homœopathic journals not dominated by trade influences have only kind words for the alkaloids. Take off your green spectacles and the world will not seem all green to you."

The only objection the RECORDER has to the alkaloidal crowd—they are no worse or better than the others—is that they take the alkaloid of a given drug and then lift its indications from the homœopathic materia medica as being something of their own discovery. Why do not they prove the alkaloids? It is not scientific, or very honest, to give *Aconitine*, for instance, on the provings of *Aconite* tincture. Until the alkaloids are proved, as Hahnemann proved drugs, their use must be empirical. Be square, gentlemen, and prove your own drugs, and, perhaps, the less you say about commercialism the better for yourselves.

THE OLD "INDICATED REMEDY."—Some time ago a man at work, in the big five-story laboratory of B. & T., Philadelphia, making suppositories, was confronted by the fact that one of the kettles of cocoa butter had boiled over and caught fire. Quick

work was needed to prevent a big fire. To come to the point, the fire was nipped in the bud, if the term may be used about a fire, and the man's arm and hand severely burned. The arm was dressed according to the best of medical art, but refused to heal, and the man began to fear he would lose the use of it if not the arm itself. He then went to a good homœopathic prescriber, who carefully "took the case" and prescribed the indicated remedy. At once there was a turn for the better; the threatening symptoms disappeared and the use of the arm and hand were regained. A very simple case, yet it looks as if the man who does not call on the sometimes sneered at "indicated remedy" is severely handicapped in his wrestle with disease in *any* form.

THE INFINITESIMAL DOSE.—The *Journal* (A. M. A.) for May 2, prints a paper by Dr. Paul H. Ringer on the subject of "Tuberculin in Pulmonary Tuberculosis." Dr. Ringer opens his paper as follows:

"It is now generally accepted that in Tuberculin we possess a most valuable remedy in the treatment of tuberculosis. Koch's Tuberculin, introduced in 1890, as a cure for tuberculosis, proved not to be such. Tuberculin was then given in large doses. Violent, dangerous, in some cases fatal reactions were produced; the curative effects were not seen. Error in the conception of the action desired of Tuberculin led to misconception as to the proper mode of administration. Reactions were sought; cases were not properly selected; all were subjected to the new remedy. As a result, Tuberculin came to be almost universally condemned." The writer then goes on to consider the revival of the use of Tuberculin and the employment of "infinitesimal doses" successfully. They are in hot chase after the infinitesimal dosage, and have eyed the "similar." Pretty soon these gentlemen may be homœopaths, in spite of themselves. Then must come the additional acknowledgment that a human being is not all material in his make-up; that the scrappiest and most pugilistic part of the human is not subject to microscopical and chemical tests, and it must be considered in the treatment.

QUERY.—If there is nothing in a dilution above the 12th potency, as the H. P. U. S. says, does not every pharmacist and

physician who labels a bottle *Arsenicum* 30 violate the Pure Food Act?

CERTAINLY.—“Consider a priori, we find that various infections differ widely in their fastigium. On the average, rotheln is the infection of shortest course, barring the group of hydrophobia, equinia, etc., which is usually fatal and in which the termination of the disease may be considered as prematurely hastened by death.”—*Benedict, N. Y. Med. Times.*

CHANGING SCIENCE.—Dr. John B. Huber, of the St. John's Hospital for Consumptives, in a paper in the *N. Y. Medical Times* (June), writes: “We have pretty well dropped the idea that pulmonary tuberculosis comes about primarily through the inhalation of the Koch bacillus into the air-vesicles.”

ACADEMIC WISDOM.—“So long,” thundered the Health Professor, “as men and women will sleep in ill ventilated rooms from which the pure air and God's sunshine are excluded; so long as they will gorge themselves on luxurious food and take no exercise;” so long as they will, and will not, do many other things, “so long will ill health, disease and death prevail.” The slum doctor rubbed his head as he wended his homeward way.

HAVE PRINTED LETTER-HEADS.—The following is from the *Zoological Bulletin* and every business man of every journal will say Amen! to it. “Writing Names Plainly: There is nothing with which a correspondent is so familiar as his own name, and nothing which he writes so frequently, so easily, and, consequently, so carelessly. At the same time there is nothing so important in a letter as the signature and address of the writer. Proper names are difficult to recognize, and the greatest possible care should be used to write them so plainly that there will be no mistake concerning either the address or the name of the writer. The chief cause of failure of replies to reach their proper destination is to be found in the inability to determine these accurately when written by hand.”

ITEMS OF GENERAL INTEREST.

The Medical School of the Boston University held a “Clinic Week,” June 1st-6th. A five year optional course has been established.

Dr. W. C. Butman has removed from Glasgow, Ky., to Physician's Building, Denver, Col.

J. Sutcliffe Hurndall, M. R. C. V. S., has removed to the Sanatorium 2, Cornwall Garden Stables, S. Kensington, S. W. London, England. Dr. Hurndall is author of the standard book *Veterinary Homœopathy in Its Application to the Horse*.

The two Italian homœopathic journals, *la Rivista Omœopatica* and *l'Omipatia in Italia*, have consolidated.

The Illinois State Board of Health has brought suit against an advertising doctor of Chicago, and will bring similar suits against all doctors who advertise to cure diseases of the genital organs.

The *British Medical Journal* has been analyzing the "Cuticura" products, and finds that the "Cuticura Resolvent" is composed of potassium iodide, mixed with sugar, alcohol and water.

Dr. A. B. Norton will sail for Europe on July 3—to escape the fire crackers, maybe. Dr. William McLean will attend to his practice during his absence—to September 22.

Let every reader remember that the American Institute of Homœopathy meets at Kansas City, Mo., on June 22. If anyone wants particulars, write to Dr. W. J. Gates, the chairman. His address is Suite 408, Portsmouth Building, Kansas City, Kansas. Please note the "Kansas City, Kansas." The two Kansas Cities lie opposite each other like New York and Brooklyn. The headquarters is the New Coates House, 10th and Broadway, Kansas City, *Missouri*. It is a first-class hotel, and the rates, European plan, are "\$1.00 per day up." The meetings will be held at "The Casino," adjoining the New Coates House.

Dr. S. Runnels, of Indianapolis, Ind., has sent the following circular letter to all homœopathic pharmacists:

"Will you please let me know by return mail whose Homœopathic Pharmacopœia you follow in preparing your drugs, or do you follow any other than that of your own, preparing your drugs according to the Hahnemann idea? I am in receipt of a letter from Dr. T. H. Carmichael, a member of the Committee on Pharmacopœia of the American Institute of Homœopathy, asking that

a resolution be passed at the annual meeting of the Indiana Institute in May, indorsing the Homœopathic Pharmacopœia of the United States as the standard authority in the preparation of Homœopathic medicine, and shall be pleased to know what you think about this."

Indiana has a Village for Epileptics near New Castle. Contracts for a new \$20,000 building had been awarded.

The institutions for the tuberculous are so overcrowded as to be "disgrace." If all the tuberculous are to be isolated, the State will have its hands full and will have to go deep down into its pockets, as they of New York State.

Children in Japan are vaccinated in their first year until a good "take" is secured; then, in their fifth year, and again in their twelfth year. Also, if small-pox appears, they and others must have emergency vaccination. From 1886 to 1904, there were 210,491 cases of small-pox, with 54,173 deaths. The Government, to arrest this fatality, prepared its own vaccine lymph. At Kobe, according to the *N. Y. Evening Post*, there were recently 2,000 cases of small-pox, with a mortality of nearly 50 per cent. Only 1 per cent. were unvaccinated. The Government vaccine has been in use in the Empire since 1896. The average death rate from the disease is about 22 per cent.

Dr. Andrew Ross, of Sidney, Australia, vigorously protests in a local paper against the "anti-toxin craze," which, he says, is spreading broadcast malignant disease among the animals, and in animal food, and this will soon react on the human race.

In the Lachesis uproar, one medical gentleman asserted that the supply of Lachesis is "nearly exhausted" and what remains is "inert." Those who sell the drug know the absurdity of the first statement, and those who prescribe it the absurdity of the second.

Dr. H. W. Schwartz has removed to Sendai, Japan.

At the annual meeting of the Neurological Association, Philadelphia, Dr. S. Weir Mitchell condemned hypnotism and said: "I have seen some appalling results from hypnotism." Dr. Sacks said: "If there are persons who want to go to Christian Science or Osteopathy to be healed let them go. We will have enough left."

PERSONAL.

New York has 28,000 lunatics—caged.

A doctor writes of "Our Gaseous Environment." Yes it often is, very often.

The English language has more hiss-s-s in than any, or all, others.

A German observer says that those minus the appendix spend the remainder of their lives in a state of constipation or the reverse.

Many German children committed suicide from reading Nietzsche. That gent must have had an exceedingly bad liver.

Dr. Suzor, of Paris, says that old age is an infectious disease. Wonder what health boards will do about it?

Life intimates that one danger from California fruit is of an apple falling on a man.

The arid region in the world is steadily growing—there's a double meaning there, brother.

A cynical doctor the other day intimated that "medical science had made giant strides" in all directions save in curing the patient.

Dr. John Hutchinson wants to know what twentieth century Homœopathy is anyhow?

When the world has become homœopathic and medicine an exact science, what will become of the medical journals?

The successful never believe in luck; only the unlucky do.

The man got off his joke and laughed, but the world didn't laugh with him.

"Call things by their right name!" Certainly, but be sure you can lick the other fellow.

Nature habitually violates the blue laws.

When the woodpecker heard the steel riveter at work he admitted that he was no longer "up-to-date."

It is suggested that a pocket camera, revolver shaped and quickly used, would take pictures of people without any studied pose.

Wherein "infantil" is a "reformed" spelling from "infantile" is a weighty problem; as an old ringster we'll stick to the "e" appendix.

"To be great is to be misunderstood." That's Emerson, it's wise, but what the deuce does it mean?

Out in Frisco one medical editor refers to a brother pen pusher as a "ludicrous tumblebug." All country boys will recognize the bug.

Mark Twain's books do not require organized effort to dig out their meaning.

A river that is confined to its bed does not require the attendance of a physician. Ding! Ding!

There is a growing protest against cheap surgical instruments; but are they not "just as good"—according to the maker?

It's an off-stand. The poor man rarely gets what he wants and the rich man what he gets.

An exchange thinks that cuss-words with a physiological basis are normal.

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LOOKING BACKWARD, LACHESIS.

Looking over old books and journals to arrive at the truth of the muddled *Lachesis* affair revealed some rather interesting points. The documentary evidence alone concerning the name would puzzle a Philadelphia lawyer and drive any jury to disagreement. Mr. A. L. Ditmars, Curator of the Bronx Zoological Park, where the poison of the new *Lachesis* snake was extracted, testifies under oath, as follows:

“This is to certify that Messrs. Boericke & Runyon, homœopathic chemists of New York City, delivered into my custody for verification and manipulation a serpent purporting to be a lance-headed viper; that I made critical and complete examination of its generic characteristics, and found the same to be a perfect living male specimen of a snake popularly known as the lance-headed viper; technically embraced in the genus *Lachesis*; order, Ophidia; family, Crotalidæ; Latin synonym, *Trigonocephalus Lachesis*; habitat, Northern Brazil; conforming to the serpent mentioned in the Homœopathic Pharmacopœia, and specified therein as *Lachesis Trigonocephalus*; that I extracted from the said serpent a given quantity of venom, the whole of which venom I delivered on the 26th day of April, 1908, to the aforesaid Messrs. Boericke & Runyon.

As Mr. Ditmars is without prejudice in the matter, and is undoubtedly one of the best living authorities on snakes, this testimony determines the fact that the new snake is a specimen of the *Lachesis trigonocephalus*. The fact that all homœopathic pharmacopœias, and nearly all our text books, give that name for the *Lachesis* proved by Hering seems to demonstrate that the alleged new supply of *Lachesis* is genuine.

Hering himself seems to have been confused about the name. In his *Condensed Materia Medica* he gives it as "Lachesis Surukuku." In November, 1852, he contributed a paper to the November number of the *North American Journal of Homœopathy*, then published by William Radde, and edited by Drs. Hering, Marcy and Metcalf. The title of the paper is "On Psorinum and Its Chemical Rescue." In this paper he discusses the events of his proving of *Lachesis*. He writes:

"On the 28th of July, 1828, I first received the poison of the *Trigonocephalus lachesis*, which I immediately triturated and commenced taking and administered to others in good health, and also to some patients. The results of these investigations were first transcribed on the 18th of June, 1830, and sent to Staph, who now printed my former communications and those subsequent researches. (*Arch. X.*, 2, S. 1 und 24, 1831.) I mention this to show that neither I nor Staph was in too great hurry; we both took our time."

This was written in the year 1852, and the proving referred to was made in, or about, the year 1828, so presumably in the intervening time the specimen of the snake furnishing the poison was presented to the Academy of Natural Sciences, Philadelphia, and it is labeled by Hering: "*Lachesis mutus*. Surinam. Daud. Dr. Hering." The snake so labelled is the one whose venom was proved, and so, regardless of names, we have the means of positively identifying any new *Lachesis* that may be offered. The other *Lachesis* snakes furnishing the remedy used to-day were identified by Dr. Hering; a comparison (they are all preserved in alcohol or glycerine) will show that they are of the same species, and, as Mr. Ditmars seems to be right, they are not *Lachesis trigonocephalus*. This name has been wrongly applied to them.

Thus it is that *Lachesis mutus* is the poison proved, and used for over half a century in Homœopathy, yet in all that time it has been named *Lachesis trigonocephalus*, whereas the genuine *Lachesis trigonocephalus* is an unproved and therapeutically unknown remedy. This error will doubtless cause much confusion in the future, as it is universally incorporated in homœopathic text-books and literature. We cannot say whose fault it was, but it is the duty of every homœopathic writer and journal to do what lies in their power to correct it.

The whole matter may be summed up as follows: The two snakes are of a different species. The proved poison is *Lachesis mutus*. The unproved poison is *Lachesis trigonocephalus*. Since its introduction the former has erroneously borne the latter's name.

THE MISSION OF GERMS.

By Dr. Leslie Martin, Baldwinsville, N. Y.

Prefatory.*

After over forty years' careful study, my only motive to send forth this message is my love for my sick and suffering fellow beings, and in the full spirit of altruism. I am fully aware that this much mooted theory, that germs cause disease, will call forth many criticisms. I beg of my critics not to deal harshly with me. Let us ask ourselves carefully, is it not sacrilege for us to charge God with such a crime as to create a germ to destroy man? He gave us warning explicitly in His Holy Word, that the wages of sin is death, and if we sow to the flesh we will reap corruption. And sin is the transgression of the law. Now the Father it grieves Him to have us disobey Him. He would have us saved from sin, sickness and suffering. We transgress His mandates and we suffer the results of our disobedience. I know that I will be criticised severely by some bacteriologists. I ask of them to deal leniently with me, and we all unite in an altruistic spirit, and study what the mission of this supposed disease germ is.

As God never created anything useless, was the germ created as a curse to man, or a blessing? You may claim that I am verbose and repeat too often. In such a great and important work as this, when we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime. Therefore, frequent repetition could be

*Dr. Martin's paper is unique. It puts the Bible, the Word of God, against the Germ Theory of Disease. Take your choice. The RECORDER is a medical forum, and Dr. Martin is welcome to address its readers. The doctor has been in the medical harness since 1864. As the paper was too long to be printed in one issue, it has been divided into two parts.—
EDITOR OF THE HOMŒOPATHIC RECORDER.

compared to the great good to follow, as in the Lord's Prayer or Old Hundred. When human life is at stake we cannot repeat it too much, and keep it prominently in our minds.

Part I.

Let us study carefully God's purpose and learn if He created germs to be a curse to man or a blessing, as men view it at the present time. After His act of creation of all things animate and inanimate for man's good, and to save man and for man's use in this beautiful world which He created for man to rule over and all created things to serve man and for his use under the arched canopy of the blue sky, also all created things in the earth, water, animal, vegetable or mineral kingdoms; after all things were created God saw that His work was good and completely finished, He then saw that He did not want all of these created things for His use, therefore He said, "Let us create man in our own image to rule over the works of our hands. Therefore He created man in His own image, and breathed into him the breath of life." Can it be that the all-wise, perfect and loving Father after He created man in His own image and breathed into him His own breath, His own soul, would stultify Himself and destroy the crowning piece of work of His own hands by creating germs to cause disease suffering and death of him. This fact alone positively proves the falsity that God created germs to cause disease.

Let us advance another step and study God's work. If He had created germs to cause disease and death, one germ would have been enough to annihilate the whole human race; if the germ had such power embodied in it to cause disease, this fact would also disprove the theory. God created all germs for a good purpose to serve man when he is sick and diseased to aid him to cleanse and purify and to get rid of the impurities, which man himself caused by improper living, and in this cleansing and purifying process help to restore himself to health again. God knew when He created man that man would bring all kinds of disease on himself through sin; therefore, He created germs to help man to overcome disease.

God created germs for every disease that man is subject to. He knew when He created man what was in man, and he would have all forms of disease; therefore, He individualized and created

a germ for every disease, so that each individual germ should feed upon its own special soil adapted to it, and could live and thrive only on its own particular disease.

God never generalized as man does, but everything created by Him was individualized. Man was created perfectly pure and in the image of his Maker and without sin. God told Adam and Eve not to sin, God gave them their choice, not to eat and live tree from pain, sickness and death, and if they did eat of the forbidden fruit, then pain, sickness, suffering and death would be the result. They decided to serve the devil. God permitted them to have their choice. God then knew that the human race ever after would have entailed upon them all kinds and forms of disease. Therefore, God has created these germs to aid man when he was sick, and to help cleanse and purify him from disease of all kinds brought on himself from sin. The all-wise Creator in His infinite wisdom created so many germs for each to do its own special work which He designed for them to do, and not to occupy other fields of labor. God does not make man to be a sufferer. He said that the wages of sin would be death, and sin is the transgressions of His great law of nature. God also said that he that sowed to the flesh would reap corruption. Christ healed diseases of all kinds proves that God did not create germs to cause disease, if so Christ would not have done so against His Father's will. His Father would have punished Him for disobeying. Reference, Math. 10th Chap., 1st verse.

“And when he had called unto him his twelve disciples, he gave them power against unclean spirits, to cast them out and to heal all manner of sickness and all manner of diseases, and to cleanse the leper.” Where were the germs in these cases that were thus healed?

Observe what wise act it was of the Creator to construct the nose with its secretions to destroy germs and to protect us from catarrhs and inflammations of all the air passages by simply using the nose for breathing and not the mouth. Study carefully the anatomical and physiological functions of the nose, the peculiar forms of the turbinated bones to increase the mucous surface. We can enter into the sick room of the most virulent diseases and be perfectly immune from contracting the disease if we will only be sure and keep the mouth well closed and breathe through

the nose. To prove how the nose will save us from inflammation of the air passages from a sudden change of temperature: The air in a warm room might be 80° , and we suddenly go out in a cold winter's air of 40° , and instantly, if we breathe through the nose, it changes the cold air instantly to 80° , and the air is warmed before coming in contact with the mucous surface of the throat, and saves us from severe colds and bronchial affections.

Christ gave no remedies in any form to cure disease or destroy germs in all of the thousands of cases He healed of all kinds of disease. (He knew that germs could not cause disease.) Christ said to His apostles that if any were sick among you to call the elders of the church and lay hands on them and pray with them, and if they had committed many sins they would be forgiven them. What about the germs in such healing as this?

Bishop Foster asks is it possible to imagine that the Infinite did create such a being, and open before Himself and before it such a prospect, and nourish it with the idea only that He might dash the beautiful vase and scatter all its increase in one mad moment! Geo. B. Wendling says: "Remember, however, that throughout all nature every created object fitly serves some discoverable purpose, and is fully capable of performing its mission. God made three great forces, viz., vital force, chemical affinity and gravitation, and those three great forces will explain to man all of His works of creation."

This same vital force that makes us sick restores us to health again. The force embodied in chemical affinity will both destroy and preserve its powers. We might say that the blow given a stick of dynamite was the cause of its explosion, the blow was the occasion and not the cause, chemical affinity caused the explosion. A thoughtful writer says: These chemical forces that will reduce the matter of the body to dust, do not explain how it has been built from the dust, and preserved from year to year and its destructive forces have been curbed while life remains in the flesh.

Also the law of gravitation both floats the balloon or dashes it to earth again and destroys it. What cured Job of his sores after all the doctors tantalized and persecuted him with their vaunted cures. He replied to them that "ye are all forgers of lies, ye are physicians of no value." Did germs cause Job's sores? What

caused the issue of blood to cease after she had spent all her living on the doctors for the past twelve years? Faith cured and not germs eradicated.

Cases like these are fully sufficient to explode and convince any intelligent or observing or investigating mind the great fallacious decision of bacteriologists that germs are the cause of disease. Bacteriologists at the present time have found some sixty or more germs in disease, they will find that there are many thousands more beyond the power of chemistry or the microscope to reveal, as God's creative power is endless. Who by searching can find out God? The wisdom of all the nations combined is naught but foolishness with Him. Astronomers find galaxy after galaxy of stars beyond the powers of the most powerful telescopes to reveal, and thus it will be with the study of germs and bacteria. Man cannot find out God.

It has been tested and thoroughly proved that healthy human blood will destroy as quick as a stroke of lightning all germs known when put into healthy blood. This was a wise act of the Creator thus to protect man, so that germs could not destroy him. This test proves incontestably that germs cannot cause disease, as so many scientific men claim. All the human race would be diseased and destroyed if this were true.

After Adam and Eve's disobedience to God sins of man were entailed upon him, and diseases of all types and kind man brought on himself through sin. To prove that man was the first cause of disease read Old Testament history. The most loathsome diseases man suffered from sin and sinful practices and produced syphilis, sycosis and psora, which have cursed the human race ever after. The history of prostitution written by Dr. Sanger, of New York City, is the most complete history of the origin of the first cause of disease and traced from Egyptian times, and is so replete with interest the reader never tires of its reading.

All diseases come from sin, transgression of nature's laws, the laws of health, and all sin is of the devil.

If germs caused disease why not all be sick, when we are constantly exposed to their power? Tainted or soiled money or other articles or substances as groceries and nearly all foods are alive with bacteria and germs, and always will be where dirt and filth is existing. It is claimed that diphtheria was caused in a child by

putting a soiled penny in its mouth. If the secretions of the child's mouth had been in a healthy condition diphtheria nor any disease could not be contracted. The diphtheria soil was present in the child's mouth and no other form of diseased soil. We consume enormous quantities of germs every day with our food and drink; they do not cause disease. A noted pathologist spread his bread thoroughly with germs of all kinds and ate it freely with impunity to test the power of germs.

Why can we do this? Simply because we are in health and they have no power over us, the secretions of the salivary glands and the stomach are in a healthy condition, and these secretions destroy them rapidly when they are brought in contact with these secretions. This also was a wise act of the Creator to protect us from disease.

Germs never attack a healthy person, always one out of the line of health. Germs never come until the proper soil is furnished them to feed and propagate on. Germs have no power of their own to cause disease, we must supply the right conditions and soil.

If we should examine a portion of our food eaten, with the lens of a powerful microscope, we would see it alive with germs and bacteria, but the secretions of the glands of the mouth and stomach destroy them rapidly when the secretions are normal.

We must supply the condition or soil, or be susceptible to disease, then the germs for that special soil will come and feed upon it.

We must be out of the line of health for germs to attack us.

Diseases and tumors do not come and make us sick but come because we are susceptible and sick.

Germs are scavengers and purifiers, and always seek for filth and impurities, the same as bedbugs and cock roaches, which always denote uncleanness when you find them.

Horace Fletcher says in his work on Happiness, on p. 208, mosquitoes are said to breed in malarial conditions, and for the purpose of absorbing the malaria.

Flies do not exist except in conditions of ferment, and are of greatest service in carrying it away. Roaches are splendid scavengers, and are a result, and not a cause, of unclean conditions. Our warfare should be waged against unclean and inharmonious

conditions, and not against the purifiers and harmonizers of the conditions.

When the germs' work of purifying is finished in a case of disease, where do they go then? for there are thousands and millions more of them than when they began their work. We know that many thousands of them die when their work is done, yet their forces are so much increased, why do they not renew their attack on the same person, or other members in the family, and make them sick, and not leave a good field to renew their labors on some other person?

If germs are the cause of disease, why are not all sick in the city of Berlin, where the canal empties into the river Spree, where there is a medley of rebellious smells and odors that cannot be suppressed and a hot bed of bacterial germs? Because the people are not susceptible and are in the line of health. What about the germs of fear? Fear is a fruitful occasion in the causes of disease of the most virulent form, as small-pox, cholera and yellow fever, etc., which can be attested to and verified by thousands of physicians and other good competent people. Who has seen the germs of fear? or what is their size and color? We have one of the most complete works written on the effects of fear by Dr. Tuk, of London, "On the Influence of Fear on the Body." This most excellent work is acknowledged by the medical profession as standard authority, and reading it will convince the most skeptical of the deleterious effects of fear on the human body to cause disease. We know the results and effects of fear from exposure to the above named diseases. We also have an excellent chapter written by Dr. Wm. H. Holcomb, on "The Influences of Fear in Disease;" in Horace Fletcher's work on "Happiness," page 223, Appendix A, which cannot be excelled. Diphtheria germs have been found repeatedly by bacteriologists in healthy persons' mouths, and caused them to be put under strict quarantine. Therefore, germs are not the prime factor in causing diphtheria. If so, why found on healthy mucous surfaces? As stated, diphtheria is a filth disease, same as typhoid fever; we must furnish the soil from bad hygienic conditions before the germs come. Bacteriologists have found a leprosy germ. What became of them in the case of Naman, the Syrian leper, who was cured of that most loathsome and fatal

disease by simply dipping in the river Jordan seven times? The doctors were at that time very skeptical, as they are at the present day, and were positive there were some chemical or medicinal properties contained in the water that killed the germs and effected a cure, but by the most careful chemical tests, no medicinal properties were found.

We are told in Holy Writ what it was cured. Faith and obedience. Germs have no power any more than drugs or food has to act on vital force. Vital force acts on food and drugs, and not food and drugs on vital force. Vital force digests and assimilates food. Food cannot act on vital force, if so food would restore life again to a corpse.

Remember life is always from life. We cannot get something from nothing. Also remember that the sun does not rise in the east and set in the west, as we have always been taught; but the earth revolves around the sun, not the sun around the earth. Now as to drug action on the body as we have always been taught is fallacious.

Opium given or any drug in the materia medica, vital force acts in the line of the drug given to the sick. The chemical properties in the drug do not act on the vital force, but the vital force liberates it and sets it free for vital force to act upon. After the system is cleansed from disease the germs cease and leave for other fields of work. If they were the cause of disease as man supposes, why after he has gained his health, the same germs have it in their power to attack him again and again repeatedly and cause his death.

As there are thousands or millions more germs after four or six weeks of sickness to make a renewed attack than at first, this disproves the mere theory of cause.

As yellow fever has its own special germ and its own soil assigned to it, now this honor is taken away, and the cause is charged to a certain kind or type of the mosquito family. How is it to be reconciled? We know positively that people have the yellow fever in localities where this kind of mosquito is not known. How will they explain this charge to the mosquito? Also in localities where this mosquito is abundant, many persons bitten by it do not have this fever. The mosquitoes may be the occasion in a susceptible person but not the cause. This mosquito is certainly

a very large germ and readily seen with the naked eye, and in its warning buzzing will cause a strong man to flee from it, or cause a whole camp of people to flee from its presence. Fear in these cases is the strongest in susceptible persons to have this fever, which has been abundantly proved by many of our ablest and most experienced physicians in their localities. Bacteriologists lately claim that they have found the female mosquito (*stegomia*) is the one that causes yellow fever from its bite and not the male, but this female mosquito has always to bite a yellow fever patient first before it can cause the fever. If this female (*stegomia*) is the cause, where did the first case of yellow fever have its origin without the bite of this peculiar mosquito? This proves positively that the delusion that the bite of this mosquito is the cause of yellow fever is false. This also proves that the mosquito is the occasion, and is not the first cause of the fever.

What kind of a germ, think you, affected a certain man of the Gadarenes of many devils who had no clothes on and was kept bound with chains and fetters, and would brake them all from the severity of his malady? He asked what have I to do with Thee Jesus Thou Son of God Most High, I beseech Thee torment me not. Jesus asked him, "What is thy name?" and he said, "Legion," because many devils were entered into him.

It may be claimed by bacteriologists that Christ performed so great cures similar to this, and many severe fevers and other types of disease, that this healing power was vested in Him by His Father to do such cures and restore the dead to life. If Christ did cure fevers and diseases, this would conflict with His Father's will, and His Father would punish Him severely, as His Father created germs to cure disease, and Christ would not disobey His Father's will in destroying germs. Do germs cause scarlet fever? Cases to follow. My father's family of six children; my brother who was about eight years old had scarlet fever very severe, and his life was despaired of, and a severe complication of dropsy as a sequel, and he fully recovered his health; eight years after my youngest sister has a very severe course of it and recovered, then about eight years after my sister had it my aunt, who was visiting our family, and her child some two or three years old had it so severe that for some days her life was despaired of, but she eventually recovered, and none of the rest

of the family contracted it, and all of us five other children were in the same room day after day, when those three others had it at intervals of eight years.

Also in Zora Haydon's family, a nearby neighbor, of nine children, one of the boys some eight years old had a severe and a long course of scarlet fever and a long, slow recovery on account of dropsy as a complication, and died a few years after as a result of its sequel, and none of the other eight children had the fever. If it is so contagious as we are taught, and germs are the cause, why did not the rest of the children in these two families have the fever? This proves that all of the rest of the members in the two families were in the line of health and not susceptible to its influence, and did not furnish the soil for the scarlet fever germs to feed upon.

Also in these two families condition and environment had a good opportunity to test the germ's power to cause this fever, as in these two families the children were not segregated, but all lived in the same rooms day after day. I have attended many cases of scarlet fever in families where only one or two of the family out of four or five children have it of a severe type, when the germs were certainly plentiful enough to cause the fever in the others exposed if they had the power vested in them. We know that there are enormous quantities of germs of all kinds of disease eaten every day, in rare meats and badly cooked foods, and do not cause disease of any kind.

As has been stated, we know that typhoid fever and diphtheria are caused from filth, and their most fruitful source is from the exhalations of human excrement or leaching of these excrements in the soil, water sources, cesspool, wells, cisterns, sewers, etc. If typhoid fever is contagious and caused by a germ, why are not more or all persons exposed to those germs sick with the fever, as so large a number of people have partaken of the same polluted water or milk or inhale the exhalations from any and every contaminated source? I have known of many families who have drank of the same polluted water or milk for weeks and months and only one or two in families of six or eight persons had the fever. If a germ is the cause why do not all of the people who live in cities, towns and country who have drank and eaten and inhaled these germs for long periods of time, all such have the

fever? We know positively that we have to furnish the conditions and environment and soil and render ourselves susceptible through bad sanitation and unhygienic habits of living, and we first become sick and then the typhoid germs come to aid us to cleanse and purify and to recover our health again, and when their work is done, they do not renew their attack on us again, for there is no more diseased food for them to feed upon, and the soil is rendered obnoxious to them, as they never thrive in and attack a healthy person. If we have a relapse we are the cause of the relapse and not the germs. We cause our relapse by some errors of diet or bad treatment or nursing. These germs are scavengers and purifiers. If all our health boards would make personal visitations, and then strictly enforce sanitary laws, they would nearly eradicate typhoid and diphtheria from all communities and localities, for we know positively that these two diseases cannot exist where we have purity and good sanitation. This same law will hold good in diseases like small-pox, cholera, yellow fever and malaria in all its forms; this law has been partially tested in large cities where the above named diseases were endemic, also the yellow fever in New Orleans was checked by cleansing the city and not charging the cause to the dreaded female mosquito, the stegomia. I have treated a large number of cases of typhoid for over forty years, and have rarely seen it endemic in either city, town or country, and generally sporadic cases, as one or two in a family of six or eight persons in any of the above named localities, which prove that all persons were not susceptible to the fever. (We recall the pathologist who spread cholera germs on his bread and ate it without producing any ill effects. Why? Because he was in health.) In sections of country where the fever prevailed, I found their water closets within a few feet of the well, also their slops thrown near the well and contaminated the drinking water, also large pits dug and filled with cobble stones, and all of their refuse and slops ran into these pits, and then leached into the wells or cellars for them to inhale the exhalations, and when in the fall of the year the well at the house became dry they resorted to the well at the barn or barnyard or some well in low, swampy land, and in their use of such drinking water there were only sporadic cases. Now if germs were the cause of typhoid fever, why were there not more than one or two cases in these families

attacked, when all of them drank daily of this contaminated well water or breathed night and day from the gases from these cess-pools and pits and old wells near the house where they let all of the slops or privy or refuse discharge into them? Also they used and drank the milk freely from the cows that drank the water from the barn or barnyard and wells, or dead stagnant water from low stagnant rivers or low marshy land or ponds and creeks. What kind of germs cause appendicitis? It is very evident that it is caused by improper foods and errors in eating, also adenoids in children. These diseases were not known years ago; they are caused by pappy or sloppy or predigested foods, which require no act of chewing, and not being properly insalivated in the act of eating. What kind of germs, think you, caused the deaths of Presidents Garfield and McKinley? Garfield's vital forces put up a big fight of almost three months to save him, but the expert surgeons probed him to death, and not surgical germs. McKinley was all O. K. for the first nine days and no fever, and he would have recovered if the learned experts in their wisdom had not interfered with nature's resources and fed him and brought on the surgical fever which caused his death. If they had given him nothing but pure cold water and waited until he asked for food, no doubt but that he would have lived.

THE CRUCIAL TEST OF NUX MOSCHATA.*

By Edmund Carleton, M. D., New York City.

In some unremembered publication, it is impossible to say when or where, I have read how the ape indulges his natural fondness for nutmeg; falls into profound sleep in consequence; and then is captured by wily man. The nurse of yore was accustomed to offer panada, generously spiced with nutmeg, to the puerperal woman. The multipara, suffering with after pains, felt much better after eating the panada. My first study of the provings of *Nux moschata* upon the healthy impressed me with the ability of the nut to produce great sleepiness and long sleep; a dry tongue which will stick to the roof of the mouth; a cool skin and

*Read before the Homœopathic Medical Society of the County of New York, October 10, 1907.

disturbance of the emotional and sexual spheres, especially in women. My constitution is such that the foregoing outlines come instantly to view, when *Nux moschata* or the corresponding clinical problem is presented. Study and clinical experience are adding to this picture; but the original sketch of it, given above, was engraved upon my memory.

I hold in my hand the monograph of *Nux moschata* compiled by Hering with the assistance of his Philadelphia colleagues. It is rare. I only obtained it through the kindness of Dr. T. L. Bradford. It summarizes the life work of Dr. C. E. Helbig and his contributing associates. Of *Nux moschata* Hering says: "There is not another drug in our materia medica as fully and as comprehensively treated." The symptoms considered characteristic are indicated by finger points. They are: White coated tongue. Dry mouth and throat. Bad smell from mouth. While eating, soon satisfied. Bearing down in the belly. Soft stool expelled with difficulty. Burning in the urethra when passing water. Menorrhagia; blood thick, dark with such as have had catamenia very irregularly. Pain in sacrum when riding in a carriage. Lassitude from the least exertion. Disposition to faint. Drowsiness. Complaints originating from cold, especially wet cold. Pains and febrile symptoms alleviated by external warmth. Cool, dry skin, but sensitive to the air. All the parts on which one lies ache as if sore.

What delights me is the marking of highest value affixed by Bœnninghausen to some symptoms to properly emphasize them. Among the symptoms thus distinguished are drowsiness, sleepiness and great sleep. All the symptoms thus marked by Bœnninghausen are faithfully recorded in the Guiding Symptoms, with which you are familiar.

Hahnemann said: "*Nux moschata* is one of the greatest polychrests (at least here in Paris), and is second to none except to *Sulphur*."

One purpose of this brief paper is to stimulate the presentation here, to-night, of clinical experiences with this medicine at the hands of careful prescribers, which shall bring out prominently and verify some of the characteristic symptoms of *Nux moschata*. Who has not seen great results from this medicine in the treatment of apoplexy, catalepsy, delirium, mania, weak memory, diseases

of the nervous system, fainting, exaggerated emotions, typhoid fever, ulceration of the umbilicus and umbilical hernia; in disorders of menstruation, pregnancy and lactation; in gout and rheumatism, all accompanied with great sleepiness? Tell us the characteristic indications for the remedy in each case. That we may have sufficient time for your valuable contributions my own clinical illustration shall be restricted to one case, and allow me to preface it with the truism that, provided he has "taken" the case as Hahnemann directed, the physician is not to be adjudged guilty of making selection of the remedy upon insufficient evidence, though in that work he has credited one grand characteristic with being relatively more important than many common symptoms.

The patient alluded to was a young lady in literary pursuits. Her nerves had given out in consequence of continued hard work and worry. The malady had successfully defied the efforts of an eminent specialist, who gave no allegiance to the law of cure. The patient slept most of the time. It was a heavy sleep, from which she was not easily awakened, but presented no other unusual features. When she awoke her eyes were dry, and she said that her "tongue was so dry that it stuck to the roof of her mouth." She felt exhausted and would not arise from the bed. The skin was dry and cool. The abdomen was distended but not sore. There was no fever. There were flatulence and loose stools. Menstruation was late and scanty.

My attention was immediately directed to nutmeg. All the symptoms which have been mentioned were found to have been produced in healthy persons by it. I gave *Nux moschata* in the two hundredth centesimal potency, to the sick person, and she was cured by it safely, speedily and easily.

Another purpose of this paper is to get your counsel in the following matter: The sleeping sickness is depopulating large districts in Africa, and constantly enlarging its field of operations, as you know. It was formerly supposed to afflict the negro only, but now, to his dismay, the white man finds himself not immune. It demands the life of its victim, and will not relent. It is said to be caused by a parasite, the *Trypanosoma gambiense*, which is conveyed into the human system by the sting of the tsetse fly, *Glossina palpalis*. Koch is on the ground investigating the ætiology of the disease. May success attend those endeavors. We

want to know the disease and its cause and what to avoid. If Koch will work along that line and leave curative measures to those who understand the science of therapeutics we will applaud him.

Quain describes the disease as follows :

"Anatomical Characters.—Manifestly sleeping sickness is a brain disease, and in the two cases of which the organs were recently examined under the most favorable conditions, Mott showed that the essential lesion is an extensive meningo-encephalitis, sections of the brain showing extensive and possibly general infiltration of the blood vessels with leucocytes. No gross lesion was discovered in either case.

"Symptoms.—Negro lethargy attacks both sexes and all ages ; it is stated to have a predilection for the young, vigorous and intelligent of about eighteen or twenty. It commences insidiously with lassitude, muscular and intellectual debility, often moroseness and an irresistible tendency to fall asleep at unwonted times and even while at work. Dull headache is sometimes complained of, but not always. A tottering and unsteady gait, as if from weakness, is a frequent and early symptom, as is also a peculiar and pathognomonic *facies*; the upper eyelids droop as if weighed down by sleep, the eyes are lustreless and the face puffy, and the expression is sad or taciturn. The memory becomes weak and the senses dull. Little by little, sometimes interrupted by deceptive periods of arrest or improvement, the state of torpor becomes intensified, so that after a time sleep is nearly continuous ; or, if not asleep, the patient will lie with closed eyes in an apathetic condition from which he can be aroused with difficulty. He may generally be got to reply to questions, but he is unable to sustain a conversation, and speedily relapses into his habitual state of lethargy. At this stage, were he not roused to take food he would starve to death ; even after being roused up, so great is the somnolence that he may fall asleep again in the act of conveying food to his mouth or during mastication. There may be some evening rise of temperature, but for the most part the skin is absolutely cold, the patient evidently feeling chilly and liking to lie asleep in the hot sun. Examination fails to detect any disease of the thoracic or abdominal viscera ; the deep reflexes are preserved. Although appetite and digestion generally continue un-

impaired, towards the end of the disease the body wastes; the sphincters may fail to act, and extensive bed sores may form. Limited areas of skin may become anæsthetic. Muscular tremor is frequently noted, and as the disease advances, localized muscular spasms or general convulsions may supervene. Death may occur during one of these convulsions, or it may be brought about by simple inanition or by some intercurrent disease. A certain proportion of the cases exhibit maniacal symptoms at an early stage; these may subside or recur or persist for a variable period before the development of the characteristic somnolence. Enlargement of the cervical glands and of the salivary glands with a degree of salivation and an itching papular or papulo-vesicular eruption on the chest and limbs are said to be almost invariably observed. The symptoms described are not all present in every case, and the individual features vary much in different instances, in degree and combination and rate of progress. Progress may be rapid or slow, so that the duration of sleeping sickness is variously stated at from four to five months to as many years. Cases are on record in which recovery seemed to take place, to be followed, however, almost invariably, sooner or later, by relapse and death. It is doubtful, indeed, if permanent recovery ever really does take place. The negro smitten with sleeping sickness considers himself and is looked upon by his companions as doomed."

Doubtless a homœopathic physician after observing a number of cases would report additional symptoms, modalities and individual peculiarities, but presuming that civilization, or, more properly speaking, diabolism, has so far spared native Africans many of the diseases constantly seen in Europe and America, each of them exhibiting symptoms peculiar to itself which would modify the otherwise uniform expressions of an epidemic disease, we may reasonably infer that an epidemic in Africa will demand a comparatively small number of remedies; therefore, we appear to have some right to base a prescription upon the known symptoms just read. They lack the suffused face and over-circulation of *alcohol*, and the contracted pupil, stertor and slow pulse of *Opium*. The favoring eruption and opposing sweat of *Antimonium tartaricum* attract notice; its sleepiness also, which, however, does not eventuate in profound, undisturbed sleep. *Baptisia tinctoria* is possible, although its disturbed sleep and mental

restlessness disagree with our case. The ecstasy and dilated pupil of cocaine are inimical. *Chloral-hydrate* may not be dismissed, but its characteristic red and watery eyes are against it. The *Apium virus* patient shrieks and is restless. *Helleborus* has spasms. The occasional patient may require *Hyoscyamus*, but in general, it is too restless and spasmodic. *Phosphoric acid* is close, barring its night sweats. *Rhus toxicodendron* is too restless. *Stramonium* has snoring and convulsions. *Nux moschata* furnishes a great resemblance. There may be a flaw in the similarity of the mouth symptoms, but the occasional salivation of *Nux moschata* should not be forgotten, nor the bleeding gums and bloody sputum. Its mania, staggering, cool skin, desire for heat and dryness, bed sores and profound sleep entitle it to first place among remedies, and warrant great hopes of its efficacy.

In 1894, Reverend Wilson S. Naylor, assistant to Bishop Hartzell, of the Methodist Episcopal Church, at my request put into the hands of Missionary N. P. Dodson, at Angola, Africa, a dram vial of *Nux moschata* two hundredth centesimal potency, with the request to use it in the first case of sleeping sickness that offered opportunity, and to let me know the result. Mr. Dodson disclaims to be a physician, but he saw one case which he considered to be sleeping sickness; gave the contents of the vial, and saw the patient get well to all appearances. Sometime later, I have not learned how long afterwards, the young man became sick with some disease which was considered to be epilepsy, with a fatal result. At Bishop Hartzell's request I have recently sent a supply of the medicine to Angola. He promises to have it used.

Question: May not the hitherto incurable sleeping sickness be subjugated by *similia* by applying the individual remedy to the individual case? I hope so. Among the medicines which are likely to be needed *Nux moschata* seems to be the most conspicuous. What say you?

Postscript.

My attention has been called to the news of the day, which is that Koch is pleased with the results of his experiments with atoxyl upon sick people.

According to Professor Coblenz, of Columbia University, "atoxyl is meta arsenic acid anilid, which may be considered as

anilin, $C_6H_5NH_2$, in which one H of the amido group (NH_2) is replaced by the meta arsenic acid rest, or radicle AsO_2 , meta arsenic acid being AsO_2OH . Atoxyl is a white powder, soluble in six parts of water (?) and contains 37.7 per cent. of arsenic, which is very firmly united in the organic molecule. It is claimed to be forty times less toxic than liquor Fowleri. Dose, 0.05 to 2 gm. daily, subcutaneously, in a 15 to 20 per cent. solution. Prepared by the United Chemical Works in Berlin."

Koch is said to consider atoxyl "as much of a specific for sleeping sickness as quinine is for malaria." Now everybody knows that quinine is not a specific for malaria. Quinine often suppresses and does not cure chills and fever, because it is not similar to, and, therefore, the proper medicine for that individual case. The patient is then worse off than before.

Experiments upon sick people have been rejected by Hahne-mann and his adherents for good, sufficient, well understood and accepted reasons. The results of such experiments have no standing with us. We also experiment; but always upon healthy people; and the symptoms thus obtained are utilized according to similia for the benefit of the sick. The symptoms which quinine produces in healthy people indicate what kind of a case of malaria needs quinine. Does atoxyl produce symptoms in healthy people closely resembling those symptoms of sleeping sickness which appear in my paper? Where is the record of those provings? I challenge its production. I should like to read it that I may know to what kind of a case of sleeping sickness atoxyl is similar and therefore applicable.

Enough of empiricism! Homœopathists will not abandon certainty for uncertainty, in imitation of the dog in the fable, that dropped his piece of meat into the brook while grasping at the unsubstantial image of meat which was reflected in the water.

HYDROPHOBIN.

Concerning this drug introduced by Hering, and, in the usual cumbersome manner, exploited by the Pasteur Institute, Hering wrote: "When in Philadelphia I happened to fall in with a dog in a state of decided rabies; while he was still living and shaken with convulsions I gathered some of his saliva, triturated

it, and soon convinced myself by actual experiment that it was a remarkably efficient remedy. I have cured dogs in the first stage of rabies with it, and also ulcers remaining after the bite of evil disposed dogs. All those who were bitten by a dog reputed mad to whom I administered *Hydrophobin* continued well."

"A man became disordered in mind and was constantly anxious from fear that he had been bitten by a mad dog, and was about to become hydrophobic; this anxiety continually increased, and was a constant source of uneasiness to the whole family. I gave him a dose of *Hydrophobin*, carefully abstaining from mentioning what it was in order not to excite his imagination, and even stating that it was a very doubtful remedy, as indeed was the truth. In a week he was almost free from his fearful state, and asked me whether that was accidental." The case made complete recovery.

"I had in the meanwhile taken the third step. If the *Hydrophobic* virus will produce effects, why will not other morbid products? Pus from the eruption of small-pox, and finally from the itch-pustules were the next subjects of experiments."

"I have for the present named the remedies contained in this entire division of the *Materia Medica* NOSODES, and understand by this term *morbid products*, and especially the active salts therein."

To-day we have serums for practically every known disease with a "virus," *i. e.*, "germ" applied generally on the principles just quoted from Hering written sixty years ago. The chief difference is that the serums have more show and glitter about them and cost enormously; also they are more dangerous to the patient and less efficacious than the nosodes. The serum men would depend on serums alone, while the homœopath knows that such remedies are but intercurrent remedies.

THE THERAPEUTIC NIHILIST.

The therapeutic nihilist is a person for whom nearly every one has a brick-bat ready, and is not averse to hurling it when occasion offers. This species of nihilist is found almost exclusively in the haunts of the old school, though occasionally one is found in the domain of Homœopathy; in the latter realm he is always one

who has never had a chance to use good drugs, does not know how when the opportunity offers, or is afflicted with the curious obsession that it is his powerful personality that cures. His case is hopeless, it is *le grosse tete* for which no cure is known unless it be one so radical that when completed there is very little left of the patient.

But for those of the species found roaming the allopathic regions there is some hope. Generally they are so big that it is unsafe for their fellows to brick-bat them. The hope for them is in their honesty. When young they were taught that the correct thing is mercury in syphilis, quinine in malaria, iron in simple anæmia, arsenic in pernicious anæmia, thyroid extract in cretinism and myxœdema, antitoxin in diphtheria, digitalis in cardiac disorders, sodium salicylate in muscular rheumatism, strychnine in adynæmia, and so on. They go through the mill and afterwards become therapeutic nihilists. What else can they be? When taught the above rigamarole they are also most earnestly warned against the danger that threatens all who ever venture near Homœopathy; they know nothing about it, neither do their teachers, it being merely a case of "beware of the dog!" When one of these nihilists plucks up courage to look into the region against which they are warned they become singularly expert homœopaths. Hahnemann was a very complete old school therapeutic nihilist, but he did not blame the drugs for the miserable results that followed their administration, but questioned the "authorities," questioned their knowledge, demonstrated its worthlessness, and gave in its stead the true science of the use of drugs in the cure of disease.

THE SYMPATHETIC NERVE AS IT RELATES TO THE CAUSE OF DISEASE AND ITS HOM- ŒOPATHIC TREATMENT.

By E. R. McIntyre, M. D.

Many years ago I became interested in the fact that practically all of my patients in whom *Aconite* was indicated were made sick by some sudden shock to the cutaneous capillaries, as from cold wind, sudden change of temperature, etc. But at that time I was

unable to find an explanation that was satisfactory to my own mind. I had some crude ideas on the subject, but was wholly at a loss for anything tangible. I found that all of our authorities on materia medica taught that *Aconite* produces congestion by acting through the cerebro-spinal nervous system. And I believed this to be true until I learned that this system has absolutely nothing to do with the circulation of the blood. This being true, I could not see how it would be possible to get congestion through its action. But since all vascular action is controlled by the sympathetic system, so-called, congestion must result from some disturbance in this system.

But when we attempt to trace the action of drugs we realize that our provers have all failed to record a very important part of their work, viz., the relative time of appearance of the different symptoms in their provings. And so we have a mass of symptoms thrown together without system, from which we are expected to get what we may, but with no possibility of obtaining the true picture of any drug. However, the first symptom of *Aconite* seems to be tingling in the ends of the fingers, mouth and throat. This shows that its action begins in the peripheral nerve ends. Later there are indications that deeper structures are involved.

Now if we compare these facts with the course of a case of pneumonia which calls for *Aconite*, we find that the primary shock was received by the cutaneous capillary vaso-motor nerves (peripheral sympathetic), resulting in their (temporary) spasmodic contraction, which drove the blood from the surface to the internal organs, and later the symptoms of congestion appeared in the thoracic viscera. I have mentioned pneumonia because it illustrates the course of all other diseases calling for *Aconite*, only differing in the organs involved, and because it is a common condition. In this connection I might say that after the lungs are congested the so-called pneumonia germ can find suitable pabulum for its maintenance, and the blood having lost its power of self-preservation, the germ can live in the tissues, because they are already diseased. All diseases calling for *Aconite* have their primary beginning at the periphery of the sympathetic nerves, and extend toward the centers.

It is well known that *Belladonna* is rarely indicated in any of

the eruptive fevers except scarlet fever, in which the eruption appears very early. The first symptom of this drug is dryness of the fauces, and the next dilated pupils (peripheral symptoms), and this even when administered by injections. The red face is also peripheral and an early symptom. My experience has been that all diseases in which *Belladonna* is indicated begin in the periphery, and later show disturbance in the central organs (brain, spinal cord, etc.).

The extreme nausea and vomiting of *Ipecac* are never forgotten by the victim as the first symptom or manifestation of its action. No one doubts that this results from irritation to the peripheral nerve ends in the mucous membrane of the stomach. The more central and general symptoms appear later, and even "key-note" prescribers recognize this first symptom as a key-note for the administration of *Ipecac*.

Profuse watery diarrhoea is an early symptom of *Podophyllum*, the other symptoms coming later. What does this tell us? That *Podophyllum* begins its action in the Billroth-Meisner plexus (peripheral nerves).

I have selected these four of our most common remedies for acute diseases because their symptoms are so well known. Now let us compare their beginning and the course of their action with four well known chronic remedies, so-called, or, more properly, our deep acting drugs. How different in its origin and course of action from those given above is *Arsenicum*, whose primary action (except in poisonous doses which corrode the tissues by simple contact), is profound, striking down of the centers of the life forces so that the patient is utterly prostrated. This appears long before the characteristic blood changes and cutaneous affections. When we find an *Arsenicum* skin trouble we always find a patient who has been "ailing" for a long time, and we never expect quick results because the skin (peripheral nerves) is the last point reached in the action of the drug.

The *Calcarea* patient always has a history of disturbance in the general nutrition long before the enlarged glands on the surface. He shows profound weakness, abnormal development of the abdomen, deficient lime in the bones and the characteristic "pot-bellied" appearance, not infrequently from infancy. Late in the course of his trouble the cutaneous symptoms appear.

In *Silicea* we can always find that the patient has long noticed some central disturbance like "weakness and sense of debility" before the external manifestations in the form of boils, suppuration, etc. It may be simply a profound sensitiveness to cold air. But whatever it is it points directly to the ganglionic centers of the sympathetic system as the starting point of disturbed rhythm.

The patient with a *Sulphur* rash has been sick for weeks, months or years before the eruption appeared on the skin. I now have a patient with such an eruption, who gives a history of life-long trouble from inherited scrofula (whatever scrofula may mean), who is now about 60 years old. The eruption did not appear until a year or two ago, and he tells me that he never felt so well in his life as he has since it appeared.

What kind of logic would lead us to apply external means to cure such a case? It is the external manifestation of an internal disturbance. Remove the cause and the effect will cease. I do not wish to be misunderstood. I do not condemn such local measures as will relieve some unbearable local irritation or a foreign body from the tissues or the evacuation and cleansing of a pus sack. He who neglects these is as deeply in error as he who by cutting out an enlarged gland or some diseased tissue expects to cure the patient by this alone. When such measures are necessary the patient must always be cured afterwards, by establishing the normal rhythm through the sympathetic nerves and ganglia. A surgical operation can never do that. Neither can medicine if we permit a foreign body to remain in the tissues. No one who knows anything about the importance of the sympathetic nervous system in its relation to the primary cause of disease would think of curing a sick person by any local means alone, whether surgical or otherwise.

Several years ago when I began a systematic study of the sympathetic nerves for the purpose of making some practical use of it in my work, I found that the literature on the subject was exceedingly limited and meagre. About all there was to be found were a few pages of big words in the general works on anatomy with absolutely no practical application. But since that time very creditable works have been written on the subject. And we now know that this system presides over every function of our body not subject to the will; all our involuntary acts controlling the

circulation of the blood and lymph, secretion, absorption, assimilation, excretion and every step in nutrition. It is the nerve of rhythmical action in every organ of our body. It is the balance wheel governing the action of the cerebro-spinal system. It extends to every organ and tissue in the human body. It unites every organ and tissue with every organ and other tissue. A disturbed condition in any part of it affects every other part. These facts cannot be denied by any one who has studied this system of nerves. When we admit this we are forced to the conclusion that a purely local disease is a physiological impossibility, outside of mechanical injury, which very soon becomes systemic, as is well known by all who have noted the rise in temperature, etc., and as we compare the symptoms and course of acute and chronic diseases, so-called, with the physiology of the sympathetic nerves we can hardly fail to see that they are the results of agencies whose action begins in very different parts of this system, and whose disturbance extends in different directions over it. The first disturbance in all acute diseases is at some point at the peripheral extremities of the sympathetic (the ganglia being understood as central, and the nerve fibres peripheral), and extends towards the central ganglia, while all chronic diseases have their first disturbance in some of the central ganglia, and extend toward the periphery.

In order for a remedy to be strictly homœopathic to any disease, it must begin its action where the disorder or sickness for which it is given began, and extend in the same direction, involving the same tissues in the same relative order, and be capable of producing in the healthy a similar disturbance of rhythm or departure from health.

All remedies indicated in chronic diseases must begin their action in the ganglionic centers. All remedies indicated in purely acute diseases must begin their action at the periphery of these nerves.

At first sight these seem broad statements. And outside of those who not only believe in the law of similars, but who know something of the sympathetic nerves, they will probably not be believed. But I only ask them to prove that my position is erroneous.

70 State St., Chicago, Ill.

HERNIA*.

By G. W. Bowen, M. D.

Inguinal hernia can generally be cured in thirty days' time, and avoid the necessity of a surgical operation or the necessity of wearing a truss later. A truss is simply a "Dam" with a capital D.

A hernia, if reducible, can be cured by closing up the hernia ring. This can be done by blood brought there for that especial purpose. A patient will be obliged to remain in a recumbent posture or in bed only six or eight days.

From my own observation it is quite certain that three-fourths of all the inguinal hernias occur on the left side. The first step in the treatment is to see that the intestinal canal is cleared of all obstructions and left in a condition where it can remain torpid or inactive for three or four days. The diet for a few weeks should be such as would be easily digested and assimilated so as to leave but little refuse for expulsion. Next is to see that the hernia is reduced. Then the hernia ring can be closed so as to preclude the possibility of any internal extrusion. Raw flax seed meal should then be used for a poultice, as there is nothing better. This should be applied hot for the first day, to draw the blood there to produce a local congestion, to be followed by an inflammation to last for two or three days. This inflammation will soften up the hernia ring and cause the growth of muscles to make new material. This inflammation can be easily regulated and controlled by the use of the cold compress judiciously applied, not to subdue the inflammation but to hold it under control.

About the fourth day you can commence giving medicine to remove the inflammation and carry away the surplus blood no longer needed there. A small callosity or induration should be allowed to remain for perhaps a month. This is an excess fibrin or more material carried there than was used up or needed.

One vial should be medicated with the first decimal of *Belladonna*, the other with *Nux vomica* the first decimal. These should be given two or three hours apart for three or four days, then for a week five or six hours apart, and for the next month, morning

*Read before the Indiana Institute of Homœopathy.

and night. A small cloth wet with *Arnica* and water (one-tenth *Arnica*) should be applied occasionally over the place where the hernia was.

About the tenth day the patient should be up and around. Then a cotton bandage six or eight inches wide should be put around the waist and fastened with a safety pin; the third tail to the bandage should be sewed to the back and brought up between the limbs and fastened to the bandage around the waist, but before it is fastened, a knot should be tied in it just below the hernia and a small cotton cloth six or eight inches square should be wet with *Arnica* and water and tied around the bandage just above the hernia. The knot will prevent it from slipping down. This should be wet with the *Arnica* and water once or twice a day for a few weeks to help give tenacity to the new-made muscles. The patient should be requested to wear this bandage for a month or more to remind him that he must not lift too heavy.

Three patients have been cured by this treatment, and two have remained well for over three years and have needed no truss since. Third was well five months later when I saw him last. There are no other remedies needed in treating an inguinal hernia except those specified above.

638 Third Street, Fort Wayne, Ind.

THE POTENCY I USE AND WHY.*

By Ernest Franz, M. D., Berne, Ind.

The theme assigned to me to prepare a few brief remarks, had been accepted with pleasure, and it shall be my opportunity to publicly proclaim my doings as a servant and follower of the law of *similia similibus curantur*.

Having had the observation in the prescribing of the homœopathic remedy from childhood up, first by my father, although a layman, who had in possession a so-called family chest, fitted with about thirty remedies, prepared in pellets of low attenuation. He also had the well known guide of Dr. Lutze, of Germany, and following his method precisely the most brilliant results were obtained.

*Read before the Indiana Institute of Homœopathy, May 20, 1908.

Upon entering the medical studies with my preceptor, the late Dr. P. A. Sprunger, of my town, observations have also been that he used mostly the lower potencies, in very few remedies did he use anything higher than the 30x.

And as a close prescriber he was crowned with great success; nevertheless occasions presented themselves that he was at a loss to know what to give, and jumping from one remedy to another, with aggravations every time, a light dawned in my studies, that if by a low potency aggravation would be manifested, cease with the drugging and give nature a chance to present a different picture, and if by the same symptoms and no amelioration then give a higher one.

When attending lectures at college and listening to the teachings of our worthy Prof. H. C. Allen, of Chicago, really the true teacher in Homœopathy, my aspirations were that if on entering the field of practice I would only follow the art of prescribing the higher potencies.

But very soon I had the experience that my wings which were at first carrying me in the lofty air of the high potency alone became weakened and the feathers steadily dropping out, and the consequence I found myself in the lower altitude, which compelled me to search for the aid given to every student of materia medica, as low as even the original tincture when the occasion demanded.

My principal potency in almost every acute disease is selected from the 3x. Why? Take a case in severe high fever, I find that I can not rely upon the high potency alone, as something must be done in order to aid my case, and the lower potency will always give me the most speedy result.

Remedies out of the vegetable and some from the animal kingdom I select mostly in the 3x, while the ones out of the mineral kingdom are giving me better results in the 6x, 12x and 30x.

Treating the chronic ailments my experience is that success is best obtained by the 200th up to the 1m or even higher, as high as I can get them.

The nosodes I seldom use lower than the 1m with the exception of one, the *Pertussin*, which was as yet not obtainable higher than the 200th, and wish that it could be gotten in the 1m or the 50m, as I know I could get better results, though I have had

with it the most brilliant results in the treatment of whooping cough. Boericke & Tafel were the first people to get it from Dr. Clark, of London, who also wrote a little book on *Pertussin*.

As already stated some remedies from the animal kingdom are selected and given in the 3x, the *Apis* is the only remedy which is given in the low potency; all the others are rarely selected lower than the 30x. Not saying by this that *Apis* is not given in a high potency, as you will upon investigation in my prescription case, find it in the 200th, 1m and the C. M. also.

Years ago I have been using the *Natrum mur.* in the Schuessler's preparation of the 3x, but found that it will act better in the 30x and higher, yes, up to the C. M.

In order to avoid taking up unnecessary time by going over the many remedies which I am using and their potencies, I wish to make the statement in summary, that, as I have at my command all the remedies in the Homœopathic Pharmacopœia, I do not obligate myself to the use of any potency alone in every case as long as I adhere to the similimum; there is no principal potency I mostly use. Why? The selection of the remedy according to the indication, in any potency, to the requirement of the individual, even if it should have to be taken from the tincture.

THE MEDICAL SOCIETY.

An anonymous correspondent of the *N. Y. Med. Times* addresses a letter "to the man on the outside" of medical societies. He wants to know if you are the man who stands aloof because the societies are controlled by "a ring of college professors or hospital grafters" who will sneer at you if you try to occupy the floor and have "a clique of tail-enders" who applaud all they say? But "so far as we can judge it (the medical society) is a place where every man stands on his own merits" and so on. Our anonymous one also philosophically observes that: "Tastes and natural proclivities differ but, so far as we can see, medical teachers, burglars, etc., have to work harder for the money that they get from their profession than from the odd jobs of practice and gas fitting, etc., that they do on the side and the hours for the former occupations are inconvenient." He also observes that a

medical journal is in a sense a medical society. The conclusion we draw is that in a medical society, as indeed in every organization, a man is usually sized up at his true worth. Naturally every man is not appreciated at the value he puts on himself. All this and more looms dimly in Carlyle's *Sartor Resartus* where, as those who have groped their way through the philosophy of Herr Teufeldroch therein expounded, know that mankind without clothes would at once sink to a ludicrous level, and many an intellectual giant would move as a shrimp. The point of the whole thing is not very refulgent, in fact, it is rather smoky, but it seems to be that no man should flock by himself but found a society or join one, local, state, national or journalistic, and listen or say his say, remembering Herr T.'s philosophy. Also remember that so-and-so is not so because Bigwig says it is so, but it is so because of a quality known as truth inherent in it, over which Big or Little Wig has no more power than over the rising of the sun. Don't be a hero worshiper. Don't be a clam.

ENFORCING THE TEXAS MEDICAL PRACTICE ACT.

The *Texas State Journal of Medicine*, April, discusses the constitutionality of the new Texas medical practice act, and some of the general principles of medical legislation. It says:

The police power of the State is an attribute of sovereignty and exists without any reservation in the constitution. It is founded on the duty of the State to protect its citizens and to provide for the safety and good order of society. Its essential element is to secure orderly government. On it depends the security of social order, the life and health, of the citizens, and the comfort of existence in thickly populated communities. Indeed, it is the very foundation of our social system, and finds its basis in the maxim of public policy, *Salus populi suprema est lex*. Everything necessary for the protection and safety, as well as the best interests of the people of the State, may be done under its power, and in its exercise persons and property may be subjected to all reasonable restraints and burdens for the common good. The preservation of the public welfare must be maintained even at the expense

of private rights. So the contention of a practitioner that he has secured a right to practice medicine, which is a vested right, and that it can not be taken away from him is begging the question. The purpose of the Legislature is not to take away any man's right, but to regulate him in the exercise of it. . . . The right which a man has by nature may be taken from him if it interferes with the best interest of society.

The principle underlying the theory of the police power of the State, as a means of regulating occupations and professions for the good of the general public can not be too strongly emphasized or impressed on both the public and the profession. Not until there is a proper understanding and appreciation of the purpose of medical legislation shall we see an end of the absurdities and inconsistency of special and sectarian legislation. Only as the public understands and supports medical legislation will it be effective. The medical profession of Texas achieved a notable victory last year in securing legislation substituting a single non-partisan board for multiple partisan boards. If the principles underlying this law are thoroughly understood by the physicians of the State there will be no question of their support and co-operation.—*Journal of the American Medical Association.*

In the foregoing are not the two editors "begging the question" most vigorously? They assume that the practice they represent is so far superior to all others that the police power of the State should be employed to indirectly drive all citizens to them for treatment. Can they make good? Quite a number of fairly respectable people, quite law-abiding, hold that if the police are to interfere, there should be a showing of hands—or, perhaps, results, would be the better term. Could these gentlemen show such superior results as to justify the police in suppressing all competitors? To some it looks as though such employment of the police power is a gross misuse of that power. There are also those who think that the police have no more right to drive patients to the allopaths than they have to drive men to a particular church. To this it may be replied that the police are not driving people in this matter, and that all that is sought is to "regulate

the practice," *i. e.*, to fit every man to the allopathic mould. "It is for the public good," they say, but in saying so, they beg the question.

It looks as if the allopaths were riding for a fall—and they will get it, for they cannot make good. If they could, and had, there would be none of the hundred and one medical "sects," for in truth, all the people want is to be healed of their ills. Evidently, the old practice couldn't do it, so the people have wandered away and the call is for the police to drive them back.

"Physician, heal thyself!"

THE FIRST HOMŒOPATHIC COLLEGE IN THE WORLD.

The Philadelphia *Record* of a recent date contains an article under the above heading and giving two views of the building at Allentown, which is still standing, having been purchased by the city and used since as a public school house. There is nothing new in it to students of homœopathic history, but as not every homœopathic physician is up in history, an abstract may not be amiss to some of them :

Allentown and Homœopathy are indissolubly linked together. In a certain sense, Allentown is the cradle of Homœopathy, for it was here that the first homœopathic college in the world was founded, and it is in Rittersville, just beyond the city limits, that the first homœopathic insane asylum in the State is now in course of erection.

How little honor a prophet has in his own country is somewhat humorously demonstrated by the following true story: A homœopathic physician, residing not over a thousand miles from Allentown, some years ago made a trip to Europe. In the course of his continental tour he met a famous professor of the same school of medicine. In the conversation which followed the introduction, the European professor learned that the American doctor hailed from near Allentown. "Ach," exclaimed the professor, who, by the way, was a German, "that is the city where the first homœopathic college in the world was founded. Have you seen the buildings? What do you know about them? What a shrine they must be!"

This was all news to the tourist, and he had to express himself to that effect, much to his regret and bewilderment. The German doctor gave him one look of deep disgust, and exclaiming, "Dumkopf!" (blockhead), turned on his heel and left. The first thing the other doctor did on his return home was to pay a visit to these buildings and learn their history.

Homœopathy was introduced into Lehigh county in the fall of the year 1830 by two Lehigh county men, Dr. John Romig, of Allentown, and Dr. John Helfrish, of Weisenburg township. Both of them are now dead. Rev. Mr. Helfrish ministered to the spiritual wants of several congregations in this and adjoining counties. Both gentlemen had been induced to take up the new system of medicine by Dr. William Wesselhoeft, of Bath, Northampton county, who, before his conversion, had been an allopathic physician of great ability.

Dr. Wesselhoeft was among the first homœopathic physicians in this county. It was in the fall of the year 1830 that he began to make weekly visits to the home of Rev. Mr. Helfrish, in Weisenburg, for the purpose of instructing the latter in Homœopathy. Here a number of patients were regularly present, so that the new healing system could at once be put to a practical test. Those meetings were kept up until August 23, 1834.

On that day was organized a society known as "The Homœopathic Society of Northampton and Adjacent Counties," which, of course, included Lehigh.

The members from Lehigh, beside Dr. Romig and Rev. Mr. Helfrish, were two German physicians, Dr. Joseph Pulte and Dr. Adolph Bauer.

The Homœopathic Society held regular meetings at Bethlehem, Allentown, and at the residences of its members. The result of these meetings was the establishment of a homœopathic school at Allentown, called "The North American Academy of the Homœopathic Healing Art." This was the first homœopathic medical college in the world. It was founded on April 10, 1835, the eightieth anniversary of the birth of Dr. Hahnemann, the founder of the system.

Some time previous to this Dr. Constantine Hering had begun the practice of Homœopathy in Philadelphia. He was re-

quested to come to Allentown and be president of the new college. He accepted the call and became the leading spirit of the institution. The faculty was as follows: Drs. Hering, William Wesselhoeft, E. Freytag, John Romig, J. H. Pulte and Henry Detwiler. The last named resided at Hellerstown, and was the man who, on July 24, 1828, had prescribed the first dose of homœopathic medicine ever given in this State. The remedy was given to a lady in Bethlehem.

The course of instruction was of a high standard, and given entirely in German. Its annual sessions lasted from November 1 to August 31.

When the college went out of existence the city purchased the buildings and changed them into schools, and they have continued thus ever since.

The Dr. Pulte of this early college afterwards removed to Cincinnati, O., and the Pulte College of that city is named after him.

HOMŒOPATHIC BOOKS.

Allen's *Handbook* I use more than any other. In it I find the relative value of the different symptoms indicated by the different types of print. I also find that his clinical notes save me much time, as Allen has arranged the symptoms into groups such as you so frequently find in practice. The relative value and the convenient and accurate grouping of the symptoms are of great advantage to the busy practitioner.

Lilienthal's *Therapeutics*, though not strictly a text book on materia medica, comes next to the Handbook in frequency of use. In this book the remedies are not only classified according to the tissues and organs which they affect, but the type and arrangement, of each, facilitates differentiation.

Hughes' *Manual of Pharmacodynamics* gives us, in a narrative form, the pathological as well as the physiological and dynamic symptoms so interwoven as to make the study of materia medica interesting and instructive. This book I read through once every year.

Farrington, in his *Clinical Materia Medica*, compares in a narrative form the different remedies which Lilienthal and Mc-

Michael compare, one by classifying in groups and the other by arranging in parallel columns.

Nash's *Leaders* I try to read once a month in order to keep fresh in my mind the mountain peaks of symptomatology which Nash shows so clearly to his readers. These three books are the ones to suggest to any old school friend who wants to glean in our field of materia medica because they are nearer, in form, not substance, to what he is accustomed to use.

On the other hand, Hering's *Condensed* is the last book you want to put into the hands of young students or a new convert from the old school. It was given to me as my first text book and I was told to study *Rhus tox.* for my first remedy. This came very near sending me back to allopathy. Now, I could not get along without the *Condensed*, because in it I find the "make-up of the patients," "stages and states," also "relationship," to be of great help.—*Dr. George Royal in Iowa Homœopathic Journal.*

"SHORT STOPS."

Editor of the HOMŒOPATHIC RECORDER:

As the years go by I am more thoroughly convinced of the value of careful homœopathic prescribing. The correct similitum in each individual case, so that the law which the immortal Hahnemann bequeathed to the world will shine out in all its truthfulness while civilization continues to be known on this terrestrial sphere. And yet there seems to be an occasional other helpful remedial agent of great value in giving relief to our patients to which the law seems not to apply. So that in marching forth to be of the greatest value in bringing relief to our patients it is well to take our "thinker" with us, for it may help us out in a time of need.

I was called to attend a gentleman not long ago who was suffering from stricture of the urethra. I prepared my steel sounds and commenced the gradual dilatation of the stricture, using the negative pole of the galvanic battery while doing so. As I withdrew the last sound some blood followed and soon considerable pain caused my patient to call for relief. He wanted to urinate but could not. The pain increased. Something must be

done. I saturated a piece of absorbent cotton with alcohol and introduced it into the rectum. The change was magical. In a few seconds the pain stopped and he urinated.

In writing up "Short Stops" mention might be made of this so that some other sufferer could find relief from its use and the doctor helped out of a "close corner."

Very truly yours,

CHAS. C. CURTUS, M. D.

San Luis Obispo, Cal.

To the Editor of the HOMŒOPATHIC RECORDER:

Will you please inform your readers that the omission of the name of the Homœopathic Medical College of the University of Minnesota, at Minneapolis, from the Annual Announcement and Program of the American Institute of Homœopathy was an accident discovered too late for correction? Diligent search thus far failed to disclose how this error of omission occurred. It was an unusually unfortunate error, and no one regrets it more sincerely than,

Yours very truly,

FRANK KRAFT, M. D.,

Secretary A. I. H.

Cleveland, June 10, 1908.

PASSIFLORA IN INSOMNIA.—"I have observed the action of *Passiflora* in the treatment of insomnia. The remedy cannot be used indiscriminately, but I have found that where there is an *absence of pain*, it may be given in the majority of cases to produce quiet and restful sleep. I add a teaspoonful to half a glass of water, and give the mixture in teaspoonful doses every half hour before retiring until the patient is quiet. I would advise the physicians who have not used it to try it."—*Ida H. Barnes, M. D., in Ellingwood's Therapeutist.*

THERAPEUTIC POINTERS.

Echinacea tincture applied directly to snake, or other venomous bites, is commended.

A doctor claims to have been cured of intractable sciatica by letting a bee sting him on the hip. Wonder if *Apis mel.* wouldn't have done the trick.

Rodent ulcer, etc., they say can be cured by "the rays" of various kind; sunlight concentrated through a burning glass on the parts will do better work and is cheaper, according to a writer who wrote before the rays were known. This has been confirmed several times.

Dr. C. R. Green (N. J. H.) cured a patient who suffered with hysterical attacks followed by periods of unconsciousness with *Ambra grisea* 3x. The keynote to the remedy was a marked intolerance of music.

Dr. Green relieved another patient, chronic nephritis, nausea, retching, vomiting, could not raise head from pillow without nausea, with *Symphoricarpos racemosa* 3x.

Fernie (*Herbal Simples*) writes: "Externally the spirit of Nutmeg (*Nux moschata* θ) is a capital application to be rubbed in for chronic rheumatism, and for paralyzed limbs." The same writer also claims that the 3 decimal of cloves will frequently do much to lessen the quantity of albumen.

Over half a century ago Dr. Roth, of Paris, wrote that "Dr. Landerer, of Athens, uses the seeds of *Angus castus* with the greatest success in gonorrhœa, curing cases in which even cubeb had failed." The tincture is therapeutically the same.

Linnaeus is said to have been a great admirer of the medicinal virtues of *Teucreum marum verum*. One old gentleman of 70 with sterterous breathing, who could neither speak nor move, was put on his feet with it. A preacher with asthma "due to water on the chest," could only sleep comfortably after taking it. A Judge had the same experience. A centenarian who became so weak that he could no longer cough up the phlegm and was in danger of suffocation, was relieved. A doctor with cough and night sweats, was relieved by the *Teucreum m v*. So much from Linnaeus concerning this plant. The dosage, of course, was material.

BOOK NOTICES.

Regional Leaders. By E. B. Nash, M. D., author of "Leaders in Homœopathic Therapeutics," "Leaders in Typhoid," "Leaders for the Use of Sulphur" and "How to Take the Case." Second edition. Revised and enlarged. 315 pages. Flexible leather, \$1.50, *net*; postage, 7 cents. Philadelphia: Boericke & Tafel, 1908.

Just seven years ago, in June, 1901, the first edition of this book appeared. The issuing of a second edition is the best of evidence that the matter and its arrangement met with the approval of the profession. The author has used the opportunity by adding thirty-eight pages of new "leaders" to the old. The book in one sense is built with the ruling idea of the Hering Materia Medica Cards in so far as it is very useful for memorizing materia medica keynotes, of which it contains about 2,500. The arrangement followed is that of Hahnemann's schema. The book opens with "mind," followed by "head," and so on down the list, concluding with a section on "Constitution and Temperament." Here is a specimen of the arrangement under section on "Respiratory Organs:"

Sang.	{	Cough with circumscribed redness of cheeks, and pain in the chest.
Ambra.	{	Spasmodic cough with frequent eructations of gas. Especially in old people.
Caust.	{	Inability to expectorate what is raised, must swallow it.

The names of the remedies are on the *inside* of both right and left hand pages, so that one may easily quiz oneself. Let a book marker rest on the inner margin of the page where the names of the remedies stand, as above, and you have the ideal quiz to the keynote symptoms of the various parts and organs of the body. Useful for young or old.

A Clinical Materia Medica. Being a course of lectures delivered at the Hahnemann Medical College, of Philadelphia, by the late E. A. Farrington, M. D. Reported phonographically

by Clarence Bartlett, M. D. With a memorial sketch of the author, by Aug. Korndærfer, M. D. Fourth edition. Revised and enlarged by Harvey Farrington, M. D. 826 pages. 8vo. Cloth, \$6.00; half morocco, \$7.00; postage, 40 cents. Philadelphia: Boericke & Tafel, 1908.

Fifty-six pages of new matter have been added to this classic by the editor, Dr. H. Farrington, who has in his possession his father's manuscript of the lectures that Dr. Bartlett reported in short hand, the transcript of which made up the previous editions. In this edition the book has been carefully compared with the manuscript and enough matter added that was not taken down in the short hand report to make the additional fifty-six pages. Among the new matter is a lecture on *Natrum arsenicum* that for some unknown reason was omitted from the first three editions.

Well, here is the goodly book after being out of print for about two years, during which time there were many inquiries for it, demonstrating the fact that it is firmly rooted as one of Homœopathy's text-books on materia medica. There are two leading causes for this: The first, probably, is the fact that the author was a *homœopathic* physician, a very stalwart one, who firmly believed in Homœopathy and wrote what he believed. He did not inject doubts or apologize for, or explain away, the fact, that Homœopathy is not accepted by modern medicine. He fully realized that Homœopathy is a scientific truth and that it will, therefore, never conflict with any scientific truth, cannot, in fact, for when there is a conflict with what is put forward to-day as "science" that something is but a flare that will go out and be forgotten tomorrow. The other cause for the book's vitality is the fact that it is readable; any one interested in the subject does not have to force himself to "wade through" these pages, for they have the charm of being readable, even to the man not especially interested in the subject. It is, finally, a book that has taken its place and will always be needed by the medical profession.

The publishers promise us that the *Lesser Writings* of Von Bœnninghausen will be out of the binder's hands in time for review in the next issue of the RECORDER.

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EDITORIAL BREVITIES.

GETTING THERE.—In the “current medical literature” of an exchange it is stated that the European scientists have discovered vaccination may be performed via the stomach, or, in the words of the head-line of an abstract of an article credited to *Annals de l'Institute Pasteur*, Paris, “Vaccination Against the Plague by Way of the Stomach or Rectum.” No details are given and none are needed by homœopaths, for they have known “internal vaccination” for a long time. It is a process that is much more efficacious than scarification, and is attended by none of the dangers that follow the old method, nor the more or less serious illness that results from the scarification. **Probably no credit will be given the discoverers of this method, for medical science alone refuses credit to any discoverer outside of the self-hypnotized organization, for are not all others “quacks” even though they lead the way a mile?**

BUSINESS.—A good deal has been written about the poor down-trodden doctor, and his difficulty in making patients pay. One gentleman intimates that a man will cheerfully pay a lawyer for keeping him out of the penitentiary, but kicks over the bill of the doctor who keeps him, temporarily presumably, out of hell, and thinks this is not just. Well at best it is a problem; some doctors seem to have no trouble, while others have all that is coming. Why? Well, there's the problem! It seems to us that if every doctor would take the trouble to send out monthly bills and *follow them up with monthly statements*—especially the statements showing amount due on bills rendered—collections would

not be so poor. Remind a man that he owes you money and he will pay much sooner than if you apparently forget it as he often does. Try it and watch the effect.

ALL THE MODERN CONVENIENCES.—Dr. Joseph Luff, of Independence, Mo., writes of a case of septic fever he recently attended. It was in another State where he was not licensed to practice, but was called in by the attending homœopathic physician. Not to go into details, the patient was found encased in antiphlogistine; he seems to have been receiving combination tablets, sleeping potion, bowel moving drugs, proprietary cure-alls, alkaloidal sure cures and that sort of thing. When Dr. Luff suggested homœopathic treatment he was turned down, but some days later, as the case seemed to be nearing the point when the undertaker would have to assume his professional gloom, he was recalled, and told to take the case. The first act was to sweep away all the modern medical conveniences, sponge the patient, relieve him by an enema and give him the remedy indicated, which in this case happened to be *Pyrogen*. The temperature fell so rapidly that the doctor was hastily summoned, but as the patient was easy and normal nothing more was done, and the sick man got well. Some modern treatments are an embarrassment (to the patient) of riches.

A WORK FOR ALL DOCTORS.—The following came to us in the course of an informal gabfest the other day. It is second hand, but the authority is good. Talking of books, one made the assertion that shortly before his death Dr. ——— (mentioning a world known physician, dean and author of the old school) said that he had come to the conclusion that *every* medical student, if it were possible, should study Hahnemann's *Organon*. He did not mean that every student should become a homœopathist, but that the *Organon* forms the broad basis for every true physician no matter what his practice. At this same fest the assertion was made that to get *the full import* of this book a man must read it three times.

"Bosh!" some will exclaim. Well, perhaps—and perhaps.

CARNEGIE MEDALS, HO!—The London, England, *St. James'*

Gazette writes of the Lachesis affair at New York in part as follows: "Four homœopathic doctors have risked their lives in New York Zoological Garden, Bronx Park, to obtain a supply of scarce venom from a lance-headed viper. Their purpose was primarily to cure a millionaire patient of delusional insanity." What's the matter with having the dare-devil homœopathic doctor for a hero and give the western bad man a much needed rest?

A RARE DRUG.—The *New England Medical Gazette* for June has dug out of a southern journal a case of some interest. It is that of a business man who had fallen into a morbid condition owing to years of overwork, the usual story. Apparently the doctor's drugs—he was a famous Baltimore physician—did not do any good, so he "prescribed a course of funny stories, one at each meal, with an extra two at dinner." The prescription cured the man. The editor tells us that "laughter, in fact, is one of the cheapest and most effective of medicines." There can be no doubt that the prescription is a good one, but where can it be filled?

A DISCOVERY.—Dr. H. J. Davidson, of Seattle, Wash., has made a discovery of such importance that the *Journal A. M. A.* gives a description of it in Dr. Davidson's own words. He has discovered a method of making tuberculin dilutions. In brief, it consists of putting 1 part of tuberculin into diluent so as to make 1 to 200. To this is added enough diluent to make a "1 to 1000 dilution." The whole is well shaken. The result is, of course, the homœopathic 3x, *but* perish the thought of terming it by that word so fraught with the heresy of Homœopathy. The Chinese dearly love roast pig, as Charles Lamb tells us, but find it rather expensive to burn down a house every time they crave roast pork. Similarly our medical orthodox may find it rather cumbersome and expensive if their diluent costs them anything to make the 4x, the 1-10,000, so we would suggest that if they will take 1 part of 1,000 and add to it 9 parts of the diluent they will have the 1-10,000 with little trouble or expense. They can attain a higher potency (if we may use the word) in a similar manner. They should also shake each potency thoroughly. No charge for the suggestion as it, and very much more, can be found in the Homœopathic Pharmacopœia.

"STATE MEDICINE."—Dr. Samuel G. Dixon, Commissioner of Health of Pennsylvania, in his address before the A. M. A., said, in effect, that the happiness of the people and the prosperity of the nation depended on State medicine, for that nation would be strong which was vigorous in the health of its individuals. The contention that the enforcement of sanitary laws could be an infringement of personal liberty was puerile. All which is very true. No one objects to sanitation, to the stopping of the pollution of streams, to the abolition of plague spots and to many other useful things that fall within the province of a board of health, but when the gentlemen of that board and their sometimes wonderful physicians, invade the privacy of the family and usurp the duties of the family physician, then there are objections, and these will not down. By means of the germ theory, which seems to be rapidly disintegrating, these gentlemen have assumed great power over the people. The people, as Dr. Dixon's address reveals, do not like it, and in the long run the people prevail. Better not go too far, gentlemen. Stick to your last.

COMPARATIVE MORTALITY STATISTICS.—The *New England Medical Gazette* for June quotes the following rather interesting figures from the *Guia Homœopathico Brasileiro*:

Hospital da Sociedade Portuguesa, Homœopathic Department, founded in 1859: Mortality, 1859-1882, homœopathic, 4.57; allopathic, 5.6. Mortality, 1880-1900, homœopathic, 5.18; allopathic, 8.97.

Hospital da Ordem Terceira, founded 1873; Mortality, 1873-1900, homœopathic, 6.59; allopathic, 10.73.

Hospital da Veneravel Ordem Terceira, founded in 1859; Mortality, 1859-1882, homœopathic, 5.56; allopathic, 6.86. Mortality, 1880-1900, homœopathic, 6.92; allopathic, 11.69. Mortality, 1859-1900, homœopathic, 6.42; allopathic, 9.27.

It is not at all surprising that the homœopathic department of any hospital should show better results than the allopathic end, for that is always the case where the two treatments are tried side by side on equal terms, but it is very curious that the advances made in modern medicine, concerning which so much is written, should show a very much increased death rate over the old treatments. But there are the figures!

WHO CAN THIS BE?—"In our country just now the powers of a desirable organization of the American profession are being used for a most undesirable monopoly, for crushing out democratic spirit and independence, for extinguishing minorities and independent rival journals. Impertinence, bulimia of power, trades unionism, are being fostered, and an insane howling about little evils is used to silence critics of infinitely greater ones. The worst abuse is being officially poured upon good drug manufacturers by men secretly in the secret drug business, and who are carrying on far more degrading businesses than those derided. It is scarcely wise or logical to laud and support manufacturers who secretly put up thousands of private formulas, secret drugs and "specialities" for the quacks, and then abuse the quacks for selling them. And especially if the quacks sell them to physicians!"

So writes the *Pacific Medical Journal*. It looks as though they might be referring to the inner circle, or council, that dominates the Allopathic American Medical Association, it looks very much like it. One thing seems certain, and that is the country is on the eve of greater medical freedom or the reverse.

NEWSY OR OTHERWISE.

C. Gurnee Fellows, M. D., announces his removal to Marshall Field Annex, Chicago.

The Appellate Division of the Supreme Court, N. Y., on appeal, have decided that a death certificate from an osteopath is all O. K., and, therefore, they are thus regarded as "physicians in good standing."

According to the new bill you cannot get "a drink" in Oklahoma without a doctor's prescription. The doctors promise to "be good." Also the new medical examining board is to have no school in the majority on it. It must grind some of them to be classed as a "school."

Dr. Van den Berg, 30 W. 48th St., New York City, will be out of town until September 15th. During his absence patients are referred to Dr. P. C. Thomas or H. C. Sayre, 243 W. 99th St.

Dr. Homer I. Ostrom will not go to Europe this summer but to his country place on Cape Cod, June 24th to October 1st. There

is no hardship in this determination, for Ostrom's "Wonderstrand" is a beautiful place. Needless to add that Dr. Ostrom is the author of that sterling and thorough text-book, *Diseases of the Uterine Cervix*.

The Pennsylvania homœopaths hold their 45th annual session this year at Harrisburg in September. The date of the meeting will be announced later.

Dr. H. Fledderman has removed from St. Louis, Mo., to Seymour, Ind.

After the expiration of the current volume the *Allgemeine Homœopathische Zeitung* will be issued monthly instead of every two weeks as heretofore.

INSTITUTE MENTION.—President Copeland's address, in the words of our other president, was a corker; no perfunctory Homœopathy in it but the live thing.

Dr. W. D. Foster, Kansas City, Mo., was elected president for next term, with Carmichael, Philadelphia, and Hensley, Oklahoma, for vice-presidents. Kraft and Smith, needless to add, were re-elected secretary and treasurer, respectively.

The "kissing bee" story telegraphed to all the newspapers and headlined by a certain class of them, demonstrates the reliability of that great "moral power," the press. It was a "fake."

Dr. J. T. Kent was present for the first time in years.

Dr. J. P. Cobb, the censor, was kept busy looking up the pedigree of candidates.

Dr. H. C. Allen, of course, was on deck, expounding the *science* of Homœopathy. Lots of room there they say.

Dr. H. V. Halbert is happy over the fact that his *Practice* is nearly sold out. He speaks highly of Bartlett's *Treatment*.

The new Bureau of Homœopathy seems to fill a long-felt want, and is run by the right men.

A number of veterans (not that they are so very old) were absent, among whom were noted (there is a bit of Erin in this pen) Custis, Porter, Hawkes, Harvey, King, Garrison, Close, and a few others the reporter did not see.

The Pharmacopœial Committee scored the opponents of the new pharmacopœia, and urged all the pharmacists to adopt the

new work, and a resolution to that effect was passed. A resolution urging the members of the Institute to demand 1-10 tinctures might better meet the difficulties that hapless book has encountered.

Reprints of Dr. J. Wilkinson Clapp's article in the *Hahnemannian Monthly* defending the new pharmacopœia from its critics were profusely present.

One of the eminent editors from Michigan would not "swallow the RECORDER's snake story." Let him and other doubters take a look at the *Lachesis mutus* that furnished the remedy and then at the Bronx snake, and they will see that the RECORDER was but chronicling *fact* not story. It is of some importance to those who practice Homœopathy that these remedies be true to the label, is it not?

The new Coates House, the headquarters for every one, is all right; you will make no mistake by going there when you visit Kansas City.

Dr. William Harvey King has resigned the office of dean of the New York Homœopathic Medical College. Dr. John W. Dowling succeeds Dr. Howard G. Tuttle as secretary of the faculty. Dr. Royal S. Copeland will succeed Dr. King as dean.

Dr. J. P. Rand has purchased the estate at 5 Benefit St., Worcester, Mass., for an office and residence, where he will be pleased to receive his friends.

The International Hahnemannian Association at their annual meeting at the Chicago Beach Hotel in June, officially adopted the American Homœopathic Pharmacopœia.

Dr. A. L. Blackwood, the well known author of several standard homœopathic works, and professor of clinical medicine at the Chicago Hahnemann College and Hospital, has been appointed a member of the Chicago School Board. Mayor Busse has made a good appointment.

Dr. Roy C. Richards, of Hopedale, Ill., prescribed beer for a patient, and was fined \$20, under some of the new-fangled acts.

Led by Spaulding, 100 doctors raided the "black belt" of Chicago, and compelled all to be vaccinated who couldn't show "scars." The health board of Chicago evidently says of the Supreme Court as Vanderbilt did of the public.

PERSONAL.

They have now concluded that "intestinal antiseptics" are on the bum and that bacteria gives them the ha! ha!

It was decided by the debating society that it was not wrong to cheat a lawyer but too difficult.

The ambidextrous man cannot put his left hand in his right side breeches pocket.

She: "I always say what I think." He: "Heavens! when do you find time to think?"

Manufacturers of "predigested" foods should be compelled to state who digested them.

Whether it be chance or skill depends on your temperament and whether you are winner or loser.

Ella Wheeler Wilcox wants Congress to "teach parents how to live." But Congressmen are only mortals, Ella!

A free government is one where you can talk as much as you please but pay just the same.

Base ball umpires deserve Carnegie medals.

In a multitude of funny stories there is weariness.

"What's the matter with Homœopathy?" growled Cynicus. "It cures too soon."

Don't tell people you have the "biggest hoop pole industry in the world," but let it go at "The pleasure of your company," etc. Better.

Hahnemann pharmacy individualizes drugs as a good physician does patients.

George Ade left Indiana for Chicago to "avoid mental competition." Bully for Posey County!

No man wants to be buried in Westminster Abbey, yet his friends rather regard the act as a compliment. It depends on your point of view.

Soon we may expect ads. of "light fly-about aeroplanes, just suited for country doctors."

At a "husband show" out west a doctor is said to have taken the first prize.

Records show that Captain Kidd was one of the original householders and dwellers on Wall St., N. Y.

Why not have a society of "The Old Men Who Pay the Bills?" They could meet and mumble in the garret.

The question has been asked: "Can an editor be a strictly honest man?"

It is said that a man with his first "car" suffers for awhile with auto-intoxication.

"The physician should attack the disease and not the patient."—St. Basil.

A ministers' meeting unanimously voted down a suggestion, from the pews, that a time limit be placed on sermons.

Health boards should spot the strenuous, slovenly, smoking and bad smelling auto.

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WHAT WILL YOU DO ?

The Report of the Interstate Committee of the American Institute of Homœopathy at the last meeting of the Institute, Kansas City, has the following to say anent the new Pharmacopœia, the pharmacists and proposed legislation :

“Several matters of importance should be considered by the Interstate Committee, and I would call your attention especially to the report made by the Committee on the Homœopathic Pharmacopœia, and urge the adoption of the resolutions which that committee proposes to present, which resolutions will insist on the recognition of the Pharmacopœia of the American Institute in the pure food laws of the country ; and the Institute should certainly insist that the phamacists of the country should not in any way interfere with any legislation proposed by the American Institute. They are certainly dependent on the physicians for a large part of their business, and it is only because of great magnanimity on the part of the medical profession that they are patronized in spite of their disregard of the local laws, advertising of specific combination tablets and prescribing for the ailments of customers. If the commercial spirit which is doing so much damage to the profession should extend the manufacture of their own remedies by specially authorized pharmacists the others would certainly have to give up their business, but the main reason for the adoption of the resolutions referred to and for the efforts we should use to see that the purposes are carried out is that it is absolutely necessary that we have a fixed standard of strength for drugs to be used in reprovng our remedies in order that all provings made will stand the Government test when the Government acknowledges the work done by our Institute

of Drug Proving. All remedies used in their provings must be in accordance with the labels, and, as the Institute of Drug Proving expects to have all drugs used in test provings standardized by the Government itself, remedies used upon indications resulting from the new provings with the expectations of favorable results under the law of Similia should be of the standard used in the provings."

"Enactment of the proposed law will not interfere in any way with the manufacture of drugs under other standards, provided the fact is made plain on the label, but remedies used in provings from this date on, if they are to be recognized or be under the auspices of our organization, must be made of remedies prepared in accordance with the Pharmacopœia, which has been adopted upon the recommendation of its Committee."

The period in the above beginning, "If the commercial spirit," etc., is somewhat obscure; but we feel sure that it means well, though apparently mapping out a new region for old Homœopathy, if its medicines, provings and general affairs are to be under governmental supervision, even though it be indirect. We believe that a number of pharmacies have tinctures prepared according to the proposed new rules in every respect, yet physicians will not order them. What can a pharmacist do in this case—refuse to sell any other than the new 1-10 tinctures? Why should not the writer of the Report rate the members of the Institute for this rather than the pharmacist?

The pharmacist, as a rule, tries his best to give the physician what he orders, even if he does try to "work him on the side" for some of his wonderful and special dope, and we are sure will give the doctor the new tinctures if he will specify them. To change without warning would be highly unethical. If a physician has been ordering and receiving a given tincture made according to a well established method, the pharmacist would be false to his professional obligations if he were to substitute a tincture made in a different manner; that is self-evident, so it behoves those who want the H. P. U. S., tinctures to specify them and the pharmacist must furnish them, for to do otherwise would border closely on the line of a criminal offense, punishable by fine or worse.

To many it may seem a little hard and somewhat at variance

with our form of government that no pharmacists must "in any way interfere with any legislation proposed," especially as that legislation relates to their business, and legislators nearly always inquire very thoroughly into all phases of proposed national legislation.

National laws are sometimes far reaching in their effects. The Pharmacopœia that it is proposed to adopt as a legal homœopathic standard, explicitly states that the limit of the divisibility of matter is reached somewhat below the 12th centesimal potency, though it does not limit the pharmacist to that potency in preparing drugs, if they are ordered. Suppose the validity of the 30th potency, for instance, should some day be brought before the courts? The court, guided by the legal standard adopted by the government, would have to rule out, as illegal, the 30th potency and its alleged cures or failures, and put the prescribers of it in the same category with Christian Scientists, faith curers and others of that ilk who work on the credulity of the people. *You cannot get away from this if the matter ever gets into the courts.*

Is it wise to get in this position?

It has not been a pleasing task for the RECORDER, now, or in the past, to oppose this new pharmacopœia, but the opposition has been prompted solely by a sense of duty (mistaken, if you please) for the welfare of Homœopathy. This is probably the last time we will bring up the matter; henceforth ours shall be the policy of *laissez faire*, and we will not oppose the proposed legislation. It is up to the profession to do that if it is to be done.

Our pages are open to all in this very serious matter, which should be discussed, not in a spirit of hot partisanship, but in a sane and rational manner.

THE NATRUMS.*

By C. M. Boger, M. D.

Natrum Carbonicum.

This is the common washing soda; sodium bicarbonate is baking soda.

*Notes on lecture delivered at Pulte Medical College.

Natrum carb. is especially suited to feeble, impressionable people, who are too susceptible to heat or cold, changes of weather, music or any ordinary occurrence. They are puffy, but relaxed (*Calc. c.*) and show a want of bodily solidity which encourages sprains, weak ankles, etc. Weakness and sensitiveness are uppermost in every disorder; very much like *Hepar*. There is a want of balance between the physical and nervous systems.

The disposition is naturally lively, but timid, being easily either animated or saddened. The mind is easily exhausted, becomes incapable of thinking and seems deficient in staying force. The digestive tract is in a like condition and there are many symptoms pointing to an exceedingly weak digestion; they include perversions of taste, acidity, inflation, stopped feeling, or, finally, urinary symptoms, often indicative of lithæmia.

The sexual organs are correspondingly weak but irritable. It is one of the debilitating remedies, having emissions from the mere touch of a female, like *Arnica*, *Gelsemium*, *Conium* and *Phosphorus*.

The febrile manifestations are accompanied by mental phenomena, and circulatory disturbances are worse from lying on the left side.

The skin is usually dry and sluggish, but sweats profusely upon the slightest exertion or from pain; during the sweat there is dislike to uncovering. Most eruptions prefer to show themselves on the backs of the hands, others suppurate readily. Nasal discharges incline to become hard and foul smelling.

We think of this remedy when people with blue rings about the eyes, hawk up much mucus and are intolerant of milk; they do not assimilate properly, therefore, feel better after eating, rubbing, or from pressure; conversely they are not so well from exertion in the open air, particularly in the wind, although motion helps the symptoms which arise during rest. Amelioration from boring into the nose or ear is an odd modality worth remembering.

Natrum Muriaticum.

Salt has, perhaps, a more fundamental connection with life than any other substance; mythology, as well as science, hints at its relation to the birth of living matter. To the ancients it sym-

bolized immortality, permanence or sterility, but the modern world sees more of its stunting and preserving effects. In man its need is governed by the nature of his food.

Many confirmations have shown the seemingly trivial fever blisters of the provings to be a very indicative part of a general state which may also crop out in the form of a mapped tongue, ringworm, or some other herpetic manifestation.

It impairs elimination and develops a periodicity very like that of quinine, to which it is a great antidote. Why the symptoms should elect to return regularly about 10 A. M. is not clear but very characteristic. Intermittents, brow agues and some hemicranias call for it, that the man who treats them mostly with quinine is, indeed, a novice in Homœopathy. Heat is usually accompanied by headache or sweating feet, while the sweat brings dim vision with it. It impoverishes the tissues, engenders torpidity and greatly lowers the tone of the whole body. In the mind this is oddly expressed by a sad reserve, easily turned to anger by consolation; usually it originates in mortification, constipation or the sexual sphere.

Various symptoms show its mental depression to be only part of a general slowing down which weakens and fatigues the muscles, at times causing blurred vision with running together of letters, at others a painful shortness of the hamstrings or even emaciation starting from the neck. The effect may be profound enough to induce a slow growth, slow speech and slow gait. Dryness is very prominent; both the skin and mucous membranes show it. The former becomes inactive, looks tettery, cracked or muddy, even the hair may fall out and hangnails annoy. Although the tongue is dry and the sense of taste and smell blunted, yet oftentimes there is a strange craving for salt or ices, coupled with a loathing for all ordinary food, betokening a form of cell hunger not infrequent in anæmia, etc. For a like reason it is not out of the ordinary to find a sense of roughness internally or a dislike for coition. Exceptionally the secretions are increased, but colorless; easy lachrymation, for example.

Females who need this remedy often crave the pressure of a tight corset or a pillow against the back. They are very apt to be victims of hammering headaches, worse from coughing, or of anxious palpitations, worse from lying down or on the left side.

It should not be forgotten that *Natrum muriaticum* patients are, as a rule, intolerant of heat; they don't feel so well in summer, in the sun or during the fullfledged malaria season. It is one of the principal remedies for sun pains. (Compare *Sang.*)

It sometimes suits a cough which seems to arise from a tickling in the pit of the stomach, and is accompanied by lachrymation and a bursting headache.

The toothache is worse from both heat and cold.

It has a way of selecting particular regions for its clearest action. The headaches and neuralgias nearly always come just over the brows and, incidentally, are made worse from straining the eyes. Herpetic eruptions are very apt to select the borders of the hair or come out about the lips; in fact, there seems to be a general tendency to affect the margins somewhere.

The principal antidote is *Sweet Spirits of Nitre*, then come *Camphor* and *Phosphorus*. It counteracts the effects of quinine and *Nitrate of Silver*; especially cauterization by the latter. In intermittents it should be compared with *Arsenicum*.

Natrum Phosphoricum.

In allopathic parlance it is known as a laxative cholagogue, being much used for clearing the gall duct of catarrhal obstructions. It is also one of the Schuessler tissue remedies and has had a good proving in the hands of Farrington, whose proverbs brought out some quite distinctive symptoms. The experiments showed a number of manifestations distinctly attributable to either the *Phosphorus* or the *Natrum* of its composition. The new setting has, however, placed, them in a different light and altered their value.

Phosphate of Soda stimulates the mucous secretions, particularly those of the digestive tract, where the larger portion of its force seems to be expended upon the duodenum. Smooth, moist, creamy coatings form upon various parts of the visible mucous membranes. They are generally, although not exclusively, of a dirty, yellow color, and are most frequently seen at the base of the tongue, but may cover its whole upper surface. It can hardly be said to be indicated when the secretions are

scanty and the parts tend to become dry. Conformably with its general action the stools are loose, watery and defecation is mostly painless with a distinct inclination to become involuntary; in this respect again showing its relationship to *Phosphorus*. This proneness of the secretions to liquify is even manifested in the semen, which becomes watery, just as it does under the action of *Selenium*, and a few other drugs.

The catarrhal discharges incline to become yellow and purulent, although its pus making power is much feebler than that of *Natrum sulphuricum*. *Leucorrhœas*, *ophthalmias*, etc., with deep yellow secretions. Here it should be compared with *Pulsatilla*, *Hydrastis* and some others. That such a hypersecretion should finally end in a form of acidity is not very strange and is the very thing that happens. *Natrum phosphoricum* is a true rival of *Rhubarb* and *Magnesium carbonicum* in hyperacidity. The patient is often a sour smelling one with an acid stomach, sour sweats or other evidences of acidity.

Some of the sensations observed in the provers are of more than ordinary interest. It is one of the few drugs that have the sensation of a "hair" or thread in the internal parts; naturally it is oftenest located on the tongue or in the throat. Other drugs having the same symptoms are mostly *Arsenicum*, *Coccus cacti*, *Kali bichromicum*, *Natrum muriaticum*, *Rhus toxicodendron*, *Silicea*, *Sulphur* and *Valerian*.

Intense itching of the nose and anus were observed among its effects and led to its use in worms with quite good success. We should in this, as well as in all other instances, carefully differentiate it from similarly acting medicines. The principal remedies for such irritations are *Arum triphyllum*, *Belladonna*, *Cina*, *Mercurius*, *Sabadilla*, *Spigelia* or *Selenium*, according to circumstances.

There is also itching about the mouth. *Calcarea carbonica* and *Rhus tox.* have the same symptom. The patient is apt to pick the nose persistently (*Cina* and *Arum triphyllum*). The head symptoms are often one-sided. One pupil is dilated or one ear red, while supra-orbital pains locate themselves alternately over either eye, like those of *Sepia* and *Iris vers.*

From what has been said you will easily see how I came to

select this remedy in a case of typhoid fever, which had the following symptoms :

1. Persistently picks the nose.
2. Sensations of a hair upon the tongue.
3. First one cheek red, then the other, alternately (*Chel.*).
4. Screams out in sleep.
5. Very yellow stools ; has had a small hæmorrhage from the bowels.
6. Craves acids.
7. Formerly had yearly recurrence of a pneumonia.

Three doses of the DMM. potency (Swan) brought the fever to a close in two weeks, after which an uneventful convalescence followed.

In its action upon the skin it keeps up the reputations of the *Natrums*. Herpetic and other eruptions locate themselves about the joints, especially the ankle (*Sepia*). Eczema in patients of the acid diathesis. There are a few joint pains which seem prone to transfer themselves to the heart like those of *Spigelia* and *Kalmia*.

The sleep symptoms are such as are often found in children suffering from some form of irritation. Waking from sleep in fright, is the commonest.

The modalities are those of its constituents. Aggravation from heat is the most marked one, then there is an aggravation from gas light, thunderstorms and warm rooms ; there is also some periodicity.

Natrum Sulphuricum.

This is the Glauber Salt of our forefathers, and in their day was used as a saline laxative much in the same way that Epsom Salt is today ; even miraculous powers were ascribed to it by the ignorant ; its violent action, however, led to the gradual substitution of the Magnesium-sulfat. Its popular use exhibits its more obvious action, this Homœopathy has amplified and defined by provings until it is today one of our tried and true antipsorics exhibiting a long and deep action.

The liquid stools it causes were formerly believed to be due

to an osmotic transudation of liquid from the blood into the intestinal canal, they are now known to be due to a stimulation of the intestinal glands, causing an increased secretion of watery mucus, with the evolution of much gas, even enough to be painful; it is passed in quantities with the stool so that a morning diarrhœa, after rising, with a stool which is forcibly expelled with much spluttering, is looked upon as its characteristic. Such diarrhœas may accompany tuberculosis of the mesentery and have often been cured with *Nat. sul.* in a single dose of the highest potency. Other remedies for morning diarrhœa are, *Sulphur*, when the patient is hurried out of bed with barely time to reach the closet, and passes a large mushy stool.

Rumex is just like *Sulphur*, but in addition it has a dry cough excited by tickling in the throat-pit, or inhaling cold air through the open mouth.

Kali bichromicum has the same urgency, may even soil his clothes, but the stool is watery, comes with a gush and is followed by much tenesmus.

Aloe involuntarily passes masses of jelly-like mucus, or in the morning he finds a large lump of feces as his companion in bed; before the stool there is much rumbling and gurgling in the abdomen; he retains the fluid feces with difficulty and often suffers with prolapsing piles.

Podophyllum, gushing morning stool hurrying the patient out like *Sulphur*, but it continues the whole day and the stools have a carrion-like odor, are generally light colored and may have a meal-like sediment.

Gamboge has a gushing, yellow stool, preceded by gurgling, and followed by a sense of great relief, as if an irritating substance had been removed; it also irritates and makes the anus sore.

Bryonia causes and cures diarrhœa coming on as the patient begins to move about in the morning, it is worse from vegetables and stewed fruits or overheating; in general, the patient is worse from all kinds of motion, especially of distant parts.

Dioscorea will cure if gripy, colicky pains which fly to other parts accompany it. Just a moment's digression here. Some day you will meet a case in which cramps in the fingers or other dis-

tant parts accompany more central affections like dysmenorrhœa, diarrhœa, etc., then you must know how to differentiate between *Cuprum arsenicosum*, *Secale cornutum*, *Dioscorea*, *Ignatia*, *Jatropha* and *Veratrum album*.

Von Grauvogel showed that *Natrum sulphuricum* patients are severely affected by dampness and that the sensitiveness thereto is often a result of sycosis; thus originated the theory of the hydrogenoid constitution, for which he proposed *Thuja* and *Natrum sulphuricum* as remedies; I would impress upon you that no one or two remedies can by the very nature of things be a specific for any given disease, they can only be such when the symptoms agree and not otherwise.

“Oppression of breathing, then diarrhœa,” “Symptoms in other parts cause oppression of breathing” (*Arsenicum*), and “Short respiration with sharp stitch in the left chest when standing,” are symptoms that should attract your attention; and when combined with aggravation from dampness they have led to the cure of humid asthma.

This salt has a fine record to its credit in brain and mental affections caused by injuries to the head. Traumatic meningitis with piercing pains extending from the neck to the occiput severe enough to extort screams. Sudden jerks throwing the head to on side. Brain feels loose. Headache better by a cold foot bath. Scalp sensitive to combing the hair. Irritable, dreams of fighting. Loss of memory. Buzzing in the head. All these point to violent irritation, and when the other symptoms agree, are cured by it. Cutting pain in the heels, due to traumatic irritation of the cord has been cured by it.

It has a considerable record in disease of the liver, the organ is usually sensitive and the patient feels worse from lying on the left side, like *Ptelea trifoliata* and *Carduus Marianus*. As is not uncommon in troubles of this organ, we also find the system trying to rid itself of the products of deficient oxidation by the elimination of brick-red, acid, urinary deposits, one phase of the so-called lithæmia, which is only another way of saying that too much soot has accumulated in the flues and that the bodily fires are choked either from deficient oxidation or too much fuel in proportion to the oxygen consumed. It will do much for these

cases, if indicated, but your good judgment will add plenty of fresh air and out-of-door exercise to the prescription, this will hasten the cure.

The photophobia of this remedy is remarkable for its intensity and the fact that it is worse by lamplight; the eyes are so intensely inflamed that they feel as though they gave out heat. It is a prime remedy for the tendency to runrounds, as they are popularly termed, and when the patient subject to them also has sore looking eyes your remedy is evident and will cure. Pains are piercing, compressive or boring in almost any part; the patient is always better on a dry day and when out of doors. Many symptoms are worse during the menses, notably the headaches, etc., nosebleed is apt to occur then and the patient is apt to be chilly: on the contrary the *Natrum muriaticum* patient feels hot during the menses.

All the *Natrums* have vesicular eruptions at one place or another. in the *Sulphate* and *Muriate* they occur about the lips, a beady streak of slime along the edge of the tongue is also a reliable indication for the latter. The *Hyposulphite* has been used as a topical application in vesicular erysipelas for some time by the alopaths, evidently homœopathically.

There is a cough curable by this remedy. It is so violent that it hurts the head and sides and the patient is compelled to hold them for relief; here it compares with *Drosera* and *Eupatorium perfoliatum*.

NATRUM MUR.	NATRUM CARB.	NATRUM PHOS.	NATRUM SULPH.
Sadness, worse from consolation.	Feeble, but impressionable.	General acidity.	Head symptoms; especially from injury.
Fever blisters.	Indigestion; intolerance of milk.	Cheeks alternately red.	Liver symptoms, lying on left side.
Craves salt.	Pyrexia with mental symptoms.	Increased mucous secretions, deep yellow; creamy coatings about base of tongue.	Loose, noisy, watery stools, after rising.
Dryness.	Agg. Open air.	Loose, lumpy stools.	Cough, compels holding the sides.
Constipation.	Exertion during menses.	Agg. Light and heat.	Chilly during menses.
Periodicity, especially at 10 A. M.	Amel. Eating.		Agg. Dampness, light, heat.
Pyrexia with head symptoms.	Boring into nose.		Amel. Open air.
Hot during menses.			
Borders, especially of hair.			
Agg. Heat and light.			
Amel. Pressure against back.			

THE MISSION OF GERMS.

By Dr. Leslie Martin, Baldwinsville, N. Y.

(Concluded.)

II.

I was called to see a man who was accidentally shot, the ball entering the right side of the abdomen a little above and about two inches from the navel, I probed for the ball, and found that it had perforated the abdominal wall, lodging somewhere in the abdominal cavity, I made no other attempt to locate the ball, and ordered him to lie quietly in bed for two weeks and take nothing the first week but cold water to drink, and second week a careful diet of milk and water. At no time did he present any symptom of peritonitis or show rise of temperature. With this plan of treatment he made a good recovery, and subsequently had no untoward symptoms. What would have been the result had I cut and probed and fed as the expert surgeon did in the cases of Garfield and McKinley? I had no surgical fever or germs to fight and cause death.

It has been asked why germs multiply so rapidly in disease, if they were not the cause. In mild cases of disease there are not so many germs required to do the work as there are in severe forms.

Flies are classed as useless, a pest and transmitter of disease. Let us again ask ourselves, whether God created flies for a good or evil mission, or to be a blessing to man and not a curse. Flies always search for refuse, all forms of filth, dead carcasses of all kinds, and every decaying thing that is deleterious to man. How quickly the flies will deposit their eggs on all kinds of such matter wherever found. Flies are scavengers and we never see them deposit their eggs on a healthy surface, but always on dead matter. Their mission can be compared to that of germs. You have observed that they come in very large numbers to deposit their eggs on a large carcass, and in lesser numbers to a small one. You have seen how rapidly their eggs hatch and become active worms or maggots and in a day or two we will see the large body of the dead animal rise and fall as if there was life there from the active movements of the worms feeding, and the carcass, a mass of liv-

ing worms, and in two or three days they have consumed the decaying body. After their work is all done they are transformed into other forms of organisms or bodies, and then search for other dead matter to destroy, and bring aid and not a curse to man. If we desire not to have so many flies, do not furnish the refuse matter for them to feed and propagate on.

Germs are attracted to their natural soil. We will take a typhoid soil as an illustration. We have a flock of sixty or more germs of all kinds of disease floating about through the air searching for the soil that will afford their own special food. The first germ to examine the typhoid soil is an erysipelas germ and finds it not adapted for its food, and passes on in search of an erysipelas soil to feed upon; following this erysipelas germ we may have to examine this typhoid soil, pneumonic, anthrax, tuberculous, diphtheritic and a score of other kinds of germs, and find this typhoid soil repugnant to their nostrils and distasteful, and they all pass on in search of their own special food. Now comes a typhoid germ that finds its own special soil to feed and propagate upon and begins the work of aiding the vital force to change and purify the system from this disease, and when its work is completed it leaves, when the patient is restored to health, again in search of other fields of typhoid soil. Now, when this typhoid germ has entered and has developed thousands more of its kind to aid in the work of purification, there appears on the scene a much more powerful enemy, a yellow fever germ, examining this typhoid soil. Now, as the yellow fever germ is so much more powerful and virulent, as bacteriologists claim, why does not it exterminate or expel the typhoid germs and convert this typhoid soil into yellow fever only? It cannot because this is a typhoid soil, and not adapted to its use. For the same reason all of the other most powerful germs, as those of bubonic plague, small-pox, tubercular and Asiatic cholera, and all of the other germs known to bacteriologists, which are stronger and could expel the typhoid germs and occupy their soil, refuse it the same as the yellow fever germs that preceded them, and search for their own special soil to feed and propagate on. If the germs found in small-pox are the cause, why do not all persons exposed to its influence in close, warm, illy ventilated

places contract the disease? Take for an illustration, a railroad coach with fifty or sixty passengers in the winter time, close and very warm, and in that coach is a person who has small-pox, and has ridden with the occupants of the coach some one hundred or more miles, this person is sick, and at the end of the journey is found to have genuine small-pox, and all of the passengers in that coach have been exposed to its germs. Now, if the germ is the cause of small-pox, why do not all in that coach contract the disease if the germ has such power? After all of these passengers have been carefully quarantined and vaccinated, we find, as a result, that possibly two or three persons exposed in that coach out of the fifty or sixty, have the small-pox. Why not all in the coach? This proves positively that the others were healthy and not susceptible to its influence, as a healthy person is immune from this, and all other diseases known. If vaccination had protective power why did the two or three cases come down with the disease and not the others?

We know from many good and reliable records that vaccination is not a good preventive. If it were, why do so many in armies, and all over the world, after being repeatedly vaccinated, have the small-pox, and vaccination has to be so often repeated on every new exposure? Vaccine from the animal is just as bad to use as the vaccine from arm to arm, or from a supposed healthy child. We have personally seen and know that the cows have all kinds of tumors, and cancers, and all kinds of disease like the human race. All of their diseases lie latent in the animal the same as in the human family, and are shown and developed as age advances, and the vaccine is no more safe to use than the human. I have seen enormous cancerous livers, and cancerous tumors upon different portions of the animal's body, these observations include the horse also, these diseases proved fatal the same as in the human family. Do tubercle bacilli cause consumption, the scourge of the human race today?

If so, why do so few over the whole world have it when milk and other foods have been eaten and drank by children and adults for ages of time, with impunity and no tuberculous disease the result? Even at the present day a healthy child or adult can drink freely of tuberculous milk, and the vital forces have the power

created within us, by the all-wise Creator to protect us, to kill not only the bacillus, but every germ known, or that ever will be known. The all-wise God affords us protection to aid us to cleanse and purify us when we have disease.

We are the first cause, and we never see germs in disease until the soil is produced by us, we are the first great cause of all diseases, by unhealthy and unhygienic conditions and environment germs come, and then only do we find them. If germs cause tuberculosis in cattle, contagious and communicable, why do we not find more, or even all, of the herd tuberculous in a large herd, when all have been subject to the same unsanitary conditions and environment? Because the rest of the herd were healthy and not susceptible, but the healthy ones may, in course of time, being constantly exposed to this unsanitary environment, become tuberculous.

I have personally visited many stables among farmers and others, where cattle are herded, and have seen many very foul, filthy, ill-ventilated, dark, damp and wet underground basements or cellars, used for housing animals. In many large cellar-stables, when closed for the night, there is no light or ventilation, doors and windows being closed to keep them warm so that the cows would give more milk. When the door was opened on cold winter mornings this foul, pent up air would rush out, a heavy body of steam, laden with the rank, foul odor of offal, as well as the vitiated, peculiar, sweetish odor of their breath. How can pure milk be expected from such a source? Sterilized or Pasteurized milk is not healthy milk, as sterilized and Pasteurizing kill or destroy the red animal principle in the milk, and it is deprived of its real food value. Children cannot thrive on such milk. We are the cause of cows becoming tuberculous and unhealthy. I have seen a large number of cows lie down in their own excretions, and their hind quarters become covered with a solid mass of filth during the winter season, from their offal, which strongly adhered to them from one to two inches thick, until they were turned out to pasture in the spring and shed their hair. Also the cow's whole udder and teats were well soaked with their own excretions, which dropped off in drops in the morning. Now these cow's udders were never washed before milking; the milkers

would take a wisp of hay or straw and wipe the dripping secretions from the udders and teats, but not from the bag, so that while milking, the secretions would run down from the cow's udder into the hand and drip off into the milk between the milkman's fingers. This milk was rank with the taste of these secretions. (I have personally seen this and will make affidavit thereto.) Also, I have seen lumps of the soft offal fall from the cow's bag into the pail of milk while milking, and the milkman put his soiled hand down in the milk and take the lump of offal out. Other times when the cow's bag was dry and covered with dry dust and dirt and while milking this dry dust and dirt would fall and cover the foam with dust and dirt, and this dust and dirt would remain on the milk until it was carried to the milk room or cellar to be strained into pans for creaming, and in the bottom of the strainer would be a good handful of hacked black dirt. Many times the milk was strained and left in very damp, mouldy, musty, unsanitary cellars, to make butter to sell. Also these cows were never carded or washed from year to year, and in the spring of the year have seen the cows' backs full of large white grubs. Also one or two in the herd very poor and lousy; many would die. These grubs and lice were never found on healthy animals. Now if the germs of tuberculosis have the great power assigned to them, why did they not attack the unhealthy ones, that the grubs and lice did before the grubs and lice.

These cows and horses often drink the water of stagnant ponds or foul river water or swamps, or foul wells, when the water was contaminated from the backing of the barnyards into wells after heavy storms. Yet these people lived and drank such contaminated milk from tuberculous cows, and also from all filthy secretions. Can germs be the cause of tuberculosis in cattle and man?

Preventive Treatment.

With pure air and sanitary environment none of the cows or any of the stock become unhealthy for germs to feed upon. Also all of the diseased and tuberculous ones can be cured without the law ordering them to be killed, simply by observing and putting in force sanitary, hygienic conditions.

Our laws would be more potent for good if the money were employed strictly to enforce sanitary laws rather than to pay for the destruction of herds after they become tuberculous. The animals can be cured just as well from tuberculosis, as we now cure it in the human family. If we want to eradicate consumption in the human as well as in the animal kingdom, do not supply the environment or conditions for its propagation as we now do in all cities and villages by the hot-beds of so many unsanitary tenements. It is useless for us to erect hospitals for the tuberculous, as long as our lax laws permit property holders to maintain and construct their foul, unsanitary tenements, to breed diseases of all kinds.

The first great factor would be for our laws to be strictly enforced, that all living rooms in all tenements, and other unsanitary places, be well supplied with good, pure air and light, and free from all filth and unsanitary conditions. If we strictly enforce such a law, in a few years we would nearly eradicate this Great White Plague. Such a law would prove effective in all kinds of diseases which man or animal is subject to over the whole world. We learn that the reason why small-pox is so fatal with the Esquimaux is that the temperature outside of their huts in that frigid climate is often 60° below zero, and in huts generally 90° above, and only a small opening at the apex of the hut, so that the smoke of the burning oil might escape. It is so hot and close in their huts, that all of the inmates are naked, and they wipe the perspiration freely from their bodies and it adds to the general filth.

It has been proved in the large hospital in Ontario, Canada, and localities in the United States that about 70 per cent. of tuberculous cases can be cured by simple, pure cold air, good environment and hygienic conditions, with no drugs in any form whatever.

I have treated and seen many cases in the very last stage, whose lives were despaired of, recover better health than they had ever enjoyed, and after one or two years, go back again to their former habits of living and environments, and damp places where they formerly lived and relapse rapidly to their old enemy and prove fatal in a few months. Patients who recover

from tuberculosis must never go back to any of their old habits of living or environment, and they will never get a relapse or recurrence of their old disease. Small-pox was nearly eradicated in Cleveland, Ohio, and other localities, by cleaning up all filth and enforcing strict sanitary laws; also, yellow fever in New Orleans by enforcing the same laws. Unsanitary conditions and not germs are the first causes of small-pox, yellow fever, consumption, etc.

Microbes and Germs "All a Modern Humbug."

In the autobiography of Andrew D. White is to be found this very significant paragraph: "Count Muenster, who was selected by the German Emperor as the head of the delegation to the first Peace Conference at the Hague, to represent Germany, in a conversation with Andrew D. White, said that bacteria, microbes and disease germs were 'all a modern humbug.' Such a statement coming from one of the leading scholars of Germany, where research in bacteriology is carried to its highest degree of perfection, is certainly very remarkable." Count Muenster, as one of the leading scholars of Germany, and as one of the German Emperor's advisers and counselors, is in a position to know something about the development of medical science in his own country. But unlike the medical profession of Germany, he has no apparent interest whatever in maintaining the germ theory which has become the source of so many official positions and good salaries among the medical profession.

Man has the power to entail on himself disease and suffering. Disease means a house cleaning, a purification, therefore, disease is not a curse but a blessing. When our system is cleansed from its impurities we are restored to health again. Observe the patient after a severe course of fever, or any other severe disease, he generally remains well and has no return of the fever, or any other disease, unless he resumes his former habits of living.

I can, and you may, recall many cases of fever that, after the patient recovers, remains well the rest of his life: the same disease never recurs; also, he remains immune from other sickness. Pain is a friend, not an enemy. It is a sentry on guard to give us a warning of danger. It is then for us to ask ourselves, what have I been doing, or eating, to cause this pain? We must ask

Mr. Pain to just keep on proding us, until we learn what we have done to cause this suffering. If we learn the cause, that moment we are two-thirds cured. Germs did not cause this pain, but some inherent ferment. Our old and expert observer, Prof. Bomberg, says that "pain in a nerve is a prayer for healthy blood." Pain in a nerve indicates that it is receiving impurities, and acts as a poison, and gives us a warning of danger.

As germs were created before Adam was, if they were the cause of disease, why did they not attack and destroy Adam before Eve was created, so there would have been no human race to suffer? Let us keep first and prominently in our minds that God created Adam pure and holy, and warned him what the result would be if he disobeyed Him and sinned, and at this present time we are suffering the results of Adam's and Eve's disobedience and sin, and germs were not the cause of the first disease from sin that appeared in the human family. God made antidotes from the beginning of creation for every known disease. These remedies He planted all over the whole world, on mountains, hills, valley and plain, also in the animal, vegetable and mineral kingdoms, for man to study and learn how to apply them in all forms of disease for his good. Observe how, for malaria, He caused the Eucalyptus, Salix, Eupatorium per. and Peruvian tree to grow along malarious rivers, swamps and all other remedies were placed in their proper localities.

If we wish to be healthy we must know and obey the laws of health. How shall we accomplish this result and conquer disease? First, we would have the governments over the whole world enact stringent laws and enforce them that students of every school be taught thoroughly, physiology and hygiene, which are at the present time so sadly neglected, and these studies would be the forerunner to cleanliness and sanitation. If this law was enacted and strictly enforced it would open the door for the study of dietetics, and to prepare good and wholesome hygienic foods. It is true that this is an age of pappy, sloppy, and "predigested" foods, which are gulped down and need no biting, chewing or mastication, but the digestion of these pappy, unhygienic foods is left mostly to intestinal digestion and poor assimilation; such prepared foods are the principal

cause at the present day of 99 per cent. of all cases of appendicitis and adenoids of children's air passages. Fifty years ago appendicitis was very rare, and caused by some foreign substance. Adenoids were not then known in children. The function of the salivary glands of the mouth is to alkalize the food before passing from the mouth to the stomach, whose secretions are acid. When our foods are well masticated and thoroughly insalivated and alkalized in the mouth before swallowing to mingle with the gastric juice of the stomach which is acid, and when the alkalized food meets the acid secretion in the stomach, it changes and alkalizes it and prevents acid fermentation. If acid fermentation is not prevented, then follows a long train of all kinds of derangements of the digestive organs, and this condition forms the basis of a large number of diseases at the present time.

History proves that in former ages, when our foods were hard, and man had to chew them thoroughly before swallowing, and by this act the food became thoroughly insalivated and alkalized, appendicitis and adenoids were scarcely known. At the present day we can see the good results from the drainage of marshes, swamps and low lands, which have nearly eradicated fever and ague or intermittent fevers; also, the bilious remittent fevers, which, about one hundred years ago, were so prevalent, that nearly every family had the ague and kept quinine in the house, and all the members would take it daily before meals, to ward off the dreaded so-called shakes of those days. In many cases quinine and other remedies failed to control the chills, and then cases would last them seven years, and these sufferers would say that we must shake or wear it out, if it did not shake them out of existence. Many of these did continue seven years, and these afflicted ones were sallow, wan and very emaciated, and many suffered from the Ague Cake, or enormous enlargement of the spleen, from its congestion from the very severe chills, and at this stage many succumbed from the resultant complications of the ague. I have treated very many such cases, and have seen some patients take twenty grains of quinine at a single dose to control the chills, and such large doses failed to conquer these severe chills.

In villages where they have sewers, the health board has neg-

lected their duty to compel and strictly enforce the law, that all water closets, drains and cesspools in the corporation be well connected with the sewers. We know of villages where only a few parties have their water closets connected with sewer, and in such towns they have many cases of typhoid fever and diphtheria from such unsanitary sewers. If the health board in these villages would make a personal inspection of all these houses where the water closets are not connected with the sewer, they would find full proof of the source of these two filth diseases, which many times prove so fatal. They would find on their inspection many of the most foul and unsanitary water closets, and the exhalations from these foul closets contaminating the air, which can be readily detected at night, in warm, or rainy, damp weather. After their inspection they would, no doubt, be surprised at the bad, unsanitary conditions found, and wonder why there is not more sickness in town than there is from the unsanitary deleterious, contaminated sewers. Well enforced sanitary laws will eradicate all kinds and types of disease that have their origin from such contaminated conditions. If we want to eliminate this type of disease, we must not supply the soil and conditions from such sources. We will admit, for the sake of argument, for the large majority of people who are laboring under the delusion that germs cause disease. Take a case of typhoid fever, when the patient, after a course of three or four weeks, is just recovering, or has recovered, from the fever, and there is a larger force of germs than when this fever began, and these germs have the power embodied in them to cause the fever, why do they not, while the patient is in a weakened condition of his vital forces, renew their attack, and, if necessary, repeat it until they cause the death of the patient? We know positively they do not, as the vital force of the patient, with the aid of the germs, the system, has been cleansed and purified and restored to healthy conditions, and there is no typhoid soil for the germs to feed upon, and these germs have not the power to create anew this soil.

Remember, that if we would be healthy, we must know and obey the laws of health, and this door is always open for all who will enter in, but very few find it and enter in its portals. We have but a few plain, simple rules to adopt. We take, first, pure

air, as that was designated by the Creator as the first element that we all should receive when born into this world. But what a large majority in after life avail themselves of this great boon. We find very many at the present day retire at night, and say that prayer, "Now I lay me down to sleep and pray the Lord my soul to keep," and then close the doors and windows tightly. Some fifty years ago we had many cases of croup in families and quite fatal. These cases were all caused from close, impure air in warm rooms. The children always slept in warm, close, unventilated rooms, supposedly to keep them warm and from taking colds, and all of these cases were caused in so doing. Now at the present day we rarely hear of a child having the dreaded croup, as the sleeping room is supplied with fresh air.

We find as the first great factor in consumption, the dreaded "Great White Plague," at the present day, the first symptoms are, on careful examination of the patient, some derangement of the digestive organs, and associated with this condition, impure air in the living rooms, but especially in the sleeping rooms.

This great scourge can be nearly eradicated by pure, well cooked, hygienic foods and pure air, and we can discard drugs entirely. To conquer this great scourge of the human family, we must have very stringent laws enacted by the United States government, and our official authorities in all of the States fully enforce the law. The first great law that should be enacted is to eradicate all now existing tenements in cities, or wherever located, to first get rid of these hot-beds of consumption and kindred diseases. Our authorities must cut the tap root of the tubercular tree, foul tenements, and forbid the construction of others, save those in which every living and sleeping room can be supplied with fresh air and light. There is certainly no use of our government building and expending large sums of money for consumptive hospitals, until we exterminate the first great cause. If we adopt this course, consumption can easily be eradicated in the United States.

The sum of the laws of health are, pure air, sanitation, good environment, and good wholesome, well cooked foods.

A CHRONIC CASE OF ILEO-COLITIS.*

By Agostino Mattoli.

Y. D., born March 22d, 1906, was, at time of birth, a very healthy child, weighing four Kg. ($8\frac{1}{4}$ lbs.), and he developed normally until early in August, 1906, when, as a result of the change from mother's milk to artificial diet, necessitated by his mother's illness, he began to fail.

A regular school specialist was called, who made the diagnosis of ileo-colitis, and began his treatment with calomel, followed by castor oil, etc. . . .

During the ensuing winter the child seemed *pretty well*, though every now and then he had an intestinal attack. In the spring of 1907 the child failed to gain, looked very delicate and the intestines were almost all the time out of order. Then the specialist ordered that the little patient be taken to a summer resort, instructing the parents to continue his treatment there. But even the country air and all possible care from the mother (a very intelligent American woman) did very little good and the child was sickly all summer.

In December, 1907, the parents, back in Rome, and being very much afraid of losing their child, resolved to try Homœopathy, and they sent for me.

I examined him December 1st, 1907, and found the little patient, then one year, eight and a half months old, weighing 10 Kg. ($20\frac{1}{2}$ lbs.), and looking very badly. The face, cheeks and lips, were pale, the head seemed too large, the abdomen tympanitic, the tongue coated. He was unable to digest, as the mother said, even a tablespoonful of milk. He was irritable all the time, weak, never wanted to play; sometimes he was constipated and sometimes had diarrhœa, most of the food being undigested.

Considering the symptoms and the fact of the frequent allopathic doses the child had taken, I prescribed *Nux vom.* 3x for six days, morning and night, and a carefully arranged, suitable diet, the principal part being a quart of milk in every twenty-four

*The RECORDER is indebted to Dr. Spencer Carleton, of New York City, for the manuscript of Dr. Mattoli's excellent and very suggestive paper. Editor of the HOMŒOPATHIC RECORDER.

hours. The mother was very sceptical about its being possible for the child to digest milk, as he never had been able to.

After six days, the report was, good improvement, the child digested his milk and took it with pleasure.

Nux vom. 6x, one dose in the evening only, and *Sac. lac.*, was the new prescription for the next six days.

Child reported to be still better, but had still, sometimes, constipation, and sometimes diarrhœa, especially in the morning, followed by weakness and dislike of water.

Sulphur 200th, was prescribed, a dose every other day, for six days, and *Sac. lac.*

January 1, 1908.—Patient generally better, weight, 11 Kg. (22½ lbs.). *Sulphur* 200th, a dose every week, and *Sac. lac.*, was prescribed.

The child continued to improve, and on April 22, weighed 12.200 Kg. (25 lbs.), slept very well, was round-faced and red-cheeked, was always happy, and played boisterously all the time.

The mother said, "His appetite is wonderful, he wants to eat all the time, and the assimilation of his food is almost perfect; he has a little trouble with teething, at present, and is rather thirsty, and two or three times has had diarrhœa, rather green and slimy."

I gave *Calc. phosph.* 3x, one dose a day, for seven days. Child reported much better and having no more trouble with his bowels. Prescribed *Calc. phosph.* 6x a dose every other day, and *Sac. lac.*

May 16.—Child well, gained 400 grammes more since his last weight, in spite of his being in Rome in hot weather. No medicine. He is now two years, two months old, has been six months only, under homœopathic treatment, is well, happy, and weighs Kg., 12.600 (25¾ lbs.).

What is there to say in connection with this case? It certainly shows the wonderful action of the indicated remedy and the ease with which our school can cure cases called chronic and hopeless by our regular school friends, who, with their strong doses, while trying to help their patients, do them much harm, and often when they do get well, it happens, not as a result of their having

followed nature in her grand and immutable laws, but absolutely "Contra Medicum!"

Great allopaths still advise their pupils about, at least, not harming any of their patients, and Hyett, in the preface of his book on anatomy, writes, "There are very few drugs that are really useful in practice, and those can be written on a finger nail, but what I recommend is *not to do any harm to the patients*, and this many doctors never learn during all their lifetime!" . . .

Holt, in his book, "Diseases of Infancy and Childhood," on page 359, speaking of the treatment of chronic ileo-colitis, writes—"Little or nothing is to be expected from drugs; no greater mistake is made than to give these children, week after week, the various diarrhoea mixtures, with the expectation that ultimately the formula which exactly meets the wants of the particular case will be found. Drugs are to be used only for the relief of special symptoms!"

And being so, why, instead of trying the palliative treatment (that is always harmful), do not our dear colleagues consult with us over these cases when they have seen that we are able, by our system of therapeutics, "*similia similibus curantur*," to cure these patients—fighting always the *cause* of the disease—*tute, cito et jucunde?*

Rome, Italy, June 3, 1908.

HIERACIUM PILOSELLA.

By Dr. E. Fornias.

In the *Revue Homœopathique Française*, for February, 1908, we find an interesting article on the common *Creeping Mouse-ear* (Spa., *Pilosela o' vellosilla*; Fch., *Oreille de souris*; Ger., *Habichts kraut*). It belongs to the *Hieracium*, gender of the liqueliform, herbaceous Tynanthæ, one of the richest in species. "The name *Hieracium* is derived from the Greek, and signifies hawk, because this bird of prey, according to Pliny, as soon as its sight flags never fails to recover its sharpness to rub its eyes with the juice of this herb; or, more probable, because in former times the young hawks, trained for the chase, were fed on the seeds of the plant known in botany under the name of HIERA-

CIUM MURORUM, and which, undoubtedly, gave its name to all the species of the gender."

"The HAWK-WEEDS, O. *Cichoraceæ*, usually flourish in high mountains, but are found also in low regions. Among them we should mention:"

1. "The HIERACIUM MURORUM (*Auricular muris major*, *Pulmonaire des Francais*), whose common characteristic is that they possess red-brown spots spread on their leaves. The country people look for this plant on account of its aperient and vulnerary properties."

2. "The FRENCH HAWK-WEED (*Pulmonaria Gallica*), which grows abundantly in the woods and has the same properties as the above. But the best known is the HIERACIUM PILOSELLA, which is the one we shall consider and study."

"The HIERACIUM PILOSELLA is found by the side of roads, along slopes, and in all uncultivated lands. The vilous stems creep from the soil, bringing forth white, shaggy leaves, like mouse-ears, sprouting suckers, and carrying on their peduncles, sulphur-yellow flowers, those at the periphery being usually streaked with red underneath. Its roots are short and slender. This plant flourishes from May to September, and contains a bitter, lactescent juice, which is slightly astringent."

"Mathioli, who has given us a very complete description of this plant, distinguishes a variety of PILOSELLA which grows among the rocks, and is considerably larger than those known in France. He calls it PILOSELLA MAJOR."

"PILOSELLA was employed for many years in medicine. Pliny relates that an eye-wash of repute was made of this plant. Later on, it was used as an astringent to heal wounds and arrest the descent of the bowel. Mathioli considers it a good remedy for those purposes, not only internally, but when externally applied." "This authority adds, 'that the shepherds, when informed of the astringent property of this plant are careful not to take their flocks of sheep to places where this herb grows in abundance, for it constipates the cattle so as to cause the death of many.'" "This is the origin of our knowledge, as to the value of this plant in *diarrhœa* and *dysentery*, and Mathioli again asserts this to be a good remedy for *catarrhal conditions of the stomach* and *bilious*

vomiting, and equally effective in *spitting of blood*, and *all kinds of cuts and bruises*, especially those of the cranium." "Even in our days, the astringent properties of PILOSELLA are utilized with success." "The facility with which it is procured in France from May to September, has made of this plant a precious remedy for *summer diarrhœa*. Besides, in *symptomatic diarrhœa*, or *diarrhœa* due to other affection, its administration is followed by an immediate improvement, which consists in a diminution of the intestinal secretion and a more firm consistency of the stools."

"The astringent principle is chiefly found in the leaves. They are employed in doses of 5 to 20 per 1,000, which can be increased without inconvenience in infusion. This plant is non-toxic and makes an agreeable drink."

"We can, likewise, employ the leaves of PILOSELLA, as we do other vegetable astringents in their multiple applications."

"Finally, its use has been advised in *Cholera*, both as an astringent and intestinal antiseptic; as well as in *gravel* and *tertian fever*."

"By its numerous properties and the facility with which it is obtained, it is certainly a precious remedy, deserving to be better known and more generally utilized." (*Echo medical des Civenes*.)

Note.—It seems to me that this reemdy could be conveniently compared with RUTA, CALENDULA, ARNICA, HAMAMELIS, HYPERICUM, LEDUM, SYMPHYTUM, and even RHUS TOX.

Philadelphia, Pa.

Note.—Although *Hawk-weed* (*Hieracium*) has been used by the old school in several diseases, such as *scrofula* and *chronic catarrh*, its chief claim to notice rests on its reputed power of curing the *bites of venomous snakes*. From Stillé and Maisch, we learn that the late Dr. Griffith, of Philadelphia, in his *Medical Botany*, relates the following: "Some years ago a person brought a collection of rattlesnakes to this city, and professed to be in possession of a certain cure for the symptoms arising from their bite, which he offered to divulge for a moderate compensation. This being paid him, he suffered himself to be bitten several times, and after the poisonous effects had displayed themselves, was completely relieved by taking a few ounces of the decoction

of a plant which was identified as *Hieracium venosum*. The same snake was suffered to bite a small puppy, which died from the poison in about five hours. These experiments were made in the presence of a number of distinguished medical and scientific persons."

The *Hieracium venosum* grows in the dry woods and plains of North America, the *Hieracium Pilosella* is an European plant, with a bitter and astringent taste, more so than the former. There is another variety, called *Hieracium murorum* (Linne), Pulmonaire of the French, which is only slightly bitter and astringent, and which has been used as a *vulnerary* and in *chest affections*.

THE RIGHT TALK.

President Royal S. Copeland in his splendid address at the meeting of the American Institute of Homœopathy at Kansas City, said:

"As compared with the death losses of 1890, in the United States, the losses per hundred thousand in 1900 had enormously increased as regards certain diseases. Pneumonia, for instance, reaped 1,107 more deaths in every hundred thousand cases than ten years previously; heart disease, 1,328 more; kidney disease, 1,222 more; apoplexy, 806 more; diseases of the stomach, 338 more; diabetes, 164 more; cancer, 634 more. The increase of fatal cases of cancer in this country and all over the world is terrifying. In 1900, of reported deaths, thirty thousand people died from this dread disease in the United States. Probably if the truth were known, more than fifty thousand persons departed this life as the direct result of cancer in 1907." Naturally the query arises, Why? Has not scientific medicine given us serums and vaccine and other things galore to squirt or scratch into the blood, so why this unseemly behaviour of the "grim reaper?"

Dr. Copeland concludes as follows:

Homœopathy the Solution.

"In Homœopathy, humanity has the priceless secret the key to the shackles of disease, the relief from the bane of the ages. This has long been the testimony of our own school of practice, it has

occasionally been admitted by a broad-minded and observant man of the other school, and this past twelve months especially has been widely discussed in scientific bodies, and the homœopathic ideas, if not the name, are now practically accepted by the dominant school. In the language of the bright-winged angel of olden days, we 'bring you good tidings of great joy, which shall be to all people.' In Homœopathy is healing for the nations. With joint ownership in all the marvels of surgery, in all the products of the laboratories, in all that the sciences collateral to medicine have determined—with joint ownership in all these, Homœopathy has been sole possessor of the knowledge of remedial application. When surgery has been helpless, the laboratory impotent, and general science hopelessly at sea, Homœopathy has gone on, serene in the conviction of cures impossible by other methods. Practitioners of our faith are everywhere, our hospitals are increasing in numbers and influence, our asylums, homes and dispensaries are without end; the records are open and the results of our practice speak for themselves.

"But the homœopathic profession has no wish to make selfish use of its knowledge. As the momentary ambassador of this great profession and in the name of Samuel Hahnemann, I freely confer upon all physicians, of all schools, of all creeds and color, of all nationalities and languages, a boon greater than scalpel or forceps, greater than anæsthetic or anodyne, greater than hypodermic or application, greater than lotion or emollient, the knowledge of the homœopathic materia medica, and the rights to use it in its original purity. By authority of his living heirs, I divide with you our inheritance and receive you as sons and daughters, with ourselves, of our father in the faith, Samuel Christian Frederick Hahnemann."

That's the right talk! Drop the passing medical craze and go back to those old war horses, *Aconite*, *Belladonna*, *Bryonia* and the others of the old guard.

DR. ABBOTT ONCE MORE.

To the Editor of the HOMŒOPATHIC RECORDER:

Inasmuch as in your issue for May 15, in an editorial entitled "Medical 'High Finance,'" you make some statements concern-

ing the Abbott Alkaloidal Company and myself (presumably abstracted from the Journal of the A. M. A.), which are practically all misrepresentations of fact and in part absolutely untrue, I feel confident that you will give me the opportunity to put myself before the readers of your journal. Let me take up in detail the various points which you make and which you say you gather from the columns of the Journal of the Association.

1. The statement that "many of the alkaloids and active principles of drugs exploited by the company are nothing but 'typical nostrums.'" This is absurd, because an alkaloid or an active principle is never a nostrum, being in every case a definite and well defined substance. Out of about six hundred remedies on the list of the Abbott Alkaloidal Company, less than a dozen are designated as specialties. Three of these, I believe, have been criticised by the Journal of the A. M. A., and called by them "typical nostrums." Inasmuch as not one of them is a secret preparation, and all are offered in free competition by other manufacturers, the charge that they are "nostrums" is truly far-fetched.

2. You make the statement, again, upon the authority of the Journal of the Association, that our journal is published for "the exploitation of the various products of the company." This appears with rather ill grace upon your own pages, inasmuch as the HOMŒOPATHIC RECORDER is much more closely related to Boericke & Tafel than the American Journal of Clinical Medicine is to the Abbott Alkaloidal Company. The statement that our journal is published for the exploitation of Abbott Alkaloidal idea of Company products is untrue. Its purpose is to promote the idea of alkaloidal therapy, just exactly as I suppose your journal exists to promote the homœopathic school, except that active principle therapy is in no sense a sectarian school. It is simply a method of treatment, and, we believe, one which is of the utmost value to all physicians, to whatever school they belong.

3. That I wrote forty-eight articles in 1907, which were published in various medical journals, and that these articles were chiefly devoted to the products the Abbott Alkaloidal Company have for sale. I plead guilty to writing the articles. Further-

more. I believe that the journals which published them were generally glad to get them, and found them of value to their readers. That they were chiefly devoted to the products of the Abbott Alkaloidal Company I deny. Careful analysis shows that of two hundred and twenty-five remedies mentioned in these articles, only nine were distinctly products of the Abbott Alkaloidal Company. All the rest of the drugs mentioned were those made by many pharmacists, and, therefore, information given concerning them helped every drug manufacturer. Against the nine of my own products one hundred and thirty-seven United States Pharmacopœial products were mentioned.

4. That "there is a corps of doctors who write for the company, and who are 'afflicted with the testimonial habit,'" etc. I admit with pleasure and gratitude that there are a number of physicians in this country who think well enough of the alkaloidal idea to use voice and pen in promoting it. That one of these men contributes papers praising different proprietary preparations is not my fault. I can hardly be held responsible for that fact.

5. That the Abbott Alkaloidal Company issued bonds to physicians which are simply unsecured notes. Admitted. There has never been any secret about it—not the slightest. Moreover, every purchaser of these bonds has received exact and definite information as to their character, and knew that he was purchasing unsecured notes, or call loans, and, understanding this fact, not one of them has made a complaint. These men are satisfied with their investment, which pays them from 7 to 9 per cent., according to the series of bonds of which they are owners. No man who has invested in these bonds ever lost a dollar, and the interest upon them has been paid promptly. Why, then, the assault upon us? Furthermore, the character of these bonds was explained in a long letter to the trustees of the A. M. A. sent them more than a year ago. This letter will be printed a little later. The wonderful discovery on the part of the Journal of the American Medical Association is, therefore, a little far-fetched.

6. That "the real estate of the company is mortgaged to Dr. Abbott for \$30,000." This, my dear Mr. Editor, is a figment of

your own imagination. There is not a word of truth in it. I hold no mortgage upon any property of the Abbott Alkaloidal Company, and never have held such a mortgage, but a portion of the property of the company was transferred to me to be held *for* them, in order that a mortgage might be placed upon this property, which would enable us to build our new printing plant after our fire of November 9, 1905, which wiped out about \$150,000 of our property. Although this real estate is held in my name, it is not, and never has been, my personal property, and has never been so treated by me. As soon as the mortgage is lifted it will be transferred back to the Abbott Alkaloidal Company. The transaction was made to meet the conditions of the lender, because of the laws relative to corporations holding real estate which they do not occupy.

7. That the Ravenswood Bank is now in the hands of the receiver, and that Dr. Waugh, Mr. Scoville and myself, all officers of the Abbott Alkaloidal Company, were directors of the bank. Admitted, except that Mr. Scoville, president of the bank, is no longer an officer of the Abbott Alkaloidal Company, and never had any considerable interest in that company, while he had charge of practically all the affairs of the bank. The bank has no connection whatever with the Abbott Alkaloidal Company, except in the line of business. It was not an "Abbott Alkaloidal Company Bank," as stated by the Journal. Its affairs were carried on just like those of any other partnership bank, such as this was. It went down in the panic last fall, as many others did, and from no fault of my own. Its failure was a misfortune which I suffer most, but its failure does not affect the Abbott Alkaloidal Company.

8. That "the Abbott Alkaloidal Company owes the bank \$100,000 on personal notes of \$100, or thereabouts, held by 1,000 physicians throughout the country." This, again, is untrue, absolute nonsense. The notes held by physicians have nothing whatever to do with the affairs of the bank. The bank held none of these notes. Moreover, the Abbott Alkaloidal Company never has owed the bank \$100,000, or anywhere near it. The actual net indebtedness to the bank is about \$21,000.

9. That "the Abbott Alkaloidal Company is now offering pre-

ferred stock 'guaranteed' to pay the doctor 7 per cent." This is also absolutely untrue. At one time it was planned to reorganize our company on a capitalization commensurate with its profits, giving the owners of bonds the privilege of taking preferred stock in their place. Under this plan, the debt of the company, which is only small, and far more than covered by material assets, would have been entirely eliminated.

10. That I was interested in "silver mining stock which I was selling to physicians." Admitted, but, inasmuch as the property was a good one, and I put in thousands of dollars of my own money, asking no one to risk where I was not willing to risk, I fail to see anything dishonorable about the business. The property was and is valuable, and mining was and is, a clean business.

Finally, you quote the danger of investment in pharmaceutical concerns, moralizing particularly upon the immorality of gold, silver and other mining. So far as dangerous investments in pharmaceutical concerns are concerned, you, of course, have the right to speak from your own experience. So far as ours is concerned, you have not. As we have said, our business has been profitable, and every man who has invested in it has received big interest for his money. Our business is a clean business, one in which many doctors are interested, and one, which, in our opinion of many physicians, is destined to do more to help the progress of medicine than any other movement extant.

I am surprised that a journal like yours, one which represents a competing house (even though it be a homœopathic one), should lend itself to attacks upon a competitor, and to the publication of statements, everyone of which is a distortion of fact, when not (as in several cases) absolute falsehood. In justice to me and to the Abbott Alkaloidal Company, I request that you give this letter early publication in your journal.

Very truly yours,

W. C. ABBOTT.

Chicago, Ill.

Reply. The RECORDER'S statements contained in the article referred to were not "presumably," but actually taken from the

pages of the *Journal of the American Medical Association*. We give Dr. Abbott nearly four times more space for reply than was taken by our abstract, though the squabble is not ours.

Our objections are that this medical company takes the alkaloids of many drugs and then draws largely on the homœopathic materia medica and therapeutics for indications for their use. This is literary piracy. After "lifting" many indications they "smartly" inform the world that this substitution of alkaloids for indications obtained from tincture provings represents "advance;" that the Hahnemannian tinctures were well enough in their day, etc., etc., etc. This, we hold, borders on dishonesty, or, is, at least, unethical. Let the alkaloids be proved if they are to be used on homœopathic lines.

Dr. Abbott's final fling at this journal seems to reveal the fact that his field of vision is limited to commercial affairs, which is regrettable, but, perhaps, unavoidable. The sole aim of the RECORDER is to be a sound, commonsense, readable homœopathic journal and nothing more; in this we welcome "competitors," for in Homœopathy lies the medical salvation of the world, and the more good homœopathic journals there are in the field the better for mankind.

PRIMARY AND SECONDARY DRUG ACTION

To the Editor of the HOMŒOPATHIC RECORDER:

I was interested in one of the statements made by Dr. Wanstall, in regard to the action of a given quantity of *Opium*, in relation to the body weight. I believe all concede that to a certain extent this exists, but to my mind, what the doctor did not take into account, the primary and secondary action of the drug itself, both of which are based upon the so-called physiological action, and which, in most cases, are diametrically opposite in their effect.

The few following examples are taken from Hare's "Text-Book of Practical Therapeutics," 12th edition (1907), and will, I think, go to show that a minute dose of the drug has the opposite action to the poisonous dose, or even to that generally accepted by the old school. I hardly think that the doctor will

dispute this authority, whose book is a recognized text in most of the representative regular medical colleges.

Before I cite the few examples, I am reminded of a paragraph from Petersen's "Materia Medica and Clinical Therapeutics" (Eclectic), which appears to give a fair example of drug action in all its aspects. . . . Drugs have marked medicinal virtues in both their primary and secondary form. . . . The following will serve as an illustration of the dual action of drugs useful in both their forms. By getting the basic symptoms of the physiological action, it is easy to know what the indications are for the drug in its primary and secondary form, viz.:

I. *Glonoine*: *Physiological* basic indications:

Marked cerebral engorgement—face very red, throbbing carotids and general feeling of fullness in head, followed by severe headache, cannot bear hat on. Warmth or heat < condition. Bending head backwards < condition.

II. *Secondary* basic indications:—($\frac{1}{100}$ gr.) Temporary cerebral anæmia, anæmic headache > bending head backwards. Head may feel cool > by warmth. In sudden collapse, sunstroke, etc.

III. Primary basic indication (6x—higher): Flushed face, marked cerebral engorgement, throbbing carotids, headache. Can't bear pressure or weight on head. Wants head uncovered. Least jar < headache. Warmness < headache.

It can be readily seen the physiological is our key to the primary and secondary use of this drug. The basic physiological symptoms are the indication for the drug in its primary form. In the secondary, we have the reverse—instead of engorgement we have anæmia of the brain, etc."

If the doctor understood the two laws that govern Homœopathy, (1) The single remedy (which does not exclude the administration of undercurrent remedies) whose symptomatology offers the nearest similitum to the diseased condition; (2) The minimum dose which does not in all cases mean the infinitesimal, he would not find Homœopathy so impossible.

I recollect stopping in to hear a lecture given by Dr. Nash, who is looked upon as a high potentist, who, desiring to impress upon his auditors the fact that we must choose the dose quantity as well as the indicated remedy, told the story of a patient whom

he was treating, whose condition called for a certain remedy, which he administered in several of the higher dilutions without any result.

The case so clearly called for the drug in question that he eventually gave it in five grain doses of the crude drug, which was followed by the speedy recovery of the patient.

As a general thing, prescribing on the primary indications, we are forced to give smaller doses, else we produce an aggravation of the condition, as will show in the paragraph on *Iodine*. . . .

On page 367, of Hare, under *Opium*, we find the following: "In minute doses, *Opium* is a feeble stimulant, at least, not a depressant of the function of respiration. In overdose, it is one of the most powerful paralyzants of the respiratory centre."

Iodine, p. 290, under Symptoms of Iodism:

"Intense coryza—frontal headache, sore throat, etc." P. 293, under the Therapeutics of Iodine, he says: "*Tincture of Iodine*, according to Renger, may be used with signal benefit in some persons suffering with itching of the nose, of the inner canthus, of one or both eyes, sneezing, running at the nose, weeping of the eyes and severe frontal headache" Renger's method of administering the *Iodine* was to fill partly a two pint jug with boiling water, to which he added 20 to 30 m. of *Tincture of Iodine*, and the patient breathed in the iodized steam. Hare, however, suggests that, as this produces an aggravation, that the patient hold the *Iodine* bottle in his hand and simply sniff the fumes, as the heat of the hand liberates sufficient *Iodine*, and does not produce the aggravation.

P. 843, Treatment of Vomiting:

"The treatment of a case of vomiting, dependent upon depression and debility of the stomach rather than upon irritation, is directed to the administration of a gastric and, it may be, systemic stimulant.

The employment of a drug generally resorted to for the production of emesis by physicians, has caused the homœopaths to claim that the regular school obey the rule of *similia similibus curantur* and infinitesimal doses. The claim only holds good on its face, for we do not use the infinitesimal, and obey no law, but use common sense. *Ipecac.* is an irritant, even to the skin, and it

is partly by its irritant effect that it causes vomiting by exciting the stomach to a point over and above its normal condition. In vomiting dependent upon gastric debility and depression, small doses of *Ipecac.* do good, because they irritate the stomach sufficiently to restore the normal tone without extreme hyperexcitation.

“Under these circumstances, a drop dose of the wine of *Ipecac.* or one-fourth grain of the powdered *Ipecac.* every hour is of the greatest value, often succeeding after all other remedies have failed.”

What homœopath would prescribe *Ipecac.* unless the condition were accompanied by nausea showing the gastric origin of the vomiting and not from a centric source? An emetic dose of the wine of *Ipecac.* for an adult is $\bar{j}\bar{3}$, so one would be inclined to think that $\frac{1}{500}$ (regularly) of this is approaching the infinitesimal.

P. 155, *Cantharides*.—Large amounts produce great pain in lumbar region, heat in bladder and urethra, priapism, agonizing vesical tenesmus, widespread acute nephritis, bloody urine, etc.

Turpentine, p. 468.—Overdose causes strangury, bloody urine, renal inflammation, etc.

Under Cystitis, p. 647, cystitis of a chronic type, “Dry doses of *Tincture of Cantharides* do great good. *Turpentine* may be also used with advantage in 5-20 m. doses.”

Under the treatment of Acute Nephritis, p. 767: “The appearance of a large amount of blood in the urine at almost the fifth day of the illness, is an indication, according to Sidney Renger, for the use of drop doses of *Tincture of Cantharides*, given every few hours.” Presumably, the author would be afraid to use this method of treatment.

However, on p. 155, in the chronic form, he advises the use of one-half drop doses, three times a day.

Podophyllum, p. 404: In one-half grain doses, *Podophyllum* is a purge, however, in children who suffer from summer diarrhœa in which the passages consist almost entirely of water, with a musty odor, *Podophyllum* in $\frac{1}{60}$ to $\frac{1}{50}$ grain doses, renders the passages normal.

P. 106, *Arsenic* offers the best chance of benefiting cases of

anæmia, but how it acts is not known, and it is curative in chronic diarrhœa associated with dysentery, being of service in $\frac{1}{100}$ grain doses. Amongst the symptoms of chronic *Arsenic* poisoning, Tanner, in his "Memoranda of Poisons," tells us that anæmia and persistent diarrhœa are some of the results of this drug.

Camphor, p. 149: "In large amounts—convulsions, rapid, feeble, numb pulse, skin cold and livid, covered with sweat. Burning in the belly, gastro-intestinal and renal inflammation." This gives, on the whole, a pretty good picture of the collapse in Asiatic cholera, and under the treatment of Asiatic cholera, p. 623, Hare advocates the use of small doses of *Camphor* in strong, red wine, to which is added gum arabic and alcohol. He thinks that it is probably the tannic acid of the wine that inhibits the growth of the spirillum. Then, why not give the red wine alone without the *Camphor*? Have not the homœopaths statistics sufficient to show the benefit of *Camphor* and *Cuprum* in this dread disease, unless we believe with Mark Twain that there are three kinds of lies, ordinary ones, damned lies and statistics? He appears to look with disfavor upon the use of *Opium* in this condition.

"The devil can quote Scripture for his purpose," so can one find here and there in old school text-books reason to believe that the law of similars is in accordance with common sense, but that law also has a corollary—the greatly diminished dose.

M. D. S.

New York City.

BOOK NOTICES.

Pocket Manual of Homœopathic Materia Medica. By William Boericke, M. D. Fourth edition. With a Repertory, by Oscar E. Boericke, A. B., M. D. Pages, 981. Price, \$3.50. New York: Boericke & Runyon. 1908.

This is a fine little work and one edition following another in rapid succession is proof that its merits are fully appreciated. It gives what might be called a free hand sketch of all our remedies, their salient features and characteristics. To be sure this has been done often before, but Dr. Boericke seems to have served

up the old dish in a peculiarly attractive manner. The quality of the paper used in this fourth edition is noteworthy, as it is an imported paper of very fine quality, genuine "Bible paper." We have sometimes wondered whether it would not have been better to have omitted the repertory, as was the case in the earlier editions, for it is not a book one would turn too to study up a remedy in detail or to work out a case, but one you pick up for a brilliant, sketchy outline of the drug, or to stir up your previous, but, maybe rusty, memory of a drug.

The Lesser Writings of C. M. T. von Bœnninghausen.

Compiled by Thomas Lindsley Bradford, M. D. Translated from the original German, by Professor L. H. Tafel. 350 pages. 8vo. Cloth, \$1.50, net. Postage, 15 cents. Philadelphia: Boericke & Tafel. 1908.

What Dr. R. E. Dudgeon did for Hahnemann in compiling his "lesser writings" (now, alas! out of print), our own Bradford has done for Boenninghausen, who, perhaps, next to Hahnemann, made a greater impress on Homœopathy than any of the pioneers. Bradford has done his work, as usual, thoroughly, and it is doubtful if there are any of Bœnninghausen's essays or articles that have been omitted. The entire work, with the exception of the famous repertory, "The Sides of the Body," was translated from the original by Professor Tafel, who always makes an accurate and as nearly literal translation as possible and does not attempt to render his author into "elegant" English at the expense of virile original.

That this revival of some choice old homœopathic literature is of good historical value, must be admitted by all. That it is of practical value to those who would practice Homœopathy will be evident to every reader. Whether it is wanted by the homœopaths of to-day is a question that time alone can answer.

The essays or papers, which are mostly short, range from things historical down to the practical use of drugs, diet, and even the treatment of domestic animals. It is all well worth reading and owning. The edition, we are informed, is 1,000 copies, and it will, in all likelihood, never be reprinted, so that it is not improbable that before many years a copy will be "good property."

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EDITORIAL BREVITIES.

THE POST-GRADUATE AND HOMŒOPATHY.—The July number of *The Post-Graduate* contains an editorial on osteopathy in which Homœopathy is mentioned. The editor says that it is argued that as Homœopathy accomplished much good, therefore, osteopathy may do the same, but, he argues, Homœopathy was a fanciful theory, honestly held, while osteopathy is merely “employed for business purposes,” and is “demonstrably false.” Then he continues, “Homœopathy accomplished great good by showing the regular profession that patients could get well without medicine.” The query very naturally arises: When the homœopaths were treating their cholera cases with a death rate of 6 per cent. and the regular profession with a death rate of 50 per cent., what caused the death of the intervening 44 per cent.? It is quite an interesting question and *The Post-Graduate*, a learned and scientific medical journal, ought to answer it, especially as the differences (slightly modified) hold to-day.

RATHER CURIOUS.—R. A. Pearson, Commissioner Department of Agriculture, New York, writes a letter to the Jour. A. M. A. on the subject of “Bovine Tuberculosis Inspection,” from which the following is taken:

“The special point which I wish to make in connection with your statement is that we have not found the tuberculin test ‘unreliable as well as costly and cruel.’ You may be interested also to know that we are now killing such reacting animals as the owners do not wish to keep in quarantine. The killing is done under Federal supervision, which permits the use of such meat as is found wholesome. This, we believe, removes the

greatest objection to the use of tuberculin. It should not be overlooked also that our new amendment provides for larger payments to farmers for animals condemned on account of tuberculosis."

To one unskilled and unlearned in tuberculin testing science it appears that if an animal is so ill that it must be slaughtered, even "Federal supervision" will not make its flesh fit for food, but that is, of course, but a view of the unlearned. Commissioner Pearson also writes that the State has appropriated \$130,000 for this service, which is quite a nice little sum to spend; the farmers can get "larger payments" for undesirable cattle, the officials a good salary, the public the beef, and all are happy, so why grouch?

"TUBERCULOUS" Cows.—Dr. Stowell, Ward's Island Hospital, N. Y., writes (*Medical Record*) of the results of feeding children in certain wards of that hospital with milk from a herd that was afterwards found to be tuberculous, according to the "tuberculin test," and killed. The conclusion is that "the danger of infection by tuberculous milk is very slight," also that clean, wholesome milk is better than Pasteurized milk. This is undoubtedly true. He might have added that the value of the "tuberculin test" is also "very slight," probably worse than useless, a costly folly in short.

ARSENIC OUT OF FAVOR.—Dr. Jay Frank Schamberg contributes a paper to the June number of the *Therapeutic Gazette* under the title of "The Abuse of Arsenic in the treatment of diseases of the skin and the deleterious results that may occur from its injudicious employment." The paper is illustrated with a number of pictures that at first glance suggest syphilis or small-pox, but they are only specimens of the beauty of "pushing the drug." There is nothing special to be learned from the paper unless it might be the fact that "pushing a drug" is not always much fun for the patient, or of any special benefit.

Alexander von Humboldt said that one year in college was enough for any man and Humboldt was a most learned man—for his day. The young fellow of to-day has to learn so much that

he sights early middle age before he can use his learning and test its quality. Too often he is compelled to take a painful post-graduate course in the University of Hard Knocks and throw over-board much of the erudition he has acquired with so much mental travail. A man may become so learned that he needs some one to guide him through life, a man cram-full of book lore, but with no working knowledge. An argument could be put up for Humboldt's assertion even though it runs counter to the ideas prevailing at present.

"DIGESTIVE FERMENTS."—This is from the Journal A. M. A., July 11: "The fallacies attending the use of digestive ferments in most stomach diseases have been previously noted in *The Journal*. In most digestive disorders a deficiency of the digestive ferment has not been proved. In cases in which pepsin is lacking, its administration is valueless unless it is combined with large doses of hydrochloric acid, and it is doubtful whether this combination is either necessary or conspicuously useful. There is, however, something so alluring about medication by digestive ferments which are assumed to supply a physiologic need, that since their discovery they have formed a fertile field for the activity of the manufacturer of proprietaries."

Leaf by leaf the roses fall.

THE POINT OF VIEW.—An estimable exchange of the regular type has the following squib which probably raps Mr. Edward Bok, the gallant knight of the gentle *Ladies' Home Journal*, who recently ventured away from tidies and good manners to the society of the rough-house medicine venders:

"The trouble with many lay journals that attempt to show up the patent medicine evil is that they do not recognize the difference between a nasty, worthless dope and a pharmaceutical product of real merit. The 'exposers' seem to regard all remedies as they do Indians—all bad."

It is a pity the editor could not have informed the world by what methods the good and the bad may be distinguished in advertised compounds, nearly all of which are secret. If quite candid he would doubtless refer the inquirer to "our advertising pages."

THE POTENCY QUESTION.—This has always been a lively, not to say red-hot, one in homœopathic circles, yet, probably, if care be taken to select the remedy homœopathic to the case a cure will follow quite regardless of potency. Years ago Ruckert gathered data, from various sources, of eighty-one cases of chronic headache, or of headaches of several years' standing, cured homœopathically. Of these, twenty-one were treated with the tincture up to the third dilution: fifty received from fourth to thirtieth, and thirteen above the thirtieth potency. The chief difference noted was that in the low potencies the dose was repeated more frequently than in the higher, but cure followed from them all, because they were homœopathic to the cases. *That is the vital point.*

AN AIRY AUTHORITY.—Ever and anon Oliver Wendell Holmes, that prolific writer of delightfully gossimer literature, bobs up as an authority on medicine, at least, he is often quoted. Yet, probably, if Holmes had been called on to enter the rough and tumble fight with actual sickness that confronts the average general practitioner he could not have made good—not very good, perhaps. It is said that he was wont to go to his druggist when he needed practical medical advice. Maybe that is a slander and maybe not, for the knowledge of a good pharmacist is not loftily looked down upon by practical men. At any rate it is a matter of no great moment either way. Holmes was a most entertaining writer.

TOBACCO.—An eminent physician, writing for the *Lancet-Clinic*, says that many men can smoke moderately for a lifetime without manifesting injury; that excessive smoking is always injurious sooner or later and that what constitutes "excess" differs with the individual. All this reminds us of the profundity of that fine old sailor man, Jack Bunsby, who might have rendered it, "If smoking hurts you it hurts you, if it doesn't it doesn't, so belay and avast!"

"DON'T BE A SECTARIAN."—The average allopath, like the average homœopath, doesn't care a button about "sectarianism," but is on the lookout for something to cure his patients. The

“leaders” have no time to heal the sick, but are much employed in regulating the doctors and teaching the ways of the ethical. The homœopath has always been a hard nut for them to crack, and, in fact, they have given up the job (openly), and now say “Drop into our unsectarian basket, but have the politeness to shed your sectarian shell before doing so.” Thus do they hope to crack the nut. To be sure a belief in the law of similars is no more sectarian than is a belief in any other law of nature, but that simple fact is too repugnant a thing for the allopathic leader to acknowledge; it would play the very dickens with his traditions, so he tries to get around it by taking in a few homœopaths just as though that very simple thing could alter a natural law. It is pathetic! In the meantime his own shell withers and shrinks still smaller. In England *The Lancet* recently virtuously refused an advertisement of three scholarships of \$500 each, offered to duly qualified medical men to study Homœopathy in America. A good homœopath couldn’t breathe if he were to be bound by the real sectarian fetters of allopathy. Better remain in the “Land o’ th’ leal.”

THAT OLIVE BRANCH.—Dr. Wm. Harvey King, in a recent address, had the following to say which is self-explanatory :

“We know that this parading with the olive branch is for the sake of public opinion. Four years ago Dr. Osler, in a lecture before his students in Baltimore, said that the homœopaths should unite with the others, and that there was no longer a separate school of medicine. We invited him to our dinner. We did not think that he would come, but we expected that he would write a letter that we could have read at the dinner. He wrote a letter. But we didn’t have it read. In that letter he practically told us we are a lot of quacks, and belonged to an unscientific school. That was his opinion for us, the other his opinion for the public.”

A DESOLATING “CURE.”—Dr. A. L. Monroe (*Med. Century*) writing of *Aurum met.*, says:

“Provings of *Aurum* have been frequent of late years in the nervous and mental wrecks turned out by the numerous ‘Keeley cures.’ Such patients are subject to many forms of nervous and mental collapse. The Keeley graduate has lost will power, men-

tal force, the power of mental concentration, sexual power. All this seems to contribute as a factor in the hopelessness and helplessness with suicidal tendency found in these unfortunate, and when they relapse, as they generally do, from a lack of will power and an insatiable craving for something to overcome their pitiful abjectness, they generally go deeper into excesses than before, and their last condition is worse than the first." Apparently nearly every "cure" not homœopathic has a "string" to it, that is a little worse than the thing "cured."

"ACTIVE PRINCIPLES."—Taylor, of the *Medical World*, writes that the proprietary preparations of cod liver oil are chiefly noted for the absence of the oil in their make-up, but to balance this the manufacturers dwell learnedly on the beauties of the "active principle" of the oil. *Their* preparation is free from "offensive fat," but it contains the "active principle," etc. The man who works the "active principle" racket always has a learned air, because no one knows much about the thing. The "active principle," or alkaloid, of a tincture may be a very potent something, but it is no more the tincture than grape sugar is wine.

AN OLD-TIME EXPERIENCE WITH VARIOLINUM.—Some time about the year 1850, a Dr. Nogueira, of Porto-Alegre, Brazil, wrote to *The Lancet* of a successful method he had tried in treating and preventing small-pox; previously he had had very little success in treating that disease. The remedy was the lymph (*Variolinum*, it is termed to-day) of the pustule of the small-pox on an otherwise healthy person. He was led to this treatment by reflecting that it might act "on the same principle that *Belladonna*, so efficacious in the treatment of scarlet fever, is also a preservative against it." Where he received this bit of homœopathic practice is not stated. At any rate, he procure^d the lymph, diluted it with water, and it was very successful in controlling and preventing the disease. This remedy, he concludes (this *Variolinum*), "so well known to the profession as a preventive, when taken internally, I have found to be the most powerful agent that can be used for its [small-pox] cure, and may be considered as a specific remedy."

And there you are!

THE OCULAR TUBERCULIN TEST.—This case is reported at length by Dr. Satterlee in the June 27 number of the *Journal A. M. A.* The patient was a school girl of eighteen. When, for diagnostic purposes, the tuberculin solution was dropped in “the eyes, were apparently normal, and there were no evidences of conjunctival irritation.” Four hours later the effects of the tuberculin began to show. The final reports of the condition of the girl’s eyes are detailed at length, but we will quote the conclusion only:

“The iris is off-color and does not respond to *Atropin*, showing a form of iritis. The vision is limited to simple light perception. The whole condition is that of a kerato-iritis with ulcerations of the cornea, a state probably tubercular. The right eye shows a swelling of the lids with a slight injection of the palpebral and ocular conjunctiva and a clear cornea.”

The diagnosis seems hardly worth the price to the girl. If a diagnosis cannot be made without the risk of harming the patient would it not be better to let it go unmade, and treat the totality of the symptoms?

BACK TO NATURE.—The *American Druggist* doesn’t seem to have much respect for some of the modern medicine men’s ways when it says: “As always happens when the pendulum has swung too far in one direction, the return swing is likely to be violent. One can trace in the increasing attention which is being paid to the treatment of diseases by the administration of the substance of animal organs, a return to the practices of savage tribes and the ignorant Chinese. Of course, we have refined on these practices, and employ more elegant means of administering the animal extracts, but the principle is there.”

It looks as if every physician who has not the principle of *similia* to guide him is like a derelict—floating wherever the wind and tide takes him, even back to his starting point.

NEWS AND GOSSIP.

Porter E. Cope, secretary of the National Antivaccination League, 4806 Chester Ave., Philadelphia, Pa., writes that it is proposed to hold an Antivaccination Conference in that city on October 7-10, “provided sufficient interest is manifested.”

Dr. John F. Edgar, well-known to all who attend the Institute meetings, has changed his address at El Paso, Texas, to 11 Centre Block.

Dr. A. P. Williamson has retired from the office of superintendent of the Southern California State Hospital at Patton, and has opened an office at Santa Monica.

The following dispatch appeared in the papers as copy for this issue was being finally arranged for the compositor:

St. Louis, July 20.—Dr. Frank Kraft, a widely known physician of Cleveland, Ohio, died last night of heart disease. Dr. Kraft was professor of materia medica and therapeutics in the Cleveland Homœopathic College. He was also an extensive writer on medical subjects and was editor of the American Physician.

An Ohio doctor sued a brother doctor for knocking him down and the knocker retaliated by suing in turn for libel. The jury awarded damages to both.

A Colorado Springs doctor was sued for malpractice, his instruments not being sterilized. Damages were awarded.

A French doctor who "chipped in" with a workman to obtain damages for alleged injury, was fined and his license to practice suspended for five years.

Davenport, Ia., doctors left a sponge in a patient, wife sued for damages and jury disagreed.

"The Council on Pharmacy and Chemistry," A. M. A., is investigating "bottled Psychotherapy." They have found that *Cactus grandiflorus* is a "Psychic cardiac tonic." Ain't we gotten "scientific!"

Dr. D. C. Hughes has changed his office from Lincoln Place to 46 Eighth Ave., Brooklyn, N. Y.

An exchange intimates that Detroit, Mich., will be the place of the next meeting of the Institute.

The McKinley Homœopathic Hospital, Trenton, N. J., wants two internes. Address, Dr. D. P. Brown, Crosswicks, N. J.

President Dr. W. D. Foster has appointed Dr. Moses T. Runnels, Kansas City, secretary of the American Institute of Homœopathy, vice Frank Kraft, deceased.

PERSONAL.

It might be said of some men who air their opinions that they need it.

"I'm not difficult to please," said the amiable lady. "True; I've seen your husband," replied the cat-lady.

"The profession is confronted with two alternatives."—*Ex.* That's more than others have.

"Experiments in Psycho-galvanic Reactions From Subconscious Ideas in a Case of Multiple Personality," is the title of a paper by a Boston doctor. It's great, they say.

A Michigan nurse "operated" on an infant; infant died. Moral (for nurse): Don't operate.

"Hot horse serum" is the latest and nobody even smiles!

Old Grump says that inborn cussedness is the cause of crying with many babies.

Women don't like the last word.

The man who says he "is ready to go" tells a fib.

It is said that the jackass, more than any one else, recognizes man's stupidity. Hence man's name for him.

A blarsted Britisher says that American humor is characterized by a "dissociation from culture." Hey, Boston!

He eked out a poor living by teaching young men how to make money.

A foreigner said that Washington was famous because he was an American who told the truth.

Love finds the way but not always the means.

An allopath may become a splendid Homœopath, but the Homœopath never amounts to much as an allopath.

The "petty difference" between Homœopathy and allopathy is about the difference between the positive and negative poles—a mere trifle.

Often when men say "broad" they really mean "tolerant."

"War is hell," but necessary, sometimes, nevertheless.

It isn't a compliment to put up a monument to a man's memory.

The open window fiend is a gritty cuss.

Wall Street is the greatest dermatologist.

Erasmus, the printer, said, "Compete in quality, not price."

Nearly every man could have better health but he doesn't want it at the price.

There's nothing like the "rest treatment" on a hot day in August.

A Scotch doctor says the Japs are increasing in size. They have grounds for becoming chesty.

An Illinois doctor has been found guilty of obtaining money under false pretense. Gee! What school?

Cannot some one stop those Fourth of July epidemics? They are worse than microbes.

The crowded car naturally contains more men of standing than the other kind.

THE HOMŒOPATHIC RECORDER.

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TOPICS FROM THE PAST.

There is something interesting beyond the usual in an old journal, to some of us. The other day, like a stray cat, a bound volume of *The American Journal of Homœopathy*, Vol. I., came to our desk, whence and whither not known, and no marks of ownership, only a scrawled "25," in pencil, which a Sherlock Holmes might read as betokening a second hand book stall. The year of publication is 1846; the printer is, or was, Chas. G. Dean, 2 Ann St., New York; and the editors, Dr. S. R. Kirby and Dr. R. A. Snow; their object to interest the "general reader" in Homœopathy, "a fundamental principle for the administration of remedies," believing that nothing will do more "to place the healing art upon a firm and enduring basis." Evidently in those days they believed in appealing to the intelligence of the people, perhaps not a bad plan for making an enduring success. It was patriotic, too, for: "This publication will be emphatically *An American Journal*." Perhaps a few points, as to things homœopathic, may not be uninteresting to-day.

A Senator, "Dr. Backus," at Albany, opposed a bill to establish a homœopathic medical college, and gets off what are to-day the stale jokes against Homœopathy, but which he eventually considered "mighty wit." *The American* compares him to "a simple child of the forest, who, for the first time, had seen a great modern improvement." Also, "The learned Senator would seem to prefer that easy and comfortable way of practicing more by names of diseases, given by artificial arrangement, than by the laborious method of taking an exact account of the whole and peculiar disturbance of the diseased system." Reads like ancient history, doesn't it, for, of course, to-day such slipshod practicing is unknown as that favored by Senator Doctor Backus!

A case of *Strychnia* poisoning is quoted from *The Lancet*, for the sake of the symptoms: "The arms were found extended and rigid, as also were all the muscles of her body. which was bent backwards at a considerable curve; face much flushed, and lips livid; breathing rapid and difficult, but larynx free; spasm of the diaphragm very marked. Every few minutes she had a fit of general convulsions." The allopaths bled her and *The American* says they should have given her tincture of coffee or tincture of camphor.

The "Physicians of our School from every part of the United States" are urged to attend the Meeting of the American Institute of Homœopathy, at Philadelphia, on the 13th inst. (May, 1846), just as they are yearly urged to-day.

On the potency question, it is emphatically asserted that "*quantity is not essential to the exhibition of power.*" It had been asserted that "hundreds of physicians" would flock to Homœopathy if the potency feature were abandoned, but *The American* evidently thinks that the giving up of a truth for so ephemeral a reward would be foolishness. Quite right, for why give up facts for the sake of a few condescending converts?

The first clinical use of a remedy reported is by Dr. W. E. Payne, of Bath, Me., who has found *Kali bich.* to be a fine remedy in croup—when indicated. Dr. Payne was led to the remedy by Dr. Drysdale's proving, published in the *British Journal of Homœopathy*.

A case of death in a four-year-old child, "resulting from the application of a blister," is dwelt upon.

The case of a gentleman, who took rather massive doses of "nitrate of silver" for epileptic fits, is given, as related by Dr. James Johnson. The fits soon left, but the man continued to take the remedy for three years; "His skin became intensely blue and continued so for twenty-five years."

"We have been politely furnished by Mr. C. L. Rademacher, 39 N. 4th St., Philadelphia, with two copies of the Transactions of the American Institute of Homœopathy, vol. I., of which he is the publisher."

The first advertisement is "Cheap Cash Printing. (Tobitt's Office, 9 Spruce.)"

Very interesting is a letter from Madam Lvoff, to her father, Admiral Marvinow, concerning the Asiatic cholera in Russia. After relating her husband's personal experience on his estate, where, in one village, fifty cases were treated without a death, to say nothing of other villages, she adds: "The Asiatic cholera, preceded by terror, ushered in by danger, and followed by desolation, comes now, remains, and departs a harmless thing. Its cure is in reality easier than that of a fever." "All the sick who took medicine in strict conformity to the rules, were saved, although some of them were already in a state of collapse." Evidently, Madam Lvoff and her husband were simple persons using simple Homœopathy and were quite unscientific. They wonder why every one doesn't take up with Homœopathy. And the same wonder may be indulged in to-day. Guess it cures too easily and quickly to "pay." The average man who experiences a truly homœopathic cure rarely realizes what a veritable miracle has been performed on him, whereas if he goes through months or years of illness and comes out more or less of a wreck, he is apt to be very grateful. Homœopathy is not sensational enough to be popular; it is too much a case of virtue being its own reward, a reward that, in truth, not every one craves. The "limelight" and the applause of the ignorant mob is sought more than the quiet reward of virtue, which, indeed, is rather jeered at by the up-to-daters of all ages. "Why should I do this for the benefit of others when I get no reward and too often not even credit?" Few there be, who can cast stones at such reasoning, for we are nearly all guilty of it. Still it is good to know *how* to cure, at times.

But this is a digression.

One doctor, who signs his initials only, sends a prescription to the *American* that one of the "regulars" had given a patient. It contained *Sanguinaria*, *Eupatorium*, Ginger, Liquorice, Chamomile, *Lappa*, Dandelion, *Conium*, Manna, Gin. Wintergreen, Molasses and Water. The writer, S. B. B., M. D., terms this a "farrago of trashy drugs."

Another doctor, in a pioneer Western field, writes of the wonderful success that follows his practice of Homœopathy, and of the people that "they dread to fall into the hands of an allopathic

drencher, who comes like a butcher, with all the *instruments of death*. He *sticks* (with his lancet)—*skins* (with his blisters)—and *guts* (with his calomel).”

An Encyclopædia published by “Harper and Brothers” comes in for a deserved scoring for the chap who wrote the section on Homœopathy, goes on like a shyster lawyer with his “not the least absurd part, etc, etc.

“RHUS RADICANS.—The New York Bureau are proving this drug.”

The “died of debility” clause on death certificates comes in for an editorial rap, as it would be “as reasonable as to certify, died of want of breath.” What about “heart failure?”

Dr. Ware, of New York, contributes a paper on *Hydrocyanic acid*: “My own experience has proved it to be a valuable remedy in nervous diseases, particularly in *delirium tremens*.” It exerts a “quick and decisive action on the nerves” in this complaint.

Symphytum off., a drug of great value, but little known to-day, is touched upon in cases quoted from Dr. P. P. Wells. The forearm of a boy had been fractured, and twice during the healing process had been reopened by falls, and was in bad shape. Dr. Wells prescribed *Symphytum off.* 30, and the fractures promptly healed and “the lad became more robust and had better general health than before.” Other cases of broken bones showed similar results.

In another paper Dr. Wells tells why he strongly believes in the “high potencies.” A chronic case, a *Sulphur* case, had received that drug in low triturations and on up to the 30th. No result, and other drugs gave no results. Dr. Wells gave it up. Six months later he saw the case again and it was still unmistakably a *Sulphur* case and still uncured. This time he gave “the 1530th attenuation.” For the first time there was a response to the drug and the case of years’ standing made quick and complete recovery.

A letter from Washington, Nov. 10, 1846, signed S. Y. A. L., says: “The new science is becoming daily more popular here. Last winter, many Senators and Representatives tested its superior merits, and there is no more enthusiastic advocate in its behalf than the intelligent, clear-headed Dixon H. Lewis, U. S.

Senator from Alabama." The writer adds that there are two homœopathic physicians there.

Dr. D. M. Dake, in a letter from Munda, N. Y., says that the allopaths there have many severe, lingering cases, while the homœopaths have scarcely any (*i. e.*, severe and lingering cases), the reason is that "the treatment makes the difference."

In December we run across an "Important New Work," *i. e.*, Jahr's *Symptomen Codex*, translated by F. Humphreys, M. D., and with Chas. G. Dean, as publisher. In the next issue is a card from Mr. Dean announcing that he has sold his interest in the book to Wm. Radde.

"Homœopathy in Austria" is very interesting, but too long to quote. One allopath admits that the homœopathic hospital there is "one of the cleanest and best regulated hospitals in the town."

But this may be getting tiresome to the reader, so we will close this old waif.

THE STUDY OF MATERIA MEDICA.

By C. M. Boger, M. D.

Our pathogeneses, in spite of showing many features due to the provers' idiosyncrasies, the translators' command of idioms, clinical experiences and misinterpretations, are, nevertheless, excellent resumes which place the keynotes in their true light; as points of the departure only, for their abuse distorts nature's image and often brings disaster, which ends in skepticism or mongrelism. A concise view not only includes the time and order in which their symptoms arise, but also the things which modify them—the modalities.

Bœnninghausen saw and corrected the tendency of Homœopathy to pay too much attention to subjective sensations, while it lacked the firm support of those etiologic factors and the modalities, which afford so many objective and distinctly certain criteria. The triumphs of similia in the diseases of children and insanity certainly show how vastly important they may be, for no judgment can pay it a handsomer compliment than to speak of its especial adaptability to children and old people.

From the very provings, in which but a small part of the infinite circle of similia, Hahnemann predicated its amplitude, and finally gave us the immeasurable power of potentization; a scientific demonstration which rests therapy firmly upon experiment and at the same time dispenses with learning our symptomatology by rote.

Study shows every drug to be a living, moving conception, with attributes which arise, develop, expand and pass away just as diseases do; each holding its characteristics true through an ever widening scope, to its last expression in the highest potencies. The homœopathist is a true scientist, in that he spares no pains to learn the nature of this individuality, for it lifts him above doing piece-meal work and the restraint of nosological ideas, especially as everyday practice, too often, never gets beyond the simple lessons of student life and they thereafter remain the doctor's only resource. This is very wrong and acts as a constant handicap. The true physician is the man who knows how to make the best cures and the most expert healer is the man who knows best how to handle his materia medica. The faculty of mastering it is not dependent upon an encyclopædic memory, but rather upon the inquisitor's ability to pick out from among the essential embodiments of each picture the things which show how it exists, moves and has its being, as distinguished from its nearest similar. That a mental variation should be the determining factor, is, therefore, not strange, for are not minute differences the very essence of science?

It is very useful to have an idea of the relative values of related remedies, for in essence each portrays a certain type, with variations which relate it to its complementaries; thus dovetailing into each other. The effect of material doses simulates acute diseases, while the potencies bring out finer effects, although this is not an invariable rule.

A knowledge of many symptoms is of small value, while, on the other hand, learning how to examine the patient and then to find the remedy is of the utmost importance. The common way of eliciting well-known keynotes and prescribing accordingly is a most pernicious practice, which has earned a deserved odium and is no improvement upon the theoretical methods of the old

school. To be ruled by clinical observations and pathological guesses is a most disastrous error which limits our action and only obscures the wonderful power of which the true similimum is capable. Such reports mostly lack individuality and at best describe only end products, standing in strong contrast to those expressions which reveal the real mind, whether in actions, words or speech. The recital of properly cured cases only shows what can be done, but not how to do it.

To do the best work, nothing must prevent a full, free and frank presentation of the symptoms, as they are without bias and, although their comprehension necessarily involves judgment, the more clearly they follow the text the greater is their similitude, hence usefulness. Hahnemann showed rare acumen in setting down each expression in a personal way, thus securing scientific as well as physical accuracy.

The patient's relative sensitiveness is a very material help in separating remedies. The alertness of drugs, like *Aconite* or *Coffea*, is just the reverse of the dulness of *Gelsemium*, *Phosphoric acid* and the like, and yet fright may cause the oversensitiveness of the former as well as the depression of a drug like *Opium*. If stupidity be due to high temperature or an overwhelming intoxication, we don't await the development of a sense of duality, which may never come, but think of *Baptisia*, etc., at once. Such an early prescription saves many a life and forestalls pathological changes.

The various cravings and aversions are highly significant, especially when combined with the patient's behavior toward solitude, light, noise, company, or any other daily environment.

The most expressive *new symptom*, is usually the key to the whole case and directly related to all of the others, being often expressed by a change of temper or other mental condition, such apparent trifles reveal the inner man to the acute observer and have proven the undoing and insufficiency of liberal Homœopathy.

We do, however, not say that diagnosis is of no value in choosing the remedy, for certain drugs are so often called for in some diseases as to have established a fundamental relation thereto, hence they involuntarily come to mind during treatment

and deserve our careful, but never elusive, attention. A *Baryta carb.* patient may have adenoids; black teeth make one suspect that the patient drooled badly during dentition and the survivor of pneumonia may still carry earmarks calling loudly for *Phosphorus*, etc., etc. These and many more should suggest the patient first and the disease afterward.

The past history and the way each sickness leaned is both useful and interesting, for most persons develop symptoms in a distinctive way through the most diverse affections. Such constancies are truly antipsoric, and it should be our pleasure to search out the differentiating indications from among them. While their discovery is not always easy, for it involves a recital of every past sickness, the trend of each illness and its peculiarities are a part of the sick man's way of doing things and must be known if you wish to do the best work. They will give you a better idea of present and future prospects, as well as lay a solid foundation for the prescription which do much and reveal many things.

If we say that remedies typify patients and know that constitutions exhibit tendencies, then why are drugs not specifics? Simply because vitality is a varying force, whose mutations are always similar, but never the same; it is modified by every influence and keeps itself in relative equilibrium only. The more nearly it holds one phase the more certainly will it, even with varying external manifestations, demand a particular medicine. Under what circumstances and in what way shall we discover this more or less constant factor? It lies in the peculiar *personality* of the patient, especially in the deviations of his mind from the normal. Sometimes an active mental state overshadows all else, as under *Aur.*, *Bell.*, *Ign.*, *Lyc.*, *Nat. c.*, *Phos.*, *Plat.*, *Pul.* or *Veratrum*, according to circumstances; at others a strange mental placidity during the gravest physical danger, is a most *striking* guide. The facial expression may be its true index and deserves our most careful scrutiny. No effort should be spared to learn the nature of the mental change which has overtaken the victim, for it epitomizes the whole patient.

Ideally, no two remedies can be equally indicated, although practically we find innumerable variations obscuring the choice.

As students, it is of the first importance to have a grasp of the type which each represents, leaving experience to master intricacies and detail. We speak of a *Phosphorus*, *Sulphur*, *Sepia* or a *Pulsatilla* type, and yet this does not convey a very useful idea to the young man, because he lacks the experience which rounds out the image of each drug in his mind's eye, and finally enables him to pick it out on sight. How often does the dilated pupil suggest *Belladonna*, when accompanied by nervous erethism and dryness, while contrariwise, moisture, puffiness and sluggishness make one think of *Calcarea carb.* Then we have the nervous irritability of a *Nux vomica* patient to contrast with the mildness of *Pulsatilla*, etc., etc.

The treatment of coughs is a severe test for the prescriber, and yet no patient demands a more careful going over than the one who coughs. In addition to the above hints one should first carefully find out where and by what the coughing is excited. Ordinarily it is the result of an irritation starting from the throat, larynx, chest or stomach, but it is especially necessary to know the exact point of origin. Those beginning in the throat pit generally call for *Bell.*, *Cham.*, *Nux v.*, *Rum.*, *Sang.*, *Sepia.* or *Silicea.* When the primary seat seems to be on the left side of the throat or larynx, *Bapt.*, *Bell.*, *Con.*, *Hepar*, *Ol-anim* or *Salicylic acid* stand first, but if it is on the right side we look mostly to *Dioscorea*, *Iris-foot.*, *Phosphorus* or *Stannum.* Coughs that come from what seems to be a dry spot generally need *Nat. mur.* or *Conium.* If a sense of a lump in the throat excites it, we have *Bell.*, *Calc. c.*, *Cocc. cact.* and *Lachesis.* So the matter goes on indefinitely, with the 'accessories' determining the final choice, but it is not difficult to see how greatly our task is lightened by being able to find the location of the exciting cause and then differentiate with the aid of the modalities and the general picture. This is the true homœopathic way and will bring unexpected aid, doing more than any other possible method. The similimum re-established, the normal conversion of energy and the patient reacts with a definiteness unknown under other methods.

It is the nature of every human being to be extremely sensitive to the constitutional similimum, and, although it may not

always be easy to detect the signs which call for it, when once found, a single dose of a very high potency will act over long periods of time. Because they do not know how to manage reactions and are not thoroughly conversant with the materia medica, some prescribers avoid such prescriptions. With a little more knowledge of the Organon and care in handling the complementaries, particularly the nosodes, they will be able to accomplish much more than they do now. We should keep in mind the fact that the premature repetition of changing of remedies before reaction is finished, does endless harm to the patient and almost hopelessly confuse the prescriber. The prescriber must know when to give the remedy, and when to hold his hand while nature expedites the forces to which he has given a new direction. He must know the power of *Sac. lac.*, and remember that an inward movement of the symptoms bodes no good.

It is worth remembering that most prescriptions are guess-work, a hideous trifling with human life, for every drug is either similar, hence curative, or dissimilar and baneful; therefore it surely behooves every man to do his utmost in diligently and systematically getting every symptom and then searching for the nearest similar. When you have once fully tested this method, you will discard empiricism and all that charlatanism which goes under the name of rational medicine, while it puts the conscience of the doctor to sleep and, by suppressive measures, steadily pushes the patient toward the grave.

To make good cures, it is, above all, necessary to avoid running to the specialist every time new groups of symptoms arise, for very few men of this class are broad enough to see that the whole man is sick when he shows local symptoms, and that the carefully selected remedy would render most of his work superfluous. If the laity ever learn this lesson, they will certainly smite the men who call themselves doctors, but, as surely are not physicians.

Every day we are confronted with conditions which lie on the borderland between surgical interference and the remedial powers of medicine for surgeons, with the aid of the knife, have steadily pushed the use of medicines further and further into the back-

ground. This is especially true of allopathic procedure and, although most homœopaths have not gone to such extremes, the signs are not wanting, that many men who profess the law of similia understand so little of it that they are constantly willing to relegate it to a very subordinate place and go on using the knife to the utmost limit. It is too often not a question of what is good for the patient, but of how far he will allow the operator to go. Such is the spirit with which the glamor of the operating room overshadows the more prosaic prescription, which, if left alone, is capable of gradually unloading the embarrassed vital force and allowing life to flow on in its usual way; it nips disease in its inception before the microscope can possibly pass a doubtful verdict. No manner of cutting can do as much.

The similimum often surprises us by its power; what we have been taught to look upon as incurable or to be removed with the knife only, is cured. In these days the laity look for mechanical removal because homœopaths have not led them to expect anything better than the work of the surgeon. I can fully confirm what Boenninghausen says in his Aphorism of Hippocrates, Book 6, Aphorism 58, "Homœopathy cures all kinds of ruptures," a strong statement, but experience bears him out. He further says that it is not a local trouble and at best will not long remain so, and that the final cure depends upon the concomitants, all of which is true. He mentions *Aco.*, *Alum.*, *Asar.*, *Aur.*, *Bell.*, *Bry.*, *Calc. c.*, *Caps.*, *Cham.*, *Coccl.*, *Coloc.*, *Guai.*, *Lach.*, *Lyc.*, *Mag. c.*, *Nit. ac.*, *Nux v.*, *Op.*, *Phos.*, *Plb.*, *Pul.*, *Rhus t.*, *Sep.*, *Sil.*, *Staph.*, *Sul.*, *Sul. ac.*, *Thuj.*, *Verat. a.* and *Zinc.*, as the foremost remedies, from which we choose *Aco.*, *Alum.*, *Aur.*, *Bell.*, *Calc. c.*, *Caps.*, *Cham.*, *Coloc.*, *Lach.*, *Lyc.*, *Nit. ac.*, *Nux v.*, *Op.*, *Plb.*, *Sil.*, *Sul.*, *Sul. ac.*, or *Verat. a.*, for incarcerated hernia. The predisposition to this disorder is often hereditary, and the surgical closure of one ring is just the prelude to the formation of a rupture at another.

The domain of surgery lies largely within the traumatic sphere and in the palliative, which enable the chronic patient to live, but on a lower plane. The vast majority of early operations for incipient malignant disease not only inflict a severe injury upon the vital force, but, at best, remove a suspicion only.

None but the grossest materialist would do such a thing. We should use the indicated remedy from the very start, well knowing that it saves the strength of the patient and improves his chances immeasurably, if an operation is finally necessary.

Why do we operate for adenoids or polypi, for piles and a thousand other things? Simply because of the uncured sin of the parents and ignorance of how to live the present life. The law leads toward morality and a natural expression of inherent powers; it adds nothing and subtracts nothing, but harmonizes everything. Until the cutters can be brought to see this point and that the most facile method of cure lies in its correct application, they can know nothing of Homœopathy, and very little of nature.

Such things may seem far off, but a clearer view is fast getting a better understanding of life, its ways and ends, and is beginning to see that sickness means ignorance, and that a cure means a comfortable return to health instead of the old-fashioned, lame recovery. The former is what is expected of Homœopathy, the latter is essentially the surgical way. To be a good homœopath and, at the same time, a good surgeon; there's the rub. The materialism of the one seems incompatible with the dynamism of the other, but no amount of sophistry can rub out the fact that we are dealing with the man whose life and being flows from within and who uses his organs to guide this internal self; therefore, an external injury has internal effect, and an internal disturbance shows itself by external signs, be the cause moral or physical.

The psoric theory of Hahnemann has been a great stumbling block, especially to those who have not read the 39th aphorism of the 2d Book of Boenninghausen's Aphorism of Hippocrates. Among other things, we read there that "The discovery of the itch mite does not belong to modern times, as 650 years ago the Arabian physician, Abenzohr, not only surmised it, but the common people knew it by the name of "Syrones." Fabricius (Entomologist, 1745-1808), also, in his "Fauna Greenlandica," praised the dexterity of its inhabitants in detecting and destroying these insects with the "point of a needle." He also points out that Hahnemann's critics have uniformly confused the prod-

uct of psora with its cause. Hahnemann was, perhaps, unfortunate in calling susceptibility, Psora, especially when applied to the herpetic diathesis. He laid the greatest stress upon the fact that itch aroused, or greatly intensified this susceptibility (psora); nothing could be truer.

It is certain that psora shows itself in the form of skin symptoms in some persons, and that their suppression often causes internal metastases. The seriousness of such accidents is, perhaps, plainest in the case of erysipelas. When this happens, the similitum generally includes the symptoms of the original disease, plus those of later developments, which, thereby become all important. Occasionally no one remedy corresponds to the whole picture; then we must prescribe for the most recent phase and for this earlier one, when it is again uncovered.

A metastasis means that ingrained affection is expressing itself in another form and is demanding the patient's constitutional remedy, rather than a time serving palliative. In this connection I cannot too strongly insist that chronic diseases cannot be successfully treated without taking the anamnesis into account. The mistake of omitting it seems to be one of the great causes of failure in our times. It has been artfully claimed that such a proceeding nullifies the whole law of similia, but a more egregious blunder is hard to imagine for it is, on the one hand, indeed, unthinkable that the entire list of anamnestic symptoms with their correspondingly numerous drugs could be the result of the experience of any one or two men, or, on the other, that they should have been so adroitly conjured up by the human mind. On the contrary, they bear much inherent evidence of having been reasoned out from the provings, as rectified by innumerable experiences.

Unfortunately, our modern life becomes less and less suited to such a way of doing things; everybody is in a hurry, some even die in a hurry; every one wants to be cured quickly, without regard to the natural vital processes. This is one of the great and fundamental causes of palliative medication and drug addictions. In the last analysis it will be found that the mind of material mould grasps the idea of imponderables with difficulty; but recent advances of science are about to force the issue, and it

will no longer be possible to impunge the qualifications and motives of those who trust and use their powers with unrivalled success. Their advocates must, of necessity, persistently cultivate the habit of keen observation, correct reasoning, direct inquiry of nature and absolute honesty with themselves, and all will be well.

When we remember these things, we should be more charitable toward many who differ from us in therapeutics; they mean well, but some don't know, some don't care, and others can't comprehend. After all is said and done, it simply resolves itself into a matter of education; you must, first of all, educate away all prejudice and preconceived ideas. No man holding tenaciously to the idols of a cure by force, as generally understood, can be a good scientist or a clean homœopath; there is no such thing. The power used comes from within, and in curing, you draw it forth and guide it into the ways of health. This law is spiritual as well as material; it gradually merges from one into the other; if you would be a whole man you must understand it and learn how to apply it, for by similars you are healed, both mentally and physically. No man can stand in your place; there is a great image after which your mind copies and a perfect life toward which your body grows; it is a unit striving to bring itself into harmony with the All Father.

They are our best friends who make us think, albeit we may not fully agree with them. Now, if I have shown you only one reason why the sick are cured by similars, you are thinking, and it is but a step to seeing that the highest potencies act for the same reason that the lower do. By the similarity of their time-pulse, they change the polarity of vital action and a cure follows.

THOUGHTS ON TRITURATION.

By Dr. John Albert Burnett, Hackett, Ark.

Triturations are now being used by many physicians that are not homœopaths, and, in my opinion, will grow more popular I will quote, as follows, from the last edition of Potter's *Materia Medica*, one of the standard allopathic works:

“Prof. H. G. Piffard, in his treatise on *Materia Medica* and Therapeutics of the Skin, after detailing the results of several microscopical examination of pills and triturations, uses the following language: ‘It is to be expected, therefore, that the protoiodide trituration will prove *ceteris paribus* more active than the pill, as such we have found it. . . . Since we have used the triturations, however, in preference to the ordinary pills, patients more rarely complain of disagreeable sensations. We have been enabled to materially reduce the size of the dose in order to obtain the desired effect. In other words, a larger proportion of the drug is utilized for specific purposes, while, but a small amount remains to give rise to local irritation. . . . I have nothing to add to this, except that I continue to use triturations of Mercury and other substances with increasing satisfaction. Besides those mentioned, I employ Calomel, Cyanide of Mercury, Black Oxide of Mercury and Corrosive Sublimate in this form.’”

The above from this authority should be sufficient to convince one of the so-called “regular” or “allopathic” school, of the value of triturations.

Recently, I wrote Dr. W. E. Kinnett, an eclectic physician, who has been president of the Illinois State Eclectic Medical Society for several years, and asked him about the use of the tissue remedies, in both crude and triturated form, and told him I would like to thoroughly investigate this matter, and received the following:

“Your letter of inquiry of the 7th inst. received and contents noted, and in reply will say that I have not accomplished as much good from the tissue remedies in crude form as in the triturations. However, perhaps, others have and can. I will be pleased to learn about your investigations along that line. Doctor, you must remember that it does not take medicine in quantity to correct a wrong, but quality and the correct remedy. We usually want the therapeutic effect rather than the physiological effect in treating the sick, and we want the very smallest amount that will accomplish the work. In regard to the dose, I have given in large and small doses of the crude, as well as the triturations, and have received better results from the triturations. In

some cases where the crude drug failed I have used the attenuated drug of the same kind with very best of results."

Dr. Kinnett has just completed a series of articles on the tissue remedies.

These remedies, as well as the triturations of many other remedies, are now used extensively by many eclectic physicians.

A few years ago a noted physio-medical physician was writing in the *Physio-Medical Record* and highly recommended the triturations of Podophyllin and explained its advantage over the crude drug. Many of the physio-medical physicians of Chicago use triturations, especially of the tissue remedies. Many remedies, when given in the triturated form, are absorbed better and a much smaller dose is sufficient, and the effect of the remedy is obtained without any of the untoward action of it.

In the last, or next to the last, edition of Hare's *Therapeutics*, a standard allopathic authority, he recommends the homœopathic preparation of some drug, I cannot call to memory just what drug.

Potter says:

"*Pulsatilla* is generally credited with specific therapeutical action on the generative organs of both sexes. Epididymitis and orchitis have been often controlled and entirely dissipated by its administration in very small doses, a few drops of the tincture in a glass of water, of which ʒj is given every two hours (Piffard, Sturgis). In more than twenty-four cases of acute uncomplicated epididymitis, doses of two drops of the tincture every two hours, gave immediate relief, the patient wearing a suspensory bandage, but not being confined to bed (Borcherin). Doses of five drops aggravated this disorder, while those of $\frac{1}{10}$ every three hours proved curative (Piffard)."

This is evidence that the small dose is curative, which corroborates Dr. Kinnett's views on the subject of dosage, one a regular, and one an eclectic.

Triturations of most drugs are more pleasant to take and likely to do less harm. It will be to any physician's advantage to investigate the action of most remedies in the form of triturations.

Potter says triturations of many substances were employed by

the Arabian physicians of the 13th century, but if this be the case, no one could doubt but what Hahnemann was the one to bring their use to the attention of the entire medical profession.

ARE THEY ADVANCES ?

Quite a number of homœopaths eagerly pursue the class in modern medicine that repudiates what is vulgarly known as allopathy, scorns Homœopathy as being "antiquated" and tacitly proclaim themselves to be the medical salt of the earth, very scientific and very much up-to-date. So far as being in the "lime-light," occupying the centre of the medical stage and filling the pages of the medical journals, they are an unqualified success, but after? Take the following, for instance, clipped almost at random from the pages of the last issue of the *Medical Review of Reviews*, a journal that, from its title, ought to give one the "very latest"—the subject is "Tuberculin Reactions," and Dr. Pelton writes :

"If in a suspicious case the test is negative or doubtful, it is the natural impulse to try it again, but to do so introduces a complication of rather a curious nature. This is bound up in the question of supersensitization, or anaphylaxis, a phenomenon which has been extensively studied in connection with 'serum disease,' and which for the present purpose we may define as an increased sensitiveness to the second and subsequent inoculations with a serum. Pirquet suggests the term 'Allegerie' to denote this increased sensitiveness, and 'Allergie tests' have been employed in a number of cases. Ferrand and Lemaire are among those who report the recurrence of the ophthalmo-reaction on a curativ dose of tuberculin being given weeks after the test has been applied. Klieneberger found that on a second test being applied 76 per cent. of the clinically non-tuberculous show the ophthalmo-reaction. Dufour, however, found that two successive instillations into different eyes always yielded concordant results, though the second reaction might be more severe; with two successive instillations into the same eye, the first being negative, the second was sometimes positive; with three or more instillations, the first being negative, the later ones were sometimes positive in the same eye, but not in the opposite one. Anaphylaxis is, therefore, local."

There may be something very profound in all this, but to the outside barbarian the only concrete fact apparent is that they

have created a new disease with their new remedy, and that it is proposed to name it "Allergie," after one of its sires. Where does the poor devil of a patient come in?

Here is another clipping on the treatment of feverish babies:

"Very young children, up to the age of four years, are more thoroughly cooled off by cold baths (20 degrees Celsius, lasting twelve minutes) than are children above this age. From the fourth year on the age makes no further difference, but poorly developed and undernourished children always present a greater drop of temperature than the well developed and nourished patients. The antipyretic action of the bath is independent of the height of the fever and the daily temperature curve. The temperature after the bath diminishes in about the same manner as during the bath, reaching its lowest point about a quarter of an hour afterwards. Untoward accidents were observed in shape of an enormous drop of temperature in two cases, and diarrhœa in four cases concerning little children with rubella."

If the man who knows Homœopathy had a "little fairy," as the soap advertisement puts, and illustrates it, would he prefer this treatment to what the mighty Osler terms "antiquated Homœopathy?" To the outside barbarian, fighting temperature *per se* is about as scientific as battling with smoke would be while trying to put out a fire. And then Homœopathy is not afflicted with "untoward accidents."

Again, this time on dermatology:

"In judging of the value of methods of mercurial treatment, in addition to clinical observation, valuable information can be obtained from quantitative examination of mercury excreted in the urine, for we are justified in assuming that the quantity of mercury in the urine depends upon the amount in the body or blood. Patients were treated with inunctions, intramuscular injections and by the Merkalator mask, and a daily quantitative examination of urine made. From a study of his results the writer draws the following conclusions:

1. The amount of mercury excreted in the urine depends not alone on the amount actually absorbed, but also on the rapidity of absorption.
2. A more rapid absorption of mercury results *ceteris paribus* in a more rapid excretion.
3. Methods of treatment with rapid absorption and rapid excretion are *ceteris paribus* of less worth than those with gradual absorption and slow excretion.
4. Methods with gradual absorption and slow excretion allow, *ceteris paribus*, the mercury to remain in the system a longer time.

5. The intravenous sublimate injections of Bacelli should not be considered practically on account of their danger, and theoretically on account of the rapid excretion of mercury.

6. Large salicylate of mercury injections at several days' intervals are less productive of results than daily small injections of the same drug.

7. Inunctions have the advantage of slow absorption, gradual excretion and the longer remaining in the tissues of the mercury as opposed to salicylate of mercury injections.

8. The Merkalator treatment combines the advantages of the inunctions with the rapid action of the salicylate injections."

What does the man of Homœopathy or any other man learn from all this? Nothing, save that the less Mercury the patient receives the better for the patient. "Antiquated" Homœopathy knew that a century ago.

Here is something else :

"The exact nature of opsonins is not known, but it is known that they are not identical with the agglutins, antitoxins, etc., which are also found in the plasma. Their action is not on the leucocytes, but on the bacteria, which they prepare for ingestion."

Honestly, now, wouldn't the study of some old homœopathic book yield better results than the science of which the foregoing are fair specimen bricks?

THE FUNCTION OF THE VERMIFORM APPENDIX

By S. L. Corpe, M. D.

While attending medical colleges of both schools ten or twelve years ago, some of my best professors advocated the theory that all infants should receive the operation for appendectomy. The same theory has been favorably mentioned in most of the medical journals since. In a recent number of one of them is the statement :

"Of the function of the appendix nothing is known; of the essential etiological character of its diseases we know but little more."

Even with modern aseptic surgery, the percentage of fatality of the infants operated upon universally would certainly equal

that of the deaths from appendicitis as it is. And as people become more enlightened, the disease will become more infrequent. All classes will learn from the intelligent family physician how to prevent or avoid it; not by the use of medicines, but by right living. Removing the "little rascal" would prevent trouble being caused by the entrance of a seed (which is very rare), but it would invite a train of kindred troubles all through life.

Only about 25 per cent. of the cases of appendicitis are caused by having a seed, fecal matter or any other foreign substance whatever in the appendix.

My observations on about fifty persons who have had their appendices excised show that, as a general rule, they have more pain in the abdomen, more general trouble, especially constipation, than other people, and more than they experienced before the operation. My experience on animals—mostly dogs, as they are more abundant here than rabbits or other creatures—prove that constipation is always greater.

Testing the substance in the appendix chemically and mechanically, I find it to be chiefly a lubricant and slightly a digestive juice.

This is needed to assist in the movement of the feces in the colon. This juice is also a powerful germicide, as are all the digestive juices when not weakened or deranged by abuse of drugs which is yet such a universal habit with doctors and the laity. This fluid is much greater than we would suppose, judging by the size of the appendix. In an adult, this organ averages three and one-half inches in length, and is about the thickness of a lead pencil. I can only estimate, but I believe it gives off about four ounces a day.

The appendix is not a rudiment of a lengthened caecum, as has been taught by some of our standard text-books, but is a distinct organ, having a distinct function.

The solitary glands are far more numerous in it than in any portion of the colon. It is remarkably well supplied with lymphatics and lymphatic glands which, as we may say, feed it.

As this little organ becomes better understood, surgeons will be less keen to remove it upon the least provocation. And if it is found to be the case that it is curable medically, the sur-

geon will do his patient greater service by closing the exploratory incision and leaving the appendix to do its further work.

Cove, Oregon.

(This paper was first printed in a local journal in 1903, and was the first, or among the first to call attention to the important use the appendix performs.—ED. H. R.)

DOESN'T BELIEVE IN PASTEUR.

To the Editor of the HOMŒOPATHIC RECORDER:

Without entering into the phase of the question of the germ theory of disease presented by Dr. Leslie Martin, permit me to inform your readers that in "Les grande Problemes Médicaux," Prof. A. Béchamps characterizes the microbic theory of disease, "la plus grande sottise scientifique de ce temps."

Dr. Béchamps died recently in Paris, at the age of ninety-one years, in full possession of all his faculties except vision.

It was from him Pasteur stole nearly all his pretended discoveries, grossly distorting them in plagiarizing them.

I hope you will place this before your readers, and if you find a demand for proof, I will refer your readers to the original works, whereby they can prove the fact for themselves. I will also indicate to them an absolutely *fake* experiment of Pasteur's, which they can verify if so minded.

MONT. R. LEVERSON, M. D.

427 Grant Ave., Brooklyn, N. Y., July 17, 1908.

PRACTICAL EXPERIENCE WITH REMEDIES IN TYPHOID FEVER.

First. *Bryonia*.

Someone has said: "The more the typhoid the more the *Bryonia*." Whoever said it, said well.

Bryonia has served us more often and more regularly than all other remedies combined. So much is this true that our corps has almost come to prescribe it routinely upon the reception of a fever case.

Begun at the beginning, the temperature rarely gets beyond control, and we have been very fortunate in warding off the intestinal relaxations that are such a nuisance so often.

The mental hebetude, the dulled expression, the besotted countenance, the dry brown tongue, the foul breath, the sluggishness of functions, the decubitus and desire to lie quiet, the slowness of pulse as compared with temperature, these and other symptoms to be found in the Symptom-Codex are the picture for *Bryonia* in typhoid.

Many of our cases have been carried through on *Bryonia* alone, without a single constitutional or intercurrent.

Second. Next to *Bryonia* has come *Baptisia*. But it has not been called for in anything like the number that might be expected from the praise it has received.

Ever since Hale pronounced *Baptisia* a remedy which would abort typhoid fever it has been used frequently and indiscriminately in the beginning as an abortifacient. Whereas, *Baptisia* is rarely indicated early. Its chief characteristics are putridity and duality of consciousness, or rather, a perversion of our duality.

Baptisia is a secondary remedy, always to be thought of as the patient gets mixed up, and as his breath and discharges become penetratingly foul.

Someone else is in bed with him; it is the other man who is sick; what has become of his chest, leg or arm; in answering questions it is in the third person singular; it is "he," not "I," who slept well or who didn't.

These symptoms never occur in the first week. They doubtless arise from the effect of the typhoid toxin and the continued heat upon those centres in the brain that preside over duality of consciousness—hence it is the other part of us, the other fellow, if you will, who is sick and behaving badly.

In this perversion *Baptisia* is a classic. Likewise where putridity predominates.

And this, also, is always late.

A word about the potency. For years it was my view that all our indigenous remedies did better in the tincture or low. Hale so taught, and he was the New Remedies authority. My ideas have long since undergone a change along this line.

Baptisia does better the farther removed from the crude.

There may be a limit to the distance to be travelled to keep this statement good, but thus far I seem not to have reached it. The sixth, twelfth, thirteenth, and even the one-thousandth have served me better than the first, second or tincture.

Third. *Belladonna*.

No small number of typhoid fever cases suffer severe headache, flushed face, injected eyes, dry mouth and tongue, nose-bleed, general redness of skin.

Here *Belladonna* has served a good purpose. But it is not a long-indicated remedy. It relieves quickly or it does not. It will not carry a case clear through as does *Bryonia* or as does *Rhus* or *Baptisia*. But it is often indicated, and often helpful where ordinarily *Gelsemium* or *Veratrum viride* is prescribed.

Fourth. *Rhus tox.*

The early homœopaths were in the habit, as are too many to-day, of giving *Bryonia* and *Rhus* alternately to all their typhoid patients, the journals containing many brilliant cures by this treatment.

The pathogeneses of these drugs proclaim, however, that they are direct opposites in all their chief characteristics. This being true, they are not even analogously related and should not be prescribed conjointly. If it is a *Bryonia* case it is not a *Rhus* case.

For patients with intense restlessness, constant tossing about, incessant throwing of arms and legs, bitter complaints about the bed, always too hard, muttering delirium that never lets up, nightly diarrhoea of a pea-soup character, involuntary watery and offensive stools, tongue intensely dry, red at the tip and with a dry streak down the centre, extending from tip to base, *Rhus tox.* is without an equal.

As stated, in our cases it has not been very often called for. But when needed it has been needed bad and has done good work.

Fifth. *Lycopodium*.

Kraft calls *Lycopodium* the "Yellow Remedy."

Everything is yellow, the skin, the sclerotics, the tongue, the urine, the feces, the perspiration, the liver is swollen and torpid,

the abdomen is distended with gas, borborygmus and flatulence are characteristic, the mind is as torpid as the liver, the patient is listless.

Lycopodium is only an intercurrent, as a rule, and not often called for. But occasionally it is very helpful.

Sixth. *Sulphur*.

Not often called for, yet a good passing remedy.

The heat is dry and pungent, insistent and intense. It is worse toward and in the night. The skin is as dry as if burned, and burns the hand.

The pulse is fast, for typhoid, the temperature extreme, and neither will come down and stay down.

The bowels are torpid, as with *Lycopodium*, the urine sluggish and very red, staining everything, but not leaving the sediment of *Lycopodium*.

The bladder is paralyzed, full to bursting.

Sulphur is a regenerator, a revivifier, an arouser of dormant forces, the clearer away of dyscrasial rubbish.

Rarely will it be needed long at a time, an occasional dose in the high potency sufficing.—*C. E. Fisher, M. D., in N. E. Med. Gaz.*

[These observations are based on Dr. Fisher's experience while chief of the railroad builder's hospitals in North Carolina recently.—EDITOR H. R.]

HAHNEMANN'S GRANDSON IN STUTTGART.

It may interest our readers to hear something of the grandson of Hahnemann, himself a homœopathic physician, who lately visited the Hahnemannian Society in Stuttgart. We give the article as it is found in the "*Homœopathische Monatshefte*," June, 1908, the organ of the Hahnemannian Society:

"A few days before the annual meeting of the Hahnemannian Society, we were able to inform the officers of our branch societies throughout Wuertenberg, that Dr. S. Hahnemann, from Ventnor, Isle of Wight, the grandson of our venerable master, had promised us his presence at our annual meeting. This visit was all the more an honor to our society, as the aged gentleman

who, spite of his eighty-two years, is still quite sturdy, had determined on this far journey without being urged by us. For several years he has had the desire of visiting the national society in Wuertenberg, of which he is an honorary member, and to be present, if possible, at one of its annual meetings."

The president, Professor Jauss, greeted the visitor heartily in the name of the Hahnemannian Society. At the request of the meeting, Dr. Hahnemann, at a later part of the meeting, ascended the rostrum, to give to us some reminiscences of his grandfather. As these may also interest our readers, we herewith give them in brief :

"First of all, I wish to thank you for my election as honorary member of your society. I am well aware that I owe this honor alone to the circumstance that I have the good fortune of being the grandson of so renowned a man. I am heartily glad to belong to a society likes yours, which so highly values the teachings of my dear grandfather, and which thinks no efforts too great to publish Homœopathy in the remotest circles.

"My recollections of my grandparents go back to my earliest childhood. I have only an indistinct recollection of my grandmother, and how she took me on her lap and gave me sweetmeats. But I well remember my grandfather, in whose house it was my privilege to spend my childhood. I also happened to be the first patient to whom he prescribed *Drosera* in whooping-cough. His practice filled all his time. His office was filled with patients from the early morning, and in the street before his house, Wall street, there were numerous carriages, in which his patients from abroad were brought there or taken away again. When I was eight years of age, my grandfather, who, then was already eighty years old, married for the second time, and this time a French woman. Shortly after this he took me to Halle, where I entered the gymnasium. There I again saw my grandfather when on his way to Paris with his newly married wife. He came in an extra post-chaise, and remained in Halle over night and invited his friends and acquaintances to a farewell supper. Several daughters of Hahnemann, among them also my mother, accompanied the couple to Halle, and took part in the farewell-banquet, at which I also was allowed to be present.

Later, I saw my grandfather again in Paris. Of his daughters my mother was the only one, who did not recoil from the journey to Paris, which, at that time, was pretty troublesome. Two of my aunts, who were living in Coethen, had once made up their mind to accept the invitation of my grandfather to come to Paris. But when they drove over the long bridge over the Rhine, at Mayence, they were taken with such a fright, that they ordered the coachman to turn back, and to return at once to Coethen. I am also one of the few persons who was allowed to stand at the deathbed of Hahnemann. I was spending at the time some days with my mother in Paris. We several times endeavored to get to see my grandfather, but his second wife determinedly refused us admission. It is probable that she was afraid we might induce the man, who was then on his deathbed, to change his testament. Only when she saw that he was dying, she permitted us to see him. My grandfather at once recognized me in spite of his great weakness. He had taken cold a few weeks before when visiting a patient, and had caught a bronchial catarrh which caused his death in his eighty-ninth year. As Madame Hahnemann had secured permission from the authorities, to keep her husband's body at home for two weeks, no one knew the day or hour of his interment. On a rainy morning we were informed quite early in the morning, that the interment was about to take place. Without any attendant solemnity, the coffin was lifted into the hearse and taken to the cemetery of Montmartre, and there let down into a grave in which there were already two other coffins. Besides my mother, but few mourners attended the funeral, as Madame Hahnemann had informed neither the numerous friends nor the colleagues of the departed of the funeral.

“This strange action of my grandmother, more than all else, may serve to show how little interest she showed in the nearest relatives of her departed husband. Of the enormous property which my grandfather left behind, we never came to see a cent, and when my mother, later on, requested a contribution for me, so that I might be able to finish my medical studies in Leipsic without financial cares, Madame Hahnemann refused all assistance and said: “If you have not the necessary means for allowing

your son to study medicine, let him turn shoemaker." But by good fortune I was enabled to finish my studies even without her help; after which I settled in London. There I practiced for a half century of years, according to my grandfather's principles, and always enjoyed an extensive practice."

THE HOMŒOPATHIC REMEDY VS. THE CATHETER.

To the Editor of the HOMŒOPATHIC RECORDER:

In the July number of the RECORDER, page 324, "Short Stops," a case of stricture of the urethra. by Charles C. Curtus, M. D., reminds me of some interesting cases that I have had to deal with, that I think worth relating and will be of interest to Dr. Curtus and some others, who like to give true Homœopathy a fair chance.

During the year 1883, a man about six feet tall and forty years old, came into my office suffering with greatly distended bladder from stoppage of urine, and wishing to get him relieved as quickly as possible, I introduced a small silver catheter which revealed the existence of a rigid stricture near the prostate gland. After several efforts which caused great pain I had to give it up as a hopeless case, and sat down to consider what to do. After resting and thinking a few minutes I concluded that it was a case for therapeutics and not for surgery, and at once began to take symptoms, which were not a few, but soon taken. A little reference to my repertory and Hering's Condensed Materia Medica soon told that every symptom in his case was a symptom for *Cantharides*; I gave him a dose of the 200 (B. & T.) and left him on a couch and went out to see a patient, and returned in an hour and a-half to find he had passed near two quarts of urine. He got up and walked about a little while and passed some more, and said he felt quite easy and went home and returned next morning to tell me he was all right. Since then I have had two other cases in which a catheter was unable to relieve, and all the symptoms clearly indications for *Cantharides*, and in each case gave prompt relief; and several others in which no attempt was made to use an instrument, but the remedy indicated was always

Cantharides and was equally effective. This is not routine. It is prescribing by symptoms.

The sensible patient will pay more willingly, to be cured than for an operation which doesn't cure. But the heromaniac will pay more willingly for an operation and be maimed for all after life to have the pleasure of boasting of heroism and have the glory of talking about it. I have always found it better and safer to study the case, find the right remedy and give it a chance before calling a surgeon, for by so doing a surgeon's services are seldom necessary and leave the patient in better condition.

W. L. MORGAN, M. D.

Baltimore, Md., July 22, 1908.

THE PHARMACIST AND HIS CHARGES.

George P. Mills, a pharmacist, writes to the *J. A. M. A.* concerning the oft repeated charge that pharmacists get 'exorbitant prices' for their product:

"The pharmacist's charges should not, and can not, be simply for the material furnished plus an allowance for time at laborer's rates. The remuneration which he should and must receive differs not one iota from that of any one of the professional followings, plus ordinary mercantile profits. The amount received must be in proper proportion to the great length of time and the necessary education required to enable him to compound and to dispense properly. The competent surgeon is not paid two, five or fifteen hundred dollars for simply carving human flesh, but for so skilfully performing an operation that a human life will be saved. So with the pharmacist, a proper reward must follow for his services in skilfully manufacturing and dispensing while assisting in prolonging or saving that same life. It is realized that we must exercise the greatest amount of patience possible in handling the subject so often spoken of as 'a return to the practice of medicine and pharmacy' and also with each other while doing so. In order to accomplish the greatest amount of good, it is necessary, without doubt, that the physician should become more fully acquainted with the pharmacist's side of the subject and the pharmacist must take an equal interest in becom-

ing more intelligent regarding the physician's ground. 'The well-known fact' that the druggist's charges are far greater than is necessary, has never been proved by the existence of swollen bank accounts or a showing of what money can buy."

The editor of the journal makes the comment on this:

"The plea of Mr. Mills deserves the serious attention of the medical profession. Whoever has had the least acquaintance with the business side of pharmacy will agree that the common notion of the enormous profits of the druggist are entirely erroneous."

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

President V. H. Hallman, M. D., of Hot Springs, Ark., and Edward Harper, M. D., New Orleans, La., have sent out the following circular letter to all the southern homœopathic physicians. It is proposed to hold the meeting at New Orleans, February Mardi Gras, and hoped that many northern homœopathic physicians will attend, for all are invited, and volunteer papers will be acceptable. It will be a delightful trip, and all who can should avail themselves of the opportunity. For details, address the secretary, Dr. Edward Harper, Macheca Bldg., New Orleans, La.:

"The Southern Homœopathic Medical Association, the most important interstate or sectional society of our school, has reached a seriously critical period. The pending question is: Will it continue to exist or go out of existence for want of support."

"Can we afford to sacrifice this one-time prosperous organization? We need its influence for the progress and defense of Homœopathy. Now especially that the American Institute has started a propaganda to advance our cause in every section of our country it would be little less than criminal to allow it to die.

"By the first of October at latest the secretary must know whether or not sufficient support is pledged to warrant the undertaking of a meeting. In the meantime all preliminary arrangements will be made for active work, and if reports are favorable you will be informed of the exact dates of the meeting.

"Answer at once. Your co-operations must be secured. If you are in arrears pay in your dues for 1908, or if you wish to make a contribution send either to the treasurer, Dr. R. S. Moth, Macheca Bldg., New Orleans, La.

"If you are not a member notify the secretary that you will join the organization. Every recipient of this notice is expected to inform him that he or she is getting busy and determined to help in every way possible. Success depends on each of you individually."

N. B.—No initiation fee. Annual dues, \$2.00.

THERAPEUTIC POINTERS.

Dr. Charles E. Wheeler places special stress on the great value of *Kali chloratum* in chronic nephritis, which he has given in the 2x to 6th dilution with benefit on pathological lines. Dr. Hushfield finds that this drug in fatal cases of poisoning by it causes "important new changes in the white corpuscles of the blood."

Dr. C. E. Wheeler successfully treated a case of "paroxysmal abdominal pain of several years' standing" with *Chionanthus θ*, after several other remedies had failed. You will find the Lawshé proving in *New, Old and Forgotten Remedies*, with plenty of abdominal pain in it.

Dr. R. M. C. H. Cooper (*Hom. World*) calls attention to the great value of *Belladonna θ*, as a local application in acute suppurative inflammation.

When patient is more or less rheumatic *Rhus tox.* is the probable remedy if heart is affected, and *Phosphorus* where fat is the trouble. Dr. O. F. Miller finds them good in these conditions.

Tartar emetic, 6x, is said to be almost a specific for herpes in the beard.

Miss ———, forty years old; has to urinate every five to ten minutes, and always a large quantity; rapid loss of strength and great dejection of spirits. *Cantharis* 30, in water, every two hours, one teaspoonful, relieved at once.—*Dr. Goullon.*

I had a very pretty proving of *Borax* several weeks since. A few days after having discharged myself from an obstetric case,

I was again summoned to prescribe for the baby, which the mother said was "so nervous," and also said that she noticed this nervousness chiefly in one symptom, that the child (a girl) "was exceedingly afraid of falling;" she said this symptom was so noticeable that her husband and others had observed it. I, of course, at once thought of *Borax*, and was about looking into the little one's mouth in search of further indications. At this juncture the mother of the child informed me that "the baby had not a sore mouth, as the nurse had given it a washing out twice a day with *Borax* to prevent it, and had also washed the baby all over with the preparation every day to make its skin healthy." Suspecting a *Borax* proving, I determined to confirm my suspicions and give no medicine. I accordingly stopped the nurse's work and gave *Sac. lac.*, enough to last three days. Calling at the end of that time, I found that the child was too well to need any antidote. I should also state that I found a slight inflammation of the mouth on the first inspection, which would, doubtless, have developed into something more troublesome. I cannot say whether this was also a "proving" or a mere chance symptom, but believe the former, as it also disappeared with the other.—
Dr. William Jefferson Guernsey.

Offensive, or, in Anglo-Saxon, stinking, discharges of "matter," calls for *Psorinum* 30—not too often. Dr. Rabe reports a case (*Critique*) of such a discharge, greenish, following measles, that was cleared up by that remedy.

Dr. G. H. Thacker (*Critique*) writes of *Acetic acid*. The more the victim of the vinegar habit becomes poisoned with it the more he craves it. Like whiskey. Becomes pale, bloodless, waxy, anæmic and dropsical, with sweat and thirst. It is worth looking up.

Dr. C. E. Quigg, Tomah, Wis., writes of *Mitchella Repens* in *Ellingwood's Therapeutist*: "The remedy was used by the Indian women previous to labor, and had a reputation for accomplishing exactly that which I use it for. But few writers have enlarged upon its virtues, but those who have used it for any length of time have become enthusiastic concerning its action and depend upon it with much positiveness. It not only removes

complications, but improves the general condition of the nervous system, especially in its influence over the reproductive function. It removes erratic pains and unsatisfied longings, corrects hysterical conditions and reflex symptoms, and causes the functions of the urinary apparatus to be properly performed. The bowels become regular, faulty digestion is corrected, the appetite becomes natural, the digestion is improved, and there is a general, normal nourishing not only of the mother, but also of the child." Material doses. Has employed it in over 500 cases.

BETTER THAN CIRCUMCISION.

Twenty-five years ago a twenty-four hours' old boy, crying and straining with pain, had not micturated. Two years before another physician had a similar experience with a brother of the child, and had him circumcised for relief, and the parents were sure similar proceedings were needful with this child. Instead, however, I first inserted the blunt of a probe into the meatus of the prepuce, and followed it with the bills of small dressing forceps and then dilated. The result was a spouting flow of urine. I then inserted the flat end of the probe and carefully but thoroughly separated the prepuce from the glands penis and then retracted the prepuce until about half of the glans appeared. The child had no further difficulty in micturating. Since then, whenever a prepuce has seemed abnormally long or there was complaint about the boy not micturating, I have always similarly operated. After some of these boys had attained manhood I found occasion to examine their organs, and in every case the prepuce was naturally retracted nearly or quite to the corona. I am of the opinion that circumcision is very rarely necessary, and that if this process was generally followed it never would be. An adult with a long prepuce is imperfectly developed and should be circumcised; but, in my judgment, his predicament might have been avoided by the above procedure.

The prepuce exists as a protection for the delicate nerve terminals of the glans until the development of manhood no longer requires it. And then it slowly and naturally retracts if not adherent to the glans. I do not think complete retraction of the prepuce needful for the sake of cleanliness in childhood. Nature will care for that if let alone."—*Sinclair, The Eclectic Review.*

BOOK NOTICES.

Radium as an Internal Remedy. Especially Exemplified in Cases of Skin-Disease and Cancer. By John H. Clarke, M. D. 126 pages. Cloth, 2s. 6d., net. Postage, 2d. extra. The Homœopathic Publishing Co., 12, Warwick Lane, London, E. C. Philadelphia: Boericke & Tafel.

This handsome, red covered little book is decidedly interesting and timely, for there can be no doubt of the tremendous power of the drug, and every homœopathic tyro knows that its therapeutic value could never be scientifically defined save by homœopaths. Fortunately, the drug makes its homœopathic appearance under the auspices of such a master of Homœopathy as Dr. J. H. Clarke. Aside from introductory matter and index, the book is divided into five parts, viz.:

- I. Introductory.
- II. Provings.
- III. Cases Treated With Radium.
- IV. Cancer and Carcinosis.
- V. Schematic Arrangements of Symptoms.

To avoid possible future confusion, it might be well to state here that *Radium* and *Radium bromatum*, as Dr. Clarke calls the drug, are the same, there being but one form of the drug or salt obtainable. Needless for us to state here the book is both timely and decidedly interesting. Further proving and clinical experience alone can clearly define the clinical sphere of the remedy, though Dr. Clarke has made a most satisfactory start in the work.

Whooping-Cough Cured With Coqueluchin. Its Homœopathic Nosode. By John H. Clarke, M. D. 90 pages. Cloth. The Homœopathic Publishing Co., 12, Warwick Lane, London, E. C.

The first edition of this work came out under the title of *Whooping-Cough Cured With Pertussin*, but was withdrawn because the English authorities had granted a patent to a German

firm for a proprietary preparation of that name, *i. e.*, *Pertussin*. The name of the nosode was changed then to the French equivalent, *Coqueluchin*, under which name it will henceforth be known in England, at least, and should be also in the United States, to prevent confusion, for the German patent medicine of that name is not the same as the homœopathic nosode. The book is written in Dr. Clarke's usual good and interesting style. The remedy is to whooping-cough what *Bacillinum* is to tuberculosis. The remedy is prescribed by Dr. Clarke in the 30 potency and, we believe, that is the only potency obtainable in the United States of the same preparation Dr. Clarke found to be so successful in practice. As whooping-cough is now very prevalent in many parts of this country, the appearance of the book is timely.

Dr. Geo. H. Martin, of Oakland, Cal., wrote to Dr. Boger concerning the Boenninghausen *Characteristics and Repertory*, as follows: "There will be no volume on my shelves which I shall value as much as Boenninghausen's *Characteristics and Repertory*. As to the work itself, it is certainly a monument of painstaking, careful study, which will be invaluable to the homœopathic profession for all time, and we certainly owe you a debt of gratitude, which we cannot repay. Such a life work as this, is, I fear, largely its own reward, for money cannot pay for it. I have looked it over carefully and am much impressed by its usefulness. You have put the matter in new form for us, which makes it most convenient for study."

This is a repertory that should be better known than it is by all those who make a specialty of finding the similimum. Just keep this hint in mind and give the book a careful examination on the first opportunity.

Dr. M. S. Wing, Los Angeles, Cal. (*Therapeutist*), advocates the use of warm olive oil (105°), as an enema.

An eclectic writer advises *Gelsemium* when patient complains that pain covers the entire head.

Staphisagria has been highly commended in cases of chronic gleet.

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EDITORIAL BREVITIES.

NOT QUACKS.—The last number of the RECORDER contained a little squib to the effect that Dr. Osler, in refusing an invitation to attend a banquet of N. Y. Hom. Med. College, intimated that they were quacks. This seems to be error, for Dr. Osler merely said they were “antiquated and unreasonable.” Here is his letter, as published in the *Medical Record*, taken from the N. Y. *Sun*:

Dear Dr. McDowell—I do not think that we have a common ground at present so long as your school clings to the law of similia, which from the modern scientific point of view is as antiquated and unreasonable as is the so-called allopathic system from which we modern physicians have departed. With kind regards and best wishes, and thanking you most sincerely for the compliment, sincerely yours—William Osler.

This is another shift, a going on a new tack. Homœopaths have been pretty much everything in the past that was medically naughty, but now they are only unfit for the society of “modern physicians” because they are antiquated. The definition of a “modern physician,” as typified by Dr. Osler, would be a problem that would puzzle the problem solvers. The antiquated idea of a doctor is of one who finds the Balm of Gilead, the leaves of the tree for the healing of the nations and things of that sort. The physician of the Osler type seems to be in action a sort of director of nurses, and in the chair, an expounder of theories which he gravely dubs “science,” which changes with the seasons, the changes being termed “advance.” This is good gallery play, but when a physician wants to do some genuine healing, he had better hike back to “antiquated” Homœopathy.

DARWINIAN GROUNDS.—In an article in the *Medical Record* (Aug. 8), under the heading, "Darwinian and Diabetes," Dr. R. G. Eccles writes: "For many years there has been a constantly growing sentiment within the medical profession to explain nearly every disease on Darwinian grounds." One rather naturally jumps to the conclusion that this means "heredity," but this is not the case, for "a microbic explanation of disease is essentially a Darwinian one," being the struggle for existence between man and microbe, for "they enter our circulation and contest with our cells the right of our pabulum there. They even attack the protoplasm of the cells and seek to appropriate it to their own use." The conclusion seems to be that microbes are the cause of diabetes. It is curious what different characters the microbe takes on in the eyes of different men; to one he is a "germ" which, planted in fruitful soil, brings forth abundant crops of disease; as Dr. Eccles pictures him, he seems like a minute rat, who plays havoc by eating our substance, and to others he (or it) takes on still other phases. Some men, out of date or far ahead of their times, as you choose, see in him but a tissue change, wrought by that unknown something, which comes to man and is known as disease. Many men are looking beyond the microbe for the origin of disease to the first cause and they are coming back to the Mosaic, or divine, revelation, that it is in sin—physical sin. The father commits physical sins and they are visited on his posterity. Some organ is weakened in the child of the physical sinner—or the whole organism—and this weakness assumes a form known as tuberculosis, or what not, the microbes are developed or are the representatives of what Hahnemann calls the "dynamic" change, and disease, as described in the medical books, is established. The microscope is exceedingly useful, but it will *never* discover the first cause of disease. The cause, whatever it be, is back of matter, and that, probably, accounts for the many seeming miracles wrought by the dynamic remedy. There is a good deal in the subject.

EVER SOMETHING "NEW."—The Journal of the American Medical Association, in enumerating the blights on medical journalism, gives as the first one "the over-production of articles

that are not new." At first sight this seems very reasonable and true, but the more you consider it, the further it leads you into a maze. Suppose nothing were to be published in medical journals for the next ten years except that which is new, what a great peace and silence would prevail. And if the ban were to be still further extended to exclude everything but what was true, the silence would become painful. There may be a few men who know all that is new and old in the medical world, but their number is very, very small, and there be some of the few who think they do, but mistake. To impress every new thing on all the medical profession would require brass trumpets and gongs and then there would be many who would escape, perhaps, much to their advantage. The vision of one journal and one editor is a pleasing, iridescent dream that will never be realized. Remember that what is shop-worn knowledge to one is dewey freshness to another, and generally turns out to be as perishable as the flower which springeth up and is withered.

A LITTLE ABOUT PEDIGREE.—Dr. Abbott, exploiter of the alkaloids, in his recently printed "reply to his critics," meaning the editor, Dr. G. H. Simmons, of the *Journal of the American Medical Association*, writes: "The slurring references to the homœopathsists are characteristic, inasmuch as Dr. Simmons himself is a graduate of a homœopathic school. The animosity of the renegade against his former associates is traditional." Polk's last edition gives Simmons to Hahnemann, Chicago, 1882, and Rush, Chicago, 1892. The same authority gives Abbott to the University of Michigan, though which department is not stated. Curious, isn't it, that a "reformed" homœopath should be training the allopathic mind in the way it should go and another (suspected) should be trying to exploit alkaloids on the line developed by provings of the tinctures?

SERUM AND SERUM.—No recent preparation has held the stage so long as antitoxin; indeed, it seems to have become almost a fixed star in the scientific medical heavens. Still no one need be surprised to see it some day become a shooting star and trail out of sight, as have the others of that heavenly, but delusive

expanse where fixed stars seem to have no place. Indeed, it is already changing and a "refined and concentrated antitoxin" is being earnestly advocated to take the place of the old "unrefined horse serum, with its accompanying rashes," etc., and, as the makers of the "refined" brand gather headway we may look for the sins of the "unrefined" horse product to be revealed. There be those who contend that a properly diluted injection of carbolic acid will do the work better, that, in fact, all the wonderful virtues of the horse serum, refined or unrefined, lie in its preservatives; these, however, are but "old cranks" who oppose progress." Maybe they are, who knows? Time will tell.

ARE THERE AFTER-CLAPS?—The "regular" and "liberal" medical journals are full of the beauties of "immunization," which seems to be the putting of a poisonous substance into the blood until the dose that at first caused distress ceases to show any marked effect. When this stage is reached the man or beast is "immune." At one stage in his career a stiff horn of whiskey will show marked results in a man; later it will take that amount to brace him up to apparent normal. A man by practice may take enough arsenic to have killed him several times over at an earlier stage. How about those made "immune" by diseased serum injections?

Some one may earn and merit a feather in his cap by studying the after effect of much immunizations and serum. But don't try it on yourself.

RHUS POISONING.—C. W. Reynolds, in *The Lancet-Clinic*, writes that in cases of *Rhus* poisoning, if the parts are first wet with water and then rubbed with a piece of alum, relief from the itching will be felt in a few minutes, and the case will soon heal. The same procedure, rubbing the skin with alum, will prevent the poisoning. This treatment proved effective in one case, at least, but whether it will succeed in all cases, is a question that experience alone can answer.

THAT TUBERCULIN TEST.—The following is clipped from an exchange and is prayerfully commended to the attention of the

warriors against tuberculosis, who are making wholesale use of this nosode: "The 'Schles. Volksztg.' reports that the veterinary surgeon, Bougert, of Berlin, observed that cattle which were treated with the Behring method of protective vaccination gave for many months milk which contained germs of tuberculosis. The meat is rendered unfit for human food, and the milk is poisoned."

FREE ADVERTISING.—Some medical manufacturing companies possess the secret of obtaining free advertising. If the recipe for this could be sold it would command a goodly sum. Certain German houses have the secret, and the Pasteur Company, "Limited," of Paris, is not a bad second. Its remedy for old age is frequently written up by lay and medical editors, as something showing the wonders of modern medical science, but no scientists possess the secret of its make-up. It is about as efficacious as Sayso's Consumption Cure, and belongs in the same category. It probably started with the "discovery" of the microbe of old age, which was heralded by the press as science instead of joke, and the rest was easy.

A CONTRIBUTION TO THE COMMON FUND.—A physician contributes, to a very serious medical journal, an article which, in its prelude, informs the world that:

"An active vegetable principle in medical practice is a tonic when, by its proper therapeutic use, it neutralizes a disturbing toxin, early in the toxin's biochemical course of worrying the nerve structures in some part of the body. The worry of the nerve structures, referred to, is the catalysis of the affected nerves, which, continued to the extent of autocatalysis, furnishes in apparently **disintegrated form the affinitive cognate** of the toxin recently in the structure of the nerve."

As the subject here treated is "Toxinneutralization is Tonicity"—or, rather, not subject, but statement which the writer seeks to prove—one feels that some comments are needed, but, on a second reading, the conclusion is arrived at that "All right, let it go at that" will be sufficient. After dwelling on the subject in detail the writer sums it all up as follows:

"The therapeutic uses of the various curative sera and vaccines are the latest stimulus to the recognition of the correlation of the disturbing toxins

and the proteid vegetable principles. The disintegrated protoplasm of the bacteria in the sera and vaccines contain vegetable, alkaloid principles in the entanglements of their simple nature, which when injected into the body calls out all of the latent power of the immunizing faculty of the body, to economically dispose of them to the last therapeutic advantage."

Now the reader knows how all the various serums perform their task of robbing disease of its terrors. Isn't it all pellucid, now?

THE CRAZY ONES.—Drs. Doane and De Armand, the latter of Davenport, Ia., have fallen afoul of each other in the pages of the *Medical Summary*, on the subject of insanity, and the latter comes back on the former, as follows:

"Personally, I do not feel that the average specialist reflects any great amount of credit upon his profession or contributes an excess of knowledge in the average attempt to prove that a man is or is not insane, depending entirely on how big a fee can be paid for the testimony. People have come to believe that if you can pay the cost you can get experts who will make it a matter of grave doubt if any man is not insane, for who has not said and done things which, in the light of cold, sober thought, looked like the work of a man barely out of a strait-jacket? I would not assume to be an authority on insanity for the simple reason that I do not believe that a man who does peculiar things, such as cut off no-account relatives without a cent, is insane or shows the slightest symptoms of insanity. The medical expert is a joke; he has brought more censure upon the profession than all the learning of all the experts can atone for in the next century."

Evidently De Armand isn't a specialist. But then every specialist can be made to look like twenty-five cents, with five added in the hands of a wolfish lawyer. When the chemist or engineer gets on the stand he testifies to things that are demonstrable, but what demonstrable thing can a medical expert show? Perhaps it is a mistake to class medicine among the sciences; it is something higher, like religion.

PLUMBUM IN SPASMODIC DYSMENORRHOEA.—Dr. E. A. Neatby's paper, "Scraps of Medical Gynecology" (*Journal of the*

British Hom. Society), contains one "scrap" especially worth noting, because it is practical and easily remembered. The patient was a lady, in otherwise excellent health, who suffered from menstruation that was scanty, and delayed from one to two weeks. "The case is introduced chiefly to refer to the virtues of *Plumbum* in spasmodic dysmenorrhœa. The drug is indicated for the genus by its known spasmodic effect on involuntary muscle and for the individual by the symptom—'the flow lessens or ceases during the spasms of pain.'" The patient received the drug in 3x to 12x for several months, with occasional intercurrent remedies and is seemingly relieved of the trouble. An interval of nine months having elapsed since treatment was discontinued.

MEDICAL POLITICIANS.—The entrance of the A. M. A. into national and local politics, and the entering of Dr. Reed for the office of U. S. Senator, from Ohio, as part of the general campaign is not very enthusiastically received by many allopathic journals. Of Dr. Reed's candidacy, one of them writes: "The fact is, it is but part and parcel of a scheme long ago hatched out by the clique at Chicago to secure legislation that will give to themselves complete power and control over the practice of medicine in this country."

Also: "Already there is a growing distrust of physicians, and even of the science of medicine itself, all over the country; of which the rapid rise of so-called Christian Science, Osteopathy and other similar cults are but symptoms. Conduct such as we have described, on the part of medical bureaucracy, will cause this distrust to ripen into resentment, and, eventually, into a system of reprisal. And thus the 150,000 physicians of the country will be made to suffer for the high-handed and autocratic doings of a small but powerful ring."

It will be a sorry day for a great and useful profession if a handful of schemers succeed in making a political machine out of its organization. Doctors, as a body, have no more business to meddle with national policies than have politicians to dictate to doctors in their practice. Let the doctor act as an individual

in politics, as other men do, and not in a body, for there is professional danger in the latter form.

SKEPTICISM.—A reasonable amount of reasonable skepticism is needed in the make-up of a reasonable man, but there is a point where, as Bulwer affirmed, it is evidence of a narrow mind, or shows a tendency to an "authority" led mind. There is no known homœopathic remedy that has so often demonstrated startling power, almost magical power, as *Lachesis*, yet there are men who condemn it and others who say it has "lost its power." Mentioning this peculiar antagonism that has always existed towards this drug to a surgeon, he replied that in his experience it was a peculiarly potent drug and apparently, if anything, more quickly active than any drug he used. He told of a case of gangrene, or threatened gangrene, sent to him by another doctor, who knew not *Lachesis*, for amputation. After looking the case over he told the man that he would treat him for a few days before cutting off his hand. "I didn't want the poor fellow to lose his hand if it could be helped." The patient was given *Lachesis*, and a hand condemned to amputation was saved. This isn't a story from the past, but occurred A. D. 1908. It is but the other day that another case came to our notice of a man doomed to inevitable death from blood poisoning was cured by *Lachesis*. Well, after all, skepticism does not alter facts, but only the skeptic's mind.

CONTRADICTORY?—The following is clipped from an exchange:

RATS TO GO.—Preparations for a wholesale extermination of rats have been begun in New Orleans by the Board of Health. A number of the rodents are to be inoculated with the virus of a fatal disease and turned loose so that they may infect other rats. If first experiments prove successful, thousands of rats will be inoculated and sent out all over the city.

No one but a rabid member of the S. P. C. A. will object to this procedure on the grounds of its being rough on rats, but it must cause the germ theorists to scratch their heads, at least those of them who think. Germs are the cause of our ills, they say, yet these gentlemen propose to spread germs that will kill a rat, throughout the city. Is it scientifically consistent? Or is it that the "antiquated" virus is the thing that does the deadly work

so learnedly attributed to germs from the professorial chairs of the gentlemen who cannot associate with Homœopaths because they are "antiquated"

THE "LOST MANHOOD" SWINDLERS.—One of the tricks of these *soi disant* "doctors" is to get the patient to urinate and then test the urine for semen, at the same time getting of plenty of "scientific" patter. When the "doctor" has the test-tube and his chemical (a chloride or something) ready, he says that if the urine shows so and so he is right in his diagnosis, if it doesn't he stands convicted of being in error. The urine, of course, confirms the "doctor's" perspicacity, and the patient is duly impressed and shells out the cash. The duration of "the treatment" is regulated by the patient's gullability. "Improvement" is attained by weakening the chemical that acts on the urine, and a "complete cure" is attained by substituting water for the chemical, which, of course, produces no change in the test-tube. It is a clever "con" game.

REFORM RUN MAD.—The average reformer, even the good reformers, have apparently a plentiful lack of ordinary horse sense. Unrestricted and uncontrolled liquor traffic is an evil, but the intemperate temperance people when they get the upper hand generally act like they had parted company with reason. Thus the Solons of Durham, N. C., have voted it illegal for drug stores to furnish brandy, wine or whiskey even on physicians' prescriptions. There are times, emergencies, when these articles may be essential in the saving of life, but the heated law makers do not see it that way. They might be logical and at once prohibit the sale of all medicine, for the greater part of it is "poison." The American nation is a little "dippy" at present on the subject of curing ills by mere edicts.

MORE UNTOWARD EFFECTS OF ANTITOXIN.—Dr. T. W. Thomas, of Claremont, Calif., reports at length the effects of an injection of antitoxin in a boy of 15, suffering from an attack of diphtheria. He received 4,000 units.

"There was a change at once in the boy's countenance. A look of intense anxiety came over him, and the lips, face and neck became livid in

appearance. He gasped for breath, cried out that he was smothering and that his heart was hurting him. Froth poured out of his mouth in profusion, while he clutched at his throat and chest with his fingers. There was a peculiar death-like stare in his eyes, the pupils became widely dilated, and he immediately passed into convulsions, throwing himself from one side of the bed to the other. Finally his breath seemed to leave him, and he dropped back on the bed in a complete state of collapse and unconsciousness, while the radial pulse entirely disappeared from both wrists."

Pretty much everything known in the way of stimulants, from 1-50 gr. of nitroglycerine to whiskey, was given, and after days of doubt the case made a slow recovery. Among the comments made by Dr. Thomas on the uncertainty of what antitoxin will do is the following very practical one:

"And lastly, I would say that it is not a wise thing for the medical attendant to make the unqualified statement to the parents or the patient that there is no possible harm to come from the injection of antitoxin. It might prove otherwise."

It sure might! Good homœopathic remedies are safer, and probably very much more efficient.

MORE EXPERIMENTING.—A contributor to the *Medical Record* devotes considerable space to a new vaccination for diagnostic purposes with tuberculin. He says it has been practiced extensively in German and Austrian clinics where, apparently, the patient is nothing but material for experimental purposes. The method of vaccinating is about the same as that employed with the pox. The results are, it seems, nothing, and proof of its diagnostic accuracy "will have to come from the autopsy room." As usual its effect is but temporary, though ever and anon something rather serious follows. Twenty-four persons dying of tuberculosis were experimented on; thirteen didn't react, and eleven died. A diagnosis that can be confirmed by autopsy seems of very slight value, or it might be said of it that it isn't worth a—

A SUGGESTION.—The Clinique after commenting on what an agreeable place Kansas City is, socially and otherwise, makes the following suggestion:

"Then, too, they took good care of us; with the true western spirit they kept us well supplied with outside attractions, and the

bureau meetings suffered only for the want of a quorum; in many instances there were several in attendance, but they did not remain long. As the picnic tendency is so rapidly annihilating the old-fashioned convention spirit, why would it not be a good plan in the future to conduct the proceedings in automobile relays, allowing the essayists to read their papers by the title while we rapidly pass the grand stand? No sarcasm is meant by this, as it is only our intention to keep up with the spirit of the times. If we are not to listen to good papers, then surely there is no object to write them, and it might be well to get the best out of a good time and not wear ourselves out with scientific research."

Presumably the members think they can read the papers in "The Transactions" (they don't, as a rule), but can only see the sights of Kansas City once. At any rate the social meetings of old friends and the making of new friends, is, perhaps, the chief use of the annual gatherings.

"THEORETICAL VS. CLINICAL MEDICINE."—Not many years ago the "regular" brother thought he had hit upon the secret of curing disease. In brief, it was that as "germs" are the cause of disease, all required was to kill the germs. So on this theory germicides became quite the vogue until it was realized that under this treatment the patient, as well as the germs, suffered. But this idea is still quite alive, as is evidenced by a paper published in the July *Clinique*. There we find:

"In olden times when the majority of homœopathic provings were made they had an inkling, but that was about all as regards the germ theory of disease, and it was all very well to theorize that because *Rhus tox.* would produce certain typhoid conditions in poisonous doses that it does good in typhoid conditions. But clinically we now know this is all wrong."

Yet there be men who think that so far from being all wrong it is all right, germs to the contrary. Who is right? Despised statistics only can answer, and they still point to the old "theory." Further along we find:

"With our present knowledge there is no more use in giving the indicated remedy in the usual run of diseases when we know germ life is the basis of nearly all disorders. It is often hard to tell the causes of eczema, but it is usually due to some stomach disorder that throws the

trophic centers off and control of peripheral ends is lost, resulting in irritation and stagnation. In jumps the pus germs, as in rhus poisoning and pustular eczema results even to the scabbing from crown of head to soles of feet."

Perhaps Dr. Gibbs is right, but we would, in sporting parlance, give heavy odds every time on Indicated Remedy against the whole field of the germ fighting remedies; but, of course, that is only an opinion. The up-to-date medical scientists take as a major premise that germs are the cause of disease and act accordingly. But their major premise is not proved. If it fails, the whole system collapses. It isn't a question calling for acrimonious debate, but cool reason and observation, and if we have read late medical literature aright, there are many men of note who are dimly realizing that the germ is about as much the cause of disease as ashes are of fire. One thing is sure, in what Burnett termed the Medical Derby, namely, that Indicated Remedy leads the field of results at a canter. It has not the glittering of the other contestants, but it gets there much easier.

THE REMEDY VS. THE CATHETER.—Dr. Morgan's very interesting communication concerning a case where the catheter could not pass, published in this issue of the RECORDER, demonstrates the importance of never losing sight of the remedy homœopathic to the case. Even cases where it is possible to pass the catheter the remedy will prevent, or tend to prevent, a recurrence of the trouble, for at the very best the use of the catheter is but a palliative measure, very necessary, even imperative at times, but it can cure nothing. Cases like those given by Drs. Curtus and Morgan are always read with interest by the profession, as, indeed, is any clear cut case where the homœopathic remedy demonstrates its power to remove morbid states.

PROPRIETARY MEAT JUICE.—Puro, a widely advertised German tonic, is stated to be the meat juice expressed from raw beef-steak, each bottle "representing five pounds of meat juice." About a million bottles of the preparation are sold annually in Germany, and quite a sensation has followed the announcement by Prof. von Gruber in the Antiquackery Society's organ, the

Gesundheitslehrer, that there is little or no meat juice in the preparation and that it consists only of meat extract and egg albumin. The numerous testimonials from physicians to the remarkable efficacy of the "meat juice" preparation show once more the effects of autosuggestion in the matter of proprietary articles."—*Journal American Medical Association*.

NEWS ITEMS.

Dr. C. E. Fisher has finished his work in Virginia and North Carolina, the railroad builders having completed their contract. The Doctor will take a well-earned vacation, spending it in a visit to Alaska.

Mr. P. Remington, of Swannanoa, N. C., writes that there is a good opening for a homœopathic physician at that place. He will give information on request.

The Postmaster General has ruled that packages of medicine bearing written directions must pay letter postage.

Two Indiana doctors have had their licenses revoked for writing booze prescriptions without first making examination. What fiddle-faddle it all is!

The A. M. A.'s Council has passed on "Manola" and finds it, in the slang of the day, "the limit," both as to ingredients and "literature."

Spotted fever is epidemic in "almost every part of Russia" this year.

The *Munchener Medizinische Wochenschrift* says that the *Aretsliche Mittheslungen's* department "aus der praxis" is nothing but proprietary "reading notices." American journals never—well, hardly ever—print "reading notices" as "scientific articles."

Dr. Adolph von Ooteghem died at Gand, Belgium, in August, aged 73. He was one of the oldest homœopathic physicians of Flanders.

Twenty-five deaths from cancer in Chicago for week ending August 15.

Week ending August 10, New York had 1,419 deaths; Chicago, 620, and Philadelphia, 418 deaths.

PERSONAL.

A French doctor proves, to his own satisfaction, that baldness is contagious. Quarantine the front row!

A woman refused to marry him because she liked his attentions.

"How to spend your vacation" is well meaning advice, but how to get one would be better.

If sex could be determined, wonder what the statistical result would be? "A fool and his money are soon parted." Not so with the miser.

A wasp-like waist often causes a disposition that might be termed ditto. That glorious winning run would not have been a winner but for the plodding predecessors.

What must be the feelings of a bald-headed man when his wife shows him a lock of his own hair.

"Every dog has his day" and every cat his night—sometimes more.

"It pays to advertise"—if not the advertiser certainly the journal.

"Barking dogs never bite"—because they cannot do both at once.

It is pathetic to see the young man with his trousers turned up, sewed up and pressed up.

The secret of beauty is not to scold and nag.

Dr. Swayze asks, "Who are the sane," and the *N. Y. Med. Times*, "Are we undergoing mental deterioration?" Guess so; but if in the majority we can lock up the sane.

The same *Times* calls *The Lancet* an "atavistic relative."

The *N. Y. Sun* says, "everything is deadly."

The wild-eyed ologist says soap and water are dangerous, hair brushes deadly, shoes fatal and the food poison. "Who are the sane?"

Fleas are "essential factors" in the plague, and rats have it in their blood. Avaunt!

Dr. Osler is 60. Bring out the well stoppered bottle!

An examining board asks its applicants to differentiate between hæmatosalpynx, hæmatometra and hæmatocolpometra."

To differentiate "between" three things is a task for any man.

A parson addressing a crowd in the penitentiary: "My brethren, I am glad to see so many of you here"—then he coughed.

The ungrateful bull will toss a vegetarian as readily as he will a beef eater.

The boss said to the applicant that the editorial chair was filled and he didn't know enough to take the office boy's position.

They say St. Peter wonders where all the people go these days.

Sometimes the bride who is "given away" finds it a "sell" after all.

Bad spirits haunts prohibition communities.

"One-half the world doesn't know how the other half lives," but is eager to learn.

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THE LAW OF SIMILIA IN MEDICAL HISTORY.

The address of President Dr. John Murray Moore at the annual British Homœopathic Congress held at London, July 3d, is devoted chiefly to the "foreshadowing of Homœopathy from Hippocrates to Hahnemann." It covers over forty pages of the *British Homœopathic Review*, is very interesting and scholarly. A few abstracts may prove interesting to the readers of the RECORDER.

The first homœopathic cure on record, reported by Hippocrates, is that of an Athenian, who had all but succumbed to an attack of what we would call Asiatic cholera, with violent vomiting, purging, spasms and prostration, who "drank the juice of white hellebore, mixed in the juice of lentils, and recovered." The recovery must have been unusual else Hippocrates would not have noted it. White hellebore, or *Veratrum album*, as is well known, is one of the chief remedies, homœopathic, to this disease.

A Greek poet, Antiphanes (B. C. 404), got off a line that is so often quoted in connection with Homœopathy and for the condition that so often occurs, "the morning after," namely, the taking "the hair of the dog that bit you." Antiphanes puts it, evidently as an old saw in his day:

Take the hair, as it is written.
Of the dog by which you're bitten;
Work off one wine by his brother,
And one labor by another, etc.

Shakespeare gets off something similar when Benvolio exclaims to Romeo:

Tut! man, one fire puts out another's burning;
Turn giddy, and be holp by backward turning.

This, however, we think, smacks more of Isopathy than Homœopathy.

Asclepiades, a Roman physician (B. C. 90), practiced a crude sort of Homœopathy, but his chief achievement was to have coined the phrase that so aptly fits homœopathic cures, *i. e.*, "*tuto, cito, et jucunde.*"

Athenæus, in the first century, vaguely got hold of one of Hahnemann's ideas or truths, that the *pneuma*, or spirit, is the active principle, or basis, of life, and its disturbance the cause of disease. From him came bleeding, cupping and leeches.

Galen came in from Pergamos, Asia Minor, and was the physician of the Roman Cæsars. He brought into medical literature the terms "remote," "predisposing," "exciting" and "proximate" causes of disease. He also put forth the idea that sneezing clears the brain. He gave this therapeutic hint to posterity. "I once knew a boy who was never seized with an epileptic fit after he carried a large piece of fresh pæony about his neck." With him came *contraria contrariis curantur*.

Alexander, of Tralles (360 A. D.), lives in medical history as being the man who introduced colchicum seeds for the treatment of gout.

Jewish hermits, who aided the poor and healed the sick, were the original "herbalists" and users of "simples."

Theodore, Archbishop of Canterbury, was one of the first (690 A. D.) to call attention to the influence of the moon on diseases, for he warns against bleeding when "the moon is waxing" in his "Manual of Medicine."

The Ecumenical Council, 1162, separated medicine from the Church by forbidding priests and monks from its practice.

To the Arabian physicians we owe our first pharmacopœia—and consequently many ructions.

To Roger Bacon (1214) we owe the best general advice to physicians, though not often followed. He said that the impediments to knowledge were:

1. A too great dependence on authority.
2. A too great weight to custom.
3. A fear of offending.
4. The affection a specious knowledge to conceal ignorance.

When the "sweating sickness" afflicted Europe the physicians displayed these "impediments" to the full, and it was not until

some one employed the law of similars and gave sudorifics that the mortality was stayed.

The real reform of medicine was started by Paracelsus, so, of course, he is "the arch quack." He burned the old medical book and committed the heresy of lecturing in plain German instead of in Latin. He came into the world the year Columbus discovered America. "Reading," he said, "never made a physician—only practice." At that day "humours" occupied the same place that "germs" do to-day, and Paracelsus said: "Humours are not diseases; it is disease which makes the humours." He believed in specifics, and said, "Like treats its own like."

Following Paracelsus came Rademacher, almost within our own time, with his "organopathy." Of the former, Van Helmont wrote: "Paracelsus was the forerunner of true medicine, God-sent, armed with true knowledge." Of the latter, Rademacher, our own J. Compton Burnett wrote that he was: "A man far in advance of his time—a fore-runner of Homœopathy."

Paracelsus, the "arch-quack," really introduced mercury, laudanum, copper, arsenic and antimony into medicine, and it seems did not abuse them as did the men who afterwards took them up in medicine. He vaguely realized the "spirit" in man.

"Van Helmont," writes Dr. Moore, "anticipated Swedenborg in the belief that there is a spiritual world in intimate union with the spirit of man." This is Hahnemann's "vital force," and hence his "spirit-like power" of the dynamized drug. Von Helmont wrote: "When a person falls ill it is only this spiritual, self-acting vital force everywhere present in his organism that is primarily disarranged by the dynamic influence upon it of a morbid agent inimical to life." It is only the "vital force" that is deranged in illness.

One fact in medical history perhaps not generally known is that to William Harvey apparently was first applied the epithet of "quack." When his book, written in Latin, "An Anatomical Disquisition on the Motion of the Heart and Blood in Animals," was published, "he was called a 'circulator' or 'quack' by his colleagues."

Sydenham made the distinction that acute diseases were "for the most inflicted by God, just as the chronic are what we bring on ourselves."

We will bring these gleanings from Dr. Moore's paper to a close with a final quotation from it:

"A well trained homœopathic practitioner knows more than a non-homœopath." This is without qualification. He knows the way to cure sickness. This is the sole reason for the existence of the art of medicine.

BOTHROPS LANCEOLATUS.

(*Fer de lance—Langenschlange.*)

By Dr. Eduardo Fornias.

When on May the 6, 1908, I addressed a letter to Messrs. Boericke & Tafel, inquiring, among other things, about the BOTHROPS LANCEOLATUS, a remedy of which Dr. Farrington speaks in his Clinical Materia Medica, I was far from hoping the information desired would reach me so soon, and from such an unexpected quarter. Very probably the article on this *selenoglyph*, which appeared in "*Le Propagateur de l'Homœopathie*," of the 31st of May, 1908, was written by Dr. G. Sieffert, of Paris, about the same time I was addressing the above inquiry. This certainly I call a happy issue, which has led me to the translation of Dr. Sieffert's paper, and to the addition of valuable data. I have recently obtained.

According to Dr. Lande, as quoted by Sieffert, the BOTHROPS LANCEOLATUS is exclusively found in Martinique and Sainte Lucie, but Calmette, Brehms, and others, give also tropical America as its habitat. This lance-head snake has also been called by authors *Coluber glaucus* and *Megaera*, *Vipera coeruleascens*, *Trigonocephalus*, *Cophias* and *Craspedocephalus lanceolatus*, and, like the *Jaracaca* or *Bothrops Brasiliensis*, and *Labaria* or *Bothrops atrox*, can live in captivity for many months without food. Brehms, of Germany, claims that this *Ophidia* attains the size of from 2⁵ to 5 meters long, and that it is larger and heavier than *Lachesis mutus*. But Calmette, of France, gives the length size of *Lachesis mutus* as of 1 m. 995, including the tail, which measures O. M. 170, and that of BOTHROPS LANCEOLATUS of 1 m. 600, of which O. M. 190 belongs to the tail; hence, according to this authority, BOTHROPS LANCEOLATUS has a large, longer tail, but otherwise is smaller than *Lachesis mutus*.

The color of BOTHROPS LANCEOLATUS is very variable, even in

the younger of a brood. Prof. Brehms gives it as a more or less deep brown-yellowish red, which may be shaded from brown to gray-brown and black, and constitute the ground tint. The delineation consists, on the one hand, of continued stripes which start at the nose and under the eyes, down the neck, and are not rarely absent, and, on the other hand, of irregular, somewhat bright spots, sometimes tiger-like. Some specimens exhibit a beautiful red color on the sides.

Dr. R. L. Ditmars, curator of the Reptile House, Zoological Gardens, New York, by letter of the 24th of June last, informs me that LACHESIS LANCEOLATUS, or BOTHROPS, is a viviparous ophidia, bringing forth living young to the number of from ten to twenty-four. The young are about six inches long, and have a bright sulphur yellow tail. At birth they are fully provided with fangs, and leave the mother at once to shift for themselves. This statement is in contradiction with Brehms's teaching, who claims that the time of copulation of BOTHROPS LANCEOLATUS is January, the eggs are laid in July, and that the issue crawls out of the shells in the moment the last egg is laid. But Brehms's work is full of errors that need confirmation.

Ditmars also asserts that LACHESIS MUTUS is oviparous, as demonstrated by R. R. Mole, of Trinidad, of Port Spain. "The eggs are about 1½ inch in length, creamy white, with a soft shell." This, says Ditmar, is the only "Pit viper" or Crotaline snake known to lay eggs. This is a fine distinction between the two Ophidia, which of late have been the cause of much controversy.

Prof. Calmette, in his recent work, "Les venins," page 117, counts BOTHROPS LANCEOLATUS, or Fer de lance, among the twenty-one varieties of American Lachesis, which he describes. He also calls this viper "Lachesis lanceolatus," in fact, he employs the terms Lachesis, Bothrops or Trigonocephalus indistinctly, as generic, that is, marking a genus.

When young the BOTHROPS LANCEOLATUS lives chiefly on lizards, later on birds, and finally on rats. It causes, like Crotalus horridus, the largest number of deaths. It is of all the serpents, the one which, in the act of biting, opens the jaws more widely apart. In the impenetrable woods, it lies quiet as death, seldom disturbed but by the singing of some birds that live in the

wilderness. The night is the time of its wandering, and it has been seen in the roads crossed by men during the day. During the day time and while resting, it lies rolled up in ring shape, with the head in the center, but when disturbed, it stretches itself the whole length, and like an arrow springs mercilessly at the enemy, and rolls up again into a ring after the danger is over. Its attack is always powerful, and after a bite is ready for the next. When mad may bite its victim twice or more. While crawling it proudly holds its head up, and moves with such lightness that no noise is heard or impression left in its track. Even the young are very lively and vicious.

Witnesses of the effects of the bite of BOTHROPS LANCEOLATUS state that after protracted illness, those who survive, have, as a rule, the limbs cut and mutilated. The characteristic syndrome consists of *sudden swelling of the parts, which soon become blue and shriveled, with acute pain, vomiting, fainting, convulsions, pain in the heart, invincible somnolency, and death after a few hours or days of suffering.* In favorable cases the reaction is slow, and there is diminution or perversion of the faculty of expressing ideas by speech; that is, the *articulation of words is defective*; the sufferings may have a steady course for years, and *vertigo, pain in the chest, anguish, confirmed aphasia, gangrene, abscesses and lameness* constitute the leading expressions of the poisoning. It is said that *old cicatrices do break open, bleed and become gangrenous.* Moreover, that such *profound morbid state* as that produced by the bite of *Fer de lance* should translate itself, not only under the form of *acute pain*, but under the form of *abnormal sensations (numbness, formication, itching, crawling, burning, etc.)*, cannot fail to be appreciated by anyone conversant with our methods of observation and experimentation.

From various observations made by officers of the French Government, the bite of the BOTHROPS LANCEOLATUS is soon followed, in some cases, by *heaviness of the leg and inability to stand on it*, and then a profound prostration sets in, attended often by repeated *fainting spells.* *Voluminous œdema* and a *feeling of impending paralysis*, have also been noticed. Dr. Gries, of Fort-de-France (*Martinique*), speaks not only of *enormous swellings*, but of *accentuated numbness* of the parts bitten, and even of *complete insensibility of the limb affected.* Dr. Lavigne,

of the same locality, also alludes to *acute pain, œdema, vomiting, tetanic phenomena* and *elevation of temperature, with a crisis of profuse sweating.*

The analysis of these *morbid syndromes* lead us to infer that BOTHROPS LANCEOLATUS is not only a *hemolytic poison*, and most probably a *depressor of the cerebral cortex*, but that it has a special influence upon the posterior part of the third left *frontal gyrus*, usually termed Broca's convolution. This venom, however, does not seem to produce a genuine paralysis of the organs of articulation, like *Naja*, but a *trouble of speech*, which consists in impossibility of expressing thoughts by words, and in the fact that the center of verbal expression does no longer transmit words as in the normal state.

These are, more or less, the features of this neglected *snake poison*, and in order to enrich our knowledge of its action and application, I proceed now to translate the paper of Dr. Sieffert, mentioned at the beginning of this article, and which I repeat is an extract of a work in preparation with Dr. de la Lande.

"TOXIC ACTION.—The poisoning is the result of bite of the serpent. The wound is announced by a *sudden acute pain*, often accompanied with *syncope*. The effects are, in general, perceptible in about fifteen to twenty seconds, and the first manifestations are entirely local. The *sensibility becomes blunted* and may terminate in *complete insensibility*. These are the phenomena ordinarily present in slight morbid cases of poisoning."

"The *amelioration* of this condition usually becomes manifest towards the fourth day, by *profuse sweats* and a *diminution of somnolence or sopor*. Sometimes the cause and termination of the malady is not so encouraging, and a more or less *intense fever* supervenes, with *pulmonary congestion and oppression* of variable intensity. *Pneumonia* is usually a fatal complication."

"In *severe cases* we notice around the bite a *swelling* which is first *pale*, soon becomes *livid*, and finally extends to whole limb. This *tumefaction* is attended by a *distressing sensation, radiating to epigastrium* and by an *indefinite malaise or general suffering*, then follow *nausea, vomiting, inexplicable lassitude, frequent dizziness, embarrassment of ideas, somnolence*, and a deep *coma* which may end in death. At the same time we find the *pulse* and *respiration* are lowered, the cutaneous surfaces are more or less

dark in color or more or less livid, as in the algid stage of cholera, or as in the last stage of yellow fever. Moreover, the *extremities are cold*, the body is bathed in a *cold, clammy sweat*, and *repeated fainting spells precede death*, which is the result of *cerebral or pulmonary complications.*"

"A certain number of symptoms present in this malady are worth noting:

"THORAX.—Precordial pains, syncope, bloody expectoration, pneumonia. The *autopsy* reveals black spots on the pericardium and under the endocardium; the trachea and bronchi are bluish and the heart soft and flabby.

"ARMS.—Numbness. Soft, emphysematous-like tumefaction of the fingers, hand, arm, with very painful, livid stains. The cellular and muscular tissues are filled with black blood. An extensive phlegmon with destruction of the skin. Denudation of the bone of the forearm and of the hand. Consecutive necrosis. Paralysis of the right arm.

"LOWER EXTREMITY.—Enormous tumefaction of the thigh, bluish tint of the skin; sero-sanguinolent infiltration; phlyctæna in hollow of the groin; gangrene of the skin in the right leg, from the knee to the foot; denudation of the lower extremity of the tibia (fifteen days after the bite); gangrene of the muscles, destruction of the whole cutaneous surface of the leg, denuded muscles, extensive suppuration; unbearable pain in the *right* big toe (the patient was bitten in the thumb of the left hand); gangrenous ulcers of *right* toe; paralysis of the right leg."

"PATHOGENESIS—GENERAL SYMPTOMS.—Nervous trembling; syncope; sudden or rapid death without agony; general debility and emaciation; hæmorrhages from various outlets, principally from the wounds; opisthotonos after eighteen days.

"MENTAL.—Persistent hypochondriasis.

"SLEEP.—Tendency to sleep, somnolence; coma, deeper and deeper until death.

"FEVER.—Coldness; general heat; frequent, tight pulse; chills, abundant sweats.

"HEAD.—Hemicrania, stupor, vertigo.

"FACE.—Swollen, injected, cyanotic.

"MOUTH.—Trismus on eighteenth day; *aphasia* at the end of seven to fifteen hours, inability to articulate words, while the tongue retains all its liberty.

“EYES.—Hemeralopia, amaurosis without any notable pupillary dilatation, persistent amaurosis.

“STOMACH.—Vomiting, extreme epigastric distress, nausea; the gastric mucosa is red and dotted.

“KIDNEYS.—Hematuria.

“SKIN.—Abundant cold sweats at the beginning and end of the malady. Skin bluish, as from deep and extensive contusion. Skin yellow, as in yellow fever. Phlyctena. Blackish, serous infiltration, both subcutaneous and intramuscular. Gangrene of the skin. The wounds heal slowly.

“SPHERE OF ACTION.—Like all the snake poisons BOTHROPS LANCEOLATUS is a powerful hemolytic. The *functional troubles* and *anatomical lesions* observed, clearly indicate that the especial action of this *toxin* is, first, on the *blood life*, and second, on the *nervous system*. It has a special predilection for the right side of the body.”

“CLINICAL HISTORY.—The allopathic school has made no use of this medicine. The homœopathic school has had only a limited experience with this remedy *in aphasia* (Farrington), and in *diffuse phlegmon*, which is a common lesion in all the cases observed (Ozanan). Its *pathogenesis*, however, seems to indicate it in *yellow fever*, cholera Asiatic, lipothymias, hypochondriasis, right hemiplegia, hemeralopia, amaurosis, tetanus, hemicrania, vomiting, intolerable colic, rebellious diarrhœa, pulmonary congestion, malignant pneumonia, necrosis of bones, and obstinate ulcers.” (NOTE.—To this group I would add *cardio-asthenias* and *asystolia*, for BOTHROPS LANCEOLATUS, like *Lachesis mutus* and other serpent poisons, produces *weakness of the heart's action*, and with them, a common cause of death is *syncope* or *suffocation*.)

“I have not stopped to consider the mode of preparation and employment of this *toxin*, as well as the dose in which it should be given, because it is a dogmatic question, whose importance can only be demonstrated *a posteriori*. It is mutual relation and not bulk which constitute the homœopathicity of drugs, but, at the same time, the *minimum dose* and the *single remedy* are unavoidable precepts of our law of cure. It seems to me that the intelligent physician of our school should consider *homœopathic* any dose above the scale of disturbing action, and admit that the

exact appreciation of its value can only be ascertained at the bedside, and that its effects are commensurate with our knowledge of materia medica and pathology. Outside of this we have nothing but *routine*, with its inevitable disappointments. On the other hand, those of us who, for theoretical reasons only, object to the use of these *venoms* as remedies, can certainly not stand one moment against the testimony of experience, and the daily demonstrations of eminent authorities. Some of the objections come from men, who, prescribing on pathological bases, and rejecting always homœopathic precepts, do think they cannot get along without ponderous doses of dangerous drugs, and from others who, ignorant of the mode of preparation and preservation of the *snake toxins*, expect to obtain unstable and unobtainable products of the same. And how about those who had expected to acquire the *mother tincture* of substances of such lethal effects and which cannot be procured in any country of the world."

"I think it is time, indeed, for a lot of us to divest ourselves of preconceived ideas, habits of thought and dogmatism, and look seriously into those subjects, which, like the present, we have neglected and rejected, and which our opponents have taken up with enthusiasm, without giving us the least credit for our initial labors, much less to recognize our priority in the matter."

"One of the most interesting works on *snake toxins* I ever came across is Oppenheimer's, and although his definition of these venoms is based on chemical grounds and on the *side chain theory*, quite independently of their origin and their effects on the human organism proper, we must admit that no educated Homœopath with a historical knowledge of these substances will fail to appreciate the thorough manner in which he has presented the subject, and the valuable lessons he gives us in regard to these animal poisons. Pregnant with meaning for us is his introduction to the study of the *snake toxins*, where he says: "Although *venomous serpents* have long been an object of fear and interest to widely different races of man, yet the history of the *investigations* of their venom is quite recent. And this, one must admit, is remarkable, since surely nothing should have suggested itself more naturally to the scientific investigator than the application of recent results in toxicology, especially in connection with vegetable alkaloidal poisons, to the study of these poisons,

which are as interesting to the investigator as they are important from the point of view of public hygiene. For in India alone more than 20,000 men perish annually from the bite of the cobra, *Naja tripudians*. And yet this branch of research remained almost completely untouched until the investigations into the nature of bacterial poisons, and especially those inaugurated by Metschnikoff, Roux and Yersin, compelled attention to be directed also towards these poisons, which have similar incredible toxic power."

What do our so-called progressive men think of this? For lack of time and space I shall sum up the leading conclusions arrived at by these investigations, and leave for discussion many other important points relating to the venoms of the snakes when I come to prepare a paper on *Crotalus horridus*, in the near future.

CONCLUSIONS.—*Snake venoms* contain, in addition to two agents that act specifically upon the corpuscles of the blood, two poisonous constituents, called *neurotoxin* and *hemorrhagine*. The latter component manifests its activity in *crotalus venom*, and is almost entirely absent in the *cobra venom*, but the *neurotoxin* prevails in the *cobra* and other snakes. The venoms of the *Crotalus*, *Bothrops lanceolatus* and *Cerastes*, are distinguished from *Cobra poison* by their much greater activity, especially as regards the local effects (*œdema*, *gangrene*, *necrosis*, etc.), but the *local effects* also vary very considerably in intensity with *snake poisons of different origin*. *Lecithides* have been obtained not only from *cobra venom*, but from all the other hemolytic *snake poisons* examined, including those of *Bothrops lanceolatus*, *Naja*, *Crotalus*, *Bungarus*, etc.

SUMMARY.—Thus we have in *snake venom* four distinct active principles, the proportions of which show great variations.

1. HÆMAGGLUTININES.—These are destroyed by a 0.2 per cent. solution of hydrochloric acid in twenty-four hours, and in a short time by heating them to 75° C.

2. HÆMORRHAGINE (Principally of *Crotalus venom*).—This is only destroyed after about two days by hydrochloric acid (2 per cent.) and pepsin-hydrochloric acid, and can resist the temperature of an incubating oven.

3. HÆMOLYSINE, which is very slowly destroyed by hydro-

chloric acid (up to 3 per cent.), but rapidly destroyed by pepsin hydrochloric acid. Exposure to an incubating temperature destroys it to the extent of about 80 per cent.

4. NEUROTOXINE.—This is fairly resistant to the action of hydrochloric acid (up to 3 per cent.), and to pepsin and papain. It loses about 90 per cent. of its toxicity by being allowed to stand for nineteen days.

The *hamagglutinine* and *hamolysine* attack the blood corpuscles exclusively, while the *hamorrhagine* attacks the endothelium of the walls of the vessels, and the *neurotoxine* the cells of the central nervous system.

THREE CLINICAL CASES.

By S. C. Bannerji, M. D.

Persistent Vomiting.

A laborer, named Jaggu Kurmiot Bajitpur, 45 years old, suffered for six months from vomiting of food and water. Food tasted bitter. He had a great desire for milk, which he did not like before, and had never drank so much milk before as he has done now. He could not sleep for horrible visions he used to see on closing his eyes. He had headache just after eating, and was very suspicious. He thought that people were making faces and laughed at him. Diarrhœa after rising. I administered *Bryo.* 6th 1m dose every four hours. This was continued till the 15th of May last, when he was better. The medicine was still continued in 1m dose every other day up to 30th idem, after that no medicine. He is doing well now.

A Lung Case.

A lady of about 60 years of age came to my office on June 4, 1908, who had an infiltration of the apices of both lungs; she had coughed for years, especially during every winter, and during the summer somewhat better. She had almost continuous fever, temperature 100.4 to 102.2° F.; hollow, spasmodic cough worse in the evening before midnight. Purulent sputa, hoarseness, weak, fatigued feeling of chest, weary after a short walk, cold feet, cold knees, thirst but drinks little at a time, appetite lost,

tongue thickly coated white, peevish indifference, bad smell from mouth, acidity after eating. *Carbo veg.* 200th, 1 drop dose, one dose every other day; though not totally cured as yet, but much improved. The medicine is continued.

Syphilis-Rheumatism.

A man (Ramdham), 22 years old, has suffered from lumbago and rheumatism of right hip-joint due to syphilis, who placed himself under the treatment of an allopath who gave him several medicines but of no good. At last despairing of recovery came to my office on the 5th of June last. On enquiry I learned that he has used all sorts of mercurial preparations at the hand of the former doctor. The pain increased at night and relieved by pressure. He was very anxious. Ill humor, great disgust for food, diarrhœa sometimes painful, distention of abdomen with feeling as of peristaltic action were reversed, relieved by passing flatus. Frequent pain from place to place. Under the above circumstances I gave him *Asafætida* 30th, one drop dose thrice daily. After three days the bowels were all right. This was continued for a month, and he was cured. No complaint since then. Sitamarbi, India.

“**SEDUM REPENS.**”

As this remedy apparently is being exploited by some German homœopathic journals, so it may be useful to let the readers of THE HOMŒOPATHIC RECORDER know the simple facts concerning it so far as we know them.

But first a few words concerning its latest claims. The *Hom. Monatsblatter* of September contains an article, “Experience From Practice With *Sedum Repens*,” by Sanitary Councilor, Dr. Hellman, of Seigen. This paper relates six cases treated with “*sedum repens*,” which may be summarized as follows:

Case I. A woman of seventy-four, near death from cancer of the liver, notwithstanding everything that could be done. “*Sedum repens*” and afterwards “*sedum specificum*,” which seems to be the same thing, was given with wonderful relief. The last time Dr. Hellman called, the patient had “gone travelling.”

Case II. A shoemaker with “cancerous formation in the abdomen.” “Prescribed *sedum repens* and was delighted to see this candidate of death about again and attending to his duties.”

Case III. Mrs. M., aged 50. Uterus compact, tense, painful and "excrecence in the pelvis." *Sedum repens* worked a wonderful cure.

Case IV. Cancer of stomach. *Sedum repens* enabled the man to go to work.

Case V. and VI. Cancer of rectum or intestines. Much improved under *sedum repens*. Still under treatment. The writer concludes: "Not all the cases adduced can be designated as cancer, still it will appear clearly from my description that *Sedum repens* has a specific action on the organs of the abdomen, and is able to alleviate violent pains and to check prostration."

Immediately following the article by Dr. Hellman is another by Dr. Staeger, of Bern, headed, "What is *Sedum Repens*." We give it entire:

In an article on page 380 of the *Homœopathic World*, of August, 1908, treating of my remedy for cancer, *Sedum repens*, and written by Mr. E. B. Ivatts, in Birmingham, we find the statement that the term *Sedum repens* is quite indefinite. That there are really eleven different kinds of *Sedum* which are practically all *repens*, *i. e.*, creeping. It is not, therefore, known which of these kinds of *Sedum* is meant. The author in question does not seem to be acquainted with the twelfth kind, namely, *Sedum repens*. This kind actually exists as a bona fida species and not as a local variety, and is found in a few places in the higher Alps. The specific name of "repens" was given to it by the well known botanist Schleich. On this account I also placed the name of this author behind the term *repens* when I published my cures in the *Homœopathische Monatsblätter*.

In later botanical works, as, *e. g.*, in the excellent "*Flora der Schweiz*," by Prof. Dr. Schinz and Dr. R. Keller, the plant is called *Sedum alpestre*, Vill. The latter designation and the name *Sedum repens*, Schleich, are synonymous. I have introduced the older name *Sedum repens*, Schleich, into homœopathic therapy and intend to retain it. In any case I have from the beginning taken the utmost care to be exact in the designation of my preparation. I cannot, therefore, exactly see how Mr. Ivatts comes to make his remark. It is probable that *Sedum repens*, Schleich, or *Sedum alpestre*, Vill. is not found at all in England. This would explain the misunderstanding, which I hope will be removed once for all with this explanation.

With this I may also be allowed to remark that I succeeded in the course of the last July in finding and gathering in the high mountains of the Grisons a comparatively large quantity of *Sedum repens*, Schleich, and this took place in company of a troop of eleven botanists, who had come to Geneva to attend the International Congress of Geography, and had, for the sake of making botanico-geographical studies, come to the Engadin, and whom I had joined. As botanical authorities of the first magnitude

were in this company (also one Englishman), I have the full guarantee that I collected the genuine and rare *Sedum repens*, *Schleich*, as it was recognized as such by several of the gentlemen taking part in the excursion.

Sedum repens, *Schleich*, will soon come into the public market. Then the locality where it is found will be made known more particularly.

All this leads us back to the article, translated from the same German journal and published in the *North American Journal of Homœopathy* early this year, relating two cases of cancer cured with this remedy. This translation caused considerable demand for the remedy, and Messrs. Boericke & Tafel wrote to Dr. Staeger concerning it, and received the following reply—the business part being omitted:

Bern, April 28, 1908.

Messrs. Boericke & Tafel, Philadelphia.

Honored Sirs.—What I call *Sedum repens* is in reality a mixture of various Crassulaceae in a homœopathic dilution. No one knows the composition but I myself. I do not intend for the present to make known this composition, as I desire to make a financial use of this remedy, which is of such prominent use. On this account also I do not give out the remedy except in the 30 decimal, and this only in the form of pellets.

I offer you, etc., etc.

DOCTOR STAEGER.

This is the story of the drug so far as we can learn it. It looks very much as though it were a proprietary preparation masquerading as a homœopathic remedy, or a rival for Count Mattei's famous remedies—the most successfully worked proprietary medicines ever put out. Of the merits of the drug, whatever it is, we know nothing, but the clinical cases read rather flashy.

A FEW CLINICAL CASES---CHOLERA AND INCIPIENT PHTHISIS.

By Dr. Srish Chandra Basu, L. H., M. S.

Cholera—Case No. I.

Name of the patient, Master P. C. Gupta, age 15, student.

On the 10th of April, '08, he had loose stool in the morning. There were four or five such stools during the day.

In the evening at 6:30 P. M. he suddenly had one copious stool,

very watery, intermixed with flocculent matter, after which he fainted. This was followed by several more purgings and vomitings. I was sent for, but as I was then out on my usual round my services could not be availed of immediately. I, however, saw the patient at about 9:30 P. M., by which time he had purged and vomited many more times. The interval between each stool was twenty to twenty-five minutes. The stools were at first yellow, but gradually assumed rice water character. Vomiting consisted of water and mucus, and was simultaneously following each stool. Urine suppressed. Thirst almost insatiable. Pulse rapid but almost thready. Cramps in the fingers of both hands and legs; restless; wanting to be fanned. Eyes sunken, hands and feet pinched. I prescribed *Verat. alb.* 30, to be taken every two hours.

At about 12:30 in the night I was again called in and found purging and vomiting were no longer simultaneous, and the intervals between each stool were forty-five to fifty minutes, but the other symptoms remaining the same. On the other hand, the burning over the body and restlessness were more intense than before. I prescribed *Arsenic* 30, to be taken in alternation with *Verat. alb.* every two hours.

Next morning (11th of April, '08) when I again saw the patient I found much improvement so far as purging and vomiting were concerned. Taking into consideration the fact that the first stool had begun early in the morning, the burning sensation of the body, amelioration in cool air, desire to put the hands out of the bed and place them on the floor, I thought of trying a dose of *Sulphur*. Accordingly two pellets of this medicine in the 200th potency was given, and in two or three hours all the symptoms disappeared, and he slept soundly for the whole day.

Again next morning (12th of April, '08) the boy felt bad, began to have stools, which were scanty and yellow, and there were also ineffectual attempts to vomit. Having ascertained that the boy had the disposition to worms, I at once gave two pellets of *Cina* 200, which had the effect of controlling all the symptoms. Since then he made rapid progress towards recovery, and was quite cured in two days.

Cholera—Case No. II.

Sister-in-law of Babu Bhuhan Chandra Chatay, age 45 or 46. widow. She is a close neighbor of the previous patient.

On the night of the 18th of April, '08, from 3 A. M., she began purging and vomiting. Stools watery, intermingled with flocculent matter, urine suppressed, pulse imperceptible, hands and feet cold as ice, face pinched, eyes sunken, thirst insatiable, purging and vomiting simultaneous, occurring almost every quarter of an hour.

I saw her at 8 A. M. in the morning, and prescribed *Verat. alb.* 30, every hour. Two doses of the medicine given, but no improvement. I noticed particularly the burning sensation all over the body, intensity of thirst, restlessness and desire to put her hands out of the bed. These induced me to try a dose of *Sulphur* 200, which had the effect of controlling the vomiting and prolonging the interval between stools. I waited to see the result for three hours, and then I gave a dose of *Podophyllum* 6, which checked the stool entirely, although her stool ceased for six hours. She was cold and pulseless as ever. I gave her a dose of *Secale cor.* 30, which was repeated every three hours without any apparent effect.

At 3 o'clock in the night news was brought to me that she had again been vomiting and purging, and that my attendance was imperitively necessary. The recurrence of these symptoms frightened me, as I thought that this might lead to her dissolution. However, I went over and gave a dose of *Podophyllum*.

Next morning (19th of April, '08) when I saw her again, I found much improvement. Thinking that these might be the work of worms I gave a dose of *Cina* 200. To my great astonishment I found that her pulse established gradually and that she passed urine. The diarrhœa continued for two or three days more, but was subsequently checked by *Sulphur* 200.

Note.

The above two cases appear to be of the same type. Altogether both of them assumed a very serious aspect, they were, in fact, the work of worms. They would have most probably terminated fatally, if the disposition to worms were not taken into consideration. It is, however, satisfactory to note that both these cases were saved by the timely administration of *Cina*.

Incipient Phthisis—Case No. III.

Patient, a student, age 18.

Family History.—His father died at the age of 52 of chronic dyspepsia. One of his sisters died of pulmonary tuberculosis.

Previous History.—The patient was all along very robust and never had any serious disease. All that might give rise to any suspicion was that he was twice vaccinated, and that he had to attend to his sister who died of consumption.

Present condition.—Apparently he was looking very stout and strong, but actually he was a man of flesh without any real strength. His bowels were not regular, had cough, and sputa yellow and streaked with faint blood. He was also occasionally getting fever, his morning temperature was not exactly normal. The examination of his lungs revealed no distinct symptom of any wrong.

It was on the 18th of May, 1907, he came to me for treatment. Of course, it was then very difficult to give opinion on the case one way or the other, but I assured him that if he could stick to Hahnemannian mode of treatment he might escape further development. To this he agreed, and I prescribed *Calc. carb.* 200, two pellets every week, and Placebo twice daily. I also directed him to rub cod liver oil with mustard oil, proportion half and half, twice daily.

25th of May, 1907.—He again came to me for further advice. On inquiry I learned that the color of the sputa had now been changed, and that there were no longer streaks of blood over it, but the other symptoms were almost the same. The same prescription continued.

5th of June, 1907.—Febrile symptoms disappeared, cough much less, sputa much better, but complained of constipation—*Nux vom.* 200, two globules.

15th of June, 1907.—No further trouble about bowels, other symptoms much improved. *Calc. carb.* 200, two globules.

Since then, he improved a great deal. A relative of his called at my office three months afterwards, from whom I learned that he is still doing well.

Calcutta, India, July, 1908.

THE LATEST INVESTIGATIONS— HUMAN SERUM.

The eminent scientists who lead the van of progress, or at least a van of some sort, have now arrived at "human serum." How they obtain it we do not know, and must confess equal ignorance as to the results. For instance: "The results obtained by Davis show that while the serum of normal human beings may contain certain meningococcidal substances as well as opsoins for meningococci, both these specific properties are markedly increased in the course of meningitis." Davis tried it—whatever it may be—on two patients, one died and the other didn't, "and the only deduction permissible would seem to be that the serum in no way did harm," which fact is something in its favor. McKenzie and Martin used serum from patients who had recovered from cerebro-spinal fever, on fourteen cases, of whom "eight died and six got well."

We are digging this out of the pages of the *Journal A. M. A.*, September 26th, and the writer after this states:

"The authors," *i. e.*, McKenzie and Martin, "state that the patients thus treated were unselected and cite figures showing that the recovery rate presented by the patients injected with human serum is much greater than that presented by other cases in the same hospital but not treated with serum—fifty such cases giving only four recoveries."

Here is another clipping from the same paper:

"Antimeningococcus serum owes its properties to several distinct bodies, of which the most important probably is the anti-endotoxin. The great toxic action of the meningococcus is well shown in the experiment by Davis in which he obtained a prompt and profound reaction in twenty minutes by injecting dead meningococci into a normal person; a profound intoxication resulted with violent headache, some delirium, vomiting and later herpes and severe acute nephritis developed, but there were no special meningeal symptoms." All this is presumably up-to-date medical science of the serum brand.

In Hans Christian Anderson's fairy tales for children we read of a king, his courtiers and loyal subjects to whom a very learned scientist once appeared, at the court, and displayed a bolt of won-

derful and magnificent cloth. The king, presumably, after viewing his courtiers out of the tail of his eye, greatly admired the wonderful cloth, as did all the others, and ordered robes for himself to be made from it. When the robes were completed the king arrayed himself in them and accompanied by his court paraded the streets. Solid and conservative citizens who had heard of the new robes from the wonderful cloth, together with the court, greatly admired the robes until a little child exclaimed, "Why, mamma, the king's naked."

How the king, his courtiers and the solid, conservative citizens explained the episode is something that further investigation will be required to ascertain. Probably the court journals wrote up the robes quite fully until the king wore them and afterwards "advanced" to other topics.

VACCINATION AND SMALL-POX IN AUSTRIA.

The Vienna letter in the *Journal A. M. A.*, September 12th, treats of the subject of vaccination and small-pox in Austria. The letter says:

Partly because of the constant efforts of the medical profession, and partly because of repeated outbreaks of epidemics in various large towns, the subject of vaccination has lately received much attention from the government. In consequence of the outbreak in Vienna in the summer of 1907 more than a million persons voluntarily underwent vaccination. Vaccination is not compulsory in this country.

Most of the army and the civil officers have been vaccinated. The letter has the following to say concerning the vaccine used:

Human lymph is no longer used for vaccination here. There are seven public and three private institutions for producing cow's lymph. The largest one is that in Vienna, which is owned by the state. It produces 3,000 grams of cow's lymph a year, which is made up with glycerine into 78,000 grams of vaccination lymph, equalling 700,000 tubes, each tube sufficient for two persons. As a rule, the cow's lymph is diluted with five parts of glycerine; then kept for two weeks in a refrigerator; then once more diluted, and kept on ice for four months. The lymph prepared in this way has a mild but sufficiently protective action. During the epidemic of last year, when more than 70,000 persons applied daily for lymph, the material dispensed had to be taken from fresh stock. Strong reactions, marked by rigor and pyrexia for eight to seventeen days, were observed.

The writer says that small-pox "is very rare in this country," and that few practitioners who entered the hospitals, after 1885 "know small-pox except from books." However, owing to the spread of the "*Naturheiler*"—nature cure—a movement has been started for a compulsory vaccination law.

As Austria has got along singularly well without it such a law seems useless.

MEDICAL TERMS CRITICISED.

Dr. Howard B. Given, of Nashville, Tenn., contributes a paper to the *Medical Brief*, September, from which the subjoined is taken and respectfully submitted:

"Some years ago, while pursuing the study of anatomy at the University of Louisville, my attention was arrested by the unscientific, puerile and often absurd namings that exist in our medical vocabulary. There appeared to be about sixty or seventy-five parts of the human body having the names of men: besides these, there are many indefinite and nondescript names, such as acetabulum, for which I would suggest the name of octoform. Some of these names have been displaced and others are doomed.

"Misnomers occur, also, as regards both diseases and their remedies. It is a mark almost of mental imbecility to continue such names as Addison's, Bright's, Potts's, Graves's disease, etc. Some of the names of this class are properly supplanted, such as chorea for St. Vitus's dance, erysipelas for St. Anthony's fire. Again, as regards remedies, surgical and medicinal, note Colles's fracture, Cæsarian section or Sanger's operation, Loreta's operation, Wardrop's operation and Warburg's tincture. Bland's pills, Buckley's uterine tonic, Dover's powder, epsom salts, rochielle salt, etc. As an interesting study, track this false nomenclature through your medical dictionary, catalogues and literature.

"Few things are well defined, more are proximately described, but many are whimsically denominated, *e. g.*, electricity from the Greek word *elektron*, amber, an agent from which it is supposed to have been derived, and in medicine, calomel, derived from the combined stems of two Greek words, meaning beautiful black. While such names are arbitrary, they are now fixed and have the force of a proper name given to a person."

A CASE OF ACONITE POISONING.

Editor of the HOMŒOPATHIC RECORDER:

Homer Hollinger, age 26, 2012 Prospect Ave., Cleveland, Ohio, drank about three-fourths of an ounce of the tincture of *Aconite*. This occurred on Friday afternoon, August 21st, about twenty-five minutes after 2 o'clock. He immediately discovered his mistake, and took about a tablespoonful of ground mustard in water, but couldn't vomit. His sister, who lives with him, being frightened, could not phone me. She finally did succeed in finding my number and told him. He says that by this time his memory was so affected he could not retain the number, and she repeated it to him over and over. When he got the connection I asked him what the matter was. He told me. I ran over with a bottle of the tincture of belladonna, which is said to be an antidote. Before reaching the house I decided that belladonna was dangerous. The man was frantic, sitting down, getting up, pacing the floor, pulse weak and irregular, intense burning in throat and stomach. He told me how much he had taken, and showed me the bottle with some of the "real thing" in it. All this occurred in one-tenth the time it takes to write it. "Have you any vinegar?" I asked. In response he brought a glass jar with about a quart of excellent cider vinegar. A half teaspoonful was about all I cared for. "Drink, drink!" said I. He drank about a half pint. "I don't taste it at all," said he. "It doesn't matter; drink some more," I replied. He drank another half pint right out of the quart jar. In fewer than five minutes he was greatly relieved, and his pulse was much better. Then having watched him about twenty minutes I went home across the street, thinking I would read up, leaving orders for my patient to take a half cup of vinegar, diluted with water, every half hour. Having looked up the subject hurriedly, I called up Dr. J. A. Lytle, registrar of the Cleveland Homœopathic College, and several other doctors. Every one said, "Your patient will die." This was rather discouraging. I hurried back to find my patient somewhat weak in the legs and back, and his sense of smell so acute that he held his nose while drinking the vinegar. The muscles about his eyes, too, were somewhat drawn. Otherwise he was feeling fine. He took no more vinegar after 4 o'clock, and in all took almost a

quart, the first dose about fifteen minutes after taking the aconite.

The vinegar almost immediately relieved the burning and choking sensation in his throat. His saliva, which was thick and stringy (hanging down three or four feet, at my arrival, on his attempting to spit), did not change its character for at least half an hour. It gradually became normal. All the symptoms gradually subsided, and there were no others except that he says: "About midnight my head felt very strange and flighty, but it lasted only a few minutes." This was probably due to the vinegar. Next day he was ravenously hungry.

The next morning, Saturday, having been convinced that my man was out of danger, although I could hardly believe it, I called up Dr. Lytle, and said: "Well, doctor, I saved my man." "You did? Is he still alive?" he said. Having been assured that it was true, he said: "You are to be congratulated. That's remarkable."

C. M. SWINGLE,

Student Cleveland Homœopathic Medical College.

2101 Prospect Ave., Cleveland, O.

THE PHARMACOPŒIA QUESTION.

Editor of the HOMŒOPATHIC RECORDER:

Have just read in your August number "What Will You Do?" If I understand from that article that the American Institute of Homœopathy through its committee on Pharmacopœia proposes legislation that will prevent one legally from using the 30th potency or higher, I intend to oppose it, both by word and pen, and will talk loud enough to be heard everywhere. If I am correct, it looks to me as if they were trying to fly into the hands of our opponents.

Were ever such puerile efforts made in the days of our leaders of old. Who ever heard Hering, Dunham, Lippe, Guernsey and a host of the true blue talking such, etc., nonsense.

Many of our would-be leaders are, I fear, going or gone over to the enemy. We want pure drugs, but we want to use them as high as we please.

C. H. COGSWELL, M. D.

Cedar Rapids, Ia., Aug. 31, '08.

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Next session of the Institute of Homœopathy, in June, 1909, in Detroit.

DR. J. RICHEY HORNER, *Secretary Pro tem.*

WAKE UP, YOU SOUTHERN HOMŒOPATHS!

New Orleans, La., Sept. 15, 1908.

Dear Doctor:

We sent a call August 18th to all Southern Homœopaths pleading for assistance for Homœopathy at once. Comparatively few answers have been received. What is the matter with the Southern Homœopaths? Are we to understand by your silence that you are in favor of sacrificing the Southern in the face of the propaganda started at the Kansas City meeting of the American Institute? We beg you not to do so. It is the duty of every recipient of both these appeals to support the Southern morally and financially as well as to attend its meetings whenever it is possible for him to do so, just as much as it is to support his local or State society and the American Institute. That you do not need its influence personally because you live near strong homœopathic centers, or near the north and can attend meetings there does not release you from this duty.

Awake from your apathy and come to the support of Homœopathy, the Southern and the propaganda.

Do it right now, don't postpone action, fill out the enclosed application blank and return at once with assurance of your hearty support, good will and attendance.

Yours fraternally,

EDWARD HARPER,

Secretary.

New Orleans, La., Sept. 15, 1908.

LACHESIS.

And now I will relate some of my successes with the remedy. My first experience with it was during the winter of 1880-'81. I was treating a case of pneumonia in an elderly lady—past seventy—of delicate constitution. Her children did not expect her to survive the attack, but the case progressed favorably for several days, until it seemed as though the acme had been passed, and that convalescence would soon follow. One evening, however, I found her much prostrated, breathing faintly, with the pulse almost entirely gone. What could be found was feeble and tremu-

lous, so rapid and indistinct as to prevent counting, though it seemed to be about 160 per minute. I concluded that the end had come, but decided, remembering what Hughes says of *Lachesis* and tremulous action of the heart, to give it a trial. I left some powders of the drug without any hope of success, and returned the following day expecting to find crape on the door. To my surprise, I found her convalescing, with a regular pulse, less than 100, and all other symptoms improved. She was well a few days afterwards, and remained well for several years.

The same winter I encountered a case of stubborn and racking cough in a man about middle age. He was a robust farmer, and did not seem very sick, but the cough would not "down." I treated the case for a fortnight without impressing it in the least, and became discouraged. Little signs of local irritation could be found in the bronchial tubes or pulmonary alveoli, but the cough was explosive and rasping, aggravated at night from cold air, and very much provoked by dust when the wife did any sweeping. It was evidently a case of irritability of the pneumogastric branches, and I finally "tumbled" to *Lachesis*. I had a very small quantity of the remedy on hand, about nine small powders, if I remember correctly, but these cured the cough, and it did not return.

About five years ago a boy of five years was brought to me in a go-cart from San Francisco who was a cripple from post-diphtheritic paralysis. A younger child, a little girl, had succumbed to diphtheria, and the boy had nearly died with it, but finally survived, in this condition. They had been treated with antitoxin and allopathic remedies, *secundum artem*. The paralysis had continued for about five months, in spite of electricity and strychnia. There was complete paralysis of the lower extremities, and deglutition and phonation were much impaired. The child was peevish and babyish, though the parents informed me that before his illness he was a self-assertive and cheerful boy. Enough *Lachesis* to last a fortnight was furnished him, with instruction to return when it was gone. When brought back great improvement was reported. The boy could swallow well and speech was nearly normal. Also, the boy could stand on his feet without help for a short time, and made frequent efforts to do so without prompting. In another fortnight he had entirely recovered, and

afterward remained well. The parents became patients of mine, so I see him occasionally. He is a strong, healthy child, full of romp and mischief.—*Dr. H. F. Webster, Eclectic Medical Journal.*

THERAPEUTICS OF CANCER.

By Dr. John H. Clarke.

Cancer of the Breast.

I must strongly emphasize the great importance of the early recognition of any swelling in the female breast as an aid to diagnosis and treatment. The innate modesty of the patient makes her so reticent that she will for months go on without telling even her own mother or sister she suspects anything wrong, and finally when she has summoned up courage to divulge her fears, it is to one of her intimate acquaintances rather than to any member of her own family. By this time her anxiety has begun to tell on her health, so much so that the cachexia of malignancy has already stamped itself in her face.

When a case of cancer in the breast presents itself to me in its early stages, and before there is much or even no pain, I invariably put the patient on *Hydrastis* 1x internally, two or three drops of the tincture four times a day before meals, and a lotion of equal parts of *Hydrastis* and *Glycerine* applied by being painted on with a camel's hair brush and covered with medicated wool. I have this done morning and night.

I give strict injunctions whenever outward applications are employed that they are not to be *rubbed* in, lest irritation may be set up unnecessarily in the swelling. I also impress on the patient the desirability not to be constantly feeling if the tumor is altered in its size, and not to think about it more than she can possibly help. I also insist on the absolute necessity for the arm, on the affected side, being kept quiet and in a sling.

I have certainly found *Hydrastis* 1x very efficacious when persisted in for some weeks, as, besides affecting the breast favorably, it seems to influence for good the faulty nutrition.

Conium mac.—But if, with the swelling, there is pain in the early stages and an absence of redness, I have found one to three drops four times a day of *Conium* 3x, over and over again, give

marked relief, even more so than *Belladonna*, though this last remedy is invaluable when there is great throbbing. *Conium ointment*, B. P., applied on lint is most soothing.

Arsen. alb.—When, however, the pain is of an agonizing, burning character—not only in the breast but in the nerves of the brachial plexus—*Arsenicum alb.* 3x at the onset, and then later on in the fifth centesimal, is the medicine I rely on for a long period. It is more indicated where there has been at any time eczema of the nipple and areola. Its action on the blood itself, the stomach, and heart, makes it a most estimable “pick-me-up,” and this is the name I give it to the patients, who swear by it. This medicine seems to hold the whole trouble in check. If the pains are of a very stabbing character, then *Spigelia* 3x is given, but cautiously, as I so often have found medical aggravation set up by this medicine if the patient is at all hyper-sensitive to its action, and in that case a higher dilution, the 12th, is more suitable.

Mer. cor.—As soon, however, as ulceration is set up, with a marked tendency to the breaking down of tissue, I invariably call to my aid *Mercurius cor.* 3x internally, and a tepid lotion of 1 in 3,000 of the same, externally as a wash, to be applied gently with a glass syringe twice daily. The affected part is then packed lightly with small pieces of lint soaked in the same lotion, and when changed washed out with the syringe. I continue this indefinitely, unless any fresh symptoms arise in the general health calling for other remedies. I have seen the most brilliant results in producing healthy granulation, so that what was once a large open sore has gradually healed, and at the same time the glands in the axilla have quite or almost entirely disappeared. I have a case now of a lady, who came to me twelve years ago, when she had been told by surgeons she must undergo an operation. She was suffering intensely night and day with pain in the breast, arm and shoulder. I at once put her on *Conium* 1x.

Conium 1x.—At the end of ten days she comes telling me she “has not had nearly so much pain, though she has a little sharp stinging occasionally for a few minutes, which soon passes off.” The skin over the tumor looked very suspicious of soon ulcerating, which it did at the end of five weeks, and I at once turned to my sheet anchor, *Merc. cor.* 3x. When any slight bleeding occurred I stopped *Merc. cor.*, internally and externally, and instead

gave *Phosphorus* 5 internally and *Calendula* externally. If, however, the bleeding was more profuse than a simple oozing, I employed pure *Hamamelis* or *Hazeline*. When the hæmorrhage stopped I at once reverted to the *Merc. cor.* 3x.

Some patients suffer more pain in the breast at the menstrual period, and at such times I have found *Bryonia* 3x. to be the panacea, to the great delight of the sufferer, and that when *Belladonna* has been absolutely useless, *Aconite* in half drop doses has frequently relieved the restlessness and produced sleep, which, when under allopathic treatment, had to be obtained with *Opium*.

Mental distress and anxiety in family matters will often produce disastrous results in the organ affected. I have often seen the quiescent tumor roused to activity and pain after some shock or domestic trouble, and in these cases frequently repeated doses of *Ignatia* 1x have been the greatest comfort to the patient. For twenty-two years one of my patients had scirrhus of the right breast and no one knew of it except myself and my colleagues. During all these years she took nothing but *Hydrastis* 1x, *Arsenicum* 3x, and *Mercurius cor.* 3x, according to symptoms, and not until about six months before she died, when she had a period of anxiety and strain, were there any secondary deposits. Then the glands in the anterior mediastinum became implicated with the malignant trouble, and so interfered with the action of the heart that the patient ultimately died.

Two only of my cases underwent operation for amputation of the breast. One patient, a married lady, lived four years of miserable life, and finally died of cirrhosis of the liver and malignant jaundice. The "violet leaves cure" was tried in this case, but with no good result. The other was a maiden lady who, after the breast had been removed, lived five years. To detail the history of this case and its many and varied phases would fill a volume; but I refrain.

Besides the medicines I have mentioned in the treatment of scirrhus, there are others amongst those usually prescribed, according to circumstances, constitution and symptoms, such as *Calcarea carb.*, *Graphites*, *Phytolacca* and *Silicea*.

Cancer of the Stomach.

The range of symptoms in malignant disease of the stomach is

very wide and lays a heavy embargo on our materia medica. The number of medicines at our "beck and call" is very large, and to differentiate between the various drugs according to the *totality of the symptoms* and constitution of the patient is a very important task in the homœopathic treatment of the disease. *Arsenic 3x* is well to the front for the burning pain, vomiting and emaciation so constantly present, though I think *Kali bichrom. 5* runs it very closely, especially so if there is a tendency to constipation and a feeling of nausea when moving about. Both medicines have the same cachexia in their pathogenesis.

For the vomiting I have found *Kreasote 3* of more help than *Ipecac.* or *Ant. crudum*, though if there be coffee ground appearances I believe largely in *Phosphorus 5*. In some cases drinking hot water, and in others sucking small pieces of ice, is very salutary. Where the patient finds relief from taking food, *Hydrastis 1x* and *Lycopodium 5* are useful, the former more so if constipation is present, and the latter if there is much distention of the intestines and a sandy deposit in the urine, together with a mapped appearance of the tongue. *Lachesis 5*, too, is indicated by a gnawing pressure, made better by eating, but coming on again in a few hours. The emptier the stomach the more violent the pain, and here *Lachesis 5* is good.

If *acidity* be a prominent symptom, I think, in most cases, *Pulsatilla 1x* is an excellent remedy, especially if the thought and smell of food produce disgust and aversion to eating; though in several cases where *Pulsatilla* seemed to be called for and failed, *Hydrochloric acid 1x*, three to five drops in half a wineglass of cold water, has often been very useful in my hands when acidity is the marked symptom. This is taken before meals. Of *Condurango*, *Acetic acid* and *Lapis albus*, and many others, I have had no experience.—*Monthly Homœopathic Review*.

REPEATEDLY THREATENED ABORTIONS IN ONE PREGNANCY.

By Dr. R. Kluge, Bremerhaven.

A young married woman of twenty years, brunette, slim and somewhat pale of complexion, had an abortion four months ago, when, with a violent hæmorrhage, a fœtus eight weeks old was

discharged; this case had been finished by the gynæcologist by the customary scraping of the uterus. Formerly the patient had always had a very strong menstruation, which had usually appeared too early, and was accompanied with many nervous troubles. She had also suffered from rheumatism and from pneumonia, and had been treated for chlorosis. Since her abortion she had no menstruation, but she had since then frequently a painful drawing on both sides of the abdomen, which the gynæcologist explained was owing to the contraction of the two round bands of the uterus; moreover, the patient suffered from a rather copious, yellow, acrid leucorrhœa.

I was called in on February 6th at 11 o'clock at night, and I was told that lately there had frequently been some nausea and some discharge of blood from the genitals, but since the night before the patient had stayed in bed owing to pains resembling those of labor. This evening about 8 o'clock about a hand full of blood was discharged and also at the present time often pains resembling labor come back, during which some blood is discharged. The uterus showed a strong version forward, and the part of it which was soft to the touch lay upon the posterior wall of the vagina; the uterus feels full and is enlarged. I gave her some drops of *Secale 2 D.*, which I had with me in my pocket case, in a cup of water, directing her to take a teaspoonful every hour, increasing the intervals as there was relief.

Next day there were no more pains. The patient had a better appetite than for some time; but she dreamed much about murders and is very much disquieted. I directed her to continue the dilution, taking a teaspoonful three times a day, and I prescribed a clyster to remedy the constipation, as also a diet of fruit, with rest in bed.

On the 8th of February I heard that she still had some pains as of labor, attended with traces of blood. Otherwise the patient felt well. *Secale* continued.

On February 9th it was reported that there was no more blood, but the drawing pains in the side, mentioned above, had reappeared. The urine is turbid with reddish-white sediment. *Secale* was continued once a day.

February 11th the patient complained of the occasional drawing pains in the side, as also of lancinating pains in both the mammæ, which are soft and do not discharge any colostrum on pres-

sure. There is some thirst, tenesmus in micturition and frequent stitches in the abdomen. Palpation showed a similar result as on the sixth. She was given *Sepia* D. 12, five globules in a wine-glass full of water, a teaspoonful three times a day. The patient got up from bed.

February 12th. The pains in the abdomen are more violent, and on the 13th a blackish secretion was discharged, consisting of blood disintegrated behind the parts affected. The urinary troubles still continue. *Sepia* is continued.

February 21st. She still complains of the pains in her side and the urinary troubles; there is a full feeling in the head, more when walking about; lancinations in the mammæ; no more discharge; the sleep is disturbed by frightful dreams; she is very anxious. *Calcarea carb.* D. 10, three times a day, three drops. An abdominal bandage was ordered.

March 1st. She complains less of headaches, sometimes of cramp-like pains in the middle of the abdomen (uterus), especially after walking. The urinary trouble appears more rarely, no more tenesmus. The sleep is easy, the appetite good. A sensation as if something would drop out below. *Calcarea* is continued.

March 7th. There is sudden headache with heat, also convulsive pains in the uterus, especially after walking, better when lying down; leucorrhœa is again pretty violent, there is still a pressure downwards. *Cimicifuga* D. 6, three times a day, three globules.

March 13th. The headache is still frequently violent, but no more abdominal pains; she can walk a good distance without pains; the leucorrhœa has diminished. The downward pressure has disappeared. *Cimicifuga* continued.

March 22d. There is still a pressive headache in the forehead and in the occiput; pulsation in the temples, attended with heat in the head; this morning she fainted, many frightful pains; there are still at times pains in the glands of the breasts and a sensation of pressure downwards. Since eight days there are pretty lively motions in the uterus, also at night. *Belladonna* 6 D., two globules three times a day.

March 28th. She reports that she had no more pains in the head, also the other troubles are gone; she feels well. *Calcarea phosph.* D. 6, on account of her anæmia. I advised a dry diet to secure a light weight child.

May 19th. I was called at 12 o'clock at night to the same woman after she had suffered from drawing pains in her right side all the afternoon; she complained of pains in her back, has vomited twice, has frequent eructations while sitting up, is chilly, lachrymose, feels strong movements of the fœtus; now she also has pains drawing downwards on the right side; tenesmus; vagina is strongly contracted, a portion of it protrudes anteriorly, the mouth of the uterus allows the insertion of two fingers. Prescription: Hot compresses on the abdomen; she is not allowed to take any solid food; she may drink cold water in small quantities. I gave her from my pocket case *Nux vom.* 3 D., as much as would lie on the tip of a penknife, in a cup of water, and directed her to take a teaspoonful every hour or two, according to her condition.

On the 20th of May, in the morning, I heard that the patient had slept after I left her at 1 o'clock, till half past four, then she again had violent pains, twice a vomiting of a greenish substance, and while sitting up constant eructations; better while lying down; tenesmus is still present, no chills, frequent heat, violent motions of the fœtus; after *Nux* the pains generally were diminished at once, but there followed vomiting. The os uteri is much enlarged, so that a large part of the fœtal integument, five to six centimeters in circumference, may be felt, and a midwife was called in, as I lived a mile and a half away, for there seemed a likelihood of a sudden delivery. *Nux vom.* was discontinued for a time, and was later continued in a higher dilution. In the afternoon I heard that the patient had no more pains from 10 o'clock till 4 in the afternoon, and had even slept much of the time; since that time she has again had slight pains.

May 21st. The woman had some pains in the back, the movements of the fœtus are still pretty strong, there are burning pains in the vagina. There is still tenesmus, stools after clysters, no appetite, much sleep, frequent perspiration after sleeping, much thirst. To-day the bag of water could again be felt to a lesser degree. The patient was ordered to remain in bed. *Nux vomica* in rare doses.

May 22d. The patient continued to have much thirst, is very sleepy, has no more pains in the vagina, some drawing pains yesterday evening after the examination; no tenesmus, a stool yesterday after the clyster, to-day there was one without it; the ap-

petite is better, much perspiration. *Syphilin*. D. 300, four pellets. *Opium* D. 3, eight globules in a wineglass full of water, one teaspoonful every three hours.

May 25th. After a dose of the *Opium* dilution the patient for one night had again pains in the back resembling labor. *Opium* was then discontinued, and after the use of hot compresses the pains ceased. The movements of the fœtus are moderate. The thirst is less, sleeplessness, tenesmus less, she still perspires much. The os uteri is again contracted; if the improvement continues she will be allowed to leave her bed again and move about cautiously, wearing an abdominal bandage.

After this the pregnancy proceeded almost to its natural termination. The birth was to be expected in the middle of August as counted from the first motions of the fœtus. In the end of July the delivery took place, and was accomplished without special aid by the birth of a slim child.

This case seems to prove that even with such a pronounced tendency to abortion, when the abortion had apparently preceded the impregnation so shortly that the uterus had not had time to resume its normal state, and although in spite of the avoidance of all unusual exertions, and in spite of the protection of the abdominal bandage, an immature delivery had threatened twice, nevertheless the properly selected homœopathic remedy which covered the totality of the symptoms brought the desired help. It also proves that *Opium*, which is alone used in the old school in such cases, as the trial of May 25th shows, even where it was used in a homœopathic dose, diluted a thousand fold, and was homœopathically indicated, may still show its action tending to abortion, so that as we also see from the effects of *Nux vom.* it is well with pregnant patients to use higher dilutions. Yingling in his "Accoucher's Emergency Manual," on page 23, warmly recommends, especially in all cases of delivery, the use of the high potencies. These are not indeed in high favor with most German practitioners, but the present case taught me that we should not in such cases use low potencies, especially not in repeated doses.—*Allge. H. Zeitung.*

THERAPEUTIC POINTERS.

Solidago virga is useful in well defined pains above the kidneys, where there is difficult and diminished micturition, or when the urine is of a dark color and containing a heavy sediment.

Phytolacca. The influence of *Phytolacca* on granulation is such that with those who have used this remedy and also the iodine remedies, there is a strong conviction that in many cases it stands above the iodine remedies. In any case there is a decided agreement between them. While it does not seem to have the same power over exudation from lymphatic glands and glandular tissues, it furthers their transmutation, causes them to soften, counteracts inflammation and opposes septic infection, and restores natural functions. We may fully rely on its transmuting influence when it has been properly prescribed. (Ellinwood.)

BOOK NOTICES.

The Chronic Miasms, Sycosis. By J. Henry Allen, M. D., author of "Diseases and Therapeutics of the Skin" and "Psora and Pseudo-psora." Professor of Dermatology, Hering Medical College, Chicago. Volume II. 424 pages. Cloth, \$3.00.

This book's position is a bit curious, for, while its subject is the greatest in medicine, yet it is all found in Hahnemann's *Chronic Diseases*. The author says: "I have no new truth for you, I make no claim to that; I am simply 'one crying in the wilderness, make the paths straight.'" The book is but confirmatory of the teachings of Hahnemann with some rather startling assertions added, as, for instance, "Until I saw clearly that la grippe was a sycotic disease I often found it difficult to select a curative remedy that would wipe it out, without the necessity of a second or third selection." Again: "The false teaching that has gone forth for years that everything is psora is not syphilis, has done much to harm the cause of Homœopathy." It was true in Hahnemann's time but "this new element, sycosis, has increased and multiplied ten thousand fold since that time." Sycosis, of course, is what is termed in general medicine constitutional gonorrhœa, including its transmission to children born unto parents so tainted.

From page 165 to the end, page 419, the book is devoted to the materia medica of gonorrhœa, of the urinary tract, of dysmenorrhœa and leucorrhœa. Twenty-seven remedies are included under the gonorrhœa, nearly one hundred and twenty-five

under dysmenorrhœa, and about half as many under leucorrhœa.

The chief value of this book, it seems to us, lies in the emphasis it places on Hahnemann's last and greatest work, *The Chronic Diseases*. The book has no table of contents or index—a mistake in any book.

Diseases of Children. By William Nelson Mundy, M. D., Professor of Pediatrics in the Eclectic Medical Institute, Cincinnati, O. Second revised edition, illustrated, 8vo, 512 pp. Cloth, \$3.00. The Scudder Brothers Co., Publishers, Cincinnati, O.

Dr. Mundy writes: "We have the courage of our convictions and believe in therapeutics, notwithstanding the skepticism so rife among medical men. There is a physiological and a therapeutical action of a remedy. It is the latter we desire. *Ipecac*, for instance, will produce emesis; in small doses, frequently repeated, it will stop vomiting. *Strychnia* in large or poisonous doses produces tetanic spasms; in therapeutical doses it will act as a stomachic and a stimulant, and will relieve pain. *Belladonna* in large doses produces congestion, even paralyzing the vaso-motor system, as evidenced by the dryness of the throat and flushing of the face, yet it is one of our best remedies for congestion when given in therapeutical doses." The etiology, pathology and all that sort of thing are necessarily nearly the same in all books; the treatment is outlined above, a species of broad Homœopathy, or, as Dr. Mundy would prefer, eclecticism, the difference one is sometimes inclined to think being something like that between the rough diamond and the diamond cut and polished as it sparkles in its setting. If this were an essay on the writing of books rather than what purports to be a review, we would say to writers, put your individuality into your book and do not try to be too learned. Any doctor's personal experience, honestly given, is of value and interesting in proportion as it is purely personal. The academic we have ever with us and plenty of it, but the actual individual experience with the handling of disease is what is wanted.

Dr. Mundy has admirably succeeded in his aim "to present a work on diseases of children based upon the eclectic system of therapeutics."

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EDITORIAL BREVITIES.

HAHNEMANN'S MANUSCRIPTS.—Dr. W. H. Dieffenbach in a letter to the *Medical Century* says that while in Europe recently he called on Dr. Fritz von Bœnninghausen, who is 81 years old, but who still practices “along lines followed by his father, C. von Bœnninghausen, for over fifty years.” Dr. Bœnninghausen possesses Hahnemann's unpublished manuscripts secured in a hermetically sealed case. He admitted the desirability of publishing them, but wants to supervise their publication. If this is not done he claims to have made provision for the safety of the manuscript in case of his death. His favorite assertion concerning Homœopathy is: “Homœopathy is like the alphabet, it is easy for one who understands it and can put the letters together and employ them, but for the Hottentot or allopath it is unintelligible, and we must not chide them for not applying or understanding it.”

THE AFTER EFFECTS OF SERUM.—“Moser's serum as a scarlet fever remedy” has recently been thoroughly written up in a German journal on the diseases of children. Among the ten conclusions arrived at by the author the last one is of especial interest as a straw showing the direction of the wind. Here it is: “The negative feature of the serum treatment consists in the frequency of serum complications and the gravity of these cases due to the large amount of serum injected.” This is the fly in the serum amber—the remedy may make serious trouble. Reports of the ills and deaths caused by the serums get more plentiful every day. The troubles directly traced to them are, probably, very few when compared with those caused by the serums but not attributed to them. It would be interesting to observe the after-

life of one who had undergone prolonged treatment with serum and recovered. Burnett wrote that the ills due to vaccination were many and lasted a life time, and it may be so with the serums.

YET ANOTHER CURE.—Stumpf, whoever he may be, has discovered that white clay is a reliable cure in Asiatic cholera and “bacterial diseases” generally, and tells of it in the *Deutsche Militarzliche Zeitschrift*. It may have its place among remedies but will not be in vogue very long if given in 125 gram doses. From “bacterial vaccines” to clay is a long step. Both, with other new things the future may have in store, will soon go out of commission because of lack of definite indications, and from the fact that the men who use these remedies apparently *cannot* refrain from constantly increasing the size of the dose. They give a drug in a case where it is really indicated and get good results; next comes a case of the same (diagnosed) disease where it is not indicated and then in place of realizing this fact they think they have not given enough of the drug and act accordingly. Result: They look for another remedy. This must continue until the great law is recognized.

THE CAUSE OF NERVOUSNESS.—Dr. P. C. Hunt, *Virginia Medical Semi-Monthly*, tells the world that the causes of nervousness are dyspepsia, constipation and insomnia, which, if true, puts the nerve specialist nearly out of business. Having found the causes of nervousness the next step is to remove them, which, needless perhaps to add, is another problem, for something else may be the cause of them as they are the cause of nervousness. In fact, each step may open a new vista. It is a problem. In another southern medical journal, *Gaillards*, Dr. M. O. Burke tells the readers that the stomach is not only a reservoir but also a factory, a chemical laboratory, a mill and sometimes a brewery, which shows that the stomach must be a very versatile organ. Sometimes it is a tank.

SERUM VS. RABBIT'S FOOT.—Flippant *Life* makes merry over the following cable to *The Herald* from Buenos Ayres: “The special committee charged to investigate the efficiency of Behring's anti-tuberculosis serum reported that the experiments were a complete failure.” On this *Life* comments: “If reports of this

kind are encouraged some crazy mischief-maker will soon be declaring that Brer Rabbit's foot is no protection against rheumatism."

MEDICAL ETHICS.—The British Medical Association was recently confronted with the following proposed amendment to "the code:" "A practitioner who has seen a case in consultation should not supersede the attending practitioner or attend the case in any future illness without the permission of the introducer." It was voted down. Human nature has a considerable part to play in such cases, for if a practitioner calls in another there is apt to be the tacit assumption on the part of the patient that the one called in must be of a superior rank else why is he called in? Where the consultant is a surgeon this assumption does not exist, but in others it seems that it must be more or less present.

THE PLAGUE.—A contributor to the *British Medical Journal*, A. Buchanan, writing of the plague, says that houses in which cats were kept were free from the plague, and that plague camps are the safest place in a plague epidemic, and that the disease is never conveyed directly from man to man. Some day when scientific medicine gets through with the microscope and looks abroad with larger view it may see that disease is due to individual bad life or to conditions that are prevailing in nature and not to bacteria. India, the home of so many "plagues," is an over-populated country; ever and anon matters get to the point that some must go because the soil cannot feed them. If they happen to go by some form of plague the "germs" get the credit.

BUT DOES IT?—Dr. Abbott's good looking journal asserts: "In medical practice the heart wins more victories than the head." Assuming that the editor uses the words in their usually accepted meaning, one is tempted to think that he writes more from the heart than the head unless he means that the victories consist in the making of friends by a display of sympathy, love, kindness and all those good traits. But to give these requires no medical education, and while they make things pleasant generally they do no more than Christian Science for the patient. Really the only physician, the doctor, is he who can read symptoms, trace their antecedents and fit them with the remedy that is of a

similar genus; if he happens to be a disagreeable old rough that doesn't interfere with the working of the law.

THERAPEUTICS.—It has been said that one reason why the proprietary medicines are sold so largely is that medical students are taught so little of therapeutics and almost nothing about drugs. This was illustrated (*Critic and Guide*) by a patient who called on a new doctor on account of severe headaches. The doctor learned that he drank coffee, so he ordered him to stop it and then prescribed *Caffein* in large doses.

"TUBERCULIN."—To ask for tuberculin to-day is like asking for "Mr. Smith," for the tribe has multiplied. There is, first, the original Koch's tuberculin, which was made from six weeks' old bacilli broth, boiled and evaporated. Then came Koch's new tuberculin, with the added designation T. R., made from the dried and ground bacilli worked up in saline solution and water. Bacillin-emulsion is the pulverized bacilli shaken up with glycerine and water. The Calmette reagent is a precipitate of the old tuberculin, by alcohol, dissolved in distilled water. Then there is Kleb's tuberculocidin, Hirshfelder's oxytuberculin, Hahn's tuberculoplasm, Beraneek's tuberculin, Maragliano's water extract, Deny's B. T., Spangler's P. T. O. and many others more or less proprietary. The homœopathic *Bacillinum* is the oldest of the lot and the simplest and most accurate, as it consists of the raw, so to speak, bacilli direct from the diseased lung, triturated in milk sugar up to the 6x and then run up to potencies in pure alcohol. *It acts.*

BROMIDE ERUPTIONS.—The *N. Y. State Jour. of Med.*, September, contains a paper by Dr. J. A. Fordyce on syphilis. It is quite well illustrated. Figure 9 shows a leg with six large eruptions. They are not syphilitic but are caused by the use of bromides over a long period of time, the patient being an epileptic. Dr. Fordyce writes:

The administration of bromid results not only in disseminated ulcerative and encrusted lesions, but also in the production of large fungating areas which clear in the centre and spread at the periphery much in the same manner as a serpigenuous ulcerative syphilide. These lesions are seen on almost any part of the body, but have been observed more frequently by the writer on the lower extremities of adults, where they persist for months and are distinguished with extreme difficulty from their specific congeners.

THE EXAMINATION SYSTEM.—The *N. Y. State Jour. Med.* begins an editorial on this topic as follows: "One of the blighting influences upon the study and teaching of medicine is the examination system. Its pernicious effects may be seen from the beginning to the end of the modern medical curriculum. Unfortunately the examination fetish is steadily gaining a stronger hold upon medical education. Dr. Lauriston E. Shaw, before the Harvean Society, said that its influence is wholly detrimental to our true aims." The contention is that examinations do not demonstrate a man's intelligence but are memory tests only. A man may answer every question correctly and really have no intelligence on the subject.

CARBUNCLES.—Helmuth's *A System of Surgery* is an old book as surgeries go to-day, but for the man who is not concerned with big operations, for the general practitioner, it is probably the best book on surgery obtainable. The other day while looking through it for what it has to say on "dislocations," our attention was arrested by a paragraph beginning: "Of late, however, I have adopted a treatment which has been so successful that I have been surprised at the results." The treatment was of carbuncle, and, in brief, consisted in the application of a dressing saturated with a solution of one part *Calendula* to six of water, renewing every two hours, and giving a dose of *Arsenicum alb.* 6x every time the bandage was removed. One patient who had suffered "the routine of poultices and incisions could scarcely believe that he was affected with a true carbuncle, so free from pain was he during the entire course of this treatment." The book is full of such helpful points on surgical, or semi-surgical, cases.

SPECIALISTS VS. GENERAL PRACTITIONERS.—A recent Berlin letter says that specialists have so multiplied that the general practitioner has become "merely an address book for specialists." It also says that the specialists by "excessive multiplication" have injured both income and reputation. It looks as though the day of the general practitioner was dawning again and the specialist may again become his helper. The true specialist is evolved from the ranks of the general practitioners and not made to order.

BEEF, WINE AND IRON.—Mr. J. P. Street has been examining

the various "beef, wine and iron" preparations, and reports (*Am. Jour. Pharm.*, August) that they are "nothing more than sherry wine of more or less questionable quality, to which has been added small quantities of meat extract and either tincture or citrate of iron." Their value approaches *nil*. The name, however, is very catchy.

SALICYLIC ACID AND RHEUMATISM.—Dr. J. E. Winter, of the Cornell University Medical College, in a paper read at the Alumni Society of Bellevue Hospital, asserts that nature's antidote to rheumatism is natural (not synthetic) salicylic acid. He believes, with Dr. Andrew H. Smith, of New York, that salicylic acid will cause rheumatic patients to become three-fourths well, but the other fourth of the disease lurks in the tissue fluids, and this fourth it is most difficult to eradicate. There's the rub that makes Homœopathy enduring. Salicylic acid is a good remedy, but, like the young man in the New Testament, there is one thing lacking—it cannot cure.

LITHIA WATER.—A correspondent writes the *J. A. M. A.*: "A few weeks ago the representatives of the Buffalo Lithia Water called on me at my office. In discussing the merits of the water, I called his attention to the fact that it contained merely a trace of lithium. He replied that they made no claim for it as a lithia water, but sold it as an alkaline water which the physician might prescribe as he saw fit. He said that the name was selected simply to distinguish it from the host of other mineral waters." The following is the gist of the editor's comment: "When Buffalo Lithia Water was first put on the market uric acid was the scape-goat on which most of the sins of etiologic ignorance were heaped." Consequently these and other waters have ceased to be "uric acid solvents."

And so the world wags, a thing may be science to-day and dust heap to-morrow.

LARGE DOSES OF ANTITOXIN.—Dr. A. C. McClanahan, of Victor, Colo., contributes a paper to the *J. A. M. A.*, September 12th, on this subject, the chief interest of which, as he notes, is in the conclusion which is: "But the point of interest is that in the space of five days 75,000 units of antitoxin were injected without any evidence that any of it had done any good until the last

9,000 units were used. All the antitoxin used in this case was fresh and was the product of the two principal laboratories in America."

This is interesting from the professional point of view and also from the money point, for, roughly estimating, the case received about \$113.00 worth of the serum in the five days. As the antitoxin treatment shows no better, or, indeed, as good results, as those yielded by the homœopathic remedy, there is a question of economics entering here which makes the homœopathic remedy preferable.

SERUM IN SCARLET FEVER.—Dr. Cumpston (*Brit. Medical Jour.*) treated forty-two cases of scarlet fever. The summarized results are: The serum seems to be of value in the septic type only. The dose should be large, 50 c.c. The percentage of deaths in cases in which it was used was thirty-three. From this the homœopathic practitioner can measure the value of the treatment when compared with his own; if he were to lose thirty-three per cent. of his cases of this disease he would know that his medicines were at fault as to their quality.

ADMONITION TO SCHOOLS FOR NURSES.—Dr. E. S. McKee, in Medico-Legal department of the *Buffalo Medical Journal*, treats of some of the purely feminine tricks of the trained nurse, with doctors and male patients, needless to recapitulate here, and concludes with the following hint to the managers of the training schools: "Taking these startling facts into consideration it behooves schools for nurses to be more careful whom they admit to their classes. I am happy to say that these are, of course, very great exceptions to the average trained nurse."

THAT RED NOSE.—The *Medical Press and Circular* has come to the rescue of many men by announcing what might by the flippant be called a shop-worn fact, that a red nose is by no means "a sign of drunkenness," and is as common among teetotalers as tipplers. Indigestion, too much tea, disorders of the heart or a sluggish circulation may be the cause. These facts may be mentioned to acquaintances by all the red nosed with comfort.

REMEDIES IN SURGERY.—In a pamphlet on the "Needs of the Homœopathic Materia Medica," by J. B. Gregg Custis, Wash-

ington, D. C., is the following paragraph that surgeons-to-be should cut out and paste in their note books: "The old homœopathic surgeons, such as Gilchrist, Franklin, Helmuth, McFarland and McClelland, and some of your local surgeons of to-day, have learned that *Hypericum* will frequently relieve the pain of a severed or shattered nerve more quickly than will morphia and without the nauseating effects so frequently following the administration of the latter; that *Symphytum* will relieve the shock of broken bones and hurry the union; that *Arnica* will not only relieve the soreness but prevent suppuration at the site of a blow, and that *Calendula* will prevent the formation of pus in wounds of doubtful cleanliness." Surgeons with a knowledge of remedies homœopathic to causes have, from the patient's point of view, an incalculable advantage over their old school rival. If they do not make use of it the loss is theirs. Because this, that or the other big surgeon or surgical work does not use or mention them is no evidence of lack of value in the remedies, but rather of lamentable lack of knowledge on part of the aforesaid men and books.

GELSEMIUM.—"The typical Gelsemium fever, however, comes in that condition which we call, correctly or incorrectly, but certainly with great frequency, 'grippe.' That catarrhal fever which steals upon you with chilliness and vertigo, perhaps a little sore throat; which makes you too tired to breathe; you feel sleepy but you can't sleep for every muscle feels as though it had been pounded. Your face is hot and your nose runs but your back is chilly and you feel miserable. Your mouth is dry but you don't want to drink; you want to be let alone. You know the condition—if you have never tried *Gelsemium* for this before, give it the next time you get a chance. Give a drop or two of the tincture every hour if you can't get relief with less, and I think you will not be disappointed."—*Dr. H. O. Skinner, St. Paul, Minn., The Clinique.*

SERUM IN INDIA.—Hon. Chase Gane has sent a circular letter to 150 newspaper publishers in India. It is based on the mortality returns issued by the British Government's India Office. Deaths from "the plague" have risen from 2,219, in 1896, to 940,821, in 1905, and this in the face of the enormous use of Halfkine's "plague serum" in the later years. The deaths from

small-pox for thirty years average 111,140 per annum, an average increase in the face of ever-increasing vaccination. And now Halfkine is engaged in cholera inoculation. The faith of the English Government in serums, inoculations, etc., must be colossal when it can be maintained in the face of such figures. If it would stop this modern revival of ancient methods, as it did inoculation for small-pox in England, it is quite probable that the deaths from these diseases would fall to normal. The ordinary intellect cannot see how the inoculation of diseased animal products, lymph or serum, into the human blood can be a health measure.

GET THEE TO A DICTIONARY.—Megalocytes, microcytes, polychromatophil, normoblasts, metrocyte, leukopenia, tymphocytosis, polymorphonuclears, eosinophils, ankylostomum, megacarwoytes, gonorrhœica megalosplanchnia, meningorrhachia are a few words met with in dipping in an exchange. They are all right, of course, or approximately so, but—get thee the latest dictionary if you would be in the swim of words.

A PLAGUE CONUNDRUM.—A letter dealing with the plague in Punjab says that the mortality in 1907 reached 30.3 per 1,000, and that the highest rate previously reported was 19.7 in the year 1904. The letter then makes the following curious statement: "The most striking fact in the epidemiology of plague is its apparent dependence on climate variations, its disappearance when the temperature becomes very high and its reappearance when the temperature falls. How does the bacillus maintain its existence during the non-epidemic season?" That's the question! Perhaps it has nothing to do with the coming or going of the disease or its causation. Perhaps the germ theory is but a theory and nothing more.

NEWS ITEMS.

The Antikamnia Chemical Company has contracted for the erection of a modern building four stories high on Pine street west of 12th street, St. Louis, Mo. Looks as though Antikamnia people were making headway even against the pronunciamientos to the J. A. M. A.. If doctors want to use the "coal-tars" the antikamnia forms are quite as good as the best of them.

Dr. Henry Fledderman has changed his address from Seymour, Ind., to Castleton, Ill.

The Medical Advance has changed address to 72 Madison street, Room 1003, Chicago, Ill.

The Kansas State Board of Health has issued a leaflet entitled "Swat the Fly."

Dr. L. T. Ashcroft has removed his office to No. 2103 Chestnut street, Philadelphia, Pa.

A California physician who performed a "criminal operation" which resulted in death, has been sentenced to four years in the penitentiary after a new trial.

The new medical practice act of Louisiana provides for two boards of examiners, one of them being composed of homœopathic practitioners. This opens a new field for the homœopathic physician.

Dr. R. Milton Richards has removed his office to suite 601-2-3 Gas Office Building, Detroit, Mich.

A St. Louis doctor forgot to report a birth to the Health Commissioner. This mnemonic lapse caused him a green X, otherwise \$10.

Dr. E. B. Fanning, author of *Hay Fever* (B. & T.), has removed his office to 1431 Tasker street, Philadelphia.

Urging the public to consent and aid in the registrations of consumptives, a director of health in a big eastern city: "His clothes, never disinfected, may touch yours in the street cars." Consumptives are to be made the lepers of civilization it seems.

The address of Dr. M. R. Levenson is 927, instead of 427 Grant avenue, Bronx, New York, as given on page 405 of the RECORDER for September.

Dr. William Osler has received leave of absence for one year from Oxford University. The reason is not stated.

Dr. Leudeking was offered by Brewer Busch, of St. Louis, \$35,000 for "several years' medical attendance," and refused it, demanding \$55,000. He must be an unusually expert doctor.

Some one has fitted out a "rest-cure" ship on the Baltic for neurasthenics. A dose of seasickness might work wonders in some cases, though probably this is not mentioned in the treatment.

PERSONAL.

Do not confuse the therapeutic power with poison power.

A man without an appendix is like an engine without oil.

When you start out to reform and enlighten the world bear in mind that the world wants neither though posing otherwise.

The thought of their wives becoming widows is annoying to some men.

Mr. Alfred Henry Lewis writes that "critics bear the same relation to literature that fleas do to a dog." Comforting to the roasted author.

Lawrence Sterne said of a group of asses he passed, "How they viewed and reviewed us!" More comfort.

Sooner or later all must learn the general lesson that you cannot get something for nothing—not many of you.

Oshkosh, Wis., is phonetic sneezing.

Mr. Dooley says, "be good if ye can, but don't be gr-reat," else history will spot your weakness.

"Rest until I come," is the wife's words on the tombstone of her husband.

New Jersey has arisen in its wrath and says that New York breeds more mosquitoes than it does. Very likely.

There is always a break in the conversation when some one abruptly drops it.

"More men drink because they are miserable than are miserable because they drink."—*Tom L. Johnson.*

"A statesman is a politician who has been a long time dead."—*Tom B. Reed.*

"Nothing is certain but death and taxes."—*Ben. Franklin.*

A man deceives himself oftener than he does others.

When a thing "is right in theory but won't work in practice" it is because we don't want it to work.

"In the matter of clothes avoid the speed limit."—*Fra Elbertus.*

A Chinaman described a widow: "He dead—she glad."

The philosopher who takes his philosophy seriously becomes a crank, a fanatic, or has a monument after his demise.

The less we know about things the more we talk. When we know there's nothing else to say.

Time was when a doctor without whiskers wasn't in it, but times have changed.

When the world gets hold of something it cannot understand it invents a name for it, and all is well.

Dr. Lyday says it's time to resume bleeding.

Alexander, who wanted more worlds to conquer, ought to have tackled Venezuela.

An optimistic editor asserts that flies, fleas, mosquitoes and rats will soon be extinct. Such faith is refreshing to-day.

THE HOMŒOPATHIC RECORDER.

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“TRUTH IS MIGHTY AND WILL PREVAIL.”

The chests of quite a number of homœopathic graduates, recent and remote, are expanding with good feeling and satisfaction at the thought that the allopaths have “let down the bars” and now “we are all brothers with one lofty aim.” If this were true it would be lovely, but there are grave doubts. The stalwart, Dr. J. W. Mastin, of *The Critique*, in his October number, prints an editorial from the *Columbus Medical Journal*, on the question, possibly raised by some hard shelled subscriber, “Why is the Homœopath tolerated by the American Medical Association.” This is it:

“Simply because the American Medical Association has use for them. That is why. They had to admit them or fight them. The American Medical Association knew very well that to exclude so large a body of physicians as the Homœopaths from their association, would be to precipitate a fight that would defeat the most of the legislation which they were proposing to ask for. But to admit the Homœopaths to temporarily blindfold them by a tacit endorsement of their theory of practice, to muzzle them by a little taffy and cajoling, to chloroform them with a pretended fraternity, they could then ask with brazen effrontery for legislation in the name of the whole medical fraternity.”

There you have it straight and frank. It is all very well, and also very true, to say “truth is mighty and will prevail.” So it will, but it can prevail only in the human mind, even though it be something abstract from the human mind; outside of the human mind you would search long for truth. Books are but that, ultimated and fixed, which came through the human mind and is but ink and paper until it returns to the region whence it came and goes into action.

Truth being mighty should be mightily used to smash error out of the way. In no field of human life is there more necessity for the lusty swinging of the mighty club of truth than medicine. Every man imbued with the truth of Homœopathy knows that if it prevailed in the world the swarms of physical ills would be largely cleared away and there would be no excuse for medical world's race tracks where hobby-horses are trotted to the admiring gaze of a medically ignorant people. So long as truth lies dormant in the human mind it is potentially mighty only, and it is the same so long as those who possess it are tickled to receive a contemptuous nod from error instead of banging the latter over the head as should be done.

In this banging business, however, another error too often slips in and turns aside the blow from its brother error and lets it fall on the skull of some brother of the truth swinger instead of the error that dominates him. Truth and error are both abstract from the human mind, as is evidenced by the printed page, hence truth should smash error and not persons. Every one in a cool moment sees this, but when he gets hot about the collar he forgets it and slams away at some brother mortal in whose mind error holds revel.

To drop out of the realm of metaphysics back to the starting point that editorial which Friend Mastin dug out of the Columbus Journal shows the true meaning of the recent spirit of toleration (a thing that heats about the collar) towards the Homœopaths that prevails to-day among the allopaths; it is merely policy and does not in the least include the great truth embodied in the word "Homœopathy." It will be well, very well for the Homœopaths to tighten up their organizations and to mightily swing their "big stick." If there be any who think the big stick is only a little switch they ought to flock in neutral territory, for truth, mighty as it is, has never downed error without a fight to the finish.

"THE TRUE LACHESIS."

Under this heading Dr. Jules Gallavardin devotes considerable space in the September number of *Le Propagateur de l'Homœopathie* to the authenticity of the "new supply of Lachesis" that a

number of our American homœopathic journals have announced, yet failed to caution their readers that its authenticity is doubtful. All doubts in the matter are now set at rest. The following is the article in question :

"Dr. Nilo Cairo, of Curityba (Brazil), appreciating the efforts made in France by *Le Propagateur de l' Homœopathie* in spreading the ideas of Hahnemann, had the happy idea of addressing to it an article on the true *Lachesis*, which our readers, physicians and their patients, will read with much pleasure."

"It is, in fact, very useful, when we employ a medicine, to first know its origin, then to make sure that this medicine may always be procured from the same source, in order that the pathogenetic provings made with a former preparation may preserve all their value, when the question arises of using the subsequent preparations of the medicine."

"The first provings made by Hering with the poison of *Lachesis mutus* date from the year 1828. The poison collected by Hering has served to supply all the homœopathic pharmacies in the two hemispheres, and the preparations of Hering actually still preserve the same efficacy. I possess a 200th dilution of *Lachesis* prepared by Hering himself, which he had given to one of my grandparents, in Philadelphia, and this dilution always manifests its therapeutic action. My father reported in *The Homœopathic World*, of London (October, 1894), the usefulness of this dilution in treating chronic intermittent fever; and, lastly, I myself have been able to verify the efficacy of this same dilution in a case of chronic intermittent fever, the attacks of which returned periodically every month, although the patient had not returned to the colonies for three years. This patient, who had not been relieved by any treatment during the three years, was completely cured by Hering's 200th potency of *Lachesis*, a single dose of fifteen pellets taken dry on the tongue. The importance of securing a good preparation of *Lachesis* is thence apparent, and especially is it necessary that the venom of this snake should not be confounded with the poison of similar snakes. The venom of all snakes have, indeed, a similarity in their action, but homœopaths, who especially seek for scientific precision, ought to have a careful regard to the differences be-

tween the action of the venom of two serpents of different species."

"On this account *Le Propagateur de l' Homœopathie* feels under a great obligation to Dr. Nilo Cairo, who is well situated to know the snakes of Brazil, for, insisting on the differences between the snakes of South America; and since at present the question is that of differentiating between the *Lachesis* of Hering and the *Bothrops lanceolatus*, the best plan seems to be to give a picture* of each species. Among the elegant engravings published by the *Kosmos*, of Rio de Janeiro (May, 1908), we have selected those representing the *Lachesis mutus* (Surucucu) and the *Bothrops*, or the *Lachesis lanceolatus* (Jararaca)."

"As this latter snake is pretty common in Brazil, we can recognize the fact that, according to the engravings that have been published, this snake much resembles the engravings given by Dr. E. Ruzf, in his work: "*Researches on the Snake in la Martinique (lance-head Snake, Bothrops lanceole, etc.)*. Second Edition, Paris, 1860. Dr. Ruzf supposed that the *Bothrops lanceolatus* only existed in Martinique and in Ste. Lucie. The works of Brazilian doctors of today enable us to identify the lance-headed viper of la Martinique with the *Bothrops* or *Lachesis lanceolatus*, of Brazil."

"The *Lachesis mutus* was also called by Hering *Trigonocephalus Lachesis*, the *Trigonocephalis* with lozenges. The particular snake which yielded up its venow to Hering on the 28th day of July, 1828, was ten feet long (*Archiv. fuer. homœopathische Heilkunst*, 1831, Vol. 10, p. 1-22)."

"To complete the documents which he sent us, Dr. Nilo Cairo will publish in the August number (1908) of the journal which he publishes: *la Revista homœopathica brazileira*, an article more in detail and with illustrations. The homœopathic medical press will profit by this circumstance to gather and discuss the labors of our learned Brazilian colleague."

DR. JULES GALLAVARDIN.

*We did not reproduce these cuts, having already printed one of each snake in the June issue of the HOMŒOPATHIC RECORDER.—EDITOR OF THE H. R.

Curityba, Brazil, July 29, 1908.

My Dear Gallavardin:—

I read in the *Propagateur de l'Homœopathie*, of May, 1908, an article of Dr. Sieffert on the *Bothrops lanceolatus*, and since the subject of the true *Lachesis* is at present being discussed by the homœopathic press in the United States, with respect to a snake at present in the Bronx Park, in New York, from which Messrs. Boericke & Runyon, homœopathic pharmacutists, have extracted the venom, declaring that this snake is the true *Lachesis* of Hering, think it is timely to present to you some reflections on this subject, all the more, that, as I am living in Brazil, where much has been published on the classification of American snakes. I think that I am in a position to enter on this subject.

I will commence by declaring with Dr. Sieffert, that the *Lachesis* of Hering is by no means the *Bothrops lanceolatus*, and then I would add that the snake which is in the Bronx Park Zoological Garden is a *Bothrops lanceolatus* and not the *Lachesis* of Hering.

The *Lachesis* of Hering, according to Hering himself, is the *Lachesis mutus* or *Lachesis rombata*, the *Surucucu*, as it is called in Brazil, where it inhabits the northern part of the country and also the State of Minas Geraes, and that of Rio de Janeiro. This snake, which is very rare, is also found in the northern part of South America, and even in Peru. It is one of the genus *Crotalidæ*, and is considered in Brazil to be very venomous. This snake may attain to a great length, up to two and a half meters. The upper part of its body is a beautiful dark reddish color, or of a reddish yellow, on which there are detached large lozenges of a brownish black, the diagonal line of which coincides with the middle dorsal line. Each of these lozenges contains two lighter spots of the color of the body. The belly is of a whitish yellow color, pale and like porcelain.

The snake in the Bronx Park, of New York, was sent there some time ago from Rio de Janeiro by the Brazilian homœopathic pharmacy of Murtinho Nobre & Co., to the American Homœopathic Institute, and is a *Lachesis lanceolatus*, i. e., a Brazilian *Jararaca*, which is no other than the *Bothrops lanceolatus*, described by Dr. Sieffert. For certain European naturalists, classi-

fying the American snakes by hearsay, have made a mistake in regarding as two different species the *Bothrops lanceolatus* of la Martinique and the *Jararaca* or *Lachesis lanceolatus* of Brazil, since these two snakes are but one and the same species. In fact, the genus *Bothrops* has in the modern classification of serpents disappeared and has been replaced by the genus *Lachesis*, so that the *Bothrops lanceolatus* of la Martinique, is identical with the well-known *Lachesis lanceolatus* of Brazil.

The snake in New York, therefore, is a *Bothrops lanceolatus*, or rather, a *Lachesis lanceolatus*, a Jararaca, as we call it in Brazil, a lance-headed snake; in French, *le serpent fer de lance*; and this lance-headed snake is by no means the *Lachesis mutus* of Hering; the *Jararaca* is by no means the *Surucucu*. This can be established from the descriptions of the two species in comparison with the engravings as presented in the engravings in the HOMŒOPATHIC RECORDER, of June, 1908.

I have already given a description of the *Surucucu*, I will now describe the *Jararaca* somewhat more in detail. Contrary to the statement of Dr. Sieffert, I can assure you that the *Bothrops lanceolatus*, *i. e.*, the *Lachesis lanceolatus*, the Jararaca, is a most common snake in Brazil, and inhabits all parts of this country, north and south, even around the towns, and I believe that there are very few Brazilians who have not seen a *Bothrops lanceolatus*. As to myself, I have seen several, and can give a physical description of the snake, otherwise well-known in Brazil, which agrees perfectly with that given by Brehm, Blot, and other naturalists, of the snake found in la Martinique.

As you well know, the *serum antivenimeux* of Mr. Calmette has not given good results in Brazil, because the snakes used in making *Calmette's Serum* are not of the same family as the American snakes, especially those in Brazil. This ill success has induced a famous allopathic Brazilian physician, Dr. Vital, Brazil, to prepare a serum antiophidic from the venom of our serpents, and this serum has succeeded marvellously well. His numerous works on the subject have been published throughout the country, and with these, his detailed studies on the snakes of Brazil. Therefore, I say, that his description of the *Bothrops lanceolatus* is very well known in the Brazilian republic, even by persons who have not themselves seen a *Jararaca*.

The *Bothrops lanceolatus* is not as long as the *Lachesis* of Hering. It may attain a meter and a half in length, but usually it is no longer than a meter; while the *Lachesis. i. e.*, the *Surucucu*, reaches a length of two meters and a half.

The head of the *Bothrops lanceolatus* is almost triangular, like the head of a lance, covered with small scales in seven or eight rows, arranged between the spots over the eyes, which are large; the rostral part is as broad as it is long, the nasal region is divided, there are a couple of internasal spots, two or three spots behind the eyes; the spots below the eyes are separated from the higher labial spots by one or two rows of scales. There are eight superior labial spots. The second higher labial spot forms the anterior border of the lachrymal trough. The dorsal scales are in twenty-three rows, there are 195 to 200 ventral scales, and fifty-three scales in two rows under the tail.

The color of the *Bothrops* is very variable. On a foundation of deep green, ash-colored or sometimes yellowish, we see on each side of the snake *black and angular figures*, the tips of these angles are turned toward the dorsal median line of the snake; these tips either touch each other or alternate on this line. The design is such as was shown in the illustration published in the HOMŒOPATHIC RECORDER, and also on the one distributed by Messrs. Boericke & Runyon, where the serpent is represented in different positions.

As seen before, the design on the back of the *Lachesis mutus* does not consist of angular figures, the vertices of which meet or alternate on the median line, but are large rhomboidal spots, the diagnosis of which agree with the median dorsal line: these spots are of a brownish black color, enclosing two others which have the color of the body, which is of a dark reddish color.

Thence it is manifest that our brethren, Boericke & Runyon, of the United States, were mistaken, when they thought they had the venom of the true *Lachesis* in that of the snake in the Zoological Garden of the Bronx Park. It is, furthermore, evident that the venom sold at present by these gentlemen under the name of *Lachesis* is the venom of the Brazilian *Jararacu* (*Bothrops lanceolatus*), and not the venom of the *Surucucu* of Hering

(*Lachesis mutus*), the true *Lachesis* of our Materia Medica. Here you have the whole truth.

DR. NILO CAIRO.

WHY WE BELIEVE IN HOMŒOPATHY.*

By A. M. Cushing, M. D.

Mr. President: By alphabetical arrangement Dr. Brown should furnish a paper for this evening, but he has asked me to do what little I could to prevent some of the disappointments. The shortness of the time compels me to bring an unlaundried article direct from the wash. I shall occupy a little of your time in telling why we should believe in Homœopathy.

We believe in it because of its common sense, its scientific foundation, our experience with it, and because statistics prove it to be the most successful practice. The better homœopathists we are the more successful we shall be. We are more successful because our remedies are better prepared and our treatment so much more pleasing. We know each remedy is prepared free from any other substance, and we know what each remedy will do, as we test them in large doses when well. We dilute or attenuate them to a certain extent, which increases their activity, diluted to suit the disease and experience of the user. The old school journals and physicians acknowledge our remedies are better prepared, buy and use them, and are surprised at their efficiency. If they would dilute them a little they would be more surprised.

How do remedies act? has been asked many times, but no general satisfactory answer has been given. We know that a remedy that will produce a symptom will certainly remove a similar one caused in some other way. Every remedy has certain action producing certain symptoms, and a remedy that would produce a symptom one thousand years ago will certainly produce it now, and will as certainly remove it. An illustration. One morning I left my boy, two years old, in perfect health. One hour later I unexpectedly returned and found him apparently dying of croup,

*Read before the Allen Homœopathic Materia Medica Club.

with gasping breathing, purple around the mouth, very rapid pulse and almost helpless. I knew it could not be croup so sudden and severe. I knew *Aconite* would produce these symptoms, and I had some growing at the back of my garden. A quick examination revealed some of the leaves on the walk near the door, and I knew the cause. I had been taught in a homœopathic college that *Camphor* was nearly a specific antidote to vegetable poisons. I immediately forced some down his throat, and in fifteen minutes he was out of danger. Had I not been taught that my boy would have been dead in a few minutes. So much for homœopathic teaching, and we are taught some things that are not taught in other colleges. A good many times I have seen patients with severe croupous symptoms quickly relieved by the appropriate remedy. One night I was called in haste, and before I entered the room, with door closed, I could hear the loud whistling, gasping breathing of croup. I gave a dose of *Aconite* and sat down with watch in hand to see how soon I could repeat the dose. In four minutes the child was apparently asleep. Now what did it? Could the medicine enter the stomach, be absorbed, pass through the circulation to the affected part in sufficient quantity to give such unexpected relief? or was it the charm of the watch, or my apparent indifference after giving the medicine casting a telepathic influence over all present?

I have seen children wildly screaming with earache almost instantly relieved by dropping two or three drops of the extract of *Mullein* blossoms (called *Mullein Oil*) in to the ears. What did it? You may say it was the local effect, and I will not dispute it, but step aside and relate something similar but entirely different. Some fifty years ago I with others was standing beside a doctor whose horse was rushing around, lying down and rolling over and groaning with colic, and no one knew what to do. Mr. Crawford, who built the Crawford House at the White Mountains, said: "Give me a dish of cold water and I will cure your horse in two minutes." He poured a little water in the horse's ear, and in less than two minutes he was apparently free from pain. When in Lynn I recommended it at the stables, and it was used with such success it was called "Cushing's Remedy." I have seen it used many times, and it is one of the most certain cures I have ever seen.

Who can explain it? It makes no difference what part of the system is affected, we know what remedy will reach it. What is the power that sends it there? We are told it is through the circulation of the blood, but often it is too sudden for that. If carried by the circulation of the blood, what makes the blood circulate? We are told it is solely by the contractile power of the muscles of the heart. If that were true we might ask what makes the heart act. But that is not wholly correct. When I was a student we watched the circulation of the blood by placing the web of a frog's foot under the microscope. In later years I wished to study it but was unable to secure a frog, so I fastened the wing of a large fly under the microscope, and it was a complete success. While I was watching it, observing each blood globule move and stop and move again with perfect regularity, the fly tore away leaving the wing as I had fastened it. Imagine my surprise when I saw those globules continue to move exactly as before, and continue to move till every globule had disappeared. The same power that moves the heart moves the arteries, but as it takes more power to move the heart its action ceases first, and that is why the arteries are empty after death. What is that power?

The leading scientists of the world are leading us into the light. They have practically abandoned the atomic theory and say *everything* is composed of electricity in the form of minute specs surrounded by rapidly revolving ions composed of equal parts of positive and negative electricity. A tree receives whatever is needed for its life and growth carried to its extremities through a medium of circulation. Man is an inverted tree receiving its life giving power from the brain. Food is introduced into the stomach to furnish material through the circulation of the blood to sustain the muscular system. The brain extracts from the blood that which is required to keep the ions in rapid circulation, and we should see that it has the needed supply, for without this the muscular is of no use. We may well believe there is another system of circulation composed of those ions we call nerves, so infinitesimal in size they can penetrate the minutest portions of the system. If as they say everything is composed of these rapidly revolving ions, of course, our remedies must be, and they enter the system in that form. Now what can be more reasonable than

to believe those ions composing that circulating system may become exhausted or deranged and cause what we call disease; and may not the ions of our remedies, greatly increased in their activity by the grinding or triturating and shaking, introduced into the system, revive those exhausted ions and remove the disease? We believe, as diseases become more chronic, they extend more to the surface among the finer branches of this circulating system, the ions becoming reduced in size. This compels us to divide or break up the medical ions to correspond to those deranged ions. Many believe and their success seems to justify their belief that the more chronic the case the more diluted the remedies must be. Does this dividing or crushing the ions increase their activity?

Seventy-five years and more ago blue mass or blue pill was one of the most prominent and active remedies in use. This was prepared by taking "quick silver," perfectly non-medicinal substance, used only for its specific gravity to force a passage through the intestinal canal when all other remedies failed. It was *rarely* used then, for if it could not force its way through the intestinal canal, it would, by its weight, force its way through the intestinal walls and cause death. This substance was mixed with two bland non-medicinal substances, one being the conserve of roses (I have forgotten the other), and this substance was ground in an iron mortar for one week or one month till every semblance of mercury had disappeared. What did they have then? A remedy so powerful and poisonous they dare not let it remain in the system only till they could drive it out by a powerful cathartic; then it often caused dangerous symptoms. They dare not dilute it more even with water, for then it would become so powerful it passed beyond human control. Every remedy has an affinity for some part, and this mercurial affinity was for the bones, especially the teeth, and it was no more relentless than the physician's "turnkey" (which resembled the lumberman's "cant-hook"), with the physician's handkerchief not always perfectly clean, wound around the end of it, and attached to the tooth. Then, "O Heavens!" I have been there more than once. The crown of the tooth—the tooth or a part of the jaw *must come*. If it was an upper tooth you would think it was your head. The mercurial action was slower but as sure and longer lasting, even to other

generations. Would it be unreasonable to believe that the brain and nerves composed of ions from an independent circulation? In the chemical world the amount of positive and negative electricity can be changed, and why not in the human? Observation leads us to believe and assume that one, and we will claim the positive, means happiness, health and life, while the other disease and death. If so, it is our duty to assist the positive all we can.

At one time there was a case reported and substantially verified of a person who became jaundiced every time they became angry. Pleasure never does that. Did you ever see a child with dull eyes and limp hands brought into bright activity by the presentation of a flower? Formerly the old school doctors gave such nauseating remedies it often caused severe struggles to administer them, and the struggles caused more harm than the remedy did good, and I believe many times led to death. I saw my father bled till he fainted (that was generally considered time to stop). Then what excitement for fear he would not return to consciousness. I had an aunt bled several times during a run of typhoid fever, and no doubt would have been bled again if she had not died. But the old school have learned much of us. Sixty years ago I was sick with typhoid fever, and it was suggested that I be bled, but my mother said, "No, send for Dr. Darling, ten miles away. I don't know anything about Homœopathy, but he was an honest boy." Now in my eightieth year I can remember that "No."

And here I want to protest against the present method of treating typhoid fever, packing them in ice, often giving a shock that disturbs the whole nervous system. And this is classed in the books as "nervous fever." Let us stick to our law—bathe such patients in hot water and the delightful reaction sends happiness to the brain and helps eradicate the disease.

We so prepare our remedies a child will take them with a thrill of delight that reaches every part of the system, and if our remedy of ions is rightly prepared and selected, immediately begins its beneficial effect. Crude, undivided remedies, can be put into the stomach but must wait for the human mill to grind them before they can reach any disease outside the large internal organs. Whom do we select to nurse our sick? One with a buttermilk or sunflower face and disposition. The Christian scien-

tist claims to cure imaginary disease by sending a few pleasant thoughts along debilitated nerves, but how much better if those thoughts carried a few ions of the carefully selected remedy. It was said of the celebrated Dr. Abenerthy, he was such a jovial doctor there was healing in the squeak of his boots. If our boots could squeak like that!

Now with remedies so certain of action and our knowledge of what they will do, and how readily mental action affects them for good or bad, we ought to believe in them, and if we honorably maintain that belief we ought to be the most successful physician in practice. Now after showing you what I think we ought to believe, I can do no better in closing than repeat a verse I wrote some thirty years ago:

"A doctor's smiling face
Does more of lasting good
Than a quart of 'Cushing's Process,'*
Or a barrel of 'Murdock's Food,'"

Springfield, Mass.

NUX MOSCHATA.

**Antidoté, Camphor; Common Name, Nutmeg; Duration,
Eight Days to Three Weeks.**

By Dr. W. O. Cheeseman, Chicago, Ill.

You cannot memorize all the symptoms of each remedy, but you can memorize the uncommon peculiar or as usually called the characteristic symptoms.

Now the first and most characteristic symptom of *Nux moschata* is drowsiness, sleepiness, irresistible drowsiness, particularly after eating. We have drowsiness under *Opium* and *Tartar emetic* in a marked degree, and we have it in a minor degree under other remedies, but the effect on the brain under *Nux moschata* while producing a sleepiness and dullness almost equal to that of *Opium* is of an entirely different character. The *Opium* being seemingly due to fullness of the blood vessels and

*Liquors prepared by a Boston firm.

pressure, while that of *Nux moschata* seems to be a benumbing of the very nerve substance itself. It is well to note the drowsiness of these three drugs and to study them by comparison.

Opium and *Tartar emetic* are often remedies for pneumonia, but the concomitant symptoms are very different. *Opium* and *Nux moschata* are very useful in typhoid fever, and the choice of these two remedies is not very difficult. All of these remedies are valuable in the treatment of bowel trouble in children, and while stupor is a symptom common to all, it is not hard to differentiate between them. The other very characteristic symptom of *Nux moschata* is excessive dryness of the mouth. Mouth so dry that the tongue sticks to the roof of the mouth, yet there is no thirst. The tongue, lips and throat are all dry. There are other remedies that have this dryness without thirst, namely, *Apis*, *Pulsatilla* and *Lachesis*, but in this respect *Nux moschata* is the strongest.

Again *Nux moschata* is a flatulent remedy, the abdomen is enormously distended, especially after meals. There are two remedies which have pains and distress in the stomach, immediately after eating, even when the patient is still at the table. They are *Nux moschata* and *Kali bichromicum*. With *Nux vomica* and *Anacardium* the pain comes on an hour or two after eating.

With *Nux moschata* everything they eat turns to gas (*Kali carb.* and *Iod.* also have this), and fills the stomach and abdomen so full as to cause pressure upon all the organs of the chest and abdomen.

Clinical. In a case of typhoid fever noticed by Dr. E. B. Nash, the stupidity, yellow watery diarrhoea and rumbling and bloating of the abdomen, *Phos. ac.* was given without avail. Then noticing the excessive dryness of the mouth with symptoms already given, *Nux moschata* was given with rapid improvement of the case.

Nux moschata has a wide field of usefulness; it is especially suitable to women and children. In the hydra-headed disease, hysteria, it is one of the most valuable; in rheumatic pains in the limbs; arthritic affections and arthritic nodosities; scorbutic affections; eclampsia of infants; spasmodic paroxysms and attacks of weakness in hysteric females; scrofula and atrophy; rachitis;

tabes dorsalis; bluish spots on skin; chilblains; wounds; boils; old sores; typhoid fever; apoplexy.

New York, October 23, 1908.

DOES NOT ENDORSE THE NEW PHARMACOPŒIA

DEAR DR. CARMICHAEL:

As secretary of the Bayard Club and in reply to your recent letter to Dr. Rabe, our former secretary, requesting the endorsement of the new pharmacopœia, I have been instructed to say that the club does *not* endorse the action of the Institute or other bodies regarding same.

In the opinion of the club any other method of preparing drugs than that of the original process and the limitation to certain potencies only, which your committee recommend having legalized by act of Congress, if possible, are considered as pernicious, injudicious and altogether detrimental to the best interests of the homœopathic profession at large.

The club wishes, therefore, to go on record as heartily favoring the old pharmacopœia instead of and in place of the newer one.

It is believed by the club members that the majority of the different society members who have voted in favor of this resolution did so without fully understanding their full significance, and that the majority of the profession are entirely indifferent whether their drugs are prepared according to the new pharmacopœia or to the old, and but few have ever called on their pharmacist to change the method of preparation or would have any wish to do so if they understood the difference it might make in many of these drugs.

New York City.

Sincerely,

W. H. FREEMAN,

Secretary.

"ANTIQUATED AND UNREASONABLE."

Editor of the HOMŒOPATHIC RECORDER:

Dr. Osler thinks Homœopathy is antiquated and unreasonable because it clings to the law of similia.

I for one am perfectly satisfied to cling to that good old law, for if that is gone Homœopathy has nothing left to cling to. I am sure his "modern and scientific" ideas of medicine, especially the so-called ethical products of his school, so profusely advertised in many medical journals, and by them endowed and recommended, does not give the medical profession anything very stable to cling to.

As to being unreasonable, we all know that is one of Dr. Osler's characteristics, and it particularly showed itself in his modern idea that a man reached the age of limit of usefulness at forty, and at sixty should be chloroformed.

Senator Steward, of Nevada, when at the age of seventy-seven, said: "I am glad the doctor has given us the key to his numerous failures. I am sorry that a crank of his type treated Senator Hanna, Speaker Reed, Postmaster General Payne, and other distinguished Americans. A man of sense might have saved them to the country."

Dr. Osler has reached that *antiquated* sixty mark, and I suppose is ready to take his *modern scientific* "pill antiquated!" I suppose Dr. Osler thinks the law of gravitation is antiquated, and it is about time it should be supplanted by a more "modern and scientific" one. That thenceforth the apple instead of dropping to the ground should go upwards.

The laws of optics, acoustics and electricity are rather antiquated, and according to his ideas they should be exchanged for more modern and scientific ones.

Antiquated! Have the action of drugs used by his school—such as *Opium*, *Strychnia*, *Ergot*, *Quinine* and many others—changed from what they were a century ago? What modern scientific remedies will he substitute for them?

Antiquated Homœopathy! Yes that is just what we want, good old, well proven remedies.

The progress Homœopathy has made in the last one hundred years, and the statistics as to favorable results, when compared with his school, makes us all the more want to cling to the antiquated law of similia.

DR. F. E. HARPEL.

Danville, Pa.

SOME LINES OF MATERIA MEDICA.

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

"Let me write the songs of a people, and I care not who writes their laws."

The Good Prescriber.

They say that *Materia Medica*
Is as hard as a stone and as dry as chalk,
And so is the single rule of three,
Or learning to walk alone, or talk;
But if there's a thing you are dying to say,
Or something to grab for just out of your way,
Or bills to make out for your debtors to pay,
You will find it as easy as easy can be,
For your heart and soul are in it, you see.

And so of *Materia Medica*,
If you felt that through its living force
Your business must fail, or else succeed,
You would master it as a matter of course;
You would study its problems night and day,
Like the stake of a gambler's feverish play,
And you never would let it get away;
'Tis more than this to a doctor's need,
For of all his harvest this is the seed.

These rhymes of *Materia Medica*,
If you will but spare the time to read,
Perchance may answer your anxious call,
Perchance may serve in your time of need,
To bring the knowledge that comes to stay:
For the specialist is fine in his way,
The work of the surgeon is far from play,
The diagnostician by no means small,
But the "good prescriber" is best of all.

Scope of Medicine.

Anatomical accidents, hernias, broken bones,
Dislocations, fractured skulls, stabs and gunshot wounds,
All the "traumatic lesions" which surgery proudly owns,
Can Homceopathy enter here? And what are its metes and bounds?
And the dermatologist steps in with his parasites and things,
And then the bacteriologist claims all the rest have left;

It would seem at last that Medicine had only to spread its wings,
 And fly away from a world forever of sorrow and pain bereft.
 But, alas! in spite of the saws and squirts, and the ruthless germicides,
 Mankind keeps suffering on and dies, and still disease abides.

Stop and think of these accidents; is a man but a broken stick,
 To be glued and wired like a lifeless thing, or is there a living tide
 Dashed into eddies, baffled, resisting, struggling against the prick,
 Calling, through messengers of pain, new agencies to her side?
 Anatomical accidents! They are only such when the whole
 Responds to the cry of the stricken part; and the work is just begun
 When the beam is torn from the eye, or the tumor thrown in the bowl,
 Or the lifeless, gangrened limb excised, or the microbe's work undone.
 For behind these accidents we find some deep, dark secret lies,
 Which medicine can alone reveal with her own deep-searching eyes.

A great mill running night and day, with machines the most complex,
 Which only a master's wondrous skill can carry along at all;
 A boiler explodes in the basement, and the mechanism wrecks,
 Will it all go on the same again, if you pull down the shattered wall?
 If a railroad spike be suddenly dashed into the spinning train
 Of jewelled bearings and levers and wheels, too delicate to be seen,
 Will you only need to dig out the spike and stop up the hole again,
 And time will fix the cogs and wheels and start again the machine?
 Ah, no! there is much more yet to do, much to be helped and healed,
 And here there is room for mind and skill, for here is medicine's field.

Greater than all the works of a mill, what makes it a work of its own,
 Is the sentient soul, the vital self, and the intercommuning life,
 Balancing, like a diamond scale, nerve and blood and bone.
 And this is the work of medicine, to stay and heal their strife.
 If surgeons learned that a single master all the parts obey,
 That by blended sympathies the tide of life will fail or flow,
 That a morbid state is a morbid state, let the cause be what it may,
 They would win success the surgeon's knife alone can never know.
 But the specialist with vision keen (and narrow it must be),
 Studies alone the floating leaf, but not the living tree.

And so of the dread bacteria, to-day we count them new,
 But Hahnemann with his eagle eye portrayed them long ago:
 The living germs of the cholera, and the lesson which he drew,
 Was to guard the gates of the citadel, and strike the invading foe.
 For he knew what all must know who think, that the germs come to us all,
 That every breath is a volley fired from the batteries of disease,
 And so, alas! of our food and drink, but few are they who fall,
 For Nature, if helped in her hour of need, will conquer foes like these.
 Never forget that the wondrous realms of land and sea and sky
 Are filled with the balm, as they are with the source, of man's infirmity.

Drug Action.

Somewhere there must exist (but who knows where?),

The organizing principle of life,
Which builds the monad up, to beast or man,
And works in harmony and growth, or strife;
And works by hidden means, we know not what,
Through mechanisms self-compensatory,
With matter finer than our mortal ken,
To build each protoplasmic cell and story.

So the completed structure grows, but we,
Seeing the growing picture, fail to see
The artist, and the colors, pure, and rich, and rare.
He blends and harmonizes with transcendent care.

So there are substances attenuate,

Which still have work in living men to do;
We cannot see them, yet they make or mar
The frame, or hold it to the measure true.

The iron that we know is but alloy,
'Tis soft as lead when in its purity,
And who would part its secret conjugates
Must lose the fabric's whole security.

Deem not that there is nothing left to prize
In substances we fail to recognize;
Their purpose may be vast as they themselves be small,
And what we sift, and weigh, and count, may not be all.

Silicea.

So of Silicea, simple as it seems,

The rock-ribbed fabric of the world's backbone,
Found in the meteor dust, the sun and stars,
The universal element in stone;

Tasteless? Inert? Insoluble? Ah, no!

This acid in its power transcends them all,
It knows its own, it grasps with Samson's strength,

And holds its grip though earth and heaven fall.
Inert? Break up its molecules and see

Its powers assert themselves with trituration,
As Crookes bombarded holes in glass with air,
Which gained new power with each attenuation.

Silicea! Not merely found in rock,

It also peoples nature's living stock;
But here, before the flint can occupy its field,
To physiologic power the chemic force must yield.

Down in the basic, fundamental growth
 Of protoplasmic life, its power it shows,
 And here, among the cells and inter-cells,
 This modifier works as tissue grows.
 The bony fabric lacks its complement,
 The fibrin, like the iron, lacks alloy,
 Rachitis is the sphere of Silica,
 And here the remedy brings strength and joy.
 In malnutrition, not in function loss,
 In abscesses and chronic suppurations,
 In carious bones, in long perspiring feet,
 In nerve-decay and chronic ulcerations,
 Sure, here's a field sufficient in its scope
 To fill a thousand anxious hearts with hope.
 And everywhere where protoplasmic growth may fail,
 The reconstructor, Silica, may enter and prevail.

Lachesis.

Lachesis! That comes of Hering,
 Co-worker with Hahnemann, one of the mighty immortals.
 He passed from the East to the West, with science and healing,
 And touched the closed temple of health, and it opened its portals.

He tore from the fang of the serpent
 The venom of death, sun-ripened beneath the equator.
 And under the eye of the searcher, the hand of the master,
 From Siva, destroyer, sprang Brahma, preserver, creator.

When they tell of the battle of "Serums,"
 With serums, in blood and in gland and secretion engaging,
 Then think of the hero who stood single-handed, when battle
 In front with disease, and behind with false leaders, was raging.

'Tis won; we have all learned the lesson,
 And the world now acclaim what it met with indignant denial,
 That the forces of life over death must win in the warfare
 Through allies drawn off from the foe, in the hour of life's trial.

Would you seek for the sphere of Lachesis?
 Then follow the blood to the nerve centers, vainly contending,
 The great pneumogastric lies stricken, the heart sinks and falters,
 Dyspnœa, constriction of throat, and lo! death is impending.

They rally! The blood is assaulted
 With "putrid sore throat," carbuncle, pyæmia, phlebitis,
 Traumatic gangrene and the long train of nervous reflexes,
 The cardiac cough, palpitation and oesophagitis.

But not in the toxin of typhus,
Or the primary poisons which mark the zymotic diseases,
Its type is the type of the stroke of the death-dealing serpent
Which follows its victim by stealth, and strikes as it seizes.

Rhus Toxicodendron.

Hark! the grand organ, bank on bank of keys,
Multitudinous stops and forest of throbbing sound,
How the surge rolls along the sculptured aisles,
Till echoing vault and arched roof resound.
See the tall windows tinct with ancient saints,
Where kneels the virgin mother in her tears,
While o'er the marble altar, high above,
In daylight's fading glow a blood-red cross appears.

The mighty harmony ceases; through the gloom
One single, quavering, sorrowing note is heard;
It rises, falters, like a child in pain,
And dies away in sobs. Now some new chord,
Rich, chromatic, intricate, soars aloft,
Clinging, changing, sweeping from key to key,
To chorals of triumph from misereres of pain,
Like the reverberant, rhythmic surge of some far-sounding sea.

The poison oak, accurst of all our race!
Venomed to make life's blistering lava streams!
But lo! the juice which slays can also save,
The fire which burns can guide us by its gleams.
No richer gift in all pain's harmonies,
No agency more subtle for man's good,
No secret blessing hid from human ken
Was e'er more precious balm than this despised wood.

Gelseminum.

Gelseminum! of noble fame,
"Sempervirens" glows thy flame,
How the aspiring tendrils climb,
How the branches intertwine;
Flowers to tempt a poet's rhyme,
Ah, thou fair and lovely vine!
But from out thy heart there flows
Balm for nature's pains and woes.
Mystic kin of Aconite,
He who reads they soul aright,
Finds the fever and the pain,
Struggling cords that writhe in vain,

Dizzy surge of heart and brain,
 Bend beneath thy sovereign might.
 When the lurid fever comes,
 Typhoid's roll of muffled drums,
 Clammy tongue, congested eye,
 Clammy hand and fever high,
 Breath that comes with start and sigh,
 And nerve and heart and brain benumbs;
 Then Gelsemium, to thee,
 Calm we turn for victory.

Belladonna.

Belladonna! Sound of trumpet!
 See the high arterial flow,
 In congestion's throbbing pulses
 Charging squadrons come and go;
 Mark the sparkling eye dilated,
 Mark neuralgia's pulsing pain.
 See the first dread peritonitis,
 And the rush to lung and brain;
 See the surging conflicts rage!
 See the bright red hæmorrhage!

Belladonna, bold commander,
 Chooses well her battle-fields;
 Not at random strikes the foeman,
 But her standard never yields.
 Hyperæmia! Here you find her:
 Throat like scarlet, skin like flame,
 Threatened infantile convulsions,
 Teething children bless her name.
 Look for flash of eye and brain,
 And never need you look in vain.

Scant secretions, see how membranes,
 Kidneys, larynx, throat grow dry;
 Spastic cough and throbbing headache,
 Brain, medulla, nerves awry.
 So we see that Belladonna
 Has no secrets for the seer.
 Flash of battle! Sound of trumpet!
 And her legions all appear.
 But what grandeur in her story!
 But what splendor in her glory!

Hamamelis.

Long years ago, in the good old district school,
Some budding genius, with prodigious scrawl,
Would write his name and station, that these truths
Might thus be made conspicuous to all.
So, "Ham-a-melis is my name,
America's my station,
And if your veins are varicose,
You'll find me your salvation!"
In words like these the young Witch Hazel might
Have written, had she ever learned to write.

Blue is the color of this virgin sphere,
No bright arterial flow, nor flush, the veins
Bear all the burden in their pulseless flow,
Congested, tortuous, with purpura's stains,
With slow phlebitis, hæmorrhages
Venous, steady, passive,
From throat, or lung, or gastric source
(But here the dose is massive),
From hæmorrhoids which vex, and bleed, and worry,
And in the bloody flux of Dysentery.

Pulsatilla.

A dream of fair women, delicate, gentle and sweet,
(Men are sometimes like these, for opposites meet),
"Don't you remember sweet Alice, Ben Bolt," and her style,
Her hair was so brown, and she blushed with delight at a smile,
And trembled with 'fear at a frown? Then stick a pin here,
If you're looking for spheres, Pulsatilla has just such a sphere.

Think of the ovaries, think of orchitis, and glands
Which fill up like lachrymals, think of the long slender hands,
Think of the passive discharges, the alkaline cysts,
And eyes that have lured you, as purple as amethysts.

Perhaps you'll be thinking of gleet, perhaps of sore eyes,
Wild hairs and sticky meibomians, parents of styes;
Leucorrhœas, the menses retarded, and all sorts of things
That angels to doctors disclose when they open their wings.

Mercurius.

"Set a thief to catch a thief,"
That is Homœopathy;
And nothing else this principle
Better shows than Mercury.

Every chemical compound
 In which this protean drug occurs,
 Searches out its chosen foes,
 From sneak-thieves up to murderers.

Corrosivus strikes like a flash
 At slimy, bloody dysentery ;
 Solubilis, the old hay-seed,
 "Permiscous-like," with all makes merry.

And Vivus comes with stately gait,
 And with the blood its course preserves,
 While Calomel and Cyanide,
 Seize, one the liver, one the nerves.

Then come the Iodides, those twins,
 So far diverse, yet so alike,
 One takes the tonsil-lined red lane,
 And one the broad venereal pike.

What lessons may be learned from this.
 How one deep constant purpose runs,
 And, from one root, the progeny
 Reveals the sire in all the sons.

Hepar Sulphuris Calcis.

Hepar Sulphuris Calcis, what a name!
 Calcium Sulphide, but not quite the same ;
 Our old-school friends caught on, they called it new,
 And jab their rotten glands with Hepar, too.
 So it has always been, the Homœopath
 Gathers the golden grain, the aftermath,
 Our old school brethren, with their horse-rakes lift,
 And revile the giver, while they accept the gift.

When slow abscesses fail to maturate,
 When nature for a starter seems to wait,
 When dry secretions need resolvent grace,
 Then Hepar comes and stares you in the face.
 And through the day, when croup breaks forth at night,
 Or throat is dry and cough is hoarse and tight ;
 If antidote for Mercury is sought,
 Try Hepar low, and it will fail you not.

Arsenicum Album.

Arsenicum Album; Arsenic, if you will;

Hahnemann knew all its dangers and dodges and tricks;

He marked the first blow, and followed the victim until

He bade him good-by at the ferry boat down on the Styx.

It's a curious sort of drug, you can stretch out a man

For months or a year, by doses proportioned "pro tem,"

And can finish him up on a sort of installment plan,

And note down the symptoms—sixty pages of them,

But it's better to learn how it works; if you get that clear,

You will find that you have all the rest, we call that its "sphere."

Slow irritant, inflamer, destroyer, the dust of the mill,

Where it's made, so acts on the skin, the mouth and the chest;

Scabs on the skin, soreness and scales which fill

With ichor beneath, itching that gives no rest;

So on the mucous membranes, slowly inflamed,

Chronic, persistent, recurrent, gastritis and pain

Burning, dry, periodic, and all that is named

Abnormal malaria, and functions which struggle in vain,

Diarrhœas exhausting and passive, influenzas which flow,

And cholera. these are the field and the power of Arsenic to know.

Colocynth.

Colocynth, thou curse of old,

Thy bitter apple's juice,

Has changed to drops of liquid gold

For suffering mortal's use.

The rumbling, pinching colic storms,

With diarrhœic rain,

Subside like unsubstantial forms,

And roll and surge in vain,

For Colocynth, with royal might,

Puts them at once to flight.

But wider still this monarch's sway,

The wild sciatic thrill,

The pangs of fierce neuralgia

Are silent at its will;

And dysentery's slime and strain

Give place to forms of peace,

And functions bound and scourged with pain,

Find in thee swift release.

Nux Vomica.

Good old patient, ever-faithful Nux,
 In many a fierce complaint it is the *crux*;
 When first those ancient pagan gods began,
 To fling out gifts of health to suffering man,
 Among the best of all of them was Nux.

Old Aesop tells us in his fables how
 The human members growled, as they do now,
 The legs said, "Here we run to do its will,"
 The arms and hands, "For it we waste our skill,"
 And tongue and teeth and throat growled out "Bow-wow!"

They all forgot the text our banner bears,
 "E Pluribus Unum," all things work on shares,
 And what we call the It, is not the legs,
 Or arms, or mouth; the house is not the pegs,
 The wheel is not the load the wagon bears.

So Nux comes in to settle every doubt,
 And from the stomach drives the growlers out.
 If the digestive tracts complain, it tones.
 If the legs droop, it stiffens up the bones,
 And puts the whole conspiracy to rout.

Here's constipation, here's a feeble heart,
 Here's a machine that wants a healty start;
 Go to your old-school brethren, "squirt in strychn.,"
 Go to your Homœopath, tone up the sick,
 And the Eclectic, he, too, takes its part.

As the good fellow, Omar Khayyam, says,
 "Pish!" the cracked pot will last yet many days,"
 Put in your Nux, and everything revives,
 It is no lazy drone, see how it strives,
 And works in forty thousand different ways.

If Hahnemann but this one thing had done,
 To teach us Nux, his fame had scarce begun,
 Then think of all the other gifts he gave,
 To help, to recreate, sustain and save—
 And bow before the deathless name he won.

Carbo Vegetabilis.

Carbo Vegetabilis, messenger of death,
 Shrunken are the features, cold the clammy breath,
 Vital forces sinking, glassy is the eye,
 The spirit of a mortal is slowly passing by.

Cholera, collapse, the flickering of life,
The struggles growing weaker, subsidence of strife;
Perhaps Carbo will save us with its potency high,
When everything is failing there's Carbo left to try.

Aconite.

Aconitum Napellus, whenever you're stuck on a case,
Our old-school brethren tell us, with their usual smiling grace,
You put four tiny pellets of Aconite on the tongue,
And the dying patient is sound again, and the octogenarian young.

'Tis an innocent amusement, so let them have their fling.
They are nearer right than when they blistered and bled for that very thing,
And the mighty purges that used to wash their sins and patients away,
We try to forgive, although we live, at last in a better day.

The Homœopath treats Aconite as he treats his other friends,
Uses it when he needs it, to accomplish his sought-for ends,
And if he uses it often, 'tis because it is so good,
And rich and generous in its way, and its ways are understood.

Take old Jahr, with his thirty pages of autobiography,
Written by Aconite itself, read them over and see
Now nearly all of its doings are culled from old-school stock,
And we use its power to save the necks it used to send to the block.

To see how the old-school use it, chained in its prison pen,
Is enough to give the shivers to any observing men,
Why don't they open its prison door, and set this master free?
Nobody, nothing, can do its best till it basks in liberty.

Its power, indeed, is so wide and deep, and reaches out so far,
That it shines through the dungeons of disease with the piercing light of
a star,
But just because of its mighty scope, it is hard in a line or two
To even hint at the wondrous things that Aconite can do.

Fever, of course, croup, the heart, congestions like a strike
Of functions overcharged, arterial, venous, alike,
Tissues, serous or mucous, or fibrous, all are one
To this far-reaching remedy, and then we have but begun.

'Tis only by learning what each drug can do to a healthy man
That we ever can learn of any drug its field and scope and span.
Surely no one disputes this truth, certainly none but fools,
Unless they deny that the best mechanic is one who knows his tools.

So let the student of Aconite study its works and ways,
They are easy, but yet will take some time, but how can he spend his days
Better than in the learning of what his tools can do?
For when disease came into the world, God sent the remedy, too.

Clinical Practice.

A hundred thousand symptoms or more
Gathered from toe to head,
Will you con them over, one by one,
At the side of the sufferer's bed?
Or will you go down in your saddle-bags
And dig up a volume hoary,
And sit and thumb, at the well-worn leaves,
Of some old repertory?
Well, you had better not try such schemes
In this fair land of the free,
For if your patient is squalling for help
You will squall in vain for your fee.
Take your brain and your nerve and hand
Right into the room with you,
And buckle down to the job you find,
And do what there is to do.
So you will win, if you first began,
A well-trained medical gentleman.

But how shall you meet the phenomena
Which rise before your view?
How shall you match the drug with disease,
And baffle its inroad, too?
Learn the sphere of each drug you use,
Make it your bosom friend,
Search out its scope, learn how it acts,
And measure its touch and trend;
You will recognize at a glance sometimes,
The picture before you spread,
And objective signs and a question or two,
As you sit by the side of the bed,
Will give you confidence to prescribe,
And, better still, it will bring
Confidence to the sufferer's friends,
And trust to the suffering.
So you will win, if you first began,
A well-trained medical gentleman.

ECHINACEA IN GERMANY.

The great remedy *Echinacea* seems to have become very popular in Germany, and deservedly so if we may judge from the reports of cases printed in the German journals. One case was diagnosed several things by two physicians before it was seen to be a full fledged case of appendicitis. *Echinacea* had been given from the start and was continued; the case ran an unusually favorable course.

Another unusual case for the remedy was one of piles, blue, swollen, protruding and exceedingly dangerous. But let the narrator tell his own story—the patient was a woman.

Accordingly I prescribed insted of the cold water compresses cold clay compresses to be applied to the same and the surrounding parts. They were not ignorant of the use of wet clay in this manner, and the husband at once said he ought to have thought of it. The homœopathic remedy to be internally prescribed had from the first moment been very clear to me. *Echinacea!* It would take me too far if I would give my reasons for the choice of this excellent remedy. This journal has during the last years given sufficient reasons for my choice. I am only sorry that I did not become acquainted with it earlier. It builds up, stimulates and is antiseptic more than any other remedy, and, therefore, also assuages pain. I have used it both internally and externally. Owing to the case before me my doses were considerable. I applied the tincture to the tumors every time the clay was changed, *i. e.*, every half hour, and besides this I mixed it with the clay.

The result was brilliant! Even that same afternoon the patient fell into a refreshing sleep. The next day the violent inflammation of the tumors and the torments thereby inflicted had so much diminished that using the cerate of *Hamamelis* I could apply a gentle massage. In three days the tumors behind the sphincters had disappeared, and did not appear even when the stools now set in copiously. Up to this day the patient has not felt any more pains, although the tumors will never quite disappear.

It would be idle to discuss the question whether the tincture without the clay would have alleviated the pains and removed the

inflammation as quickly. Let both remedies be used; they have proved their efficacy a thousand times, and brilliantly complement each other. Allopathy would have worked with the knife and with morphine. But since the bloody removal of the tumors would have been an operation in a highly inflamed tissue, there could have been no idea of assuaging thereby the pains. On the contrary. Experience teaches that the pains on the days after the operation are much increased, and the injection of morphine would have to be depended on, and nevertheless the diminution of pains would have been insufficient, without taking into consideration the poisoning with morphine which is not to be neglected, and the disadvantage of the narcosis from chloroform with their previous excitement and the accompanying phenomena. Our advice, therefore, would be to follow the path pointed out above. M.

TIME WORKS WONDERS.

It is but a few years ago when the "regular" gentlemen were indulging in occasional emotional war dances over the fact that the Homœopaths used the pus from the itch, bed bugs, insects from flies' wings, the poison or what you will, of gonorrhœa and other diseases, and all manner of "nasty and unutterably vile" things as remedies. To be sure when the dance took on a milder pace they humorously worked themselves merry over the homœopathic dose, which they said was but a thing of the imagination, plus sugar. But now what they term "medical science" has made the "vaccine" the rage. The "vaccine," we believe, is the virus, to use an old term, of any disease. The homœopathic *Medorrhinum*, is simply the "vaccine" of gonorrhœa run up to a high potency, and administered in cases where there was a constitutional taint, or chronic effects, of the disease. The late Dr. J. C. Burnett used all the vaccines of the various diseases, or, as he would have termed them, "nosodes," of the various diseases, in his practice together with his "organ remedies" and the indicated homœopathic remedy, and this probably accounted for his marvelously successful practice—at least he said it did in his various books.

This one-time "nasty" practice has now been adopted by the erstwhile war dancers, and they term it "vaccine therapy."

Drs. Frank Spooner Churchill and Alex. C. Soper, Jr., of Rush, Chicago, contribute a paper to the *Journal A. M. Association*, October 17, under the title, "The Inoculation Treatment of *Gonococcus Vulvovaginitis* in Children." They write under "Tecnic"—T. R., reformed spelling, please note:

The estimation of the opsonic index has been done by the usual Wright method. The "pool" serum has been prepared from the blood of three healthy adults. The killed bacteria, prepared and standardized also by the Wright method, has been usually made from old strains of one organism. The dosage has, of course, been more or less a matter of guesswork; we have started with about fifteen millions, gone as high as one hundred and twenty millions for the oldest girls, and sixty or eighty millions for those about five years of age.

The "millions" here refer to the "dead gonococci" of gonorrhœa as is seen in the following paper, by Drs. William J. Butler, of Chicago, and J. P. Long, Birmingham, in the same journal and on the same subject, who wrote:

One of the serum cases was treated by serum for eighty-three days, when there was still considerable discharge, and the serum treatment was stopped. The patient was given fifty million dead gonococci on March 21, 1898, etc.

This is surely Samuel Swan isopathy in allopathic doses—at least fifty million dead gonococci of gonorrhœa *seems* like an allopathic dose. In view of all this, and also because the treatment doesn't seem to have been widely successful, is it too much to ask the "regular" gentlemen to refrain from further war dances over homœopathic "nastiness" in the matter of nosodes? If compelled to choose between a dose of fifty million dead bugs of gonorrhœa and one of the prescription filled by Macbeth's witches, we would reluctantly take the latter, even though the former be the latest in medical science as she is exemplified in the national organ.

A POSSIBLE REMEDY IN IDIOCY, THE LOCO-WEED.

A tincture of this curious plant that has furnished a new word to the English language, *i. e.*, "locoed," was proved under the

auspices of Drs. W. J. Hawkes and W. S. Gee in 1887, but so far as we know has never been used in clinical work. The proving, under the name "Oxytropis Lamberti," may be found in "*New, Old and Forgotten Remedies.*" The U. S. Bureau of Plant Industry has been investigating the loco weed and finds that while some of the plants are harmless others are very poisonous. It is found that the latter are rich in barium (*Baryta carb.*) which, the inference is, has been drawn from particular soils. Here are two typical symptoms of the proving of *Baryta carb.* (Allen, Handbook). "Dejection, with disinclination to speak." Also "*Want of memory; so that he does not know what he has just spoken.*" Italics Allen's.

Here is the mental state as developed by Gee in the proving conducted under his auspices. "Great mental depression." "Cannot think or concentrate his thoughts." "Very forgetful of familiar words and names." "No life." "Disinclination to talk or study." "Wants to be alone." "Is better satisfied to sit and do nothing." "Feels perfectly despondent." "A feeling as if I would lose consciousness." They were also "unable to move around" on account of these queer feelings. In *Baryta carb.* "paralysis extending from below upward so that he could only nod his head," etc.

The name of the plant is said to come from the Spanish and signifies "insanity." A western paper (*Kansas City Star*) says: "You will see a locoed mule (*i. e.*, one who has eaten the loco weed) standing out on the shadowless plain with not a living or moving thing in his vicinity. His head is drooping and his eyes are half closed. In an instant he will kick and thresh out his heels in a most war-like manner. * * * The mind of the animal is completely gone. He cannot be worked because of his utter lack of reason. He will go right or left or turn around in the harness in spite of bit or whip; or will fail to stop or start, and all in a vacant, idiotic way, devoid of malice." A picture of unmalicious idiocy.

In the proving, aside from the idiotic, "locoed," mental state, which is the key of the drug, the most marked symptoms or effects were mushy, jelly-like stools and urine, "three or four times the normal quantity," in four of the provers, with no sediment.

One of the provers, No. 4, before making the proving had been very subject to vertigo, while walking, sitting or lying down. This condition was removed by the proving, or, to quote: "Suffice it to say it has entirely disappeared, and with it the uncertain movements in walking, the severe pain in the head and feeling of compression." After discontinuing the drug there was an "uncommon flow of pale, straw colored urine." The drug strength used by the provers was from the tincture to 15th. This prover was on the 6th. He is not the first prover who has stumbled on a cure in proving a drug.

The best potency of the drug is probably the 3d or 6th, for it is said that some Spanish ladies when they take a dislike to any one, especially an American lover, steep some of the plant in the tea served and thus "loco" them.

So much for this forgotten drug, which, by the way, never had any vogue, whose possible sphere of usefulness is limited but very important. It may do good work among the "locoed," and is a drug that ought to be studied.

CRATÆGUS OXYACANTHA.

This remedy, which was really introduced to the medical profession years ago in the pages of the HOMŒOPATHIC RECORDER, continues to win laurels in apparently hopeless heart cases. The last one we have seen is by Dr. H. S. Lawrence in the September number of *Ellingwood's Therapeutist*. The patient was Judge J. P., aged 82, weighing 280 pounds, who was taken with asthma, then heart pains, dropsy and the usual train of ills that attend such cases. Skipping the preliminary skirmishes with the disease we come to the interesting part at once and give it in Dr. Lawrence's own words:

"I left home for a short vacation to attend our annual session here in Chicago and to be absent from home about a week. Returning home, I went at once to see him and found him propped up in a chair, and with that suffocating feeling in the region of the heart. His limbs were greatly swollen; an anxious look on the face; labored breathing, and another physician in charge, and I found that I was fired bodily, because I had 'been gone five days and left him to suffer so.'

“The doctor who had been called in was plastering his limbs with ‘Denver mud,’ but what the internal medicine was, I do not know. The new doctor was—according to his published card—‘A *Specialist* in Medical and Surgical Treatment of the Eye, Ear, Nose, Throat, Lungs, Heart, Stomach, Bowels, Nervous System, Kidneys, Diseases of the Skin, Diseases of Men, Women and Children, and the Permanent Removal of Cancer Without the Knife.’ This was too much for me, as I could not think to compete with one so learned as to be a *specialist* in *all* diseases that the human race is heir to, so I retired (by request) crestfallen from his glittering presence.

“For some months the patient was some better, then worse again; better, then worse. This ‘Denver mud’ was the only thing, so far as I could learn, that was applied to the extremities. The limbs remained swollen, and the patient could not walk but a few steps at a time, but he could ride out if he had help to get in and out of the buggy. Every few days we would hear, ‘Well, Judge P—— had another bad time last night, they thought he would die any minute.’

“Not long after this our specialist doctor took sick and died and I was again called to attend the Judge, but I declined with thanks, but the next day the patient asked me to treat him, and I consented.

“At this time, the dropsy extended from the toes up into the abdomen, the heart’s action weak and irregular; there was pain, poor appetite, and the case did not appear very promising.

“I began giving him *Cratægus*, 6 drops in water, every three hours, and I soon increased the dose to 12 drops every three hours. I have had to vary the treatment occasionally as other symptoms came up, but I usually managed to give him daily some *Cratægus*. I saw him Monday, and he now weighs 146 pounds. does not have much trouble with his heart any more, although he is frail. If he feels badly, he takes a few doses of *Cratægus*. He is now eighty-four years old, walks out daily if weather permits, and hears a law case occasionally. I have not examined his heart lately, but he certainly owes his present condition to the good results from the use of *Cratægus*.”

There seems to be no doubt that this remedy possesses peculiar virtues in diseases where the heart is involved. It is mentioned

in the older medical works as far back as Dioscorides, but in a vague manner as to its uses. It is not poisonous like *Digitalis*, being nothing but a tincture of the ripe white hawthorne berries. It will repay any physician who has troublesome heart cases to treat to try *Cratægus oxyacantha*.

STRYCHNIA PHOSPHORICA.

Eleven students of the Iowa State University Homœopathic School, under supervision of Dr. Geo. Royal, have made a good proving of *Strychnia phos.*, under the general rules adopted by the O. O. and L. Society, which may be summarized as follows:

The drug seems to act through the cerebro-spinal nervous system.

Twitching, trembling of muscles, lack of co-ordination, stiff, weak, or complete loss of power, vertigo and fainting.

Mentally, much silly laughter.

Very irregular pulse, from 50 to 132, face flushed, skin at times cold and clammy.

Sub-normal temperature, as low as 97.

Markedly worse from motion; better from rest and open air

The proving points to chorea, locomotor ataxia, paralysis, tetanus and hysteria.

Potencies proved: 30th, 6th, 3d and 1st; all acted.

SOME POINTS ON TUBERCULOSIS.

The *Monthly Bulletin* of the N. Y. Dept. of Health contains the following: "It has been generally supposed that the Jews were largely immune from tuberculosis, but the statistics of the Phipps Institute show a high morbidity among the Jews. Of course, the Phipps Institute, being located in the midst of the Jewish district, naturally attracts a larger percentage of the Jewish than the Gentile tubercular poor of the city. Inasmuch as these poor Jews are of the orthodox type and use Kosher meat exclusively, we can probably rule out, as far as these patients are concerned, the transmission of the disease by the infected meat."

We also clip the following from the same journal: "Hard

physical labor, poor food, and unhygienic home environment all go with low earning capacity and are factors in presenting a high morbidity from tuberculosis."

The paper continues: "The tendency to recovery in this disease is very great, and many cases that now succumb would undoubtedly recover if this work problem could be eliminated."

And so here we are up against, not the famous *coma bacillus*, but the political problem that makes socialism and all sorts of unpleasant things to worry the world's well-to-do.

FICUS RELIGIOSO. IS IT A FRAUD?

This Indian remedy is made from the leaves of a native tree. It was proved by Dr. S. C. Ghose, of Bhowanipore. The provings will be found in Clarke's *Dictionary of Materia Medica* and also in the April number of *THE RECORDER*, 1904. The characteristic symptoms elicited was blood in the urine, stools and in vomiting. Now comes Dr. Augustus Mattoli, Rome, Italy, who says he has tried it clinically without results. He also tried it in material doses on himself and on dogs without any results whatever. Dr. J. B. S. King, who publishes his paper in the September *Medical Advance*, procured some of the tincture from the Boericke & Tafel Chicago pharmacy and himself took forty drops and then eighty drops. "No symptoms noted." From this we may infer that the remedy is inert on European and American provers at least. Probably, the old idea that each country produces the remedies suitable to its people is a true one, or else this remedy is, in the language of the day, "a fake."

THERAPEUTIC POINTERS.

Splenic affections. In acute swellings (Dr. Pinard) caused by a mechanical cause (trauma), *Arnica 3* and *Belladonna 3* should be used. When caused by suppression of the menses, *Graphites 3*. The spleen may be the seat of a considerable hypertrophy, especially in intermittent fevers. When the spleen is swollen and the patient has a certain tendency to hæmorrhages with an aggravation of the fever in moist days, *Aranea diadema* is indicated.

With patients who have abused *Quinine*, *Arsenicum* 6 is to be preferred, so also *Nux vom.* 6 and *Veratrum alb.* 6, where there is a tendency to taking colds. Certain authors recommend *Bromium* 5 and *Plumbum* 6, which are said to give brilliant results in light cases of intermittent fever with a swelling of lymphatic or other glands. *Manganum acet.* 6 gives equally good results in such cases. *Arnica* and *China* in alternation are also yet to be mentioned.

Excessive secretion of sebaceous substances, or seborrhœa, has been cured with *Badiaga*.

Tuberculos iritis. A severe case of this disease has been cured with *Baryta iod.*—*N. Am. J. of Hom.*

Polypus of the uterus was cured in ten days with *Sanguinaria* 3 D., taken twice a day, by Dr. Majumdar.

A fibrona of the uterus disappeared under the influence of *Lilium tigr.* 3 D., taken twice a day. (*Indian Hom. Rev.*)

Antimonium arsen. 30, six doses taken in three days, promptly cured ailments from menopause with obstinate attacks of asthma. (Think of *Lachesis in change of life ill.*)

Obstinate constipation arising from an abuse of clysters, which had resisted *Lycopod.*, *Natrum mur.*, *Sulphur* and *Iris*, etc., yielded to *Apium virus* 12.

Acidum picricum is recommended by Dr. Royal in *excessive strain on the brain*, especially where there is violent pulsation and beating in the occiput, which extends to the vertex, or with a sensation of weight on the base of the brain.

General hay fever finds its specific in *Arundo maur.* Its action gives a true picture of this disease.

Small children with a large head and *copious perspiration of the head*, who are weakly, indicate *Calcarea carb.* 6, or, still better, 30.

In leucorrhœa and rheumatism of women with wandering pains *Caulophyllum* 1 will give relief.

Thunderstorms. Ailments which are aggravated before the appearance of a thunderstorm, with a great fear of the same, indicate *Rhododendron* 3.

It is generally known that when any one can not lie quiet and finds relief in *motion*, that then *Rhus tox.* 6 will give relief.

Dry nose. When the nose of children is dry and respiration through the nose become difficult or impossible, *Sambucus* 3 will give relief.

Thin, watery, putrid secretions from wounds, ulcers, cancerous ulcers, etc., requires *Silicea* 30. The patient shuns cold and desires to have his head wrapped up; headache where the patient wraps up his head.

Extreme exhaustion, *Stannum* 30.

Arnica tincture should not be applied to the skin undiluted, as it is too strong an irritant; in order to obtain a good effect we should mix it with twenty parts of water.

In angina pectoris *Magnesia phosph.* is an excellent remedy to cut off the painful attacks.

Arum triphyllum 6 is indicated in redness and rawness of the lips and of the mouth when they look like raw beef.

Sanguinaria canadensis, according to Dr. Nash, is suitable in the flushes of heat in the *climacteric period*, where there is burning of the palm of the hand and of the sole of the foot. Very *painful rheumatism* of the *knee* with slight swelling was promptly cured by the internal application of *Stellaria media* 2 D., and the external application of the mother tincture of the same.

Carbo vegetabilis, according to Dr. Evans, is especially suitable when there is a gaseous distension of the *stomach*, while *Lycopodium* is most suitable when there is a distension of the bowels. In *Carbo veg.* there is a tendency to *diarrhœa*, in *Lycopodium* to *constipation*. Dr. Bayes assures us that in the *chronic bronchitis of old people* with a profuse accumulation of mucus and difficult expectoration, with blue nails and cold extremities, *Carbo veg.*, from the 6 to the 30 potency, proves very useful.

Graphites in cutaneous eruptions, as compared with other homœopathic remedies, according to Dr. Gale, shows the following characteristic differences: *Graphites*, the eruption is humid, with blisters and forms crusts or scales, after scratching a sticky, whitish or yellowish fluid oozes out. *Lycopodium*, a dry scaly erup-

tion. *Mezereum*, thick hard crusts from which when pressed a thick pus is discharged. *Hepar sulph.*, crusts which easily come off, leaving a bleeding, sensitive surface. Like as *Calcarea carb.*, *Graphites* makes *fissures* and *chaps*, and has, like *Pulsatilla*, a tendency to form styes. *Graphites* is the chief remedy in *eczema* on the *sexual organs* and on the anus.

Graphites may cure *fissures of the anus*, just as *Ignatia*, *Platina*, *Plumbum*, *Paeonia alba*, *Nitri acid* and *Ratanhia*.

The *perspiration of the feet* of *Graphites* is just as profuse but less fetid than that of *Silicea*.

A North Dakota physician whose name unfortunately has got away from us, claims that *Graphites* 3x is what might be termed the basic remedy for fat women's ills—any other may be called for at times, but *Graphites* is always needed.

When you have an obstinate case of *eczema* or any dry skin disease put it on *Skookum chuck* 3x trituration for a week or two and note the result. It has done surprisingly good work.

DR. C. M. BOGER ON THE PHARMACOPŒIA.

Pharmacopœia Committee of the A. I. H.

Gentlemen: I am in receipt of your letters and reprints for which I thank you, but you will have to advance better arguments than these before I can take any stock in them. The one from the "H. H." is of the "too quoque" form, and, therefore, unworthy of serious consideration.

The logical deduction from the other is, that because no matter can be demonstrated beyond the 12th potency, therefore, all such preparations are officially taboo, and if your bill passes Congress, will belong to the class of outlawed nostrums. You surely don't expect any sane homœopath to put such a gag in his own throat, not to say nothing of the pseudo-scientific attitude which it assumes. It is the old warfare over again when logicians finally doubt everything but their own existence.

This kind of clap-trap may appeal to a certain class of minds, but it is indeed deplorable that it should be found among men who call themselves homœopaths.

Truly yours,

C. M. BOGER.

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EDITORIAL BREVITIES.

UNTOWARD RESULTS FROM ANTITOXIN.—Dr. Herbert F. Gillette, of Cuba, N. Y., reports to the *Journal A. M. A.*, October 3d, twenty-three cases in which untoward results followed the use of diphtheria antitoxin. Of these ten died and the others suffered collapse with ultimate recovery. “The information was definite and positive” concerning these cases, which were sent in by practitioners in response to a previously published request. The conclusion is that “there is a certain element of danger if any form of horse serum in subjects who suffer from any form of respiratory embarrassment,” and this is not due to any fault on the part of the manufacturer of the serum. In fatal cases “the heart continues to act long after respiration has ceased.” If ten cases of death could be positively traced to any one homœopathic remedy with the suspicion, almost a certainty, that there were many more deaths from it that had not been reported, the affair would not be academically discussed in medical journals but in the courts; every reader knows this would be the fact. Well? Nothing. These deaths were lawful. Under any other form of medicine they would have been unlawful. Scientific? Certainly, just as scientific as they were legal. This science learns by experiment on that on which it works, the sick. The whole matter combines itself into a very interesting condition of affairs, or, if you please, problem.

DEATHS FROM SERUM.—The same issue of the *Journal* containing Dr. Gillette's paper devotes its leading editorial to “Prevention of the fatal intoxication that sometimes follow serotherapy.” No question of abandoning the sometimes fatal therapy

is considered; that most likely, will come later. The editor points out the fact that considering the number of injections of serum made to-day the fatalities are not numerous. Curious, isn't it? like the poor girl who bore an illegitimate child, "But, Judge, it is such a little thing!" The editorial is devoted to the discussion of the question of how the dose of serum may be given without killing the patient. "The intracardiac" and "the intraperitoneal route" are "almost certainly fatal." An interesting question for discussion might be framed thus: "What will be the effect of serum on posterity?" for where it doesn't kill it must leave some baneful taint.

THERAPEUTIC NIHILISM.—There is good in everything, even if it is "good thing it wasn't worse." Therapeutic nihilism is a good thing for the nihilists' patients. The therapeutical nihilist, "regular" or Homœopath, is necessarily ignorant of the clinical use of drugs so there is safety in his nihilism for his patients, for it throws a protecting mantle over the patient and leaves him to nature and the scientific mind cure.

Sermons in stones, books in running brooks and good in everything.

CONCERNING DIPHTHERIA.—Karsner, *U. P. Med. Bulletin*, writes that diphtheria is accompanied with a varying degree of hyperleucocytosis; hyperleucocytosis may be absent in extremely toxic or mild cases. "The differential counts in the leucocytoses of diphtheria show proportions of polymorphonuclear and mononuclear cells consistent with grade of leucocytosis. In these leucocytoses the eosinophiles are present in unusually small numbers, and the myelocytes, basophiles in moderately small numbers." Knowing this the reader will be wiser.

THE BEGINNING AND THE END IS BUGS.—And there is nothing under the sun but bugs, *alias* bacteria. *The Lancet*, which is the big thunderer of the allopathic medical world, informs us that all spontaneous fires are the work of incendiary bacilli. Lampblack, peat and coal are nothing but oxidized bacteria; they are also responsible for "unlocking vast pent up forces," under which heading may be included earthquakes and volcanos. In fact, it is quite probable from bacteriological reasoning that bacteria created

the earth, the sun and the stars, and they are the first Great Cause of everything. Hence the vanity, not to say danger, of germicides. Perhaps the bacteriologists have mistaken the ceaseless change constantly going on in matter, its life, for bacteria, have mistaken an effect for a cause. What is beyond the bacteria?

IT ACTS.—Jousset (*L'Art Medicale*), who writes of "Hahnemann's troublesome hypothesis upon drug dynamization," nevertheless admits that there is demonstrable drug action in the 30th potency made according to Hahnemann's methods. He writes:

I have taken the trouble to demonstrate by means of experiments performed during the last twelve months in the laboratory of the St. Jacques' Hospitel, that the thirtieth dilution of salts of silver and mercury, made according to Hahnemann's method (*i. e.*, with thirty separate bottles), has still an incontestable action upon the development of *Aspergillus niger*. I can therefore affirm that the thirtieth Hahnemannian dilution has an action upon the living cell, but I am still waiting to hear that similar experiments have demonstrated the action of the 20,000th dilution.

In view of the fact that some scientists in the United States of North America officially limit the potencies somewhat below the 12th potency this is interesting.

THE FUTURE RACE.—At the annual meeting of the British Association for the advancement of science, the president, Prof. William Ridgeway, in his address, said that our legislators should be governed by "the principles of the stock breeder." At present "the offspring of wastrels were given free meals, and already there were demands that such should be clothed at the expense of the rate payers." Also "not more than 5 or 6 per cent. of the children of the working classes possess at the age of 16 the same amount of brain power as the children of the middle classes." Presumably these in turn do not possess the same amount of brain power as do the children of the "higher classes." We confess we do not see the way out unless it be to kill off all the brainless ones, and that might have such far-reaching results as to cause a great silence in many exalted scientific circles.

THE KIND OF A HOMŒOPATH HE WAS.—Dr. J. B. S. King has broken loose again in the *Medical Advance* with one of his semi-

fables, which runs something like this: A man spent his days in shaking, burning and vomiting, for he lived in a region of Indiana. He had taken much quinine and arsenic and many scientific dopes, but he burned and shook and vomited with unabated vigor. Then came a time when he heard of Homœopathy, and hied himself to a great city where many practitioners of that art dwelt. The first one gave him much quinine and arsenic. The second one set to work to peel off many overlying ills that he might get at the trouble. The third would have him on an operating table, for he saw the seat of the disease in the man's seat, otherwise rectum. Finally the man went to a fourth, for he still burned and shook and puked as badly as ever. This one took his symptoms, gave him some pellets, and behold the disease left the man. But by this time his money had gone also and the common Homœopath got naught but gratitude for his fee. Dr. King doesn't append a moral, so perhaps there isn't any.

"MEDICAL INSTITUTES."—The trial, appeal and sentence of an apparently highly respectable citizen of Oak Park, Chicago, who, unbeknown to his friends, was "The Boston Medical Institute" and "The Bellevue Institute," two swindling "lost manhood" and venereal diseases concerns, is rather interesting reading, though it reveals nothing new. It is interesting, perhaps, because it shows the confiding innocence in some, even syphilitics. It is of interest, also, in showing of what stuff some doctors are made. One of them, and he was a legal M. D., was questioned at the trial as to his qualifications to treat the "diseases of men." Boiled down his special qualifications for the job had been obtained by reading about two pages in Dana's book. This doctor when asked, "Is semen ever absorbed?" replied, "Well, if it gets into the stools it has to be." Asked how it got into the stools, the reply was by "way of the rectum." The pharmacist was a sailor and the medicine was mixed in a tub. When a patient, or victim, got troublesome, he was cowed by dire threats, and termed "a caluminator and blackmailer," threatened with exposure, and all the old tawdry bluff of such concerns. The proprietor got off easily, it seems, with two years in the pen.

THE PROGRESS OF MEDICAL SCIENCE.—Editorially discussing "the present pandemic of plague" the editor of the *Journal* writes:

In a recent interview with Professor Kitasato, of Tokyo Dr. Robert Koch said that he considers the problem of plague prophylaxis as essentially equivalent to the extermination of the rat. This, he said, can scarcely be accomplished by the employment of ordinary means, since they involve an expense which the public will not tolerate. Professor Koch is of the opinion that the most rational method of fighting rats, as well as the one most likely to be successful, would be to invoke the aid of the rat's most natural enemy—the cat. Koch outlined a systematic plan in which he suggested that keeping domestic cats should be compulsory, and that every effort should be made by selection and breeding to improve the “ratting” capacity of the felines.

The compulsory keeping of cats!

The editor goes Koch one better and says that the ground squirrels, those pretty little chaps who dance along old country fences, ought also to be exterminated, for has not the “bacillus” been found in, or on, that saucy little fellow by some medical wise man? Of a verity the “germ” offers an immeasurable field for “scientific” stunts, and no medical act to-day so quickly catches the public eye. But the public is a fickle beast.

GOING BACK TO FIRST PRINCIPLES.—In their restless search for a cure for disease the gentlemen who are termed “allopaths” by the ignorant world have ranged from blood-letting to opsonins covering a vast field between, and now Dr. Lyday before the North Carolina Medical Society (*Char. Med. Jour.*, September) harks back to the beginning: “I believe firmly, and such has been my personal experience, that nothing can take the place of blood-letting at the commencement of nearly all inflammatory affections,” so he asserts, and we know a sturdy old allopathic doctor who says that “a big dose of calomel” is what nearly every disease needs in the beginning. It would not be very surprising if these twin treatments came into vogue again. What a host of fantastic theories and meaningless Greek words would be swept from the temple if simple Homœopathy were to rule therein!

TOO MUCH SCIENCE.—Dr. G. Frank Lydston, seems to think that the medical colleges are losing sight of “the main purpose of medicine, the healing of the sick,” in their endeavor to be “ultra-scientific.” “What boots it,” he asks in Daniel's *Texas Medical Journal*, “to the practitioner of the crossroads that there be op-

sonins and opsonic indices" and lots of other "scientific bricks without straw?" He recently had occasion to test one of the men from a very "scientific" college, an "honor man." In the bright lexicon of this young man "papaver somniferum" is "poke root," "atropine" is an alkaloid of opium, and the proper dose of the tincture of aconite for a six-months-old baby "half a dram every hour." This young man knew everything about spectacular medicine, but of practical medicine he knew worse than nothing, and is really a "menace" in the sick room.

CONCERNING OUR BIG NEIGHBOR.—Editor and Doctor William J. Robinson expresses himself concerning the way things are run in the big allopathic association in the following vigorous words:

"Let the machine elect as trustees and office-holders the most narrow-minded, the most bigoted, the most biased and the most pliant members that it can find; let the rights of the passive majority or the protesting minority be ignored, laughed at and trampled upon by the powers that be; let the publicity organ of the Association, the *Journal of The American Medical Association*, which is the property of every member, be open to favorites only and closed to all those who have not a jellyfish backbone and dare disagree with some of the official policies and bureaucratic dicta; let all this, I say, go on from bad to worse—so much the better. In this case it is truly the worse, the better. Let the tension become greater and greater—it will reach the breaking point, and then the machine, the entire bureaucratic structure so carefully reared by our politicians, will go smash. Just some smithereens left. And then we will have a true democracy, and true representation."

"HOMŒOPATHIC TREATMENT."—In discussing a paper on "thyroid extracts," "protoneuclin" and similar products of scientific pharmacy, Dr. Torald Sollman, of Cleveland, said, among other things: "This means that preparations containing a low amount of iodine have been taken from the thyroids of diseased animals, and in using them we are giving homœopathic treatment—giving diseased thyroid to cure diseased thyroid." This demonstrates that Dr. Dewey and his committee ought to hurry up the pamphlets on Homœopathy and distribute them among the "regular" brethren, for they sure need them.

NEWS ITEMS.

At the meeting of the National Antivaccination Society held at Philadelphia in October, Dr. R. Straube, of that city, a well known homœopathic physician, issued a challenge to Drs. Dixon and Neff, who, respectively, look after the health of Pennsylvania and Philadelphia, to sleep in the bed with a small-pox patient, he, Straube, being unvaccinated, if either of the challenged, both presumably vaccinated, would sleep in the same bed at the same time. No reply received yet, and probably none coming. Dr. Straube when young in practice attended many cases of small-pox, and has more than a book knowledge concerning the disease. No one can blame Drs. Dixon or Neff if they refuse the challenge,, for, vaccinated or unvaccinated, it would be a risky thing to do, and would prove nothing no matter how it turned out, for every one acknowledges (unless it might be Dr. Dixon) that small-pox visits vaccinated and the unvaccinated with apparent impartiality.

The last issue of *The Calcutta Journal of Medicine* says: "Haffkin's inoculation of the prophylactic serum against plague has proved a failure," as has vaccination in India. Sanitation is the *only* preventive, in the *Journal's* opinion.

A Danish medical quarterly is to celebrate its centennial. The publishers "have about concluded that the journal has outlived its usefulness, as medicine hastens on with such strides that a quarterly is left far behind, and it is hard work for even a weekly to keep up with it." Whether the publishers are gently ironic or not it is difficult to say. Did you ever see a kitten chasing its tail?

The Austrian Government is turning its attention to specialists in medicine, and proposes to regulate them. They are getting too plentiful the government thinks.

The Supreme Court of Georgia has ruled that when an employer calls in a physician to attend an employee, the employer is not liable for the physician's fee unless there has been express stipulation. The call does not create an obligation. This is sustained by numerous previous decisions, and is an established ruling of the courts.

The N. Y. Courts "rule that a corporation cannot advertise to

practice medicine, as it is the individual alone, in his own name, who is legally qualified," etc. The decision was rendered against the "John H. Woodbury Dermatological Institute." John H.'s ads. are the ones that show a face with no neck, though he seems to have got it in the unshown place.

Dr. William B. Davis has removed from Mt. Vernon to Matteawan, N. Y.

Hahnemann Hospital, Philadelphia, treats something over one hundred thousand cases each year at a cost of \$129,000, a little over \$1.25 per case. There was a slight deficit. The charitably disposed may be sure their money is well disposed of at this active institution.

At Greenock, Scotland, a doctor sued for his bill in a confinement case; the defendant put in a counter claim for damages alleged to have resulted from instruments not sterilized. The doctor lost his case, and the counter claims were thrown out because it could not be proved that the illness on which they were based was carried by the unsterilized instruments.

Patchogue, Long Island, has small-pox, and "the local authorities are powerless to enforce vaccination or quarantine."

Chicago doctors must now report every case of tuberculosis to the health board under penalty of prosecution. Yellow placards may come later. The board has issued a bulletin which says that all cases of contagious diseases are the result of a "violation of the law," and "the mailed hand will cure any epidemic situation in short order." Presumably hereafter Chicagoans will die of old age or with their boots on, only.

The U. S. Bureau of Entomology has issued pamphlets warning the people against flies or mosquitoes as carriers of disease. What the people are to do is another story.

Seattle paid a bounty in September on 2,044 rats caught. This may build up quite an industry if the bounty is big enough.

Dr. Nathan C. Schaeffer, State Superintendent of the Public Schools of Pennsylvania, reports that the compulsory educational act and the compulsory vaccination law conflict; many thousands of families flatly refuse vaccination, and the opposition to it is steadily growing. It is estimated that there are over 150,000 unvaccinated children in the State.

PERSONAL.

They say when the raven remarked "Nevermore," he was but echoing remarks he had heard before in the morning.

As the years go by the chestnut crop increases.

A London paper says that the U. S. A. is now "a cosmic power." Bully! *Wasp* tells of an organist who asked the absent-minded clergyman what he should play, and the dreamy reply was, "Your long suit."

When reproached, according to *Judge*, for yawning during an afternoon call, hubby replied that he couldn't be expected to keep his mouth shut all the time.

Come to think of it, if a man believes only that which he knows he doesn't believe very much.

The "tramp" steamer is badly named, for it works hard.

Mr. Millionaire says it is "easier" to get along now-a-days, but you must "work harder" to do it. Find his nationality.

The man with a bank account is always a "conservative citizen."

"That thus to be an angel, in lieu of otherwise," is the euphemistic way a poet puts it.

If man followed all the advice given him man would be in a mess.

A merchant said he would employ married men only, for he wanted no independent fellows about.

The man at the top of the ladder is more in evidence, but the man on the ground is safer.

Man's cupidity exceeds his sagacity, on the average, hence many "stocks" are sold, and, like them, the buyers.

Many a man can truthfully say with the California man, "All my virtues are in my wife's name."

The absence of children is a noteworthy feature of the Mothers' Congress.

The text of a recent sermon was, "Is there any hope for a doctor?" What about the preacher?

That which is precocious is generally worm-eaten.

When a fortune teller tells us something we know we think "it is great."

"A light colored vote" might mean several things.

"What is all that noise?" asked a visitor at the Philadelphia almshouse. "Two of the ladies are having a fight," replied an inmate.

"What is that which has a skin, fingers and thumb but no bones, flesh or blood?" asked the jocular examiner.

The moon is contrary, being lightest when full.

When the air is in a great hurry we call it a cyclone.

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THE REPETITION OF THE DOSE. AN OLD STORY.

There has been an interchange of letters in the *Homœopathic World* recently on the dose question between "Nicodemus" and Edward Redfern, that is worthy of more than passing notice. "Nicodemus," after quoting the *Organon*, "Par. 245," and dwelling on it, concludes as follows :

Hahnemann's whole scheme is so scientific and clear-cut in its details that it is marvellous that it is so slowly adopted by the profession in general. Every one of his principles can be demonstrated to be a fact in nature, and this one of the repetition of the dose no less than the others. There is no guess-work at all. It is all law. The source of error is in ourselves and is due to our imperfection. Has Hahnemann raised up too high an ideal for us? Are his principles practicable in everyday life? Have we tried? Are we afraid of the work entailed by such accurate scrutiny of disease symptoms? Are we content with something less, something which, after Hahnemann's ideal, is scarcely scientific? If we are, let us bow our heads and acknowledge that we are not loyal to the Truth, that we are flying the wrong flag and are traitors to our colors.

This appeared in the October issue of *The World* and in the November of the same journal Mr. Redfern replies, in part, as follows :

Many of your readers are, of course, aware that Hahnemann changed his views regarding the repetition of the dose in the year 1833. The late Dr. Hughes (see Lecture IX. on the administration of the similar remedy), in his work, *The Principles and Practice of Homœopathy*, calls attention to this. Hughes says: "Suddenly, however, in the *Organon* of 1833, a complete change appears. The waiting for a dose to exhaust its action is declared needlessly to delay the cure, and more frequent repetitions are counselled, at intervals to be determined *a priori*, and with regard rather to the disease than to the drug." According to Hughes, Hahnemann's later views have been adopted by the more liberal school of homœop-

athists, whilst those who call themselves peculiarly by his name (I am quoting Hughes) lean rather to his earlier practice. I trust that "Nicomodemus" will now admit that his concluding remarks as to the "bowing of heads," etc., are not applicable to those who have adopted Hahnemann's later views, and that, like "the flowers that bloom in the spring, they have nothing to do with the case."

Hahnemann, it seems, can be quoted on each side of the question. There are several reasons that can be advanced to support what Dr. Hughes writes of Hahnemann's "complete change" in the matter. One of the stock arguments the old time allopath used against Homœopathy was the assertion that a child had eaten a whole bottle of homœopathic medicine, and it had no more effect than so much sugar would have shown. The homœopaths could not deny the truth of this, yet knew that the same remedy would have been powerful for cure when indicated. The conclusion must be that the dynamic remedy is harmless to those in health or disease, yet curative when indicated in disease. The logic of this probably caused Hahnemann to change his views later in life.

Every reader of Hahnemann will recall his "God mercifully permitted Homœopathy to be discovered," and this disclaimer of any proprietary right in the discovery involves the additional disclaimer of infallibility concerning it. Homœopathy is a law of nature, as infallible as any natural law, but its application is left to each man's rationality. In its working on the almost infinite variety of human beings, all more or less diseased, it may be that all the way from the crude drug to the highest potency is called for to meet the varying cases and from the infrequent dose to the rapidly repeated dose. When it comes to the "healing of the nations" it is not well to be dogmatic. When one considers the full, the mighty scope of what is involved in the term "law of nature," he must admit that no human mind can grasp it in its entirety; it reaches beyond drugs, pellets and potencies, and the endeavor to limit it to "low" or "high" potency, or its workings to the frequent, or infrequent, dose is futile. If Homœopathy is a law of nature it is a very much bigger proposition than even the most ardent homœopath has conceived, and we are but at the beginning of a knowledge of its working and application.

THE NECESSITY OF KNOWING PATHOLOGY FOR TRUE HOMŒOPATHIC PRESCRIBING.

By Dr. Edurado Fornias.

Homœopathy, like all systems of *therapeutics*, has its precepts but also its limitations, and no prescriber can ascertain the origin, character and the importance of symptoms without a thorough knowledge of *pathology*, just as no one can successfully treat diseases without an early recognition of their causes and the prompt application of *hygiene*, and of those measures necessary to mitigate their course, if malignant, and to prevent their spread, if contagious. We may, aided by the natural defences of the organism and the administration of the similar, obtain sometimes the desired effects, but, in general, we will work under great disadvantages and eventually become skeptics if we ignore *pathology*.

In the midst of our enthusiasms we are apt to forget that a given symptom may have a relative value in certain forms of diseases, and an absolute importance in others. Take *vomiting*, for instance, which in the child has a different meaning than in the adult, in the toper than in pregnancy, and what is his value under these different circumstances?

Certainly no intelligent physician would prescribe *Ipecac* because the *vomiting* is prominent, persistent and attended by *deathly nausea*, without taking into account its origin and meaning. And more erroneous still to draw indications from doubtful suggestive symptoms or from contingent, vague manifestations. *Vomiting* is a common symptom of many maladies, and to gain some valuable information as to its origin and meaning, we must take into consideration the facility and frequency with which it takes place, the nature of the vomited matter, and the morbid circumstances which preceded it and accompanied it. But no less important is to know if it is of *cerebro-spinal origin, irritative and obstructive, reflex, toxæmic, hæmatic*, etc.

Vomiting in childhood is of much less diagnostic value than in adults. Due to the vertical position of the organ, the slight development of its cardiac sphincter, and the excitable nervous system of the child, the stomach can empty itself of its contents very readily, and this is particularly the case, if the infant suck at all

greedily or be moved much immediately after feeding. At the *onset* of most *acute diseases*, however, it is one of the most important symptoms. It is seen in practically *all forms of gastritis*, and is then constantly associated with diarrhœa, because, particularly in bottle-fed children, gastritis is generally combined with enteritis, both being due to some change in the milk. Improper feeding of any kind usually leads to the same train of symptoms. In many *cerebral diseases* vomiting is the prominent, it may be, the first symptom. This is especially the case in *meningitis*, tubercular or simple, but it also occurs in other brain lesions—*abscess, tumor*, etc. In such cases the vomiting often has no relation to the taking of food. The spasms of *whooping cough* are usually terminated by the emptying of the stomach.

Moreover, *persistent vomiting*, in children, is of much diagnostic value. In *gastric catarrh* it may occur repeatedly, but, as a rule, chiefly after the ingestion of food.

In *intercranial affections*, *vomiting* at irregular intervals, particularly after movement, is a common symptom. *Constant vomiting*, without reference either to the taking of food or to the position of the patient, is especially characteristic of some form of *obstruction of the bowels*. Thus in *early infancy* it may be due to *congenital stenosis of the duodenum* or *large intestine*. In the former case the symptoms occur earlier than in the latter, in which they may be delayed for some days or even remain absent. *Intractable vomiting* during the first months of life may also be due to *congenital hypertrophy of the pylorus*. In *later infancy* and *childhood* all forms of *acute and chronic intestinal obstruction* are associated with *vomiting*, and in acute cases the vomited matters consist, first, of food, then bilious fluid, and finally become fœcal. Along with this there is usually absolute constipation and distention of the abdomen. In *acute carditis and heart failure* generally, as in that following diphtheria, *uncontrollable vomiting* is a sign of the greatest gravity and often presages the end. *Uræmic vomiting*, too, is sometimes noticed in children. *Prodromal vomiting*, such as occurs in *scarlet fever* and other *eruptive fevers*, demands special diagnostic attention.

This is the chief *origin of vomiting in the infant or child*, a class of patients in which we must exclusively depend on objective symptoms and the unreliable information of the mother.

How then can a mere symptom-hunter appreciate the *diagnostic significance of vomiting*, and meet the difficulty with success, *without a complete knowledge of pathology and the examination of the vomited matter?*

And how about the *future mother* (*adolescence, pubescence*) or the *actual mother*, both so constantly exposed to these influences liable to create this symptom? Let us first take *pregnancy*, where *vomiting* is so persistent, may occur with an empty stomach and become so serious as to demand sometimes the artificial production of premature labor. Here, as in *endometritis and peritonitis*, *vomiting is a reflex symptom*, whose presence is often of serious omen. *Repeated vomiting* is also a sign of other *visceral disorders*, which should claim our attention if we wish success. *Kidney disease, the passage of gall stones, dysmenorrhœa, cystitis, acute metritis, ovaritis, pelvic cellulitis, hysteria, and psychic influences, etc.*, are *common causes of vomiting*; and, as in man, there may be *vomiting in all diseases of the stomach, cancer, trichinosis, alcoholism, irritant poisoning, seasickness, etc.*

In *man*, *vomiting* is very frequently present in *alcoholic gastritis*, when its persistency is sometimes alarming. Then it is in *acute indigestion* and *atonic dyspepsia* when we probably observe this symptom most. *Repeated vomiting* is also a sign of other visceral disorders. It is pathognomonic for *meningitis, brain tumor* and *peritonitis*. In *Bright's disease* it is an evil omen, as it is early indication of ensuing *uræmia*. Do not forget that its frequency is for a great part a determining prognostic feature of *meningitis*, and that, as in *peritonitis*, it is of reflex origin. The *tendency to vomiting in heart disease* is chiefly induced by *congestion, gastritis* though often *acute cardiac dilatation* (for instance, induced by over-exertion) as well as *cardiac failure* are accompanied by it. Among the many *gastric disorders* in which *repeated vomiting* occurs, I may mention with profit, besides *gastritis, ulcer of the stomach, carcinoma, gastric neurosis* and *dilatation of the stomach*, and from this sign alone no diagnosis is possible.

Vomiting supervening *immediately after eating*, chiefly attended by nausea, is characteristic of *hysterical or nervous dyspepsia*, and a sign of great irritability of the stomach. In cases of *cancer* of the middle of the stomach, *vomiting* generally fol-

lows immediately after the ingestion of food, but after the space of three or four hours, when the disease is situated at the pylorus. In the latter case the ejected material is usually streaked with blood in different stages of decomposition.

The *pain* caused by the presence of food in cases of *gastric ulcer* is often *relieved by vomiting*, which, as a rule, however, only takes place when the pain has reached a certain intensity.

The *vomiting* of a large quantity of matters in a stage of fermentation or decomposition occurring every two days, more rarely every day, is a sign of *dilatation of the stomach*, with stagnation of its contents. It is usually due to stenosis of the pylorus. In this condition as soon as the stomach is over-distended by reason of its continuous ingestion of food, it gets rid of a part of its contents by the vomiting of 1 or 2 litres of often decomposed fermented material.

All cases of *strangulated hernia* and *intestinal obstruction* are attended at one time or another with *vomiting*, which is more severe and persistent as the disease is more acute. At first merely matters from the stomach are rejected, but very soon these are mixed with bile from the duodenum, and at last the contents of intestines themselves are regurgitated (*stercoraceous vomiting*).

The early *vomiting of peritonitis*, as well as the *vomiting of hepatitis* and *biliary* and *renal colic*, is attended by nausea, and *nausea and vomiting* are rarely absent in the course of *Addison's disease*.

Associated with distressing, often *unbearable nausea*, are those *periodical recurrent attacks of frequent vomiting, called gastric crises*. They alternate with periods of freedom therefrom, and as they appear in disease of the spinal cord, especially in *tubes dorsalis*, they have great diagnostic importance. These *crises* may last for days and frequently lead to inanition. Let those who ignore *pathology* bear in mind that not infrequently this characteristic syndrome may be the first sign which calls attention to the existing *tubes* which may have previously been overlooked, and that *periodical recurrent vomiting* may also be a sign of a *neurasthenic gastric disorder* without having a central origin, and that in each of the latter cases it is wise to entertain a suspicion of its being of central origin.

Combined with *diarrhæa, vomiting* is a common result of *acute*

and chronic uræmia, or vomiting may alone be present, occurring at first perhaps only in the morning, but afterwards whenever food is taken. It is liable in these cases to prove very persistent and intractable. The ejected matters generally contain some *urea*, which, when they are alkaline, is partially decomposed into carbonate of ammonia. The association of *diarrhœa* and *vomiting*, although common enough in infants, should in adults always raise the suspicion of *irritant poisoning*, when the presence of *uræmia* has been negatived. It is important also to remember that the *cough of early phthisis* is sometimes attended with *vomiting*, which may also occur in cases of *right-sided pleurisy*. The latter has been ascribed to congestive changes in the liver secondary to the inflammation of the diaphragmatic pleura.

Vomiting often occurs in the course of certain fevers. There may be *prodromal vomiting* in *scarlatina*, *variola* or *erysipelas*, and may also occur in *diphtheria*, in the course of typhus and in the *cold stage of ague*. It is also common at the onset of *pneumonia* and *pericarditis*. The well known *black vomit* (coffee ground vomit) of *yellow fever* owes its color to the presence of masses of decomposed blood corpuscles, but an analogous, *coffee ground vomit* is pathognomonic of *carcinoma*. *Vomiting of blood* may occur when the gastric mucosa is inflamed by irritating substances, but it is pathognomonic of *ulcer of the stomach*, and also takes place in *cirrhosis of the liver*. Blood is sometimes vomited in *hæmophilia* without any essential cause, or occurs in young girls at the time of a suppression of the menses (*vicarious hæmatemesis*). Still one should always examine carefully for ulcer of the stomach, and be on the watch to distinguish between *vomiting of blood* and *coughing of blood*. In some cases *hæmoptysis* or *hæmatemesis* is the first sign of a pulmonary or a gastric disorder which may have been concealed until the appearance of this sign startles the patient to the highest degree so that he cannot describe accurately the manner in which it appeared.

The *vomiting of cholera* is often sudden and coincident with or following upon the discharge of the rice water evacuations, to which the ejected matters are very similar. *Sudden pain*, such as that resulting from a blow on the testicles, a *severe sprain or dislocation*, usually causes a feeling of faintness, sometimes followed by *vomiting*. *Paroxysm of migraine* are occasionally re-

lieved by the occurrence of *vomiting*, which frequently also follows attacks of *convulsions in children*. *Vomiting* also occurs, and with frequency, during the administration of *ether or chloroform*, especially when the stomach is full, but it may also take place afterwards, and sometimes proves extremely intractable and alarming (*chloroform narcosis*). And there are cases of *habitual vomiting*, lasting for years, in which no efficient cause can be discovered. Food may inevitably be rejected a few minutes after it has been taken, and yet no decided emaciation may be apparent. Such a condition usually occurs in young women in whom there is some evidence of an *hysterical tendency* and *menstrual irregularities*.

But in no pathological condition has *vomiting* the important meaning as in *brain disease*. It occurs in cases of tumor, meningitis, abscess, increased intra-cranial pressure, at the onset of apoplexy and more especially when the cerebellum is the seat of the lesion. There are no associated symptoms of gastric derangement and usually no preceding sensation of nausea, though these are in rare cases severe. As a rule, the food is rejected soon after it has been taken, and it is decidedly uncommon for *cerebral vomiting* to occur on an empty stomach. It is of immense value to know that it is an *early symptom of tumor and meningitis*, and that combined with headache may anticipate by a considerable time the development of further symptoms.

By the above we can see that *vomiting* is produced in various ways and under different circumstances. It is produced: 1) By any disease of the brain and spinal cord involving its reflex centre; 2) by excessive irritation of the respiratory centre, in violent cough, etc.; 3) by the presence in the blood of any substances which occasion irritation of the centre or of the terminal branches of the vagus, such as effete products in uræmia, emetics, etc.; 4) by irritation of the vagus or its branches, which is by far the most frequent cause of vomiting. It is thus that *vomiting* is to be explained when confronted with any of the diseases in which it may be present and which I have sufficiently discussed. In many cases, of course, it is not possible to appreciate the *diagnostic significance of vomiting* from the character of the complaints, and under these circumstances it is necessary to obtain an *objective examination of the stomach*, and this should in-

clude the *ballooning* of this organ if there should be a suspicion of a *dilatation*, but beware of distending the stomach with gas in the presence of an *ulcer*. In all cases where the anatomical diagnosis presents no sufficient data for the appreciation of the condition, the *analysis of the stomach-contents* should be undertaken.

The lack of necessary knowledge to value rightly pathological conditions and meet them with success is what have led the uneducated to presume cures and exaggerate results. It is for this reason that a few have claimed to have cured *carcinoma* with a single dose of *Carbo animalis* 100 m. Besides our knowledge of materia medica, and, in order to understand conditions which the eye of the unlearned cannot penetrate, we should possess suitable information of the many processes which may occur in the course of diseases and in different organs and tissues, and no less important it is to make a rational interpretation of the symptoms and signs of these diseases.

Who can deny that when *vomiting* is unattended and independent of any digestive trouble, is when its presence is of serious import, and when the ignorant is more liable to err. Most medical errors, we must admit, are the result of incompetence, and to prescribe for the totality of the symptoms is with us a great *desideratum*, but to ignore *pathology* is to ignore what we are treating and what we can expect of our treatment. A caried tooth, a tape-worm, a detached retina, a prolapsed ovary, a loose cartilage, impacted ear-wax, etc., may and do give rise to many symptoms which could not be relieved by any internal remedy, no matter how well chosen, without a fair knowledge of the conditions present and the aid of other curative measures. And, again, it should not be forgotten that many serious maladies, with their insidious approach and train of prodromal symptoms, are often overlooked by the inexperienced, often, until it is too late to maintain confidence and prevent failure.

It is of no use to build *clinical syndromes*, nor even to account for *histological lesions*, without a clear understanding and appreciation of the normal and pathological variations of the minute structure of the tissues, as well as of the various circumstances which may contribute to retard or arrest recuperative processes.

It goes without saying that I could have elucidated my subject with other pathognomonic phenomena (*diarrhœa*, *vertigo*, *faint-*

ing, *dysmenorrhœa*, *pain*, etc.), but the one I have selected, namely, *vomiting*, will suffice, I think, to show the different value of a given symptom under different pathological conditions, and the necessity of knowing pathology. It shall be my future aim, however, to write a second part to this subject in which I will point out a few errors, it has been my privilege to observe during my professional career, and which have been entirely due to lack of pathological knowledge.

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PSYCHICAL TRAUMA AS A CAUSE OF PHYSICAL DISEASE.

By E. R. McIntyre, B. S., M. D.

In sections 211, 212 and 213 of the Organon, Hahnemann pointed out the importance of the mental symptoms, both in acute and chronic diseases. And in our study of remedies we are constantly meeting with changed mentality, but we fail to find anything like an announcement that there may be some important connection between the mental changes and the physical disorder. Yet it is well known to all observers that sudden mental shocks or emotions frequently cause some kind of functional disturbance in some distant organ or part. And the announcement of sudden death from mental shock or excitement is by no means unknown. And it may be that the cause is given as heart disease.

But nowhere do we find a word of explanation of how these results are brought about, except that in some cases we are told it is reflex. And this is about as definite, when used in the abstract, as heart failure.

Not infrequently we hear of people who are attacked with stage fright when called on to undergo some unusual ordeal, and the result is they become such sudden victims of that *Gelsemium* symptom, "Sudden diarrhœa from grief, fright or some unusual ordeal" that it may prove very embarrassing. But no one, so far as I know, has attempted to tell us why the intestinal secretions are increased accompanied by a peristaltic storm and relaxation of the sphincters from the mental shock, except that it is reflex. Where it starts or over what road it travels would seem to be of the most profound interest to the student.

Kirchhoff, in his Handbook of Insanity, says: "The term psychical trauma has been applied recently to constantly repeated injurious influences which may produce a permanent morbid condition in certain parts of the nervous system." But he was discussing mental effects exclusively. But I fail to find any account of attempts to trace out a connecting link between psychical trauma and physical changes along physiological and anatomical lines. Indeed it has been the disposition of doctors to ridicule the thought that it might be possible that the psychical trauma could be a cause of physical changes. True they admit that some functional discomfort may result. Or where they have shown a disposition to acknowledge that there can be some relation, they have placed the physical disorder in the position of cause. And when they found themselves unable to explain the case they refused to inquire into what they have been pleased to term the absurdities of those who were so unfortunate as to differ from the "accepted teachings" of science, just as they have ridiculed the claims of Homœopathy (even some of the so-called homœopaths), because they could not understand the law, or could not demonstrate it by the microscope, or chemical analysis. They fail to realize that force or energy is not easily seen or analyzed.

That mental shock has caused abortion, hysteria, catalepsy and other alarming disturbances and even death are familiar to all. But that the continuation of severe psychical injuries can produce organic changes is beyond the comprehension of superficial observers. It is true that Geo. W. Gray admits that deafness has been caused by fright, and the normal balance of the nervous system permanently impaired by various powerful emotions. And he says this "may be followed by permanent impairment of function or organ." And Lauder Brunton speaks of a janitor who "was literally frightened to death by some medical students." But neither of these gentlemen has told us how the mental injury caused the results that follow.

People have died from the effects of some sudden mental shock, and heart disease was thought to be the cause until autopsy revealed a heart void of organic change.

I have directed attention to these profound functional disturbances, not because they are new or novel, but as a basis for the question, if sudden mental injury is capable of bringing about

such profound functional disturbances, is it not logical to believe (aside from anatomical and physiological facts) that serious psychical injury, when continued for months or years, may produce organic changes?

Let us see what anatomy and physiology can tell us. I take it that all who have investigated the subject will admit that all involuntary activity is controlled by the sympathetic nerves, so-called. Since nature has made the very wise provision that man shall not be permitted to interfere with his own nutrition, every function of nutrition, digestion, absorption, assimilation, circulation and elimination, is directed and controlled by the sympathetic. This being true, it is inevitable that every organ, tissue and cell in the entire body must receive a portion of its nerve supply from this system. The sympathetic is the nerve of rhythmical action.

Rhythm is the universal property of living matter, and any disturbance of rhythm is irritation. Irritation of an organ or part may be reflected to any or all other parts in nerve relation with the part primarily disturbed. Irritation of any part, if continued, results in an abnormal supply of blood being sent to that part, and this is congestion. Continued congestion results in disturbed sensation, discoloration, tumefaction and the formation of a new product, and we call it inflammation.

Given a case of sudden fright, grief or other psychical trauma, and it disturbs the rhythm of some cells in the cerebral cortex. This disturbance is immediately flashed over the sympathetic fibers connecting the affected cells with the carotid and cavernous plexuses, which supply the cerebral blood vessels, causing them to contract and force the blood out of them, thus causing cerebral anæmia, and from there it is sent over the cervical ganglia and cardiac splanchnics to the cardiac ganglia, whose rhythm is broken, resulting in irregularities in the action of the heart not infrequently resulting in syncope or death. This cardiac disturbance is usually the first manifestation. But if the psychical cause be severe and long continued, it is sent to the solar plexus and semi-lunar ganglia, the great center of the sympathetic (the same as injury to any part of the cerebro-spinal nerves is first sent to the brain), there to be reorganized and sent on over those plexuses in which there is least resistance, that is, those

which supply parts or organs in which the resisting power has been diminished. If the intestinal tract has from any cause been weakened, the disturbance is sent from the solar plexus over the superior mesenteric, aortic and inferior mesenteric plexuses to the Auerbach's plexuses, disturbing their rhythmical action, resulting in an irregular peristalsis, and at the same time involving the Billroth-Meisner plexuses, increasing the intestinal secretions, and diarrhoea is the necessary result. Should the psychical shock be sufficiently severe, the sentries at the anus, from the second, third and fourth sacral nerves, are overpowered, and the diarrhoea becomes involuntary. This is our *Gelsemium* symptom.

But suppose the psychical disturbance remains with resulting continued irritation of Auerbach's and Billroth-Meisner's plexuses; sooner or later the rhythm of the blood vessels will be disturbed, resulting in congestion and consequent tissue changes. When this stage is reached, it has ceased to be a *Gelsemium* case, and some other remedy is indicated, because *Gelsemium* is not deep enough or long enough in its action. And permit me to say that no operation or stretching of this rectum will do any good, because it cannot remove the cause.

But suppose the patient be of the so-called bilious temperament, with an inactive and lazy liver that has been the subject of all kinds of whipping up with drugs until it has become weakened; the irritation, after reaching the solar plexus, is flashed out over the coeliac and hepatic plexuses to this organ to interfere with the rhythm of the liver cells, causing faulty secretions of bile and finally hepatic congestion, which, if continued, will inevitably result in the proliferation of connective tissue and consequent sclerosis.

. It is a matter of common observation that profound emotional disturbance during the menstrual period has caused suppression of the menses for months or years. The very fact that a woman is menstruating is sufficient to decrease the resisting power of the pelvic organs. And in such a case, after the irritation has been reorganized in the semi-lunar ganglia, it will be sent out over the aortic hypogastric and pelvic plexuses to the uterine and ovarian plexuses, connected with which are the peripheral automatic ganglia that preside over menstruation. Or in some cases it might pass directly down the lateral chain of ganglia to the

sacral, from whence it would be sent over the fibres which go from them to make up the pelvic plexus. But since the solar plexus and semi-lunar ganglia are the center of the system, it would most likely go there first. However, it makes no difference which way it travels, when it reaches its destination it will so interfere with normal rhythm in the organs that the function ceases. Very naturally local tissue changes result, the organs become congested and inflamed, and if this be continued, some form of abnormal growth may appear.

Now comes the gynæcologist with his local treatment, which can neither remove the cause nor perceptibly help the patient. And so he tells her that the organs must be removed at once. This procedure requires much less trouble or ability and brings more money than curing the patient. He cuts out the poor, in-offensive organs; but, behold, the patient refuses to get well because he could not cut out the cause of her trouble, and he leaves her to suffer until some one learns that the treatment was applied to the wrong end of the nervous chain, and institutes a course of treatment nearer in accord with Nature's law and sound logic.

But suppose the patient be one who has had his kidneys weakened, either by natural causes, diuretics or the so-called alkaline treatment for rheumatism. This so diminishes the resisting power of the renal plexuses and automatic renal ganglia that the irritation is sent from the solar plexus to them, and their rhythm is disturbed, with resulting changes in the blood supply of the organs, and some of its sequelæ, such as perenchymatous nephritis, renal congestion, etc. Or, if he has been the victim of the quinine treatment for ague or otherwise diminished their resisting power of the spleen, it may receive the shock, resulting in disturbed rhythm with all its consequences. The same may be said of any and all organs and tissues of the body.

I trust I will not be accused of being a mental healer. I am not, except in so far as mental influences has to do with the cause of disease. The trouble with most of those who have attempted to investigate the subject has been that they were able to see so little of the real cause of disease that they jumped to the conclusion that the mind did it all. This is as irrational as any other fad, and can only lead to confusion and failure. We must view

this body of ours as a unit composed of many parts, any one of which may receive the primary shock. But the one primarily involved is so intimately related to all other parts by its nerve supply that it alone cannot suffer without all the rest being disordered. There is no such a thing possible as a purely local disease. But in this paper I am only discussing one of the causes and its starting point.

70 State St., Chicago, Ill.

SULPHUR DISEASE SUPPRESSED BY QUININE.

By Dr. A. W. K. Choudhury.

Patient came under my treatment May 25, 1907. I visited him on the 7th day of his illness, the 13th day of the increasing moon.

He had a history of eczema; never had pityriasis, ringworm, syphilis, gonorrhœa, or small-pox, but had had chicken-pox; was inoculated, not vaccinated; has two marks of cauterization on abdomen, the larger one on the epigastrium, and the smaller one on the splenic region. Patient had enlargement of spleen and liver in his early age, for the treatment of which he underwent the cauterization, mentioned above.*

I visited him first on a Saturday; he had become actually ill with fever the previous Sunday. Night before he was obliged to sleep in an open veranda. The next morning, when he got up, he found the mat on which he had slept the previous night, wet with night dews. Some time after rising in washing the mouth before bathing he found water tasteless, very like a man suffering from fever, as he told me. After bathing he took his usual food but did not relish it. The following Sunday he bathed and got the fever.

About a year before this he had suffered from a low malarious fever. He had taken no medicine for this fever, as he could work, bathe and take food without doing any apparent harm to himself.

*There has been prevalent here in this portion of Bengal a practice, as far as I know, from time immemorial, to have recourse to cauterization on abdomen to get rid of enlargement of spleen and liver, not among the rich and well-to-do, but among the lower and poorer classes. (WRITER.)

His present fever was quotidian; time, 2 P. M.; no chill; heat with thirst; heat ends with sweat; yesterday and day before yesterday he took quinine daily, grs. x, in two separate doses; today very weak, could not get up because of dizziness on standing and occasional momentary loss of vision; bellows-like sound in ears; no coryza; no cough; no heaviness of head; sleeplessness, restless if there is any sleep. Yesterday fever much less severe at the usual time; eyes slightly icteric; tongue moist, slightly whitish, margins and tip clean and slightly reddish; taste in mouth insipid; thirst and wants water to moisten lips and tongue, which are dry; water he did not relish; want of appetite; occasional nausea; desire for acid, cold drinks; burning in abdomen, so much so that he has put a wet *gamcha* (a native towel) on abdomen. One soft stool, sort of muddy color, with bad smell yesterday; daily one soft, sufficient stool during the fever period. Urine scanty, red, with no burning during urination; burning of eyes; burning of soles and palms with a desire to put them on a cool surface; no sweat now; occasional empty eructations; slight enlargement of spleen, with aching during fever; > lying on left side; pain under percussion on right hypochondrium and epigastrium; abdomen retracted.

He was given *Sulphur* 200, one dose. He continued under placebo till the 29th inst. Gradual improvement followed the dose. He recovered and went away.

Here is another *one-dose-cure* of which Homœopathy has many thousands to boast. We have two things to note here: One that quinine creates many cases for Homœopaths to treat, and the other that our homœopathic *Sulphur* is a very good remedy with which to treat such maltreated cases. Yes there are many other remedies for the effects of maltreatment by quinine, as, for instance, *Ars.*, *Ipec.*, *Puls.*, etc., which I have found very efficacious in my own practice, but *Sulphur stands at the head of the list*.

Here in Bengal we see many cases of fever, intermittent or remittent, maltreated with quinine or arsenic, transformed into a quite different disease, having an appearance of an intermittent fever with various complications. Ready suppression of intermittent fever with quinine, arsenic or other powerful drugs often occasions lingering diseases with various organic disorders. In many such maltreated cases we find disorders of digestion with

same hepatic derangements, enlargement of spleen and irregularity in the action of the bowels. In a case which was under my treatment, and the patient was suffering from intermittent fever of the tertian type, complicated with some hepatic disorder and enlargement of spleen, I remember I saw leucorrhœa follow the suppression of the fever by the application of the juice of a plant on the spine. In another instance asthma followed the use of quinine. In such cases no trace of an intermittent character remains with the newly created disorder.

But in most cases the intermittent character of the fever remains in a modified form so that the patient goes on with his usual food, bathing and daily work. These, perhaps what they call the dumb ague, cases are complicated, and the patient often pale and anæmic in appearance.

The one-dose-cure is a very desirable and enviable thing in Homœopathy. In recapitulating my practice in the field of Homœopathy I feel in myself, to a certain extent, a pride to express that I have the good luck to witness many such one-dose-cures.

One dose of *Sulphur* 200 corrected this case.

Five days, from the 25th to the 29th inst., he continued under my medical treatment, getting placebo daily, save the dose of *Sulphur* mentioned above.

I present this case as a fair example of the antidotal action of *Sulphur* in removing suffering after abuse of quinine.

Satkhira P. O., Bengal, India.

DIAGNOSIS THROUGH THE SELECTION OF THE REMEDY.*

By Dr. Wm. O. Cheeseman.

Dunglison, in speaking of diagnosis, says: "That part of medicine whose object is the discrimination of diseases and the knowledge of the pathognomonic signs of each." In simple language it is naming the disease.

This is the allopathic point of view, that you must first name the disease and then select the proper medicine for its treatment.

*Read before the South Side Homœopathic Medical Society, Chicago.

Hahnemann, although educated as an allopath, when he developed his remarkable system of medicine, took an entirely different position in the matter of diagnosis, believing that while a diagnosis should be made, the pathological symptoms are not considered of importance in the selection of the remedy.

He says that the peculiar symptoms are of vastly more importance than the pathological ones developed by the disease.

The allopathic physician is often at fault in his diagnosis. A case of tumor of the breast, which came to me, was pronounced cancer by twelve allopathic physicians, who examined it. My diagnosis was that it was a lymphoma—a benign tumor—and was cured by me under a course of treatment lasting five months.

But we may often make our diagnosis from the selection of the remedy, for, if we are careful observers (and the homœopathic physician should have that faculty strongly developed), we shall notice certain morbid states in our patient which are indicated by the peculiar symptoms which the patient gives us in our examination of the case.

For instance, a gentleman came to me for indigestion with a peculiar condition of the stool, which he designated as like mush. Examining the repertory I found that *Kalmia latifolia* was the only drug that had that kind of a stool. Examining the case further I found that this man had had several attacks of rheumatism with pains in the region of the heart, all of which I suspected after getting this *Kalmia* symptom.

Mrs. S. B. C., of Peoria, wrote me in reference to her condition, complained of pain on top of the head, also pain in the back of neck, circulation poor, nervous, vertigo, which was worse in the morning, feeling of faintness, not much strength, head trouble worse from company and excitement, feels blue, was afraid she would have apoplexy. Again, examining the repertory I found *Gelsemium* more nearly covered the symptoms than any other remedy, but in studying those symptoms I was impressed that these symptoms were largely due to malaria with suspected liver trouble, which fact was proven by further correspondence with this lady. I have never seen this case. Six doses of *Gels.* 200 removed the majority of her symptoms. In her second letter she mentioned the fact that the bowels were badly constipated, and had been in this condition for a long time. Three doses of *Natrum mur.* 200 removed this trouble entirely.

“There is a symptom found under *Lachesis*,” says Dr. Fleagle, ‘constantly obliged to take a deep breath.’ This symptom alone has often led me to suspect an on coming cerebro-spinal meningitis. But no matter with what disease it is associated, it denotes an impending paralysis of the pneumo-gastric nerve.”

I have endeavored in this short paper to give you a new view point of the beauties of our wonderful system of medicine.

KEYNOTES AND THE TOTALITY.

By Milton Powell, M. D.

In the present age we hear many voices denouncing key-notes and key-note prescribing, and emphasizing the importance of the totality of the symptoms, conveying the impression that the problem of the prescription is mainly one of addition, numbers, quality, instead of which, according to the 153d paragraph of the Organon, it is always one of quality, character, individuality.

If we carefully analyze that paragraph in the light of all that precedes it, our conclusion should be that we are to take the totality, not in order to give the drug containing the greatest of symptoms of a patient, but because each symptom of the totality is to be measured by or compared with the standard of quality as stated in the above mentioned paragraph of the Organon. By this method we arrive at a final totality of quality, and contained in this totality we should invariably see the much despised but all important key-notes.

Examine the cases reported as cured by the same writers who raise their voices most loudly against key-notes. Strike out the key-notes and it would puzzle the best prescriber to select the remedy. Strike out all excepting the key-notes and the remedy is easily discerned.

No one is likely to assert that he could invariably name the symphony about to be played if he could hear the key-note; but the key-note, or a chord of a bar of music, may, and frequently does, suggest a whole opera or a familiar song. So one key-note, or, more strongly, three or four, may suggest to the physician a remedy or a small group, examination of which in the materia medica should lead to the similar.

New York, 163 W. 76th St.

THE LACHESIS MIX-UP IN EUROPE.

Journalists, always on the watch for novelties, are interesting themselves at present in the delicate operation of extracting the venom of a venomous snake while it is alive. They also discuss various diseases, and especially insanity, which might be treated by giving infinitesimal doses of this poison. A number of American and European journals, both medical journals and daily papers, have complacently discussed this subject, without noticing certain errors which our Brazilian colleague, Dr. Milo Cairo, has rectified in the *Propagateur de l'Homœopathie*. In France a Parisian journal, *Le Siècle*, on May 29, 1908, echoed these rumors, publishing under the title, "*A Proposed Bill of Fare*," the following brief article:

"What is agreeable and at the same time consoling about the Syndrome of Cotard is that 'he always performs his evolutions on the melancholy basis which has given him birth.' Everybody knows Cotard and his syndrome and his evolution, and I shall therefore take care not to develop him. A quarrel has recently arisen as to the book of a learned physician on '*The Insanity of Jesus*,' and I myself, turning doctor for the moment, herewith present the gladsome news of an easy and sure cure from all forms of insanity.

"The Academy of Pathological Sciences in London received last week a communication of the highest interest. It was presented, in fact, with a viper from Brazil, the lance-headed snake, which will effect the most wonderful transformation in the world, for it will furnish the serum necessary for the cure, not only of all insanity, but also of all mental or nervous disorders which so cruelly afflict poor humanity.

"This viper, which may be said to be as dangerous as it is beneficent, presents to us, as love does, at once what is best and what is worst in the world, death and life. It is only found in the region of the upper Amazon River. It was imported thence by Dr. E. W. Runyon, of New York. But the Amazon River, the importation, the doctor himself here appear as the smaller difficulties of the undertaking. The end of the end, the proof of the delicate undertaking, consists in extracting the poison from the defending fangs while the viper is still alive and sound. The

least distraction may cause all to be lost; the matter is like that of the lobster when it casts its shell. The scientific name of this viper is *Lachesis*, and the remedy in consequence of this is also called *Lachesis*.

"We cannot deny the generous action of this Brazilian viper, holding out its fangs that humanity may draw thence health and moral force. But hast thou reflected, Oh, little Lachesis! the astounding disproportion between the offer and the demand? We do not even know where insanity begins and where it ends. Half the people wear themselves out to produce such a mass of venom that even the waters of the Amazon would hardly suffice for a comparison. I have to tell you, Oh, good lachesis! that you yourself are only a crazy little thing."

A. BETTE.

This article became the occasion of one of our editors, Dr. Kruger, addressing an article on the action of this venom to the allopathic journal, *L'Echo de la Medecine et de la Chirurgie* (August 1, 1908), as its editor, Dr. Tussan, always favorably receives the contribution of his homœopathic colleagues. The article was entitled:

Insanity and Lachesis.

Under the name of Mr. Brette there appeared in this journal on the 29th of last May an article, entitled "A Proposed Bill of Fare," and treating of the subject indicated by my title. May I be permitted to say some seasonable words as to this question which has been barely touched upon?

It was in July of the year 1828 that the first experiment on the poison of the snake *Lachesis Surucucu* was made by Dr. Constantine Hering in Paramaribo, on the border of Surinam. This snake, *Lachesis mutus*, belongs to a genus of the Crotalidæ. It is, therefore, a neighbor to the famous rattle-snake, the instrument with which it rattles being some prickly scales curved back like a hook. This snake, elegant of color, marked with lozenges, may attain the size of a man's leg. It is the most venomous of all the snakes in South America. It can kill a cow in two hours. Its venom received on some sugar of milk is triturated in a mortar with triple cover, but it rapidly produces numerous severe symptoms merely through the powdery emanations from the ma-

chine. The nervous and mental symptoms figure prominently. Loquacity, liveliness of spirit and a jealous and snake-like humor, a desire of injuring others while concealing oneself constitute the most peculiar states of this mental condition, offering besides other symptomatic peculiarities. The syndrome of Cotard, or the loss of mental vision, is met with, together with the visual troubles of *Lachesis*, combined with melancholy cerebral disorders.

Hering, aided by ninety-seven colaborers, investigated this poison from the first trituration up to the 30, 200, 60,000 and the 100,000 potencies, both as to the effects on healthy men as also on animals the most various in the scale of being. In conclusion, he gave us a pathogenesis consisting of 3,800 symptoms. The illustrious founder of the colossal school of the United States began a series of experiments on the poison of the various snakes (*Crotalidæ*, vipers, lance-headed bothrops, the *Naja*) and on corals, and on the poisons from all the animal creation, from mammals even to molluscs, *Sepia*, the purple fish, and the star fish, passing on the way through a rich class of insects (cantharides, bees, spiders, ants) and other poisons.

We may say that our diminutive fauna and our vipers are only pigmies by the side of those from the virgin forests. The remedy drawn from *Lachesis* is merely a serum, our dilutions free us to our advantage from the laborious preparation and application of the serums, which are merely approximately and cumbersome mediums—"Ubi virus, ibi virtus." What flows from the fangs is a venom.

Insanity, such as is generally understood, is a fundamental perversion of reason, which may be partial or general, nevertheless there are innumerable troubles besetting our mental faculties which do not affect our intellectual center in a fundamental manner. With these latter troubles, fragmentary if I may so call them, the observation of alienists and those who make provings of medicines on healthy men, begin and then they apply these remedies with the sick.

Thus we arrive in the homœopathic school to the cure of a multitude of freaks and fancies and of partial derangement of the mental faculties, and even total mental alienation, as I have observed and published surprising cures, notably in two cases in which two particular venoms have shown themselves as eminently active.

I am at the present observing numerous cases of *blenorrhagic insanity*, perhaps the most numerous class in psychopathology. The blenorrhagic virus has produced with healthy men, when taken in infinitesimal doses through the mouth, mental disorders parallel to those engendered the way of the genital organs, and to those which are produced and also cured by hemp, by hashish and other specific remedies of Homœopathy. Mental disorders are the highest expression of poisonous action, and the remedies which produce them with the healthy, cure them with the sick. But the venoms of serpents are far from being in the first rank in the cure of these maladies, although I can cite in favor of *Lachesis* cures from *jealous mania*, *melancholy after child-bed*, *delirium tremens*, *meningitis* and *encephalitis*, etc., thus descending the scale of cerebral and nervous conditions. The *Solanea*, however, play a far more important part, at least, in the initial treatment of mental maladies.

If we desire to receive palpable proofs of the curative action of *Lachesis* (which is far from being a slight insanity), one should observe, as I have done, the treatment of gangrene, passing upward from a mortification of the tissues, and investing the destructive course the venom takes when man is poisoned, proceeding from death to life, from the livid, the green, the gray, the purple and the black onward to the living rosy red, to final cleansing and the formation of the cicatrice.

To the army of mental disorders Homœopathy arrays in apposition an army of remedies capable of producing with the healthy a variety of artificial deliria, hallucinations, morbid impulses, such as *Belladonna*, *Henbane*, *Stramonium*, on to the most dreadful poisons of the ophidians. No one of these agents of itself is a panacea for these disorders.

It is thus that in America, in the insane asylums, one of which has cost seven millions of francs, the most diverse kinds of insanity are treated. There we find five thousand homœopathic practitioners, provided with one hundred hospitals, twenty-three colleges, of which several are State institutions, numerous learned societies and institutions, endowed with an immense literature from the huge encyclopædia down to the monographs and journals, thus they have realized already for some time what in our old Europe passes for a mere dream.

Let us thank the nocturnal Parcae that they have placed this new thread on the loom of human destiny.—Dr. Kruger (of Nîmes), *La Propagateur de Homœopathie*.

CURES OF CANCER.

By Dr. Nebel, Lausanne.

I. Relapse of Cancer in the Lower Lip.

The Syndic of P. s. C. was operated upon for cancer of the lower lip, by Dr. Vuillet, of Lausanne. Four weeks after the operation the patient came to see me, owing to a relapse in the cicatrice, a small tumor of the size of a pea, *bleeding easily*. This latter symptom and the localization of the disorder at the junction of the mucous membrane of the mouth and of the skin caused me to choose for the remedy *Nitric acid* 10,000. After this single dose of five globules the patient presented himself at the end of three weeks, when the little tumor had entirely disappeared.

I report this observation for the sake of those of my colleagues who reproached me because I, in another case of cancer on the lip, as reported in a former number of this journal, had illegitimately prescribed *Aurum*. We must cure the patient, not name of the disease.

Osteosarcoma of the Left Lower Jaw.

An aged lady, Mrs. B., of Huemoz, consulted me on account of a tumor on the lower jaw on the left side, which had rapidly increased in the last week. Dr. K., of P., who assisted in the consultation, diagnosed it in agreement with myself as osteosarcoma, and advised *Phosphorus*. But having in mind a lesson from Burnett, I opposed this remedy and put my hope on *Heclae lava* and *Lapis albus*. As a matter of conciliation, however, I prescribed *Phosphorus* 200, to be given every six days, one dose of the remedy for one month. No effect.

Heclae montis lava 30 and 16,000, and *Lapis albus* 30, in rare doses led after a certain time to the liquefaction of the tumor. An incision across the mucous membrane of the mouth, across the partition of the osseous envelope which had become thin, gave

issue to bloody pulp. The opening continued to secrete for several months a liquid of the consistency and color of the juice of prunes, and gradually the jaw resumed a normal aspect. This good result has now been maintained for four and a half years.—
Translated from La Propagateur de Homopathie.

THE TREATMENT OF EPILEPSY.

By Dr. Picard, Nantes, France.

I. In the spring of 1895 there came to my office Miss Marie S., fifteen years of age, a young lady with a bright expression and bearing all the marks of good health. Her mobile features, her intelligent eyes, the distinction of her appearance rendered her all the more interesting for the observer, when her mother declared that she had the "falling sickness."

She had menstruated without any complication in this function ever since she was thirteen years old. She complained of symptoms which were quite commonplace, and which brought to mind the chloro-anæmia, common at that age; almost daily headache, buzzing in the ears, great susceptibility, afraid of everything, a totality of symptoms for which she would not have come to consult a homœopathic specialist, as she had at her disposal the physicians of a factory. But what disquieted her, as she said, was *one or two* attacks in which she had lost consciousness. Her mother, and later on those around her, informed me that Marie S. had had several attacks in public, commencing with a wild cry and characterized by a complete loss of consciousness, convulsions of the limbs, rigor of the spinal column, noisy respiration, foaming at the mouth, then after a deep sleep for several hours, she would wake up as from a dream, and have no recollection of what had passed.

This, then, was a real case of epilepsy of which there could be no doubt, as the attacks were frequently repeated, even while attending high mass, and at every attack she had to be carried out of the church. For a year or fifteen months she has presented this sight many times, despite of her illusion, in which she is left, that she had only one or two fits in which she lost consciousness.

Outside of these attacks Marie herself has strange sensations, complaints of confusion of ideas, buzzing of the ears slowness and indisposition to work, continued fear and hesitation in everything undertaken. This moral condition and morbid susceptibility seemed to me to form an aggravation in the progress. I commenced her treatment with *Calcarea carb.* 6 d., three times a day before meals, and one drop of *Belladonna* 6, just before going to bed.

At the end of one month Marie S. returned, reporting a continuance of her restlessness, and her hesitation; she feels as if there were a weight on her stomach, her head is heavy, as if too full or too empty; but her mother told me that she had not had any more attacks.

In September, after three months' treatment, there was a little amelioration in the general morbid condition, still no more attacks, but an irritation, an acute and very troublesome vesicular strain. I substituted for *Belladonna* 6, *Cicuta* 6, for three weeks, while continuing *Calcarea carb.*, when I came back to *Belladonna*, of which I got her to take a drop after the two principal meals. Thus we reached January, 1896.

The girl complained at times of her stomach, of gastralgia, lack of appetite, slowness of digestion, so I gave her *Nux vom.* 6. She had more trouble with her menstruation, so I gave in addition *Cedron* 3, after her meals. All these accessory symptoms diminished and disappeared, but only to return. Towards May the patient, who was always afraid of a return of her attack, came back. Then I gave her *Oenanthe* 2, later the 6th, then in summer the 3. This remedy was taken an hour and a half after meals, for before the meals I still gave her *Calcarea*, sometimes *carb.*, sometimes *phosph.* No attack had taken place, and her serenity of mind has returned, but not completely. From time to time she felt congestion in the head and some vertigo accompanied with headache. This I warded off with *Gelsemium* alternating weekly with *Belladonna*. Then I again returned to *Oenanthe*; later again I gave her *Cedron*, when her coming menstruation announced itself by an increase of her vague disorders, restlessness and abdominal pains.

Since 1897 Marie S. has stopped coming to consult me every two months, as she did formerly, but I kept her in view, and at

intervals of at most six months she would come back, as she lived in continued dread of a return of her malady, and she would call on me to relieve her from the various symptoms of chlorosis, which lasted since her puberty; sometimes transitory vertigo with relative loss of memory and even of clear vision. Then again her flow was too pale, her heart palpitated, and especially there was her disquietude. I warded off the symptoms every time and strengthened her against her malady with *Calcarea carb.* or *phosph.*, which I prescribed several times a year.

This treatment with the *Calcareas* seems to have eventually much modified the mentality of Marie, who, while preserving her assiduous piety, has finished by freeing herself from her religious scruples, and taking on more decision in the conduct of her life. But in spite of her persistence in the disorders of her circulation, which, with many young girls, and also with older ones, is a condition too habitual, a proved epileptic, besotted by her use of *Bromide of potassium*, which, in 1895, had only aggravated her feebleness, she has not had a single attack of epilepsy since April, 1895, when she first came under homœopathic treatment. And I have a late report from her, for she came only two days ago to consult me about a gastralgia of little importance.

This disappearance of the symptoms of epilepsy, followed merely by morbid symptoms which are in no way specific, have led me to conclude that true epilepsy can be cured by a regular course of the *Calcareas*, followed according to the symptoms with *Belladonna*, *Cicuta*, *Nux vom.*, *Oenanthe*, *Cedron* and *Gelsemium*.

II. Yves Goulven Legr, a young Breton, an orphan on the father's side, through his death from alcoholic consumption, came to my office in 1897, being brought by his mother. He was a tall lad of fifteen or sixteen years, who has grown up too fast, and since the last fifteen months has fallen down from attacks of epilepsy, now on the street, then again in his workshop; he has also been found in convulsions at night in bed. He is besides a sad rake, and beats his young brothers or sisters so wickedly that his mother cannot leave them in his company. He has several attacks, two, three or four a month. The bureau of charities has made him take *Bromide of potassium*, but without success.

I gave him *Calc. carb.* 6 trit., six times a day, before and after

the three meals. The first month there was no change, five attacks during the month. In March I added *Bellad.* 3, giving one drop after each of his three meals; *Calcarea carb.* each time before the meal. Legr did not appear for six weeks, but he continued taking the medicine. He could not be made to come back to me, but as it did not cost him anything, he kept taking the medicines, as if he was conferring a favor, pretty regularly. His mother came back to secure more medicine, until fall. She received always *Calcarea* with *Belladonna* and *Oenanthe*. Then I lost sight of mother and son for six weeks, until she came back to see me in 1904, reporting that her son had been married for two years, and is completely cured, and had not had a single attack since the summer of 1897. He has become a good worker, always somewhat abrupt, but regular in his life. He married in his twenty-first year, and is already a father, and has no remembrance of his former wickedness, which his epileptic fits with foam at the mouth, seem to excuse. z

Here is another epileptic cured, who remained so for six years, from 1897 to 1904. Since then I have not heard from him. He was cured with *Calcarea carb.*, *Bellad.* and *Oenanthe*; the former being given before meals and the latter after the meals, alternating every week.—*Translated from Revue Homœopathie, October.*

ADENOID GROWTHS.

By Dr. Lambrechts, in Antwerp.

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

I would here give two interesting cases which were cured in a comparatively short time by means of local and internal homœopathic treatment.

I. On October 31, 1905, I had to treat a child six years of age, afflicted with adenoid growths. Her name was Simone G. The mother had consulted several specialists in Antwerp and in Brussels, and all had advised the immediate excision of the growth. But before proceeding to such extreme measures Madam G. determined to try the homœopathic treatment. The little patient was but imperfectly developed for her age; she was

pale, anæmic and of a pronounced lymphatic temperament. For several months she had been tormented with a convulsive cough, which was aggravated at night, and for which all manner of allopathic remedies had been tried in vain. The two nostrils were almost completely stuffed up and filled with thick, yellowish mucus. The patient continually kept her mouth half open, which gave to her the characteristic dull look which we generally find where there are adenoid growths. At night she slept with her mouth open and snored noisily. The tonsils were slightly enlarged. By an examination with the finger I could easily detect behind the velum palati a swelling of the size of a filbert.

I prescribed internally *Calcare phosph.* 6, *Kali bichrom.* 6 and *Mercurius iod.* 6, and I gradually inserted plugs of sterilized cotton moistened with glycerin and *Hydrastis Canad.* tincture into the nostrils. The cotton was thoroughly drenched with this mixture, which was made in the proportion of sixty grams of pure glycerine and ten grams of the *Hydrastis* tincture. The plug was first thrust up deep into one of the nostrils, and the patient was requested at the same time to make some deep inhalations so that the fluid ran down into the posterior nares. After about a quarter of an hour the plug was withdrawn and a similar plug was inserted into the other nostril, where it is allowed to remain a like time. After the child had been treated in this manner for a week, the mother gladly informed me that there was a manifest improvement in the condition of the child. The plugs of cotton had been inserted at the beginning of the treatment three times a day, later once or twice a day. An examination showed that both the nostrils were now quite free and the snoring at night had entirely ceased. The treatment was continued till December 13th. At that time the child could be considered cured. The growths could no more be felt with the finger, the cough had ceased entirely, and the air passed freely through both the nostrils.

A short time ago I saw the child again. She has become vigorous and robust, and the little girl has passed through two winters without a sign of a cold.

II. A little cousin of this patient had been under treatment with a Paris specialist for the same trouble. It was besides this afflicted with a puriform discharge from the left ear. The physi-

cian who had been treating the case had only been waiting for a cessation of this discharge before proceeding to the excision of the adenoid growths. The mother, Madam Z., who had heard of the cure of little Simone, visited me on February 3, 1906, and requested me to undertake the treatment of her daughter. She was a girl, seven years of age, very pale, tender and lymphatic. She had a catarrh of the nose which prevented almost altogether all respiration through the nose. The discharge from the ear, from which she had been suffering for several weeks, was treated with injections of superoxid of hydrogen into the auditory passage. The tonsils were considerably enlarged. As internal remedies I prescribed *Pulsatilla* 3, *Calcarea phosph.* 6, and *Kali bichrom.* 6, and then I substituted for the injections of the superoxid finely pulverized *Boric acid*, which was blown into the auditory passage, and which seemed to have a better effect than the injection of fluids which frequently irritate the tympanum. I then applied the same local treatment to the nostrils as in the former case. When the little patient called again in ten days I could see a noticeable improvement in the nostrils as well as in the ear. The puriform discharge had almost ceased, and had diminished to a mere oozing out of a watery fluid from the ear. The child is already breathing well through the nose and can sleep with closed mouth.

On the 28th of March the growths could no more be felt with the finger, and as the child was in quite a satisfactory condition she returned to Paris.

According to a report since received, she visited the physician who had had her under treatment. He was very much surprised at the manifest change that had taken place, and inquired into the treatment the child had received, and stated that he was not acquainted with this treatment, but would look into it.—*Translated from Homœopathie Monatsblätter.*

THE USE OF BELLADONNA TINCTURE EXTERNALLY.

By Dr. Newberry.

In the April number of the *Homœopathic World* there was an article on the "Influence of Belladonna in Suppurative Inflammation." As our institution is situated practically in the centre of

the town, we get a great number of acute inflammatory conditions resulting from accidents, etc. I determined to try *Belladonna* on the first opportunity. I had not long to wait, for a day or two after reading the article above referred to I noticed one of the nursing staff had one of her fingers tied up, and was manifestly in great pain. On inquiry I found she had been suffering for five days with a whitlow on the index finger, the anguish of which had kept her awake for three nights. She thought it was ready to be "opened." I thought so, too, for there was pus all round the base of the nail, and I prepared to make a free incision. Then I thought this was a good opportunity to try *Belladonna*. As there was no strength mentioned in the *Homoeopathic World*, I ordered a compress of *Tinct. Bell.*, one part, not water seven parts, to be renewed every three hours. The effect was magical; pain ceased immediately, and nurse had a good night. The next morning the inflammation was entirely gone; on raising the skin only a little thin serum flowed, and the finger was well in a day or two.

The next case was one of a more serious nature. A man came up to the out-patient department one morning with a septic hand, which he had been poulticing for a week. *Belladonna* compress, $\frac{1}{4}$ twice daily, was ordered, and no incision was required.

Mrs. D. had a septic hand from a whitlow, the inflammation extending to the wrist. The pain was intense, and patient had not slept for nights. This time a compress of equal parts of *Tinct. Belladonna* and hot water was ordered, and she was given a supply to repeat it every three hours at home. The next morning, when she came up for dressing, the hand was practically well.

On May 15, V. R., a powerful laboring man, was first seen at his own home. The man was in bed, manifestly with general constitutional disturbance. He had a small punctured wound on the back of the left hand, from which a little foul pus was discharging. The wound was said to have been caused by a rusty nail about a week previously. The whole hand and arm were intensely swollen and painful, enlarged gland at elbow, and the whole limb brawny. It was, in fact, a bad case of acute cellulitis, requiring prompt measures. These would, no doubt, formerly have been free and deep incisions, *creolin* baths, *boric* fomentations, etc. Patient had not slept for several nights, and had a temperature

considerably over 101°. He was admitted to the hospital, and hot fomentations of *Tinct. Belladonna* and water, equal parts, were applied to the hand and forearm every three hours, while he was given gtt. ii. *Belladonna* 1x 3h. by the mouth.

The next morning the patient was reported to have had a very good night; the pain and swelling had gone down, and there was a free discharge of pus from the original wound; temperature normal. As there was some inflammation above the elbow, the fomentations were extended to the shoulder, but the strength was reduced to $\frac{1}{4}$. Everything went satisfactorily, and the patient was discharged on the eighth day.

The influence of *Belladonna* in suppurative inflammations being thus confirmed, hot *Belladonna* fomentations have become a routine practice in our out-patient department, with the most satisfactory results.

SANGUINARIA—A REMEDY IN GRIPPE.

When there is languor, prostration, headache, cough, pain in the chest with great desire for rest, *Sanguinaria* will relieve in from four to twelve hours, and next day life will be worth living. When the patient don't care whether he lives or dies give *Sanguinaria*, and next day he will listen to what you say, and won't mind looking at the paper to see what is going on around him. I know of no other remedy so reliable in la grippe as *Sanguinaria*. Under *Bryonia* he must rest and keep still. *Sanguinaria* patient feels better from resting, wants to be quiet, but will move or change his position without complaint if he can make himself more comfortable by the change.—*Dr. Wallace McGeorge, Camden, N. J., in Medical Advance.*

BOOK NOTICES.

Repertory of the Homœopathic Materia Medica. By J. T.

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Half morocco, \$16.50. Book expressage extra.

When it is necessary to print a second edition of a book of this nature the fact is pretty conclusive evidence that it has taken its

place among the standard books of reference. Aside from the addition of a few remedies there is no essential difference between this and the first edition. The pages are large, $9\frac{7}{8} \times 7$ inches. The symptoms, or repertory, is in double columns. There are forty-six chapters or sections, beginning with "Mind" and ending with "Generalities." The number of remedies repertoried (if the word is allowable) is about 550—a few more or less. The arrangement? On this point it can only be said that it is the best that a man of Kent's experience could devise. The only point on which a repertory is open to criticism (aside from mechanical make-up), is in its arrangement, and we cannot see how the author could have done better. There will always be those who will complain of their difficulty in finding a certain thing, and ask for an index; but an index to an index (for that is what a repertory is) is a sort of an anomaly, though, of course, there is always something to be said on the point. Aside from this no one can complain of the wonderful completeness of this book down to the very finest shades of symptomatology.

Now that Allen's *Symptom Register* is practically out of print (there are less than half a dozen copies left unsold we are informed) this is the only general repertory covering the materia medica in its entirety, consequently the need of such a book is apparent to all who practice medicine according to the law of similars. Books of this sort do not become obsolete, they are good property and will always remain so.

Lords of Ourselves. A chart for life on earth for those who dare. By Edward Earle Purinton. Pages cclxvii. Limp cloth, \$1.50. Benedict Lust, New York.

"The purpose of this book is to help us to learn how little we know," writes the author as a sort of motto, and adds, "yet how much we can do and be with that little." Later on we read, "*The essentials and potentials of self* are revealed only to him who has explored the span of the heavens above him, penetrated the depths of the forces within him, mastered the world of faculties about him," and so on. The book tells you how to eat and sleep and enlightens you on many points, as, for instance, "The institution of prayer is iniquitous," "Popular prayer is a support of idolatry;" in short, it is not a scientific procedure. "Happi-

ness is nothing more than the chief by-product in the manufacture of character." It is a "naturopath" book (bum word that!) that is bright, and if followed will make a first-class crank of any one.

Catechism of Hæmatology. By Robert Lincoln Waters, M. D., Professor of Hæmatology, Eclectic Medical College of the City of New York. 31 pages. Physicians' Book Publishing Co., New York.

This little catechism concerns itself exclusively with the examination of fresh blood as a means of diagnosis, "the only true method," the author says. The reader must determine that question.

The Light of China. The Tao Teh, King of Lao Tsze; 604-504 B. C. An accurate metrical rendering, translated directly from the Chinese text, and critically compared with the standard translations, the ancient modern Chinese Commentaries, and all accessible authorities. With Preface, Analytical Index, and full list of important works and their radical signification. 165 pages; cloth, 60 cents. By I. W. Heysinger, M. A., M. D., author of "Solar Energy," etc. Research Publishing Co., Philadelphia. MDCCCIII.

The author of this Chinese classic was a contemporary of Confucius, and his book is the basis of one of the three great religions of China, the Taoist. The translator is our stalwart homœopath, Dr. I. W. Heysinger, of Philadelphia. For obvious reasons the reviewer cannot say a word for or against the translation, beyond the fact that it *seems* right. There is much Chinese wisdom in these pages. Here is a touch on the "Virtue of Gravity," a virtue we of this age have outgrown—or become so silly that we do not realize its importance:

"Should the lord of the ten thousand chariots be too light for his place?
Then he will lose not supporters alone
But, being too restless, loses his throne."

Apparently only the sophomores of our day realize the virtue of the calming down of freshness—the sophomores and perhaps the German nation. The Chinese realize that people as a mass take things seriously. Again:

"He who is self asserting sheds no light;
He that boasts himself no merit gains."

There is deep wisdom, too, in this:

"When the work is done, and reputation advancing, then, say I,
Is the time to withdraw and disappear, and that is the Heavenly Way."

Had Hobson followed this what a hero he would have been! The book is unique and interesting to all who love to delve in the wisdom and thought of alien races and the larger view of life.

Proceedings of the Twenty-ninth Annual Session of the International Hahnemannian Association. Published by the Association.

There are many interesting papers in this volume of 271 pages. The "Bureau of Surgery" seems a little like Hamlet minus the Prince of Denmark, for nearly every case reported was cured without resorting to an operation. A paper by Dr. Guy B. Stearns, or, rather, a remark in it, must set those who read a-thinking. He says that he has examined the urine of men who have had gonorrhœa from two to twenty years ago and has found gonorrhœal shreds in all of them and the gonococci in those cases submitted to microscopical examinations. The real point is that not all these cases had been treated by injections, but some of them by good homœopathic treatment. Dr. Stearns concludes with these words: "The writer's earlier sanguine attitude regarding the disease, based on apparently brilliant results from homœopathic medication, has changed on mature observations to one of conservative agnosticism. In all cases the burden of proof lies with the one who claims to make a cure." If Dr. Stearns is right then surely "a dose of ——"—the disease—is considerably more serious to a man and his posterity than "a bad cold," as "the boys" used to say.

A Handbook of Suggestive Therapeutics, Applied Therapeutics, Psychic Science. Second edition. By Henry S. Munro, M. D., Americus, Ga. 360 pages, cloth. St. Louis. C. V. Mosby Medical Book Publishing Co., 1908.

In the reviewer's opinion, it is, of course, but an opinion, this sort of science is dangerous, for, while it may be used for good,

it may, with equal ease, be used to do devil's work. The patient must be the subject of the will of another, and—there you are. Even where the operator, if the term may be used, is animated by good intentions and seemingly does do the patient good, it is done by subjecting him to a stronger personality and to that extent he becomes a weaker human being. The slave is freed from certain worries, but it is at a price. Even so may be the cures by these methods. Aside from these considerations the book is, so far as we know about as practical a one on the subject as you can find. It is also interesting.

Gonorrhœa in Women. By Palmer Findley, M. D., College of Medicine of the University of Nebraska. 112 pages, large 8vo., cloth. St. Louis, Mo. C. V. Mosby Book and Publishing Co. 1908.

The object of this book is "to instruct some and to awaken all to a greater realization of the supreme importance of the subject of gonorrhœa in women." Though a small book it has a "bibliography" on gonorrhœa covering nine pages. The author writes of the danger of "untimely interference" which "is responsible for the extension of the infection," *i. e.*, "curing" by injection. In the days when "balsam" and a rag were the treatment the disease did not take on the dangerous nature it has since the suppression of its evidence has become the proper caper. The good homœopath will not accept the treatment in this book, but otherwise will find it useful.

Arteriosclerosis: Etiology, Pathology, Diagnosis. Prognosis, Prophylaxis and Treatment. By Louis M. Warfield, A. B., M. D. 165 pages; cloth. C. V. Mosby Medical Book Company, St. Louis, Mo. 1908.

The author tells us that he has attempted in this volume "to give to the general practitioner a readable, authoritative essay on a disease which is especially an outcome of modern civilization," which is a jolt for civilization, and a broad hint that it needs amending in some important particulars. The introduction is by W. S. Thayer, M. D., of the Johns Hopkins, who takes occasion to exclaim against "the tyranny of words" in medicine, such as "biliousness," "malaria," "rheumatism," "gastritis" and others

under which "pathologic ignorance hide." Incidentally "the term 'arteriosclerosis' is fast coming to take a place near the throne once occupied by 'malaria;' it is becoming a dangerous word." From which it may be inferred that at Johns Hopkins they are beginning to individualize their patients and ignore disease names, which, indeed, is a mighty stride. In the treatment "first and foremost is exercise," and first in exercise is golf—which eliminates a few of us. If the reader wants to know more of this really interesting book he will have to buy a copy. There is a good deal in it.

Proceeding of the Forty-fourth Annual Session of the Homœopathic Medical Society of the State of Ohio. Edited by H. F. Staples, Secretary, 326 pages.

A volume full of good papers and interesting papers. President (A. I. H.) Copeland, on the Pharmacopœia question, said he once seriously had doubts of the proposed official book, but one is needed to be accepted by the Government (to prevent homœopathic remedies from being labeled as proprietary, which is an error, as the law does *not* require this), and this one has been generally endorsed by State societies, so we had better urge it. As this book if accepted would, technically, and before the courts, make everything, past and future, above the 12th potency fraudulent there are quite a large, and rapidly increasing number, who think that the acceptance of the book by the Government would be costly at that price and a very severe blow to the welfare of Homœopathy. It would indirectly condemn much of the literature, and many of the provings, on which Homœopathy is built, and extinguish some of our shining lights—Samuel Hahnemann among them. No one disputes the desirability of Government recognition, but is it wise at this price? Did the members realize this?

Practical Points in Anæsthesia. By Frederick-Emil Neef, B. S., B. L., M. L., M. D., New York. Price, semi-De Luxe cloth, 60 cents; postpaid. Library. De Luxe ooze flexible leather, \$1.50; postpaid. Surgery Publishing Co., 92 William St., N. Y., U. S.

A neat little book with red letter marginal index (also full index) telling you how to handle anæsthetics.

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EDITORIAL BREVITIES.

With this issue, which closes the twenty-third volume of the HOMŒOPATHIC RECORDER, the management desires to thank its many readers and friends for their assistance during the past year and for their kind words and encouragement. These words may not have been acknowledged at the time, but they were keenly appreciated. It is the aim of THE RECORDER to be a liberal, yet staunchly homœopathic journal, also to be readable and practically helpful.

Gentle reader were you ever called upon to make a speech—you who had never made one before? If it came off all right do you remember an obscure but certainly evident feeling of satisfaction that followed, and an access of that very desirable trait, confidence in yourself? There is something akin to it in writing. Nearly everyone knows something just a little better than most of his fellows, and the mere writing of it makes him unconsciously, perhaps, a larger man. A point about a certain remedy, a little useful detail of practice, an observation on something generally unknown, contributes to the common fund. We are dependent on our fellows. Imagine owning the earth and being compelled to live alone on your property? THE RECORDER gives its contributors a big, and we are glad to say, a growing circle of readers, not local but scattered over the five continents of the world—and many of the islands.

Lastly, and distastefully, comes the question of “paying up”

subscriptions, a bothersome but necessary detail, made more so by the later ruling of the Post-Office Department. Please remit as soon as convenient.

And now, A Merry Christmas and a Happy New Year to all!

THE URIC ACID CYCLE.—A few years ago uric acid held the center of the stage, and men cheered it and wrote books about it. But now—let this clipping from a recent editorial tell the story: “The old notion of the uric acid diathesis and the systemic accumulation of the products of poor metabolism as a causative factor of so-called articular rheumatism, is becoming obsolete during recent years in the advanced professional mind.” The writer just quoted says it, uric acid and what it stands for, is infectious—a germ disease. This being so salicylic acid is as out of date as are the many advertised remedies for the “elimination of uric acid.” To-day the center of the stage is occupied by “vaccines” which seem to have shouldered serums out of the way. Perhaps when the results of injecting dead microbes (excuse the obsolete word) into the blood is revealed, there may be “the hook” for it. *Quien sabe?* Homœopaths will do well to stick to their time and storm tried *similia*. It is solid rock. Sometimes one is inclined to believe that the much used term “recent advances” should be altered to read “the latest changes.”

OSTEOPATHY.—Doubtless every one will admit that what is known as “osteopathy” has a limited sphere of use, but its professors are claiming the whole field for it. In a journal received among exchanges is one termed *Osteopathic Health* which claims liver, stomach, heart and eye diseases as being curable by osteopathic measures as well as pulmonary tuberculosis, anæmia, tonsillitis and kindred diseases. Whatever good there is in the method bids fair to be smothered by absurd claims of this nature, which read more like an old fashioned patent medicine advertisement than the claim of a science that aspires to, and in some cases has received, State recognition.

TRADES AND PROFESSIONS.—President Faunce, of the Brown University, remarks that “trade makes one the rival of every other trader; profession makes one the co-operator with all his

colleagues." It is evident that the good president has not read Bryan's speeches on the trade trusts, or attended a convention of —any profession. His ideal is right, but it is not realized.

HOW TO GET TESTIMONIALS.—The following occurs in the circular letter that accompanies the "literature" of a certain "eth-pharmaceutical" recently sent broadcast. "In any event we would like to have whatever clinical data you can give us in regard to your experience with ———, even if it covers only one case. As a token of our appreciation of such a report, we will send you three full sized bottles of ———, express prepaid, for your personal use." Not so liberal as it looks; three dollars worth of a proprietary for the use of a physician's name is cheap, especially as the advertisement in the long run will do the physician more harm than good.

"THE PROBLEMS OF ANTITOXIN."—Under this title Dr. Szontagh contributes a paper to the *Jahrbuch fuer Kinderheilkunde* (September) which seems to demonstrate that antitoxin in diphtheria is like salicylic acid in rheumatism—it stops short of a cure. This is an abstract of the paper found in an allopathic journal:

Szontagh has waited until his cases of diphtheria reached 1,000 before formulating his final opinion on the value of antitoxin treatment. Its local action, he says, is established beyond question, but he can not accept an antitoxic power. After a certain limit is reached, the efficiency of the serum ceases to keep pace with the number of units injected. Antitoxin introduced into the circulation does not seem able to free the bound toxin. The fulminating cases are probably the result of mixed infection. In two cases in his experience a non-diphtheric phlegmonous inflammation simulated true croup. It is possible that this may be the explanation of the failure of antitoxin in certain cases of supposed diphtheria.

OPENING POSSIBILITIES.—At the late Congress Dr. S. Robinson read a paper on the surgical aspects of tuberculosis of the lungs and pleura. He concluded that "it can no longer be justly stated that tuberculosis of the lung and pleura is out of reach of the surgeon, but the question remains an open one as to whether drainage or excision of tubercular foci in the thoracic cavity can ever result in the removal of the infection.' Perhaps before long it will be contended that as soon as a diagnosis of tuberculosis of

the lungs is established it will be folly to delay operation. So long as the theory that all disease is the result of germs that can be seen and cultivated the surgeon is logically right, for what can a drug in the stomach, or injected in the blood, do to remove a bacillus from the lung. But there be those who regard this same germ theory as but one of the ephemeral fancies of the day, and that disease is something quite apart from its so-called germ.

A SERUM POSSIBILITY.—Judging from the report of Dr. Flick's paper read at the late Tuberculosis Congress, the serum making and giving may develop the disease it is supposed to prevent a cure. However, let the report (*Journal A. M. A.*) tell its own story:

Some of Maragliano's serum was imported for use in the institute, and Dr. Ravenel made the serum according to Maragliano's method. Twenty members of the staff used the serum and reported on it. The consensus of opinion of these men was that the serum had no specific value. The cows used for making serum were tested for tuberculosis and found free from it. They were guarded against infection. They were immunized by injections with material recommended by Maragliano. The serum given by them seemed to be as satisfactory as the imported serum. On June 16, 1907, one of the cows died of general tuberculosis. At autopsy she was found extensively diseased. The other cow was killed and was found to be slightly tuberculous. The death of the cow from general tuberculosis brings up two important questions: 1. Can an animal give an immunizing serum and itself not be immune? 2. Does the withdrawal of serum from an animal deprive it of its protection against the tubercle bacillus?

As these two cows were previously healthy they were either diseased by the (presumably) "tuberculin test," by the serum making process, or by both. In view of this uncertainty it is curious that this learned Congress should over-rule Koch in his contention that what is known as "bovine tuberculosis" is not contagious, and side with those who would continue the "test" and further enforce it. What a plight some scientists would be in if it is found that the extract of consumption, *i. e.*, tuberculin, is a potent means of propagating the disease, as witness the cows Dr. Flick tells us about.

LATE INVESTIGATIONS AND MEDICAL PROGRESS.—Our old and esteemed *Detroit Medical Journal* for October comes to us with the leading article by Henry Rockwell Varney, M. D., on "The

Serum Diagnosis of Syphilis." From the scientific paper the following is taken as illustrating the advanced methods of those foremost in medical science:

The technique first used by Wasserman for the diagnosis of syphilis was as follows: To the complement of guinea-pig he added the inactivated serum of an ape, highly immunized to syphilis, plus the serum of a syphilitic. This complement was not able to bring about hemolysis. They treated apes with the blood of patients with secondary syphilis, or extract of primary syphilitic bubo, or extract of condyloma, or extract of organ of a child who died with hereditary syphilis, or extract of the organ of an ape which had been inoculated several weeks previous. If the inactivated serum of this ape and normal serum of a guinea-pig were mixed with an extract of placenta of a mother with secondary syphilis, or extract of an organ of an ape, which had been inoculated seven or eight weeks previously, hemolysis did not occur. From these experiments they concluded that antibodies are developed in the sera of apes which are treated, and that syphilitic bodies, or antigens, are found in the extract.

With this little extract as a specimen of the profound researches being made to-day, which may lead to peculiar and, possibly, unlooked for results, we close the subject, for too much light all at once might be blinding.

VACCINE DIAGNOSIS.—The technique of vaccination with tuberculin for diagnostic purposes is the same as vaccination with cow-pox, according to Dr. W. J. Butler. The *Medical Record* says: "The test acts in children, since healthy adults may give the reaction. It also fails in the last days of life in fatal tuberculosis. A positive reaction in a child is diagnostic of tuberculosis, and a failure of reaction does not prove absence of tuberculosis." As this does not seem to have been written in a humerous vein, we may conclude that if the vaccinated shows reaction he may have tuberculosis or he may not, but, on the other hand, if he does not react he may not be tuberculous unless he is tuberculous. It is very lucid and undoubtedly accurate, for it proves beyond all question that the patient has tuberculosis unless he happens to be free from it. Post mortems alone can definitely determine the accuracy of the diagnosis." Sufficient time has not elapsed to determine what are the constitutional effects of the operation on the patient, but it is considered a great improvement on the old "tuberculin test," not being so dangerous. Osler was right when he said that Homœopathy is "antiquated;" for this fact let us be grateful.

ALCOHOLISM A GERM DISEASE?—At the last annual meeting of the Medical Society of Virginia, Dr. T. H. Crothers, of Hartford, Conn., is reported as saying that alcoholism is worse than syphilis, tuberculosis or any other germ disease; also: "Alcoholism is contagious, infectious and curable in the same sense as other disease, and it is always a medical problem and not a moral one. The present agitation by laymen, reformers and quacks is a startling reflection upon the stupidity of physicians, who, of all others, should teach the public and point out the means of cure and prevention." In the lexicon of modern scientific medicine is there any disease, moral or physical, that is not a "germ" disease? Apparently not. The logical outcome of this "science" must be that physicians are a useless set and the sick should be turned over to health boards and bacteriologists. According to these eminent scientists about all left for the physician is to "warn and instruct the public." Wonder how much longer such "science" will be accorded the leading place?

THE GREAT GERM KILLER.—At the same meeting Dr. H. E. Jones, of Roanoke, asserted that mercury is a specific, not only for syphilis, "but for every other disease caused by a living organism." If this is so, and as all diseases are germ diseases, and, as, presumably, all germs are "living organisms," what is there left for physicians to do? Let the world take mercury and be healed. In the imminent medical cataclysm the surgeon is the only one who will escape, for it has not yet been discovered by the medical scientist that broken bones are a germ disease even if the Christiana scientist has discovered that it is but imagination. Between these two scientists the poor doctor seems to be in a bad way. But let him take heart, for there are still a goodly number of the unscientific who think they need him, even if, from the scientists point of view, they don't.

KOCH AND THE CONGRESS.—In his discussion, or, rather, somewhat hot controversy, over the question as to whether bovine and tubercle are identical, Koch said: "To Theobald Smith, of Harvard, belongs the credit to have been the first to direct attention to certain differences between the tubercle bacilli found in man and in cattle. It was his work which induced me to take up this same study." In the discussion, needless to go into here, he showed

the difference between the two; how the same line of investigation and reasoning that demonstrates the alleged fact that the human tubercle is contagious demonstrates that the bovine tubercle is not contagious to human lungs, but the Congress for some occult reason refused to accept the conclusion of their real leader. Koch, it is reported, challenged his opponents to show a single case of tuberculosis resulting from beef or milk. When one considers the enormous useless expense fighting bovine tuberculosis has been to the public if Koch is right, the action of the Congress is explainable and quite human. We all like to come down easy.

CORRECTION.—In the paper on *Bothrops Lanceolatus*, by Dr. Eduardo Fornias, published in the HOMŒOPATHIC RECORDER for October, the matter following the “note,” page 441, should *not* be in quotation marks, as it was by Dr. Fornias and not from the paper of Dr. Sieffert, as was the matter immediately preceding.

WHAT IS VACCINE THERAPY.—It is the treatment of infectious diseases in general by the inoculation of the patient with the product of the dead bodies of the micro-organisms of the same species that has caused and is maintaining the morbid process in the organism.—*Dr. H. B. Weaver, Charlotte Medical Journal.*

A GRUESOME CHARGE.—The *N. Y. Medical Times* for November contains a paper by Dr. Charles E. Page, of Boston, headed “The Needless Slaughter in Typhoid Fever.” It begins: “The story of typhoid fever under the prevailing treatment is a fearful one indeed.” This is followed later on by the question, “Have you ever had typhoid fever?” the question asked by life insurance men, because “of all typhoid fever patients who survive the attack, one-fourth finally die of consumption.” The killing, according to Dr. Page, is accomplished by forced feeding and trying to subdue the temperature and thus enable the patient “to die with a fairly normal temperature.” The proper treatment, according to Dr. Page, is to stop feeding and drugs and allow all the water desired, and sponge baths or cold compresses frequently renewed. Fasting and water clean out the disease and recovery rapidly follows. The statement that one-fourth of those who have come through typhoid bears out the contention of Dr. H. C. Allen that back of cases of bad fever is a constitutional taint that needs

treatment more than the immediate fever, for it is the evil power behind the disease. So, to Dr. Page's treatment should be added the dynamized remedy which cannot have any of the bad physiological effects that follow the material dose. The statement by Dr. Allen, mentioned above, will be found fully elucidated in his *Therapeutics of Fever*.

CONGRESS.—The congress habit seems to be growing. The latest, probably, is a Congress on Thalassapheraphy, to meet somewhere in the south of Austria. To save the reader the job of getting down his dictionary it may be stated that the long word when Englished means "sea-therapy." Atlantic City would be an excellent place in which to hold such a congress, because the delegates, if they had any money, could have a good time in almost any line of good time they might select, limited only by the size of their "wad" and their physical capacity. A congress composed of the fraternity of The-Old-Man-Who-Pays-the-Bills would command world-wide attention. Incidentally the old man might blow in a little himself—if he has any left—after "the season." But then "the season" never ceases, for one doth tread on the heels of another, so this congress is but a vain dream. Let the good work go on.

ARNICA.—In a short paper (*Hahn. Monthly*, Nov.) on "The Application of the Homœopa thic Remedy in Obstetrics," Dr. E. A. Kruson, of Norristown, Pa., writes: "After attending a woman through a normal, healthy labor, where no special remedy is indicated, I always prescribe *Arnica*. After labor the tissues are always left more or less bruised and sore. *Arnica* will relieve that soreness and produce an early repair of the tissues and rest of the patient." It may not be amiss here to note that the *Arnica* used for internal prescriptions differs from that used externally, being made from the green plant, while the latter is made from the dried plant.

THE GREAT "BLOOD PURIFIER."—The following is clipped from a paper by Dr. J. R. Smith in the *Medical Brief*:

"*Echinacea* is one of the most valuable internal antiseptic and anti-purulent agents we possess. It is indicated in all blood dyscrasias, in all cachetic conditions, in sepsis, acne, boils, carbuncles, cellulitis; abscesses are benefited by it; in typhoid fever, pneumonia, puerperal sepsis, the

eruptive fevers, especially small-pox and scarlet fever; in ulcerative tonsillitis, 'spotted or tick' fever, in erysipelas, with tendency to sloughing, in septic wounds, and 'blood poisonings,' it is our most reliable internal remedy. *Echinacea* will give results only when pushed; small doses do no good, unless administered at frequent intervals."

MEDICAL LEGISLATION OVERDONE IN GERMANY.—Writing of the medical legislation proposed by the A. M. A., the editor of *The Medical Brief* has the following to say of what happened in Germany:

That country, as everyone knows, has gone far ahead of any other civilized nation in its efforts at state regulation. The physicians, taking advantage of this paternalistic spirit, gradually secured very restrictive medical laws. Most of this legislation was probably just such as ought to have been passed for the benefit of the profession and the protection of the public; but the physicians there eventually became so filled with the spirit of caste and were so arrogant in their demands for further privileges, that the German people, accustomed though they are to obey implicitly the mandate of a government upon which they look as occupying almost a parental attitude toward them, arose in vehement protest, with the result that, finally, all laws of every description protecting the practice of medicine were wiped from the statute books.

BACK TO THE OLD STARTING POINT.—An estimable contemporary begins a note as follows: "Anti-typhoid inoculation, states Sanborn (*Bost. Med. and Surg. Jour.*, June 4, '08), are practicable," which statement is quite true, for inoculation is an old method of communicating disease. "Every person to be inoculated should have explained to him the symptoms that may follow; that a few hours of malaise will have to be endured. When we propose protective inoculations during an epidemic in persons possibly already exposed we must further explain the possibility of their being infected, and in the septicæmic stage before symptoms have developed, and the probability that if inoculated under these conditions a more serious attack may be brought on than would have followed naturally if there had been no inoculation; also the possibility of infection immediately after inoculation during the period of depressed resistance (negative phase) when there would be an abnormal susceptibility to typhoid fever. Under such circumstances the course of the disease is usually mild."

All of the foregoing is on precisely the same basis that the old inoculation for small-pox rested on, but it comes from very scientific sources. The old "dust heap" is being stirred up.

NEWS ITEMS.

The new maternity hospital erected at Springfield, Mass., opens some time latter part of November, '08, for patients. There is equal representation of the homœopathic and dominant schools of medicine. This hospital was donated by Daniel B. Wesson, of the Smith & Wesson Revolvers, and according to his will there must be equal representation of the two schools. The hospital cost \$200,000 to erect and equip, and accommodates, possibly, thirty-six patients.

Dr. and Surgeon De Witt G. Wilcox, after twenty-two years of successful practice at Buffalo, N. Y., will remove to Boston, Mass., where he will join forces with Dr. N. W. Emerson in the surgical Emerson Hospital of that city. With these two men patients will be certain of the most skilled surgical attendance.

With the December issue of the *Medical Century* it ceases to exist, or, rather, it becomes the *Journal of the American Institute of Homœopathy*.

Dr. Henry C. Vaughn, Hahnemann, San Francisco, '04, has been appointed Chief Medical Inspector of the Department of Indian Affairs for Alaska. Headquarters, Douglass, Alaska.

The summer session of the Homœopathic Department at the University of Michigan is announced to begin June 8, 1909.

Closely following the decision of the Illinois courts that compulsory vaccination was unconstitutional, the Washington (the State) courts sustain it, and Judge Morris is reported, in the *Seattle Daily Times*, as saying that "if any law had been settled, it was the compulsory vaccination law." So it appears that judges, like doctors and lawyers, sometimes disagree. Perhaps it may be well to add here that by "settled" the judge meant that the law is constitutional and can be enforced, in his jurisdiction, at least. The case it is stated will be appealed.

PERSONAL.

When ever the RECORDER pricks a fraud the wail "trade journal" is heard in the land.

It isn't flattering to say "he would turn in his grave;" means he's only bone-dust, punk.

"Esperanto" is a real sweet name.

One by one the "serums" are found "negative" or require "perfecting." "Well, what do you want! Mocking birds?"

A fat man rarely stoops to low things.

The man trying to get in is a "reformer;" the man who is in is a "ringster," otherwise "office seeker" and "office holder."

"Millionaires who laugh are rare." Andrew Carnegie. But not to laugh doesn't indicate you're a millionaire, so there ye are!

When you give money, ye charitable one, be a sport and don't condition it on a "similar amount" being raised by some other fellow sinner.

Osteopathic journals now write of the "fakirs of neuropathy." Oh, fudgeopathy!

"A willingness even to do as you're told—that's grip." Recent verse.

A man says kids are educated so early and thoroughly that the old mother of other years is no longer wanted.

Life says that Koch's ideas concerning bovine bacilli caused a panic in "the germ industry."

Cynicus wonders why women never faint unless there is a man about. Doctor Mary says "horrid men" cause it, "that's why!"

The toughest sentence: "Six slim, slick saplings."

After he "wins her hand" she often keeps him well in it.

There is generally a pessimist in the house of every pianist.

The hen is an alchemist of high degree who turns worms into fresh laid eggs.

The book everybody should read accumulates dust, while the book nobody should read becomes dog-eared.

Answer! Quick! Who was vice-president last year?



