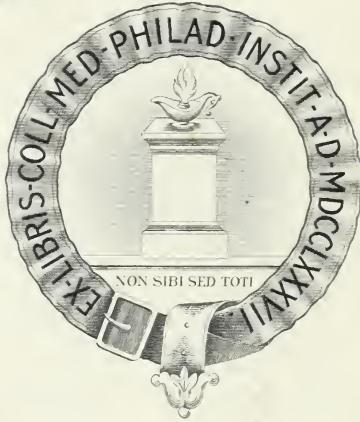


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THE  
Homœopathic Recorder

MONTHLY

Volume XXVI

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1911

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# THE HOMŒOPATHIC RECORDER

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## HIGHER MEDICAL EDUCATION AND THE PEOPLE.

The great universities where medicine is taught, as well as the little medical colleges that met the disapproval of Mr. Flexner; the strict examining boards as well as the easy-going ones; the high browed, dignified medical editor with the flippant one, and the one who has his eye chiefly on the advertiser; all these and all other good, and bad, citizens unite in agreeing that the physician should be a man skilled in his profession, a highly educated man—and all that sort of thing. With colleges ever growing stricter, and examining boards probing deeper and deeper, why is it that the medical product turned out is so very often but Dead sea fruit? Why is it that so very, very often the brilliant man, polished in all points like a diamond, theoretically capable of combating all manner of disease, has so many humble patients turn from him with sorrow and disappointment, turn to the anathematized illegal practitioners? Why is it that when the treatment given one of the great, or noted, men of the world comes out after his death where the supposedly most brilliant and able physicians have been employed, it is severely, if quietly (though sometimes very openly in print), criticised as showing naught but helpless ignorance? This is a nice bunch of queries, but there are not many who read these lines but will admit that they are justified by everyday facts.

The authorities on all sides have raised the standard of medical education very high, but is the poor devil afflicted with "misery" any better for it than he was under the ministrations of the old time "doc?" Let us cite an example. We get letters from all sorts and conditions of men, many of them containing curious things that would make a journal very interesting if published, but editors who love a quiet life do not publish them.

A few days ago we received a letter from a man whose pen is evidently not that of a ready writer, but equally it is evident he is a man who had seen many things in the raw. Also he is an enthusiastic Homœopath. He wrote that for several years he had been one of the crew of a steam yacht whose owner's name (which was given) is known on both sides of the Atlantic; a yacht whose prows had put into many far distant ports. The doctor of this vessel was a brilliant man, and no doubt about it, as able a product of high medical training as our big institutions can turn out. But for all that the crew preferred the ministrations of our correspondent to those of the highly trained doctor. They said the doctor's medicine made them worse, so surreptitiously they came to the man of no learning, and many of them (so he says) received relief. Incidentally it is related how one day this undoubtedly learned physician happened to see our correspondent's little Ruddock's *Stepping Stones*, and gave it a contemptuous kick, remarking that it was "rot," and the man who owned it a fool.

During the cruise this doctor left the vessel and no one replaced him, but the owner would call in the best talent at each port, or to quote, "at every harbor a doctor came aboard and each one gave a different treatment to sick men, so only those who came to me got well," etc., etc.

All of this, and much more of a like character that could be quoted, seems to indicate that notwithstanding the very highest standard that the most exacting college requires, still leaves one thing lacking—the ability to cure, or, at least, to satisfy the "common people." Indeed has not this exceedingly high medical standard evolved the conclusion that "cure" is an error, a superstition, akin to that the common people hold to in regard to drugs? Indeed Dr. Wood Hutchinson has recently told the world in one of the popular magazines that practically all the drugs save possibly quinine and mercury are the relics of a superstitious age. Relics of a foolish belief once held by both the profession and the laity. For good or for evil the people still hold to the old belief that there is "Balm of Gilead" even though the very advanced men say there is none; that nothing avails (Hutchinson) but vaccines and serums.

This little essay, based on the letter of our sea-going corre-



spondent, has led up to the conclusion that there is something lacking in even the highest medical education of the day. In this instance the rank and file of the ship turned from the highly educated medical man to the man whose sole medical education consisted in a knowledge of the symptomatology of a few drugs obtained from a cheap little "domestic." Obviously, such an education as the latter possessed does not fit him to be a legal practitioner; equally it is obvious that the highly educated man did not satisfy "the people," the huge mass, and unless a doctor has a following he is like a general without an army, and, though some medical officials seem to think otherwise, such an army cannot be conscripted.

In all this we are not saying a word against the higher medical education. A physician cannot know too much about his profession, but it is clearly apparent from all the foregoing that even in the highest medical education of the day there is still one vital thing lacking, and that thing we do most firmly believe is a knowledge of practical old Homœopathy, which, for the welfare of humanity, should be taught in every medical school, high and low.

Homœopathy alone will no longer carry a man through, neither will what is known as scientific medicine alone carry him: the two combined are needed—and neither must shoulder the other out.

## SUPPLEMENT TO RADIUM THERAPY.

By Eric Von der Goltz.

(See HOMŒOPATHIC RECORDER, Dec., 1910.)

The writer adds, in a preliminary way, in reference to the history and treatment of the case of sarcoma of the leg, given in previous issue of the RECORDER, a list of biochemical cancer remedies *which, per se, seldom will effect a cure but in connection with Radium will give results.*

It must be stated that the salt formation and not the single remedy (element), from the point of osmotic movements, will be effective. The greater the working of the salt will be the more salt has been formed in conformity with the elementary constituents giving the principal tissue salts.

The writer, therefore, so far as possible, will give under each remedy the chemical formula—as the easiest way to understand

the importance of each named remedy, and its semiotik position in reference to facial diagnosis and the whole application along biochemical lines.

*Alumen* belongs to the sphere of the *Sulfates*, as the salt is potassic aluminic sulfate of the formula— $K_2SO_4 \cdot AlO_2 \cdot SO_4 \cdot 24H_2O$ .

This salt is, therefore, from the biochemical point of view, an enlargement of the working of *Potassium sulphate*,  $K_2SO_4$ , on one side and of *Sulphurate of potassium*,  $K_2S_3 + K_2S_2O_3$ , on the other side.

In reviewing the *Kali sulf.*, page 23 and page 49 of the writer's *Manual, together with Facial Diagnosis*, pages 73, 74, the sphere of action in cancer will easily be understood; that *Alumen* comes in the treatment of indurations resulting from long continuous inflammatory irritations—indolent ulcers, induration cancer, rectum, uterus, stomach, polypoid growths.

*Arsenicum bromatum*, like other arsenic compounds, according to the chemical formula *Ars. Br.*<sub>3</sub>, works along the lines pointed out in the *Manual* (*vide*, pages 81, 93, 94). It must be added that *Brom.*, in connection with other halogen elements, is found throughout the body in nearly as large amount as supposed formerly, and mostly bound up in adrenalin bodies. The use of *Bromide of arsenic* will be in excrescences, glandular formations with indurations and hard carcinomata.

*Arsenicum iodatum*, chemically but on the same line as the preceding, the formula reads  $AsT_3$ . References to *Iodide of arsenic* will be found in the writer's *Manual*, 79, 80. Since the time of the publication in 1905 the following must be added to the meagre notes of the *Manual*: *Ars. iod.* finds its domain of action mostly in physiological tumor formation—glands, representing the finished state of chronic inflammation, as also that of chronic irritation. The tumor breaks early, resulting in sores and ulcers, giving out a thin, excoriating, irritating, dark yellowish, fetid secretion. A general prostration from a high grade of toxæmia, very deleterious for the heart sets in early, which is accompanied by a paralytic inactivity of the skin and an early inactivity of the digestive tract.

*Baryta iodata*. The *Baryta* salts are playing all around, next to the *Calcarea* salts, a building role in the organism. It is in the formation with *Iodine* that *Barium* gets in the fighting class

against cancer, as it was put down in the *Manual*. The formula, *Bal.*<sub>2</sub>, regenerates the pathological region—glandular swelling induration, new growths.

*Calc. arsenicosa*— $\text{Ca}_3\text{2AsO}_4$ ; *Calc. iodata*— $\text{CaI}_2$ ; *Ferrum arsenicum*— $\text{Fe}_1\text{2AsO}_4$ ; *Ferrum iodatum*— $\text{FeI}_2$  will be used according to rules laid down by Schuessler in *Calcium* and *Ferrum*, *Arsen.* and *Iodine*, as demonstrated in the writer's *Manual*. The range of activity lays more in the internal glands—pancreas, liver, as also internal bone structure, goitre and mamma, as seats of cancer must be mentioned also.

*Hecla lava* containing *Silicea*, *Ferr. oxydat.*, different *Calcareae*, *Magnesias* and *Aluminum* salt is in some way the most prominent biochemical remedy which innocently composed of the most harmless ingredients, combined but and dynamized partly without or with the correlation of *Radium*, represents perhaps the most eminent sarcoma (in general) remedy in existence. *Hecla lava* presents better than any other natural compound coming from the chemical workshop of mother earth an example for indications according to the chemical analysis. The action of *Hecla* is directed against tumors, mass growths in all times, all pathological growths of more or less active proliferation of cells.

*Kalium arsenicosum*, in the formula  $\text{KH}_2\text{AsO}_3$  is a unique remedy. Historically, it must be mentioned that this salt has been found and been therapeutically used by the allopathic school in the most absolute biochemical sense—as *restituting the chemical deficit for a cure*. It was well known in 1886 that the deficit of potassium arsenite caused the disease *psoriasis*, and that for this disease no better remedy was known than the so-called *Solutio Fowleri*, containing 1 per cent. of  $\text{KH}_2\text{AsO}_3$ . Its many biochemical facts, so also this one coming from the allopaths, are foremost in biochemistry.

This remedy shows a somewhat paradoxical behavior; the sphere of action is on one side in the higher strata of the epidermis, and on the other side a marked affinity to deep going toxæmic processes. *Kal. arsen.* is a skin cancer remedy in first line, where suddenly an alarming malignancy without any external signs sets in.

As later will be shown *Kal. ars.* is in certain relation to *Kal. chloric.* (the counterpart to *Kal. chloricum*, or called in differentiation *Kal. muriaticum* KA).

A certain peculiarity of *Kali ars.* is the usefulness in skin cancer with following recidio, mostly with innumerable small nodules under the skin.

*In one case the writer could specially observe that Radium given for the purpose was ineffective, but cured this form of recidio after Kal. ars. was given intercurrently, it first improving, but later remained stationary.*

This disseminated nodular skin cancer recidio recognized by many physicians had appeared three years after a so-called complete cure and success of an amputation of a toe for so-called localized epithelioma.

*Kalium chloricum*, with the formula  $KClO_3$ , is unfortunately often mistaken for the harmless chloride  $KCl$ . Biochemically, *Kali chloricum* has been used as an accentuation of *Kali muriaticum*. As *Kalium muriaticum* so *Kali chloricum* is working into the deep. *Kali chloricum* against *Kali arsenic* works into the deep, but without the to be expected malignancy to be observed in comparatively flat cancers coming under the influence of *Kali ars.*

*Kalium cyanatum*. The writer in noting down this remedy can well imagine the surprise of the readers. As the space will not allow to be exhaustive on this point, the writer will try to give in a condensed form the necessary data to prove the rationality and necessity to accept *Kalium cyanatum* in the list of the most effective and prominent biochemical or cellular therapeutical remedies.

Perhaps in the best manner with exclusion (for the present paper) of chemical phraseology, it must be said that since about 1875 G. Pflüger was the champion of teaching that the live albumen in the organismus was containing cyanogen, which disappeared immediately in the moment of becoming nutritive, that means dead albumen. This, a chemical theory of nearly forty years' standing, has not been able to be defeated as tried repeatedly, but has to-day become a well known fact in physiology, only without real value in the allopathic and homœopathic teachings, but of the most important and most far-reaching consequences in the hand of biochemistry.

The use of cyanogen cannot be explained differently than an energetic transmutation in the cell body so that in form of caramid, carbamin stagnating toxins will be expelled.



All this, in short, has been founded on G. Pfluger's provings that cyanogen gives characteristic vital properties to the protoplasm, and G. Pfluger points out the many analogies between cyanic acid and living albumen.

*Kalium iodatum*, with the formula KI, will be used in first line on the same proposition as the phagocytosis in the blood is working. *Kalium* in its chemical deposition in tumors as known from chemical analyses must be regarded as a natural guard. Again the functional peculiarity of *Iodine* in relation to the iodine process and age of the blood works in a double way—melting and absorbing the neoplasm and building up physiological tissues.

*Kalium iodatum* works like *Ars. iodat.* in physiological (preformed) tumors, *i. e.*, glands, but with the characteristic difference that *Kal. iod.* will be useful only as long as the tumor is unbroken. Ulcers and sores in tumors to be treated eventually by *Kal. iodat.* are in other times situated then in glands.

*Lapis albus*, called in reference to v. Grauvogl, is chemically considered one of the most perfect naturally compound representing the most necessary tissue salts in one remedy. The chemical formula, not yet absolutely evolved, will best be expressed, qualitatively as *Calcarea silico fluorica* ( $Ca_2SiFl_6$ ). In quite so far understood many such a chemical compound proves more potent in curing cases than any other remedy given.

*Salufer* is the commercial name for *Natrum silicofluoricum*— $Na_2SiF_6$ . The chemical formula describes the remedy as a cancer remedy like *Lapis*, and is, indeed, that *Natrum* counterpart to the calcarea remedy *Lapis*. The reader must see immediately the same relation between those cancer remedies as such relation exists between *Calc. phos.* and *Nat. mur.*

*Slag*, also known as *Silico-sulfo-calcite of alumina*, with the formula  $2Al_2O_3 \cdot 3SiO_2 \cdot 6(2CaO \cdot SiO_3)$  has worked together with potassic aluminic sulfate or alumen well in cancers as exchange.

With those sixteen medicinal remedies is in connection with *Radium* given the nucleus of a national cancer (sarcoma, etc.) therapy.

It remains to give the schematic semiotik:

*Alumen.*

Cancer uteri, recti, scirrhus.

Vagina narrowed by cancerous infiltrations.

Cancer of the breast.

Pylorus carcinoma, stricture.

Ulcer, hæmorrhage.

Polypoid neoplasma.

*Arsen. bromat.*

Glandular carcinoma.

Hard, unbroken tumors.

Excrescences with spreading infiltration.

*Arsen. iodat.*

Cancer (ulcerated) with scalding discharges.

Axillary cancerous tumors (mostly metastatic).

Epithelioma.

Glandular tumors.

Lump-like indurations.

Toxæmia.

*Baryta iodata.*

Cancerous tumors with first enlargement.

Mamma carcinoma.

Adenoma.

*Calcarea arsenicosa.*

Cancer of liver.

pancreas.

abdominal glands.

*Calc. iodat.*

Breast and axillary.

Throat.

*Ferrum arsen.*

Liver (very early with fever).

*Fer. iodat.*

Breast.

Liver (without fever).

*Hecla lava.*

Breast.

Bone.

Glands.

Osteosarcoma.

*Kalium arsenicosum.*

Flat skin epithelioma.

Ulcers in cauliflower carcinomata on os uteri; early decomposing.

Toxæmia.

Nodular skin cancer (disseminated).

*Kalium chloricum.*

Cancer, rectum, uterus.

Fibroma uterus.

Epithelioma, face, toes, fingers.

Tumors, goitre.

*Kal. cyanat.*

Toxæmia (cardinal remedy).

Tongue (mouth).

Mucosa.

Stomach.

*Kal. iodat.*

Glandular.

Gumma.

Condyloma.

Uterine (ulcerative).

*Lapis.*

Cancer, scirrhus, sarcoma, under any possible indications considering the calcarea type.

*Salufer.*

Exactly like *Lapis*, but predominating *Natrum* type.

*Slag.*

Comes into the class of *Lapis* and *Salufer* with the silicea type.

Those sixteen salts given here contain the working of the cancer therapy. A special going into the details is here excluded.

It remains to show in which way the relation with *Radium* is worked out.

It must always be kept in mind to start from the old xii remedies; after having found the natural limitation radium in one of the usual potencies, 30th or 200th (if no special indications are coming out for the Skinner potencies or extremely low 6x) with either a case in *Radium* or a passing along to one of those here enumerated salts, a cure will finally be effected.

It must be regarded as a governing rule that *Radium* slowly acting indicates that the treatment has to be passed on to the cellular therapy.

## RESULTS FROM HIGH POTENCIES.

By Dr. G. H. Peters, Gloversville, N. Y.

I am aware that Homœopathy is out of date, and that many think it does not cure any more. I should like to give a few facts for the incredulous.

A woman, fifth day after confinement, had severe chills, one right after another, with profuse hot sweat. I diagnosed the case as of gonorrhœal infection. I gave her *Lycopodium* 50m, six doses in water, one-half hour apart. Next day profuse discharge of pus from vagina. Bacteriologist at hospital examined pus and found—positive.

Pneumonia case at hospital, eighth day of disease; two other physicians, said he must die. Temperature 105, great dyspnœa. Wanted lots of cold air, great thirst. *Sulph.* c.m., one dose; rapid recovery.

Saw a woman who had miscarried. For three days an oozing of dark blood from vagina; no contractions. Kent says *Carbo veg.* will cure these cases while you wait. I gave dose of 45 m. f. and waited. Of course, the *Carbo veg.* did not do it, but any way I waited fifteen minutes. Did not soil my hands and say it was funny; that after-birth lay right behind her legs.

If you think of it some day and don't know what else to do, give a dose of *Syphillinum* 200 for worn out syphilis, that terminates in a cough. Maybe you won't be surprised.

Sometime when your "hypo" is out of order and you run up against something like this: Severe neuralgia (any old place, head, face, legs or belly), pains only when lying down; as soon as moves about it stops. Don't think I am going to say *Rhus*, do you? You are right, I am going to say *Mag. carb.* Any old potency.

Funny how *Syphil.* will cure that old chronic rheumatism on the point of the right shoulder. I once had to be such a big fool as to give *Sulph.* 300 m. before I could cure a sciatica. Maybe it wasn't a cure; it was five years ago. The man had been on crutches for eight months; and, say, it took me two months to get him about. Don't think I gave it at 6 P. M. and he walked all

right at 9 A. M. next day. Gee, two months to *cure* a sciatica. Homœopathy is too slow.

For boys who have squinting of the eyes, vision not so good mornings and tendency to imbalance of muscles, try *Staphysagria*.

---

## C. M. VS. TINCTURES.

By W. L. Morgan, M. D., Baltimore, Md.

On March 14, 1910, a very intelligent young student in his last year in college, who could not believe that there is any good in high potencies, as he had been trained to that belief in college, was suffering from a very distressing attack of palpitation of the heart, for which he was taking five drops of the tincture of *Cactus grand.* three times a day, under the direction of a professor, and getting worse all the time. After a little questioning it proved to be a really *Cactus* case, whether from the first or from excessive dosing or from some other cause, but as the symptoms were all *Cactus* symptoms I gave him a dose of *Cactus c. m.* (Skinner's) on his tongue, dry. In thirty minutes he reported that his heart was quiet, and he felt better in every way, and has had no more trouble since up to the present time, June 6th.

I gave him a graft to prepare to keep in his case of half oz. vials of two x dilutions, which he said he would give further trial.

On March 23d he reported that the heart symptoms had returned the day before, but he had taken a dose of *Cactus g.* from the culture of the graft I had given him, and the trouble disappeared at once, and had felt nothing of it since. He then said, "I now know that high potencies do work when properly used." He is now studying the *Organon* and learning how to find the remedy indicated in the case, and how he can know that the remedy in high potency can cure it quicker and better than the lower.

This is an example of some colleges claiming to teach students Homœopathy and at the same time training them how to get into the American Medical Association, and neglecting to teach them how to cure their patients.



**A CONCORDANCE OF THE ORGANON AT LAST.**

By Reginald B. Leach, M. D., Paris, Texas.

A concordance may be defined as a work so constructed as to facilitate reference to some other work, or as a dictionary wherein all the words used through the book concordanced are referred to alphabetically, and the various places where they occur are referred to, to assist in locating certain thoughts, and comparing the several significations of the same word.

According to Cruden and several other authorities on the subject, a concordance of the Bible was published, first, by Hugo de S. Charo, 1244 A. D. This was in Latin. In 1448 Rabbi Mordecai Nathan composed a Hebrew concordance in imitation of Cardinal Hugo's. After printing was invented, this concordance was printed several times; first at Venice, by Daniel Bomberg, in 1523; at Basil, by Frobenius, in 1581, and at Rome, in 1621.

In 1555, after he had divided the chapters of the Bible into verses (the verses at the time being numbered), Robert Stevens, an Englishman, printed his concordance wherein, for the first time, the verses and chapters are distinguished.

Concordances of the Bible have also been published in various modern languages; in French, by Gravelin; in high Dutch and in low Dutch by several. In English we have had many. By Marbeck, in 1550; then by Cotton; afterwards by Newman, and lastly, one published under the title of the Cambridge Concordance.

Other concordances, such as those of the works of Shakespeare, of Milton and of Tennyson, are now in common use. This one, "A Concordance of the Organon of the Art of Healing," is, so far as known to its author, the fifth complete concordance ever produced, and the only one ever made of Hahnemann's greatest elucidation of that law which governs, or should govern, every prescription of the homœopathist against dynamic disturbances in the sick or his prophylactic prescriptions against preventable epidemic maladies.

When it is realized that Shakespeare's phenomenal vocabulary comprised only about 15,000 words, that of Carlyle about 8,000, of Daniel Webster about 4,000, while the usual vocabulary of even

the better educated comprises less than 500 words, the student of Homœopathy will pridefully appreciate the fact, first discovered in this concordance, that Hahnemann, within the very limited scope of 121 pages of the *Organon* (proper), makes use of 3,164 different and distinct words.

Builded along similar lines with Cruden's Concordance, this work materially differs from his in several places.

For instance, his concordance, being intended for use by the slightly as well as by the better educated, is filled with definitions of words therein amplified, while this one, intended only for the student of advanced research, omits such presumably superfluous lines.

Again, Cruden gives such connectives as "it," "is," "by," "as," "be," "in" and "so" which appear in the Bible all told but 189 times. These same words, combined with the other ten omitted from this concordance (such as "a," "an," "and," "of," "the," "to," "if," "on," "at" and "or"), if amplified in a concordance of the *Organon*, would require together 9,337 extra different and superfluous lines.

Again, Cruden, while reproducing each word, and its abbreviation and environment, every time same appears in the Bible (with the ten exceptions mentioned), gives the chapter and verse numbers. This concordance, while reproducing each word and its abbreviations and environment every time same appears in the *Organon* (with the seventeen exceptions noted), gives the paragraph and line numbers.

Aware that in at least six of the States of the American Union there are to-day more homœopaths who are members of the national allopathic association than there are of the same class in the same States who belong to the national homœopathic association, and realizing the dangers imminently threatening the very life of Homœopathy, particularly in America, through the present time insidious propaganda of the greatest and most baneful octopus in medical history, "The American Medical Association," their apparently broad-minded appeal for conferrumination of sectarians, who will never more perfectly combine than will oil and water; realizing from more than a quarter of a century of active general application of our law at the bedside of the dynamically disturbed, the invaluable beneficence same has been, is, and

ever will be, to suffering humanity, and that no other method of alleged cure ever has or ever can do as much for our patients, the author with a sincere desire to arouse a renewed interest in the principles of Similia and a design to promote the study and to facilitate comprehension of the Organon, now fraternally and friendly offers this helping hand for a better understanding of Homœopathy.

The above is a copy of the "Preface" to the first concordance of the Organon ever offered the student of Similia, and speaks for itself. In it the author has tried to discover you the entire scope of this great "Helpmate" of the Organon. The work, composed of 24,719 lines, will be produced in double column pages, 104 words to the page, with paragraph numbers, captions and abbreviations in "black face," the line numbers and other type being in light impression.

In size and shape the concordance will be almost an exact duplicate of the Wesselhœft translation, so that later, if desired, the two may be bound together under one cover.

The price is \$1.50 per copy.

The author believes his work to be flawless, *i. e.*, he believes that not a word of all those comprising the 292 paragraphs of the Organon (proper) has been omitted from his concordance. He has tried so hard to produce a perfect work that he is willing (and now offers) to divide equally the entire net proceeds from the first one thousand copies of the concordance sold between the first three bona fida owners of copies of this work who find, omitted from this work, any word appearing within the 299 paragraphs of the Organon (proper).

This offer remains good for one year from publication of first copy of this concordance.

Send your subscriptions to Dr. W. A. Dewey, Ann Arbor, Mich., right now.

Paris, Texas, Nov. 2, 1910.

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## COMMENTS OF THE NOVEMBER RECORDER.

Editor of the HOMŒOPATHIC RECORDER:

Several of your editorials in November RECORDER for Homœopathy are excellent. You evidently are comprehending that

when the word *Homœopathy* is used, a law of nature (the law of cure) is referred to.

While the practice of Homœopathy and the practitioners with Homœopathy requires such a correct expression as I now write it.

*Anaphylaxis*, page 516; your comments upon that are good.

Your comments, page 481, about a practitioner's idea of *practice* of Homœopathy are very good.

Homœopathy (any law of nature) is always pure.

Centre of page 482: "They did not teach pure (*knowledge of*) Homœopathy" is *the cause*, and it is also the cause why the practice of Homœopathy does not dominate with treatment of the sick.

Homœopathy can not "die" no more than gravitation, cohesion or any other law of nature. *Knowledge of, or the correct practice of Homœopathy may degenerate.*

Your publication of *A Medical Trial*, being practice of superstition (allopathy) versus Homœopathy (practice of a law of nature) is very nicely presented, and will do good.

I do not think we should refer to that coterie of allopaths whose headquarters are in Chicago, as the A. M. A. It should be A. A. A., for they are nihilists with medicine; and to acknowledge that they are A. M. A. is to admit that all else is not medical or is subservient.

JOHN F. EDGAR, M. D.

El Paso, Texas.

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## THE DETROIT HOMŒOPATHIC COLLEGE VS. FLEXNER.

At the last meeting of the faculty of the Detroit Homœopathic College, the following resolutions were adopted:

WHEREAS, A certain non-medical person recently visited many of the educational institutions of the country, and afterwards put into public print his impressions and prejudices; and,

WHEREAS, This person visited the Detroit Homœopathic College, and, after at least *several minutes'* conversation with the janitor or his assistant, *learned all* the details of equipment and methods of conducting the college work; and,

WHEREAS, The statements made by this individual were both

untrue as to facts and purposely distorted to such an extent that the Aananias Club would admit the author without any state board examination.

WHEREAS, The trustees of the college have in the last few months spent several thousands of dollars in equipment and improvements; and,

WHEREAS, The Michigan State Board of Registration in Medicine with the faculty reviewed the methods of the college, its equipment and facilities for work, and found the equipment up to the demands of the board, in some things beyond the demands, and made suggestions which were afterwards adopted by the college for its betterment; and,

WHEREAS, Our faculty was never as complete or as efficient as at present, our clinical facilities as numerous or as good, or our class of students as industrious and well prepared.

*Resolved*, That the faculty of this college declare such statements misleading and false and the conclusions not warranted by facts.

*Resolved*, That these resolutions be signed by the officers of the college and published in the homœopathic journals.

C. O. MILLER, M. D., *President*;  
 D. A. MACLACHLAN, M. D., *Dean*;  
 S. R. KNIGHT, M. D., *Secretary*;  
 G. G. CARON, M. D., *Treasurer*;  
 F. E. THOMPSON, M. D., *Registrar*;  
 D. M. KING, M. D., *Business Manager*.

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### LACHESIS MUTUS—SNAKE POISON FROM SOUTH AMERICA.

Read by Wm. O. Cheeseman, M. D., before the Regular  
Homœopathic Medical Society of Chicago, Ill.

Every volume has a preface and prefatory. To the paper which I shall read in your hearing I wish here and now to testify to my unswerving loyalty to the principles of Homœopathy as enunciated by Hahnemann, and that after practicing its system for nearly thirty years, witnessing its wonderful cures, I unhesitatingly believe it to be the greatest curative agent in the world, and if there were no other physician in the whole world to



practice its precepts then I would be that man. I have a letter in my pocket from the husband of a woman who is a patient of mine, who, after an exploratory incision in a suspected case of cancer of the stomach, was told, after the operation, by the attending allopathic physician, that he could do nothing for her. I have not seen this case, and all the symptoms I have in reference to it have been secured by correspondence. This is the report after one month's treatment with homœopathic medicine. The husband says: "My wife has gained seven pounds in weight, and says she feels better than she has in ten years." If there are any doubters here of the efficacy of our medicine, either among my professional confreres or among the laity who may be present, get rid of your unbelief and have faith in the power of this medicine over disease.

*Lachesis* is antidoted by a large number of remedies, among the most prominent are *Ars.* and *Bell.* Its analogues are *Bell., Lac can.* and *Lyc.* It was introduced and proven by Constantine Hering, and, if he had never done anything else for the medical world this would have made him immortal. I do not intend to repeat in your hearing all the symptoms of this wonderful drug, but to call your attention to some of its peculiar characteristics.

There is one symptom which I wish to call your attention to and that is the aggravation from excessive cold or heat. No other remedy has this symptom so marked, and I shall call your attention to this further on in a report of a clinical case.

It is useful in all troubles which begin on the left side, diphtheria, tonsilitis and paralysis, and which extend to the right side. *Sabadilla, Rhus tox.* and *Lac can.* should be considered under this symptom.

One peculiar symptom is the aggravation after sleep. The patient sleeps into the aggravation. When the skin turns purple or bluish it is also especially indicated. A case of abscess in the left groin of a woman of 50 years of age, this symptom was quite pronounced, but *Lachesis* failed. *Carbo animalis* 10 m. opened it like a knife. It is a remedy for the climacteric in women. There is an intolerance of neck bands and of corsets. They can't bear the clothing tight. There is a mental characteristic of *Lachesis*, which is very characteristic, and that is loquacity; tongue runs like a wind-mill. Hahnemann says the mental symp-

toms have first rank in the selection of the remedy. *Lachesis* is a remedy for sunstroke, and there it compares with *Ant. crud.*, *Nat. carb.* and *Glou.* There are many other minor symptoms which you can easily find by referring to your materia medica.

The first clinical case I will call your attention to is one of septicæmia or blood poisoning. A gentleman, forty years of age, had an eruption on both limbs which he said had come about from having a wound which came in contact with poisonous matter. The eruption began on the left limb and extended to the right. When he goes to bed, sleeps for an hour or so, and then wakes up with a terrible burning which almost drives him mad. He seemingly sleeps into the aggravation. There was a peculiar soreness of the heel and toe, but he felt more comfortable with his shoes on. Here we have amelioration from pressure which is a characteristic of *Lachesis*. He received *Lach.* 1 m. every other night for three nights. There was a gradual improvement, then there was a repetition of the remedy one month later in the same manner, with complete restoration to health, gaining seven pounds in weight. This case had been treated by the allopaths for months without any relief. He told me he had paid them \$187.00. My bill was about \$20.00.

The next case, a lady of fifty years, complained of coldness of the feet and limbs in winter, said they felt like chunks of ice. In the summer her ankles and feet swelled. Here we have aggravation from both cold and heat. I gave her one dose of *Lach.* 10 m., Skinner.

A peculiar symptom developed under the action of the remedy. Weakness of the sphincter muscle. There was a call for stool so urgent that she was unable to reach the closet, the stool passing off in her clothing. She said that was the worst cathartic she had ever taken, and warned me not to give her any more of it, but her feet and limbs got better.

The next case is one of eczema in a lady of forty-five years. The eruption began on the left hand and extended to the right. It had been treated by several physicians, one of whom had used *Ars.* 2x locally. The hands were in a very bad condition when I saw them. Here we have the extension from the left to the right hand. The only other peculiar characteristic symptom was she could not wear either her collar or her corset tight. *Lachesis*,

one dose. was given. The remedy produced an aggravation. The patient told me she had to go to bed. Her statement was: "That pink powder was awful." But the hands commenced to improve. First the right hand began to get better. This is according to Hahnemann's philosophy of cure. In the inverse order, the eruption began on the left hand and extended to the right. The curative process began on the right hand and extended to the left. There was a repetition of the remedy after a period of a month's time. The curative process seemed to have stopped. Again, the aggravation of the remedy and the patient had to take to her bed, but the case went on with complete restoration of the hands to their normal condition. As this lady had many social duties she was very grateful for the cure.

In all of these cases the aggravation from the remedy was very marked, and when you get this aggravation under *Lachesis* you may be sure that your drug will cure your case.

The next case is one of diphtheria in a young girl of 12 years. In this case the membrane developed on the left side and extended to the right. Throat sensitive to touch on the outside. Aggravation from swallowing liquids more than solids. *Lach.* 1 m. every three hours. In addition, I placed a band of fat bacon around her throat sewed to a cloth. The next day all symptoms improved. The case progressed rapidly to a cure without a repetition of the remedy. The last case is my own—one of migraine or sick headache. Pain usually begins in the left temple and extends to the right. Pain at times is almost unbearable, worse after sleep. I awake with the headache. Had to sit up in bed or in a chair; cannot lie down. Lying down aggravates the headache. Hard pressure against the brass rods of the bed relieves. Formerly there was vomiting of bile, loss of appetite, aggravation from noise and bright light. Motion relieves. Causation of headache, stenosis of bile duct with auto-intoxication. *Lach.* 10 m. or cm. will stop this like magic. I have tried many remedies, but *Lachesis* when found was a great boon to me.

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### VACCINE THERAPY.

The following from a paper read by Dr. Ernest E. Irons, of Chicago, is worth reading. The paper was read at St. Louis and is reprinted in *Jour. A. M. A.*, November 12:

“The inoculation of bacterial emulsions is not a ‘cure-all’ for infections to be used to the exclusion of surgical measures. The treatment by vaccines alone of an acute abscess which ought to be incised deserves all the condemnation it has received from the critics of vaccine therapy. Nor are all patients with infections suitable subjects for vaccine treatment. The fundamental theory of bacteria therapy assumes that the body is capable of reacting to the inoculation by the formation of antibodies which aid in limiting the infection. Theoretically the giving of vaccines as ordinarily prepared to a patient whose body is already overwhelmed with infection is wrong, and clinically the results in such cases are usually bad. A critical examination of the clinical histories in those cases of supposed severe sepsis in which vaccines were used with apparent favorable outcome will frequently show that in many a definite general sepsis was not present. High fever is often one of the symptoms of general sepsis, but its presence does not necessarily indicate that general sepsis exists. A persistent bacteriemia is often demonstrable, and is a most reliable indication of the so-called septic condition. We know, however, that a transient bacteriemia may occur in localized infections, so that even the finding of bacteria in the blood on one examination is not positive proof of the generalized character of an infection. The diagnosis of general sepsis rests on a careful weighing of the condition of the patient as to pulse, temperature, prostration, etc., together with the data obtained from the laboratory. Furthermore, the occasional recovery from general sepsis after the use of vaccines does not form an indisputable argument in favor of vaccine therapy in such cases, for in some cases of sepsis recovery occurs spontaneously. The giving of vaccines as a last resort, while it may be justifiable in certain instances, is not to be encouraged, for the patient is often harmed instead of benefited.”

In his conclusion, Dr. Irons admits that in some cases this therapy is a means of good, but it is also a means of harm, and greater care than has hitherto been taken should be employed to avoid “over-enthusiastic and unwarranted conclusions.”

When a therapeutic agent is advertised the readers of medical journals should remember that advertisers frequently exact the publication of “scientific articles” on the subject.

In the "discussion" of this paper, Dr. John B. Deaver, of Philadelphia, said that the "vaccine treatment must be considered as a double-edged sword," and also "the question of the opsonic index I do not think is of great moment, because you have to judge entirely from the clinical features of the case." But this latter statement Dr. A. W. Crane, of Kalamazoo, thought should not go unchallenged; he also saw "a relation between vaccine injections and X-ray treatments, because" the opsonic index rises after the X-ray treatment.

Dr. W. W. Grant, of Denver, said, "my medical friends in the sanatoriums of Colorado" are using the vaccine injections more and more every day, but one cannot see any very encouraging report in his comments.

If a homœopath wants to use these vaccines it is all right, but one cannot help thinking that his best outlook for curing his patient lies in a close study of his materia medica, and if the "vaccines" are used they should be in the form of a rather high potency of them, such as the late Dr. J. C. Burnett so successfully employed in his large and world-wide practice.

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## NATRUM MUR.

By H. Bruce Webster.

Anemia, Marasmus and Vertigo, with tired and chilly feet,  
Led Mumps, Catarrh and Coryza down the city street.  
Frothy mucus lined their pathway; water, too, was there.  
Though cold, some felt feverish; sneezing rent the air.

Indigestion walked with Water-brash; Constipation went with Headache;  
Others afflicted with fever blisters and a thirst no liquid could slake.  
Some had greasy skins, dry mucous membranes, also a pain in the back;  
Cracking in the ears and in the middle of their lips a crack.

This snuffling, vomiting, watery crew at length entered a certain shop;  
Leaving a wet and frothy path like the trail of a soapy mop.  
There is a sign! Let us see what sort of a place they have entered.  
The sign reads:—

NATRUM MUR., PLUMBER.

Dry pipes lubricated  
and watery leaks prevented.



## ANOTHER LINK IN THE CHAIN OF MEDICAL POWER.

The medical powers have decided that poliomyelitis is "catching," and, therefore, subject to health board authority, or, what is the same thing, to official doctors. By declaring every disease to be contagious or infectious, official medicine has very quietly gained the long sought for power. One cannot see what they want with the Owen's Bill, when, under the authority of the germ theory, they can obtain all power by the simple process of declaring all diseases to be contagious or infectious. In the matter of the latest acquisition, poliomyelitis, they have not found the "germ" of it, but that does not bother them, for they tell the public in one of those marvelous papers presented to the public in one of the popular magazines (*Hampton's*, December) that the germ of poliomyelitis is so small that it is invisible through the strongest microscope: this is on the authority of that curious center of science, the Rockefeller Institute, which seems to be doing for medicine what its name bearer did for petroleum. The fact that the "germ" cannot be seen does not worry these scientists, for, do not you see, unless there were a germ there would be no disease! The foundation of the whole edifice is so simple as to excite one's admiration.

No germ no disease.

Germs are contagious or infectious.

Therefore all diseases must be contagious or infectious, and, therefore, subject to the control of the State.

State medicine is in the hands of allopathy, and will remain there until the public is enlightened.

In a very learned official paper on "Poliomyelitis," in *Public Health Reports*, we are told that the "contact" by which the germ, and thence, of course, the disease, is acquired may be in neighbors, playmates, visitors, schoolmates, at Sunday School, church, places of business or amusement, in travel; also from members of the family, servants, tradesmen, etc. From all this it can be seen what a big job is this heading off the "germ" that cannot be seen through the most powerful microscope! Indeed it is a job worthy of the very highest talent of modern scientific medicine, and then a whole lot more.

The contagiousness of poliomyelitis is "proved" by the fact that one child in a neighborhood contracts the disease and then a number of others get it. How the first child got it they do not know, but they are certain that the other case got it from him—*must* have got it from him, else the germ theory goes to pot, and the whole scientific medical world is thrown into chaos, and worse—ridicule. If ten cases in a neighborhood of several thousand children come down with the disease and some barbarian were to ask the officials why the others who were equally exposed to the "contagion," and especially the other children in the same house, did not contract it, he would be regarded as a "menace to the public health." You must not question the germ theory; you must take it on blind faith from its high priests, for by it they are gradually getting great power to protect the public from the foolish men who try to do the scientifically impossible—*i. e.*, cure disease and persons prone to disease and babies born to disease. For, scientifically speaking, there is no such thing as disease, only germs, plants that grow in the body, coming in from the outside by a process called infection or contagion.

Truly it is a great subject, and one, it is to be feared, that is belittled—not appreciated—by the men who can only see disease as the seed of a vegetable organism on the microscope's slide, that enters a human body, proliferates amazingly, and passes on to others, and on and on and on. Did the original seed come in as did the other things of the evolutionist's dreams? Did all the numerous seeds discovered and labeled, come in at the beginning of time? No new matter can be created by man, therefore if these seeds of disease are the things the medical scientists say they are, they must have descended in a direct line from the beginning, always transmitted from one person to another. But while man cannot create matter he can greatly change the form and nature of existing matter. A man can start in life with an ideally perfect material body and end with a loathsome mass of corruption as a body. Whether the germs of this state can be found under the microscope each one must decide to suit himself, for there be those who believe even in germs of the passions, and there be others who do not.

Even the mighty men of medical science at times need the money of the man who pays the freight—the patient—and all the

latter asks is a cure, and so far that has not been found in the gossamers of theory that masquerade as science. True medical science teaches how disease may be avoided. Homœopathy cures it when established.

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**NEXT ANNUAL MEETING OF THE NATIONAL  
CONFEDERATION OF STATE MEDICAL EX-  
AMINING AND LICENSING BOARDS.**

The National Confederation of State Medical Examining and Licensing Boards will hold its twenty-first annual meeting in Chicago, Ill., on Tuesday, February 28, 1911, at the Congress Hotel.

The subjects to be taken up at this meeting will be a consideration of the state control of medical colleges, a report by a special committee on clinical instruction, a report on a proposed materia medica list by a special committee, the report on a paper presented at the St. Louis meeting by Mr. Abraham Flexner, of the Carnegie Foundation for the Advancement of Teaching, and some special papers on such subjects as the regulation of medical colleges, necessity for establishing a national curriculum for the medical degree and others, by men eminently qualified to prepare papers upon such subjects.

These topics are all of practical and vital interest to medical colleges, medical examining boards, the profession at large and the public. The symposium will be composed of ten papers and be presented from the viewpoints of state, law, *medical colleges, state medical examining and licensing boards and the medical profession*. The contributors of papers to the symposium on State Control of Medical Colleges are men of the highest attainments in matters pertaining to state, law and the medical profession, and their production will be worthy of the most careful consideration. The chief object of the symposium is to determine, as far as possible, the feasibility of placing medical colleges under state control. The special committee on materia medica made a report at the St. Louis meeting of the Confederation, June 6, 1910, and it was continued and instructed to report again at the next annual meeting of the Confederation in 1911. The report of this committee made at St. Louis has received very favorable comment by many of the editors of medical journals,

and should receive at the Chicago meeting extended and careful consideration. The report on Mr. Flexner's paper is published in the Proceedings of the St. Louis meeting of the Confederation, page 64, and will be open for discussion at the Chicago meeting.

An earnest and cordial invitation to this meeting is extended to all members of state medical examining and licensing boards, teachers in medical schools, colleges and universities, delegates to the Association of American Medical Colleges, to Council on Medical Education of the A. M. A., and to all others interested in securing the best results in medical education.

The officers of the Confederation are: President, J. C. Guernsey, M. D., 1923 Chestnut St., Philadelphia, Pa.; Secretary-Treasurer, George H. Matson, M. D., State House, Columbus. O.

Let us hope that in time the Confederation will evolve a method of determining the fitness of the candidate by some other means than a mere test of his memory.

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### AN ECHO FROM LOS ANGELES.

The *Southern California Practitioner*, of November, editorially says:

"Much of the energy of the recent meeting of homœopathic physicians in this city was devoted to condemnation of the Owen Bill, and its tendency to advance the minimal standards of qualification for the practice of medicine. In a recent sermon the pastor of the Los Angeles Fellowship attacked the Owen Bill and the American Medical Association along similar lines, and a few days later the Los Angeles *Express* published an editorial in commendation of the action of the Homœopaths and of the sermon mentioned."

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"Both of these classes of people—sectarian doctors and their friends—need to realize that the movement for state control of the practice of medicine and of public health seeks only to advance the minimal educational standards, and that it places all men and women who seek to practice medicine on an absolutely equal footing."

This proposition which looks so fair and so reasonable really means that the ground of "equal footing" must be what, for want

of a better term, is known as "allopathy," consequently nothing "sectarian" shall enter in to defile. Exactly how the "Owen's Bill" will give intelligence to the orthodox doctors is not apparent in its text. Where they have absolute sway disease and death stalk just as they do where the voter is left in freedom to meet his physical troubles, and this bill will give them no more light than they now have, which is dim indeed. That under its power they can suppress the "sectarians" is clear; that they will do so is not difficult to believe. They will suppress the "sectarian" and with him medical freedom. They will do this ostensibly "for the good of humanity," but as a large part of enlightened humanity has left them because of their inability to aid, it seems that the real reason for the suppression will be for the greater honor, glory and profit of their own organization, which is ruled by authority and not individual rationality. Do as state medicine dictates, and no matter what happens to the patient you are exempt from blame. Go contrary to what are the prescribed rules of authority, even in an effort for better things, and you are held personally responsible for the patient's death, just as it was in Babylon many centuries ago when medicine was organized, when, if you obeyed the orders from the temple, you were guiltless, whereas if you went aside from orders your life was forfeited if the patient died. Then as now you were allowed to go aside as you will be under the Owen's Bill, but if anything goes wrong with the patient, why "the Government will investigate," that is, the Bureau of Medicine. An observant man can see the spirit of it to-day, ever assuming more unauthorized power. There is too much official meddling to-day and the average citizen does not want it increased.

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### HERBERT SPENCER ON STATE MEDICINE.

(We find the following quoted from the writings of Herbert Spencer in a paper of Dr. B. O. Flower's in December issue of *California Eclectic Medical Journal*. Where it is to be found in Spencer's writings is not stated. Editor of the HOMŒOPATHIC RECORDER.)

"There is a manifest analogy between committing to government guardianship the physical health of the people, and com-



mitting it to their moral health. The two proceedings are equally reasonable, may be defended by similar arguments, and must stand or fall together. If the welfare of men's souls can be fitly dealt with by acts of parliament, why, then, the welfare of their bodies can be fitly dealt with likewise. He who thinks the state commissioned to administer spiritual remedies, may consistently think that it should administer material ones. The fear that false doctrines may be instilled by unauthorized preachers has its analogue in the fear that unauthorized practitioners may give deleterious medicines or advice. And the persecutions once committed to prevent the one evil countenance the penalties used to put down the other. Contrariwise, the arguments employed by the dissenters to show that the moral sanity of the people is not a matter for state superintendence are applicable, with a slight change of terms, to their physical sanity also.

“Let no one think this analogy imaginary. The two notions are not only theoretically related; we have facts proving that they tend to embody themselves in similar institutions. There is an evident inclination on the part of the medical profession to get itself organized after the fashion of the clerisy,—moved as are the projectors of a railway, who, whilst secretly hoping for salaries, persuade themselves and others that the proposed railway will be beneficial to the public—moved, as all men are under such circumstances, by nine parts of self-interest gilt over with one part of philanthropy. Little do the public at large know how actively professional publications are agitating for state-appointed overseers of the public health.

“Whoever has watched how institutions grow, how by little and little a very innocent-looking infancy unfolds into a formidable maturity, with vested interests, political influence, and a strong instinct of self-preservation, will see that the germs here peeping forth are quite capable, under favorable circumstances, of developing into such an organization. He will see, further, that favorable circumstances are not wanting—that the prevalence of unemployed professional men, with whom these proposals for sanity inspectors and public surgeons mostly originate is likely to continue.

“The most specious excuse for not extending to medical advice the principles of free trade is the same as that given for not

leaving education to be diffused under them; namely, that the judgment of the consumer is not a sufficient guarantee for the goodness of the commodity. The intolerance shown by orthodox surgeons and physicians toward unordained followers of their calling is to be understood as arising from a desire to defend the public against quackery. Ignorant people say they cannot distinguish good treatment from bad, or skillful advisers from unskillful ones; hence it is needful that the choice be made for them. And then, following in the track of priesthoods, for whose persecutions a similar defense has always been set up, they agitate for more stringent regulations against unlicensed practitioners, and descant upon the dangers to which men are exposed by an unrestricted system."

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#### THE ENIGMA, "606."

With exceptions here and there the testimony concerning "606" is to the effect that apparently it clears away the evidences of syphilis from the system in a remarkable manner. What mankind will pay for this remains to be seen—pay, not in money, but in other ways, for as Doctor Watson says of "606" in *Medical Notes and Queries*, "everything in life seems, as one looks closely to have a string tied to it." One of the strings tied to this remedy, the doctor thinks, is that it will remove the deterrent fear of the dread disease that prevents many men and women from plunging headlong into immoral practices. Curious string, isn't it? But it will not prevent any one from availing himself of the remedy, nor should it if it will cure. But there is possibly another and more subtle string to this new product of the laboratory, namely, that it may be only a palliative, removing the visible evil by driving it deeper into the system, where its influence, while not so apparent, will be really more harmful, especially to posterity. This is a far look, but such ought to be taken in the higher realms of medicine occupied by Homœopathy. This, as we understand the matter, is on the same plane as vaccination, which many men oppose because the price paid for the protection afforded is too great, greater, indeed, than would be exacted by the disease should it be contracted. Small-pox exacts a quick penalty, which, when paid, often leaves the victim better off

physically than before, while the danger of death is not so great as from other diseases not so much dreaded; but the protection, it is feared, exacts a penalty that often is never removed, and, when it is, there is no longer the protection it afforded. It is all in line with what Hahnemann preaches in the *Chronic Diseases*—drive out the physical evils, do not cover them up within the body.

There is another string to the practical use of “606” that must be considered if the practitioner does not want to be tangled in it. So far it has been handled by experts, some of whom doubt if the remedy is fitted for the general practitioner. The reason for this doubt is thus given by Taylor, of the *Medical World*:

“It is a yellow powder, difficult to get into solution, and more difficult to keep in solution till it can be injected, being quickly precipitated. Formerly it took an hour to dissolve it; but lately, by adding pure alcohol, it dissolves more quickly; the solution must be prepared just before use, however. The solution is a strongly acid one, and must be neutralized by an excess of sodium hydroxid. The resulting alkalinity is again modified by cautious addition of acetic acid before injection. The reaction is violently inflammatory; so much so that some observers are advising that the dose be divided and injected into different portions of the body. This characteristic also forces a greater dilution when the medication is to be injected into a vein.”

So you see it is not a question of buying a little and injecting it into the patient, but a very ticklish job from which the general practitioner will be lucky if he escapes without getting into trouble. “606” may be a blessing, but it will be well to use the motto of the Missourian, “Show me,” before employing it in practice.

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### APOCYNUM CANNABINUM.

“The first effect of the drug in physiological dosage is to produce diuresis, notwithstanding the report of Drs. Macy and Peters, and the secondary effect is an exceedingly scanty secretion of urine, the kidneys remaining in a torpid, passive state. Upon the serous membranes and cellular tissues *Apocynum* produces a general fullness of the cellular tissue, œdema, etc. The mucous membrane of the air passages becomes congested, pro-

ducing a "stuffy" catarrh. On the skin this drug causes copious perspiration, or the skin becomes dry and husky. Constipation is a prominent symptom of this drug. It is also accredited with some narcotic power, as the provers become somewhat drowsy when under the influence of cathartic doses. The pulse at the same time diminishes in frequency. These effects, however, pass off with the drug influence."—*A. W. Forbush, M. D., Somerville, Mass., in Jour. Therap., Oct.*

These "secondary effects" point to a use of the potentized drug to which little attention has been paid, the physiological dose for dropsical states being about the only one used. Some years ago Dr. D. Coleman, of New York, proved in hospital practice what Dr. Stacy Jones, of *Bee Line Repertory* fame, first said. Dr. Coleman wrote:

"The *modus operandi* of *Apocynum* in this is simply antidotal that the decoction, or distilled extract, is much more efficient than the ordinary tincture, and dilutions run in alcohol are of little value. *Apocynum* is a chemical antidote to alcohol as well as physiological. In acute alcohol poisoning a teaspoonful of aqueous decoction in a glass of water is given as one dose."

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### THERAPEUTIC POINTERS.

McCandlish, *Hom. World*, reports a case of a woman aged 23, who, since her eighteenth year, had suffered horribly from dysmenorrhœa, so much so that she would scream with pain. Allopaths and Homœopaths could give no relief, until he carefully took the symptoms, worked them out in the repertory, and was surprised to find the result was "*Apis*," which remedy completely cured the patient. Score another for repertory work.

McCandlish (*Hom. World*) tells of a "large, hard, tense red scar" on a woman's breast from an operation, which, under *Phytolacca* 1, became more like the surrounding skin.

McCandlish (*Hom. World*) reports a case of a ten-year-old girl discharged as incurable from hospital. She had from birth a weakness of the ankle joint, which caused her to drag her right foot along the ground when walking; latterly the weakness began to spread up the leg. *Conium* 30, night and morning, enabled her to walk and run "quite nicely now *when she likes* and when

she knows she is being watched." The *italics* seem to indicate a queer mental state.

McCandlish (*Hom. World*) reports a case of a man aged 43, suffering from itching anus, which was moist, wet, oedematous and sore. *Anacardium* 30, night and morning, cured the case.

*Hom. Monatsblaetter*, November, reports several cases in which blood was passed from internal parts by mouth or rectum in which *Calendula*  $\theta$ , ten drops in half a tumblerful of water, tea-spoonful doses of the latter, acted in a most gratifying manner. The diseases were tuberculosis, cancer, disease of the bowels, etc. The indication is the passing or coughing of blood. *Calendula* is a wonderful but little known remedy.

Dr. Williams (*Medical Record*) says that the pulp of a ripe pineapple applied to a boil will establish drainage in a short time. It seems to digest the necrotic head. This seems to be on the same principle by which it clears away the membranous throat deposits in diphtheria.

Dr. D. W. Dimock, Brockton, Mass. (*Medical World*), advises as a "mother's friend" the application of olive oil "over the lower abdomen, around and over the vulva and perineum every night on retiring" for pregnant women. Keep this up every night for months before confinement. One woman who had always suffered agonies before had such an easy delivery after doing this that she named the girl baby born "Olive."

Dr. Geo. D. Scott (*Therap. Gaz.*, Aug.) advises the use of fruit juices in the diet of infants; cooked fruit juices are nourishing and mildly laxative. Perhaps a little fresh juice of ripe fruit would also be beneficial.

Dr. McCandlish, *Hom. World*, tells of a woman with pains in her legs that had been getting worse for three years; worse in the morning so that she dreaded to get up; neither bone nor joints were affected; remedies, including liniments, did no good. On the theory that the seat of the trouble might be the *faciæ* and muscle sheaths, Dr. McCandlish prescribed *Phytolacca*  $\iota$ . In seven days the pain had entirely disappeared.

Dr. Ashley B. Palmer, of Seattle, Washington, reports a case of anterior poliomyelitis in *Iowa Hom. Journal*, December. It was first treated, but not recognized by an allopath who gave castor oil. When seen by Palmer the paralysis was established.



Case made complete recovery under *Gelsemium* in rather high potency, with some other inter-current remedies as indicated. But *Gelsemium* seemed to be the remedy for the central disease.

Dr. Lewis Robinson, of Carmel, Maine, writes that he has used *Cratægus* extensively in heart murmurs with excellent results.

Dr. A. L. Fisher writes of *Arnica oil* that "it is of great value in stopping the falling out of the hair, a serious thing for those afflicted, and for which *Arnica oil* was recommended many years ago. I have used the B. & T. preparation for this trouble many times with excellent success, in fact, not a failure." If we remember aright it was either Dr. Clifton or Dr. Ussher who first wrote of this use, in *Homœopathic World*, fifteen or twenty years ago.

It should be remembered that an important indication for *Rumex crispus* exists when there is a lacerating pain under the clavicle, especially when there is hawking. It should be especially kept in mind when the pain is in the breast, in the upper part of the lobe of the lung forward, or in the region of the left shoulder.—*Pop. Z. f. H.*

*Caulophyllum* is useful in inflammatory rheumatism of the wrist. There is sharp pain in the hand and in the finger joints, especially in the second joint when closing the hand, and the joints are stiff.—*Pop. Z. f. H.*

"Cancers—epithelioma—yield very rapidly to the local and internal administration of *Echinacea*. Carcinomas can be arrested, the odor destroyed, and the patient made comfortable under its use, and I believe that many cures have been and will be effected by its use in this most loathsome of all diseases."—*Holmes' Eclectic Quarterly*, Dec.

"We have often been called to a case which looked to the patient and friends that appendicitis was in full blast. The intense pain, hardly endurable, with these cases of intestinal colic, I have seen them fade away by giving 15-drop doses of *Dioscorea* in hot water every ten, fifteen or twenty minutes.—*Dr. F. R. Crowell, Lawrence, Mich., in Ec. M. J.*, Dec.

"My first knowledge of the use of *Variolinum* was given to me by that close student and staunch Homœopath, the late Dr. Martin Deschere, of New York. He told me of his experience in an epidemic of small-pox in Hoboken, N. J., in the first years of



his practice. Quarantine was not really attempted at that time, and cases were all treated in their own homes. He told me that he had small-pox in over one hundred families, and that he used *Variolinum* as a prophylactic in every instance upon those who were exposed and did not have a second case in any family where the *Variolinum* was given at once."—*John B. Garrison, M. D., in No. Am. J. of Hom.*

If you know of any useful points, why not let the world know them through the pages of the RECORDER.

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## BOOK REVIEWS.

LEUCORRHŒA and other varieties of Gynæcological Catarrh. A Treatise on the Catarrhal Affections of the Genital Canal of Women; Their Medical and Surgical Treatment. By Homer Irvin Ostrom, M. D., New York, Surgeon to the Metropolitan Hospital, Surgeon to the Hahnemann Hospital, etc. 179 pages. Cloth, \$1.00. Postage, 6 cents. Philadelphia: Boericke & Tafel. 1910.

Concerning this book it may be said by way of introduction to the reader that the author is a skilled surgeon of great experience, and, what is of still more importance, he is well versed in the homœopathic materia medica, knows its remedies and how to use them. The subject of the book is so prevalent that all practitioners owe it to themselves and their patients to know what is the latest concerning this disease, both surgical and medical. The author begins with the anatomy of the parts affected, goes on to the general nature of their catarrhal diseases, then to their general classification and description, symptoms and appearance, and so to treatment, medical, local and surgical when necessary. The space from page 106 to 143 is occupied with the "therapeutics" of the many homœopathic remedies that may be called for. The remainder of the work is taken up with an excellent working Repertory and the Index.

Taken as a whole, we think Dr. Ostrom has given the profession what might be termed a modern homœopathic book, by which we mean a book in which neither the homœopathic, the local nor the surgical treatment plays a subordinate part, but each is given its true place as are other things, such as diet, hygiene,

etc. The Therapeutics and Repertory will be found very convenient to any one seeking the true homœopathic remedy. Incidentally Dr. Ostrom put in a very good word for the excellence of what are known as "the tissue remedies." The practical man will like this book.

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CONTAGIOUS, CONSTITUTIONAL AND BLOOD DISEASES. By A. L. Blackwood, M. D., Professor of Clinical Medicine and Materia Medica in the Hahnemann College and Hospital, Chicago. Author of "A Manual of Materia Medica, Therapeutics and Pharmacology," "Diseases of the Heart," "Diseases of the Lungs," "Diseases of the Liver, Pancreas and Ductless Glands" and "The Food Tract, Its Ailments and Diseases of the Peritoneum." 367 pages. Cloth, \$1.75. Postage, 10 cents. Philadelphia: Boericke & Tafel. 1910.

As will be seen in the above title, Dr. Blackwood has covered in his series of books the heart, the lungs, the liver, the stomach, and in this book he goes into the general field of contagious, constitutional and blood diseases. There are in the contents under "Infectious and Contagious Diseases" 42 names, under "The Blood" 12, and under "Constitutional" 13, making a total of 67 different diseases treated under this class. Things that the student must know if he is to pass examinations are given, for the book is not one so much of original research, as of the gathering and arranging into convenient shape the knowledge that should be at the command of all who practice, or intend to practice, medicine. Added to this knowledge, which is necessarily the same in the books of all medical schools, is the therapeutics of Homœopathy, that is to say, what might be termed the formal therapeutics of these 67 diseases, for, as every one knows, the real therapeutics for a given case can be obtained by the totality of the symptoms only of the patient matched by the remedy from the materia medica that presents the greater number of them. Any medical man will find this, as were its predecessors, to be a very convenient book of reference in many ways, and for students it is invaluable.

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MANUAL OF CLINICAL PATHOLOGY. By Richard Weiss, M. A., Ph. D., F. C. S. 72 pages. Paper. J. & A. Churchill, 1 Great Marlborough St., London, England, 1910.

) This is the second edition of a little work that was published in 1908 under the title, "Newer Methods for the Qualitative and Quantitative Analysis of Urine and Gastric Juices." In addition to these the book now contains chapters on "Analysis of Feces" and "Examination of Blood." Also a chapter on Apparatus. Drs. Geo. Herschell, of London, and Andrew Charles, of Dublin, assisted in the preparation of the work. The book seems to be very clear and practical.

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HANDBOOK OF REGIONAL ANATOMY. By Francis C. Ford, A. B., M. D. University of Michigan. 193 pages. Cloth. Francis C. Ford, Chicago, 1910.

This is a handbook for the medical student in anatomy, and will also serve to refresh the memory of the surgeon, specialist, etc., in wilderness of anatomical names. It is a book that only an expert could criticise, but even the on-looker can see the big advantage it would be to the student in this difficult study. It is a book that should be investigated by teachers and students.

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"PROCEEDINGS OF THE NATIONAL CONFEDERATION OF STATE MEDICAL EXAMINING AND LICENSING BOARDS. Twentieth Annual Convention."

The most interesting point in the 160 page pamphlet to Homœopaths is to see the name of Dr. Joseph C. Guernsey as president, who comes of an old line of Philadelphia Homœopaths.

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## EDITORIAL BREVITIES.

CONCERNING A MEDICAL EDUCATION.—It is often argued sometimes by the father, sometimes by the son, that inasmuch as such and such an allopathic medical college has better facilities and apparatus, the boy should be instructed (in-built) there rather than in a homœopathic college, even though the design is that he is to be a homœopathic physician, for, it is argued, he can select the good and reject the error, but it should be remembered that the young man's mind (if he is normal) is in the formative stage of life when he attends college, and unless he is capable of sitting in mental judgment on his teachers he is very apt to follow them. If a young man wants to be a homœopathic physician he should go to a homœopathic college.

DR. WOODS HUTCHINSON ON DRUGS.—The eminent Dr. Woods Hutchinson has been enlightening the public on "The Passing of Pills and Powders" in the November issue of *Hampton's*. It is interesting not from any light it sheds on the question, but as showing the state of the allopathic mind towards the art of healing. In brief, with the exception of "quinine and mercury," all drugs are "hoary old humbugs." Take one drug, as a specimen of the style of this paper, *Argentum nit.* To show the foolish uselessness of this drug he quotes Dr. Oliver Wendell Holmes, who says he has seen it deposited under the skin of unfortunate epileptics who were so saturated with it that the sunlight caused their skin to change color to a slaty gray. This is given to the public as a proof of the uselessness of the drug. The idea that it proves only the ignorance of the doctors who prescribed the drug in such doses does not seem to enter Dr. Hutchinson's mind.

Turning from the "hoary old humbugs" of the pharmacopœia, Dr. Hutchinson introduces to the public the things that are to take their place which are "germ-killers," "antitoxin," "serums," "vaccines" and "animal extracts" which will do wonderful things—in the future mostly. There is not a statement made by Dr. Hutchinson as to what these new agents will do or chiefly promise to do that is not contradicted by equally eminent but more practical men of his own school. For instance, how many men will subscribe to the statement that by means of "the extract of thyroid gland of sheep we can turn a semi-idiotic dwarf of thirty years into a fairly intelligent," self-supporting human being?

The old drugs were given mostly in the stomach where the power above ignorance could throw them off in a measure, unless crowded in too much; but the new things chiefly from the diseased human or animal body are injected directly into the blood, the life, when the wiser power sometimes called "nature" is almost helpless to help the patient against the errors made by those who do the injecting.

ARGUMENTS ON THE OWEN'S BILL.—In looking over the various arguments on the Owen's Bill made at the A. I. H. meeting in California recently, published in the November *Journal*, it seemed to us that Dr. Carmichael gave the truest conception of the practical working of the bill if passed. He said that not long ago he was treating a case of diphtheria. A representative of the health board came to the house and demanded to know whether he was giving antitoxin, and also how many units had been given. "Are you going to extend this principle?" the doctor asked. The first medical laws were passed in Babylon, so it is said. If you obeyed the law you could have all your patients die and there was no penalty, but if you treated anyone with means not prescribed by the law and that patient died, no matter how many you may have cured, you were liable to the death penalty yourself. The law—Oh, of course!—was passed to protect the public from irresponsible quacks. Nothing was permitted save what was sanctioned by the officials whose duty it was to enforce the law; if they were wise and righteous all would be well, but if they happened to be puffed up with conceit or had a palm that itched (the Babylonian palm, of course), the law gave them great oppor-



tunities. The ordinary Babylonian practitioner must of necessity have been a very subservient creature.

“CURE” OR—WHAT?—At a meeting of the Pharmaceutical Association at Washington, November 11, Dr. H. W. Wiley, among many other things said: “There is a growing disposition, and I may say perhaps happily so, to discredit the therapeutic value of drugs. Advancing knowledge has convinced thinking people that drugs, as a rule, do not cure; in fact, under the Food and Drugs Act prosecutions have been instituted for false claims respecting the virtues of drugs because they are held up as a cure for certain diseases.”

It looks very much as if the men in official charge of things medical have been compelled to admit their inability to cure disease. And they seem to make their mental limitations the boundaries of curative knowledge. This procedure confines therapeutics to very narrow limits indeed. It is also foolish to one who looks at “regular” knowledge historically, the cocksureness of one generation being matter of amused wonder for those following. No one defends the patent medicines Dr. Wiley has crushed under his official heel, but when the philosopher looks over the advertising pages of the official journal he wonders why Dr. Wiley and “the Council” crushed one set of these remedies and spared others with about the same claims, advertised in about the same manner, and quite as secret?

MALARIA.—The following is taken from a paper read at the last annual meeting of the A. M. A., and published in their official journal, November 16th, the writer being Dr. Searle Harris, of the University of Alabama:

“The unnecessary burden of malaria can be relieved simply by radically curing those suffering from the disease, but, strange to relate, this most important point has been most neglected. Malaria can be entirely eradicated, in one year, in any community, without regard to the number of anophelines present, if every person having the disease will take quinine long enough to be completely cured. It is man, and not the mosquito, that carries malaria through the winter, thus perpetuating the disease.”

This is up-to-date, modern medicine. How simple are the



grand discoveries! Man, not swamp, is the cause of malaria. Fill man with quinine and the pestilent swamp will become a negligible quantity. Truly, these wonders exceed those of the Arabian Nights, they are believed by the mighty men of medicine, and they are the basis of the claims for unlimited power over the health of the nation.

It is but fair to state that Dr. Harris' paper was not allowed to pass without criticism, but he based himself on the premises of official medicine, and his argument from those premises is impregnable; whether the premises are of a like character the reader can decide according to his light.

A CURED CASE OF MALARIA.—Apropos of the foregoing one member who had been an army doctor in the Philippines, told of a case of malaria he treated in which the dose of quinine was run up to 70 grains daily. Finally, 150 grains of sulphate of quinine was given in a weak solution of hydrochloric acid. That cured the case, but the man became "very deaf." His future state can be imagined by any experienced homœopathic physician.

"THE TREATMENT OF WOUNDS."—This is the title of the first of a series of papers by Alexis Carrell, M. D., of the Rockefeller Institute, begun in the *J. A. M. A.* December 17th, the object of which is to inquire whether it is not possible to advance beyond the asepsis of Lister; in other words, to promote the healing process, or, again, in Dr. Carrell's words, "to find what stimuli start the complex mechanism of the regeneration of the tissue." For the benefit of those interested in the subject we quote the following from Hoyne's *Clinical Therapeutics*:

"It is well to have a precise understanding of the therapeutic uses of *Calendula*, *Arnica*, *Rhus*, *Conium*, *Symphytum*, *Ledum*, *Ruta*, *Ferrum muriaticum* and *Hamamelis*, all of which are used indiscriminately for injuries of all sorts. In brief, then, *Arnica* is the remedy for the effects of blows and contusions; *Rhus*, especially for injuries of the joints and ligaments; *Conium*, for injuries of glandular structures, followed by induration and a sensation of numbness; *Symphytum*, for pressure and contusion of bones; *Ledum*, for mechanical injuries of the hip, and for rheumatic paralysis of this joint; *Ruta*, ditto, for the tarsal and

carpal joints; *Ferrum muriaticum*, ditto, for the shoulder joint; *Hamamelis*, for injuries with passive hæmorrhage, and *Calendula*, for sugillations, bloody and serous infiltration of the cellular tissue in open wounds and ulcers."

This occurs in the chapter under *Calendula*, the principal external remedy for bleeding wounds, cuts, etc., also for all suppurations. The old homœopathic surgeon made great use of these agents with wonderful results. Amazing healing results follow the application of *Calendula* to bleeding surfaces, especially the *Succus*.

NICCOLUM SULPHURICUM.—In the proving of this conducted by Dr. J. C. Fahnestock, of Piqua, O., one of the noteworthy symptoms was "The spine became sore the entire length." Also:

"Another strange feature of the proving was a breaking out of sweat when one part of the body came in contact with another part, *i. e.*, one limb crossing another and the parts in contact would be wet with sweat instantly, all the rest of the body remaining dry. If clasping hands the palms would be wet with perspiration. Removing hand, the parts would dry immediately. If the hand were placed on any part of the body, the same thing would occur."

MERCURY AND POLIOMYELITIS.—The always interesting "correspondence" department of *The Medical World* contains a letter, in the December issue, from a doctor in Middlebury, Conn., Dr. G. B. Bristol, in which it is stated as the belief of the writer that mercury in some form is largely responsible for the paralysis. To this the editor replies: "Some of the largest doses we have ever known were prescribed by homœopathic practitioners," *i. e.*, doses of calomel. Also, "Your strictures came with poorer grace since all reports are now tending to show that the above is an infectious disease." As a matter of fact, no one knows the origin of this disease, and for that matter of very few others, so one man's theory is about as good as another; Dr. Bristol's or Dr. Flexner's. The real question of interest in case of an infection is to learn how and why the first one becomes infected, something that has never been done.

A NEAT BIT OF LOGIC.—No matter how you incline on the subject you must admit that the following was a neat bit of logic. It was told to us. Not long ago Porter Cope was engaged in talking antivaccination (as usual) at a public meeting. A young man, fresh from Johns Hopkins, interrupted him with questions and comments, until he finally said, apropos of the exceedingly mild nature of the disease in the United States to-day, that the lecturer at least must admit that vaccination had marvelously modified the mortality of the disease, which was only .02 per cent. My friend, replied Mr. Cope, in effect, you are now confronted by a dilemma. What's that, asked the man from Hopkins. It is a thing of logic with two horns, was the reply, one of which must gore you, for if the 80,000 cases in the United States were unvaccinated it shows that vaccination had nothing to do with modifying the disease, while if they were vaccinated you see and feel the other horn.

Now be it understood that Mr. Cope did not use the words we have given above, as only the point is given here, as it was told at lunch.

PERNICIOUS VOMITING.—An exceedingly interesting pamphlet, "Pernicious Vomiting," by Dr. S. H. Blodgett, urinary specialist of the Massachusetts Homœopathic Hospital, has been received. It is, indeed, a confirmation of what Dr. Blodgett wrote some years ago, namely, that five grains of the bicarbonate of soda dissolved in water, three times a day, will relieve those terrible cases of pernicious vomiting sometimes met. The indication is acetone and diacetic acid in the urine without sugar. In a record of 250 cases there were but two failures of the treatment; of these 90 per cent. were in pregnant women, about 3 per cent. were post-operative cases, and the remainder are unclassified. Dr. Blodgett examined about 4,000 specimens of urine for acetone and diacetic acid, and was unable to find them present in any appreciable amount unless connected with nausea, vomiting or convulsions. In some cases these agents show in the blood before they appear in the urine. The author also states that he wishes it understood that he does not claim that acetone and diacetic acid are the cause of vomiting, but when these are present in cases of pernicious and persistent vomiting the treatment named will give relief.

Some readers may think that the indicated homœopathic remedy should cure these cases, but while such a remedy if found might prevent the development of the condition, still when it is developed what is needed is not the *Similia* but an actual neutralizing agent, as Dr. Blodgett has very plainly demonstrated.

HEREDITY.—Not so many years ago the man who dared to believe in heredity of disease was classed among the dodos, for was not the origin of disease microbic, and how then could it be hereditary? This belief was regarded as an advance. Now it seems that there is a tendency to make another advance, *i. e.*, back to the old belief. This is shown in the paper by Dr. E. E. Tyzzer, of Boston, on "The Relation of Heredity of Cancer," read at the A. M. A. meeting at St. Louis and published in the official organ October 29. It is not necessary to go into the detail of the paper suffice it to say that Dr. Tyzzer gently suggests that heredity may play a considerable part in cancer. And if in that disease, of course in others.

EVER AND EVER LARGER TO THE END.—The poor old "regular" brother's therapy is a weary repetition. Some one announces that something, generally a manufactured article, is good for a certain disease. If "some one" is an authority all use the "something" and, not getting results, increase the dose and keep on increasing the dose until there is a quiet catastrophe and then silence, and an increase of the therapeutic scrap heap. Injections of the "dead bugs" of clap is quite recent beginning in a comparatively small way. Here is a clipping from a paper read at the last meeting of the Am. Therap. Soc., as published in *Monthly Cyclopædia*, Oct.:

"The patient was under observation from February 9th to April 25th. He was given in all 33 injections, increasing from 50,000,000 to 3,000,000,000 at a single dose, no reactions being observed in the larger doses. In the opinion of this observer the initial doses of Neisser bacteria should be larger than usually employed and large doses should be used to keep up the effect, and that in this manner the time consumed in the treatment of the patient would be shortened."

These are truly "giant strides" in dosage. A hundred years ago the medical forebears of these gentlemen were giving their patients doses of dead mummies.

OPPOSITES.—The following quotation, *italics* included, is from a paper by Louis Hart Marks, of Frankford, A. M., Germany, on Ehrlich's remedy "606." It is published in *Journal A. M. A.*, December 3d. Here is the quotation that should be carefully read:

"It must also be impressed on every one that Ehrlich has never claimed that this drug is harmless. On the contrary, he has on every occasion stated that in his opinion *a drug will never be found which will completely destroy all the parasites in the body with one or two injections that will be without its dangers.* He has also frequently stated that the therapist can only do with his chemical knife what the surgeon does with his steel scalpel."

There are two very noteworthy points in this. The first is plain to all, namely, the new drug is admittedly dangerous, it must be used with care. The second is not so obvious, but is still more noteworthy, namely, that the drugs of what is termed "scientific medicine" are used on the same principle as is the surgeon's knife—to kill that which in the nature of the case cannot be killed by cutting out, and, therefore, it follows that these agents, like the knife, are, from their nature, always more or less dangerous.

Fundamentally, there are to-day but two great principles in medicine, *i. e.*, scientific medicine and Homœopathy. These are opposites. Scientific medicine (which is misnamed because it *knows* only up to a very limited point and then goes off into chimeras) sees in disease an alien living substance which it seeks to kill, and, therefore, its weapons are of necessity dangerous to the patient. Homœopathy, its antithesis, sees in disease a departure from the normal of the vital functions, evidenced in some cases, by changed tissue (microbes) which the men on the opposite side term the cause of the disease, and Homœopathy seeks to correct the wrong in the vital part which done the evidences of the disease disappear with the disease. The homœopathic remedy, therefore, can never be physically dangerous, yet its mighty power for cure is evident to all who have eyes to see.

TREATMENT OF DIPHTHERIA.—That our present method of treating diphtheria by antitoxic serum is defective is the contention of Sir Almroth E. Wright (*Proc. Roy. Soc. Med.*, October,



1910). Instead of adapting itself to the requirements of each individual case, it takes into consideration only the diphtheria bacillus and aims only at securing a high average of success. The method ignores the associated pathogenic organisms, such as the streptococcus, whose presence may involve almost as much danger to life as the diphtheria bacillus itself. The laboratory bacteriologist aims to produce a serum that will conform to accepted laboratory tests and achieve the highest possible antitoxic potency, leaving out of sight the fact that a diphtheritic infection is something more than an intoxication by diphtheric poison."—*Journal of the American Medical Association*, Dec. 3.

JAPANESE METHOD OF RESTORING LIFE.—A. Abrams states that kautsu, an integral part of jiu-jitsu, is the method resorted to by the Japanese for the restoration of those who have been "knocked out." It was also found to be effective in instances of sunstroke, drowning and injuries from other causes. The method is performed as follows: The subject is placed in the prone posture with arms extended sideways, and the operator with his wrist lands severely upon the seventh cervical vertebra with the regularity of a carpenter striking with a hammer. As soon as the patient recovers consciousness, he is placed in a sitting posture, his arms are rotated, and he is aided in walking. The latter injunction is regarded as mandatory in the application of kautsu, the object being to completely restore the functions of the circulation and respiration, otherwise, it is said, the patient relapses into unconsciousness. According to the author, the essential feature of this method is concussion of the seventh cervical spine. This is one of the means by which the heart reflex may be elicited. The most effective instrument for this purpose is a pneumatic hammer. The author states that he has had an opportunity of gauging the efficacy of vertebral concussion in many acute infectious diseases implicating the heart, and he has noted the almost miraculous action of the method in question.—*Jour. Osteopathy*.

GONORRHOEA CLINGS. The following is lifted entire from the December number of the *American Journal of Dermatology*:.

"Don't promise to cure a gonorrhoea, for you can't do it. It is

possible to stop the flow of pus, and it also happens that the disease does not recur. But, that it is cured, is not a necessary corollary. In fact, there is a dictum that a gonorrhœa is never cured. The injections of anti-gonococcal serum have miserably failed, on a number of occasions, and in many cases. Gonorrhœa still retains its ascendancy for frequency and intractable nature. Those who pretend to cure it, merely pretend, but neither prove nor demonstrate the truth of such a rash assertion. We have improved methods of treatment; but, have not yet furnished a cure, for this much disseminated disease."

Many cases are on record where a fairly high potency of some homœopathic remedy has re-established the flow after it had been suppressed by injections, with great benefit to the patient, who was ill from the suppression; and in such cases the flow has again ceased under the homœopathic remedy, but whether even then it was a cure is uncertain. The general health, however, was always improved by such treatment. The potentized remedy, homœopathically administered, is about all there is in drugs for cure.

606 IN THE U. S.—In a long paper Dr. H. L. Elsner, of Syracuse, N. Y., University, gives what may be regarded as semi-official declaration concerning Ehrlich's remedy for syphilis "606"—official because published in *The Journal of the A. M. A.* (December 10). The gist of the paper may be given as follows:

The remedy "positively" destroys the *spirocheta*; it "favorably affects" all syphilitic lesions; it stays the ulcerations; it acts rapidly; in threatening deposits it may prove life-saving. *But* it should not be given to ambulatory patients; it is not safe in the hands of the inexperienced; patients must be kept quiet in bed for seven days or longer after injections; eight weeks should elapse before a second injection; those with any other infection, however mild, must not be given the remedy. *Also*, as the remedy destroys the "living contagion," it should receive the "immediate attention of sanitarians and those directly interested in the public health."

The last clause looks like a squint at compulsory laws in the matter. In the same issue of *The Journal* are several abstracts from German medical journals which unite in the belief that

"606" should only be resorted to in cases where mercury has failed, but even in these cases, one of them adds, "it is liable to fail also." Homœopathic *Arsenicum* will probably do all "606" will do, with none of the dangers attending the use of the more spectacular drug. In short, and judging exclusively from allopathic journals, it looks as if the remedy were another beautiful sky-rocket, whose stars are already turning to sparks, and whose stick is falling back to earth.

CONCEITED MOLES.—"Thought is declared a product of matter, and human thought, in particular, is attributed to molecular changes in the grey matter which lines the convolutions of the cerebrum. Matter, matter everywhere, but nowhere the ghost of a definition of what matter really is. In the face of our vast educational resources, the prevalent paucity of ideas is truly astounding, and it would seem as if our over-great reliance on experimental research were largely responsible for this. The ancients experimented less, but they certainly thought more, and to them we are entirely indebted for our sublimest conceptions. With all the facilities at our command, and the experience of three hundred years of laboratory work behind us, we have not, philosophically, advanced an inch beyond the times of Rameses II, nay, in more than one respect our knowledge is of a decidedly inferior type."—*Dr. E. P. Bailey, Long Branch, N. J., in Cal. Ec. Med. Jour., Nov.*

CANCER INCREASING.—From Bulletin 108 of the Bureau of the Census *Mortality Statistics, 1909*, it is learned that "Cancer showed a much greater proportional increase in the number of deaths than tuberculosis, rising from 33,465 for 1908, to 37,562 for 1909. The death rate increased from 74.3 to 77, the latter being the highest crude death rate thus far recorded for the registration area of the United States." The *Bulletin* suggests that "the saving of lives from tuberculosis and other preventable diseases" of early or middle life would "leave more persons subject to cancer at the cancer ages." Here, "as through a glass darkly," one can see the admission that if tuberculosis is staved off in one period it is only to have it show forth later as cancer, and this practically admits that the disease does not come

from without in the form of the *coma bacillus*, but is innate in the afflicted one—hereditary.

THE NAME AND THE THING.—“Certain popular but erroneous notions concerning angina pectoris” is the title of a paper (*Jour. A. M. A.*, Oct. 22) by Dr. James B. Herrick, of Chicago. The “popular” here applies to the medical profession. Among the erroneous notions is the one that the attacks are few and brief; that the duration of life afterwards is limited; that women are free from it; that the pain is always severe—there may be none; that the patient is always conscious and immobile—he is “usually” so; that eructations and vomiting do not agree conclusively against cardio-vascular origin, and that *Digitalis* is not contra-indicated always. Has it ever dawned on man that a disease that can be so painful in one case and exhibit no pain in another case, to say nothing of the other differences, is not in each case one and the same thing? That Hahnemann was right when he advised against paying so much attention to the name of the disease and to concentrate it on the patient, seems to be demonstrated by this paper, for surely the treatment of a painless case would not be the same as one exhibiting excruciating agony? The law as we know requires that a name be tacked onto each case, but then all know what Dogberry said of the law. From all this looms up the beauty of having generous names like “heart failure” retained.

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#### NEWS ITEMS.

Drs. Attilio Mattoli and Dandola Mattoli, of Florence, Italy, have started a new journal, *Le Critica*. Needless to add it is straight Homœopathy. No other kind can live very long, for the allopath can expound his own better than the Homœopath can for him.

Dr. E. Mather announces that he is again located at 168 W. High St., Detroit, Mich. Practice limited to chronic and cancerous diseases. The doctor spent two years in England making a study of cancer in the hospitals there,

Dr. Nilo Cairo, editor of the *Revista Homœopathica Brasileira*, has changed his address in Rio de Janeiro, Brazil, to Rua da Assembleia, 43.

## PERSONAL.

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It is human nature that every man believes he is in the right, though, in fact, he generally isn't.

What, exactly, is Scientific Medicine? So many radical disagreements prompts the query.

"Not one driver in a hundred knows more than the horse," say Dale, of Detroit teamsters, anent their handling of horses. So elsewhere.

"The scientific investigation of the therapeutic effects of prayer" is akin to a chemical analysis of a man's love for a woman.

A man may be filled with knowledge and not possess any truth.

The wise homœopath will take a look as well as the symptoms if he follows the *Organon*.

"The great bulk of doctors believe in vaccination, as they believe in quinine and mercury—implicitly \* \* \* others are natural born dissenters."—*Medical Era*.

How long will it be before Ehrlich's "606" joins Koch's "Lymph?" Older readers recall the "Lymph" furor.

Dean Swift said lying is universal, but "all are bunglers at it."

It looks as though the Health Board, with its uncontrolled power, will be the ideal political machine of the near future.

"Sleep is a mere chemical process," says Metchnikoff. We'll back Sancho Panza against Met. for wisdom every time."

"Knowledge destroys fear."—*Epictetus*. Fiddlesticks! How about facing your wife at certain times?

Man, like the days, is shortest just after Christmas.

Did you ever try to sift out just what you do believe?

"Sandflies transmit pellagra." Big bugs carry the little bugs. Do the little bugs also carry others and so on?

Never run away from an earthquake.

All justice is equity, but not all law or court decisions.

Whether the old prescription, or the new time combination tablet, is better, is the question. Perhaps they are both worse.

All men agree in the "uplift of humanity," but fight over the lever to be used.

It is an old chestnut, but not a wormy one, that happiness is not merchandise.

A judicious use of chloroform with Reform would be welcomed by the world.

"Half the lies told on the Irish are not true," remarked a sage son of the Emerald Isle.

"I got my dollar's worth," writes a subscriber to the RECORDER, in renewal letter.



# THE HOMŒOPATHIC RECORDER

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## BECHAMP VS. PASTEUR.

Since the announcement was made in the pages of the HOMŒOPATHIC RECORDER that the publication of a translation of Béchamp's last, and, as it were, summing up work, *Le Sang* (The Blood), has been undertaken, we have received a number of letters from physicians in France, England and the United States expressing their approval of the work. The further one looks into the case of Béchamp the more curious it becomes; also one runs up against a peculiar condition of things, unknown in the United States (so far, at least), that was exemplified in the celebrated Dreyfus case, which few in this country understand, as all the average American knows of it is that a French officer was first condemned to what was worse than death, and afterwards exonerated, and that the case shook the French nation almost to the danger point. From this the outsider can reasonably conclude that there are powers prevailing in the affairs of France unknown (so far) in this country.

In the matter of Béchamp vs. Pasteur the former's friends say that he was one of the profoundest scientists of modern France. Pasteur, according to the same men, was first of all a courtier, or, what we would call in this country, a successful "promotor," with but a veneer of science. This is totally different from the general conception of his character in the world outside of France. It may be a wrong judgment, but it is what Béchamp's followers assert, and as such we give it.

Pasteur gained a foothold in the Court of Napoleon III., and power enough to form a "conspiracy of silence" against the real scientist, Béchamp, and he was treated in the smaller world of science something like Dreyfus was in the world of politics. So his friends regard the publication of this book somewhat in the

light of an appeal to the world for justice. As to the merits of the case it is hard to form an opinion, but one who has looked over the manuscript of the translation can readily see that while Béchamp's discoveries will have many followers among the English speaking race, they will also be met with either another "conspiracy of silence" or with angry defiance.

Briefly, and perhaps imperfectly put, the difference between the science of these two men consists in this: Pasteur, broadly speaking, teaches that disease originates in "microbes," or the various "germs" entering the body from without. Béchamp, on the contrary, contends, and claims to prove to any unbiased scientist, that the "microbe" or "germ" is not the primary cause of the disease, neither does it enter the body from without, but is the secondary manifestation or form of the primary cause which is latent in the body.

That is the radical point of difference, as we understand it, between the two men. It will be seen from it that the book is revolutionary in its character, and will certainly meet with fierce resistance or—silence. But one thing is inevitable, namely, that if the truth is with Béchamp, slowly, perhaps, but as inevitably as Fate, it will grind the opposition to dust. Béchamp will be heard, and the mighty jury of time will render the verdict, for or against him.

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## POTENCY.

G. E. Dienst, M. D., Aurora, Ill.

### Definition.

Potency is power. Potency is liberated force. Potency is the result of an unfolding, the developing and setting at liberty of an innate, inherent dynamis. Potency may be partial or complete, relative or absolute. It may be high, medium or low.

### Potentization.

In mechanics and various sciences potency, or power, high or low tension, is obtained, most frequently, by heat and friction. A pint of water may seem inert, but when its atoms are greatly multiplied by heat it becomes a tremendous force. A dynamo, not in action, is but a mass of cold metal, but when in action it is a

mighty triune force, producing motion, light and heat. In the case of a trolley car the wire and trolley may be cold and apparently inert, but by their contact which is but the fraction of an inch, a power is liberated that will not only move a car containing 150 passengers, but with the same potency heat and light that car.

In medicine, potency is the unfolding, the undeveloping, the setting at liberty of the inherent or imprisoned therapeutic power of a remedy by succussion or trituration. It is not a mixing of a remedy or drug with some unmedicinal substance. This (mixing) is unscientific. It is physically impossible to *mix* a small amount of medicinal substance with a mass of unmedicinal substance so that every atom of the whole may contain a molecule or dynamis of the medicinal substance. It is scientific, however, and physically possible, to triturate a small amount of medicinal substance with a small amount of unmedicinal substance so that every particle of the whole may contain an equal portion of the medicinal part.

The high tension or low tension, the high potency or the low potency is but an expression of the degrees of power, force or potency liberated. A pint of water poured on a turbine wheel would moisten, but not move it. The power liberated by the contact of a trolley wheel with a charged wire would keep a car in motion indefinitely without a perceptible diminution in the atoms of the wire except that produced by friction.

Psychologically, the more the finite becomes attenuated with the infinite, the greater the power of the finite. Knowledge, which is said to be power, is but an attenuation of the atomic nerve cells.

The latent power of the soil when attenuated or wakened into activity by heat, light and moisture may produce tons of vegetation to the acre, and yet the atomic weight of the soil is not perceptibly lessened by this great production of vegetation.

### The Theory of Disease.

A true conception of potency and its application can be better understood by obtaining a true conception of disease and its products. If we take the view that all forms of disease consist in visible morbid products, that all result from violent or ma-

terial causes, and necessarily ultimate in visible products or pathological changes, we naturally look to the grosser methods of microbic destruction by enucleation, revulsion or manipulation as the only rational means of removing the disease, and that which disease produces. Indeed, *this* is the popular, and, by the world at large, called *the only scientific conception of disease and its cure*. One scarcely dares to intimate that so gross a falsehood has even a shadow of a question as to its merits.

If we accept as true that cancer is a local disease, and caused, primarily, by a local proliferation of cellular tissue, and can not be correctly diagnosed until a slide has been made and the microscope brought into evidence, we naturally conclude that the power that has given rise to this morbid proliferation of cells must be local, subject to severe limitations, and that the only power in this world that will remove this cancer is the power or potency of the scalpel.

If we accept as true, that tuberculosis is a local disease, affecting the respiratory, osseous or arthritic systems only, and that no accurate diagnosis can be made until the presence of the bacillus has been found, we naturally conclude that, if pulmonary, a change of environment, the introduction of sterile air into the lungs and a wholesome diet is the only scientific method of cure. If osseous or arthritic, surgical procedure is the rational method, and the offending parts are promptly removed. Popular medicine says *this is scientific*. This is the **ONLY** thing to do. Tent colonies, sanitariums and other structures are erected all over this fair land of ours, and infected people are urged to patronize these places at great financial sacrifices with the assurance that **THIS** is the best the profession can offer. Is it? This gross or materialistic view has gained so strong a hold among the nations that the deeper, more subtle causes of these malignancies are quite forgotten. There is no mention of the invisible, the deeper powers that give rise to such visible and often fatal results. Eyes have been and still are blinded by microbic and pathological bubbles; and the blinder the eye the louder the voice and the more facile the pen in flaunting pseudo-doctrines to a world long since in deepest darkness. The languor, emaciation and febrile producing potency, long before bacilli are in evidence, is not considered of any value whatever.

Back and beneath all visible evidences of disease, back of and prior to all pathological changes produced by disease, there is a power at work, invisible, insidious, to many physicians incomprehensible, vitiating the vital forces, causing certain and well defined discomforts to soul and body, long before visible products appear. Science has too often mistaken effects for causes, and has gloried in the delusion that the forceful change of one effect into another effect, or the wholesale removal of effects, is the only rational method of removing causes.

In thinking, therefore, of disease and its morbid expression, its mute or audible signs, thought must be given to the minute, insidious and invisible power that can so change a healthy organism as to make it really and truly sick. To remove, temporarily, the products of this disease producing power is not so great a task as one might imagine, but to get behind products, to get behind the visible expression of aches and pains, illusions and delusions, and remove the power or potency that gives rise to these morbidities, requires more than a sedative or an eliminant and a deeper knowledge of disease producing potency than is found in the ordinary text-book, university lecture, class-room or clinic.

In disease, therefore, we are not dealing with tangible pathological conditions only; we are dealing with a subtle force, almost infinite in power and variety, that must be met with equal force and variety of remedies before we can justly claim the name and honor of physicians and aspire to the rational and scientific cure of disease. A wrong premise will always bring a wrong conclusion. A wrong or faulty conception of disease and its power always leads to faulty methods of cure. Ignorance of civil or criminal law does not excuse the violator of the law. Ignorance of the potency that gives rise to disease and faulty treatment of the same does not excuse the physician nor make him a valuable asset in any community.

The revelation of this power, which, for the want of a better name, we call a miasm, to the mind of mortal man, has led to a further revelation of that immutable law in medicine known as the law of similars. The development and proving of the law of similars has led to the development and proving of the law of potency and its use. Since the power that vitiates, distorts and destroys the vital forces, and through this vitiation produces



symptoms and pathology, is invisible, and to a certain degree incomprehensible, so the power that is brought into action against this disease producing power must be of similar nature and substance but more forcible in its action. If it is dissimilar, no matter what its power may be, the results are revulsive and injurious. If similar and more powerful the results will be a sure, safe, steady and speedy restoration to health, and the elimination of the products of the disease producing power.

### Material vs. Dynamic.

To control this disease producing power, men have resorted to various medicaments with the fond hope of destroying an unseen monster. Drugs have been, and still are, employed in the crudest possible manner to cure this monster of disease. When the drug produced death it was abolished or given in smaller quantities, when it changed the form of disease by revulsion, men said it was the nature of the disease to take such summersaults and become incurable; when the patient recovered in spite of the treatment, men attributed the recovery to the power of the drug or drugs given. Color, taste and odor of the remedy played an important role in the administration of medicine and still does. The greatest philosopher of the past century, the greatest scientist of the past or any other century taught that the therapeutic power of a drug lay not in its color, taste or odor, but in an innate, inherent dynamia, that, to be effective and not destructive, must be liberated by trituration or succussion. This was done, with the result that men saw the most marvelous achievement in the cure of disease and its causes the world has ever known. The intelligent world of to-day is, figuratively, gazing in inexpressible wonder at the power of a liberated drug in the cure of disease. The great discoverer of this law of potentization, Samuel Hahnemann, has done more for the relief of human ills than all the laboratories of the world combined. He taught that the curative power of *Nux vomica* did not consist in its size, taste, color or habitat, but in the innate, latent power which, when liberated by potentization, produced on the healthy the peculiar, particular and strong symptoms not found, in like manner, in any other plant, and cured the same in the sick.

This is equally true of gold and all other substances. It is not,

medically speaking, the color, weight or malleability of gold that makes it such a powerful agent in the physical and mental life of man. It is not the color, weight, malleability or intrinsic commercial value of gold that makes man "look on the dark side of things," causes him to "weep, pray, think he is not fit for this world, longs for death, inclination to suicide, or makes him desperate and want to jump from a height to end his mortal existence." It is not that which makes him hopeless, melancholy, unhappy, weary of life and desire death. It is not that alone that will make him over-sensitive to all pain, "his teeth feel too long, his heart as if turning around, as if a bladder were hanging in left chest, as if his knees were firmly bandaged," and other similar sensations and conditions. Back and beneath the color, weight, malleability and commercial value of gold there is a dynamic power that turns the very soul and body of man from a suicidal maniac to a sober and thoughtful citizen.

This is true, to a certain extent, of every remedy in the *materia medica*. The weight, color or taste is but the material, not the curative, dynamic power. Even if taken in a crude form, in small or large doses, what curative effects are obtained by the remedy are due to the liberation of a dynamic force somewhere in the digestive tract.

### The Combining and Alternating of Powers.

One of the most keenly marked evidences of a wrong conception of disease and its remedial cure is the combining or alternating of remedies. This process of combining or alternating crude remedies may seem rational to an untutored or thoughtless mind, but the combining or alternating of dynamic substances is inexplicable, even in the 1x or 3x. *Disease operates in units when not complicated by bungling.* Only one disease, *per se*, can inhabit the human body in an active form at one and the same time. This disease may express itself in multiform signs and products, but back of the signs and products there is a single unit at work. This unit may be of high or low, dynamization, and to cure it it must be met by a single unit of high or low dynamization perfectly similar in nature and operation, but more forcible in action. It must be met by a power, whether this power can be demonstrated by mathematical rules or not, and not by a mass of matter in combination or alternation.

As soon as the power of platinum or silver is combined or alternated with the power of gold in a strictly gold patient, discord and confusion arise and the patient is zig-zagged along at a "poor dying rate" or made incurable.

The commingling of powers, the mixing or alternating of powers, where there is neither chemical nor therapeutic affinity, is one of the lowest, crudest and most unscientific procedures known. It is impossible in the natural sciences.

This commingling, mixing or alternating of medicinal forces so shocks the vital economy that myriads of human beings are annually made incurable or sent to untimely graves. On the contrary, a well directed, similar, single dynamic power has turned disorder into order, disease into health, pathology into wholesome physiology, preserved life and defeated death.

Take the very common combination tablet of *Bry.*, *Caust.* and *Phos.* prepared by one or two so-called homœopathic pharmacies and sold by them as a remedy or combination of remedies for coughs and bronchitis. These remedies have no especial chemical nor therapeutic affinity, so how can they be curative when combined? Does the one retard or accelerate the dynamic power of the other? The coughs of *Bry.*, curative by the dynamic power of that remedy, are not the coughs, by any means, of *Caust.* or *Phos.* And suppose it is a *Bry.* cough, will the dynamic power of *Caust.* and *Phos.* combined accelerate the curative power of *Bry.* when neither has an affinity for that cough? What can be more unscientific, debasing and destructive than such apparent medical art, when it is nothing but the procedure of grossest ignorance. If the dynamic power of one remedy is similar to the dynamic power of the disease operating in a human body, why imperil the human body by subjecting the curative powers of a remedy to limitations or destroying it by the addition of a dissimilar power and call it scientific? We hide our faces in shame at such inexplicable procedure.

And since this power or potency can be obtained by trituration and succussion only, and is infinitely more efficacious when liberated than when imprisoned in its material shell, is it not infinitely more scientific, more rational, more easily demonstrated in its freedom than otherwise? Who in this wide world of ours can demonstrate, satisfactorily, the value, if any, of that favorite anti-

constipation pill composed of *Ipecac*, *Nux vom.*, *Stillingia*, *Aloes* and *Podophyllum*? And yet when each remedy is taken singly in potency a very satisfactory reason can be given for its administration, when it is indicated, and a very satisfactory reason for refusal when it is not indicated.

You cannot liberate the dynamic power of a combination of remedies. Even if such were possible, man could not possibly define nor demonstrate this power. You cannot combine medicinal powers or potencies and use them intelligently. You can, however, change the power or potency of any remedy to correspond with the power or potency of any diseased condition whether acute or chronic, and when any one remedy, in any potency, ceases to act without curing the patient you can follow the one power with another power similar to the conditions and symptoms remaining when the first has ceased its action.

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### CANCER AND PREGNANCY.

Editor of the HOMŒOPATHIC RECORDER :

I will report to you two cases of cancer with the object of contradicting the assertions of some that pregnancy increases its dangers.

Mrs. C. T., of Gainesville, Texas, æt. 27, married seven years, had suffered during this time with a cancer in lower left breast, the present size  $3 \times 1\frac{1}{2}$  inches. Several treatments were used, change to other climates and institutes; the ulcerated surface enlarged steadily and discharged profusely. She had given birth to two children during that time; could not nurse them on account of the serious state of her breasts. She appeared very cachectic. I began with *Calc. ostr.* 30, after six weeks gave *Hepar sulph.* 6, then *Arsenicum alb.* 12, and on the fourth month *Sepia* 6. She reported herself enceinte. During this state she received *Natrum mur.* 30, then *China* 3x for malarial conditions, then *Ignatia* 6x for piles and fissures of rectum, followed by *Collinsonia* 3x. The week before confinement *Cauloph.* 3x, and after confinement *Arnica* 3x. She had given birth to a remarkably healthy boy of 10 pounds, and nursed him on both breasts. She then received *Kali mur.* 6, *Arsen.* 12, *Sil.* 30. In fifth month reported herself and child well.

Mrs. E. N., æt. 24, of the same place, married four years, came

with a carcinoma the size of a silver dollar in upper right breast; very painful lately. Three former physicians had advised immediate removal. She did not consent. I began with *Natr. sul.* 6, then *Arsen.* 12. Third month *Carbo animalis.* After the fourth month she became enceinte. During that time she received *Sepia* 6, *Calc. phos.* 6, *Ferrum* 6. Before confinement *Cauloph.* 3x, after confinement *Arnica* 3x. Gave birth to a healthy girl, free from all unpleasantness. Then the right breast enlarged enormously and was very painful; had contents drawn; let her nurse on left. She received *Bry.* 3x, and after that *Hepar sulph.* 6, then *Arsen.* 12, then *Conium* 6, then *Sil.* 30. In fifth month reported herself and child well.

Several other patients with this affliction improved so remarkably in general health during this disease that I must credit the treatment with a great portion of the cure.

Have treated now over eighty patients with cancer with only two deaths in forty years, and these came to me when no hope could be entertained. In my experience of all the chimeras employed for cancer the X-ray is the most absurd!

I adhere strictly to the homœopathic law and medicines; do not give above the 30th any more for years. The nosodes I use intercurrently when needed. I apply the axe to the roots not to the leaves. No coffee, whiskey, tobacco, spices, no internal nor external medical agents are allowed. Christian science I allow against the germs.

DR. J. H. PETERMAN.

725 3d Ave., N. E., Ardmore, Okla.

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## DIPHTHERIA.

Editor of the HOMŒOPATHIC RECORDER:

I notice in a recent number of your journal an article in which the author wishes to know the cause of diphtheria. Of course, if we knew the cause we might be able to prevent its spread, but as things stand to-day the best we can do is to give our attention to the surest means of curing it. So much harm has resulted from the use of antitoxin that I stand aloof from its use, and have never employed it in the treatment of this terrible disease. Some years ago in an eastern city I had an experience with the disease



which lasted all one winter. I was first called to see a child, five years old, who lived about three miles east of the city, and this proved to be the most malignant case I ever saw. The child died in one week. I was next called to see two children two miles south of the city. These children were not nearly so sick. They recovered. All these children lived on large farms, and I could see no cause for diphtheria. Inside of a month children in all parts of the city were taken sick with the disease. The hovel and the mansion shared alike, and before the spring-time came many homes were bereft of their children, and a number of adults shared the same fate. At that time, some thirty years ago, the physicians knew not whence it came, nor did we know much about curing it. I was attending a family of six children, and during their sickness I gave them five gallons of whiskey and what homœopathic remedies I was acquainted with at that time. They all recovered.

One lady about twenty-five years old was extremely sick. One night I thought she would die. The nurse was ordered to give an ounce of whiskey with an ounce of water every hour all night, but the nurse made a mistake and gave the same quantity of alcohol and water instead, along with what remedies I prescribed. The next morning my patient was better, and made a good recovery. I have continued the use of alcohol ever since, giving it in each case as seems best, and letting the patient gargle with one-third alcohol and two-thirds water every two hours; and I depend mostly on *Baptisia*  $\theta$ , thirty drops in half a glass of water, and *Merc. cyanide* 4x tablets in alternation every hour. It is now eleven or twelve years since I lost a patient from this cause. I feed them well with liquid, nourishing food, and expect them to get well. This may not be the best treatment, but it serves me well, and when my patients get well from diphtheria they do not have the bad effects of antitoxin to recover from.

CHAS. C. CURTIS, M. D.

San Pedro, Cal.

## CRATÆGUS OXYACANTHA.

Editor of the HOMŒOPATHIC RECORDER:

Engaged in the preparation of a Spanish paper on *Cratægus oxyacantha*, I take the liberty to beg you to furnish me all valuable data you may possess and which may serve to a better elucidation of the subject.

I must confess that my first investigations have been discouraging. Outside of a fragmentary proving and some clinical observations of a few enthusiasts of our school, I have found nothing but extravagant claims lacking scientific precision and bound to be ignored by the educated physician. The myocardium, the endocardium, the pericardium, the valves, the aorta, the coronary arteries, the cardiac plexus, all have been considered under the therapeutic influence of *Cratægus*, and I hardly think it judicious to indorse the supposition of men ill trained in cardiac therapeutics.

And yet notwithstanding the unwarranted assertions of some men, and the fertility of application they have displayed, we must admit that *Cratægus* is a cardiac sedative of acknowledged value. Careful researches have unveiled to me the esteem in which this remedy is held by our opponents.

I do not know if Jousset received his inspiration from the great Huchard, or *vice versa*, for both seem to agree as to the value of this remedy in *cardioasthenia* and other troubles of the heart. Moreover, only a superficial review of French literature will suffice to show that Dr. Green, of Ireland, must have obtained from this source the knowledge he possessed of the curative power of *Cratægus* in heart affections.

In a French dictionary published more than thirty years ago we find its author, D. Robin, recommending under the name of *Cratégine*, a ternary, bitter substance, extracted from *Cratægus oxyacantha*. And we daily find in French journals the announcement of this remedy under some form or other, by chemical houses of France. For instance, the house of Boulet, 36 Ave. Duquesne, Paris, advertises a tincture of *Cratægus* under the name of *Cratægol*, claiming it is *par excellence* a sedative of the nervous and circulatory systems, without any toxic action, and which should be given in doses of from 20 to 60 drops. A sim-

ilar advertisement is that of the house of Roussel, 10 rue Washington, Paris. This firm places *Cratægus oxyacantha* among the *hypotensive remedies in diseases of the heart and of the vessels*, claiming, like Boulet, to be above all a *sedative of the nervous and circulatory systems* which should be administered in doses of from 20 to 60 drops at meal time or during the intervals. It is, says this authority, a very pleasant remedy, replacing with advantage all compounds with a valarian or bromide base.

Nothing, however, is more satisfactory and indorsing than the commendation by Huchard of *Cratægus oxyacantha* as a *sedative in functional troubles of the heart*. In his *Consultations Médicales* (1906) he advises to administer this remedy in doses of from x to xx drops, three times a day for several weeks and even longer. He maintains that *Cratægus* has no toxic effects, and that on account of its mild sedative properties on the nervous system it should be included in our pharmacopœia, and deserves to be known by all physicians. He also states that it may render some service in those cases in which the *Valerianate of ammonia* is given for trivial reasons; a remedy whose unpleasant taste is another drawback.

To support these claims we have, moreover, the valuable assertions of Dr. Jousset, Sr., of Paris, who, in his *Nouvelles Leçons de Clinique Médicale*, states that the three remedies employed with success to combat *asystolia in valvular troubles* and to *re-establish failing compensation*, are: *Digitalis*, *Serum of the eel* and *Cratægus*. He also sets forth that *Digitalis* is employed by all schools of medicine; the *Serum of the eel* has never been prescribed but by himself, and *Cratægus* is nothing but an empirical remedy, but with many favorable results in its clinical history.

Speaking further of *Cratægus*, he states that it is a plant of the rosaceæ family, being up to the present time very little used in medicine. "In the homœopathic school it is prescribed as a substitute for *Digitalis* in *asystolia*. In certain cases it has given us very good results, in others its action has been fruitless."

"We are unable to give rules for the employment of this remedy, for, as stated above, its application has been entirely empirical. However, there are fragmentary experiments which to a certain point explain its favorable action in *asystolia*."

It is interesting to notice that in *Cratægus* there is found a

substance derived from ammoniacal compounds, called *propylamine*, or, better still, *trimethylamine*, said to produce, in medium doses, in the healthy man, a diminution in the frequency of the pulse and a lowering of the blood pressure and of the temperature; facts which show the action of this remedy on the heart. It may be profitable to know that the *propylamine* found in *Cratægus* is used in the old school against rheumatism.

In the "*Memorial de Thérapéutique Homœopathique*" (1904) we find Jousset again stating that *Cratægus* has an analogous action to that of *Digitalis*, and that in doses of xx to xxx drops of the tincture every day it continues the action of this remedy. He goes so far as to claim that in certain cases it has produced a more complete and a more durable improvement than *Digitaline*.

Trusting you may be able to add something of value to the above, I remain,

Sincerely yours,

EDUARDO FORNIAS.

2435 N. 8th Street, Philadelphia, Pa.

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### CORRECTION FROM DR. NASH.

Editor of the HOMŒOPATHIC RECORDER.

Will you please allow me through your pages to make a correction in my last book, "Testimony?" On the 14th page in the Preface, the last two lines should read: "Now having come thus far, can we fix a limit to the dose or potency that must be used?"

You will see by referring to the "Errata" that it is entirely wrong and misleading. Mistakes will happen.

E. B. NASH.

Port Dickinson, N. Y., Jan. 6, 1911.

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### BACILLINUM—TUBERCULINUM.

Editor of the HOMŒOPATHIC RECORDER.

Can you tell me anything about when and by whom *Bacillinum* or *Tuberculinum* was introduced into our school? The allopaths are now using it in almost the same way by mouth.

I. H. H.

*Bacillinum* is a different preparation from *Tuberculinum*. *Bacillinum* was introduced into medicine by the late Dr. J. Compton Burnett, of London. It is the bacilli with what adheres to them just as they come from the lungs of advanced cases of consumption, triturated and afterwards run up in potency according to the methods of homœopathic pharmacy. Burnett introduced this remedy to the medical profession in his book, now in its fourth edition, *The New Cure for Consumption by Its Own Virus*. His treatment was brilliantly successful in many cases in his hands and others. He used no potency lower than the 30th, and in infrequent doses in connection with the other remedies that might be indicated. As for *Tuberculinum*, it is prepared from cultures of the pure tubercle bacilli, and was introduced by Koch, of Germany, with a furore equalling that to-day attending "606." It was worse than a failure—it was disastrous. It was given by hypodermic syringe and in material doses. It is still used for "diagnostic purposes" mostly by veterinarians to enable them to determine whether a cow has tuberculosis or not; naturally it generally has when it gets a big injection of this preparation of consumption into its blood, or, if not, then has a good chance to get it, for has not the veterinarian put the disease into its veins?

This preparation, *Tuberculinum*, has also been potentized up to the 30th and higher by homœopathic pharmacists. It has been said by some prescribers that *Tuberculinum* in potency is best for what might be termed uncomplicated cases of tuberculosis, but that *Bacillinum* is better in all other cases. As most of such cases are more or less "complicated" the *Bacillinum* is oftenest indicated. But if interested, read what Burnett has to say in the matter.—EDITOR OF THE HOMŒOPATHIC RECORDER.

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## SIGNIFICANCE OF VACCINATION SCARS.

Editor of the HOMŒOPATHIC RECORDER.

I found the following in the *Journal of the American Medical Association*, in the department of "Queries and Minor Notes:"

### SIGNIFICANCE OF LARGE VACCINATION SCARS.

To the Editor:—I. Of what value, as evidence of successful vaccination, is a large and distinct scar?



2. Is it probable that most of the unfavorable conditions and large scars following vaccination are due to infections other than the vaccine virus?

EUSTACE LONG, *Madison, Fla.*

ANSWER.—1. The size of the scar is of itself no positive evidence of successful vaccination. The size may be due to the severity of associated infection. What is characteristic of successful vaccination is the minute depressions in the scar.

2. It is probable that most of the unfavorable conditions following vaccination are due to infections of a mixed character, but it seems to be true that an active though pure vaccine virus may sometimes produce extensive inflammation and large scars.

Does not this answer show that every one should be subjected to a careful physical examination before being vaccinated?

INQUIRER.

Philadelphia, Jan. 12, 1911.

(Perhaps some one can answer "Inquirer." There be cranks who will argue that if you are found to be perfectly healthy after such an examination that in itself is sufficient protection, and, if you are not healthy, the operation will be dangerous. *Quien sabe!*—EDITOR OF THE H. R.)

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### THE PENDULUM.

Our old friend, the friend of hundreds of writers and speakers, "The Pendulum," is too convenient to let go, even if he is at bottom faulty as a simile, though in his very fault lies his usefulness as an illustrator, for when he is not rushing to extremes he is of no use to clock or writer. Nevertheless, the pendulum's swing always has been and always will be used to illustrate a meaning. To illustrate a meaning is a vastly different thing from proving one. If you say of a certain man that he is a "snake in the grass" you have (granting the truth of your assertion) illustrated his character in a manner that all who know the language can see, but if you try to prove it in a law court it is a vastly different thing. So our friend the Pendulum illustrates a point but he demonstrates nothing. Illustration, however, sometimes is higher than demonstration, turtle-backed science to the contrary notwithstanding, for it is mental sight that convinces, whereas demonstration is a plodding labor of

building that is too often faulty. Both, however, are essential, as are the two extremes of the Pendulum, for seeing without doing is as the vagrant wind, while doing without seeing is but the work of a drudge. The two must work together that the clock may run.

In the past, when Homœopathy was young, the "Old Guard," the leaders, saw in "the indicated remedy" the all in all of medicine; they were in the higher realms but they too often ignored their foundation, and so, in a manner, it came about that they passed away. The swing set in the other way. Men have been blamed for this desertion of the old high standards, but it was no man's fault; it was the inevitable, the seeking of a foothold on earth for the higher science. Too often in the past men were confronted by conditions in the patient which belonged to the Hahnemannian category of "removable causes," but they met them with "the indicated remedy" when it availed not nor could avail; you may skillfully treat such a case but you cannot cure it until you remove the removable cause.

So the Pendulum swung until there arose a set of men, very skillful and very able in tracing the cause and removing it, but who knew little or nothing of the indicated remedy or of healing the effects of the removed cause, or of curing that vast horde of human ills for which there is no means of removing save by "the indicated remedy." This swing has occurred not only with the homœopaths but with the other and larger school as well. They have swung to the gross materialism of seeing all human ills through the microscope and spraying them with hypodermic syringes as fruit growers spray the San Jose scale.

At this point the Pendulum shows its fault as a prover of a point, for the true physician should command a knowledge of both extremes. The extreme of searching for causes has gone to a fantastic length and the world is beginning to laugh. In the medicine of the future which must inevitably be rational Homœopathy, whether in the coming generation or the next, or the next, in which the medicine of the "Old Guard," based on the sane parts of the science of the new, will prevail. Old Homœopathy has and does perform miracles of healing, and the world will not forever submit to the injection of dead bacilli, animal serums and vaccines to protect it from possible disease,

and to receive the same agents into its body to cure the same diseases. It is pretty safe to predict that in the future there is going to be a tremendous revival of the study of pure Homœopathy as Hahnemann taught and practiced it in the days of *The Materia Medica Pura*.

The better men among the eclectics approach this early Homœopathy; a comparison of their books with those of Homœopathy shows that on general indications there is but little difference, only the homœopaths are far more specific—scientific if you please. The great lack of the eclectic as their master mind Scudder told them thirty years ago is that their doses are too big and generally too mixed, too allopathic; a few drops of the indicated medicine, diluted in water and given a teaspoonful at a dose, has a far better effect than giving a teaspoonful of the raw tincture, or a meaningless mixture.

Now there is nothing in all this against the high potencies and those who know how to use them, but the mass of mankind, in the present at least, will not depart so far from the earth, but we believe they will accept the old Homœopathy, and soon.

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### ISOTONIC PLASMA.

Dr. Burford (*Hom. World*, Jan.) springs a new treatment on the world, termed "Isotonic plasma." For the benefit of those who do not possess the last supplement to *The Century*, we quote from that work: "Isotonic" is derived from "Isotonia," which, in turn, is from the Greek words meaning "equal"—"tension." So "Isotonic" is defined as meaning "possessing or producing equal osmotic pressure; especially, having salts dissolved in such proportion as to occasion no change of volume in red blood corpuscles put in contact with the solution." "Plasma," physiologically, is "the viscous material of a cell from which the new developments take place; also the colorless fluid of the blood." So much for the dictionary.

Now it seems that a gentleman, Mr. Quinton, has, after years of study, obtained this "isotonic plasma" from sea water, and Dr. B. Arnulphy has introduced it to the public in a publication called "The Quest." What the preparation is, beyond the statement that it is "uncontaminated sea water made 'isotonic'

with the circulating fluid of man," "as the sea water of primordial times," is not made known. It is said Mr. Quinton worked at it for thirteen years. Whether it is to be a preparation among the proprietaries as is Erhlich's "606," or "Salvarsan," as he now calls it in the advertisements, is not stated.

As for the wonders "Isotonic plasma" will do it seems that it "doth protest too much." For instance, it is said that in Paris 70,000 infants die annually of malnutrition, 60,000 of whom could be saved by "Isotonic plasma," which is administered hypodermically. These infants die from lack of proper food and care; will the "plasma" supply these? Hardly.

Still Dr. Burford says he saw an emaciated babe looking like a mummy, bluish in tint, four respirations a minute, a babe dying, given an injection of "plasma" and in an hour "there lay the babe alive and active, with bright eyes, the appearance of death vanished from its face, with every mark of commencing convalescence." More than this, the "plasma" has healed old varicose ulcers, tuberculous ulcers, eczema, and all chronic ills that afflict the derelicts of humanity. If Dr. Burford had not written this up and the *Homœopathic World* published it one might have regarded it as one of the every day fairy tales frequently met in advertising literature. As it is, one can only await further developments.

Apropos of all this a German physician writes the *World* that for fifteen years he has used potentized *Aqua marina*, i. e., sea water, in the 3x or 4x, with much success in the diseases for which the "plasma" is used. So it looks very much as if the whole thing would resolve itself into old Father Hahnemann's *Natrum mur.* in a new garb.

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## A MEDICAL PIONEER.

Samuel Thompson, the founder of eclecticism, unlike Samuel Hahnemann, was not a highly educated man, but otherwise he seems to have possessed the same quality of powers of observation and deduction and to have gone through a similar persecution. He received his medical education from forest and field, together with the folk-lore concerning herbs. There were few regular doctors in his part of the world, New Hampshire, in the 17th

century, and what few there were treated pretty much everything that came to them with blood letting and mercury, and the undertaker followed their steps. Thompson, with his herbs, was so brilliantly successful in comparison that his fame grew until it finally reached the ears of the "regular doctors," as they were then termed by the people, to distinguish them from the practitioners like Thompson. These gentlemen with that peculiar mental twist that seems innate in all their leaders—though not so much in the ranks—refused to investigate, to "search for the truth," of which so much is heard in addresses, to inquire into the reasons for Thompson's popularity with the people from whom came the patients, but, instead, they started persecutions, that old method of all in authority who place authority first and fitness for authority in second place, and, so the legends say, landed Thompson in jail at one time, in a pestilent hole where he nearly died of starvation and filth. He was not guilty of any crime, but he had quietly by acts alone showed his persecutors to be incompetent, an unpardonable crime in all ages with the incompetent in authority. The competent man with a true appreciation of what is required of him is ever on the lookout for means that enable him to better perform the functions of his office, but the other class invoke the letter of the law regardless of everything save their own power and emoluments.

When a man comes on the medical stage with a blare of advertising trumpets it is a pretty safe conclusion that it is his own glory, with profits, that is his end, but when a man is wrapped up in a principle or anything, and does not obviously obtrude his own personality, he will bear watching. No man's mere personality is a matter of much importance to the world, strange as it may seem to some, but principles are.

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#### A REVIEW OF "606."

A German medical journal, *Therapie der Gegenwart* (Berlin) for September, publishes a paper by H. Fischer on "Ehrlich's '606' in Syphilis," of which the *Jour. A. M. A.* makes the following abstract, Fischer's paper being a review of all that had been published on the subject to date of writing:

"Fischer reviews the entire list of publications on the subject:



nearly all have been reviewed in these columns as they have appeared. The recurrences that have been observed show that a definite cure is not realized by the drug. Fischer states that his conclusions as to its efficacy are that it ranks just above calomel, one injection of the '606' accomplishing what it takes two injections of calomel to accomplish. Certain patients refractory to calomel seem to be favorably influenced by the '606.' On the other hand, he says, syphilitic affections of the nervous system, on which calomel has a favorable action, respond well to the '606' in some cases, while in others it seems to have no influence or an unfavorable one. Frequently, papulous early syphilides seemed to respond more favorably to calomel than to the '606.' On the whole, he states, one may count on obtaining with two or three injections of calomel equally good results, occasionally even better and sometimes not so good. To this he adds that calomel in small doses is much less harmful for the nervous system than the new drug. No syphilologist would think of such a thing as submitting all his syphilitic patients, responding normally to mercury, to a course of calomel. He would reserve the calomel, and this is what Fischer advises for the '606,' for the rare cases of syphilis in which mercury and iodid fail. Only critical testing of its value for years to come will finally determine its rank in therapeutics. Already the tendency is noticeable, he says, to increase the dosage; and this, as well as repeating the doses, exposes to dangers which impose the greatest caution. Fischer is assistant in the skin diseases service at the Virchow hospital at Berlin."

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### HOW DO MEDICINES ACT?

There are many things in this world that we do not know, very many that we can not know. What we know frequently, is the bare fact that certain causes produce certain results; how or why they are produced, we can not know. When we study the action of remedies we go thus far, no farther. I note a certain condition of disease, give a remedy, and get a result. I try it time and again with the same result, and I associate them as cause and effect.

Ten drops of *Baptisia* to four ounces of water, in teaspoonful

doses, has arrested the progress of the most severe zymotic disease. Ten drops of *Phytolacca* in four ounces of water has been found the remedy in hundreds of cases of diphtheria; the same remedy will arrest inflammation of the mammary gland, or prevent it when threatened. The moderate dose of chlorate of potash will arrest puerperal sepsis, and save our patient from puerperal fever. The hundredth of a grain of mercury in Donovan's Solution controls the syphilitic poison more efficiently than ten-grain doses of calomel. Why and how all this?

I have arrested passive hæmorrhage a hundred times by the administration of the second trituration of charcoal, and in some of these cases the entire routine of the ordinary remedies had been used without avail. In a recent case it cured a hæmorrhage from the kidneys where a score of remedies had failed.

I do not think that I am over credulous, and I am pretty sure I have fair to ordinary senses, and when I see a thing in the practice of medicine repeat itself from time to time, I am pretty sure that I see it; and when I say that I know that a small dose will cure, the reader may be pretty sure that I know it.—*Scudder, Eclectic Medical Journal, 1879.*

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### GLEANEED POINTERS.

Dr. J. V. Mott, Amelia, O. (*Ec. M. J.*, Jan.), writes of *Sumbul* in asthma which gives prompt results, almost as much so as morphine, without the danger. He gives big doses, a drachm, in hot water, and "it is a horrible dose, but the patient is glad to take it for the expected relief." "Continued in small doses, it will cure most cases of asthma, if the disease begins before middle life."

*The Hospital* says that olive oil in doses of about an ounce has proved to be very successful in overcoming the nausea often following anæsthesia. Discrimination must, of course, be exercised to ascertain that the nausea and vomiting are of anæsthetic origin and not due to some other cause, etc.

Dr. Simpson (*Hom. World*, Jan.) reports case of a married woman, age 35, very much troubled with sudden, urgent desire

to urinate, the urine often escaping involuntarily. "Over the region of the bladder a dull pain was mostly present," worse by standing or walking; no malposition. *Equisetum hyemale* 6 effected a complete cure.

The "therapeutic pointers" published from time to time in the RECORDER are gathered from current literature and are "given for what they are worth." They illustrate in a way the current of drug therapeutics.

Dr. B. C. Woodbury, Jr., Portsmouth, N. H. (*N. Am. J. Hom.*, February), reports a case of sciatica of twenty years' standing, always worse in wet weather, entirely cured by *Rhus tox.* 200.

Also a case of intercostal neuralgia following a bruise cured by *Ranunculus bulb.* 3x.

Also, "*Staphylocin* 6 (Shedd) removed, after a brief period of aggravation, two cases of furunculosis; the one, following severe burns of both arms, hands and face from explosion of gasoline; the other chronic, of two years' standing with anæmia, in a child of about seven years old."

Also, *Silicea mariana* 3x has proved itself of service in constipation, with inactivity of the rectum with receding stool (*Silicea* and *Natrum mur.*).

Dr. E. J. G. Beardsley (Jefferson Hospital), in *J. A. M. A.*, says that a little oil of wintergreen put on an adhesive plaster soon spreads to all parts and enables it to be removed without pain.

Dr. Geo. M. Niles, Atlanta, Ga. (*J. A. M. A.*), advocates "optimistic therapeutics" which tend "at all times toward exalting the activities of the organism and not towards depressing them."

"Professor von Zeissel, the well known Viennese genito-urinary specialist, has recently said that protracted and much treated cases of gonorrhœa often get well if a check is put to therapeutic over-activity and the much tortured urethral mucosa is left in peace."—*International Journal of Surgery.*

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## EDITORIAL BREVITIES.

WHAT DR. RUSH BELIEVED.—Apropos of the Owen's bill the following is interesting. Dr. Benjamin Rush said it to Thomas Jefferson:

"The Constitution of this Republic should make special provisions for medical freedom as well as for religious freedom. To restrict the art of healing to one class of men and deny equal privileges to others will constitute the Bastille of medical science. All such laws are un-American and despotic. They are fragments of monarchy and have no place in a republic."

"But," they say, "the Owen's bill will *not* create a monopoly!" Go to! Go to! The allopaths only are officially recognized as doctors and their's will be the offices. If a homœopath gets in at first to save their face it will be but for a short time only, as it was in Pennsylvania in the matter of the State Pharmaceutical Examining Board. The homœopaths had all arranged for a separate Board, but the others said, "Withdraw your bill and we will agree to give you one representative on the Board." The agreement was kept for a few years and then—nix! Dr. Benjamin Rush would *not* have supported the Owen's bill.

ETHICS OF CONSULTATION.—Dr. J. Martine Kershaw, of St. Louis, writes on this topic in *The Clinical Reporter*, January. He says some consultants are medical "confidence men," or, in plainer words, "thieves" and "pirates." As an example he tells of a case he attended in the days when he was poor and footed it, while the great consultant came in a fine carriage. The child was born, however, before the latter arrived, and all was well.

The great man, though, while Kershaw was attending to the cord, showed his worth to the family by calling out in a loud tone: "Be careful, Doctor, and don't cut the child's finger off." One can imagine the feelings of the young doctor and what he would have liked to reply! Happily all consultants are not of this nature, and, it is to be hoped, their number is not increasing. On this subject he quotes the following from Cathell's *The Physician Himself*:

"Never turn your cases over to specialists unless they have features which render it an actual duty to do so. If you timidly refer every case of eye disease to the oculists, every uterine case to the gynæcologists, ear cases to aurists, surgical to surgeons, nervous affections to neurologists, mental afflictions to alienists, and so on throughout the list, you will lessen your own field of activity \* \* \* and will degenerate into a mere distributor of cases; a medical advisor instead of a medical attendant, studying everybody's interest except your own and making reputations for them out of that which sinks your own individuality, depletes your own purse and destroys your own fame."

IMPORTANCE OF DIAGNOSIS.—Dr. M. N. Bremen, Roxbury, Kansas, relates a story with an edge on it in *The Clinical Reporter*, Jan. A wealthy man who had been to Mexico came back with a very bad rash. Physicians in Mexico had prescribed to no avail. Dr. Bremen carefully "took the case" and prescribed. Man said he had to go to Kansas City, and Doctor delicately hinted at using care to prevent his wife from being infected. Man returned and shook hands with the Doctor, saying: "Doc, you joking villain, why the devil didn't you tell me that I was lousy—it didn't take my wife long to find it out, or to get rid of them, either." Anyone who has ever seen a case of "graybacks"—body lice—will realize how easily a young doctor could make the mistake.

MATTER AND SUPER-MATTER.—Dr. Howard A. Kelly opens an able paper in the January number of the *Am. Journal of Surgery*, as follows:

"Life is a precarious possession at best, burning brightly like a candle and cheering the home today, tonight a fitful gust blows



out of the East, and tomorrow nothing remains but the charred wick and a little group of mourners."

If life is but a natural flame that ceases like a burnt-out candle, the sooner one is done with it the better, for it is not much at best, in this its primary school. But may it not be possible that men, deeply learned in the things concerning the body, as are many of the medical men today, like Dr. Kelly, are most lamentably ignorant as regards life? It would seem so, because some of them are trying to create it in their chemical laboratories. This effort shows that science, bounded and hedged in by chemical formulæ, must have a new sight given it if it is ever to get beyond the primary, the mole-stage. The wise men of other ages saw, more or less, the super-natural, *i. e.*, the above matter, but the wise men of today burrow in matter and say there is nothing else. *Life* bothers them, for they see and trace its manifestations on matter and they conclude it must be merely a more recondite form of matter; they cannot, or will not, see the distinct duality of the natural and the super-natural, the latter ruling. A principle is not subject to analysis, yet principles are what rule. Gentlemen of the laboratory, give your tired and strained eyes a rest by looking abroad into the sunshine and light. *You* cannot create *them* no more than you can create life, yet both are very real. Hahnemann saw with clearer eyes than most in this respect.

DEFINING THE RIGHTS OF MAN.—\* \* \* "What right has a man, who has not given years of study to the subject, to hold any opinion as to how to treat sick people? People have a right to hold opinions on purely abstract problems, which merely require abstract reasoning and contemplation; but people have no right to have opinions on subjects which are based on facts and experiments, and which require years of study to acquire."

"Everybody has a right to his opinion on religion, on God, on immortality, on the objects of life, on ethical conceptions, on the proper conduct towards our fellow-men, etc. But not everybody has the right to have an opinion about the natural sciences, about medicine, not even about political economy."—*Critic and Guide*.

But when half a dozen men who have given years of study to

medicine disagree, how is the poor patient to decide which to call in if he is to have no opinion? However, in this day of spineless agnosticism it is bracing to meet a man who really believes something, even if it is in a despotism. The medical belief of today is chiefly apparent in an ever-changing cloud of confused ideas, veiled in words that even the users do not clearly comprehend.

PRO BONO PUBLICO.—In a paper on “The Situation as Regards Salvarsan (606),” in the Jan. 14 issue of *J. A. M. A.*, Dr. W. A. Pusey, of Chicago, among other things pro and con, says:

“There is good ground for the belief that a larger proportion of serious accidents are occurring than would be estimated from the present literature. And that serious accidents should occur is not surprising. Salvarsan is the lineal successor of atoxyl, soamin, and arsacetin. All of these were introduced as safe arsenical preparations—atoxyl, so safe that its atoxic character was ‘blown’ as it were in its name—and all have a train of arsenical fatalities and optic atrophies in the wake of their use in therapeutic doses. Salvarsan has about 35 per cent. arsenic content; it is administered in an average dose of half a gram—8 grains—that is, a dose of 2.8 grains of arsenic. There is no doubt that such a dose of arsenic has in it immediate possibilities of optic atrophies and other dangers.”

All of which seems to show that the doctor who turns to this remedy has, like the young bear, his troubles ahead of him; also the patient has possibilities of tribulation ahead of him. It will be safer to use the potentized *Salvarsan*.

SALVARSAN (“606”).—The Vienna letter of the *Journal A. M. A.* (Jan. 7) is devoted to a symposium on this remedy. Vienna, it is said, is, as it were, the “headquarters” of the world for syphilis. The following is an abstract of the conclusions of the various men taking part in the discussion:

Professor Finger said the drug has a “powerful specific action,” but “cannot admit that the syphilitic process itself is influenced by it in a much better way than by the old remedies.” It also has a “neutropic” action.

Professor Rehl considered the reported bad results of the

drug. In 40,000 injections of "606" no deaths "could be attributed directly" to it, while since 1906 there had been 90 cases of death caused by the injection of mercury.

Professors Urbantschitsch and Alexander found that it had a strong, undesirable action on the ears, so much so that "Alexander thinks that Salvarsan should be used only in inveterate cases of luetic labarinthic dizziness and deafness." (This smacks a little of homœopathic action.)

Professor Metzener thought the remedy produces rapid temporary improvement, but "there is not a single proof that the action is permanent."

Professor Oppenheim said the action was good on the skin manifestations of the disease but was not good on the nerves; cases of optic neuritis have been observed, but no cases of actual blindness have as yet been traced to it. It seems to have a strong action on auditory and optic nerves. Also Salvarsan and the Wassermann reaction do not seem to agree.

Dr. Hobler advised that "all prostitutes known to the police be treated prophylactically with salvarsan." Kill or cure 'em!

So much for Vienna.

CANCER AMONG THE RACES.—The Germans have been investigating cancer among the various races. It has been found that such races as the Chinese, the Hindus, the Africans and all the dark skinned races under the British Empire have a ratio of about 4 as compared with 71 among the so-called civilized races. There has been, is and will be, much talk over the reason for this difference, the causes assigned running from alcohol and meat eating to vaccination, but probably the learned and unlearned will continue to chatter about it without coming to any conclusion for years to come. Something definite might be learned on one point by watching the development of the disease among the Japanese, as these are the only dark skinned people who have made vaccination compulsory. If cancer increases among them it will be something definite to go by.

STERILIZED AND PASTEURIZED MILK.—When the germ idea was young, about two decades ago, the word came from Germany, "sterilize your milk," but after trial in practice, according to the

*Journal A. M. A.*, Jan. 7, it was found that this process produced such changes in the milk, "including a destruction of the enzymes, that it was not a good food for infants." Next came "Pasteurization," which, according to the same journal, "has become almost a craze." Rather oddly our authority says that Pasteurization has resulted "unquestionably with a favorable influence on infant mortality," but then inconsistently adds later that the process "causes a dissociation of the organic combination of the protein and mineral constituents of the milk so that they are less suitable for assimilation by infants." The conclusion of the whole matter is that aside from mother's milk fresh cow's milk is the best milk for infants, which is just where the world was when "sterilization" first set the world agog. So it would seem that you can run your pencil through the learned matter in your text-books telling you of the necessity for sterilization or of Pasteurization. It all seems to come down to what the old doctor told the learned young doctor when called in consultation over an ailing infant, "Give it something to eat."

TAUGHT TO THE CHILDREN.—In *The Primer of Sanitation*, Ritchie, a book of "The New World Series" of school books, chapter III., the following information is given:

"At this point you should get firmly fixed in your mind that disease germs are living plants and animals; and just as a pine tree or as a chicken can come only from the egg of a chicken, so a disease germ can come only from another germ of the same kind. It is a common idea that germs spring from unclean and decaying matter—that 'filth breeds disease germs'—but this idea is not correct. They are often found in unclean matter, and it is dangerous to have such matter about, because it furnishes a place where germs may multiply. But germs can no more originate in such matter than a cow can come from the grass in the pasture, or a stalk of corn can spring up where no grain of corn has been planted in the earth. *Nearly all the germs that attack us are spread from the bodies of persons who are sick with germ diseases.*"

The *italics* are Dr. Ritchie's. This is a text-book for our schools. What do you think of it? No doubt the always curious children will ask if the female germs lay eggs and hatch them, or

how the little animals are born. Would it not be well for the adults to be sure of their knowledge before they impress it on the young?

A FINANCIAL AND HEALTH PROBLEM.—One day we read of the “army of unemployed,” of calls on the city or State for money to feed the unemployed, of soup kitchens, of the congested conditions of all public institutions where the poor are cared for, of the millions who barely keep body and soul together (*vide* Ida M. Tarbel’s papers), and more of a like nature; then we read a health man’s figures crediting so many lives saved and pointing out how many more might have been saved if he had been given more money and authority, and estimating each life at \$8,000 to the State, and then we sort of wonder how these two lines of reading harmonize. “Would you let them die, then!” some Hotspur may exclaim. Not at all, good sir; the RECORDER is doing its best, which may be but little, to conquer, to eradicate disease, but when we see a health man crediting his account with many million dollars “saved” the State, we wonder how he gets at his figures. His financial demands on the State get heavier each year, his rule over both people and doctors more dictatorial, and yet one can hardly notice any appreciable difference in the amount of sickness. Even great health organizations ought to report where and how the taxpayer’s money is spent. We believe in giving the health men all the money they ask for provided they in turn will show the taxpayer how it was spent, in reasonable detail, and thereby prove that it was well spent.

GERMICIDES ARE BACK NUMBERS.—“In accordance with the newer teachings, our views in regard to the prevention and management of wound infection have undergone a corresponding change. The idea formerly entertained as to the necessity of directly destroying all germs present in wounds has become well-nigh obsolete, since it has been shown that this cannot be accomplished without injury to the tissues themselves. There is no doubt that the promiscuous use of carbolic acid in wound treatment has been responsible for a vast amount of mischief and has frequently given rise to gangrene even in weak solutions, while sublimate has proved equally harmful through its irritating and



toxic effects. Both these substances still enjoy a high reputation as germicides, but even this is to be seriously questioned in view of the fact that in the solutions ordinarily permissible in surgery their action is more or less impaired by the wound secretions. Hence, while they may figure as germicides in the test-tube, it would be more logical to regard their actual effect on the tissues as merely antiseptic when employed in the customary manner. After all, therefore, the distinction between germicides and antiseptics has been an arbitrary one, and from a practical standpoint it would be best to discard the former term completely, for if we can succeed in inhibiting germ growth, nature can be trusted to do the rest."—*International Journal of Surgery*, Dec., 1910.

PRO AND ANTIVIVISECTION ARGUMENTS.—The editor of the *London Times*, Lord Cromer, and Mr. Geo. Greenwood have had a mix-up in the columns of that paper. Lord Cromer asked the general question: "At how many rabbits or guinea pigs do you value your wife, your husband or your child?" The editor said that "this put the case in a nutshell," while Mr. Greenwood in part replies: "To save my wife I might possibly (who knows?) be ready to vivisect Lord Cromer. But that would hardly be accepted as proof that I should be morally right in so doing." In all this, which is a typical vivisection controversy, it may seem to some that all the parties evade the real issue. Lord Cromer assumes the point at issue by asking his question, the editor gravely stands pat behind him, while Mr. Greenwood makes the whole question a moral one. If the fruits of vivisection are such as save human lives then it follows that men have as much moral right to kill animals for this purpose as for that of sustaining life. This brings out the real point at issue in this ceaseless controversy. Are the fruits of vivisection of such a nature as to save human lives? Are the many "serums," the "antitoxins," the "vaccines," etc., which in a ceaseless stream flow from vivisection a blessing or a curse? Settle that point and there can be no more controversy.

A NEEDLESS ALARM.—Some moralists are alarmed over the effect the introduction of "606" will have on the morals of the

people, because, if one injection of this arsenical compound will wipe the human slate clean, licentiousness will run riot. There are those, however, who have seen the rise and fall of many medical wonders, who feel that the moralists are unduly excited, and that in the future, as in the past, it will soon be seen that the disease in one way or another will demand its full toll, its pound of flesh, its uttermost farthing.

INCONSISTENT.—A very esteemed contemporary makes the very old fashioned assertion that “more cases of tuberculosis are the result of neglected colds than from any other cause.” This is a remarkable statement when it is considered that those who are regarded as medical authorities, and those who actually have medical authority, as on health boards, vehemently declare that the one, sole and only cause of tuberculosis is the bacilli thereof, and are spending millions every year in a “war” on it. “Do not spit!” Heigh-ho! The more scientific the medical world becomes the harder it is to distinguish the head from the tail of things in general.

CROTALUS.—In *N. E. Med. Gazette* (Jan.) Dr. V. E. Ross tells of the symptoms produced in a man who had received, hypodermically, the rather heroic dose of .01 gr. of *Crotalus*. The results were: Arm red, swollen, very sensitive to the touch; itching marked; arm-pit numb; old vaccination scar gets red and angry; sight blurred; taste lost for three days; sweat on upper part of the body; also a convulsion in which the body arched backward—opisthotonus. All these symptoms were very pronounced, lasting four days. Not a bad proving.

A NEW FIELD OF MEDICAL RESEARCH.—Many of the allopathic journals are printing papers advocating antityphoid inoculation, which operation is said to make the patient immune to typhoid. Assuming that this is true, the question naturally arises, How is it done? Typhoid is one of the few very severe diseases whose origin is definitely known; when its dangerous poison enters the stomach and is met with something, coming *via* the blood, powerful enough to antidote it, that something must be very potent indeed, so much so, it is reasonable to believe, as probably to affect

the entire system. So here is the question: What price is exacted from the system for the protection? The Carnegie Institute would perform a great use to humanity if it would devote a decade to studying the after-effects of many of the things in use to-day.

JOHN M. SCUDDER ON THE INFINITESIMAL DOSE.—“But what shall we say of the infinitesimal dose of the homœopathist? It is best to say nothing more than that we believe *our* small dose will give better satisfaction than the homœopathic dose. It is not the part of wisdom to say that it has no curative action, for the testimony in its favor, both in character and numbers, is quite as good as our own. It is quite easy to say, ‘You lie, you rascal, you lie!’ But there is no argument in it, and your opponent may retort with equal justice, ‘*You* lie, you ignoramus, you lie!’

“‘There are many things in nature not accounted for in my philosophy,’ but my experience in the practice of medicine for eighteen years proves to me that the dose of medicine should be the smallest possible quantity that will cure disease, and that it should be pleasant in form, direct in action, and as little capable of harm as is possible. If I were giving advice to the physician, it would be in Scriptural language: ‘Be ye therefore wise as servants, and *harmless* as doves.’”—*Scudder, Eclectic Medical Journal*, 1874.

OLIVE OIL CURE FOR TUBERCULOSIS.—Here is a treatment given by Ellingwood in his *Therapeutist* that is as simple as that of Naaman, the Syrian, bathing in the River Jordan, and as effective. It is surely worthy of a trial. Here it is: “A few months ago I advised a patient who was well advanced in pulmonary tuberculosis to take subcutaneous injections of oil according to the method of Dr. Keyes, of Chicago. Only olive oil was used, and that in quantities of from half to one ounce. It was only a short time until the patient noticed an improvement, and now for three months he has been back to work again, with nearly full strength, and with but a few manifestations of the disease. He is very enthusiastic over the fact that this measure has saved his life. It seems to him very plain that nearly all the beneficial effects have been obtained from this course of treat-

ment, or that all other measures have been materially enhanced by these."

CONCERNING CERTAIN OPERATIONS.—The following is clipped from an editorial in the November issue of the *American Journal of Surgery*. It is quite caustic:

"Visitors in surgical clinics are sometimes carried away by the speed and boldness with which some operation has been conducted. Their enthusiasm is often well founded, but occasionally it is furnished chiefly by the distance of the gallery from the operating table, which prevents the display of those errors of technic or judgment that have made the speed possible. If the admiring visitors learned how often the patients of some brilliantly speedy operators suffered with secondary hæmorrhage, avoidable infection, disability from injury to important structures or relapses from incomplete operation, their 'bold' surgeons would more properly come to be known as 'bold, bad' surgeons."

A CHARACTERISTIC OF LOMBROSO.—In Dr. L. F. Winslow's "Recollections" is the following concerning Lombroso: "He had a wonderful personality. He was a kind-hearted man, though he was dreaded by students when undergoing examinations for their degrees at the University of Turin, in consequence of his manner not being properly understood, which frightened the timid examinee; but behind his brusque demeanor was a capacious, kind heart, and a mind open to conviction. He would say to the student with a small and badly formed head: 'You have mistaken your calling; you are a degenerate.' To another he would say: 'From the formation of your head, you are an epileptic.' Whilst to a third he would remark: 'From your general aspect, demeanor, and sly appearance, you are a moral pervert.' Unless the students agreed with all Lombroso said, they were sure to be plucked. One doctor of medicine at Turin, who had gone through the ordeal, told me about this."

Reading Lombroso's character from this (assuming it is true) one could see a man who was kind to all who were subservient to himself, but merciless and unjust to all who ventured to think differently from him; a character dominated by a self-love of rule, and, therefore, not a true leader of humanity. The true

leader is he who will subordinate self-glory to the good of a cause when necessary.

PASTEUR INSTITUTES METHOD OF FIGURING.—Among our exchanges is a native “regular” journal, *Practical Medicine*, published at Delhi, India. This branch of medicine has its “medical practitioners” the same as the Homœopaths have their L. H. M. S. One of them, A. P. Bala Ram, contributes a paper on the subject of hydrophobia to *Practical Medicine*, from which the following is clipped :

“If one were to carefully analyze the result of Pasteur treatment, the result arrived at cannot be one that will gratify many. But in the absence of better anything is found excellent. In the reports made by the institutes as regards the Pasteur’s treatment it may be noted that in the result they carefully avoid to include all cases that die during the course of treatment, and those that die within a period of fourteen days after the treatment. This exclusion of deaths during these periods, dwindles down the mortality list and gives a percentage of success that would gratify even the worst of unbelievers. The reason *de etre* given for the exclusion of these two classes of deaths, is, I believe, the notion that inoculation cannot be effective in the fifteen days of inoculation, and at least fourteen days after that.”

If Bala Ram is correct in his statement it accounts for the Parisian skepticism concerning Pasteur and his treatment.

SOME POINTS ON VACCINE THERAPY.—The following abstract of a paper is lifted bodily from the *Journal A. M. A.*, December 17:

Major Harlan Shoemaker, M. C. N. G., Pa., Philadelphia, detailed his experience with natural as compared with artificial vaccine therapy, from which he concluded that bacterial vaccines can be undertaken without fear of unpleasant sequelæ because the reaction is of short duration, and consequently there is no danger of injury to a vital organ; because the reaction is not so great as in a natural vaccination or inoculation of living germs; because the surgeon inoculates many patients with innumerable living germs without unfavorable results, and because the bacterial vaccine is dead.

This is supposed to be enlightening, but, honestly, doesn’t it appear rather as something dusky and spectral rather than as



something in the bright clear light of true science? It is, in effect, advice to use one thing because it is less harmful to the patient than the other. But why use either? From the altruistic and from the purely "business" point of view, this sort of thing is hurting the medical profession, and is one of the causes of the innumerable "cults" that give the doctor the go-by more and more every year. The law of the Art of Healing was given to the medical profession a hundred years ago, yet the many, for some strange reason, still go gadding after moonshine.

VACCINE THERAPY.—The *International Journal of Surgery* for October has an editorial on "The Limitations of Vaccine Therapy" introduced about six years ago by Sir E. A. Wright. Among other things the *Journal* says: "As Wright (*Lancet*, Sept. 17, 1910) justly contends, the treatment of grave bacterial infections should not be undertaken by those who are ignorant of bacteriology. As he clearly shows, too much importance is frequently attributed to the presence of a particular microbe, when, as a matter of fact, the condition may be due to a mixed infection, and this, in his opinion, accounts for the failure of vaccine treatment in many instances. It naturally follows that unless attention is paid to this point the results cannot but be incomplete and discouraging." But more than this expert knowledge of bacteriology is needed, for further along the *Journal* says: "It will thus be seen that the accurate determination of the opsonic power of the blood constitutes one of the most important elements in this method of treatment, and demands no less attention than the detection of the particular micro-organism or micro-organisms concerned in the causation of the disease and the preparation of an efficient vaccine." All of this reads like a preliminary obituary of the *Vaccine Therapy*.

If any one wants to know how to use the therapeutic principle that lies at the bottom of this practice let him read Burnett's little monograph—any of them—for it is on this principle that Burnett built up his great reputation as a curer of disease; but his method was very different from the crude, sometimes hurtful, and always cumbersome (to say nothing of the expense) method of Wright, and those who have gaily followed him, it seems from what is quoted above, without the requisite knowledge.

UNTOWARD EFFECTS OF THERAPEUTIC SERUMS.—The *Journal A. M. A.*, Nov. 5, devotes an editorial to these effects, which, in brief, are sudden death, very rare; effects of a second injection, not so rare; these are very distressing to the patient, but “are, as a rule, not of an alarming character;” when repeated injections are given “alarming symptoms may occur,” and sometimes death. The reason for the susceptibility of certain persons that causes death at the first injections is not known. It leads up to this caution that when serum is administered, it should be explained to the patient or to the family that “the administration may sometimes cause unpleasant or alarming results.” It might also be explained (though the *Journal* does not suggest it) that the serum causes an apparently permanent change in the body, as is shown by the effects of a second injection after a lapse of time.

“HOMŒOPATHIST.”—Presumably this word will continue in use to distinguish the enlightened from the unenlightened, until all men see the great therapeutic law as they now see the law of gravitation; when that day dawns it will be that to call a man a “homœopathist” would be the same as to call a man to-day a “gravitationist.” But to-day the name is needed for the benefit of the public. The name “physician,” while useful as a general name, like “American,” “Frenchman,” “German,” etc., nevertheless embraces so many radically conflicting principles in its compass that further distinguishing names are needed, as said before, for the “benefit of the public.” The man who can rightfully claim the name should be proud of it as a title in the aristocracy of science.

ARSENOBENZOL. In a seven page paper (*Journal Belge de Homœopathie*, Oct.), after reviewing the favorable reports of “606,” and, also, the rather terrifying results that some physicians have had with it, Dr. Eugene de Keghel tells his readers to remember that there is no panacea for any malady, but that the choice of a remedy, even in so clearly defined a disease as syphilis, must be governed by the patient’s constitution, temperament, modalities and special symptoms. He also thinks that *Arsenic* has been overlooked in the treatment of this dis-

ease by homœopaths and quotes from Jahr, Hughes, Baehr, Clarke, Dearborn, Norton and others on the use of this remedy in syphilis.

He also notes a case of paralysis of the bladder in the clinic of Kreibich, of Prague, which Erlich said must have been caused by the bad preparation of the drug for injection by the physician or from the "*maladresse des operateurs*;" but Kegel quotes symptoms 612, 613 and 614 from the pathogenesis of *Arsenicum*, showing suppression of the urine, retention of urine, as from paralysis, with strong desire to urinate, thus demonstrating that it was not the "maladresse" of the operators' that was at fault. In fact, if any one will compare the bad effects of "606" reported with the homœopathic symptomatology of *Arsenicum*, he will note a close similarity.

This being so, perhaps an injection of Arsenic diluted properly may do all that the new remedy is said to do. Also, perhaps, *Arsenicum* will also act safer and, perhaps, better.

BUBBLE-BLOWING.—After going through a typical "regular" exchange, suffering from an acute attack of "vaccine therapy," one must conclude that the therapeutic end is reached in the matter of all diseases with microbe attachments. Nothing more is required than a bacteriologist to identify the microbe and kill him, and hypodermic syringe to put his corpse back into the living body whence he sprang (autogenic, you know) and behold, a cure! How simple it all is.

TOLERANCE.—There are two kinds of Tolerance. One kind, very common, is so much mixed with "brotherly love," "kindliness," "fraternity," etc., etc., as to be very mushy, almost sticky. This sort of tolerance has nothing very fixed save a desire to pour itself over everything, and, as it were, make a mess. The other kind is based on a belief in something. Anything that disagrees is error. Every man who holds that error is in the wrong, but if a law abiding man he is not molested. If he tries to molest the tolerant man there is a fight to the finish. The latter sort will preach to, or spar with, an opponent without malice; the former, on meeting with criticism, naturally ferments and turns sour.

AN OLD FRIEND.—Congratulations to the *Eclectic Medical Journal*, of Cincinnati, O., on its new dress and on being able to write on the title page the words "Vol. LXXI." Seventy-one years is a long life for a medical journal, and demonstrates that it has a merited place in the world. We are uncertain whether Dr. John M. Scudder founded this journal or not, but he was largely responsible for (if we may so speak) the formation of its character of fairness, liberality, yet withal, a steadfast adherence to principles. We do not care what a journal represents so long as it is something definite (for the world is made up of many varieties), and the courtesy that prevails among men of the world rules in its conduct. The *E. M. J.* announces a subscription reduction to \$1.50 per annum.

A MEDICAL EXAMINER'S OPINION.—Dr. Frank P. Davis, of Enid, Okla., is a member of the examining board of that State and editor of the *Oklahoma Physician*. In the December issue of that journal he says of Flexner's report:

"However, he is doing the small colleges considerable damage. My experience on the board of examiners has convinced me that the best qualified men come from the smaller colleges where the classes are small and the students receive the benefit of more personal instruction. Then, where men are teaching for love of the work, and for prestige they will take a greater interest in their students. While those who are drawing large salaries for teaching are liable to get in a rut and remain there as long as they can draw the salary. It will be a sad day for the people when the small colleges that really make doctors are forced to close their doors."

Sometimes it seems that one might be near the facts in believing that the big colleges turn out a more finished product, but that the individuality of a man has, as it were, more elbow room to grow in the smaller colleges. Both kinds are needed. To one holding this view the effort of Flexner and others to kill the small college seems to be a bit presumptuous. Are they in any manner peculiarly fitted to be judges?

NOT SO NEW.—Every now and then the complacency of the ultra modern man gets a salutary jolt from some dry-as-dust.

As an example of this our esteemed *Southern California Practitioner* expresses surprise "to read the statement that it is only about ten years since the public announcement of the discovery that the disease of consumption could be cured by living night and day in the open air. Our surprise is not at the announcement, but that any one would make such a statement. Dr. Benjamin Rush, Washington's physician, made this cure well known one hundred years ago. A work on physiology, published in Boston some seventy years ago, emphasized it. About the same time a prominent physician of London, at the head of a hospital, taught it and cured many cases, and there is reason to believe that Hippocrates, the father of medicine, relied on it. The same thing is brought out in one of Kipling's tales of ancient worthies who appear to the two children, and talk of the now historic incidents of their age. The demand for new things seems to exceed the very limited supply, so old things are dusted off and presented as new, and they apparently satisfy the world. Do not too greatly look down on books whose bindings are not new.

CURIOUS SMALL-POX FIGURES.—Official returns give the United States in the period covered from June 25 to December 9, 1910, a total of 7,101 cases of small-pox with 126 deaths, a death rate close to one and a half per cent. During the same period Germany is given 33 cases of small-pox with 16 deaths or very close to a fifty per cent. death rate. It looks as if small-pox in the United States was a totally different disease from what it is in Germany, or else our officials see a case of small-pox in every pimple that breaks out.

AIR TREATMENT.—The Earnest Seekers after Truth gets many a jar if he delves much in medical literature. Once he had the hot air—literal not figurative—put up to him, then came the treatment in which all air was pumped away, and now in the *Deutsche med. Wochenschrift* is a gentleman with a treatment, which accomplishes the same wonders, in which the air is pumped in, that is, the compressed air treatment. You pay your money and take your choice—especially the first operation. In the meantime the true practice of medicine remains with those who follow the great law of Homœopathy.



CONCERNING DRUGS.—“There is little doubt,” says the *Journal A. M. A.*, “that the tendency in some quarters to underestimate the value of drugs in the treatment of disease is due to the unscientific way in which drugs have been used rather than to the lack of efficiency in the drugs themselves.” This is what homœopaths have been telling their allopathic brethren for a century, so on reading the paragraph quoted above we thought that at last a ray of light was piercing the allopathic gloom that hangs over their use of drugs, but, alas, further reading showed that it was only a gleam of anger towards the manufacturing pharmacists for their many sins, especially in this instance for varying proportions of drugs in the tablets turned out by them. That this is a just complaint from those whose dosage often treads near the danger line is very true, but the therapeutic nihilism would not be lifted if every tablet turned out were accurate to the remotest fraction of a grain, for the root of the trouble lies in the fact that the older brother does not know how to use drugs scientifically, and never will until he learns the Science of Therapeutics. The fault for this does not lie directly with the rank and file who practice as they were taught, but with their teachers who with all their talk about science are as much in the dark about drugs as they were before the art of printing was discovered. The only difference is that they use fewer drugs now than then, but the few they use are used in the same old way, which way was wrong in the beginning and will never be anything else. The wits today “Josh” those doctors just as they did as far back as literature goes and for precisely the same thing. Wit that lives has something real back of it. However, there is no use railing for things will not radically change until their fundamental conception of disease changes.

“CURE.”—That a very considerable portion of humanity have no desire to be cured is a paradox, which is a condensed way of saying that at first glance it seems absurd, but on the second it is seen to be true. Man has a general feeling of malaise due to his manner of living. He goes to his doctor who inquires into things, and the man may or may not tell him the truth, but the doctor man sees through him, gives him something for the effects of his method of living, and tells him that if he wants to be radically

cured he must abandon certain ways of his life. But the man does not want to abandon them for he thinks they are his life, *i. e.*, what "makes life worth living," and so he does not want to be cured. He goes on with his life and his doctor palliates its effects to the best of his ability. In time the man reaps what he has sown and the crop is in his kidneys, or bladder, or prostate, or heart, or on all of them with other organs creaking. Now he becomes scared and implicitly follows orders because of the scare, but it is too late and his life, while it lasts, "creeps on on a broken wing."

If the doctor man is of a curious mind he traces on inward to learn why so many men are so foolish and he runs up against a very old, and, as many think, musty, bit of theology, sometimes called "original sin." If he ponders this he sees that the man must be renatured, that is to say, "regenerated," sometimes termed "reborn." How? Oh, that stares us in the face at all times, and is what the man mentioned above did not want, namely, to follow the truth. Many say they love truth but they don't—only pleasant little bits of it.

SENATOR OWEN AND HIS BILL.—Senator Owen defended his bill in a paper in *Good Health*, a periodical published by Kellogg, of Battle Creek, Mich. Among other things he said:

"If the department succeeds its only function will be to prevent disease and deprive the medical profession of patients and of income."

To this assertion Frank B. Livesey replied (though in what journal we do not know, as this is quoted from the *Journal of Osteopathy*):

"If that be so, the 80,000 physicians that are ranked with the American Medical Association in fighting for the department or bureau will drop it like a hot potato. It is to retrieve their fallen fortunes that they have grasped the opportunity presented by the bureau. Professor Irving Fisher, of Yale, has settled this point, however, most conclusively, and Senator Owen appears to be blissfully ignorant of the fact. As president of Roosevelt's 'Committee of One Hundred,' he circularized the physicians of the country with the special object of showing them that millions of dollars would be accessible to them through the various offices

and opportunities that the bill would create. He covered it thus: 'Within a decade it will surely cost millions upon millions.' So there you are, Senator Owen."

The present seaboard medical service, together with state health departments, as in Pennsylvania, for instance, have ample power to protect the public from disease and, incidentally, as large an army of salaried employees as the taxpayer cares to put up for.

A KNOCK, A HEAVY KNOCK!—Dr. C. F. Wahrer read a paper at the A. M. A. meeting on "Foibles in Specialism." He said that specialism is a good thing and specialists indispensable. And then: "May I suggest that, if we could eliminate all pseudo-science, or else if we could establish a censorship of that part of our literature which masquerades as scientific, many of our burdens would be lightened and much of our precious time would be saved. Our library shelves groan under the weight of verbosity, prolixity, tautology, and literary dust, straw and chaff. This pseudo-science has begotten pseudo-specialism and specialism gone mad."

Let us all hope that our great American Institute of Homœopathy will never become infected with the malady.

SOME OLD ADVICE.—The following is found in an exchange:

"Mark this which I am going to say, for it is as good as a working professional man's advice, and costs you nothing: It is better to lose a pint of blood from your veins than to have a nerve tapped. Nobody measures your nervous force as it runs away, nor bandages your brain and marrow after the operation."—*Oliver Wendell Holmes.*

This, with "Oliver Wendell Holmes" attached, sounds rather wise until you ask, Why lose a pint of blood?

BABEL.—After one has skimmed through a history of medicine, from the early days when the sick were exposed on the highways and every one gave his advice, down to our day, when they are treated with the serum of animal's blood, or the dead microbes of disease, one comes to the conclusion that, were it not for the Law known as Homœopathy, one could say Amen! to Kurt Sprengel's assertion made after writing a history of medi-

cine: "Skepticism in medicine is the top stone of the science, and it is the wisest part to regard all opinion with indifference and to adopt none." The great Law alone stands as something fixed—unalterable.

GIVING A NAME TO IT.—The law requires the physician to affix a name to the various diseases he handles, especially when death occurs, yet disease is a Protean affair, refusing to be the exact thing the civil law demands. To illustrate this read the following from the paper on poliomyelitis, by Dr. H. M. McClanahan, of Omaha, presented at the St. Louis meeting of the A. M. A.:

"It would be strange indeed if, in the presence of an epidemic like this, mistakes in diagnosis were not made. Except for the literature of the New York epidemic there was nothing in the text-books to guide physicians or to give them any adequate conception of its symptoms or nature and the literature of that epidemic was not available to the large majority of physicians. It was called summer grip, mysterious disease, spinal paralysis, cerebro-spinal meningitis and poliomyelitis. There were cases of the cerebral type that could not be differentiated from true meningitis except by lumbar puncture. This was done in a number of cases, and unfortunately one or two misleading reports were received by physicians concerning the bacteriologic findings."

Here we have disease kicking over the text-book traces, flouting the scientific bacteriologists and causing confusion to the law-abiding physicians. He didn't know what he was up against yet the law and the health office required it of him. There seems to be a good deal of dignified bluff necessary according to Dr. McClanahan to comply with the law. The truth seems to be that disease is not an entity, but a *condition* of the individual patient brought on by his heredity, his environment and his life. Scientific exactness is generally impossible so the quiet, dignified bluff is essential if the law is to be obeyed. This state of affairs or something akin to it was probably what Hahnemann had in mind when he urged the treatment of the patient and not the disease. The majority of diseases are indeterminate composites at best.

**NEWS ITEMS.**

Dr. L. Carl Smith has changed his residence from Chico to Point Richmond, California.

Dr. A. P. Schulz has removed from Iona to corner Grand River and 14th avenue, Detroit, Mich.

Dr. H. W. Schwartz writes that he has removed to Bluff, Yokahoma, Japan. Dr. Schwartz was originally an allopath, but has come over to the better and more scientific practice of Homœopathy. He has been in Japan for twenty-five years. He is always glad to meet or hear from visiting countrymen. It is well to keep his address if any one is contemplating visiting Japan.

We regret to hear that the offices of Drs. Bukk G. and Sprague Carleton were destroyed by fire. Until their former residence is rebuilt they will be located at 204 W. 55th street, New York City.

Dr. J. R. Newton has removed from Kansas City, Mo., to Dighton, Kansas.

The California State Board of Health have resolved that syphilis and gonorrhœa are infectious and must be reported to the health boards, if not by name, at least, by "office numbers." What good unidentified numbers will do is not apparent. Wonder what would be shown high, as well as low, were the lid lifted?

Dr. G. W. Harvey has removed from Millville, Cal., to Big Pine, Cal.

It cost the State of Michigan \$75,000 to quarantine a feeble-minded home. Even a small-pox scare will not prevent the taxpayer from thinking. A bronze medal, presumably for heroism, is to be presented to the brave soldiers who surrounded the home, apparently at awful peril. The influence of the home must have extended to the authorities.

Dr. E. Petrie Hoyle, whose address is "55 Kensington Palace Mansions, De Vere Gardens, W., London, England," has, "as a labor of love," taken up the section in the International Homœopathic Directory for the United States. It is desired that an increased number of homœopathic physicians in this country



should be represented in this Directory, which has been published for years. The cost is small. For particulars, address Dr. Hoyle as above.

### Indiana Notes.

The annual meeting of the Indiana Institute of Homœopathy will be held in Indianapolis, Ind., on Tuesday and Wednesday, May 16 and 17.

Dr. Geo. L. Shoemaker as health officer of the City of North Manchester, Indiana, has closed the schools, churches and theatres in his endeavor to control an epidemic of scarlet fever.

Dr. Emma Holloway, of N. Manchester, Ind., is wintering in Florida.

Dr. E. A. Huff, of Warsaw, Ind., will leave for South Dakota to sojourn for a year or two. Dr. Huff has not been in good health, and hopes to regain his former condition by "roughing it" on his farm.

Dr. J. D. Richer, of Warsaw, Ind., is one of the busy Homœopaths of Indiana. The doctor will enter his son in the Homœopathic Department of Ann Arbor University this fall.

Drs. C. A. Brown, H. P. Preston and F. W. Hill look after the interests of Homœopathy at Plymouth, Ind. Mr. Hill is an ardent disciple of Hahnemann.

Drs. E. Franz and A. Rensser, of Berne, Ind., are always busy.

These two doctors are the worthy successors of Dr. Peter Sprunger, who was the pioneer homœopathist of that section of Indiana. Dr. Sprunger was killed in a runaway accident some years ago.

Muncie, Indiana, is a "stronghold of Homœopathy." Drs. Martin, Owens, Bacon, Whitney and Hoyt are all enjoying large practices.

Dr. Flora Waddell is now located at Greenville, Ohio, having gone there from Warsaw.

Dr. V. E. Carr is also located at Greenville, Ohio.

Dr. F. P. Bitters, who formerly practiced so-called ||Regular

Medicine," is now "getting results" from good homœopathic prescribing, at Rochester, Ind.; also Dr. A. Brown has returned to his old field at Rochester, Ind.

Peru, Ind., is having an epidemic of typhoid. Drs. Eikenberry, Baldwin and Haas are making an enviable record in the care of these cases.

Drs. Holcombe and Thomas, of Kokomo, Ind., "make no bones" about consulting their repertories in the presence of patients—and they have a lot of them. The doctors are very successful Hahnemannian Homœopaths. Kent's Repertory is their favorite.

Drs. Andrews, Bergen and Wise ably represent the homœopathic school at Frankfort, Ind. Mr. John A. Rice, of the same city, has as complete a library and medicine equipment of things homœopathic, as is found in most doctors' offices, and he uses the equipment in the advancement of Homœopathy.

Dr. H. A. Adams, of Indianapolis, is the oculist and aurist of the homœopathic fraternity there, and is always busy.

One of the strongholds of Homœopathy in Indiana is located at Wabash. There being six practicing physicians located there of this school, viz.: The Drs. Jordan, J. G. S. Stewart, who, by the way, is one of four brothers, all homœopathic doctors, E. D. Pearson and Burke and La Salle, all are busy and successful physicians.

Homœopathic doctors in Indiana get their full share of public recognition as health officers and other professional appointments. Among the most popular officers are Dr. L. A. Mott, of Elwood, and Dr. E. J. Beardsley, of Alexandria.

Dr. A. E. Ayler, of Greencastle, Ind., is a leading surgeon in his community, and also looks after a large general practice. The doctor is a prominent Knight Templar, being Past Eminent Commander.

The homœopathic doctors of Terre Haute, Ind., were recently given an entire ward in the Catholic Hospital of their city. Drs. Waters, Bloomer, Schott, Baker and several other Homœos were instrumental in getting this recognition.

## PERSONAL.

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"The man left the hotel and didn't go back for it."

Stock Drops are only suitable for Bears, Clarence.

"Are you Mr. Brown?" "No, Green." "Excuse me. I'm a little color blind." Picked up.

Man struggles "to get there," also "to escape," also "to suppress." also "to be heard," also, etc., etc.

The best average proctologist is soap and water and a towel.

Just think! "mutt" isn't in the dictionary. ,

Fra Elburtus tells of a country doctor who refers to certain unpaid obstetric cases as R. F. D.

The man who habitually dreads possibilities has unlimited fear always for almost anything *may* happen—but generally doesn't.

Life insurance applicant said he had "never been fatally sick."

Another, that his father went to bed well and "woke up dead."

Another, parents "died suddenly; nothing serious."

Now they say that *b. influenza* may cause urethritis.

If you see "D. P. H." after a man's name, know that it stands for Doctor of Public Health.

Man in authority wants ample liberty to curtail the liberty of all under him.

One critic spoke of Flexner as "Carrie Nation."

They say there is no danger of insanity in a dull man.

What is the cause of a cause? For there is nothing without a cause and a cause is something.

A Wise Guy says "no great people is capable of self-government." Oh, ginger!

Mark Twain wanted his books in every home; but then so does every author, O Mark of beloved memory.

The habitual loser at bridge is always welcomed in good society.

"Every one is as God made him, and oftentimes a great deal worse."—*Cervantes*.

The difference between the ethical and the unethical proprietary is the J. A. M. A. endorsement.

"Not more than 12 to 15 deaths are attributable to 606 to date."—*Wolbarst*.

Dress an inanity in the verbal toga of the Greeks and most men will look wise when they hear it.

"Is this a Dimmercratic ward?" asked Pat at the hospital.

One Eminent (who does not advertise) advocates "fan therapy," while another goes him one better with "air-ship therapy."

# THE HOMŒOPATHIC RECORDER

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## THE SURGEON GENERAL'S REPORT, 1909.

"The Annual Report of the Surgeon General of the Public Health and Marine Hospital Service of the United States for the Fiscal Year 1909" is at hand. Probably the most interesting thing in it is the story of the Foot and Mouth Disease epidemic of 1905, which is now officially told.

The outbreak was brought to the attention of the Department during the latter part of November, 1908. The officials at once began an investigation and soon traced the disease to the vaccine laboratories of Parke, Davis & Co., Detroit, thence to the stock yards of East Buffalo, N. Y., whence it was ascertained that it came from Wayne county, Michigan, from 21 animals. "The investigations showed that these animals were rented by Parke, Davis & Co., as was the custom, vaccinated on September 23 and October 6, and returned to the owners October 16. On this date the animals were driven to the Detroit stock yards, watered and fed, and then taken to Elm, Mich., and dispersed. The appearance of the foot and mouth disease was observed on October 18 by the purchaser of 10 of these animals, and by other purchasers about the same time."

We may infer from this that probably the purchasers passed them on to others in a hurry. So the disease spread, costing the country, it has been estimated, about half a million dollars and almost ruining many small farmers by the drastic methods of the health board men. But to go back to the Report.

"During the inspections referred to above, information was received that the only vaccine virus used by Parke, Davis & Co., outside of their regular strains, was some manufactured by the H. K. Mulford Company, and purchased on the open market for comparative tests. Samples of the vaccine virus of this latter

firm were therefore secured and examined in the Hygienic Laboratory, and in his report of March 5, referred to above, the director stated that this vaccine was found to contain the virus of foot-and-mouth disease."

This ends what may be termed the direct testimony, for the Report does not go beyond the Mulford Company, but states that great efforts are being made to obtain "seed virus of absolute purity." Inasmuch as even Jenner did not know what this is, nor has the question ever been settled, it looks as if the Department had a real problem before it. In the meantime health board doctors, school boards and the courts continue to insist that the people must be inoculated with something the origin, nature and character of which seems to put the Surgeon General and his staff, together with the manufacturers, up in the air. It looks as if it would be in accordance with the proper use of the English language to cease using the word "scientific" in connection with the practice, for the reason that at root "science" is "knowing."

There is a delightful element of uncertainty in the whole of animal therapy, from the vaccine of Jenner down to the latest vaccine, antitoxin or serum. A manufacturer (if the term be allowable) of any of these products while exercising the greatest care may still run in a calf, cow, horse, goat or any other animal with a disease strain in its system, whose serum, vaccine or antitoxin spells confusion, disaster and death. That this is so is convincingly proved by what is quoted above. It is not improbable that the sudden succession of accidents that ever and anon perturb the health authorities and scare the public arise from this cause. We have heard (though whether true or not we cannot say) that vaccine makers can easily produce "points" that will always "take," but the trouble is the effects are rather alarming to one's peace of mind, so the effort is to produce that which will "take" but not too much. So the vaccine, serum, etc., manufacturer has his own peculiar worries, for there are said to be those who want a virus so strong that it would raise a blister on a lamp post. The wise homœopath ought to stick to his own very effective but harmless prophylactics rather than venture so brashly on the troubled, turbid and uncharted sea of "scientific" medicine, with its never-ending succession of "accidents." He is a legal and a licensed practitioner, and the law does not say



what he shall give his patients or how he shall give it; that is left to his judgment, even though certain officials seem to believe that *their* idea of what constitutes prophylaxis and medication is the law. No doubt they have good intentions, but we all remember what dogmatic old Samuel Johnson said about a certain place being paved with them. If a brother doctor wants his dose strong and his patient is satisfied, why, all right, but he, in turn, should keep hands off of those who prefer milder measures.

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## A CAUSTICUM CASE, WITH COMMENTS THEREON.

By R. F. Rabe, M. D., New York.

The case to be recited presents nothing unusual or new, but is reported from the standpoint of the materia medicist or prescriber rather than from that of the gynecologist. Hence, to a certain extent at least, the criticism of the latter concerning the omission of exact diagnosis is disarmed, although technically entirely justifiable.

Mrs. X, age 22, married three years. Before marriage had always had very profuse and prolonged menstrual periods, although these were invariably on time. Careful homœopathic treatment seems never to have corrected this menorrhagia. Shortly after her marriage at 19 years, a miscarriage, or rather an abortion, occurred at the end of her first month of pregnancy. So far as known, this was not artificially induced. She subsequently became pregnant again and went to term, giving birth to a healthy child.

After the abortion, as well as after the birth of her baby later on, the menorrhagia continued in spite of careful homœopathic prescribing at the hands of good men, together with local treatment and curettage. The baby was nursed for three months, but since the menstrual periods continued during lactation, the latter was abandoned.

The condition of the patient as noted at the time of my first examination of the case was as follows: Menses usually four to five days late, lasting eight to nine days and very profuse. The patient is irritable, apprehensive, fearful, and will not go

to the theatre for fear of fire or something happening. Sleep is unrefreshing. No appetite, but craves acids. Perspires easily, formerly was troubled by offensive foot-sweat. Axillary sweat of an offensive odor. Sweaty palms. Attacks of mental depression, coming at no particular time. Is inclined to constipation. After the abortion had symptoms of uterine prolapse, that is to say, bearing down sensations, but has had nothing of this since the birth of the baby. Has occasional waves of heat through the body. Face pale, yellowish, sickly in appearance. Patient maintains that she always feels better in rainy weather.

It will be observed that in addition to the menorrhagia we have also a pronounced neurasthenia of the common type to deal with. It will be further noted that the taking of the case reveals numerous symptoms which have absolutely nothing to do with the menorrhagia per se. For example, the general amelioration of the patient in wet weather seems absurdly irrelevant to the gynecologist, but to the materia medicist offers the open sesame to the cure of the patient. Unfortunately for the prescriber, a bimannual examination was not made, so that he is deprived of any corroborative evidence which such an investigation may have afforded. This is the weak point in the presentation of the case. Although the needful remedy was at once apparent, to prove the correctness of choice a rapid repertory analysis was made. By taking the most obvious as well as the most characteristic symptom of the case, we find that fourteen remedies are credited in the repertory with the production of cure of late and profuse menstruation. Of these, six are especially important. They are carbolic acid, causticum, kali carbonicum, kali iodatum, phosphorus and silicea. Of the entire fourteen, twelve produce the symptom of mental depression, another characteristic of the patient. Of these twelve, eleven are especially to be noted, and of these again, but two, causticum and phosphorus have the further peculiarity of causing a state of apprehension or fear. Of these remaining two candidates for selection, but one, causticum, is credited with the modality, general amelioration in wet weather.

Hence, if the logic of the analysis be correct, if the technique of selection be without flaw, the choice of remedy must be mathematically certain. A reference to and study of the pathogenesis of causticum shows the contention to be justified.

Since the administration of this remedy in two single doses, at an interval of about three weeks, the patient has improved in her general health, the fear and apprehensiveness have been almost overcome, and the menstrual periods are more nearly normal in amount than they have ever been. Cure seems assured.

That the technique of surgery is wonderful in its results when carefully applied in its proper sphere is admitted by all unprejudiced physicians. That there is an equally wonderful technique of scientific homœopathy in its legitimate sphere must also be conceded, or the reason for our being, as homœopaths at least, ceases to exist. The science of homœopathy is exact. *Quod erat demonstrandum!*

### Repertory Analysis.

- Menses late and profuse (Kent, p. 724, 2d Ed.)—*Carb. ac., caust., chol., cur., dulc., ferr, Kali c., kali iod., lach., nit. ac., phos., sil., staph., vib.*
- Mental depression (p. 75)—*Caust., chel., dulc., ferr., kali c., kali iod., lach., nit. ac., phos., sil., staph., vib.*
- Apprehensive (p. 45), fear that something will happen—*Caust., phos.*
- Amelioration in rainy weather (aggravation in dry weather), p. 1319—*Caust.*

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## SPECIFICS, SERUMS, GERMS.

By A. Pulford, M. D., Toledo, O.

For at least twenty years I have preached the fallacy of specifics, serums and germs to my patrons.

### Specifics.

For the past 3,000 years there has been a great scramble for a specific for any single disease, yet none has ever been found, nor ever will be. Why? Did you ever succeed in finding a single suit of clothes that would fit every man? One will be found just as quickly as the other. If one could only prescribe for a name then one would be on a fair way to discovery, but that name does not cover the complications. Take syphilis for instance. Syph-

ilis, *per se*, would not be a hard disease to eliminate, but it is not syphilis *alone* that you must reckon with, but Syphilis & Co. This company is often more exacting than Mr. Syphilis. *Mercurius* might be a specific for syphilis itself, but what is *Mercurius* going to do when Mr. Syphilis becomes associated with a cancerous, psoric or tuberculous or other constitutional taint, or gets into a *Calcareo*, *Phosphorus* or *Sulphur* patient? We fear not much. Then how about your specific? What is true of syphilis is true of all other diseases.

### Vaccines and Serums.

I have always declared that the use of vaccines and serums were in direct violation of Nature's laws, and we all know the penalty of violating these sacred laws. Nature wisely provided that *all* substances, liquids or solids, even pure, clear wholesome water included, should first pass through Nature's laboratory and be inspected, and if found acceptable, be digested, absorbed and assimilated, if not, rejected. Had Nature intended otherwise, provision would have been so made. Therefore, anything introduced directly into the body is done so in direct violation of all Nature's laws, and will always end sooner or later in disaster. As to the æsthetic practice of the vile, foulness of the vaccine and serum administration, in order to make plain, requires a comparison, while apt, rather inelegant. Vaccines and serums, like the stools, are something really excreted or thrown off. Now should your stool be handed back to you, even on a gold platter, would you partake of it? We rather think not. Yet you deliberately insult Nature and Nature's God by throwing these similar excrements, under the guise of vaccines and serums, back into the system after Nature had indignantly thrown them out. (Oh, blindness to the future kindly given, etc.) Should you, in bravado, partake of these bowel excrements, what would be the effect of this nasty, vile, nauseous dose; you well know. Come down to sober second thought, do you really and truly think for a moment that you can insult Nature's God and violate Nature's laws with impunity by throwing back, directly into the system, these vile vaccine and serum concoctions that this same Nature has so persistently and so indignantly thrown out? We rather think not.

### **Germ.**

Long before I ever heard of Béchamp or Pasteur I learned from my experience with worms in children that one germ life was not unlike another. That it took two elements to produce germ life, viz.: The germ and the soil. That man like the earth is merely soil under a different environ, and this soil of man contains the germ element of every form of disease, just as the earth contains the germ element of all form of life. That all that was necessary to produce that condition in man known as disease was to turn over the soil, and this is what every cold does. When this cold turns over the soil it produces what is known as a susceptibility to disease, in other words, it merely paves the way for the germination of whatever germ comes to the surface either from within or without.

We used to, in former years, drive out the worms, but now that we know he propagates and thrives in the undigested, decaying product of the alimentary canal, we no longer attack the intruder, but rectify the digestive process; then Mr. Worm, who cannot possibly thrive on a healthy soil, dons his gum shoes and "silently steals away in the night." What is true of the worm, is equally true of the germ, or more correctly, the disease germ. Correct the soil with the proper remedy or nosodes, and you will have no need of vaccines, serums and toxines or antitoxines any more than for vermifuges. The use of these things in the system is only equalled by the policeman, who is a poor marksman, shooting at a criminal who tries to lose himself in a crowd of innocent people. Somebody has got to die, and, 100 to 1, it will not be the criminal.

208 Wayne Bldg., Toledo, O.

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## **THE HOMŒOPATHIC TREATMENT OF MENTALLY AND PHYSICALLY DEFICIENT CHILDREN.**

**By P. R. Vessie, M. D., Cleveland, O.**

CASE NO. I.—Female, age 11. A fair blonde of a very beautiful and striking appearance but inclined to obesity. A suggestion of "pot-belly." Digestive apparatus sluggish. Could not speak, uttering a mere baby talk. Pretended to read from books, but



everything was simply imagination. Could not distinguish one letter from the other. No association of thought. Employed stereotyped sentences. For instance, "Am I not a nice girl, doctor?" Seeing an automobile she would say repeatedly, "An automobile, doctor?" Unable to write.

*Nux vomica* 3x removed the intestinal symptoms. *Calcarea carb.* 6x placed her in physical equilibrium. *Arsenicum iodide* 12x and 30x was given for her mental backwardness. Under this medication she was given an impulse to learn to write. After the initial difficulties were overcome by a certain systematical instruction she was very eager to learn, and was proud of her accomplishments. Her penmanship was of a graceful style. The baby talk disappeared and she gradually began to read. Arithmetic was very difficult for her to master.

She had a very poor memory for writing to dictation. *Oxytropis Lamberti* 1x to 2x administered faithfully for a month improved her memory wonderfully. She was sent to school, and is now pursuing her studies "marvelously," to use the word of her mother in her correspondence.

CASE No. 2.—Age 9. A very amiable girl. Microcephalus, blue eyes, auburn hair and delicate skin. Her parents had placed her in a state institution for feeble-minded. Infantile diarrhœa, slight salivation and mental dullness. A very offensive odor, however, which seemed to emanate from the entire body of the girl, made her most repulsive to everybody. In consequence of this she was isolated and neglected. Frequent baths did not eradicate the objectionable odor. For this latter complaint *Psorinum* 40m was given to the child on advice of Dr. J. Richey Horner. One dose daily for three consecutive days was given, and the odor left as if by a magical spell. *Calcarea phos.* 6x was administered for the cadaverous odor from the stool. The same became extinct in three to four weeks. *Natrum mur.* 12x eradicated the salivation. Enuresis was promptly relieved by means of drop doses of the tincture of *Belladonna*. Schooling was then instituted.

CASE No. 3.—Male, age 12, an amaurotic idiot. Obese and flabby. Testicles and penis undeveloped. Could read very little, and was afflicted with an impediment in his speech. Unable to write. The boy had a wonderful gift to imitate peculiar sounds

and the noises of many animals. Strabismus. Notched teeth. Left-handed. He was under tutorship for two years prior to taking the case.

*Calcarea carb.* 6x developed his mental faculties. It bettered his speech, he learned to write and gradually displayed a good memory. Then *Aurum met.* 12x was administered and his atrophic sexual organs grew to a normal size. Incidentally, his cruelty toward animals disappeared under *Aurum*. A profuse lachrymation and salivation disappeared promptly under *Natrum mur.* 6x and 12x. An inclination to protrude the tongue also ceased.

The use of the right hand in writing, etc., was established. This case was dismissed and lost track of on account of the hysterical attitude of his mother.

CASE No. 4.—Age 8. A frail, timid and light complexioned girl. Weakness inherited from her father and mother. Played with dolls for hours and mumbled to herself. Afraid to walk up and down stairs. Became hysterical when compelled to do so. Could neither read nor write. Her speech was unintelligible. No appetite. Enuresis. Emaciated and sallow. Left-handed. Father had consulted many authorities and considered her a hopeless case.

*Natrum mur.* 6x and *Silicea* 12x administered for about three months. She made absolutely no progress during this time. Her father was in despair. In the meantime *Belladonna* (low) relieved her immediately of the enuresis.

But, suddenly, after this prolonged quietus, she began to read, write and articulate correctly. When writing, however, she omitted vowels and wrote words backwards. She wrote with a tremor, but it gradually disappeared from the hand writing. The use of the right hand was encouraged.

*Silicea* was continued. At the end of the sixth month she began to speak complete sentences. At about the end of the ninth month the child was placed in the second reader of a public school. The following summer vacation the study of arithmetic was taken up privately and with success. The girl is now like other so-called normal children, although somewhat frail.

CASE No. 5.—Female, age 16. Tall, graceful and dark complexioned. Nervous, timid and defective in speech. Cessation of

menses for four years. Many apparently indicated remedies were tried for the suppression without results. Then *Ferrum iodide* 12x was administered t. i. d. This remedy was selected from the *Repertory* of the Biochemic Treatise, by Dr. Eric Graf Von der Goltz. On the morning of the fourth day she awoke with an eruption over her entire face and neck. In appearance it was dark-red and mottled. Itching was excessive. Very restless. The menstruation also made its appearance. By the introduction of this rash discovery was made of a history of a tropical eczema while at Porto Rico four years ago. Her father, a minister, stated that it was diagnosed as such by the physician on that island. These Spanish physicians had applied some ointment on the eruption which was seemingly cured, but was immediately followed by a suppression of her menses.

The suppressed eruption disappeared in about two days. Four weeks thereafter the flow did not reappear as was expected in spite of the continuation of *Ferrum iodide* 12x. On advice of Dr. Eric Graf Von der Goltz the remedy was given in the 30th with prompt and successive periods. The girl's disposition changed rapidly. The speech defect was removed by instruction.

No. 4405 Windsor Ave., N. E.

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## HAHNEMANN AND HOMŒOPATHY.

Prepared by Dr. Fred. Sperling, Savoy Theatre Building,  
Wilkes Barre, Pa.

Christian Frederick Samuel Hahnemann was born at Meissen, April, 1755, and died in Paris in 1845. Of all the noted men it would be difficult to find one so well equipped for his work as Samuel Hahnemann, and yet so misrepresented. His father was the originator of china decorating. His secret of painting was jealously guarded and a very few men were able to follow his method of painting after much learning. His father daily drilled him in thinking lessons "and instructed him to accept nothing blindly on authority, but to thoroughly investigate it first himself and then accept it if it be correct."

Under untold difficulties he gained his education at Leipsic, Vienna and Erlangen, where he received his degree of medi-

cine. In his education nothing but the best did he have. He was brought up in a town where some of our greatest men had lived and received their education. While in college, yet very young, he wrote a Latin theme, entitled "The Wonderful Construction of the Human Hand."

In spite of his many hardships and difficulties he arose to such prominence that the men recognized him as one of the foremost scholars in science. Many professors came to him for advice. His success was certain, as was shown when he wrote the following: "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."

Hahnemann toiled hard for years and years until his hair became gray for the good of humanity, against bitter opposition. He was a builder of life and did not work for possession as many men do nowadays. Dudgeon, in his biography of Hahnemann, says: "We may form some idea of his immense industry when we consider that he proved about ninety different medicines, that he wrote upwards of seventy original books on medicine and chemistry, that he translated twenty-four works from the English, French, Italian and Latin on Chemistry, Medicine, Agriculture and General Literature." He was an accomplished classical scholar and philologist, and he had more than a superficial acquaintance with Botany, Astronomy, Meteorology and Geography. This, in brief, is part of Hahnemann's preparation to study medicine.

He studied the Allopathic method of practice and soon developed into a well equipped physician. He said "it was agony for him when he had to heal the sick to prescribe, according to such and such a hypothesis concerning disease, substances which owe their place in materia medica to an arbitrary decision." Here he brings into play what his father taught him. Being a man of strong conviction and ever ready to accept what was logic, began to abandon the regular practice of medicine rather than incur the risk of doing injury. He was dissatisfied about some contradictory statement relating to certain drugs when Cullen's *Materia Medica* was being translated, and as he began the re-examining of certain drugs which led him to formulate the principles of Homœopathy.

On account of the system he founded he was repeatedly denounced by many of the medical profession and referred to in literature as a "dreamer," a "knave." Having established a lucrative practice he decided to establish a new system of medicine, one founded upon a scientific basis with a rock formation. Realizing the deplorable results in prescribing medicine, and seeing no good was being wrought, he began studying chemistry.

As a chemist he developed pronounced skill and won much fame. He devised many tests, which are still in use to-day. He carried out many interesting experiments which attracted the prominent chemists to his laboratory. It was by these tests that influential men placed an unlimited amount of material and means at his disposal by which he could continue his experiments. Guizot, the French Minister of Education, said: "Hahnemann is a scholar of great merit."

In 1790, while translating Cullen's *Materia Medica*, he observed the fever producing power of *Cinchona*, which led him to discover the laws of similars. While translating, it occurred to him that the pathogenetic effect of a drug might be a key to its therapeutic power. By taking this suggestion and verifying same by experimenting and demonstrating the virtues of new drugs on the healthy being gave him the foundation for his great law.

Later, he wrote an essay on "A New Principle for Ascertaining the Curative Power of Drugs." He expressed his law in these words: "Plain experience, an infallible oracle in the art of healing, proves to us, in every careful experiment, that the particular medicine whose action upon persons in health produces the greatest number of symptoms resembling the disease which it is intended to cure possesses also in reality the power of suppressing, in a radical, prompt and permanent manner, the totality of these morbid symptoms."

This book was written about 1795 and published at Königs-lutter in 1796. In this article he also states the practice of medicine that was existing at that time shows why chemistry does not reveal the action of the drugs in disease, why animal experimentation was an unreliable guide, but that drugs should be tested upon healthy human beings.

Hahnemann instituted the only scientific method of ascertain-



ing the exact effects of drugs upon the human organism, namely, by administering them to the human beings, and recording the symptoms and conditions produced by them. No educated man will dispute this fact. Hahnemann was the first medical practitioner who made provings upon the healthy human being and made thereby a systematic study, recording accurately all facts in connection with each case.

Hahnemann was so far ahead of his time in knowledge that it was fully fifty years after his first provings were made that the dominant school of medicine began to realize the excellent methods he had established.

Following this article, he wrote "Are the Obstacles of Certainty and Simplicity in Practical Medicine Insurmountable?" In this work he strongly advocates the use of a single remedy.

In 1805 he wrote "The Medicine of Experience." In 1809 he wrote "The Three Possible Methods of Curing Disease."

Hahnemann received very little comment upon his excellent work by the old school physicians. Dr. Valentine Mott, a leading American surgeon, was fair, and believed in the truth when he said: "Hahnemann was one of the most accomplished and scientific physicians of the present age." Dr. Vanderveer, of Albany, N. Y., delivered an address on "Professional Ethics," which appeared in the *New York Medical Journal*, January 30, 1909. In this article he strongly confirms that Hahnemann has a law of medicine, and that respect should be shown the member of the homœopathic school.

Goethe's, the philosopher and writer of *Faust*, prophesy in regard to Hahnemann and Homœopathy surely has come true. He said: "Hahnemann, that rare combination of philosophy and learning, whose system must eventually bring about ruin of the ordinary receipt-crowned heads, but is still little accepted by practitioners and rather shunned than investigated." Zeiste. *Blotter*, Vol. II., *History of Hahnemann*, p. 257. Heinigke.

In 1771 Albrecht von Haller wrote in the *Swiss Pharmacopœia*: "In the first place, the remedy is to be tried on a healthy body without any foreign substance mixed in it. A small dose is to be taken, and attention is to be directed to every effect produced by it, *i. e.*, on the pulse, temperature, the respiration and secretions. Having obtained these obvious phe-

nomena in health, you may then pass on to experiment on the body in the state of disease."

Samuel Hahnemann, in 1805, adopted this method, and should receive full credit for same. As the results of his experiments, he wrote his first volume of drug provings under the title of "Fragmenta de Viribus."

Many of the profession since the time of Hahnemann have employed a materia medica composed of physiological provings made by animal experimentation and by experiments upon the sick. A rational system of materia medica cannot be established upon experiments upon animals. The experiments must be made upon man. There is a great difference between man and the lower animals; in man there is a greater development of the central nervous system and more especially in the psychic area.

In Hahnemann's "Lesser Writings," he shows how the action of drugs vary on different animals and how results are frequently valueless. He says: "A pig can swallow a large quantity of *Nux vomica* without injury and yet men have been killed with fifteen grains; a dog bore an ounce of fresh leaves, flowers and seeds of monkshood; and horses eat it when dried without injury. A wolf's stomach, poisoned by monkshood, was found inflated, but not that of a cat poisoned by the same substance."

The toxicological records in human subjects are far more important than those of animal poisoning. The sick, as most know, are uncertain subjects upon which to study true drug action. If a poison were taken by a healthy individual the records of such poisoning often are similar to those of drug provings. In selecting a sick subject to experiment upon one must be an expert in order to separate the symptoms of the disease from which the patient is suffering, reject other useless symptoms that may be present and which do not relate to this particular disease.

In paragraph 107 of the *Organon*, Hahnemann says: "If for the purpose of investigation drugs are given only to sick persons, and even if these drugs are administered singly and in simple forms, little or nothing of a definite kind will be seen of their pure drug effects, because the changes of health which these drugs may actually be expected to produce would be mingled with the symptoms of the natural disease, so as to become obscured and rarely to be distinctly visible."

It has been briefly shown that neither from experiments upon lower animals nor from cases of poisoning of human beings, nor experiments upon the sick, have we altogether received a complete drug pathogenesis upon which to base a rational system of materia medica and therapeutics. Consequently there is only one method to pursue in determining the action of drugs and that method is the one Hahnemann developed by administering drugs to healthy human beings and noting their effects.

By this method Hahnemann gave to the world a complete book of drug action and their power as healing agents. He recommends the use of fresh plants for tinctures whenever they are obtainable. Recently I read an article written in an old school journal, where it was stated that Hippocrates knew of the method which Hahnemann used. This is true, yet it was Hahnemann who investigated it and put it into a proper place in therapeutics.

The drug provings, as recorded by Hahnemann, are unchangeable. They are the same now as they were in 1805. The pathology is changing; however, the facts of drug action will never change. By present day provings we have corroborated Hahnemann's records again and again; they are the truth, giving positive therapeutics that gives us a rational basis upon which to place therapeutics.

In the laboratory of physical chemistry there has been scientifically proven the value of infinitesimal or the theory of dissociation of molecules. "Take a chemical when dissolved: it is dissociated into parts or particles smaller than atoms and known as ions. The more diluted the solution, the greater is the dissociation and consequently the atoms are less in number and ions increased. In a solution infinitely dilute, the dissociation is absolute and the chemical is present only in a state of ionization."

In a grain of *Calcium* there are enormous numbers of molecules, and in order to reach them a solution sufficient to bring about the dissociation of the molecule itself, it is readily seen that the volume of the solvent must be immense.

The dissociation of the simplest drug is not complete under the sixth dilution. In order to obtain complete ionization we must have an infinite dilution. This fact has been proven by recent researches in various chemical laboratories; consequently, we are prepared to say that "the therapeutic value of the drug

is not lost when it is placed in such dilution as to represent an amount, by any present means of determination, less than any assignable or measureable quantity."

The homœopathic physician can and has verified, time and time again, cures made with remedies in various dilutions which were beyond the beginning of dissociation and in some cases beyond complete ionization.

Professor Strutt, of Trinity College, Cambridge, put forth a book, entitled "The Becquerel Rays," in which he explains the action of radio active bodies. He says: "By placing a specimen of radium bromide in a glass tube and gently heating, a small amount of gas will evolve, the volume of which would not exceed a pin's head. The emanation emitted by such a quantity of radium is absolutely infinitesimal since this method is procured in very small amounts. The emanation is mixed with many times its own volume in air, the mixture will contain all the properties of pure radium. This mixture is very active and its results in the treatment of cancerous tissues are wonderful. It has been stated by various demonstrators that such a mixture generates a solid deposit which is invisible. Professor Strutt continues to say in regard to this invisible deposit, "there lies latent in every atom of this emanation from radium a quantity of energy absolutely gigantic."

The scientific world has accepted these demonstrations and facts produced by Professor Strutt; however, they fail to reward Samuel Hahnemann for his faithful time he spent in demonstrating this law a hundred years previous.

Dr. Alfred Robin, an eminent Parisian physician, of the old school, lately reports his wonderful results obtained from administering minute amounts of our most expensive metals. The experiments were with gold, silver, and platinum. He discovered that "almost infinitesimal doses are endowed with great activity." His solution of gold, given in treatments, corresponds to our fifth decimal dilution and such results were produced that he could accurately record the symptoms, which were, in many instances, identical with Hahnemann's provings. Many writers claim that our remedies were inert when dispensed in high dilution, still such a prominent physician as Dr. Robin has demonstrated to the entire satisfaction of most of the scientists that infinitesimal doses are powerful.

Dr. Robin further writes: "In the above mentioned solution," he says, "the atoms of the metal separated as widely as possible are, as it were, liberated, autonomous in their activity, and susceptible in this way of developing greater energy. It is not difficult to conceive that these simple bodies, even in the infinitesimal doses in which they are found, are capable of influencing the chemical reactions of elementary nutrition."

Dr. Robin draws the following conclusions from his experiments:

1. "That metals in extreme subdivisions are capable of remarkable physiological action, out of all proportion to the amount of metal used."

2. "That such metals, acting in doses which the therapeutics considered heretofore as ineffectual and useless, by making a profound impression on some of the chemical processes of life whose deviation are connected with many morbid conditions, are probably destined to take an important place among the remedies of functional therapeutics."

By means of a solution we get the most complete division, and in infinitesimal solution is found the most powerful chemical action.

Hahnemann was not narrow in his views on dietetics and by his writings we are led to believe that he gave considerable attention to it, while, during his time, little was written upon this subject by other physicians. He laid down some excellent rules which are being followed at the present time. His ideas on febrile cases are in strict accord with modern ideas.

Concerning the stomach, he writes: "Is not everyone's stomach as peculiar as every person's foot, which the shoe of another will not and cannot fit?" What, then, is your infallible guide to the only saving system of dietetics? He replies: "Moderation and attention to what best suits our individual constitution in every condition. I will allow a finger to be cut off if this be not the natural religion of the stomach and the only infallible dietetic rule for every one. . . . Moderation, strict moderation, that is not to be bribed by a pampered, corrupt palate, is a sublime corporeal virtue, without which we cannot become healthy nor happy."

In Section 259 of the *Organon* we read: "The minuteness



of the dose required in homœopathic practice makes it necessary that every other kind of medicinal influence that might cause disturbance should be avoided in the diet and regimen of patients, in order that the highly rarefied dose may not be counteracted, overpowered or disturbed by extraneous medicinal influences." In a footnote to this paragraph, we read: "The distant and mellow tones of the flute, which, in the silent hours of night, would melt a tender heart, and the discordant and tumultuous sounds of the busy day."

Hahnemann, in his acute and chronic cases, aside from the remedy included with the homœopathic treatment a carefully selected diet list and with this aid gained such success that his Allopathic friends ascribed it exclusively to his dietetics and sanitary precautions.

In answer to their belief, he said: "Strict diet is not a curative agent in the treatment of chronic diseases. The cure depends chiefly upon the medical treatment. This is proved by the fact that many patients have followed, for years, the strictest diet without being able to obtain relief. By wisely yielding to circumstances the physician effects the cure more certainly and more perfectly than by obstinately insisting upon a mode of life which it is impossible for the patient to follow. If their strength permit, the journeymen ought to continue his labor, the artisan to work at his trade, the farmer to attend to his business in the fields, the housekeeper to her domestic concern; only which is generally injurious to health ought to be carefully avoided."

He advised his patients to avoid using coffee, as he considered it a detriment. Those who are accustomed to its regular use should decrease their consumption of coffee while under the homœopathic treatment rather than to discontinue it entirely.

The situation of the old school of practice is that they do not favor medicines. Osler, who leads the old school, says: "Be skeptical of pharmacopœia; he is the best doctor who knows the worthlessness of most medicines."

Some accuses Homœopathy as sectarianism. The sectarianism cannot be classed with us since we use a recognized law and uniformly follow it, which are evidences of real science. The Homœopath believes there is a law of therapeutics, and with his

knowledge of *materia medica* he proceeds scientifically to use his knowledge in relieving the sick. Definite and positive symptoms of disease call for the same remedy no matter who the prescriber is or where he is located.

One who employs a Homœopath receives all that the dominant schools offer and in addition, one who is skilled in prescribing according to the homœopathic *materia medica*. There is a possibility that you will escape surgical procedure. He reduces his chances for mortality and decreases the duration of his illness.

Hahnemann was not only a scientist, but also a man of common sense and one who was far ahead of his time in hygiene. Hygiene is a direct prevention of disease and, furthermore, includes anything which increases our resistance or improves our vitality.

In 1784 Hahnemann produced his book, entitled "Directions for Curing Radically Old Sores and Indolent Ulcers." In this interesting book he gives many excellent ideas relating to hygiene. In 1792 and 1795, respectively, he wrote "Friend of Health," Vol. I.-II. This book was published to advise the people how to live. He states in a very accurate way what rules must be employed in public and private hygiene.

To show how important he deemed the general knowledge of hygiene, may I quote the following from his book "Friend of Health:" "My mission does not permit me to point out the means of ennobling the mind. It behooves me only to preach the greatest of corporeal blessings, namely, health, which scarcely any take the trouble to seek after and few know how to value until it is lost." And a few pages further on he says: "To take ourselves to task about pernicious habits, to study our own system, to follow the regimen most appropriate for our own constitution, and heroically to deny ourselves everything that has a tendency to undermine our own health, or that may already have done so, to bestow a thought upon all this, is held to be puerile, old fashioned and vulgar." "Oh! that I were so fortunate as to be able to contribute something to the happiness of mankind. If they would but listen to the voice of a friend. In a few years, nay, days, we have reached the termination of our earthly life; would that I could now and then prolong it for but a few hours."

Would that I could improve it, were it only in trivial things.”

In a special article on “Things That Spoil the Air,” he thoroughly discusses conditions which injuriously affect the air in our homes and undermine our health. In speaking of the ventilation of our living rooms, he says: “We should rather seek to save wood by using well-constructed stoves than by stopping up every hole and cranny in the doors and windows, exclude every breath of air, as is done by many persons of slender and moderate means. Such persons must be ignorant of the incalculable value of air, who paste up with paper every chink and hole, and even hang up cloths before their doors, and thus retain all the unwholesome exhalations from the pores of the skin and from the lungs in their small rooms, so as to respire, instead of life and health, disease and death. I have seen melancholy examples of this nature, and I fear that my warning will have some difficulty in penetrating to the miserable cellars they have themselves selected.”

Hahnemann advocated large, airy rooms, with large windows, and that the temperature be moderate. Hahnemann writes: “It is great cruelty to shut up many prisoners together without allowing, at least, 500 cubic feet of air space for each. If this be not allowed, the better ones among the prisoners are exposed to much annoyance by the bad behaviour of the worse ones.”

He also says: “Odors of all kinds should be kept from the living and sleeping rooms. Those who are particular ought not to use the room in which food has been served and eaten, until thorough ventilation has removed the vapors and odors of cooking.” . . . “Generally, substances which give off much odor markedly spoil the air.”

Hahnemann knew how important daily walks in the open air were, as is quoted in the following: “Next to nourishment, exercise is what is most important for the animal machine. By it the clock-work is wound up. These delicate creatures should not be confined to needle work, nor allowed to loiter over the toilet table, to play cards, to pay tedious visits or to read enervating books whereby they would be reduced to colorless plants grown in a cellar. Exercise and wholesome air alone suffice to determine all the parts of our body to their proper places, compel the excretory organs to throw off their accumulated moisture,

give strength to the muscles, communicate to the blood its highest degree of redness, attenuate the humors so that they can readily penetrate the remotest capillary vessels, strengthen the heart's beats, establish healthy digestion. They are the best means for obtaining repose and sleep, whereby refreshment and renewal of the vital spirits are secured."

In his book, "Directions for Curing Radically Old Sores and Indolent Ulcers," he mentioned many facts which relate to the common diseases of to-day. On page 77, in speaking of chlorosis, he says: "The modern dress of our women is a very frequent cause for amenorrhœa; this being due to compression of the abdominal and pelvic vessels;" further, he says: "Varicose veins are caused by sedentary habits, tight lacing and circular garter."

He wrote an excellent pamphlet, "Manual for Mothers," in which he outlined clearly the various diseases produced by the tight fitting corset. How clearly he describes the way organs are compressed, when he wrote, "Amid how many attacks of faintness will not you lady express her thanks to her host, after having worked away for hours at her toilette preparing for the festivities, in the endeavor to diminish by one-third the capacity of her chest by means of a whalebone apparatus, until drawn in so tightly as to look like a wasp, she could scarcely take in air enough to support her life in a pure atmosphere!"

Dr. Osler, who is at the head of the old school, says there is practically no difference between the Allopathic and Homœopathic therapeutics, as regards the dietetics. Dr. Osler says: "There probably has never been a time in the history of the profession when the value of the diet in the prevention and cure of disease was more fully recognized . . . the valuable lesson of Homœopathy, and the skepticism of Paris and Vienna physicians." It was this last sentence which led him to place more reliance on hygienic measures than on drugs.

Hahnemann, in 1792, wrote: "Malignant fevers that spread among the people have usually, at all events, often, a contagious character, notwithstanding that some of my colleagues have endeavored most learnedly to prove the contrary."

In a pamphlet, published in 1837, Hahnemann gave explicit views of the Asiatic cholera, stating that this disease was con-

tagious and that the sick is its chief propagator. Hufeland and other scientists, at this time, ascribed this disease to atmospheric causes. Hahnemann, being firm in his conviction, further explains that "the infection is due to millions of those miasmatic animated beings, which, at first, developed on the broad, marshy banks of the tepid Ganges. They always search out, in preference, the human being to his destruction, and attach themselves closely to him. When transferred to distant and even colder countries, these animated miasms become habituated to those regions also, without any diminution either of their unhappy fertility or their fatal destructiveness. . . . Of these two opinions, one only can be the right one, and that which is found to be the correct one, will, like all truths, exercise a great influence on the welfare of mankind."

Since Koch recently discovered the bacillus which caused cholera we are led to believe that Hahnemann's idea (of 1837) as to the cause of cholera was true, while theories of so famous a physician as Hufeland were entirely wrong.

Hahnemann, in a series of pamphlets written on infectious diseases, places much importance upon the subject of immunity. He advises that all physicians must become familiar with infectious diseases, that they should make frequent, but short visits to these cases so that they become accustomed to them, that the young physicians are soonest carried off when they neglect insufficient known precaution. Again, "Nurses who have before attended patients affected with the complaint are more secure from infection than are those who have not."

He gives explicit instructions that infectious cases should be isolated: "For it is the only means on which we can rely for checking epidemics in their incipiency. . . . If it be left to the individual to preserve himself from infection, even with the help of published advice, experience teaches us that all such recommendations do little good—and often, in spite of the best intentions, cannot be carried out. Just as the police, when a conflagration breaks out in a town, do not leave it to the caprice of the possessor of the house, to extinguish the fire in the way he thinks fit. . . . If ever the better part of the public ought anxiously to look to the authorities and to the police for protection, it is in the case of invasion of epidemics. If the pro-



tecting divinities of the fatherland do not stretch forth their powerful hands on that occasion, where else can we look for deliverance from the danger?"

So perfect was Hahnemann in his prevention of diseases that he recommended the extra pay to officers who detected cases of infectious disease and transferred them to the hospital, because "Persons so dangerous to the community cease to belong to their friends. From the nature of the malady they come under the surveillance of the state, and they belong to the state until they are rendered innocuous." He recommended that such officers be thoroughly disinfected and isolated for a period of ten days, if necessary.

In a lecture by Prof. Dr. Wolff, of Stuttgart, Germany, November 22, 1906, he mentions that to prevent the spread of infectious diseases the physician must have the co-operation of the legal and administrative authorities. Old time customs should be overthrown by the aid of the law and police. That the laws ought to compel persons having infectious diseases or suspected to have same, be placed in a special hospital in order to nip the epidemics in the bud. The above is identical with Hahnemann's writing in 1792 and this shows us how far ahead of his time he was.

He wrote a letter to the Minister of Police, and afterwards had same published, entitled "Plans for Eradicating Malignant Fevers." The following are some of the paragraphs:

(1) "Let a hospital or other public building without the gates of the town be prepared, solely for the reception of such patients; the court-yard must be surrounded by a stone or wooden fence, as high as a man.

(2) "From twenty to thirty cheap bedsteads are requisite, provided with straw mattresses and frieze coverings.

(3) "The male and female nurses—of whom there should be one for every four or five patients—must always remain in the house with their patients, and should never go outside the door. The food and medicines they require should be brought to them daily in the open court by persons who should immediately afterwards retire, so that the two parties will not approach within three paces of each other, and nothing should be brought from the house into the town.

(4) "In order to enforce this regulation, place a guard of two soldiers before the outer door, which they only are to open, and command them to let no one but these persons and the physicians and surgeons in and out.

(5) "A small sentry-box formed of boards will protect them from the weather, outside of which should hang a linen (or still better, an oil cloth) cloak for the physician and surgeon, which they should put on when they enter the house and lay aside on leaving it.

(6) "The medical officers should get a written notice of the mode in which it is desirable that they should protect themselves and others from infection, and the attendants of the sick should get instructions of a similar character.

(7) "All who fall ill of this malignant, nervous fever in the town (the police officers should get a gratuity for all they detect) should be removed to the hospital by their friends in a covered sedan chair kept for this purpose in the courtyard of the hospital, and there they should be taken care of and cured."

Hahnemann gave considerable attention to disinfection, which appeared in his "Friend of Health and Suggestions for the Prevention of Epidemics in General, Especially in Town." He wrote considerable on the ways germs ought to be destroyed, stating: "Those who have been engaged about such patients should not approach others too nearly, until they have changed their clothes they had on when near the patient, and the former should be hung up in an airy place, where no one should go near them until we again need them to visit our patients. Next the sick room infection takes place most easily by means of such clothing, although the person who visits the patient may not have undergone any infection. . . . Linen should not be used again without first being immersed in hot water, preferably containing vinegar, and exposed to the open air or thoroughly subjected to the fumes of sulphur." Referring to hospital nurses, he says: "All their articles of clothing and their linen they have used during their residence in the hospital should be placed in an oven of the temperature of a baker's oven after the bread has been removed, 302° F., and kept there for at least a quarter of an hour."

Hahnemann was a most excellent observer and rarely anything of importance escaped his writings on "Prevention of Disease."

He writes, rag pickers ought not to live anywhere except in isolated houses about the mills. Dealers in second hand clothes should only be allowed to carry on business in open shops, and should be prohibited from selling their goods in houses under penalty of imprisonment. He recommended the cleaning of prisons, especially the cell after the prisoner has vacated. He mentions about the spread of diseases by kissing, hand-shaking, receiving second-hand furniture, receiving strange animals, etc., without due precaution.

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## A DEFENCE OF VACCINATION AND ANTITOXIN.

To the Editor of the HOMŒOPATHIC RECORDER:

I have read the RECORDER very religiously the past year, at the expense of my other journals, about two dozen of which lie unopened in my office. I have enjoyed the articles on *Materia Medica*, but I am sorry to see so much space given to knocking the earnest endeavors of the old school to cure the sick, for I do not believe that Homœopathy will gain anything in that way.

Your opinions about vaccination and antitoxin do not agree with mine. Mine are based on my experience and perhaps yours are on your experience. Certainly the one who uses these things is the one to condemn or to praise them. I hope that you are right, but until we have better proof I want my children vaccinated and also to have antitoxine used on them when they have diphtheria. I hope *Variolinum* will prove itself capable of replacing vaccination, but I fail to see how it can be good for anything as a preventive of small-pox, if vaccine virus has no virtue along that line. I formerly was a vaccination officer for the Department of Health, and the number that I have vaccinated must be in the thousands. I have yet to learn of any serious result or even a very bad arm in any that I vaccinated, and it was the rule to follow up each case to learn the result. When I began to practice medicine every case of diphtheria that I saw (in connection with other homœopathic physicians—as I had no cases of my own there) died, under homœopathic treatment.

Sixteen years ago I investigated the records of the Health Department here and found that the percentage of deaths of

cases of scarlet fever and measles were much lower under homœopathic treatment, but that the death rate for diphtheria was much lower under old school treatment. Since that time I have used antitoxine on all severe cases of diphtheria in my practice, and I have lost two cases in sixteen years. I believe I have had at least my share, if not more so, of these cases. I have seen several mild cases recover under the homœopathic treatment. For the last seven years I have been assigned to injecting antitoxine and intubation for the Health Department. I have injected hundreds of cases and have immunized or assisted to immunize thousands.

I have seen stated in the RECORDER that cases of diphtheria are scarce, or something to that effect. I grant that is so among the better class of people, but I have frequently injected four to six cases of true diphtheria in a day among those who are not so well to do. I have rarely seen a case die that was not in a very bad condition when injected. It is the exception to see the cases of prolonged illness, including nephritis and various forms of paralysis which were so common before the days of antitoxine. Diphtheritic croup is certainly much more rare from the effect of antitoxine. I have proved that repeatedly; but many cases that I see have been neglected, and from December, 1909, to August, 1910, I performed fifty intubations. Also February 20, 1911, I performed three intubations. I admit that I frequently inject cases of tonsilitis and of scarlet fever. I have yet to see a bad result from antitoxine in these cases. If it is bad in diphtheria, then why not in these cases? There is plenty of true diphtheria, however, in certain sections of our city.

I should like to throw out a challenge (through the RECORDER, if you like) to the homœopathic profession of Brooklyn to let me see cases of true diphtheria with them to see the results of the indicated remedy, and I will gladly show them the result of the use of antitoxine almost any time they may desire. It may be we are not good prescribers, but to follow the RECORDER'S advice of not using antitoxine in diphtheria at the present time I believe would result in the loss of the lives of many children. I believe there are many in our school who have this same opinion, and I know many use antitoxine for their cases who do not come out and give it credit. I feel it is time that some one said some-

thing, and I have tried to reply to some of the statements that I have seen in the RECORDER during the past year.

One of my children had antitoxine for diphtheria, and it quickly dissipated croup that was developing. Her mother and myself also had diphtheria at that time, and we are very grateful for antitoxine. I wish I had been immunized previously. Since that, the same child has had antitoxine, as a clinical diagnosis was not positive; also another child, who has a weak heart, was immunized. She appeared more vigorous and lively after the injection than before.

In my experience death has been the exception where antitoxine was used in diphtheria, and the rule where it was not used. I give my experience for what it is worth, and hope to see the day when vaccination and antitoxine will be supplanted by something better. I believe that time has not come yet, and that diphtheria antitoxin is as near a specific as anything can be.

Very sincerely yours,

EDWIN R. BEDFORD.

352 Hancock St., Brooklyn, N. Y., Feb. 23, 1911.

#### **Answer.**

We take pleasure in giving space to Dr. Bedford's letter, for, as has been said before, the RECORDER aims at being a medical forum, where free, courteous speech prevails. A physician should be free to use such methods as he believes is best, for the responsibility is on him. Hundreds of good homœopathic physicians believe in antitoxin, vaccination and other methods of the old school at times, and it is their right to employ those methods. It is also the part of sanity to discuss them pro and con. The RECORDER does not believe in hypodermic medication, holding that, in the long run, it is bad for the human race to have foreign substance (especially from animals) forcibly injected into the blood. Others are free to believe and practice (and write to this journal) otherwise, and there is no quarrel. Nothing of truth is hurt by light, and light is what is sought.—Editor of the HOMŒOPATHIC RECORDER.



## THE VIEW-POINT OF THE NATIONAL LEAGUE FOR MEDICAL FREEDOM.

To the Editor of the HOMŒOPATHIC RECORDER:

As a director of the National League for Medical Freedom and an enthusiastic participant in its activities, I desire to determine, if possible, why it is that so many Homœopaths have manifested an indifference to the League's effectual protests against political interference in medical matters. I do not know to what extent you personally have taken part in the fight that we are waging, and I ask, therefore, that you pay me the courtesy of reading with care what I have to say in regard to this matter, and if you decide, after an investigation of the facts that I shall present, that you have no interest in the success or failure of the National League for Medical Freedom, then be sure that I will not molest you further in the premises.

In the first place, let me call your attention to the fact that the League has on record a proposition addressed to the American Medical Association and to the Committee of One Hundred offering immediately to desist from further activities if either could show from an examination of our books or in any other way that we have ever accepted any moneys whatever from the patent medicine interests. Although this challenge has not been accepted, the malignant charge continues to be sent out by the politicians of the American Medical Association. On the other hand, we credit the American Medical Association with a greater degree of sincerity when it charges that our membership is composed of fakirs and swindlers, for, as you know, it is held by the A. M. A. that all non-members of its organization belong in this catalogue of undesirables.

Regardless of this unsavory thrust of the American Medical Association, we have no condition of membership beyond the simple acknowledgment of a desire to prevent a monopoly of the healing art by any sect or school. It matters not to us whether one believes in Allopathy or Christian Science, in Homœopathy or Osteopathy, or any other system, the League holds that each has a right to his opinion and that all have the right to Medical Freedom.

I am sending you a small amount of our literature with the

hope that it will arouse in you a desire for more, which we will be glad to send you upon request. Your opinion upon this propaganda will be greatly appreciated.

Fraternally yours,

LEWIS P. CRUTCHER.

Metropolitan Building, New York City.

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**UNDISCOVERED THERAPEUTIC VALUES.  
ARALIA RACEMOSA.**

To the Editor of the HOMŒOPATHIC RECORDER:

I am often led to wonder what wealth of therapeutic efficiency there may be in our most familiar remedies that has not been discovered. Almost every physician, I suppose, has the experience of securing results sometimes from familiar remedies which cannot be fully accounted for by any known provings. My latest experience in this line was with *Aralia racemosa*. Though we know that this remedy has been much used in domestic practice for coughs, we seem to possess little reliable information as to the range of its applicability.

A patient of mine suffered from severe bronchial trouble with much cough and expectoration that did not yield to any of the remedies with which I tried to relieve it, until, without any guiding symptoms, it occurred to me to try *Aralia*.

The effect was instantaneous almost and marvelously satisfactory. The whole trouble vanished in a day, leaving my patient fully restored to health. No cough or bronchial trouble since, though constantly subject to such ailment before that.

Still I have no clear idea what indications should lead me to use the remedy again.

I wonder if anyone has a better comprehension of it?

W. E. HATHAWAY, M. D.

Cincinnati, February 1, 1911.

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**A CHANCE FOR HOSPITAL WORK.**

To the Editor of the HOMŒOPATHIC RECORDER:

There will be eighteen vacancies to be filled on the Interne Staff at Metropolitan Hospital, New York City, on June 15th. Examinations for the positions will be held on March 31st at

the hospital. Applications should be addressed to Edward P. Swift (chairman Examining Committee), No. 170 West 88th street, New York.

Yours very truly,

E. P. SWIFT.

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### **CALCUTTA HOMŒOPATHIC SOCIETY.**

To the Editor of the HOMŒOPATHIC RECORDER:

The annual meeting of the Calcutta Homœopathic Society was held at the premises of the Calcutta Homœopathic Hospital on the 31st of December, 1910. The following gentlemen were elected as office bearers for the year 1911: P. C. Majumdar, M. D., President; B. B. Mukerj, L. M. S., First Vice President; S. Goswami, M. D., Second Vice President; G. L. Gupta, M. D., Secretary; Dr. K. L. Bagchi, Dr. B. C. Dutt, Assistant Secretaries.

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### **PROBABLY THE NURSES AND OTHERS CONSUMED IT.**

To the Editor of the HOMŒOPATHIC RECORDER:

Dr. Curtis, in his paper on "Diphtheria" (RECORDER, Feb., page 59), gave a family of six children "five gallons of whiskey" during their illness. Surely this must be a misprint, though of course the Doctor intimates that at the time he had but little knowledge of Homœopathy.

SKEPTIC.

Philadelphia, Feb. 21, 1911.

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### **THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.**

The twenty-seventh annual session of the Southern Homœopathic Medical Association, held in Windsor Hotel, Jacksonville, Florida, December 6-7-8, was one of the most successful in its history. Over forty members were present. Among those from distant territory were the following: Dr. Gaius J. Jones, President of the American Institute of Homœopathy; Dr. H. R.

Arndt, Field Secretary of the Institute; Dr. W. E. Nichols, First Vice-President of the Institute, from Pasadena, Cal.; Dr. H. E. Spalding, of Boston, Mass.; Dr. R. F. Rabe and Dr. John E. Wilson, of New York City; Dr. W. A. Dewey, of Ann Arbor, Mich.; Dr. Geo. W. MacKenzie, of Philadelphia; Dr. Lewis P. Crutcher, of Kansas City; Dr. W. E. Reily, of Fulton, Mo.

President Boies delivered an address eloquent with good feeling and appeal for a more thorough organization and hearty cooperation in the South. It goes without saying that Secretary Dr. John T. Crebbin was a very busy man. Twenty-one new members were elected.

The following officers were elected for the ensuing year: President, Dr. J. T. Crebbin, New Orleans, La.; First Vice-President, Dr. R. A. Hicks, Fort Smith, Ark.; Second Vice-President, Dr. F. A. Reed, Eustis, Florida; Treasurer, Dr. H. W. Johnson, Knoxville, Tenn.; Secretary, Dr. Lee Norman, Louisville, Ky.

The social features were a luncheon at Windsor Hotel, given by the Committee of Arrangements. On the evening of December the 8th a reception was tendered the members at the residence of Dr. H. R. Stout, where a most cordial greeting awaited them.

The next meeting of the Association will be held in St. Louis, October 18-19-20, 1911.

LEE NORMAN, Secretary, Louisville, Ky.

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### THE COLD BATH IN TYPHOID.

The man who plunges a fever patient into cold water evidently must think that the fever is the disease. On this point Dr. Gaius J. Jones, Cleveland, writes (*J. Am. Inst.*, Feb.): "At the close of the Spanish-American war there came to our city a large number of sick veterans. These were divided pro rata around the two hospitals, and no choice of cases made. They all had fever, with very few exceptions. There was something over two hundred in each hospital. I do not know whether this appears in the statistics of the hospital, but it is a fact that there were only two deaths in the Cleveland Homœopathic Hospital and nineteen in the allopathic hospital, where they were all given the cold bath."

In discussing this paper Dr. A. E. Smith, of Freeport, Ill., said: "While in the employ of the Government during the Spanish-American War I had charge of the typhoid fever wards in Chickamauga Park at the 2d Division, 3d corps hospital. The orders of the commanding officer of the hospital were that when the temperature of the patient ran to 103° F. that we were to use cold applications. There was no alternative, and the ward internes were expected to follow out the directions of the commanding officers. I noticed that many of the cases on whom the cold applications were used developed a delirious condition from which they never recovered. In those cases where the temperature ran reasonably high and no cold applications were made the patients got along in a way and many of them recovered. The cold applications seemed to chill the surface of the body, causing it to retain the toxins by interfering with the skin elimination and brought the patients into that condition in which they kept up a constant sighing and moaning, as if in a distressed, disturbed and annoyed condition. They seemed to lose their mental faculties and would go on from bad to worse until they would die.

"From that I took the cue that in those cases if I could keep the cold away I was doing much more for those patients than where I would use the cold applications. But, as I say, if the major found the ward surgeons were not obeying orders in the matter they were held responsible for the situation and stood a fair chance of being unfavorably reported to the medical staff. So those things had to be handled skillfully."

That is official medicine—the subordinate doctor must mechanically obey orders and not individualize his cases or use any of his own judgment. With the Owen's Bill in full operation medicine would soon be reduced to an exact science as it was at Chickamauga Park. An official bulletin would be issued prescribing the general rules of treatment for each disease, especially epidemics; if you went aside from these and the patient died, you would be held responsible, and the coroner would "investigate," while if many died under official rules your skirts would be clear. The advocates of the bill vehemently deny this, but then that is before the bill is a law. Afterwards there would be a different story. Dr. McConkey, of San Francisco, also gave his experience, practical experience, of the cases that sprang up after



the great earthquake and fire in that city. He said, among other things: "All of our typhoids of all schools had to go into the two large wards used for that purpose, and so we had an opportunity to compare the relative merits of the schools. The representatives of one of the old school colleges were in the habit of using cot-baths. Cots were improvised with oil cloth and rubber sheet and water poured on to them, and they had three or four sudden deaths within a short time, so much so that my internes told me the internes of the other school were very, very much perturbed at these results, naturally. We had very much better results. The nurses also spoke of it, and one of them said to me: 'They say the Homœopaths do not get as bad cases as they do.' 'But we know better.' 'We, the nurses, know they get just as bad cases.'"

Dr. McConkey also said they gave their patients baths, but "mainly for cleanliness."

From the foregoing one might conclude that because a thing is official in medicine is no proof that it is best for the patient.

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## THE ELASTIC POTENCY SCALE.

By C. E. Fisher, M. D.

Having been first licensed to practice medicine by a state examining certificate, in May, 1870, although not first graduated until June, 1872, the writer has now been a practitioner, with the exception of brief intervals, for fully forty years.

For the first half of this period I took pride in being "broad-minded," "liberal," "progressive," which means using low potencies chiefly, mother tinctures at times, and crude doses when up against it. For the next decade I grew less "liberal" and more homœopathic, confining myself to one remedy at a time and gradually learning that better results were secured by this method and by climbing the first few rounds of the ladder of attenuation. I was first brought to my senses in the matter of crude dosing and quininism by the first and greatest Austin Flint, during post-graduate review at Bellevue Hospital College in 1881. So severely did he condemn large doses of crude drugs and the routine use of quinine in ague that I, as a professed Homœopath, was

brought to sit up and take notice. Surely, if an allopathic professor condemned these methods why should I, as a Homœopath, be found using them? It set me to thinking; and upon returning to Texas to my largely malarial practice I quickly found I got along better without quinine, iron and Fowler's solution than I had been doing with them, and that the best way to cure my chronic intermittent cases was by antidoting their cinchonism with *Pulsatilla*, *Nux*, *Natrum muriaticum* and the attenuations of *Arsenicum*. In fact, where I was little if any better than my allopathic colleagues before this, it was soon the talk that "Homœopathy is fine for ague."

From the single remedy in the lower and medium attenuations it is not a hard drive to the middle-high. By this is meant the one-hundredths, two-hundredths and one-thousandths. I have never been able to go higher, nor to see any of the brilliant results proclaimed so loudly by the advocates of the extreme dilutions of Skinner and Swan. Perhaps this is my fault. But I was a member of the faculty of Hering Medical College for some years and was intimately associated professionally and in partnership with the late and greatly lamented H. C. Allen. I also sat not at the feet of, but by the side of Tomhagen, Roberts, Morris and others who are avowedly advocates of extreme attenuationism, but my range of vision was always too limited for me to be able to see the brilliancy of cures generally so boldly announced. On the other hand, in many instances has it been brought to observation that in extremity the usual votary of extreme potentiation is about as human as the rest of us.

But my association with Hering College and Allen did this. It convinced me that there is power in the properly selected remedy in potency above the scale that had previously been my limit. I am satisfied that the average practitioner shuts the door of immense possibilities in his own face when he limits his practice to the low dilutions. This is just as much a proven fact with me as the other fact that Flint forced upon me, that crude dosing has no rightful place in the treatment of the sick. From the sixths to the twelfths, which had been as high as I had felt I should go, except in rare instances to the thirteenth, I did not find it as hard as I had supposed it would be to climb the ladder to the two-hundredths, the five-hundredths and the one-thousandths.

Skeptical minds say there is no such thing as the one-thousandth potency. I am not able to successfully contradict them. But I have used remedies prepared by Boericke & Tafel that are so marked, and they have effects that the same remedies otherwise labeled do not have. Of this there isn't the slightest doubt in my mind. For instance, when I have given *Arsenicum* in the sixth, thirtieth and two-hundredth, with only partially satisfactory success, in a typical *Arsenicum* case, and have finally, in despair, resorted to the one-thousandth, so marked, and have found the patient to respond to it rapidly and completely, it is difficult to make me believe the attenuations given earlier were just beginning to act, or that the pharmacist has marked his bottles erroneously.

A supporting case is Mr. H., nephew of the former Quartermaster General of the United States Army, stationed in Havana. This young man had suffered a prostrating and punishing case of sciatica while in the service in the Philippines and had had the very best of hospital care and treatment in Manila. He had finally been furloughed to the States as an invalid, and had there had excellent treatment in the Marine Hospital near Chicago and later on Governor's Island. His ailment not improving, he was sent to Cuba and entered Mercedes Hospital in Havana, where he was treated with special favor and effort, because of his relationship to a high army official, but with negative results. Later, and while seemingly a hopeless cripple and likely to become a drug habitué, he was referred by some one to me for homœopathic treatment. *Arsenicum* seemed his remedy. His pains were of an intense burning character. He was exceedingly anæmic and debilitated. His heart action was weak and irregular, his eyelids puffy, and at night he was extremely restless, particularly in the last half of the night. He did not have the special *Arsenicum* thirst, but his anorexia was complete and his general picture called so plainly for *Arsenicum* that it was not easily possible to consider other remedies.

I began with the medium potencies, the twelfth in powder, but without improvement. I then tried the third, with negative results. Renewing study of the case, I could not get away from *Arsenic*, and gave the two-hundredth, with the first noticeable improvement. With this as a cue I followed with the one-thousandth, in tiny granules, in sachrum lactis, and the relief was so

marked that but three repetitions of the prescription were required. It was marked 1m. I do not much care what it was, or is, but it did the work and I believe the firm that sold it is honest.

I have a lady school teacher patient in Chicago who can tell every time I change attenuations upon her with either *Arsenicum* or *Bryonia*. She is a sufferer from chronic intestinal catarrh, and various agents have been employed with varying and generally doubtful results. But the two named have been the mainstays for improvement and relief. She has not known what they were, but just as sure as I go either up or down the scale she is able to detect it and report accordingly. With her it makes no difference what the bottles are marked or whether they are marked at all. She knows by the difference in effects upon her system that I have changed attenuations. She can tell this just as she can also tell when I have changed remedies.

In my own case, *Rhus tox.* in low potencies will aggravate almost any ailment from which I may be suffering; whereas the same remedy marked one-thousandth usually gives quick relief. In childhood and early manhood, and even as late as middle life, poison ivy was my greatest enemy.

In my large and varied hospital experience among men of all nationalities, it has been demonstrated so often to my complete satisfaction that the best results are to be obtained, in both medical and surgical cases, by considering the strength of the remedy as well as the remedy itself, that I have no hesitancy in affirming that no homœopathic physician can do his best work without a liberal elasticity in the matter of potency. The low often fail me, the high occasionally. To adopt one or the other exclusively or from fancy or preconceived notions, is to do violence to the best that can be done for patients entrusted to our care. He who holds that quinine and other crude drugs are required in the intermittent and congestive fevers of the South, is just where I stood thirty years ago. I have learned differently. And he who holds that it is unhomœopathic to repeat his doses according to the condition of the patient, rather than by the light of the moon or the rolling 'round of the year, prates rather than preaches, preaches rather than proves.

In elasticity of potency there is strength of which the careless prescriber and routinist knows naught.—*Iowa Homœopathic Journal.*

### THERAPEUTIC POINTERS FROM MANY SOURCES.

"Given a pain in the region of the kidneys, and I always think of *Agrimonia* as the remedy. In my practice I have seen wonderful results from it, in cases of months' and years' duration, and when everything had failed. I have found other uses for it, but this has been so prominent that I always associate the medicine and the position of the pain."—*Scudder*. The *Agrimonia* here referred to is *Agrimonia eupatoria*. Used in small material doses. Among the old-timers it had great repute as a remedy for kidney and bladder diseases. There is no proving but it has been used by some Homœopaths after the methods of Burnett.

Dr. Ashley B. Palmer, Seattle, Wash. (*Pacific Coast J. of H.*), reports a case of anterior poliomyelitis in a baby aged under two years. *Gelsemium* in this case had a quick and favorable action, though he gave other remedies, *Æthusa*, *Kali phos.* and *Hellebore* for certain symptoms, "but, in the main, I am staying by *Gelsemium*, for I see a constant improvement.

For sudden, sharp pains in any part just recall *Kali carb.*

If the baby "wants something to eat" give him "Oat Food," once known as "Barley Oat Food." Taken, all in all, it is about the best of the baby foods. The name was changed to meet the rules of the Pure Food Law, but the food was not changed. This food hint may help you out some day.

T. G. M., in *Pacific Coast Journal of Homœopathy*, writing of the physical diseases following the over-doing with quinine that so universally prevails, says: "For the past few years I have made it a custom to inquire particularly into the medical history of my phthisis cases, and while I have compiled no statistics the percentage giving a history of malaria with the usual quinine treatment is very large. The internes and nurses at the city and county hospital, where so many of these unfortunates finally drift, pursued this investigation with me in our wards and were soon convinced of the causal relation between malaria and pulmonary tuberculosis in many case. It is more the obtunding effects of the quinine on all the protective centers given in large doses to cure the malaria rather than malaria, *per se*, that predisposes to tuberculosis of the lungs."



Dr. Royal E. S. Hayes, Farmington, Conn. (*Med. Advance*, January), says that "*Nux vomica* appears to be the 'ineffectual effort' remedy." "Ineffectual effort is a general characteristic," with excitement, irritability, etc.

Dr. G. W. Harvey, Millville, Cal. (*Cal. Ec. Med. Jour.*, February), finds that *Bryonia* is as sure a prophylactic in measles as *Belladonna* is in scarlet fever, *Echinacea* for diphtheria, *Pulsatilla* for whooping cough, and "malaria is prevented and the patient made immune in any climate by *Arsenicum iodide* 3x. Consumption "is, properly speaking, a disease of inanition or starvation, and must be combatted with a food instead of a medicine. This food we have in pure olive oil, which promotes a normal action of the liver, liquifying the cholesterine and supplying the fatty acids necessary for perfect assimilation and nutrition of the body so that consumption is no longer possible since the waste is supplied, and so long as the oil is continued in sufficient quantities the body is fortified and proof against the disease."

Dr. Truman Coates, Oxford, Pa., in a letter mentions the case of a man, deaf for years, who complained much of noises in his ears, indeed more of than that of the deafness. He received *Thiosinamine* 2x tablets, and in a week his whole condition was much improved; the noises no longer bothered him, and he could hear better. Some bad weather threw him back, and he came back for more of the "same medicine."

A correspondent of the *Homœopathic World*, February, tells of a lady who suddenly "became stone deaf." A London specialist pronounced the case to be hopeless, but under *Pulsatilla nuttalliana* her hearing was restored and has remained for eight months. The correspondent got the hint from Clarke's *Materia Medica*, who credits it to Burnett.

According to Burnett, 5 drop doses of *Chelidonium*  $\theta$  is about the best "liver medicine" going—if one may drop into the vernacular.

*Granatum* has been reported as a remedy of use where persistent vertigo is the most marked feature of the case.

In cases where there is great difficulty in retaining the urine, day and night, the first remedy to be thought of is *Ferrum phos*. It has given relief in many cases of inability to retain the urine.

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## EDITORIAL BREVITIES.

THE INNERMOST OF MATTER.—Dr. C. W. Haywood, of Liverpool, England, contributes an interesting paper on “ions” to the *British Homœopathic Journal* for February. It is a summary of the latest discoveries on the point, as Dr. Hayward says he lays no claim to special knowledge. In the past the “atom” has been taught as being the limit of the divisibility of matter. In this connection we quote from the paper: “The first announcement made by the newly arrived ion is that the “atom,” far from being the smallest imaginable entity, is so huge by comparison that an ion has about as much freedom and space within it, in which to whirl around at inconceivable speed, as our earth has in which to describe its orbit in the solar system.” This seems to put the homœopathic potencies, like the 200th, 500th and 1,000th, quite within scientific bounds, provided what is said is fact.

THE HIGH COST OF LIVING.—In an editorial on “Vindicating the Tuberculin Test,” the *Journal A. M. A* (February 18) says that the opponent to the test in Illinois sent 14 cattle to the Chicago stockyards that had been found to be tuberculous by the test, which were there killed and pronounced to be infected, by the State and Federal inspectors. This seems to be the “vindication.” The *Journal* also says that “tests of cows furnishing milk for the Kansas City market show that nearly fifty per cent. are infected, and so many were condemned as temporarily to curtail the milk supply.” Assuming that the veterinarians are right—which is by no means proved—this slaughter does nothing but remove so many cattle but does not do an iota towards removing

the cause of the disease. Does any one suppose that if every human being, and every cow, in the world, afflicted with what is called tuberculosis, were killed, the disease would cease? The effects of underfeeding, squalor and bad living would still prevail.

If 50 per cent. of the cattle in a new country like that tributary to Kansas City are condemned by the scientific inspectors it is reasonable to suppose that an equal per cent. is "infected" in the rest of the country, *i. e.*, will get feverish if a malignant poison is injected into their blood. This being so they, too, should be slaughtered; this being done food would go still higher, a nourishing diet would be harder to get and consequently the "white plague" find easier victims. The inspectors ought to see that injecting a poison into the blood is not a sanitary measure, nor does it do away with foul stables and surroundings which are the cause of disease in cows.

Finally, these men ought to investigate their own science, which is doing so much, where they are given free rein, towards increasing cost of living. When they slaughter a sleek, healthy animal which "reacts" to their poison they point to certain things as evidence of tuberculosis. Other men have said that the things they call tubercles are quite normal and not in any manner to be taken as evidence of consumption. On this point see RECORDER, December, 1910, page 529. When a cow develops dangerous consumption it requires no "tuberculin test" to demonstrate the fact. A study of what are called "tubercles" in healthy cows might lead to conclusions foreign to those now held by those in power.

EXIT "PASTEURIZED" MILK.—Not long ago not to advocate "Pasteurized" milk was to be classed among the medical heretics. But now Dr. W. L. Stowell concludes a letter to the *Journal of the American Medical Association* with the following words: "The percentage of deaths was at its highest point under Pasteurized milk. Other factors caused the fall not Pasteurized milk." This refers to the Randall Island, N. Y., Hospital for Children.

THE DIFFERENCE.—In a paper on "Attenuations" ("potencies" would be the more exact term) published in *The California Eclectic Medical Journal*, January, Dr. H. T. Webster, after reminding the eclectics that they are indebted to the Ho-

mœopaths for "*Pulsatilla, Bryonia, Cactus, Rhus tox.*, and some other every day remedies," adds: "It is difficult for some to realize that it is not triturations which serve to distinguish Homœopathy, nor dilutions, nor pellets, nor tablet triturates. It is similia, and that alone which distinguishes the true Homœopath. Nor would this be a mark of disrespect; the Homœopaths have done marvels in the past toward the creation of an efficient materia medica." This statement of fact ought to be remembered by every one, especially by the Homœopaths themselves.

LEPROSY.—The *Southern California Practitioner*, receiving the "Transactions of the Fourth International Sanitary Conference of the American Republics," held December, 1909, or, rather, that part referring to vaccination and small-pox, notes the following which is rather startling: "Dr. Martin Amador, delegate from Colombia, says nothing of small-pox but that in that Republic with a population of five million they have four thousand six hundred and thirty-nine lepers." This leads one to the conclusion that if it is not one dashed thing it is another.

"RAISING THE STANDARD?"—Every time a college "raises its standard" a sort of ripple of applause goes around, though one cannot help the feeling that it is more a matter of habit than heartfelt. It is well known that if a fine machine be driven to its utmost capacity under forced draught the result will often be to "break the record," but the machine is never very serviceable afterwards. Plants forced under glass grow wonderfully, but when compelled to take their places afterwards in the fields too often they prove to be fragile failures. Everything has its limitations, even the average human being, and forcing him up to his limit for years does not tend to make him a superiorly useful human machine in the body politic. According to the theory of a number of men the young doctor, for instance, just out of college, should know and answer off-hand everything that comes under the head of medicine; practically no man does—not even the professors who confine themselves for years to one branch.

There is a witticism going the rounds to the effect that a modern college education does not necessarily unfit a man for real life. Lurking back of it is a bitter satire on the ever-increasing

forcing process to which competitive colleges subject their pupils. And the drug habit increases so much that more and more stringent regulations are called for. Look to the educators not to the curriculum for the next needed "educational reform."

THE REAL REASONS FOR THE OBJECTIONS TO A NATIONAL DEPARTMENT OF HEALTH.—No citizen objects to governmental supervision looking to sanitation, pure water, air and food, but what he fights against is the invasion of the rights and duties of the family physician, and of his own personal liberty, by health board doctors; in short, he objects to health boards dabbling, as they do, in medication; he also objects to doctors, who, if in private practice he would not call in, invading his home, dictating medication to him and imprisoning him if he refuses to submit. They say the National Department would not do this; well, the city and State Departments are supposed not to do it, but they do do it, with an iron hand. The citizens do not want political doctors bossing therapeutics.

WHAT WAS THE CAUSE?—This is the story as told by Dr. Clarence Crane, of Boston, in the *New England Medical Gazette*, February—the condensed story, of course. A well developed boy of 5 was vaccinated by the family physician after the approved methods on September 14. On November 14 Dr. Crane was called to the case. He found the boy covered with blebs, save a small area on the back, in all stages, vesicular, pustular and crusty. "There was no ulceration with destruction of the true skin as in pemphigus, but the scab would peel off, leaving a tender erythematous area of thin skin which would again, in a few days, break out with a new crop of vesicles." In time ulceration resulted and urine looked black and was scanty; itching was intense. The boy was taken to the Homœopathic Hospital and was discharged on December 20, though the eruptions in lessened intensity still continued after ten months. "The vaccination was carefully performed, and left a typical scar. The boy was well before being vaccinated; but he was very ill afterwards. Did the vaccination cause this condition? So asks Dr. Crane.

"THERE ARE OTHER LAWS OF CURE."—This is sometimes as-



serted by some Homœopaths, but if they would ask themselves, "What are those laws?" they would find it hard to answer. Take a typical *Belladonna* case, what else than that drug will *cure* the case? What other law could be called in? Probably what is in the minds of those who talk of other "laws" is really that there are many adjuvants, like good nursing, food, drink, bathing, etc., but these are not laws, not scientific rules of medical therapy. To be sure the great majority of cases will recover even when left to themselves, but the recovery can be speeded and complications avoided by proper medication and what other scientific form of medication is there aside from the one following the law of similars? In the final running to earth of their principles nothing but empiricism is found elsewhere. Empiricism has taken up many a good drug and performed many cures with it, but because they were all made according to the law of similia they were not scientifically understood. A given drug performs marvels of cures in a certain named disease, the results are published; hundreds "try" the drug for the disease-name; but the so-called disease traveling under a given name is one thing in one patient but something else in another, or in another outbreak; the drug will cure where the law shows it to be indicated, but will not cure a different disease which officially bears the same name as the one it will cure. Nowhere in nature is there given two laws for one end—all bodies fall to the earth in obedience to one law. So in everything else, including medicine.

ANAPHYLAXIS.—Dr. A. E. Taylor, Philadelphia (*Jour. A. M. A.*, February 11) tells of a San Francisco doctor who held an autopsy on what was afterwards decided to be a death from bubonic plague. He received an injection of serum as a prophylactic measure and did not contract the disease. Five years later owing to some scratches he received an injection of antitetanic serum, also as a prophylactic. The result was universal giant urticaria, profound prostration, body swollen almost past recognition, pulse 120, choleraic diarrhœa, followed by neuritis, wasted muscles, and, for a number of weeks, was profoundly asthenic. He has recovered from the violent evidences of the disease, but is hardly the man he was, physically. It is supposed he was "sensitized" by the first injection of serum. It is a very interesting

case, showing the possibilities of modern scientific preventive medicine. Dr. Taylor concludes his paper with the comment, "instructive as the results of an injection of horse serum at this date would be, the subject declines the experiment." Do you blame him? Why do not some of the serum enthusiasts make "provings" on themselves by injections?

THE ALLOPATHS DO NOT UNDERSTAND IT.—A certain Dr. Farquharson wrote a letter to *The Lancet* which has aroused just indignation among our English brethren. The writer of it starts out by saying that "the Homœopaths treat disease on a much more scientific principle than ours;" this aroused interest only to be followed by the aforementioned indignation on reading, further on in the letter the statement that "the absurd doctrines of Hahnemann have long since been abandoned." While these doctrines may have been abandoned by some men the official bodies of Homœopathy have not given them up, for if this were done those bodies would cease to stand for anything, and, consequently, to exist save, perhaps, for a time only, in name. This point seems to have been forgotten by men who run in papers at meeting and in the journals which are contrary to the essentials of the principles on which the societies and journals exist, and which if abandoned would throw them outside of everything; and it is not reasonable to believe that the allopaths would welcome a big bunch of homeless ones into their crowded company.

BUTTON! BUTTON! WHO'S GOT THE BUTTON?—"Good health is what mankind are the least careful to preserve. They do not only destroy it by riot and excesses, but through a blind credulity they foolishly intrust it with persons of no skill or experience, who impose upon them by their imprudence, or seduce them by their flattering assurance of infallible recovery."—*Pliny*.

"THE MAKING OF A SURGEON."—This is the title of a paper in the January 28 *Journal A. M. A.*, by Dr. George W. Guthrie, of Wilkes-Barre, Pa., who asks, "Why this mad desire to be surgeons" when the world to-day stands in far greater need of good physicians than surgeons, for at some period of his life every one needs the services of a physician, while only a small minority ever

need the surgeon? In pursuit of information he wrote to several men who stand high as surgeons, and here are a few of the opinions he elicited from them:

Dr. W. L. Rodman, of Philadelphia, Pa. "Good judgment or 'horse sense' is both the rarest and most essential quality of a surgeon." After lamenting the lack of post-operative treatment that characterized an older generation of surgeons, he says of the present day, "There are many good operators, but fewer surgeons. The words 'operator' and 'surgeon' are frequently used synonymously, but, alas! what a difference?"

Dr. J. Williams White, Philadelphia, Pa. Among several requisites necessary in the make-up of a surgeon includes a general education "as will enable him to understand and write his own language."

Dr. J. F. Binnie, Kansas City, makes the primary essential to be "a gentleman, in good health, and blessed with common sense."

Dr. Geo. E. Brewer, New York, thinks the surgeon should be "a man in the broadest sense of the word. He should possess by inheritance, or acquire by early training, a broad philanthropy and uncompromising integrity."

Dr. Howard Kelly, Baltimore, advocates thorough training, beginning at the very bottom.

Dr. Geo. W. Crile, of Cleveland, is inclined to think that surgeons are largely born, not made—like poets. (There is something in this.)

Dr. A. J. Ochsner, Chicago, believes in hard work and much education and after a long school, college and university course, a five years' course as assistant, and then a month every year seeing others work.

Dr. John B. Murphy, Chicago. "First of all you must have the man; that is, an individual of strong moral courage, positive convictions, sterling integrity, and a keen sense of obligation to his fellowmen."

Dr. John C. Monroe, Boston, heads his long list of qualifications with "good health" and an ingrained regard for the truth."

Running like a scarlet thread through all these opinions the reader will see the opinion that the surgeon should be above all else an honest *gentleman*. One against whom no tongue could wag and charge "he operates for the fee, caring for naught else." It should be the profession of gentlemen.

AFTER EFFECTS OF SALAVARSAN "606."—This drug, like so many other things allopathic, seems to be a little worse than the disease when the latter is left to itself, certainly far worse than when treated by rational medicine, *i. e.*, Homœopathy. Dr. J. H. Rille seems to be a physician above the average, for he has watched the after-effects of "606," which he reports in the *Berliner Clinische Wochenschrift*, December 12. One case, a robust girl of 21, four weeks after treatment became deaf, two weeks later facial paralysis, and still later had a "choked disc." A second case, another girl, eight weeks later had attacks of vertigo and headache, followed three weeks later by facial paralysis, and after another week by "bilateral optic neuritis and right fourth nerve paralysis." Another case, a blacksmith, became deaf three months after the injection of the "remedy." All this may add to the sum of medical knowledge, but one cannot help feeling that it is rather rough on those who went to be healed, and came away paralyzed, deaf and blind. Ehrlich defends his patent by saying that all remedies are more or less dangerous to life and health, but therein he errs, for no true *remedy* can harm a patient. Stick to your indicated homœopathic remedy!

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### NEWS ITEMS.

The Homœopathic Society of the State of New York met at Albany, N. Y., on February 14 and 15. The election of officers resulted as follows: Orando S. Ritch, Brooklyn, President; George R. Critchlow, Buffalo, First Vice-President; Murcena S. Ricker, Rochester, Second Vice-President; George H. Jenkins, Binghamton, Third Vice-President; Bert B. Clark, New York, Secretary; Reeve B. Howland, Elmira, Treasurer; John L. Mof-fat, Buffalo, Necrologist.

Dr. W. H. Smith has removed from Grand Rapids to Tecumseh, Mich.

We are informed by a letter from Mr. W. G. Smith, Thomp-sonstown, Pa., that owing to the death of Dr. Walley, Mifflintown, Pa., there is a fine, well-established field open for a good homœopathic physician. Mifflintown is on the main line of the Penn-

sylvania Railroad, on the Juniata river, between Harrisburg and Altoona.

Dr. O. G. Webster announces his removal on June 1st to the corner of Bedford Park Boulevard (200th street) and Decatur avenue, New York.

Dr. William Francis Honan has removed to 15 W. 73d street, New York. Surgery and Gynecology.

Dr. L. M. Stanton has removed from 152 W. 57th street, New York.

Dr. Wallace Belding House has removed to 135 W. 78th street, New York.

The Berlin Letter of the J. A. M. A., February 18, says that efforts to have the compulsory vaccination law repealed, or modified with a "conscience clause," as in England, are growing more persistent. The intimation is that if the clause is introduced the people will abandon the practice.

A Boston doctor in same issue (J. A. M. A.) suggests that eggs are the cause of cancer, as was advanced in Germany about seven years ago: not spoiled eggs, but eggs. There is room in this field for a lurid scare, with inspectors galore, for the public's financial back isn't broken yet.

Dr. W. W. Sherwood has removed from Cottage Grove avenue to 3352 Vernon avenue, Chicago.

Dean Sutherland is justly proud of the fact that graduates of the Boston University School of Medicine passed the Massachusetts Board of Registration in Medicine, making the school's percentage 100 in this respect. On averages it headed all the other New England medical colleges.

Dr. C. E. Johnston has removed to Mexico, Mo.

Dr. E. Petrie Hoyle has been appointed Lecturer on Comparative Homœopathic Therapeutics and Emergency Pharmacy in the London Homœopathic Hospital. For the benefit of American friends would state that his address is 84 Holland Park, London, W., England.



## PERSONAL.

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Father.—“If you see those two men over there as four it is a sign of intoxication.” Son.—“But, papa, there is only one man there.”—*Fliegende Blaetter*.

Kipling says that literature that lives is “the tale of the tribe . . . told by the masterless man.”

“The first principle in medicine is to be sure of not damaging the patient.”—*Floater*.

Mrs. Newriche said the constant “osculation in the auto on some roads was very annoying.”

South Sea Island woman refused to be clothed because it was immodest in her opinion. There’s a lesson!

The most expensive hobby to the people at large is the one about “tuberculosis in cows.”

Compared with the investigating carried on the finding is small in this land of the free.

No man can be a hero who is known to have an eye on the box-office.

A New York man recently said that New York was like the Grand Canyon—gorgeous bluffs.

“When I grow up I’m going to eat a germ,” announced antiseptic little Willie in Success.

It is said that nearly every one has undeveloped spots of cephaloedema in his head.

Now, if Luther Burbank could only grow hair!

We don’t so much object to the killing quality of cigarettes as to their odor.

“Could a fellah make love to a suffragette?” asks Claude. Give it up, Claude.

The souvenir hunter and the kleptomaniac are often closely related.

A popular idol is not a good insurance risk.

“If the north pole is so cold it must be awful hot at the south pole,” said the old gentleman.

“Professor,” said the girl in *Punch* to the geologist, “are you sure the dinotherium was called by that name?”

“Roosters crow because—they are immoral,” said the shrewd old lady in a *Hampton* story.

“Bric-a-brac,” they say, “is junk that has got into society.”

Many a death certificate giving “tuberculosis” as cause would be truer if it read “poverty.”

As a charger the taxi in the class with *Bucephalus*.

# THE HOMŒOPATHIC RECORDER

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## IMMUNIZATION BY SIMILIA.

It follows that if the vaccine protects against its own form of disease whence it originated, other vaccines will protect against their own forms of disease, and to this reasonable conclusion from the premises the dominant school are driving; they now have vaccinations for many diseases besides the old one of Jenner, and more are coming, either vaccines or immunizing serums. If it is equity to compel the people to submit to vaccination against one disease it is equity to compel them to submit to all vaccinations that may be introduced by those in authority, which in time will equal in number the diseases that are said to originate from germs. Many an experienced health officer admits (if not publicly, at least in private) that very often unpleasant consequences follow the Jennerian vaccination, and sometimes death; vaccination against typhoid, now semi-compulsory in the army, admittedly causes "malaise," and many assert it, like the vaccination against small-pox, also causes much more serious states than a temporary malaise; vaccination, or as it is termed immunization, against diphtheria, is known to have caused sudden death, and also causes a peculiar state known as "anaphylaxis," which is akin to the hay fever condition.

All this is a mere recital of facts; and now reasoning from the known to the unknown, it seems logically certain that all the coming vaccinations and immunizations against disease will each have its peculiar untoward effect. The public is in a state of chronic revolt against the old vaccination, and it is not unlikely that this will grow into open rebellion if more compulsion, of which there are evidences, is insisted on.

Back of the principle of vaccination is a great and beneficent truth, or fact, namely, that it is possible to protect humanity

against contagious diseases even as it is possible to *cure* these diseases, but it can never be done by the crude allopathic or so-called scientific methods, but must be done, even as the cures are effected, on the line of the law of similars. It is pretty safe to assert that allopathic vaccinations and immunizations are just like allopathic prescribing—as much to be dreaded by the public almost as the disease.

Now, vaccination, immunization and prophylaxis of any sort, aside from sanitation, are as much a part of the law of similars as is the prescription of medicine for actual disease, and is as different, and as greatly superior to allopathic, or the old methods, as are the actual prescriptions of medicines. Hahnemann indicated this when he showed that *Belladonna* is a prophylactic to scarlet fever. The older Homœopaths, and, later, the Iowa men, proved in practice (and the latter established the right to practice the method by a supreme court decision) that Homœopathy afforded a far *safer* and efficacious prophylaxis against small-pox than the Jennerian vaccination—demonstrated it so effectively that some of the old school men of Iowa, it is said, have, to a considerable extent, adopted the practice.

It follows, then, as a reasonable conclusion that there are homœopathic prophylactics against all other epidemic diseases, and as the older school are now bent on introducing vaccinations against them the men of Homœopathy should develop this almost virgin field in the domain of similia, and meet each old school preventive vaccine, or serum, with the prophylaxis of similia. Many of these are known to a few, or may be found in the old literature of Homœopathy, but no one pays much attention to the matter. It seems time for the homœopathic profession to bestir itself, for the old school is nosing itself into this neglected field, and for the welfare of humanity better methods, and safer than they can give, are needed.

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## DISEASES OF THE NEW-BORN CHILD.

By Dr. E. Fornias.

CONGENITAL DEBILITY.—Under this name is designated a particular state of general feebleness, usually and above all, in children born before term. The more premature (from six to nine

months) the newly-born, the greater is this feebleness. But it is also observed in certain conditions of children born at term.

If premature labor is the usual cause of the *congenital debility*, there are other diseases of the parents, and, in particular, of the mother, such as *syphilis*, *pulmonary tuberculosis*, deep *anæmia*, etc., which can produce it in children born at term. Irrespective of such circumstances, it also occurs in twins, and in triplets. *Privation*, *bad hygienic surroundings*, *alcoholism*, and *illness* are etiological factors of importance. The weight of these debilitated creatures is quite inferior to that of the normal newly-born, that is about 3,000 grammes.

The general aspect is that of a puppet more or less voluminous. The limbs are slender, the body small, and the head poorly developed and oldish looking. These nurslings hold the breast badly or not at all, increasing the difficulty.

Moreover, the *general feebleness* is such, that all the vital functions are insufficiently performed. Such are respiration, digestion and suction itself. However, if the infant is put to the breast, the nurse is healthy, the breasts are well formed and secrete well, we will observe that the nursling, although not with the power and voracity of a normal child, born at term, will softly and slowly draw at first the necessary nourishment to support life. Method and patience is all that is required to invigorate this nutritive act and prevent starvation.

Those children congenitally feeble can hardly maintain their normal temperature. They can stand better than other children the surrounding thermic changes, and they relatively support well the heat of the summer, provided, of course, they have a good wet-nurse, but they can less endure the winter cold. All the vital functions being extremely feeble, the temperature is abnormally low. On account of the comparatively large body surface and the imperfect development of the fat, the loss of heat is necessarily great; while, owing to the feebleness of the circulatory and respiratory functions, the production of heat is small. To compensate for this, the child lies curled up in the least possible space, thereby diminishing the heat radiation. It does not move or react to stimuli, its cry is faint, and it sleeps almost constantly. It is this imperfect calorification which seems to be the cause of *sclerema*, a disease constituted by *indura-*

tions, seated in the *cellular, sub-cutaneous tissue*, developing with preference in the calf of the leg, and covered by a smooth, tight skin, difficult to fold or to be seized upon.

The color of the tegument is red or yellow, according to the period of the trouble.

The *sclerema*, which gives to the soft parts a particular resistance, almost analogous to that of wood, or marble, is susceptible of generalization. It extends not only to the cellular tissue of the limbs and trunk, but to the face and lips.

One can well conceive the danger to which the child is exposed by this induration of the lips, which, rigid as cartoon, are no longer able to suck. In such cases the lungs and respiratory muscles are so involved as to render breathing impossible with all its fatal consequences.

The greater the *congenital debility* the more the cold seems to have a greater influence on this pathological condition and, as a consequence, the organic resistance is more feeble and the peripheric thermic abatement easier. It seems, indeed, as if under this influence—*exterior refrigeration and feeble interior resistance, both thermic and organic*—the fatty matters found in large amount in the cellular tissue, become fixed to produce *sclerema*.

According to Knöpfelmacher, this phenomena is favored by the slight amount of *oleic acid* found in the fat of nurslings, and principally of the new-born.

The *DIAGNOSIS* of *congenital debility* proceeds from what has been stated. Its *symptomatic elements* are: a weight inferior to the normal, birth before term and in the pathological conditions mentioned above (*syphilis, tuberculosis* of the parents, and, above all, of the mother, *feeble effort of suction or of the act of sucking, and easy refrigeration*). Of course, *sclerema* should be distinguish from *œdema* of the lower extremities, frequently observed in the newborn in many pathological conditions, such as *infectious phlebitis, diseases of the heart and liver, etc.* We should also be careful not to mistake *erysipelas* of the same locality for *sclerema*. This erysipelatous inflammation is often an extension of that of the periumbilical region, and in its acute stage, that is during the period of development, is recognized by the fever, or, at least, by its peculiar redness and its limited swelling, etc. After this acute stage the tissues involved may remain more or less œdematous.



The PROGNOSIS of congenital debilitated children is bad, especially in winter and more so, if they become affected with *bronchitis* or *broncho-pneumonia*, or have not been protected in the stove, and cared for and nursed by an intelligent nurse.

We should bear always in mind that artificial feeding and even mixed feeding is fatal to this class of children. It is very properly said that they die from both *cold and hunger*.

NO TREATMENT can be successful with this class of patients, without a well directed *natural feeding* and the employment of a *proper stove (couveuse)*. Even *sclerema* becomes a rare affection by the proper use of the *stove*.

The *remedies* which have the best clinical history are: CALC. CARB., SILICEA, CHINA, ARSENICUM, OPIUM, BARYTA, ALUMINA, IODUM, CAUSTICUM, PSORINUM and SULPHUR.

KALI JOD. and MERCURIUS should be studied in *syphilitic cases*, and if the lips are parched and dry, BRYONIA is our best remedy. I have found ANT. CRUD. well indicated in several cases of this kind.

Should SCLEREMA develop, the remedies to be studied are: BRYONIA, GRAPHITES, GUAIAECUM, LACHESIS, PHOSPHORUS, HYDROCOTYLE, SILICEA, SOLANUM, STILLINGIA and ANTHRACINUM. And if there is lack of *animal heat*: PULSATILLA, SEPIA, CALC. CARB., ARSENIC., CAMPHORA, and VERATRUM ALB. may prove beneficial.

Each case should be studied with care, and only the *totality of the symptoms* will lead us to the indication of the appropriate remedy.

Philadelphia, Pa., 2335 N. 8th St.

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## GERMS—THE CAUSE OF DISEASE.

By A. Pulford, M. D.

It seems to me that to any intelligent mind "the germ is the cause of disease" is a very fallacious statement. To be an acceptable fact, the cause of disease should be the rule and not the exception. In other words, should diphtheria develop in a family, not only every member of that family, but the physician, the nurse and every one who came in contact with the patient should develop the disease if it be true that the germ is the cause. But

do they? Be honest now. Is it not a fact that the ones who take the disease are the exception and not the rule? If it is the exception, who takes it then? Does this not prove the rule that the germ *does not* cause the disease?

That people develop disease after visiting others suffering from a similar disease is merely coincidental, and as these cases are so few compared with the great majority who do not get it, it again proves they are the exception and not the rule. Again, as to the so-called "period of incubation." Nature has a *fixed* time for the period of incubation of *all* germ life. Then why this discrepancy in the period of incubation of measles (10 to 14 days), of scarlet fever (1 to 6 days or longer), of chicken pox (4 to 12 days), etc., etc., etc.? There can be but one explanation of this discrepancy of time in the "period of incubation," and that is: "Purely a matter of coincidence." In other words, the outward manifestation of the internal state has not always made itself manifest on the one hand, or been noted on the other, with equal promptitude, yet in each case the internal manifestation has gone on just the same, while you have only reckoned from the time of so-called "exposure." If this is not a fact, what other reason can any one give for Nature having a fixed period of incubation for all other germs, and a hap-hazard one for the germs of disease?

If germs are the cause of disease, rather than the result, why should not the letter that was said to be the cause of measles in the German Royal family have caused this disease in those who handled, instead of singling out a pair of isolated beings? Was not this rather a coincidence, rather than a positive cause? Can any one prove beyond question of doubt that these two cases were not developing this condition at the time they received and kissed the "fated" letter? Our very currency settles the question ("Are Germs the Cause of Disease?") negatively, beyond all question of dispute. Just think of the millions who handled this filthy, germ-laden paper, year in and year out. On this filthy paper currency are germs enough to lay the entire population of the earth on its back and cause it to become a writhing, seething mass of disease. Is this not so? But, does it?

Again, if the germ was the cause, and not a dependent, germ life would develop on barren soil, but does it? That germs do

not develop disease, but rather are the result of disease, is shown by the fact that diphtheria, small pox, chicken pox, measles, scarlet fever, etc., have developed in isolated cases, in isolated places, where neither exposure nor other known cause existed, outside the condition of the child itself. I have myself attended several such cases.

On the other hand, I feel confident that all diseases originate in but one way, its source depending on the individual condition of the patient, and that is by a chill, however slight or severe. This chill, killing off the corpuscle as it does, disorganizes the blood, the debris results in fermentation, the resultant decay furnishing the leaven for the soil for the vitalizing of the germ, whether said germ happened to be within or come from without; while on the other hand the germ prepares nothing, neither can it per se develop itself, or cause or create anything. Healthy soil is barren soil; if this is not so, why do you put rotten manure or fertilizer on your garden to make it more fertile? It is this same fertility in the body, produced by the fermentation that causes the disease and thereby develops the germ. If this were not so, then every healthy body coming in contact with the germ of any given disease would be bound to come down with these conditions produced in inverse ratio, to prove that the germ caused the disease, and no being could escape. But, is this so? It is not. This proves then that when a germ falls on barren soil it is inert, produces nothing, and therefore causes nothing, as the majority of cases coming in contact with these germs go to prove. To my mind, the greatest proofs that germs are not the cause of disease are as follows: Their inability to develop on barren soil; the discrepancy in the time of the "period of incubation;" that the cases resulting from direct infection are the exception and not the rule, as only large numbers are reported in epidemics, said epidemics depending on atmospherical influence on the body, and not the germs. If your health is such that you can withstand the atmospherical shock you will escape disease, germ or no germ.

The worm theory, the louse theory and the germ theory have everything in common barring the size of the animal, and when indicated *Cina* 30x, *Lyc.* 30x, and *Lac can.* 30x will lend their benign influence to render the respective soils sterile to the re-

spective animals, and Messrs. Worm, Louse and Germ will make a gum-shoe departure, thus showing that *they* are dependent on the state of the body instead of the state of the body being dependent on them or their influence. If this is not so, why do worms, lice and germs disappear after the exhibition of the 30th potency, which has no germicidal power?

611 Madison Ave., Toledo, Ohio.

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### AS TO FEES.

By E. O. Richberg, M. D.

The HOMŒOPATHIC RECORDER is well worth reading—every month—if you doubt it,—try it. It not only disseminates Homœopathy in a broad, liberal manner, giving its loyal adherents some satisfying nuts to crack from the old Potency Tree—of life,—but it also advances courteously to greet all strangers who dare approach our hallowed edifice,—be he blind, ignorant or quarrelsome,—and this with appropriate and graphic introduction,—even as one philanthropically inclined might suggest to the burglar on the window-sill—“That wart upon your working-finger—or corn upon your toe, Mr. Burgle,—must be a great inconvenience at times;—I can quickly relieve you of the annoyance—‘don’t mention it!’”

It would seem unusually advisable not to attack—*unchallenged*—a careless or indifferent public—especially if armed; but rather, like Editor Anshutz, to assume that every individual desires truth and will gladly acknowledge it as such, whenever so recognized. “Why, then,—Honest, Sir, here it is!”

There is also a merry tone ringing through the editorial comments;—and the page of Personals often outclasses the supposedly comic periodicals; all of which attributes tend to disarm such enemies as have a healthy appetite for humor—God pity him who has none!—and sugar-coats some effective pellets.

One suggestion is herein offered along the line of homœopathic practice which the writer has not seen in the RECORDER’s text, but which seems timely.

As a “Whereas,” let it be recorded that practitioners of the Old School who habitually apply “expectant treatment,” having

no special guides to the best remedy, beyond the general pathology of the case in point, do not, and should not, leave unwatched their experimental prescriptions, for obvious reasons; but they do return frequently to inspect the patients and to note each, to them, essential change: not merely as has been hinted to increase the amount of the bill. No, let us be fair and credit the majority with righteous motives. It is only by such "Eternal vigilance" that they can determine as to possibilities and prognostication. If the patient improve—well and good; if not, change the remedy for another (equally applicable!) in the long or short list; but ever and continually *watch*—watch for indications—demanding surgery or forecasting dissolution.

His presence inspires the patient and attendants with a belief that all is under the direction of a skilled leader and nothing is being overlooked or neglected.

How is it among Our Own?

Be it humbly admitted that many of our most excellent practitioners, confident (occasionally even over-confident) of their power to restore normal conditions in the quickest possible time, and through a clearly indicated remedy, ignore the natural anxiety of patient and attendants and, with apparent indifference to consequences, leave the sufferer whose life has been trusted to their care—unguarded and uncheered for hours, days, weeks, even; to be preyed upon by unwholesome doubts and unprofitable suggestions, which a word and confident smile from the doctor would have dissipated.

A large majority of homœopathic patients are closely associated with the skeptical and thus is earned an undeserved reputation for being careless and neglectful. How could it be otherwise? The big, busy public have been thoroughly educated through many generations to believe that only by this close attention to every pathologic change; from day to day; by taking the pulse, temperature, respirations, watching the tongue and, in critical cases, by analysis of blood, urine, fæces, sputa, etc., may even the most experienced keep in touch with the requirements of the patient.

A comparative few of our patients have outgrown this warped mental attitude, through personal experiences and familiarity with homœopathic methods. Is it not then desirable that to all



intelligent, receptive patients and investigators be explained the broad, invulnerable foundations upon which Homœopathy rests; and that the anticipated action of prescriptions be more frequently foretold? This practice is combatted by many practitioners as indiscreet from every standpoint,—but is it?

Unless this be done, systematically and by every competent practitioner in the ranks; and until the results are strongly in evidence, should not every doctor who has the good name of the cause at heart, in justice to himself and patients, visit as frequently and note the pathologic conditions as religiously (?) as would his allopathic brother under similar conditions; rather than to place his patients on the defensive or encourage a lack of confidence or skill among his acquaintances? For the sake of the countless hosts of uninitiated sufferers, let us not leave a stone unturned to convince every patient and his sympathizers that in *all* respects none are more able and loyal to the cause of humanity than homœopathic doctors.

This appeal is not built upon imagination. The writer has heard many complaints direct from those but recently “trying Homœopathy:” “Dr. Blank does not take any interest in my old mother’s case; he never calls unless we ‘phone for him.” “The doctor did not even take the measure of his neck (for goitre) and had his medicine all put up for him when we called.” “He has not taken my pulse nor looked at my tongue for weeks.” “Our other doctor said it was Bright’s disease; but this new fellow does not say a word about having the urine analyzed,” etc., etc., from many directions.

On the other side, it is to be admitted that patients often surprise the physician by being responsively reasonable: Apropos—A mother, who, because of a daughter’s fidelity and improved health, had been induced to “try Homœopathy,” thus challenged her physician: “My daughter seldom gets more than one dose a month, and has explained to me the medicine was so strong and long-acting that it continues to work on the system a long time: why do I have to take one every night? Mr. and Mrs. So-and-so tell me I am taking only pure sugar?”

Thoughtfully measuring the mental equipment of his patient, the doctor said:

“I wish to *repeat your* remedy until I am fully satisfied that it

is taking effect—but not too often. You are too busy to come to my office every day; I cannot trust your judgment as to the first evidence of improvement; if you do not take a dose *every night*, you will likely quite forget about taking *any*. I number your doses, you see; many are unmedicated sugar—reminders only.—the medicated pellets are, as I wish, repeated only *occasionally* that we may both have time and opportunity to note effects.”

She was not only satisfied, but became enthusiastic over the arrangement, endorsing it by the remark:

“Yes, I should forget all about my medicine, that’s true, if I did not have one for every day. I understand.” She has become a most enthusiastic adherent to Homœopathy; apparently believing, since her glimpse into its methods, that all other apparent inconsistencies are equally unfounded—with the suspicion she thus exploded.

In her conversation, “It does not seem possible”—has been supplanted by—“It is very wonderful.”

Such patients help the cause immensely, and many such are likely to be lost through any apparent indifference and neglect on the part of our practitioners—who are often *only economical*—considerately avoiding making what, from their standpoint, are unprofitable visits and charges.

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## THE I. H. A. TRANSACTIONS.

Since the American Institute of Homœopathy now prints its Transactions in monthly instalments, the I. H. A., small though it be, has the “transaction” field to itself. There is something about this form of making the reports of what was done at the annual meetings permanent that is very attractive to one who has been, as it were, to the manor born,—or, if you prefer it, “manner.” The book of the “Thirty-first Annual Session of the International Hahnemannian Association,” held at Kansas City, June 27-29, 1910, makes up into a volume of 243 pages. Here, by way of review, are a few quotations:

### The Material and the Immaterial Dose.

This is taken from a paper by Dr. J. H. Holloway, who hails from Galesburg, Ill.—if you want to take issue with him

“One so-called homœopath remarked to me that since ‘regulars have so modified their doses, there is no practical difference now between the two schools.’ Such a remark betrays a mental blindness hardly excusable in any one who ever read a homœopathic book. It is our business as Hahnemannians to impress upon the public mind the fact that however small so-called regulars may administer the dose, that dose is still the *crude, material substance*.

“The impassable gulf between the materialistic mind of allopathy and the conception of the immaterial, spirit-like powers of medicinal substances, has always been and is today *immaterial, dynamic medicines*; and what has hurt Homœopathy more than any other fact, has been the induction of *materialists* into the homœopathic kingdom *without conversion*.

“As well talk about that which is material being spirit-like; about the possibilities of an elephant flying, as to talk about a physician of a *materialistic stamp* practicing homœopathy. A man whose mental constitution compels him to *perceive* with his fingers can never be a homœopathic practitioner. He must have the intuitive genius to recognize in all crude medicinal substances a remedial power which color, nor taste, nor chemistry, nor laboratory, nor microscope can ever reveal; a *hidden* power down deep and beyond the material recesses of every drug; a power which, before the advent of Homœopathy, was unknown to the medical world; a power unfolded and developed by a process peculiar to Homœopathy, and *revealed* by a practical test in the healthy human organism.

“Hahnemann’s first motive in potentizing drugs was to diminish the dose. The fact that this process developed the curative power *was discovered afterward*.”

Does not Dr. Holloway in this unconsciously show the error in the endless war between Guelphs of the I. H. A.’s and the Gibbelines of the A. I. H.’s? Hahnemann formulated and very successfully practiced Homœopathy with material doses before he discovered another and a different principle, that of dynamization, by which, especially in a certain class of drugs, a medicinal power over deep-seated disease is developed. Is not this a science outside of Homœopathy proper? A science that while harmonious with similia is not essentially anything pertaining

to the Law, but rather to the higher realms of pharmacy? That this class of drugs is needed for the widest application of the Law is unquestionably true, but that dynamization is a component part of the Law seems from its very nature an impossibility. Dynamization is a science that Homœopathy can use, but it is not Homœopathy, which after all is but the rule that disease-suffering may be cured by a drug which will cause a similar suffering, and common sense adds the corollary that the dose must be smaller than that which will cause the suffering. The range from comparatively crude to the very high potency probably varies, not only with drugs but also with patients.

Just one more point. Our esteemed friend, Dr. Holloway, says, "No *material* medicine can possibly have a 'spirit-like' action, but a physiological." This is another point on which there is much disputing, but if we remember that when the spirit of man leaves the body there is no longer any action in the body, hence it would seem that all action is, when deeply viewed, of the spirit, for human matter, apart from its spirit, is dead. *Aconite* 1x has cured cases when indicated even as has the 50m. Was not the action the same, both "spirit-like"? Does not the skill of the physician come in not only in the selection of the drug but also in the selection of the degree of the dose, which may vary even as men do?

### A *Spongia* Case.

Dr. Grace Stevens, of Northampton, Mass., had a paper on *Spongia Tosta*, from which we take the following case, that of Mrs. —, the wife of an allopathic doctor:

"For four months she had suffered from shortness of breath, and a rapid, violent heart action, aggravated by exercise, especially playing her violin; very much aggravated by excitement, and from hearing music, of which she is very fond. Her breathing is more labored in a warm room. The heart action is rapid even during sleep. She is sleepy during the day, but does not sleep well at night, especially when alone. She is much afraid of being alone. She is generally unhappy, suspicious, fearful and lachrymose. Micturition is frequent. There is slight enlargement of the thyroid gland, and exophthalmos is noticeable, but not extreme. *Spongia* 200.

"Three weeks later the patient reported better sleep, with no starting up or twitching of muscles; micturition less frequent, and the heart action and respiration more normal. Unfortunately about this time the patient, who was the wife of an old school physician, left town and was placed again under allopathic treatment, so that I can never know whether *Spongia* would have cured the case or not."

### **The Study of Materia Medica.**

Dr. Royal E. S. Hayes, Farmington, Conn., dealt with the ever-green subject of "How to Study Materia Medica." After dwelling on the high pressure foolishness that rules in school and college, which gorges the memory with facts that are not understood and calls the process education, Dr. Hayes concludes:

"The exercise of mind in observing, analyzing, comparing and deducing strengthens it for that work. Mind then perceives the relation and law of things and knows principles. What the world needs for progress and improvement is knowledge of law and use of principles. These show the way to right living and normal development. Their use develops true progress.

"These ideas may seem far removed from the study of Materia Medica, but the same principle is involved in it. Study of Materia Medica should go hand in hand with clinical experience and use. Then the vital relations between them will be developed. The skeletal bones of Materia Medica will develop interesting forms, simulate personalities when required, and then become useful."

### **Malaria Officinalis.**

Dr. P. E. Krichbaum, of Montclair, N. J., gave his experience with this peculiar nosode, if it may be called by that name. It seems to be of value as an intercurrent especially in cases of gripe and where there is a history of chills and fever.

### **Justicia Adhatoda.**

Dr. W. A. Yingling, of Emporia, Kansas, finds much good in this remedy, which was introduced to the world by Dr. S. C. Ghose, of Calcutta, India, through the pages of the RECORDER in 1905, and which has occasioned considerable discussion for and against it. The most marked feature in the cases in which



Dr. Yingling found it effective is in difficult breathing, especially when accompanied by a cough.

### **Lycopersicum Esculentum.**

Dr. H. A. Roberts, Derby, Conn., gave a *resume* of this remedy which he once proved and presented to the American Institute of Homœopathy in 1900. His conclusion is:

"*Lycopersicum* is a remedy of no small importance, and its proving of more and more value as we come to know its action by the crucial test of clinical experience.

"It follows well *Bell.*, *Sang.*, and *Capsic.* *Bell.* has often followed it, as well as *Dulc.* and *Sang.*

"It is very valuable in cases of sudden acute congestion—in enuresis, in rheumatism, hay fever, and, I believe, we may look for good results in certain forms of diabetes."

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## **THE NEW OWEN BILL.**

Editor of the HOMŒOPATHIC RECORDER.

Senator Owen has introduced a new "Bill for the Establishment of a National Department of Health," to take the place of the one fathered by him last year—the latter having been consigned to the senatorial waste basket because of opposing public sentiment. In view of the possible effect enactment of this bill might have upon the practice of medicine and in view of the quite general misunderstanding of the nature and purport of the bill, it might not be out of place for us as homœopathic physicians to acquaint ourselves with this bill and to consider a few of its salient features.

Briefly told, the bill's essentials are as follows: The organization of a Department of Health along the lines of and equal in rank with other present departments of the government, with a Secretary, who shall be a member of the President's Cabinet; an Assistant Secretary, who must be a "physician and skilled sanitarian," and all the minor officers necessary for handling the department's work: the gathering into this new department from other branches of the government all existing bureaus and divisions that deal with matters of public health, *excepting the medical and surgical service of the departments of the Army and the*

*Navy*; the establishment of a more or less complicated system of advisory boards and health conferences and the employment by the Secretary of Health of high-priced specialists for particular emergencies.

Relative to specific function of this new department—the *raison d'être* of the same—Senator Owen's bill leaves much to be inferred. It will of course continue the labors now being performed by the various bureaus to be incorporated within itself, but aside from these duties one finds nothing in the bill which can in any adequate manner justify the establishment of the proposed department. Mention is made of certain advisory functions which the new department may undertake and investigations which it may institute relative to the origin, nature and prevention of contagious and infectious diseases, but absolutely nothing is mandatory upon the department, nor is it clothed with executive power by this would-be creating enactment.

If this bill represents the best efforts of Senator Owen and the Legislative Committee of the American Medical Association—and all indications are that it is the result of such conjoint labor—it would seem high time that a new sponsor and a new genesis be given the national health bill. Careful reading of the proposed enactment shows so many weaknesses of the same that even a Lorimerized United States Senate would hardly attempt to foist such an immature, abstruse and illogical document onto the nation's statute books! Two features alone are enough to condemn it. In the first place, it does not require that the new Secretary of Health, whose salary is set at twelve thousand dollars, shall be a medical man. To the innocent bystander—the mere man—whose average length of life is to be increased some odd decades by the activities of the new department, this might seem a lucky oversight, but it requires no prophet to foresee the bill's defeat or amendment when the ambitious politicians of the medical profession grasp the idea that the twelve thousand dollar plum is likely to slip into pockets other than their own. For nineteen long, lean and hungry years the legislative committee of the A. M. A. has labored to secure this department of national health; expensive and strenuous has been the campaign in its favor made by the now famous Committee of One Hundred, whose president, in his appeal for financial aid, so sug-

gestively says that "soon the government will be pouring millions upon millions into this new department," and though this has all been the titanic struggle of men striving to help their fellow-men, though it has all been a labor of unselfish love, a battle of pure humanitarianism, it is not to be supposed that the fruits of victory are to be denied the victors. The bill cannot pass as it now reads.

The second and principal indictment against Senator Owen's unfortunate bid for fame is this: While he proposes to create a national department of health he specifies that said department shall not include the most active, potent and important division of all the nation's health machinery. The medical and surgical service of the Army and the Navy, Senator Owen particularly states, are *not* to be incorporated into the new department of health, and he frankly advertises the fact that political reasons make this exception necessary! In his introductory speech the good Senator flourished much effective oratory over the saving to the nation in money and men which the new department would accomplish, sagely assuring his sage colleague that a large part of our dead soldiery and of the enormous pension list might have been saved us had the nation but owned a health department—yet the Army and the Navy are to have no place in his department of health! *Oh tempora, oh mores*—oh the foolishness of preaching—oh the keenness of senatorial logic!

Some day the need may arise for a national department of health. Just now matters pertaining to public health and hygiene seem to be satisfactorily handled by such bureaus and divisions as exist under the present regime, and the more carefully one studies the situation the less need of radical change does one see. But if the day and the need does come when a national health department must be created, let us have a real department rather than a joke; let us have something of power and importance that shall accomplish things and handle situations and meet emergencies; let us have a national department commensurate with the need and with the opportunity, and not a mere political make-shift which serves no purpose other than to increase Congressional patronage and attach a few thousand more names to the national pay-roll.

T. BACMEISTER, JR.

Irving Park, Ill.

## ANSWERING DR. BEDFORD ON ANTITOXIN AND VACCINE.

Editor of the HOMŒOPATHIC RECORDER.

I have just read with great interest the open letter of Dr. E. R. Bedford in defence of vaccination and antitoxin.

Allow me to add my answer to yours by publishing the following lines :

Exactly as Dr. Bedford has done the writer must confess to have done the same—he has followed closely all articles against vaccines and antitoxine only with the difference that in allopathic journals all articles, editorials and notes regarding serums, antitoxines, vaccines and vaccination (small pox) were attentively studied—to the motto—*et andiatur altera pars*.

Dr. Bedford, as former vaccinator official, must be congratulated on not having caused any accident.

With his faith in vaccination and from his former official position could Dr. Bedford perhaps give writer some explanation of the paradox, *that the German Empire, under the strictest government police paternalism, with actually bodily enforced vaccination of which Dr. Bedford, as an American, has no idea, is not free from smallpox; that in the most official reports of the Public Health and Marine Hospital Service—Smallpox in Germany is called—endemic?*

Does, further, Dr. Bedford not read some articles sometimes, how disgusted, how disillusioned and how apathic the best authors write about all serums, all antitoxines?

Can Dr. Bedford explain—if the diphtheria-antitoxin was the real cure—why without cessation all around this antitoxine is “improved”?

And in regard to the other serums must not Dr. Bedford also read Ehrlich’s “606” as the Death-Dirge of the Serum-therapy? Is not this “Salvarsan” as cure (but a defeated one) a giving up of serums and antitoxines in a prominent infectious germ disease? The writer refrains from any of his own observation, but refers only to *old school authorities*.

Are not the enthusiasts of the Opsonic theory and auto-serums fighting in the last ditch?

Have not at different times official authorities (as in Germany) reported most eclatant failures in diphtheria with antitoxine?

Why, in France, under the supervision of the most eminent old school authorities, are observations made with electric colloidal metals in diphtheria, sepsis, spinal meningitis, etc., etc., . . . after all trials with serums and antitoxines have failed? All around it can be noticed that the most prominent old school men begin to work differently from the serum and begin to follow again the way once shown by the immortal B. Virchow in his cellular pathology—for a time shelved by the *fata Morgana* of the serum, but more evidently coming to his own.

The knocking down of the serum therapy is viciously done by the leading old school men but never by the more or less tame echoes in the HOMŒOPATHIC RECORDER.

ERIC VONDERGOLTZ.

247 E. 72d St., New York, March 18, 1911.

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## HOMŒOPATHY AND ANTITOXIN.

By Eli G. Jones M. D., Burlington, N. J., Author

“Definite Medication”

An Answer To Dr. Bedford.

In the March number of your Journal I read “A Defence of Vaccination and Antitoxine.” No doubt every reader of this Journal is well aware of the fact that the fathers of Homœopathy in America *made their reputations* largely by their splendid success in the treatment of diphtheria in '58, '60 and '66. In the latter epidemic of the disease I was personally interested, and I know it to be a fact that the old school of physicians used to burn out the throat of their cases of diphtheria with nitrate of silver and lost about every case. The homœopathic physicians cured about every case. *Please mark the difference.* Personally I had the disease as bad as any in the town during the epidemic, and my life was saved by a Homœopath, Dr. Francis A. Roberts, one of the *best* doctors of that school of medicine in Maine.

In 1865 “Marcy & Hunt’s Homœopathic Practice” was published. On page 763, Vol. 1, “They report 200 cases of diph-



theria treated, and including many of the malignant type, with a mortality of *not one per cent.*" In United States Medical Investigator, 11-18, Dr. Neidhard reports 300 cases of diphtheria and *two deaths*. Now let me ask the reader if the disease was curable by Homœopathy over forty years ago why is it that it is NOT curable by Homœopathic remedies today?

I am *not a* Homœopathic physician, neither do I hold a brief for that school of medicine, yet from a careful study of the *Materia Medica* of that school of practice, and from *seeing* the effects of their remedies in this disease—it is my candid opinion that when a doctor of that school confesses that he can't cure diphtheria without antitoxine, he *simply don't know his Materia Medica*.

The regulars have lost faith in their remedies and now resort to *serums* to heal the sick. By doing this they confess their WEAKNESS before the public, and their inability to cope with diseased conditions.

Now it remains to be seen whether the Homœopaths will follow suit. It seems to me with such a *splendid record* as they have made in every epidemic that has swept over our country that they *can't afford* at this late hour to have to confess to the public that they can't cure diphtheria without injecting a *filthy horse serum* into the body of an *innocent child*. In my own practice I have met with diphtheria in its worst forms in New Jersey, in northern New England, around the lakes in Ohio, and the mortality under any treatment has not been *over one per cent*. Before I would be guilty of injecting the *filthy horse serum* into the body of an innocent child to *poison* its blood for a few paltry dollars I would get out of the profession and leave it for men that want to do *that kind of business*. To my Homœopathic friends I want to say that your *Materia Medica* is *rich* in remedies for the cure of diphtheria. *Don't go back on them* and resort to the practice of the old school. Let them stick to the *serum* treatment, it is only one of many other *foolish* blunders they have made that will only *hasten their end*. Antitoxine is not a cure for diphtheria, as can be proved when the *truth* is published about the deaths from diphtheria. In the Registrar General's office in London, England, we learn that "the deaths from diphtheria have *increased 40 per cent*. within

the past, fourteen years since, *since* Antitoxine has been used." That don't look as if antitoxine was a *cure* for diphtheria. If you as a school of medicine want to *retain* your individuality, if you want to still hold the *confidence* of your patrons as your fathers before you did, you must cut loose from the unholy fads of the old school, or else *go down to destruction with them.*

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### A CORRECTION.

Editor of the HOMŒOPATHIC RECORDER.

The RECORDER of February to hand. It says on page 58: "Several other patients with this affliction improved so remarkably during this disease, that I must credit the treatment with a great portion of the cure," when it should say:

"Several other patients with this affliction improved so remarkably in general health during this state, that I must credit the pregnancy with a great portion of the cure."

I wanted to contradict the assertion of some that pregnancy increases the dangerous conditions in cancer patients and that it is exactly the opposite.

DR. H. PETERMAN.

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### "THE RANK IS BUT THE GUINEA'S STAMP."

Mr. Henry S. Pritchett, President of the Carnegie Foundation, after reading nearly all the criticism for and against the Flexner Report, makes reply in the Feb. 25th issue of the *Journal of the American Medical Association*. He is still of the opinion that the "commercial" medical schools do not turn out the sort of doctors that "the people of every State in the Union have a right to demand." This might give one, unacquainted with the subject, the impression that the people were demanding the class of doctors represented by the Carnegie Foundation standards, but, as a matter of fact, they are not demanding any such thing; indeed, so far as one can see, about the only thing they demand is more medical liberty, something that the Carnegie Foundation ideas, if carried into practice, would further curtail.

Mr. Pritchett's use of the term "commercial school" is also

somewhat misleading to the uninformed. He defines it to be "a school conducted and managed in the interests of the men who control it." In this Mr. Pritchett, very unjustly, accuses the men connected with the small schools of being out for gain for themselves only, thus tacitly denying that any of them are animated by the same spirit that prompted Mr. Carnegie to establish the "Foundation." The President of that rich institution is either very ignorant of American medical history or else, the alternative, very bigoted. There may be, here or there, one of the old diploma-mill style of medical college still in operation, though this is doubtful, but that the majority of the small colleges are of this character is an almost malignant absurdity.

Mr. Pritchett says: "The report made clear the fact that all such schools are today offering a form of preparation for medicine which falls far below the grade of efficiency which the people of every State of the Union have a right to demand" (as partly quoted before). Whether the men graduated from the smaller schools are less efficient than those turned out by the rich college where more attention is paid to vivisectioning cats and dogs is a question of fact that neither Messrs. Pritchett, Flexner nor any one else can answer. The only way the question could be answered with any degree of intelligence would be to examine the patients of the two classes of physicians in question and it can be imagined that neither Mr. Pritchett nor Mr. Flexner would be willing to stake too much on the results.

Theorists of the Carnegie Foundation class are apparently unable to see that in the final test it is not college cramming that counts, but the man himself. Neither big nor little college can make a silk purse out of a sow's ear, neither is the stamp on the sheep-skin of one of the colleges favored by the Carnegie Foundation a guarantee that the patient will get the best possible treatment, nor, of course, does it mean that he will not get it.

The rank is but the guinea's stamp  
The man's the gow'd for a' that.

But the reply to all this is—to quote from Mr. Pritchett's paper a sentence that seems apt: "The argument is, however, fallacious. It is not true that a vast horde of unprepared and ill-trained physicians must be turned out on a helpless public in order

to obtain an occasional medical genius." In this Mr. Pritchett very adroitly begs the question, for he argues as though it were admitted that the men of the small colleges are a "horde of unprepared and ill-trained physicians," when *that* is the question at issue. It is very neatly done, Mr. President, but the examining boards do not bear you out. In fact, their records seem to demonstrate our point that it is the man, not the college, that counts in the final analysis. Also some small colleges show better averages than the big ones. As bearing on this particular point it may be mentioned that *American Medicine* recently pointed out the fact that Dr. Flexner, the medical head of the Carnegie, and brother to Abram Flexner, is a graduate of one of the medical schools that the Report condemns—though on which side this fact testifies the gentle reader must decide for himself.

Some time ago there appeared a letter—we can only quote from memory—from South Africa in an English medical periodical in which the writer stated that in many diseases the treatments given by the Zulu doctors were superior to those by the English doctors; also one of our home periodicals not long ago printed a Mexican letter in which the writer, a "regular," admitted that in the treatment of fever the native old woman could cure very many cases which he could not. So it would seem that the wise, the far-sighted man is he who goes very slow on radical medical legislation.

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### ANTERIOR POLIOMYELITIS.

Dr. L. F. Frissell, of Columbia, reports a case of this disease in a Princeton student (J. A. M. A., Mar. 4) that came under his care. The details of the case need not be gone into, but the conclusion is interesting, bearing as it does on diagnosis.

"To summarize, one is impressed with the difficulty of diagnosis of this disease in its acute stage, in which it may resemble any of the infections, especially typhoid fever, influenza or intestinal toxemia. The very slight rigidity of the neck and the increase in the activity of the reflexes, which at that time we thought might be due to a hypersensitive nervous system, were suggestive, but only the presence of an epidemic put us on our guard as to the possibility of the correct diagnosis.

"The exaggeration of the reflexes, gradually diminishing, and disappearing at the time of paralysis, only to become again exaggerated later, is another point in evidence of the general nature of the disease which cannot be exclusively confined to the anterior horn cells.

"The inestimable value of lumbar puncture cannot be too strongly insisted on. By its means a diagnosis was established, and the fact that paralysis would probably follow determined twenty-four hours before its onset. Finally, by a second puncture twenty-four hours after the onset of the paralysis, the fact was determined that the height of the paralysis had passed and that the paralytic stage was nearing an end. As a matter of fact, within eighteen hours we had the last evidence of progression in the lesion. The puncture had, in this case, both prognostic and diagnostic value."

But as the paralysis came and went apparently regardless of what was done one can hardly see what advantage the puncture had for the patient. In this respect we quote from another paper on the subject by Drs. Anderson and Frost, of the U. S. Marine Hospital service, who, after pointing out the great difficulty of accurate diagnosis save when paralysis occurs, state: "No laboratory diagnostic methods of demonstrated reliability and universal application have been evolved. The early examination of cerebrospinal fluid is the most reliable laboratory method at present known. Lumbar puncture for diagnosis is hardly justifiable, however, unless some consideration of the safety, either of the patient or of the community, makes an accurate diagnosis of special importance."

To add to the troubles of diagnosis it is now recognized by clinicians "that cases of the disease occur without subsequent paralysis," according to the editor. Needless to add that nothing definite in the way of successful treatment has been discovered. The homœopath will do well to stick closely to his symptomatology if the disease breaks out again this summer, and he is called to treat it.



## EXAMINING BOARDS, CREEDS AND OTHER THINGS.

Our esteemed friend, Dr. Jos. C. Guernsey, in his Presidential Address, delivered before the National Confederation of State Medical Examining and Licensing Boards (*Hahnemannian Monthly*, March) quotes from an address by Dr. William H. Welch, delivered at the 1910 session of the A. M. A., as follows:

"We have no intention or desire to interfere, even if we could, with the freedom of the individual to employ any one or any method of healing he may please, so long as the interests of public health are not endangered thereby."

This seems to be very fair until we recall the fact, expressed with great frequency and often with considerable emphasis by the "regulars," that no one is fit to be entrusted with care of the public outside of their own organization. They say that the public can believe in anything it pleases, from the medicine man of the red Indian down to the visionary, but harmless, homœopath; *but* "the interests of the public health" will not permit of the legal employment of any but the "regulars," except, of course, where public sentiment has forced recognition of some of the "sects." It may be that the "regular" brother means well, but the light of his old tallow dip is not very great, indeed not enough to make it wise to entrust him with unrestrained power over the public health.

Dr. Guernsey, further on in his address, says: "The promulgation of the germ theory of disease, at first regarded with caution and question, has become accepted as a law of the universe. \* \* \* We know that the tubercle bacillus, either human or bovine, is as strictly essential to the development of the disease tuberculosis as a seed is for the development of a plant." This view of things sees disease as an entity, as distinct from man as is an elephant or a tiger; or as distinct as is the seed of the Canada thistle from the soil; or, in other words, disease as a creation like other created things.

Physicians who hold this view of disease and those who see disease as a penalty of wrong living, must differ as widely as light and darkness—you can place the light on which side you please—and shows the need of real liberality on the part of ex-

amining boards who pass on a man's fitness to treat sickness or to eradicate foreign entities, as the case may be.

Further on President Guernsey says: "If any one deny the production of disease by germs, why does he not deny the propagation of the human race by spermatozoa? \* \* \* one produces a human being, while the other produces a sickness." Just here it looks as though the address runs into a metaphysical snag—if there be such a thing—for a human being is, well, a human being, while "a sickness" produced according to the address in the same way as a human being is commonly held to be a state, a condition, or a human being in an abnormal state. There is a difference here in the "entities." Incidentally the chief of the examiners asks if those who do not believe in the disease entity are not "fanatics," "theorists" and "prejudiced partisans?" Certainly these are about!

Further on, with a curious sort of atavism, our esteemed President formulated a "creed" for the germ men, which is something that is supposed to belong to the dark ante-germ ages.

No one that we know, excepting a few "free-thinkers," objects to anyone, even a medical examiner, holding a creed, but every one will protest against having the examiners' creed put on him under the cloak of State law. Here is the creed, which it is proposed that all doctors who come before the boards should confess:

"I believe in disease, existing as an entity, often infectious and contagious."

"I believe in pathogenetic germs which cause disease, suffering and death."

"I believe it necessary to annihilate these germs by asepsis, antiseptis, disinfection, quarantine and other hygienic measures, to the end that, remaining free from their depredations, we may enjoy unimpaired health."

"I believe it my duty to promise, and I do hereby promise, that, in addition to whatever method of cure I use for the relief of my patients, I will safeguard them, by hygienic, sanitary and prophylactic measures, from infection and contagion hostile to life and health."

The last clause in this confession of faith is unobjectionable, but really superfluous, as every physician does that, as a matter of course, in his daily rounds. There is one thing that all must

admire in the President and his creed, namely, his frank boldness, for we fancy that even the extreme board of health men would balk at confessing disease to be an "entity," *i. e.*, "a real being," a creature. Finally, would it not be unwise for examining boards to force any creed on physicians, to say nothing of its legality?

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### LOOKING BEYOND ANIMAL THERAPY.

"Animal therapy is the *sine qua non* with a large number of the profession for the prevention and cure of disease, but, 'All flesh is not the same flesh.' Is the lower, primary or microbic life of the horse, the cow, or any other animal the same in nature as the lower primary or microbic life in man? If not, when the animal serum is injected into the blood stream of man, is it not unnatural and in opposition to the operation of the laws of nature—a hybrid? And if by an unnatural process a different *mikros-bios* is generated such as will destroy certain forms of morbid bacilli, and the subject rendered immune against certain forms of disease, are not other morbid conditions generated which may, and do, prove to be as troublesome as the condition alleged to be suppressed?" \* \* \* \* "The blind speculative empirical use of medicines is becoming a cause for alarm. More in particular is this so when we consider the fact that where there are the largest number of physicians, and proprietary medicines used in proportion to the population of the country, there is the most sickness and the largest number of infirm persons."—*Dr. G. Curson Young, in Medical Summary.*

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### SYMPTOMS.

I am frequently met by the half interrogatory, "O, you prescribe for symptoms, do you?" Sometimes this is supplemented by "I thought the science of medicine had so far advanced that physicians should prescribe for definite pathological conditions." I answer that I prescribe *by* symptoms; or if the inquirer is persistent, I will confess that I prescribe *at* symptoms, and that without "symptoms" I am nothing.

What so-called *scientific* physicians prescribe *by* or *at* the Lord only knows. It is probable that the minority in these latter days

(who lay claim to be scientific) are prescribing at microbes. The majority are using the same old shot-gun pointed at the name of the disease, and hitting the patient quite frequently. All claim to be guided by *standard authority*, and want to be protected by the State against irregulars, who seem to be getting more than their proportion of the practice.

Confessing that I prescribe *by* or *at* symptoms, we will get at the matter better by having a definition of the word. Thomas defines *symptom* as "a concurring circumstance happening simultaneously with the disease, and serving to *point out its nature, character, and seat.*" He does not seem to be a doubting Thomas in this matter, and I shouldn't wonder if he also prescribed *by* symptoms.

Let us try Worcester, and see what educated men, other than doctors, think of the word: "A perceptible change in the body or its functions, which indicates disease. A sign or token: that which indicates the existence of something else."

How do we *know* things? Through our senses—sight, smell, hearing, touch, taste. Can we know them in any other way? No; absolutely no. Symptoms then are the evidence of our senses. They are what we see, smell, hear, touch, taste, of disease. Deprive a doctor of these senses, and he is as absolutely worthless and knowledgless as the chair he sits on. We understand that the senses may be educated, and that this education is the chief object of life. This is so in all pursuits; it is especially so in medicine. The man of educated sense is a good carpenter, shoemaker, farmer; the ones who have not this cultivation are wood butchers, cobblers, and poverty breeders. The physician of well trained senses is likely to be a good doctor; the one of no training is likely to be a politician, and a suppliant for boards of health.

You ask me then, Can we see disease? Can we hear disease? Can we smell disease? Can we taste disease? I answer, yea, verily, we can, and that is the way we know it. No man can claim that there is anything new or abstruse in this, or that it strikes a person suddenly like conversion, or that it requires a prophet. Our senses are the resultant of the use of all the people who have preceded us, plus the training that we have given them ourselves. I have great faith in being born well, and

would rather have the heritage from an ancestry who have succeeded in mechanics and the industrial pursuits of the world than from the most aristocratic blood of Europe. If we have the heritage of reasonably good sense we can train them by use that we can recognize through them.

What can we see? We get the form, the color, some changes of structure, and to some extent a knowledge of the muscular capacity of the body. We get the form, color, and a knowledge of the adventitious material that makes the coatings of the tongue and mouth.

What can we smell? Stinks. Stinks that indicate disease of the blood, the stomach, the lungs, the bowels, the uterus. Stinks that talk to us of death.

What can we hear? Enough to tell us of many diseases of the respiratory apparatus, of disease of the heart, of some disease of the stomach and bowels and lastly we can hear the patient's story, supplemented by the history given by the nurse.

Can we touch disease? There is no one but what has heard of the evidence of the *educated touch*. We practice obstetrics by the touch. We diagnose many diseases of women by the touch. It tells us the condition of the tissues, and is the most reliable sense in the practice of surgery.

Can we taste disease? This sense is rather a personal one, We can taste our own disease—more rarely our neighbor's.

Symptoms! Yes, symptoms. I should like to know how we could get along without symptoms. The closer observer is likely to be the best doctor.—SCUDDER, *Eclectic Medical Journal*, 1888.

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### WHEN A PATIENT COMES.

When a patient comes to us covered with warts we give him small doses of *Thuja* or *Magnes. sulph.*, knowing that if he is faithful in taking the medicine that the warts will disappear in a reasonable time.

When a patient comes with a non-malignant papilloma studding the eye-lid, singly or in numbers, we give him *Staphysagria* in minute doses, knowing that the papilloma will certainly disappear if a few weeks' time be given it, without the use of either knife or cautery, to the patient's astonishment, and our satisfaction.



When a woman comes to us with a tumor in the breast which has not positively developed into a cancer, we prescribe *Phytolacca*, or *Fluoride of calcium* in the minute dose, as the tumor is either doughy or stony hard, and have the satisfaction of seeing it gradually disappear, to the astonishment of the surgeon who said that it "could not be removed save by the surgeon's knife."

When we have a serious case of peritonitis and inflammatory exudates are being thrown out until the bowels are in danger of uniting into a solid mass, we give minute doses of *Chloride of potash* and save our patient with the same certainty that we would move the bowels with a cathartic medicine.

When a mother brings her child to us with enlarged tonsils, we do not immediately take our tonsillotome and cut them out, but we prescribe small doses of the phosphate or brown *Iodide of lime* and watch them reduce to normal under nature's own efforts.

When we are called to a case of quinsy, where there is threatened suppuration, we do not lance them at once, but give small doses of the natural soda *Salicylate* and stop all pathological disturbance in a few hours' time, providing we have begun the administration of the remedy in time.

When a fond father brings his heir apparent to us with a cold that lasts from January to July, we do not load him up with sprays and atomizers, but give him a bottle of the third decimal tablets of *Kali sulph.* with the proper directions, and the next time we see Johnny his nose is as clean as anybody could wish.

When we are called to a patient as yellow as saffron, we administer *Chionanthus* in fractional doses with the certainty that the trouble will be over in a few days. If the jaundice is from gall stones we give liberal doses of pure olive oil and wrest the case out of the hands of the surgeon in a very short while, with almost as much certainty and much more satisfaction to the patient. When a patient comes to us with the limbs covered with hard knotted and twisted veins, the result of portal stasis, we administer *Carduus mariana* in fractional doses and see him improve until not a vein is in sight.—*Dr. G. W. Harvey, Millville, Cal., in California Eclectic Medical Journal, February.*

**PROPHYLAXIS IN SCARLET FEVER.**

“That there is one, I can attest after almost ten years’ use of it in an active medical practice in several cities and territories of the United States. I am not alone in this either, for there are thousands of Eclectic and Homœopathic physicians in this and other countries who can and will attest to the same positive results. In fact, it is a matter of record in most Eclectic and Homœopathic books published upon subjects dealing with the uses and actions of medicines, and has been for near half a century, that very small doses of a *reliable preparation of Belladonna is prophylactic against scarlet fever*. In my private practice I never isolate nor quarantine any of the members of a family where I have a scarlet fever patient, but allow them to mingle as freely together as they choose, providing that they will take a teaspoonful of water from a glass, into which I have dropped five or six drops of *Belladonna*, two or three times a day, and in all my professional life I have not had a second case of the disease in any family. In the very small dose as *Belladonna* is given for its prophylactic properties it is certainly harmless and positively prevents the occurrence of the disease, both in its prodromal and subsequent stages, which is a thousand fold more than can be said of the protective properties of any vaccine or serum. We can suppose that the action of the *Belladonna* upon the contagium of the scarlet fever is possible only upon dilution to a point where its positive sub-molecules can combine with the negative sub-molecules of the contagium, thereby equalizing and aborting the disease completely and totally.”—*Dr. G. W. Harvey, Millville, Calif., in Cal. Ec. Med. Jour.*

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**PIERRE JOUSSET.**

Dr. Pierre Jousset, the dean of the Homœopaths of France, departed from this life on December 22, 1910. He was born at Nantes, on December 3, 1818. Thus it will be seen that his life covered what might be termed the exciting period in the history of Homœopathy, especially in France. Among the men of that period were Broussais, Tessier, Imbert-Gowebeyre, Milcent, and

very many other brilliant ones, favorable or unfavorable to Homœopathy, who are not well known, or by name only, to the English-speaking people. Throughout his life Jousset was associated with the brightest medical men of the nation. In 1854 while practicing in the country he was called to Paris by Tessier, and *l'Art médical* was started, of which journal he became chief in 1873. He was also long associated with the Hospital Saint Jacques. Among his literary labors the best known is the work, entitled "Jousset's *Practice*," translated and published by his friend and admirer, Dr. John Arschagouni, then of New York, but now located at Constantinople. This work impresses one as being the product of a highly trained medical man who has seen the subject from many points of view and at various epochs.

All this is but an imperfect sketch, an abstract of the account of Dr. Jousset's life published in *Revue Homœopathique Française*, for February.

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### SUNDRY POINTERS.

Dr. A. D. Hard, of Marshall, Minn., has a paper in *Medical Times*, March, on "*Thiosinamine* in Senility." He claims that this drug acts "as a resolvent of indurated flesh." He concludes by suggesting "that *Thiosinamine* be given in one-tenth grain doses three times a day for the purpose of staying the hand of time and keeping a man from growing old." One-tenth grain is to be found in the 1x tablet triturates of *Thiosinamine*.

Dr. Miller (*British Hom. Jour.*, Mar.) on "symptoms" mentions some invaluable ones but deeply hidden, not easily confessed by the patient, perhaps not fully realized save in a shamefaced way. Among such mentioned is a presentiment of death, *Apis*; lack of natural affection, *Sepia* and *Phosphorus*; lurking impulse to kill those nearest and dearest, *Phosphorus* and *Nux vomica*, and a suicidal prompting in *China*. This class, as said before, is hidden but very valuable when discovered by the man who knows the deeper working of his *Materia Medica*.

*Cratægus oxyacanth.* as a Heart Remedy.—I cannot speak too highly of *Cratægus* as a remedy in affections of the heart, as it positively has no reaction. Its action is similar to *Strophanthus*, but it has not the disagreeable taste of the latter drug. In a few

days *Cratægus* favorably influences the whole of the nervous system, increasing the appetite and improving nutrition and assimilation, its influence benign mainly on the sympathetic and solar plexus. It is gentle in its action on the cardiac organ, prompt and strengthening. In one case in which it was administered the patient was irritable, wan, and of a melancholic disposition. After a few days' treatment with *Cratægus*, these symptoms were greatly modified and, shortly afterwards, disappeared. It is a safe heart remedy, and the best results are obtained from the  $\theta$  tincture, which I have always found to act quickly and consistently.—*Kopp, in Homœopathic World.*

Several have inquired as to how to use the trituration of *Salvarsan*. This trituration is made the same as any other trituration of a dry substance, *i. e.*, 1 to 9 of milk sugar up to the 6x. It has never been proved, but so far as known the symptoms it develops are those akin to *Arsenicum*. One or two tablets, or grains, ought to be a dose, the frequency depending on the judgment of the physician prescribing it. The directions for using the drug pure and hypodermically accompany each package. The dose seems to be a big one. No "directions" accompany the homœopathic trituration.

Dr. E. W. Goodall (*British Medical Journal, Feb. 11*) is against the use of antitoxin as a prophylactic, because no one can know if the person is peculiarly susceptible to the action of serum, and if he happen not to be the injection may make him so.

Dr. J. W. Fyfe (*Ec. Quarterly, Mar.*) reports cure of syphilis with an Ointment of *Echinacea* externally and 20 drops of the drug internally 3 times a day. The result reads like some of the famous "606" tales. The tincture externally on cotton did not do well.

The following is from a paper by Dr. E. R. Waterhouse (Eclectic) in *Clinical Reporter* for March: "These friends" (the homœopaths) "have told us that *Belladonna* in very small doses acts as a prophylactic against scarlet fever. I will say that I have watched this for more than twenty years, and have given it to children where there were cases of the scarlet fever in the house, and in no case have these children contracted the disease. Only a few weeks ago I had a case of scarlet fever where there

were four other children in the house, together with the mother and father, and none of them had ever had the disease. They all got the *Belladonna* except the father, who would not take the medicine, and in due time he had scarlet fever, but none of the others did."

In an old note book we find, under *Cicuta virosa*: "Considered, says Lilienthal, almost a specific in epidemic meningitis cerebro-spinalis," but where, and when he said it is not given.

*Spigelia*, as all homœopaths know, is often a wonder worker in the most painful cases of neuralgia, so that the following from the official journal A. M. A. is curious reading: "*Therapy*, the only therapeutic use for *Spigelia*, is to promote the removal from the intestine of the round worm, and occasionally to aid in the removal from the rectum of the pin-worm." They have much to learn about medicine.

In the *British Medical Journal* (Feb. 18) Dr. Foggie relates a case of *Eucalyptus* poisoning he attended in a boy of six years. The chief point developed was that the poison had no apparent effect on the urinary tract, but showed itself by gastro-intestinal irritation and in cerebral paresis. It was caused by an overdose of *Eucalyptus* oil.

A new field for surgery is in operating in typhoid perforation.

The *Journal of the A. M. A.* (March 18) in an abstract from a French journal it is reported by Dr. E. Giordano that he saved half the cases operated on, who otherwise were certain to die.

Dr. Dwight W. Hunter, N. Y. ("Some Phases of Asthenopia," a reprint), tells of one form of headache *not* due to eye strain. In brief, it is frontal; a touch causes great pain, but firm pressure does not. It is of malarial origin as blood examination will generally prove. It is a supra-orbital neuralgia.

Which is the worst, malaria or anæmia? Staples, in *Brit. Med. Jour.*, says, in favor of the Roentgen ray treatment of the first named disease, that "recovery is not attended with the anæmia usually present in patients treated with quinine," therefore the question.



## BOOK REVIEWS.

DEFINITE MEDICATION. — Containing Therapeutic Facts Gleaned from Forty Years' Practice. By Eli G. Jones, M. D. 312 pages. Cloth, \$2.50. Boston. The Therapeutic Publishing Company, Inc. 1911.

Dr. Jones, an eclectic, belongs to a race of physicians who are fast dying out; to the class whose education, while primarily in the old medical college, was really, as the Sage of East Aurora is fond of saying, obtained in the great University of Hard Knocks, which is the present-day way of saying Experience. While, as said before, Dr. Jones is an eclectic, nevertheless he makes frequent use of homœopathic remedies. Indeed, each chapter of the book is preceded by the statement that the eclectic preparations mentioned in the book are Lloyd's and the homœopathic Boericke & Tafel's. He does this because he wants his readers to distinctly understand that if they aspire to therapeutic success they must pay some attention to the quality of the drugs they use, for much of the stuff hawked about by men whose sole claim for business lies in low prices is hardly of a nature to commend itself to one who believes in therapeutics. Lest some one should say that this unusual insistence on the drugs of the two firms named was paid for, we can state that they knew nothing about it until they saw it in the book.

"Definite Medication" is divided in 21 chapters. Chapter I is devoted to "Practical Diagnosis." Chapter II gives "Special Remedies for Brain and Spine." Chapter III for the organs of respiration, IV for heart, and so on to the end, pretty well covering the field. As to the merits of the treatments the reader must judge for himself. Looking over the section on syphilis, for instance, we find 14 remedies named, radical cures reported as the rule, but not a word about *Mercury* or *Pot. iod.* In diphtheria he has no place for *Antitoxin*, because even in the worst cases he can do far better without it, and so the book goes. It is an interesting book and will do any one good, for it is, as it were, the record of the life of an honest old doctor who has a most robust and cheerful belief in the curability of disease by medicine, something the medical world of today, which is too

much steeped in the learning of the laboratory and the study of "bugs," has almost lost—much to their own loss.

MANUAL OF CYSTOSCOPY.—By J. Bentley Squier, M. D., Professor of Genito-Urinary Surgery, New York Post-Graduate Medical School and Hospital, and Henry G. Bugbee, Instructor in Genito-Urinary Surgery, New York Post-Graduate Medical School and Hospital. 117 pages. Flexible leather. \$3.00, net. New York. Paul B. Hoeber, 1911.

The cost of this book lies in its 26 plates of intra-vesicle lesions which are said to be "particularly accurate, having been produced under the direct observation of the artist;" of these 19 are in color and the others, in black and white, of special instruments. The book was gotten up for the pupils of the Post-Graduate School, so the reader can size up its class, and if in search of a book of this nature he cannot do better than to send for it.

"A Critical Analysis of the Pathogenetic and Clinical Symptoms of Vaginal Discharges" is the title of a sixty-page, paper covered brochure by Dr. Paul Allen, of 59 W. 49th street, New York City. The plan of the work is as follows: On the left hand page are given the materia medica symptoms, numbered, and on the opposite page, under a corresponding number, Dr. Allen gives the origin of that particular symptom. The symptoms on left hand page run ahead of those explaining their origin on the right hand page and the reader must turn forward a page or two for the corresponding number towards the end of the book. There are 473 symptoms given on the left hand pages and the origin of some of them is very interesting. The work involved in their digging out must have been considerable; indeed, Dr. Allen writes us that he has been occupied with it, during otherwise idle moments, for five years. There is always an element of uncertainty in those symptoms found outside of the orthodox pathogenetic fold, for they may be pure gold, or they may be mere imagination, for it is always possible that even in the best proved remedies there are deeper pathogenetic symptoms lurking that no prover has brought out, to say nothing of the remedies that have not been very carefully proved. At any rate,

Dr. Allen has made a very careful separation of this set of symptoms, which will be of interest to all materia medica men. The pamphlet, or brochure, is not offered for sale, but, perhaps, a copy may be obtained by addressing Dr. Allen, whose address was given above.

"Transactions of the Society of Homœopathicians" is received, a 34-page, paper bound pamphlet. This recently organized society held its first meeting at Chicago on November 17 of last year. Dr. J. T. Kent, Chicago, was elected President; Dr. A. E. Austin, New York, Vice-President; Dr. Julia C. Loos, Harrisburg, Pa., Secretary, and Dr. Richard Blackmore, Bellevue, Pa., Treasurer. Section 1 of By-Laws reads: "All members shall be in harmony with the exposition of Hahnemann's 'Organon of the Science and Art of Healing,' as presented in 'Lectures on Homœopathy,' by James Tyler Kent."

Section 2: "Active members shall have been pupils of James Tyler Kent or followers of his teachings (as evidenced by four years' practice consistent therewith), or for four years' harmonious Associate members. No others shall be eligible."

From this it would appear that the utmost harmony ought to prevail in this new organization. We cannot go into the details of things said and done as reported in these Transactions; suffice it to say that, in a general way, the Bœnninghausen method of repertory work is said to be, at bottom, erroneous, and this is corrected in the plan of the Kent *Repertory*. This seems to broadly embody the difference between this Association and others. If interested in the matter send ten cents in stamps to Dr. Richard Blackmore, Bellevue, Pa., for a copy of these Transactions which contain three papers by Dr. Kent outlining the principles on which the new Association is founded.

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## EDITORIAL BREVITIES.

THE KALEIDOSCOPE.—The official Journal A. M. A. of March 11th quotes von Pirquot and Schick to the effect that “the pathogenic substance has in itself no disease producing effect;” or, as the editor puts it, “the bacteria” according to this belief “in themselves have little or no toxic effect.” Whether the gentlemen who write so learnedly understand what they are writing about is not clear to the ordinary mind; but then, for that matter, it never is. However, it would seem from the light shed by these advanced thinkers that disease is a sort o’ mix-up or “interaction” of anaphylaxis, antigen, antibody and complement, “the two latter being contained in the serum of the host.” The reader also is told that Friedberger concludes that “anaphylaxis is an extreme and acute form of infection, and infection a milder, more protracted form of anaphylaxis.” After quoting Neufold and Dodd on “the problem of the possible identity of bacteriolytic antibodies with those associated with the bacterial hypersensitization,” the honestly laboring editor concludes: “The theory also explains nicely the incubation period of disease as being the interval elapsing between the actual invasion by microorganisms and the formation of a sufficient quantity of antibody to produce the toxic effects resulting from the combination of antigen plus antibody.”

Struggling out of all this we can see a ray of negative light (if there is such a thing) shining on the fact that the “germ theory,” on which so much medical wisdom is based, to say nothing of thousands of tons of books, is—a mistake, from which

“modern science” has “advanced” to what is outlined above. The *Organon* is really more scientific than the whole outfit.

SMALL POX IN THE PHILIPPINE ISLANDS.—Our esteemed and always interesting contemporary, *Public Health Reports*, edited by the U. S. Marine Hospital Service, tells us how small pox has been almost done away with in the Philippine Islands. The entire credit is given to vaccination. Havana, Colon and Panamá were noted for epidemic diseases until the American sanitarians set to work and cleaned them up, since when they are models of health. It would seem logical that the same work that was so effective in these places was equally effective at Manila, and that the credit of the good health there should be given to the sanitary squad rather than to the cow-pox artists. This seems to be the more reasonable when one reads the weekly reports of small pox in Italy published in our official contemporary. For instance, in this very number Italy is credited with 221 cases of small pox and 145 deaths from that disease. Italy is as well vaccinated as Germany but, from all accounts, its sanitation is rather primitive, hence small pox, and several other things that grow up where the sanitary squad is inefficient. Incidentally Japan, thoroughly vaccinated, had an exceedingly wicked epidemic of smallpox, due, they naively explained, by “neglect of sanitation.” From all this comes the belief that the sanitary squad is not getting all the credit due them. Washer-women, scrub-women, scavengers, white-washers and others of that ilk are the best of prophylactics against zymotic diseases and epidemics.

A QUEER CURE.—A country doctor in Austria, Dr. Franz, some time ago discovered a case of typhoid fever and had it sent to a nearby hospital for infectious diseases. The Austrian army maneuvers were scheduled for that vicinity but on account of the case of typhoid left that region out. This deprived the villages and country-side of a profitable business from the officers and soldiers and so angered the people that they started a boycott on the doctor, refusing to have anything to do with him even to selling him food. He died of heart paralysis said to have been brought on partly by the trouble. The doctors have in turn started a boycott on that region, refusing to send another



doctor there until the people pay the family damages. Also the Government is taking a hand in the matter.

Going back of the personal wrongs in this case one can trace the origin of the whole trouble to the teachings so sedulously inculcated by those in medical authority concerning contagious and infectious diseases. Every one knows that with the least care that case of typhoid was about as much danger to the army and people as a case of toothache would have been, but those authorities steered a whole army away from one isolated case of typhoid! False teaching and foolish scare-practices will inevitably bear bitter fruit as in the case cited. It is easier to raise the devil than to put him down, as the energetic microbe men will probably discover some day. Of all the devils the fear-devil is the most mischievous and that is the one these men continually invoke by precept and practice. Some day there may be a fear stampede of national proportions as one fruit of the never ending gruesome tales put out to the public of the "dangers lurking" in pretty much everything human hands touch. These loud voiced fear mongers are not doing any public service.

"ALKALOIDAL THERAPY."—The *Eclectic Medical Journal*, March, quotes Tschirch, who is, they say, among the best of European pharmacologists, as follows:

"When medicine has thoroughly ruined the digestion with *synthetic* remedies, and *tested all the organs of the animal body*, it will return once more to drugs, and employ them to a greater extent than at present. It will return to the most ancient remedies of mankind, to the *medicinal plants and drugs*."

To this the *Journal* adds: "At the time of the 'concentration' craze, from 1860 to 1870, the Eclectic school was almost wrecked on that alkaloidal fallacy and it needs no reminder of that disastrous blunder. The so-called 'active principles,' *Bryonin*, *Macrotin*, *Collinsonin*, *Cactin*, etc., have no scientific home, nor have they had any responsible recognition since being discarded by the old Eclectics. They are not alkaloids, nor yet glucosides, usually being made by drying a tincture or fluid extract, and should be thus defined."

THE PLANE.—There have been in the past, as there are at

present, and most likely will be in the future, those who seek a "common plane" on which homœopaths and allopaths can meet. There is one on which not only these two schools, but all others, can meet, namely, a desire to cure the patient quickly, pleasantly and easily. It seems self-evident that there can be but one best way of doing a given thing no matter what it may be, and that, one would think, ought to be the common plane. If this reasoning be sound, it follows that the plane sought by true physicians is that which cures the patient in the quickest, pleasantest and best manner. Necessarily such a plane does not allow of compromises, nor does it admit of an erroneous "charity," for it is genuine charity itself to treat the patient in that manner, and any departure would be, in a sense, uncharitable. Any other plane than this must sooner or later collapse, and the numerically smaller school on it will be underneath in the smash and hurt. The man whose plane is truth, whether in mechanics, or medicine, or anything else, need not fear because there are few on it; his feet are on the solid, and he has no necessity to quarrel with his unfortunate brother in the bog or quicksand.

BEYOND MATTER.—Sir W. Crookes, the great scientist, could not do better in concluding a recent address than to quote words that he uttered thirty years ago. "We have actually touched the borderland where matter and energy seem to merge into one another—the shadowy realm between the known and the unknown. I venture to think that the greatest scientific problems of the future will find their solution in this borderland, and even beyond. Here, it seems to me, lie ultimate realities, subtle, far-reaching, wonderful."—*Reported and published by The London Telegraph.*

It begins to look as if the vanguard of science were getting in sight of the potency of Homœopathy. That there is a vital distinction between power and force—the force of the crude drug cannot have the power of the potency over disease. Power is primary, force secondary.

ANOTHER SERUM "DISCOVERED."—Doctor August Schafer, of Bakersfield, California, has "discovered an anti-fever serum" which, according to some reports sent out, has produced "marvel-

ous results," "worked miracles" and it "marks a history-making epoch." On the other hand, the "country society" has refused to endorse the serum, some members declaring it to be "dangerous, unscientific, spurious, of doubtful value, an unknown quantity, and unfit to take into the human blood." All of which, and more, may be found in the *California Medical Journal for March*. Take any disease-table and multiply the number of diseases listed by two or three (or perhaps oftener) and you have approximately the number of this class of remedies that have been discovered, or, at least, put on the market, and the number increases almost daily. When one considers this the idea involuntarily arises in the mind that even the advocates of this therapy must see that it is approaching a head. At the very beginning of the craze—if the word be permissible—certain old "mossbacks" said that distilled water with the same chemical preservatives in it would produce the same results without so much danger. Whether anyone has ever investigated this assertion is not known. Perhaps it would be well for the Carnegie Institute to send out Mr. Flexner to look into the serums, so that the world could learn which were orthodox and which heterodox. It is possible, though, that before he could have a Report printed the whole thing will have been supplanted by something new, for according to the past this therapy has lived its allotted span.

INOCULATING THE ARMY.—According to a press despatch over 1,200 men, a division of the army dispatched to the Mexican border, were inoculated with vaccine to protect them from typhoid fever. This may be medical science, but there are those who are inclined to believe that the plan adopted by the Japanese medical corps is better. The Japanese sent men to investigate and test the water, food and camp-grounds of their army, while the American medical scientists vaccinate and, presumably, assume that the men can drink infected water, eat bad food, have unsanitary camps, and escape all the consequences of these. These American army scientists are surely an optimistic lot of men if they think a cause will not produce its effect. Typhoid vaccination at best is but an experiment, an unwise thing to make on an army that may be badly needed, and an unjust thing to the human beings who have no choice in the matter. The Inspector

General of the French Army recently, according to a Paris letter, entered a vigorous protest against the practice.

**TYPHOID VACCINATION IN FRANCE.**—About a year ago the French Academy of Medicine appointed a commission to investigate and report on typhoid vaccination. Recently the committee reported, recommending the vaccination as “a rational means of diminishing the frequency and gravity of typhoid fever in France and the colonies.” Dr. Delorme, Inspector General of the army, however, entered a vigorous protest against the report, based on his belief that the process was imperfect, the protection uncertain and the complications following undesirable.

**A LURKING ABSURDITY.**—When philosophically observed there is an element of absurdity at the bottom of all civil laws designed to “regulate” medicine. When a human being is not at ease, when he feels what is known as “disease,” his companions minister to him to the best of their ability, and if they were to do otherwise the world would condemn them as heartless; they do not know very much, perhaps, but they do the best they can for their companion. If there is a man in the neighborhood who has been trained to attend to human beings in a state of disease, the law “regulates” him; he must keep an eye on these regulations or laws when called upon.

Be it observed the law says nothing about the ministrations of the untrained, only public sentiment would condemn them, as said before, if they were so “heartless” as to leave the patient to himself, but when a man appears who is supposed to know all about what to do the law hedges him about with many rules as to what he must and must not do, which the law-makers, being untrained, are unfit to lay down, and which those who are trained never agree upon; the rules, therefore, are science decided by a majority vote.

**EXCLUSIVE PRIVILEGES UNCONSTITUTIONAL.**—“Some fifty or sixty years ago, the Old School physicians of that period had legislative enactments in nearly every State in the Union, prohibiting any and every person not of their school from practicing medicine or surgery, under certain penalties. They thus reduced

the public to the alternative of employing them, or else to have no physician at all. 'You must take our medicine—you must be treated by our mode of practice—for nobody else except one of us shall doctor you; if we can not cure you, you must die—you can not have anybody else.' This was the purport of the laws they had procured, and the consequence of such legislation was illiberality, misrepresentation, and persecution of and towards all persons who dared to think or act for themselves in medical matters; good, honorable citizens were subjected to a system of espionage equal to that of the most despotic countries in the world, and fines and imprisonment were inflicted upon them regardless of humanity, justice, or personal rights."—*Dr. John King, Eclectic Medical Journal, 1884.*

A WORLD PROBLEM.—The General Medical Council of Great Britain is up against a problem, just as we of the United States will be before long. It is, that the amount of learning a medical student is forced to acquire is so great that even seven years hardly suffices for its mastery, and this is on top of a vastly more exacting general college education. At the present rate of "progress" a man will have attained middle age before the medical solons will think he is fit to treat the aches and pains of humanity, which remain about the same as they were in the days of Hippocrates. A man who has spent the best part of his life learning how to treat Johnny's bellyache has a right to expect proportionate remuneration, but the people are not getting richer—and there you are. Perhaps we will come to the Indian plan of licensed practitioners. The trouble with this plan, however, would be that the man who had taken a two years' book-course, and then five in active practice, would have such a fund of practical knowledge that he would simply outclass the other who took the book-course of many years. Well, it is a problem. The people will have doctors, but cannot pay for the sort promised in the future, with many new studies looming up; for instance, "Immunology," which is not yet even in the dictionary, but may soon be in the curriculum.

"CRIMINAL."—The old spirit of "believe or be damned" is not dead yet. Once upon a time it said that the physician who did not



bleed his patients was guilty of murder—"passive murder," to quote the *Lancet* of old. Now *American Medicine* (as quoted in *Medical Times*, March) declares that "for a medical man to antagonize the use of *antitoxin* comes very near to wilful negligence; and the time seems not distant when failure to use *antitoxin* will impose criminal as well as civil responsibility." In other words, do as we order or we will break you. And who are "We"? Oh, We are the men back of the Owen's Bill. *American Medicine* also makes light of "the bugbear of an occasional eruption," and innocently intimates that diphtheria is much more dangerous than the *antitoxin*!

"IMMUNOLOGY."—This new word, standing for a new science, is the latest. In brief, it is the science of injecting a product derived from the body of an artificially diseased beast into the body of the human animal to protect the latter from a possible disease. Dr. F. P. Gay, of the University of California, devotes many columns of the *Journal A. M. A.*, February 25, to its favorable consideration. Skimming over the learning presented in many new works, we jump to the practical application, which, by the way, Dr. Gay does not give. If a healthy wayfaring man were to start on a journey and come near another man with diphtheria, he would, if in care of the latest in modern medicine, receive a hypodermic injection of antitoxin, or several of them, according to the enthusiasm of his mentor. Passing on to the next town he might run into typhoid, in the next into the plague, and so on into cholera, tetanus, hydrophobia, small-pox, and possibly into some other diseases, for each of which he would receive into what was once a healthy body a different product from diseased animals for each disease. This would be the practical application of immunology. Whether the wayfaring would live through it all is a question that sufficient time has not yet elapsed to enable one to answer intelligently.

RETURNING TO REASON.—The world is swinging back to common sense after a prolonged excursion into the realms of bacteriophobia. The *New England Medical Gazette* editorially mentions this in its March number, noting that for a time "the fear of bacteria led to such a vigorous scrubbing of the skin with

alcohol, formaldehyde or some other germicide that many nurses and some surgeons could not present skin sufficiently resistant to withstand these heroic measures." On the face of it it is contrary to reason that the skin of the helper should be injured to prevent injury to the one helped, and now science, it seems, has at last arrived at the self-evident conclusion that cleanliness, not pickling, is needed.

EVOLUTION.—What was once known as "Darwin's theory" has in time, by what seems to be a process of evolution, become accepted science, but by what means this occurred no one knows, for nothing essential has been added to the original theory as Darwin left it; and yet it is to-day as firmly embedded in the minds of many scientists as is the demonstrable law of gravitation. But the longer one considers it, not with intent to confirm a belief, but with an unbiased mind, the more formidable the doubts concerning its correctness become. Take but one instance. If the doctrine or theory is correct, it is a law of nature; this seems to be self-evident. A law of nature must be forever operable; this is science. Granting these two propositions it would follow that there would be evidences of the process of evolution or creation, eternally going on around us, or in some parts of the world, but who has ever seen it? Who has ever shown man in the half or three-quarter stage from protoplasm to the human being stage? This is only one of several looming objections that confront the mind that investigates this doctrine of evolution and does not go to it with a preconceived belief which he merely seeks to strengthen. Have you ever thought about it? To get out of comfortable mental beds is often unpleasant, but the true seeker cannot choose in the matter.

SALVARSAN.—The *Buffalo Medical Journal* for March editorially says of this drug: "That there are physical dangers in the indiscriminate use of Salvarsan is well known; there has been death following its administration and serious eye disturbances; yet the mere physical disabilities and even the danger of death in isolated cases is not the real danger which lies at the door of the drug. Its unwarranted acceptance as an absolute specific has been drilled into the lay mind through newspaper channels—and

at the hands of those of the profession who seek the ready dollar at the expense of professional self respect." Also: "There are coming into print through the medical journals in all parts of the world, most notably in Germany and Russia, reports which indicate that because of the large number of relapses of the disease Salvarsan is not an absolute specific, and that one or even repeated injections do not cure syphilis." In short, it acts beneficially, or appears to so act, in the cases where Arsenic is indicated and often works havoc where it is not indicated. After all one reads about science in modern medicine it seems strange that almost the whole medical world should rush after a patented and secret remedy, which really belongs in the class with Professor Munyon's wonderful "cures;" only he pays for his advertisements.

TUBERCULOUS EXHIBITS.—We are told that the exhibition of hold-ups, robberies, crimes and general assinities in moving picture shows tend to spread that sort of thing among the people who habitually attend these shows. If this be so it is according to the workings of a general psychological law which must hold good in these tuberculous "shows" or exhibits. These shows which cost a goodly sum of money are supposed to "instruct the people." but he must be a very optimistic man who supposes that "the people" really know any more after they have seen the show than they did before. Many of them doubtless contract a strong fear, which, as the medically wise of all ages know, is nearly as bad a thing as could befall themt.

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### NEWS ITEMS.

Dr. F. G. Hudson, of Camden, Tenn., writes us that he, a pioneer Homœopath who has been practicing Homœopathy there for forty-four years, wants a successor as he wants to retire, being seventy-three years of age. If any one is interested let him write Dr. Hudson at above address.

The Montreal Homœopathic Hospital wants one or two house physicians. Address, for particulars, Dr. A. R. Griffith, 221 Peel street, Montreal, Canada. This is a good opportunity.

Dr. H. F. Kaack has removed from De Witt to Low Moor, Iowa.

## PERSONAL.

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A "cure," argues Dr. Close, is always of Art, "recovery" of Nature.

Dryasdust might mention 500 treatments that were once "the latest" but are now forgotten. And still the number grows!

Many buyers are not happy unless made to believe they are getting a bargain, so they are made to believe.

Some express themselves in bombast, others in platitudes, in slang, in cuss words, in big words—each expresses the man.

"There is no more a modern Homœopathy than there is a modern Christianity." From letter of an old subscriber, Dr. Peterman.

According to Williams (B. M. J.), appendicitis is a disease of the well-to-do classes.

One wonders at the multitudinous "counts," "tests" and "examinations" which, when made, the O. S. man is no nearer cure after than before.

There is often a bridgeless gulf between statement and fact.

Among instruments the piano is Upright, Square and Grand!

"A ward at the —— Hospital is being devoted to experiments with 606." Not joke—news item.

"Is meat necessary in our diet?" Yes, when we have the price.

The "war" on tuberculosis cost the U. S. \$20,000,000 in 1908-9. The enemy still holds the fort.

The sly young man should reflect that in a few years he too will be a "back number." Strange but true.

The Japanese do their dinner speeches before dinner. Wise men!

"And *Arnica* was all I received for my pains," said the man who was learning to bi-plane.

He who aspires to be a big, bouncing boulder, must give up big tips, say the wise lobster palace men.

"Some patients get well with medicine, some without it, but most of them in spite of it." Sir Astley Cooper.

Often a new disease it but an old one renamed.

Dr. Simon Flexner is a graduate of one of the colleges his brother Abram vociferously condemns.

A criticized critic once replied, "I cannot lay an egg but I can tell a bad from a good one."

When germ free food becomes universal, let us hope we have the price.

Senator Bourne, Oregon, calls Paine and Jefferson "the chanticlers of liberty." Reminds one of old times.

Same Senator also said that "popular sovereignty" "gyrated around the logical deduction," etc. Fine!

"I see by the Philadelphia papers that there is a war in Mexico."—  
*From private letter from Mexico.*

# THE HOMŒOPATHIC RECORDER

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## CHANGING VS. DEVELOPING.

A good many of us become confused, or balled up, to use a more expressive term and one nearer the genius of the Anglo-Saxon word-world, when some speaker or writer skillfully makes certain essential changes to appear as "advances" of an established principle. To illustrate the point, take the Christian religion. There are many forms of it, differing greatly, but all of them are based on the Bible, or Word of God, the differences being in the interpretation of the teachings. Now along comes some one with "a message to humanity," or something of the sort and tells us that in advancing we have advanced to the point whence we can see that Shakespeare, Tenyson, Browning and others have written words of God, in fact, that all good literature is a message from God, and all that sort of thing; and coupled with all this is the insinuation from the man with the message that if you do not believe him you are a bigot, an unprogressive, in short, an old mossback.

We have no quarrel with the progressive, modern, up-to-date man with a message, or a call to defend any particular religion, but what is sought is to point out the fact that the man with the message is flim-flamming the public; for the Bible is a very distinct thing in literature, law, the church and with mankind, and when the man with the message lets off a lot of verbal pyrotechnics about "many bibles" and swells his chest with benevolence when he generously agrees to not exclude the old Bible from the new and improved ones, he is simply playing the part of a confidence man. In other words, he takes a reverence and belief almost co-extensive with history, without which he could do nothing, and by skillful juggling he makes the unsuspecting believe that he is developing when, in fact, he is merely substituting



one thing for another. As to whether the many Bibles he substitutes are better than the one on which Christianity is founded is not to the point—the individual can choose for himself. The point is the trick worked. It can be worked only on something in which mankind has a strong belief, otherwise the juggler would have to lay a new foundation which, being a juggler, he cannot do. Ability to lay foundations on which mankind will stand is rare, *very* rare, though not every one opens his eyes to the fact until it is pointed out.

The Bible was used to illustrate a point because it is an illustration which all civilization can see, but the same principle of jugglery is almost daily applied to everything in which any considerable bodies of men believe, by certain ones who want to substitute something else and to do so must fool men into the belief that the substitution is an “advance.”

As an example, take Homœopathy. It is a very clearly defined and clearly stated principle on which thousands of people in many countries have based their medical faith. When one of these seeks the aid of Homœopathy is it an evidence of “progress” or “advance” to palm something else on him because while he has faith in it, he has not much knowledge, and the substitution is easily done? Understand the substitutor may believe that the thing he substitutes is better than the thing sought for, but does this make the trick honest? If he were to say “this is not Homœopathy, but I believe it is better” then his skirts would be clear, for, as before, the point is not on the merits of two different things, but of tricking people by giving them something that is not that for which they are paying.

Being honest in this respect does not “tie a man down,” or keep him “out of touch” with things, or make him “unprogressive,” for if he sees anything which he thinks is better, for instance, than Homœopathy, let him take it, but let him not palm it off on the public as Homœopathy. In other words, apply the Pure Food Law rules to things of medicine, science and religion—don’t mis-brand.

At this point one can imagine a twinkle in the eye of the reader as he asks: “What about yourself, Mr. Recorder, a homœopathic journal, printing diphtheria cases cured by gallons of whiskey, abstracts from Eclectic journals and, in this number such a paper

as that by Dr. C. H. Duncan, 'The Cure of Sepsis,' in which pure pus, the patient's own pus, is given?"

A fair and skillful thrust, Sir Reader, but our parry is, that while this journal preaches plain Homœopathy, its policy is to let others with new wares (not trade-marked) display them to its readers who, being the salt of the earth, will not be led astray, but strengthened by knowing the ideas of others. You will notice that no space is given to telling what was done by drug mixtures, from which no one can form any clear-cut idea of drug action, but when a man tells us of the action of a single substance, even though it be undiluted pus, we can listen and learn something, for the limits of similia is our knowledge of the action of *any* substance on the body. Dr. Duncan's paper reminds us of what a physician told us years ago, in the days when nosodes were used in fear of the scorn of the big school and of many homœopaths. This doctor had a case come to him that had been the rounds, had suffered many things of many physicians, but with no relief. This man secretly took some of the morbid stuff thrown off, triturated it to about the 6x, administered it to the patient and cured the hitherto incurable case. Then he was afraid to make known the means of the cure for "autogenous vaccines" were not fashionable then. It seems to us if Dr. Duncan would first triturate, and potentized the pus, the action would be surer; also, safer; also, would not have such a raw edge on the reader. One can give a potentized morbid product with safety to the patient, but should any unpleasant circumstances arise from giving the straight stuff the sequel would be undesirable to the doctor giving it.

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### THE CURE FOR SEPSIS.\*

A Surgeon's Contribution to Medical Philosophy.

By Charles H. Duncan, M. D., 233 Lexington Ave., N. Y.

Mr. President and members of the Central Medical and Chirurgical Society. I am pleased to accept the kind invitation with which your secretary, Dr. Gannet, honored me to come up from New York City and tell you something of the original work I am doing in curing septic conditions.

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\*The substance of this paper was read before the Medical and Chirurgical Society of Central New York, at Syracuse, December 8th, 1910.

The paper about to be presented to you is the result of the writer's investigations along the line of bacterial therapy. This treatment of septic conditions consists in giving the patient pus from his own wound by the mouth.

Medical writers of nearly all ages mention the cures that have been made along the line of organotherapy.

It is altogether probable that cures of sepsis by this method dates back to Noah's Ark, for undoubtedly the animals in those days licked and cured these wounds as they do to-day. These are precedents that make it easier for us to believe and understand how cures of sepsis are made by the method the writer is developing.

Cures made with the similar remedy were not new in the days of Hahnemann, we all know this, but Hahnemann developed and perfected this system of medication.

In therapeutics there is no certainty; experience for over a century shows that a cure is often impossible even though a close totality is obtained as in vaccinating with the heterogenous product of bacteria, or when the patient is too weak to set up a reaction, but autogenous vaccination by the mouth tends to be curative in all stages of sepsis, especially the earliest and later stages when the area of infection is well walled off.

Dr. Wm. H. Morley, of Detroit, Michigan, says of organotherapy:

"Therapeutic use of the excretions of disease enjoyed peculiar respect in the middle ages. It needs only to be recalled that one prescribed internally and externally the liver of the mad dog to the person that was bitten, and one advised for scorpion bite the oil in which the scorpion had been killed."

"That one applied snake bile for the cure of snake bite, and many more of the same kind." Homœopathy, a school of medicine founded in the last century by Samuel Hahnemann, maintains that *Nature's Law of Cure* is "a drug producing disturbances in a comparatively healthy body is capable of relieving or entirely obliterating similar disturbances when found in a sick person." Isopathy, founded by Lux in 1823, maintains that the diseased human organ might be cured by treatment with the organ of a healthy animal. "Lux prescribed such excretions of disease as pus, mucus, kidney stones, human fæces, etc., in such

disorders in whose course this unapetizing material originated." How far the organotherapy of ancient times and middle ages, and of even the past century, can be traced to superstition and fraudulent manipulations, or to a certain degree of experience, and to experimental studies cannot be further discussed at this time. The empiric, among the ancients, led to such success, which later results has substantiated, that organotherapy has never completely died out. Under the exact research of the present time, organotherapy has thrown a new garment around itself, and even its inner being has been so perfected that, under the strong criticism of modern research, it has been placed upon a firm scientific basis.

The immortal work of Wright and Douglas with vaccines in the treatment of infectious diseases has been welcomed by Homœopathy, for there is much in this medication that we recognize as familiar as aggravations and ameliorations, etc.

The very first principle they give us is "Isolate in pure culture the *causitive* micro-organism." I wish to lay particular stress on this first principle. It is that the vaccines or products of disease to be most curative must be *auto-genous*. They go further and tell us to "Innoculate the patient with this prepared and standardized vaccine in *appropriate doses* and at *proper intervals*, as shown by a systematic estimation of the opsonic contents of the patient's blood," and that "Vaccination should never be given during the negative phase.

"As a result the patient's *tissues are stimulated* to an unusual production of anti-bodies, in the serum, phagocytosis is increased and the invading bacteria are disposed of and the patient recovers from his infection."

In the treatment of sepsis if the highly technical and costly proceeding embodied in the above were the end of the whole matter it would fall far short of being of the most practical value. It is a beautiful biological demonstration. It served its purpose well as being a stepping stone for the writer's simple method of curing sepsis.

By this method of curing pyogenic infection we give the autogenous living pathological virus unchanged by the mouth.

This is not the old Isotherapy that Lux gave us, for Lux did not recognize pus as pathological, neither did he understand that the products of disease to be most curative must be autogenous.

But in a broad sense of the term it is Isopathy. For Isopathy consists of giving the products of disease to cure disease. It belongs to Homœopathy, for Lux was a homœopathic physician. It is ours by tradition, for Hering introduced it into homœopathy in the year 1823.

It is ours, for we have been teaching the products of disease will cure disease ever since, though we do not prescribe them the same way Lux prescribed them.

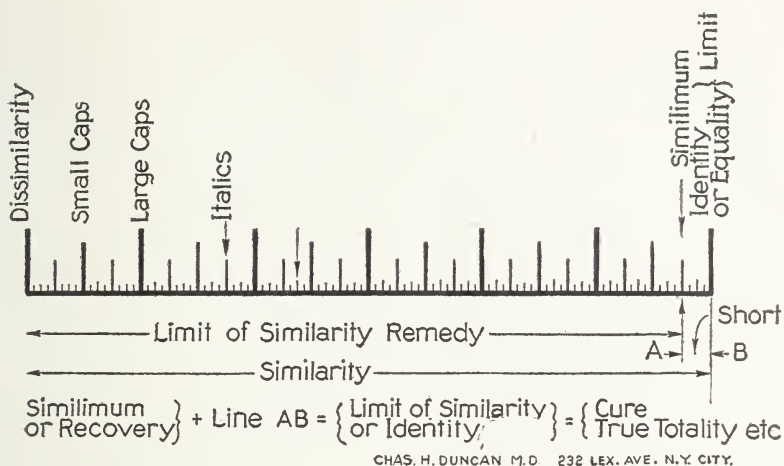
It is *not* homœopathic, for Homœopathy recognizes *only* the Law of Similars, and this is according to the *Law of Identity*. A drug to be homœopathic to a case must first be proved on a comparatively healthy individual. And then given according to the Law of Similars, how can we give a healthy individual his own pus, a healthy individual has no pus, so the remedy cannot be proved as the *Organon* directs.

Giving pus by the mouth is improved Isopathy, it is scientific Isopathy. Giving pus by the mouth to cure sepsis is not Homœopathy, but it is not antagonistic to Homœopathy. Pus is the identical substance that caused the symptoms of the disease. When taken by the mouth we get the same physiological symptoms or the identical symptoms. The limit of similarity are dissimilarity and identity. Between these limits lies similarity. There are various degrees of similarity. The *simillimum* is the limit of cure of the similar remedy, a substance wholly foreign to the diseased condition, but the *simillimum* is not the limit of similarity.

The identity is the limit of similarity, identity goes past the *simillimum*. The identical remedy goes past the limit of cure of the similar remedy. A homœopathic *remedy* is attained by a similar remedy; it can never be anything else, for the name implies similar symptoms or similar disease. In the identical remedy we have a true totality of all the disease symptoms in the drug symptoms. In the identical remedy we have a perfect picture of the disease symptoms in the drug symptoms, neither of which have we in the similar remedy, although we have always claimed we did have. Pus by the mouth cures sepsis.

In prescribing the similar remedy we are prescribing in the direction of equality, unconsciously perhaps, but in the ultimate analysis it is the object of our endeavors. It is an improvement





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on Opsonotherapy. It does away with the laboratory, the microscope, the culture tube, the ovens. It does away with the skilled pathologist; it requires no time to prepare it while the patient is suffering or growing worse; it does away with even the hypodermic syringe and needle. It does away with everything except the instruments God has given us, our fingers.

The endo-toxines of the living virus grown in the wound are more potent and curative than those grown in the test tube, and then killed by sterilization, as in Opsonotherapy.

It takes time to do this and the toxins, or more exactly the endo-toxines of these pyogenic micro-organisms, lose their virulence by time. The possibility of auto-infection was reviewed, but the known ability of the mouth and alimentary canal to take care of pyogenic micro-organisms was depended on to prevent infections from this source. But in view of the fact that this is a feature that might receive adverse criticism, we will dwell on this for a moment. There has been found in the mouth of healthy individuals germs of many pathological micro-organisms, especially pyo-genic micro-organisms. Our old school brethren tell us that this is the identical way in which immunity is established. That the system is immune from disease when the micro-organisms of disease are found in the mouth. Our food is germ laden, and we take into the body daily millions of germs through the mouth and nose. We surgeons believe that the

slightest touch with our sterile hands to an object that has not been sterilized will render them septic.\*

That it will place on them pyogenic micro-organisms. In view of this fact, what must be said of the dangers that constantly beset the chronic finger nail biters or of children who proverbially place everything they get in their hands in the mouth?

Then again, if taking pyogenic micro-organisms by the mouth is liable to set up infection of the alimentary canal, why is it that the dog and many other animals lick their wounds (placing in the alimentary canal virulent pathological micro-organisms) and the writer is informed by their keepers of many of the animals that do this they never have any ill effect from so doing. The writer claims that the fact that they do lick their wounds or sores is the reason that they never have bad pus infection on the body, and that the only place that they have (as a rule) bad infection is on the head, where it is impossible for them to lick. If they are assisted in getting pus from their head wounds in their mouths they will recover from the infection.

This is nature's method of preventing the spread of infection by taking those germs into the mouth. By placing pus in the mouth we assist nature in getting rid of the disease. It may be said in this connection *that one of the principal functions of the mouth is to develop immunity to septic conditions*, and possibly other diseased conditions.

I have never had a single failure in curing sepsis by giving pus by the mouth from the many cases so treated during the past two years, at one of the largest emergency hospitals in New York City, The Volunteers, where the writer is one of the attending surgeons.

A physician can give either a large or a small dose, according to the Law of Similars, and still be a homœopathic physician.

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\*See "Chironian," March issue, 1911, for article on this subject.

If the finger be used it should be sterile or first held in the mouth for from five to ten minutes to be sure that any pyogenic micro-organisms that may be on them are placed in the mouth as well as in the wound.

When any strain, either the staphylococcus or streptococcus, are in the mouth they develop or tend to develop anti-bodies or resisting substances in the tissues, to that particular strain of bacteria.

See *Medical Record*, Sept. 25th, 1909. Article by Dr. Bryan D. Sheedy, entitled "Tonsil Removal, Opsonic Index and Immunity."

There is no subject in medicine where there is as great a difference of opinion as the subject of dosage.

And in this comparatively new field of therapy it is a subject of which we know but little.

I have endeavored to obtain an aggravation in some of my milder cases by giving ten drops of pus by the mouth and have obtained none.

I have succeeded, however, in others, and it was very annoying to the patient at the time. In but one very serious case was there any danger, and he was so very weak that he had scarcely the strength to set up a reaction, and we had to work with him for some hours before he was out of danger. This case had an aggravation by my giving him one drop of pus daily for three days. This is the only serious result that I have ever had. Do not be afraid. Give it. Give it in comparatively big doses, and you will certainly get results (results are what we want), either aggravations or ameliorations. When either set in stop. There must be a certain period of time elapse after giving medicine according to our method, and giving living virus by the mouth I find it to be no exception in this regard.

If it is necessary to repeat the dose, and it may frequently be in bad cases, increase the dose. If you should get an aggravation (I have not found it troublesome except in severe cases) hail it with delight. Then simply wait patiently until the amelioration sets in and the patient recovers. When an aggravation is obtained the patient will tell you that the medicine made him sick. The symptoms most frequently elicited are as follows. The wound pains. Patient is sleepless. Some vomit, others complain of headaches, etc., etc.

The method of giving pus by the mouth to cure sepsis that the writer has used in developing this treatment is as follows: Simply mix one drop of the thick pus with one drop of the thin serous excretion. If there is any, and a light currettement from the side of the wound, with two drams of sugar of milk (the latter as a menstruum and for mental effect) give this as a dose.\*

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\*I speak of the mouth, meaning, of course, the mucous membrane, tonsils, lymph tissue of alimentary canal, etc.

It may be that other diseases may be cured in a similar manner. I have proved that sepsis is cured by this method.

In six hours give another, in six hours give another until three doses are given, then wait before giving more.

It is possible this method of administration admits of wide variation. This is merely the method I have used and found efficacious.

When improvement sets in, do not give any more till the improvement ceases; then a fresh supply of from two to five drops is made up from the wound as before, and given in a single dose.

Give it as soon as made, always taking a fresh supply from the wound as it is needed. The length of time before another dose is given necessarily varies with the individual.

If the best results are to be obtained, the patient should be watched carefully. Usually it is very quick acting, and you can see results in twenty-four hours. The author would like to hear the reports of others along this line, and of their efforts to cure other diseases by giving the autogenous products of disease by the mouth. Let us dwell for a moment on the action of *Tuberculinum*, *Psorinum*, *Medorrhinum* when given by the mouth. These are various.

Many homœopathic physicians vaccinate for small pox by giving our potentized variolinum, by the mouth. This is not homœopathic, it is a special method of vaccination. It is given here to emphasize the fact the vaccines are efficacious, when given by the mouth.

Autogenous pus comes under the definition of vaccine.

May it not be possible to utilize the mouth in developing resistance to other diseases that are due to bacterial infections by either the same or other methods. This appears to be probable. Being a surgeon I have proved it from a surgical point of view, now let the medical man take it up and prove it, if possible, for medical diseases.

In curing sepsis by giving the living autogenous by the mouth the writer believes the *nasent* endo-toxines, if he be permitted to coin the expression, are more potent and curative than the endo-toxines of bacteria that are grown in the test tube and then sterilized.

It may be there are limitations to this method of giving pus and there probably are, but in view of the fact that the writer has cured so many cases of the severest kind of sepsis, about the

worst cases it is the lot of the surgeon to meet, and that the opsonic index has been raised in every case where it was tried, and many other physicians report cures of a like nature, he believes this method of curing sepsis has been established on a firm scientific basis.

Contrary to all former ideas of treatment of sepsis, contrary to what the physicians have always held to be true, if you have an infected finger, put it in the mouth and the infection will clear up in the quickest possible time, as I have proved almost time without number, unless there is a foreign body in the wound in the shape of a suture, piece of bone, etc.

We are told more soldiers die on the battle field from blood poison than from bullets. I tell you today, as startling as it may appear, that each individual suffering from sepsis *carries the specific of cure for this condition with him in his wound in the very form nature intended it should be taken into the system to perfectly cure his infection.*

Practically the only thing we fear today in an operation is that infection may follow it.

The extension of this idea appears to be limitless.

The criticism of this method, as crude, is unjustifiable, for it is the *results* we are after, and the *results* I have *uniformly obtained have been prompt and sure.* We are told by biological investigators that vaccines should be given early and stress is always laid on the fact that they should be given early.

I will not question this statement, but will state *the most startling cures I have ever made in medicine have been in curing chronic cases of sepsis by giving autogenous pus by the mouth.* I commend it to you without equivocation. In all my cases so treated free drainage was established, the bowels kept open by enemas and the wound dressed when needed with only sterile water and gauze.

This treatment of sepsis is so simple and the results are so positive and startling that it must appeal to every one. I have tried it and found it curative in septic conditions that result from staphylococcus and streptococcus in the most chronic and advanced cases of sepsis and acne vulgaris, and in abscesses and boils and smaller infections of the body. Its action is quicker when the area of infection is thoroughly walled off. When it is given early, it will abort sepsis.



The benefit to humanity that will result from the method of curing infections is inestimable and will go on to the end of time.

It is the *easiest* method of curing bacterial infections; it is the *oldest* method of curing bacterial infections; it is nature's method.

This method of curing bacterial infections is *within the reach of every one*, physician and laity alike, and should be universally taught to all class and conditions of man.

It opens up an entirely new field of thought pregnant with promise and possibilities for many diseases.

It is so convenient in the field, in the camp, or the city. In the frozen north or in the tropics the cure is always at hand in the form adapted by nature to be taken.

It is so cheap. It is obtained by the highest and the lowest alike "Without money and without price."

The merest waif in the city streets is as rich in the curative medicine when he has an infection or blood poisoning as the most aristocratic millionaire or king.

The Red Cross physicians and nurses should be taught how to conquer the Great Yellow Peril in the simplest and easiest way possible.

Everybody should know how to cure the nasty ulcerations that often follow a burn by this simple method.

The treatment of all cases is the same. Just place a drop of pus from the wound in the mouth every six hours till three doses are taken. The writer has been handicapped in carrying on these investigations very much for want of laboratory facilities, for the simple method of curing infection by giving living virus by the mouth required the expenditure of much time, labor and money.

All of which he has given freely from his limited supply in establishing this cure of sepsis on a firm scientific basis.

It is unfortunate that homœopathic physicians have no extensive laboratories founded for the purpose of carrying on experimental medicine.

An institution founded by some philanthropist for extensive medical research along homœopathic lines would be a blessing to humanity, an imperishable monument to his memory. It would mark an epoch in the history of medicine, and be a philanthropy that would be a God-send to suffering humanity.

In discussing a similar paper the writer presented to the County Society of New York, in October, 1910, Dr. George F. Laidlaw, professor of medicine and diagnosis of the New York Homœopathic Medical College and Hospital, said: "It is the logical conclusion of the work of Hahnemann, and Koch, and Pasteur, and Wright with his vaccines. It is merely one step forward in the regular development of biological therapeutics."

"Professor Wright developed his treatment with dead bacteria, injected hypodermically. Dr. Duncan applies the living virus by the mouth."

"You will see that while this treatment is new it is not a wild experiment, but it is the logical development of an idea that has been germinating in medicine for a thousand years."

It is being used in some of our homœopathic hospitals in New York City. Only last Friday I learned that the order had gone out in Flower Hospital to use this method of cure on infected cases that came into the hospital and dispensary.

This method of curing sepsis is very closely related to Homœopathy, they border mutually one on the other.

The relation is brought more strikingly to the attention by the following diagram. The difference between the two is more apparent than real. The difference in curative ability is measured by the line AB on the chart. It is the difference between the simillimum and identity with a choice in favor of autogenous pus by the mouth. The limit of cure of vaccines prepared by formula of Wright and Douglas lies between the simillimum and identity, for those vaccines deteriorate and lose in curative properties, by the process of preparation.

This is the best method of curing of sepsis known and possibly many other infectious diseases.

PUS BY THE MOUTH.

*Identical Remedy.*

Sepsis proves its own remedy.

HOMŒOPATHIC.

*Indicated Remedy.*

Hahnemann, we believe, told us very exactly how to prove the similar remedy, by a very elaborate proceeding that must be carefully worked out and accurately recorded.

Too large a dose or a dose  
too often repeated  
will give

A negative phase.

An aggravation.

	After this when the remedy is stopped there develops	An amelioration.
A positive phase.	A very small amount of the	Potentized similar remedy
Endo-toxine	is necessary to develop	Anti-substance to the indicated
An over amount of anti-substance to the disease,	or, in other words,	remedy or an approximate anti-substance to the disease,
The identical remedy develops the true anti-substance in which there must be a cure.	The indicated homœopathic remedy (a substance wholly foreign to the diseased conditions) develops the anti-substance of the remedy, whose action on the tissues approximates that of the true anti-substance. In it there must be an approximate cure only.	
	In giving the	
Identical remedy we have a perfect picture of the drug symptoms in the disease symptoms.	Ind. hom. remedy we have not a perfect picture of the drug symptoms in the disease symptoms, although we have always claimed we have.	
We have a true totality of all the disease symptoms in the drug symptoms.	We cannot have a true totality of all the symptoms between the drug and the disease, although we would like to have. We endeavor to obtain as many drug symptoms as possible, that are as similar to the disease symptoms as possible. We are striving to obtain the symptoms developed by the identical remedy. But we will never get a true totality of all the symptoms in a substance that is foreign to the disease.	
	A similar remedy can never be the identical remedy, which alone develops the true anti-substance to the disease.	

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## COMPULSORY VACCINATION.

By R. F. Rabe, M. D., New York, Formerly Health Officer of Weehawken, N. J.

Compulsory vaccination is contrary to the fundamental principles of individual liberty. Vaccination by scarification may and does protect from small-pox, so far as we are able to judge. It is beyond the power of any one to prove that immunity to any disease, after the use of any prophylactic, is due to the latter. At the same time it is fair to state that the history of vaccination

shows beyond any reasonable doubt that wherever it has been systematically and extensively employed the prevalence of small-pox has been greatly diminished. Vaccination by scarification is contrary to the basic principles of surgical cleanliness, in that it requires the surgeon to directly inoculate into a healthy body a morbid product of an animal disease (cow pox) of the origin of which he is never certain and the nature of which is frequently a grave doubt. Vaccine is frequently contaminated with the germs of various fatal diseases, such as tetanus, for example. Even the best of so-called glycerinated lymphs have, upon bacteriological examination, been found to be so contaminated.

In vaccination by scarification, accidental contamination of the sore is of frequent occurrence and often fatal in its results, or productive of life-long invalidism, as any physician of experience knows. Such a result, while no doubt due to the carelessness or ignorance of the person vaccinated, is nevertheless directly chargeable to such vaccination and though occurring but once in a thousand cases, is an eloquent appeal for the abolition of so unhygienic a rite.

Honest health officers admit and lament such unhappy results and would welcome any substitute measure which might insure reasonable protection from small-pox.

There is such a substitute measure, efficiently employed, safely applied and legally qualified. The State of Iowa recognized prophylaxis against small-pox, produced by the internal method of variolization. The method consists in the administration by the mouth of a sufficiently attenuated preparation of the virus of small-pox, so that no poisonous effects are in the least degree possible, but that a certain reaction, manifested by definite symptoms, may take place, thus rendering the subject, in accordance with well understood laws, absolutely immune to the contagion of small-pox. This method has long since passed the experimental stage, is certain in its results provided that it be applied sufficiently early, a provision which is equally true of vaccination by scarification, and is furthermore without the slightest danger to life or health. The writer has himself, while health officer, had personal experience with the internal method, not only with small-pox patients and with those exposed to the disease, but in his own case, in which constant exposure to the disease for a

period of seven weeks failed to produce even the slightest symptom. He regards the efficacy of the internal method as proved beyond any and all doubt, and as a step forward in the progress of preventive medicine.

There can be no objection raised to those who may prefer vaccination according to the method of scarification. The responsibility rests with themselves and they must bear any untoward results, but it is manifestly unjust as well as un-American to force upon helpless infants and children or upon unwilling adults an antiquated, unclean and dangerous operation, when a modern, hygienic and safe method obtains.

April 14th, 1911.

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## THE USE OF IODINE IN SURGERY AND GYNECOLOGY.

By **Homer I. Ostrom, M. D., New York.**

We are probably far away from a perfect surgical dressing, one that will meet all the requirements of all cases. Such an one must not only be an effective germicide, it must also promote nature's processes for the repair and reconstruction of tissues. But from increasing use I am led to believe that in iodine we have an almost ideal surgical antiseptic and dressing, and one that meets these requirements in the majority of cases. As a matter of fact, I have come to depend upon iodine almost single-handed in my surgical and gynecological work without at the same time regarding it a specific.

Beginning with the preparation of cases for operation. It is generally conceded that infection of wounds more frequently proceeds from without inwards than the reverse, and that the skin and its bacteria are factors of the first importance to be reckoned with in all surgical technique, especially that which concerns a solution of continuity. Possibly it is too much to say that we can with absolute certainty eliminate by any treatment the epithelium as a source of infection of incised wounds. Its very office, to protect the underneath structures, and to prevent absorption, its construction in layers necessitating interstices difficult to reach, combine to increase the uncertainty of penetrating every part, and justify a certain degree of skepticism concerning



our ability to do so. In a pre-eminent degree iodine possesses the power of penetration and will carry itself quickly to remote parts. It has also been proved experimentally to exercise a powerful inhibitive action upon bacterial life, especially septic micro-organisms. These properties of iodine recommend it for preparing the skin for operation. I am not quite willing to depend upon it alone for this purpose, without a preliminary cleansing with soap, though some surgeons do so, but I now discard ether and alcohol from the preoperative technique, and paint the region with tincture of iodine after it has been thoroughly dried. The latter is necessary to prevent too wide spreading of the iodine, and to assist it in penetrating the superficial protective layers of the skin.

Disinfecting the skin suggests the preparation of the surgeon's hands and those of his assistants. Iodine is undoubtedly most effective for this purpose, but two objections may be urged against its use. It is very irritating and stains deeply, a stain difficult to remove when used repeatedly. These properties should be of minor consideration in view of other exclusive advantages, but we can render the hands surgically clean with the use of green soap, lime and soda, and avoid irritation, and the staining that follows the use of iodine.

For purposes of irrigation, external or internal, iodine is most satisfactory. I rarely now irrigate the abdominal cavity, but when I do so I am very partial to the use of iodine in the proportion of one drachm in a quart of salt solution.

In the dressing of wounds iodine promotes healthy granulations, and at the same time controls suppuration by virtue of its bactericidal action. For deep wounds, abscesses, sinuses and the like, healing is promoted by carrying iodine tincture to every part, either with a syringe or a saturated cotton swab. If it is desired to increase the caustic properties, as well as the germicidal, an equal part of carbolic acid may be added.

In my gynecological work I use iodine more than any other single local remedy. Either alone or with carbolic acid, or as the stronger potash preparation,—Churchill's tincture,—the majority of cases of glandular hyperplasia (eroded cervix) can be cured. The keynote for the use of iodine is excessive growth, either hypertrophy or hyperplasia. When these conditions exist, an

enlarged uterus, enlarged glands, over-activity of structures, iodine cannot fail to render important service.

For tamponing the vagina I prefer a saturated solution of iodine and glycerine—glycerite of iodine—which I prepare by keeping iodine crystals in glycerine. It matters little the proportion of iodine, for glycerine will take up only about 1/90 per cent. of the crystals. Heat assists in making the solution. This preparation combines the alterative and resolvent action of iodine with the hygroscopic action of glycerine.

Again, as a vaginal douche iodine is of wide application, controlling catarrh—excessive glandular activity—and at the same time exerting a well pronounced bactericidal action. The value of iodine for a vaginal douche is further enhanced by the slight action it exerts, if any, upon the normal vaginal bacillus. Physiological acidity of the vagina is therefore not inhibited, a condition essential to maintaining healthy secretions.

130 West 57th Street.

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## **THEODORE BACMEISTER, M. D.**

### **A Tribute With Reminiscences.**

**By A. C. Cowperthwaite, M. D.**

Lucas Theodore Bacmeister was born in Esslinger, Germany, January 17, 1830, and died at his home in Toulon, Ills., March 11, 1911. He received an unusual education and industrial training in his early youth preparatory to an engineering career, and after spending a few years as draftsman in his native country came to America at the age of eighteen to assume a similar position in the locomotive shops at Schenectady, N. Y. Here he perfected his mechanical skill, and here he developed the qualities of patient application, studious habits, close observation and acute reasoning which laid the foundation for the brilliant and successful career as a physician he was destined to fulfill. After four years in Schenectady he removed to Philadelphia to assume a similar position in the drafting department of the Baldwin Locomotive Works. Here he came in contact with medical students, who, observing his studious habits and remarkable talents, influenced him to abandon his former occupation and take up the study of medicine. Matriculating in the class of 1854 in the Ho-

mœopathic Medical College of Pennsylvania, afterwards the Hahnemann Medical College of Philadelphia, he at once distinguished himself as a student, not with any meteor-like show of brilliancy, but by the profound application of an analytical mind already trained to thoroughly understand all that was behind before attempting to master that which was to follow.

He graduated in 1856, and at once started for the comparatively unknown great West, locating in the small village of Toulon, Ills. Here he landed a stranger in a strange land, unacquainted with the manners and customs of its people, and with but a partial knowledge of its language. These, together with his naturally modest and retiring disposition, placed him in an exceptionally difficult position. But he was undaunted. The same sterling qualities he had before shown now stood him in good stead at this the most critical period of his life. It was at this time, when only a child of eight years of age, that the writer first saw Dr. Bacmeister. "There's the new little pill doctor. Hello, Dutchy," cried a playmate, the son of the allopathic doctor, who had ruled the village and the county, medically, as with a rod of iron for many years, and who resented but feared not the encroachment of a new doctor, especially one of the much detested homœopathic persuasion. I looked up and saw what to me seemed as, compared with our old doctor, an awkward and insignificant man, but that man was destined to great victories, and to become the most distinguished and successful physician in Central Illinois, and in the writer's life was to perform a great part, his friend from the first, his physician, his preceptor, his counsellor for nearly fifty-five years. Only for a short time was the young doctor required to plod along, homesick and alone, waiting for business, but this time was fully occupied in study, the *materia medica* and the *Organon* being his constant companions and his chief delight. He was thoroughly imbued with the truth of the principles of Homœopathy, and he never swerved in their application or in his loyalty to Hahnemann.

In a short time his cures began to make a noise. He said nothing but quietly and patiently waited. Gradually his merits and the superior results of his treatment began to be recognized. He was soon overwhelmed with business, but never lost his head or ceased to burn the midnight oil as he studied his cases and poured

over his *materia medica*. His trained mind and his profound knowledge as a diagnostician and therapist carried him over many difficult places that would and often have engulfed a more ambitious but less competent young practitioner. His advice to the writer was: "Be ambitious only to cure the sick. Name, fame and riches will come of their own accord." Gradually his fame began to spread beyond the border of his county and State. His writings were few, but they bore the impress of a master mind, and were eagerly received and absorbed by the homœopathic profession.

In 1867 the writer entered his office as a student, and whatever success may have followed to the former, they were largely due to the faithful instruction and advice received from his preceptor. In 1868 Dr. Bacmeister accepted the chair of *Materia Medica* in the Hahnemann Medical College of Chicago, and prepared to make his home in that city, establishing an office with Drs. Geo. E. Shipman and G. D. Beebe. But the environments of the city did not please him, nor was he satisfied with the methods of college work and teaching, especially as far as they referred to the *materia medica* and its application in practice. He soon tired of it all and longed for the honesty, freedom and purity of country life. So in the spring of 1869 he returned to Toulon, and made it his home until the Great Reaper called him to his reward.

During most of the time Dr. Bacmeister was in Chicago the writer was a student in the office of Dr. Constantine Hering, in Philadelphia, and attending the Hahnemann college. Dr. Hering had a high regard for Dr. Bacmeister, and often spoke of him in the most eulogistic terms. On one occasion he said to me: "Allen, Dr. Bacmeister knows more *materia medica* than any man in the world except Lippe. He is a great man. I bow to him." His practice was strictly homœopathic. He cared not so much for the potency employed as he did for the selection of the right remedy strictly in accordance with the symptomatology. He had no use for physiological or pathological prescribing. The 200 c. was his favorite potency. He would leave his office in the morning for an all day's ride, visiting many patients scattered many miles apart, with absolutely no medicine other than a set of 200ths in tiny vials in a pocket case. I am prepared to

say that in those days, or in later years, no one has ever surpassed him in his wonderful cures of the sick. I trust it will not be inappropriate for me, in this communication, to urge upon those who may read this article to emulate these virtues. In later years as serum therapy and all the various physiological methods of treatment came in vogue, and like barnacles weighed down the ship of Homœopathy, and even now threaten its destructions, Dr. Bacmeister never wavered in his allegiance to the law of similars, and rejected with scorn all suggestions that he allow such methods to supplant it.

Dr. Bacmeister was a member of the American Institute of Homœopathy, the Illinois State Homœopathic Medical Association, and other local societies. However, he took little interest in society meetings. He had no personal ambitions, and also felt that too little time was given to subjects pertaining to Homœopathy and too much time to other things.

In 1864 Dr. Bacmeister married Laura L. Ogle, who came to him from one of the best known and most prominent families in the county. His wife proved to be a true helpmeet, and greatly aided him with her good influences and sound advice. To them were born several children, all of whom have grown to manhood and womanhood, and who are an honor to their parents. Of these I will only mention Dr. Theodore Bacmeister, of Chicago, who is truly "a worthy son of a noble sire," and who promises to fulfill in his life the part which his father so earnestly desired.

Thus has passed from us probably the last of the great Homœopaths of a former generation, and who, in the West, was the pioneer of pure Homœopathy. His honest, noble and pure life should be a lesson to all who remain, while his consistent adherence to the principles of Hahnemann should impress itself especially upon those of the present day, who, not appreciating the absolute truth of the law of similars, are wandering after false gods and longing for the flesh pots of Egypt. He died as he would have wished, while actively engaged in his professional work. The Angel of Death came upon him silently and swiftly, and he gladly turned and followed to his Father's home to receive the reward awaiting all those who prove faithful to the end.

A kind and loving husband and parent, an able physician, a wise counsellor, a faithful friend. Farewell!

Chicago.



## ANSWER TO DR. BEDFORD'S DEFENSE OF VACCINATION.

Editor of the HOMŒOPATHIC RECORDER.

In your issue of March, 1911, Dr. Bedford tells us that he performed several thousand vaccinations, and has yet to learn of any serious results, or even a bad arm in any that he vaccinated. That may be very true. Nay, I say that must be true, for I know Dr. B. is a truthful man. But as a *proof* that vaccination does not produce sometimes (or often) very bad arms, many chronic diseases hard to cure, even death as a direct result of vaccination—it is not worth anything.

Six hundred years ago it was stated: "The testimony of a man, who says, 'I have not seen this thing,' has no value whatever." And that maxim holds good even to this day. The testimony of one truthful man who says "I have seen it" is worth more than a thousand equally truthful men who say "we have not seen it." Thousands of tourists may have traveled all over Europe for years, and yet have never seen the Niagara Falls, nor seen any bad consequences of taking a swim in their waters. Does that prove that there is no such a thing as the Niagara Falls, and that a swim in its waters is perfectly harmless? If Dr. B. had perused the two dozen of the journals (a number of them must have been allopathic journals) which still lie unopened in his office, he would have learned that a number of allopathic physicians *did* see, and *did* experience a large number of bad arms and diseases resulting from vaccination.

If he had perused the works of J. C. Burnett he would have been astonished at the number of diseases which that eminent physician had noticed as the results of vaccination. A number of allopathic physicians of to-day would not have their children vaccinated were this not compulsory. The dread of its results must be so great that they prefer the risk of catching small-pox above that of vaccination.

Dr. B. has told us of his experience. I take the liberty of relating my experience. I have vaccinated, not many thousands as Dr. B. has, but only a few thousand. I was fortunate—like he was—not to have any bad arms among those whom I vaccinated myself. (Perhaps there are reasons to account for this, which

reasons need not now be stated.) However, I can not vouch that no chronic diseases made their appearance after one or more years which had their origin in the vaccination.

Perhaps Dr. B. would have found these results if he had watched the many thousands of cases in after years, something which most likely he has not done.

Among those persons who were vaccinated by other physicians I saw a good number of cases with very bad arms, some of them lasting from four to six weeks. Two of these cases had fearful sore arms, which had lasted for *three months* when I saw them. One, an adult, had a hole in his arm half an inch in diameter and about half an inch deep just as if that hole was cut out with an augur. These cases were seen by me, together with some other physicians, who could testify to the truthfulness and the anxiety they felt for the consequence.

I have also seen a few deaths within a week or ten days after vaccination, as a direct result of it.

One sentence in Dr. B.'s paper is very remarkable. I desire to comment on it, namely: "*I hope Variolinum* might prove itself capable of replacing vaccination [scarifying], but I fail to see how it can be good for anything, as a preventive for small-pox, if vaccine virus has no virtue along that line." 1. If he is so sure that vaccine virus is no preventive of small-pox, why does he wish to have his children vaccinated? What else is vaccination good for? Probably the doctor means: Vaccination is not preventive for a lifetime, only for one year, or, at the most, for three years. Granted for the sake of argument that the protection of *Variolinum* is of equal short duration; even then is it not better for the timid ones to take every year or three years a few pellets for a few days than to have sore arms for several weeks, every year or every three years? 2d. *Variolinum* cannot do more than vaccine virus can do, because *Variolinum* is derived from vaccine virus (or rather from small-pox virus itself), so the doctor says. Apparently, this is sound reasoning. But is it? Does not the homœopathic doctor know better? *Lycopodium*, *Silicia* (a pebble), almost no virtue in its crude form (if it has any virtue at all), and yet what a powerful medicine, with long lasting effects, is it when converted to a homœopathic remedy by trituration or dilution.

3d. The doctor "*hopes* that *Variolinum* will prove itself capable of replacing vaccination."

Has the doctor read, among other articles, a paper by Chas. W. Eaton, M. D., of Iowa\*, wherein he scientifically proves that *Variolinum*, taken internally, can protect as well as vaccination? Furthermore, Dr. Eaton shows that during a severe epidemic of small-pox, when naturally large numbers of people were exposed to, even watching and nursing small-pox patients, *Variolinum* proved itself very efficacious as a preventive. The number of them protected in this manner was 2,806, of which 547 were directly exposed to small-pox. (This number comprises only such cases of which a complete record was kept—perhaps two or three times as many were protected by *Variolinum*, but the doctors did not enter their names in these record books. Among these doctors was Dr. Bishop, who had used this method of internal vaccination in hundreds of cases during 25 years, but was not in the habit of keeping a record of them.)

Not one of those protected by *Variolinum* took the small-pox. The protective power of *Variolinum* during that epidemic must have been so clearly demonstrated, the proof so convincing, not only to the people at large, but also to three independent district courts, and even to the Board of Health of Iowa, that the former tendered their decisions that this mode of internal vaccination was, at least, equally protective as vaccination by scarifying, just as legal, and must be recognized and the latter (the Board of Health) passed resolutions to the same effect.

We hope that the perusal of Dr. Eaton's and other papers will materially strengthen Dr. B.'s hope, if not turn his hopes into conviction. Should Dr. B., notwithstanding all this, still hold that vaccination is harmless and *Variolinum* useless, he is entitled to his opinion and to act accordingly. But he must admit that his testimony "he has not seen any bad arms from vaccination" is without any value whatsoever.

I leave it to others to answer his remarks about antitoxin. Should no answer be forthcoming I may take up that subject myself at some future time.

J. LOPES CARDOZO, M. D.

635 St. Mark's Ave., Brooklyn, N. Y., April, 1911.

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\*Translation of *Am. J. of Hom.*, 1907.

**PHOSPHATES IN THE URINE.**

Editor of the HOMŒOPATHIC RECORDER.

In the quantitative estimation of phosphates in the urine (the importance of which cannot be overestimated) the magnesia mixture, made according to the formula given in practically all the medical text books, fails to show the resultant percentages that it should. In addition to this, the magnesia mixture, on standing any length of time, forms a precipitate. It is suggested that the following formula, in general use by analytical chemists, be tried instead:

“MAGNESIA MIXTURE FOR TESTING TOTAL PHOSPHATES.

“Dissolve 22 grams dry calcined magnesium oxide in as small amount of hydrochloric acid as possible. When dissolved, add magnesium oxide until some remains undissolved. Boil and filter, then add ammonium chloride 280 grams, water 800 c.c., and strongest ammonia (.9 sp. gr.) 200 c.c. When all are dissolved, dilute to 2,000 c.c. Let stand a day or two and decant clear solution for use. Ten c.c. of this solution precipitate .07 grams phosphorus (approximately).”

The magnesia mixture, made according to this formula, has given perfect satisfaction, does not precipitate on standing and shows resulting percentages more in accord with what they should be than those obtained with other mixtures.

CHAS. R. BUCK, M. D.

Cincinnati, Ohio.

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**VACANCIES AT GRACE HOSPITAL.**

Editor of the HOMŒOPATHIC RECORDER.

Positions upon the house staff of Grace Hospital, Detroit, will be vacant this spring. Grace Hospital is a large general hospital averaging now from 125 to 150 patients. This summer the wing now building will be completed, giving an additional capacity of 50 beds: an entire floor devoted to modern surgical work, and an amphitheatre.

Last year Grace Hospital treated 3,000 patients, medical, surgical, gynæcological and obstetrical, both in wards and in private rooms. A large part of the surgical work is acute and emergency

cases. Medical cases are of all kinds except contagious.

The resident physician and the house physician receive a generous financial compensation, and the house surgeon to a lesser extent. The assistant internes and ambulance surgeon are compensated in other ways.

Applicants should write the Chairman of Examination Committee.

STEPHEN H. KNIGHT, M. D.

37 East Willis Avenue, Detroit, Mich.

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### PROPOSED ANTIVIVISECTION LAWS.

Editor of the *HOMŒOPATHIC RECORDER*.

The writer has been surprised that the inner reason of the opposition on part of lay and medical press to the proposed antivivisection and antivaccination laws in the State of New York has escaped the vigilant *HOMŒOPATHIC RECORDER*. The proposed official recording of all deaths, with full data, after vaccine or serum treatment either therapeutic or preventive has been covered by the verbosity of the old school men (allopathic) by their dust raising and loud articles against their opponents who demand reports and unbiased statistical truth.

This fighting against the proposed vital reports and statistics must appear as the best proof for the fact that these vaccine and serum doctors are anxious to hide something from the public; that they, the serum injectors, really do not believe in their own serums; that they, the great scientists (as benefactors of the suffering humanity) are afraid of—exposure.

Where, on the other hand, it is clear to every one that if unbiased reports of the serum therapeutical results would be so eminent, every one would not only agree to have any and every kind of living animals used, in any number for the purpose of a true cure of suffering humanity.

The attitude of the allopaths can be seen in a recent letter from an American in Vienna, writing in alarm that the proposed antivivisection laws in New York State would be "putting back medical progress 200 years." Also saying how much better things were in Austria-Hungary, where all such matters are turned over by the Government to the "regular profession"—



showing the Devil's foot in the silent wish to have in the United States the same. But, alas! "No legislation without representation of the tax payers."

The people are kept in ignorance for many reasons, but two stand out prominently. 1. The position of the reigning allopathic scientists would be undermined, and, 2d, the many millions invested in the serum manufacture would be swept away.

In the last few years it has been proved here in the United States over and over again that the money interests are considered more important than human life, so it can be seen why to-day this struggle is going on so fiercely around this hidden point for the existence of the serum doctor and serum manufacturer. It would be good to write this and to educate the people at large to the inner danger of any allopathically fostered medical legislation.

ERIC VON DER GOLTZ, M. D.

205 E. 72d St., New York City, April 20, 1911.

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### INDICATIONS FOR ARALIA RACEMOSA.

Editor of the HOMŒOPATHIC RECORDER.

If Dr. Hathaway (*vide* March RECORDER) wants an indication for *Aralia racemosa* in cough let him remember that it meets "a cough coming on after first sleep," that is, about the middle of the night.

If the patient coughs in the evening, stops when he lies down, and commences when he wakes in the morning with a lumpy expectoration, he will find *Manganum* a better remedy.

If there is a cough towards morning with copious expectoration *Coccus cacti* will help.

These are verifications I have often made in practice.

GEO. M. OCKFORD, M. D.

Ridgewood, N. J.

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### THE IDEAL DOCTOR.

Under the heading of "Ourselves," Dr. John C. MacEvitt contributes the leading editorial to the *N. Y. State Journal of Medicine*.

He first mentions Ian Maclaren's wonderful creation, Dr. Mc-

Clure in "Beside the Bonnie Briar Bush" and then expresses the wish that some author would "truthfully portray a composite medical man of the twentieth century in his various gradations from the country doctor to the scientist, the difficulties he encounters, the nerve-destroying intensity of his life, his self-sacrifices and meager compensation, all of which lie hidden beneath a genial countenance." And this because "In every hamlet, village and city you can find the counterpart of the lovable Dr. McClure, of Drumtochty."

That there are many men of Dr. McClure's unselfish nature in the land to-day is quite true though to say they can be found in every hamlet and village is probably an exaggeration. This reference to the ideal leads up to the question of organization and Dr. MacEvitt says:

"That our efforts are misunderstood and unappreciated is due, we believe, to a lack of knowledge of the source whence comes the criticism of our humane endeavors to conserve health. We seek to create a National Board of Health, and through the length and breadth of the land we are characterized as a Medical Trust, which in its modern acceptance is a term of opprobrium. We do not resent this. It has awakened us to the fact that our strife to maintain ourselves is becoming more difficult day by day, and that a little self-introspection may perhaps be beneficial. We are a nation of organizations. Labor organizes against the injustice to which it claims it is compelled to submit, to create conditions which will add to the material benefit of its individual members—a purely selfish motive. Organizations for the advancement of the different arts and sciences from a scientific standpoint are commendable but not humanitarian. Medical organizations enter necessarily into both of these divisions, but have we been just to ourselves in devoting so much time to the scientific, to the exclusion of the personal, or, say it, selfish element?"

At first glance this strikes one as being in the ideal class of Dr. McClure, but if we were to mentally picture Dr. McClure employing lawyers to put down the "auld wife" medicine, and as button-holing Congressmen and Senators to create an expensive department of the Government in which he would have more room to show his altruistic nature we could no longer feel that outgoing of love and sympathy for him that we now feel. It would kill

the beautiful ideal. Leaving aside all question of allopaths, homœopaths and all the other medical or semi-medical bodies, of transitory rights and wrongs and looking at the subject as it were stripped naked, we see that originally the priest and the physician were one whose office was to teach and lead the erring from spiritual and physical evil with no thought of reward or bills. The idea lingered down until quite recently in the *honorarium* the old doctors received from patients. Back of it all was the idea that in this, the highest office of man, the priesthood, services are above price. It was, if you please, an impossible ideal, but the living force in Dr. McClure's character comes from that source—a profession in which the love of use rules and selfishness must not enter. Any legislation looking to the "regulating of the life of such an ideal has in it an unconscious discord and such legislation is sooner or later seen to be futile, for the reason that the lower "regulating" the higher is incongruous though the people do not so much see, as feel, the incongruity.

For these reasons, imperfectly stated, for the subject is one more for ideas than words, it seems that connecting the beloved by all, the ideal Dr. McClure, with the Owen's Bill promoters is unfortunate.

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### RHEUMATISM.

Dr. Geo. F. Laidlaw recently read a paper on "The Theory of Rheumatism" before the New York Homœopathic Medical Society, which is printed in the March issue of *The Chironian*. The following from the paper gives the theory:

"Starting from the fact that lactic acid is produced in muscle tissue during its contractions, Prout surmised that the lactic acid was normally excreted by the skin; that the well known effect of cold and damp in producing rheumatism constituted a checking of the excretion of lactic acid by the skin. This lactic acid theory of rheumatism was widely held until more exact observations demonstrated that lactic acid was not excreted by the skin; that the sour perspiration of rheumatic fever was due to decomposition of the fatty acids of the perspiration, and that the fresh perspiration of rheumatic fever was not acid.

"Of the theory that rheumatic arthritis is due to retained uric

acid I will say only that it is due to a series of popular errors. In gout, Garrod demonstrated the probability of an increased uric acid in the blood preceding the gouty attack, but this has never been demonstrated to be a constant feature of the various types of rheumatism. To my mind, the importance of uric acid in disease has been greatly over-estimated. This widespread uric acid delusion has only been possible because a majority of us physicians in the past thirty years have been so ignorant of physiological chemistry that we are incapable of judging the question.

“Last came bacteriology, which has cleared up the origin of some cases of so-called rheumatism, as it has explained the origin of so many diseases. According to this theory, acute arthritis is septic and due to irritation of the tissue of the joint either by bacteria or by their products. According to this view, the term ‘infective arthritis’ should replace rheumatism.

“It is not always possible to identify the microbe in a given case. I have often examined fluid from an inflamed joint and found it sterile. There are two explanations of this. In some instances, dissections of acute rheumatic arthritis have shown bacteria buried deep in the tissue of the joint, whereas they are absent in the fluid of the joint. The other and, to my mind, the most probable explanation is that the joint becomes inflamed not from the actual microbe, but from the toxins of the microbe circulating in the blood. In this way we explain how gonococci in the seminal vesicles can produce a synovitis of the knee by simply excreting their toxins into the blood. It is not necessary for the gonococcus itself to reach the joint. A common observation in surgical cases is that wounds and abscesses are often complicated by arthritis from the absorption, not necessarily of the germs themselves, but of the poisons or toxins manufactured by those germs.”

“Thus the modern theory of rheumatism comes close to the chemical theory, except that we reject lactic acid or a chemical formed during metabolism and replace it by chemical poisons manufactured by bacteria.”

After one has absorbed all the theories, ancient, modern or composite, he is just where he was before when confronted with a case of “rheumatiz” or “rheumatics;” whether the disease is caused by lactic acid, uric acid, microbes, or a stuff manufactured

by the microbes, the problem of curing it is the same old problem which, as we all know, Homœopathy comes nearer solving than anything else, and even it fails some times. The floods of theories that flow and swirl over the learned world are interesting, but whether they are anything else is open to a little doubt, or much of it, if you be inclined that way. For instance, whether you believe the rheumatism is the result of a microbe or of something manufactured by a microbe, how much nearer are you to curing the case, which is after all the end of all medicine?

It is well to know something of the theories which go to making modern medicine, so that you may not be loftily looked down upon, sat upon, walked over, or be used to wipe up the floor by one familiar with them (if that familiarity be possible) but after the man who is in practice knows them about all the use he finds for them is to be ticketed and laid away in his mental museum among the many other curious but not very practical things he picks up.

When one of the learned is in the grip of disease he doesn't care any more for theories which then seem to him to be but vanity; he wants to escape from the toils in which he is caught, and often he is angry at the futility of that learning of which he was once so proud. Medicine has gloomy vistas at which even science shudders, when the real thing, whatever it is, grips it. However, Dr. Laidlaw has ably summarized the latest views on man's old remedy, rheumatism, and the RECORDER takes pleasure in passing them along, even though the disease continues to twist men just as it did before.

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### TRIFOLIUM REPENS—A SHORT PROVING.

By Milton Powell, M. D., New York.

I gave this remedy as a prophylactic when exposed to mumps to three children and one young lady 20 years old. The latter furnishes the following symptoms:

Pain, soreness and hardening of salivary glands, especially submaxillary, with sensation of swelling and heaviness in same; worse lying down.

Mouth filled with watery saliva; most of the time worse lying down.



Sensation as if heart would stop, which woke her just as she was falling asleep, with great fear; worse when alone; worse lying down; better sitting up or moving about, and wanted some one to talk to; better from company of her sister.

With this fear that heart would stop there was cold sweat on face, restlessness, taste of blood in mouth, sensation of blood in throat; pulsation in neck and ringing in ears with expression of fear in the countenance.

The pulse was normal. None of the provers contracted mumps. New York, April 21, '11.

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## TREATMENT OF CROUPOUS PNEUMONIA.

By Dr. Lorenz, Stuttgart.

On the 15th of May, 1908, I was called to see a lady, who, after having suffered from a catarrh of the superior respiratory passages, had been seized with a severe chill and dyspnœa, followed by heat, in the night from the 4th to the 5th of May.

The patient, now sixty years of age, had always been sickly, and especially very sensitive to drafts; she had also frequently suffered from disturbances in digestion. Even before she was taken sick her state as to nutrition and as to vigor had been much reduced. Her complexion, and her expression, as well as the labored and much accelerated respiration at once made the impression of a severe case of disease. An examination of the thoracic organs showed dull sound in the percussion, extending to the middle of the shoulder-blade, at the same time weakened respiration, with a breathing sound at expiration, and rattling noises. The rest of the lungs was unencumbered. The heart did not show any enlargement, the sounds were clear, the pulse 100 to 110; easily compressed. The respiration was superficial, accelerated, 30 to 35 a minute. The temperature taken in the middle of the night in the axilla was 39.7. The tongue showed a thick, white coating, the skin was somewhat moist, the urine brownish yellow, somewhat turbid; the expectoration tough and rust-colored.

Of medicines the patient had taken of her own accord *Aconite* and *Bryonia* 30, one dose of each. She now received *Ferrum phosphor.* 6, three drops every two hours. The day passed with-

out any further aggravations, but the following night was very restless, and the patient was, in consequence, very tired in the morning. Rather disquieting was her steady refusal to take any nourishment. The dulness had increased in its extent upwards, and had, on the whole, become more intense, the respiratory noise had become loudly bronchial; at the edge of the dulness crepitation could be noticed. The frequency of the pulse had also increased somewhat. The sensory was clear, at least during the day. I now gave the patient *Jodium* 3, giving her three drops dissolved in one-tenth of a liter of water, of which she took a tablespoonful every two hours. The following night was decidedly more restful, the temperature was somewhat lower, the coating of the tongue was less thick, and the appetite improved.

An examination on the forenoon of the 8th showed signs that the resolution in the lobe of the lungs affected had already begun. The pulse had again gone back to 110, and the general condition was decidedly better. In the course of the day the fever broke, thus on the fifth day of the disease. The resolution in the lung proceeded quite rapidly, and her recovery proceeded undisturbed.

II. Mrs. Sch., seventy-three years of age, living in the country, came under my treatment on the 12th of July, 1908. With the exception of a catarrh on the chest that returned every winter, she had always been healthy and able to work.

Three days before my call she was taken with a shaking chill, followed by a bloody-colored, tough expectoration, with dyspnoea and pains in the right side, in the back, and in the region of the lower ribs. She made the impression of being severely sick. The respiration was short about forty in the minute; the pulse had a frequency of 110, with large waves; the tongue was dry, the sensory was obscured. On the right side there was dulness up to the middle of the shoulder-blade; and bronchial respiration; on the left side there was vesicular respiration, with copious rattling. The heart is not enlarged; the sounds are clear. The urine is saturated, temperature 40. Prescription: *Bryonia* 6 and *Jodium* 3.

During the two days following, the dulness became still more intense, and also extended itself somewhat upwards. There was an increasing somnolence, a bluish discoloration; the darkly

livid color of the tongue, and the increase of the frequency of the pulse up to 120, caused quite an alarm. But this proved to be the height of the disease. Next day, on July 15, the temperature in the evening did not rise as high, and in the night it sank very rapidly. Towards the morning of July 16 the patient fell into a sleep from which she awoke refreshed. The slight irregularity in the pulse was quickly stopped by *Kali phos.* 3. trit., and the expectoration was advanced by *Tartar. stibiat.* 6. Her recovery proceeded steadily and quickly, so that in two weeks she could travel back home.

III. On October 29, I was called in to see a patient who was seventy-five years of age, who had been taken sick four days before with chills, cough and an expectoration of bloody color, and with lancinating pains in the region of the left shoulder-blade. The patient had not been afflicted before by any severe disease, and evidently did not think much of the attack, and with admirable energy kept going about, until her increasing weakness made it impossible. When I first called on her, she did not yet make the impression of being very sick. Her respiration was, indeed, accelerated, but not labored; the pulse showed 90 to 100 beats, and was regular. The heart was not enlarged, the sounds were clear. Over the left lung there was dulness and bronchial respiration extending up to the lower third of the shoulder-blade. The tongue was dry, the urine dark colored, the temperature in the evening 39.2. The expectoration of bloody color and tough. The patient received *Ferrum phosph.* and *Scilla* 6, in alternation. Next day there seemed to be an alleviation, the temperature went back 0.5, and on the lobe affected there was a fine rattling noise, the bronchial respiration was diminished, the pulse somewhat retarded, the night more restful. Still this had only seemed to be the crisis. The temperature, indeed, remained below 38, but the pulse was accelerated and became irregular, the respiration more difficult, and the general impression was not that of convalescence. *Kali phosph.* 6. trit., moderate doses of wine, and Puro did not suffice to stop the decrease of her strength. The pulse increased in frequency up to the next day. The dulness of the heart extended on the right side to the middle of the sternum. On the left lung a new infiltration had formed in the upper half, while the lower half had

remained the same. It was, therefore, manifest that the process was extending in the lung although the temperature had fallen. I therefore gave in alternation *Kali phosph.* 6 and the tincture of *Strophant.* and also *Jodium* 3, but without any result. The pulse increased in frequency and the strength decreased, and on the twelfth day of her disease, the eighth day of her treatment, death ensued.

The ill results in this case may be ascribed, first of all, to mistakes in her treatment before I was called in. In spite of her fever, the patient had not taken to her bed, and had hardly taken any nourishment during these days, so that her strength was already much reduced at the beginning of the disease. I cannot see that there appeared to have been much effect on the disease from the medicines, and under the circumstances this was hardly to have been expected. It was quite different in the other two cases. In these cases I have a distinct impression that the course of the disease was favorably influenced by the use of *Iodine*. I know very well that two cases are not sufficient to prove anything, because in judging of effect and cause not all the unknown causes can be eliminated. But if we view not only the final effect, but all the single phases of the disease, the favorable effect of *Jodium* becomes much more probable. An improvement in the sleep, of the coating of the tongue, of the appetite, all appeared right after giving the *Jodium*, even before the diminution of the fever and the crisis took place. So also the absorption of the exudation followed very rapidly, although the case was that of a patient with indolent power of reaction. Also in the second case, which from the start showed very serious symptoms, and which extended over the whole of the lower lobe, according to my experience without the use of *Jodium* an unfavorable result might have been expected, and it is surely not by accident that after two days' use of *Jodium* the improvement set in, followed on the third day by the fall in the fever. If we should succeed in aborting the course of croupous pneumonia by *Jodium*, where this is homœopathically indicated, and thus to confirm the statement made by the well known *Kafka*, which, to me, has hitherto seemed rather venturesome, then, also, in this disease, the superiority of Homœopathy over the old school would be plainly evident.—*Allgemeine Hom. Zeitung.*

## PHYSIOLOGY OF THE VERMIFORM APPENDIX.

I shall be content with this part of the subject just to quote the opinions of a few writers.

(1) Lieberkühn states: "The surface of the vermiform appendix is full of glands, secreting a fluid which mingles with the fæces in the cæcum, and, by diluting these, prevents their remaining stationary and doing harm. The fact that the appendix contracts at the same time as the cæcum prevents any foreign body entering the lumen."

(2) T. Vosse: "The surface of the appendix is full of glands which secrete a mucus. . . . As there is a tendency for fæces to accumulate and harden in the cæcum, there must be some provision by which they are rendered more fluid. Glands are present in the cæcum for this purpose, but they are not sufficient and require aid, and the function of the vermiform appendix is to provide additional secretion."

(3) G. von dem Busch emphasizes Lieberkühn's views, and adds: "The appendix must be considered as a second salivary or pancreatic gland, while the cæcum is a second stomach."—*Dr. W. G. Pritchard, B. J. of Hom.*

These views do not agree with those of the eminent gentlemen who say that the vermiform appendix is a useless organ which should be removed in childhood; that something ought to be established with it like the Jewish rite of circumcision. "'Tis a quare world, Hinnissy."

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### POINTERS.

Dr. C. J. Junkermann, of Cleveland, O., in *Jour. A. I. H.*, says that *Ruta graveolens* is very useful in "patients who have a tendency to the formation of deposits in the periosteum, in bone, in tendons, about joints, over-straining of tendons in the places where they are weak, will form nodules, lumps, bunches or little tumors in the tendons. I will include also gradual increasing contraction of the flexors, so that the hand becomes permanently flexed, or the foot becoming flexed so that the sole becomes more concave and the toes drawn under from over-straining and violence to the contractors and flexors." Presumably it is used externally and internally.



In the discussion of the papers by Dr. Powers and by Dr. Royal at Los Angeles (*J. A. I. H.*), the general opinion seemed to be that *Variolinum* is a preventive of small-pox, and also the best cure for the disease when it breaks out. Dr. Hensley, of Oklahoma, said in his city there were seventeen quarantined in a boarding house where there was small-pox. By agreement with the health officers he gave five *Variolinum* and the others were vaccinated by scarification. None of the five contracted the disease, though two of the latter did. Dr. Chamberlain, of Los Angeles, found vaccine virus in third potency internally very effective in the treatment of the disease when it has developed. Dr. J. D. Martin, Sacramento, thought that the most of our small-pox is only so-called; it does not pit even when pustules appear. Dr. W. J. Hawkes was of the opinion that about the only sure protection against small-pox, as against other contagious diseases, is in sanitation.

Dr. F. C. Richardson (*N. E. Med. Gaz.*, May), writing of poliomyelitis, says that the medical treatment must be symptomatic. The remedies he found to be most useful in the cases he treated were *Gelsemium*, *Belladonna*, *Eupatorium* and *Helleborus*.

Dr. E. N. Ritter, Williamsport, Pa. (*Med. Summary*, April), praises the effects of *Apocynum* in sciatica and neuralgia, lumbar and crural. He gives several cases, pain in left sciatic nerve, in right leg, and in back which were relieved by half a dram of *Apocynum* in four ounces of water, teaspoonful doses every few hours.

Dr. J. H. Allen, Chicago (*The Clinique*, April), says that *Arsenicum iod.* has helped him in cases of large, hard glands, in tubercular glands and in tertiary syphilis, ulcers, hard and cartilaginous-like; sallow and tired; heavy feeling in legs.

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## BOOK REVIEWS.

PLAIN TALKS ON MATERIA MEDICA. With Comparisons. By Willard Ide Pierce, M. D. 792 pages. 8vo. Cloth. \$5.00; postage, 25 cents. Philadelphia: Boericke & Tafel, 1911.

This book opens with six pages of "Index to Comparisons," this is followed by "Comparisons," running to page 209, while the

remainder of the book is taken up with a practical materia medica of 246 remedies. The "Comparisons" stand, in a manner, for a very complete clinical index, and, also, for a repertory. In it you can look under such general headings as "Abdomen," "Breast," "Chest," "Heart," and so on, or under the names of the many diseases and abnormal conditions, for what you want. Under these you will find the remedies that are used, each one having its distinguishing characteristic given.

Now, as to the materia medica, Dr. Pierce writes: "While our knowledge of a remedy is in direct proportion to the thoroughness of the proving, our progress as individuals and as a school is also dependent upon our recordings of the clinical verifications as well as of those symptoms that we have discovered from the administration of the remedy." Therefore, in this book "the aim is to present a plain, practical homœopathic materia medica." From this, and more that might be quoted, it is evident that the author had in view the preparation of a book that would be an ever-ready help to anyone in his search for a remedy. The range is large, 246 medicines. The text of each is right to the point, such as one wants who is seeking aid rather than instruction in symptomatology. In some respects it reminds one a little of Hughes' *Pharmacodynamic*—more or less conversational, pointing out the strong and certain features of a remedy, those on which you can depend. In doing this many practitioners are quoted and their opinions which are not to be found in the text books. As an instance take *Helonias*, where Dr. S. A. Jones is quoted to the effect that the keynote is "amelioration while doing something. The headache disappears when the attention is engaged. The pains vanish when one is busied." Surely a remedy for the ills of the idle, even, perhaps, for "the idle rich!" For is not the common name for *Helonias* "the devil's bit?" The book is a marshaling of opinions and assertions of men, ancient and modern, from all quarters, on the practical uses of our drugs. It possesses, also, the merit of being interesting—one of those books in which you do not know where to stop when you dip into it, a book that really will be an aid to all save those who work out their cases by means of the checking list and the repertory, and even these will find it of use on account of its rich fund of references to original sources, and the general information it contains.

As to the potency, or drug strength, the author confines himself to saying, at the close of each section, "I use the ——," whatever strength it may be, from the IX to the 200th in a few instances.

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A TEXT-BOOK ON THE THERAPEUTIC ACTION OF LIGHT, including the Rho Rays, Solar and Violet Rays, Electric Arc Light, the Light Cabinet. By Gorydon Eugene Gordon, M. D., formerly Demonstrator of Anatomy in the University of New York City. With original illustrations. 323 pages. Cloth. Published by the Author.

Whether there is anything of worth in the treatment of disease by the new lights recently discovered is a question that each one must decide for himself. If he decides in the affirmative we can say that this is the latest and fullest work on the subject.

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LITORA ALIENA. By Medicus Peregrinus. From the Boston *Medical and Surgical Journal*. Paper. Octavo. 78 pp. Price, 50 cents. W. M. Leonard, Publisher, 101 Tremont Street, Boston, Mass.

This is a series of letters describing a trip to England and "the Continent," as the men across the pond term it, by "one of the editors" of the *B. M. and S. Journal*. They are interesting, and that is the best that can be said of a book of travels. What the doctor says about seasickness, we fancy, ought to raise a storm about his ears. He writes: "It seems to affect chiefly women, 'the kind of men called clergymen' and others of a neuropathic diathesis." Clinically, he says, it is imaginary, or occurs in the bilious and constipated, or is due to fatigue and the unwonted glare, or, else, to excess at the table or in the smoking room. Now let the galled jades wince!

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HOW SHALL WE TELL IT TO OUR CHILDREN? is the title of an eight page paper covered leaflet, by Dr. E. V. Moffat. It was originally printed by the author, but that edition has been used up and, as there are a certain number of people who are searching for something of this nature as their children grow up, it was deemed proper to have it in the hands of a responsible publish-

ing house. This edition is but a reprint of the original. The subject concerns the instruction of young children in sexual matters, or, rather the use and abuse of the organs of generation. Every physician knows that a vast amount of misery in after life follows childish ignorance in this regard and ought to welcome a leaflet he can recommend to parents. The price is 5 cents a copy, or 50 cents a dozen.

Boericke & Tafel, publishers.

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IS THE PRACTICE OF JENNERIAN VACCINATION PERPETUATED BY THE USE OF BOGUS STATISTICS? Such is the title of an eighteen page pamphlet, by Dr. J. W. Hodge, made up of letters which passed between him and Dr. Jay F. Schamberg, of the University of Pennsylvania. Dr. Schamberg fell into the error of quoting the "Franco-Prussian war figures," and was compelled to back out of them as best he could, for the *Lancet* which originally started them on their journey has two or three times been compelled to admit they are purely imaginary. Schamberg's and Hodge's letters are given in full. It is an interesting epistolary fencing match. Useful, too, as the letters, contain references on both sides to sources not easily accessible. Perhaps Dr. J. W. Hodge, Niagara Falls, N. Y., will send you a copy if you write for one—if interested.

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The next meeting of the American Institute of Homœopathy will be held at Narragansett Pier, R. I., from June 25 to July 1. The headquarters will be at the Hotel Mathewson. Needless to add that every man of the homœopathic profession should attend who can possibly do so. It rubs the rust off to meet your fellows.

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## EDITORIAL BREVITIES.

COMMENTS ON AN OLD ROW.—In 1854 the *Athenæum* reviewed Sharp's "Tracts on Homœopathy." The reviewer wrote: "The foundation of all inductive science is the law that effects are increased with the increase of their causes, decreased by the decrease of their causes, and changed with the change of their causes. Unless causes and effects answer to these laws, they are not regarded as such by sane people." He then proceeds to belabor Homœopathy for claiming effects for its small dose, etc., etc. To all this Dr. Sharp makes learned, if somewhat labored, reply. He ought to have asked the *Athenæum* if the effect on a barrel of gun powder would differ if it were touched with a spark or with a shovel full of live coals. The taxation (without representation) of tea produced an effect that would hardly have been increased if it had included soap and molasses. Learned men know a good deal more about effects than they know about causes. In fact, what men from Solomon down to a professor, in, say Johns Hopkins, do not know about causes would fill many encyclopædias—and then some.

It is in this review that the *Athenæum* raised the warning voice: "Moreover, we may add, the man that is inclined to investigate this folly already betrays unsoundness of mind, and we would warn him against experimentation on the subject, which will be almost sure to end in his adopting the delusion." You must harken to authority and not look. A look-in will convince you. To be convinced is proof of an unsound mind. What a world it is! We mean, was!



WANTED.—An inquiry comes “Can you refer me to the article of Selden’s giving the statistics of the treatment of diphtheria with *Mercurius cyanide*?” Does any reader know where these are to be found, also in general state what they are?

RACE SUICIDE.—This topic crops out ever and anon in all sorts of journals, some defending, others denouncing it. To us it seems to be a matter (like most others of this character) for man and his wife to decide. If a man and wife do not want a posterity it is no loss to the world, and on them alone is the consequences whatever they be. On the other hand, if another couple want a posterity to inherit the earth, why, well and good. In the long run it is a case of the survival of the fittest, so why get excited about it? The theory of Malthus in this connection only proves that “nothing can lie like figures.” There never has been a year yet when the earth did not produce enough and to spare for all its creatures. That every now and then people starve in regions where the crops fail merely proves that the lines of transportation are inadequate, or, what is generally the case, the people after a life-time of hard labor have not enough to buy bread to tide over a few months. Race suicide will not prevent famines, nor will a normal birth rate bring them on.

CACTUS GRAND. AND THE ORTHODOX.—The official *Journal* once more takes up the subject of *Cactus grandiflorus* (April 1), and reasserts its former conclusion that it is inert. The reason advanced for the drug’s popularity is peculiar, in effect being that when *Cactus grand.* is prescribed it generally follows some powerful drug, and the improvement is the result of stopping the powerful drug and not from the *Cactus* itself. In this many of the Homœopaths will agree with the *Journal*, for they have cured numerous cases coming from the heroic drugging by stopping the heroism and giving a little *Nux* 30. But still the fact remains that *Cactus grand.* is a valuable drug if you get the genuine tincture and know how to prescribe it. The *Journal* asserts that *Cactus* has no action on animals, and “it should be accepted as an axiom that a drug that has no action on animals has no action on man.”

Should it? Just read the following quotation from a paper by John Uri Lloyd in the April number of the *Ec. Med. Journal*:

"Dogs and horses, in proportion to weight, endure ten times as much morphine as men; doves five hundred, frogs one thousand times as much. The fatal dose of calomel for a cow is the same as for a hog. One pound of sugar of lead is required to kill a horse, while one-tenth will kill a cow of the same weight.

"The hedgehog is immune to all poisons, the mongoose to cobra poison, snakes generally to their own poison, the king snake to all snake poisons.

"Goats eat tobacco, while tall larkspur kills cattle. Lupine hay kills sheep, but horses are immune. Aconite kills sheep; horses and goats being immune. Hyoscyamus kills men and rabbits; cattle, sheep and goats are immune. Antimony, that kills men and most animals, will not harm hogs or elephants."

Our honest "regular" friends ought to learn the very self-evident proposition that the only way to learn the effects of a drug on man is to try it on a man. The effects once clearly determined are medical science; the application to use is Homœopathy.

THE MODERN PUZZLE, CANCER.—A recent Berlin Medical letter (J. A. M. A., Mar. 18) reviews all the latest official reports and researches concerning the status of cancer in Germany. It is admitted that the disease is increasing, but the investigators are utterly in the dark as to the cause. "The ordinary differences in nutritive conditions, as between city and country, agricultural and manufacturing communities, wine growing districts and other localities show no corresponding differences in the death rate from cancer." Every theory advanced as to the steady increase in this ominous disease has been found to be worthless. The disease continues in relentless march irrespective of social condition, occupation or locality. There is one theory, however, that seems to have been ignored, probably because if it were found to be the true one it would mean medical anarchy and chaos. This theory is (crudely put, but anyone can see it), that as the human animal cell differs from the lower animal cell, and as cancer is a disease of the cells, the cause may lie in the insertion of the diseased cells of the lower animals into the bodies of the higher animals, *i. e.*, into the bodies of men, as is being done, with steady increase, in all civilized countries—cancer seems to be an

endemic peculiar to civilization. This theory is as worthy of investigation as were many that were examined, among which were heredity, inbreeding, climate, occupation, nutrition, housing, race, contagion, stings of insects, and animal cancer. This last named approaches the suggested new investigation, but does not cover it, because the cells of naturally diseased animals are never used to put into man; only the artificially diseased are used.

REGARDING THE DEATH RATE FROM CANCER.—“In spite of an effort to minimize the facts they show that the death rate per one hundred thousand is certainly increasing, while the total mortality is appalling. Thus in one year in Japan there were some twenty-five thousand deaths; in New York State the number was about seven thousand, while the total number of deaths during the same year in the United States was about forty thousand. As I have more than once remarked to our own legislators if seven thousand cattle died in our own State from a given disease there would be ordered a prompt investigation, and yet upon the loss of seven thousand human beings the Legislature looks with apathy or with small interest.”—*From paper by F. Park Lewis, in Buffalo Medical and Surgical Journal.*

The steady and relentless increase of cancer in certain countries is dreadful, but what can the legislators do about it? The several cancer commissions have failed to discover the cause or a cure after years of investigation. Can Dr. Lewis suggest a new line of study?

“WHAT IS BEING DONE?”—A New York daily newspaper asked what is being done by the medical staff to prevent a repetition of the awful state of affairs that prevailed among the troops in 1898. The *Journal of the A. M. A.* replies that anti-typhoid “inoculations are now being applied to the entire force in the field. It is asserted by the War Department that this is a feat of preventive medicine which for magnitude and promptness of execution is unique in medical history.” It is also unique from the fact that medical men, even among the official doctors, are not unanimous as to its efficacy, and, owing to its newness, none can be sure of its after effects on the men inoculated. It would be interesting to hear from the men themselves.

ANTI-TYPHOID SERUM IN ACTION.—The following is out of a letter received from one of our homœopathic physicians in Cleveland:

“Enclosed is a clipping from the morning Cleveland *Plain Dealer* reporting rather embarrassing results with typhoid antitoxin. The army surgeons are to be commended for their wisdom in inoculating and imperiling a comparatively small number of soldiers so as to avoid total disability and calamity in case of an emergency skirmish or war.”

The clipping referred to is a dispatch from the Rio Grande. This is the point of it: “A large number of them had been inoculated with typhoid fever antitoxin only yesterday, and before three miles had been covered on the practice hike many were falling by the way. Before noon the hospital wagons following the train were filled.”

THE CAUSE.—That very able journal, the *Buffalo Medical and Surgical*, editorially says that to the anaphylaxis of foul air “we owe most, if not all, of our cases of tuberculosis, of pneumonia, of bronchitis, of influenza, of colds, of acute and chronic catarrh, of scarlet fever, of diphtheria, of so-called poliomyelitis, in fact, of every disease the infection of which may be air borne and which may enter the system through any portion of the respiratory tract.” At first reading this appears to be sound common sense but what, then, is to be done with the teaching that all these diseases are due to a specific germ?

GERMS NOT OUTSIDE BUT INSIDE.—Dr. C. V. Chapin, Health Commissioner of Rhode Island, recently delivered an address before the Harvard Medical School, in which, as reported by the *Boston Post*, he said that disease germs are not bred in filth, nor carried about in dust, but that they are within you and are communicated by contact, especially by kissing. The man who conscientiously follows what is taught concerning germs has a mental rocky road to travel, for no sooner does he feel himself planted on what he thinks is solid ground than it heaves up beneath him and he must start on another quest for firm standing ground. The consequences of Dr. Chapin’s assertions will be far-reaching if they are accepted. The belief that disease develops or origi-

nates within the person afflicted is more in accord with reason than the commonly accepted idea that it is an organized creature which enters from without. Dr. Chapin may be right in saying that disease germs do not originate in filth, but surely disease does. Disease is probably a condition rather than a specific thing to be seen under the microscope and analyzed in the laboratory; more the effect of violated law than of a toxin excreting germ.

BOSTON ITEMS.—A Massachusetts friend sends us a bunch of Boston papers. From them it is evident that there was a frosty time between Dr. Herbert Snow, of London, for twenty-nine years head of the Cancer Hospital, and the eminent Dr. Richard Cabot, of Boston. Dr. Snow does not believe in vivisection. Dr. Cabot was invited to meet Dr. Snow, but frigidly refused to have anything to do with "extremists," to which Dr. Snow sadly retorted that the advanced vivisection doctors "were too closely allied with big drug houses and advocates of misleading practices."

Another marked item in the papers sent to us is a double column, headed "Should One State Hospital for Tuberculosis Be Homœopathic?" Dr. Geo. B. Rice, President of the Massachusetts Homœopathic Medical Society, replies in one column, headed "Yes," and Dr. Chas. S. Millet, Secretary of the First Commission on the Relief of Consumption, occupies the adjoining column headed "No." Dr. Rice confines himself chiefly to claiming for the large body of Homœopaths the right to be represented in the State institutions of this character. One cannot help thinking that a few, say, of Westboro's statistics, would have hit the public. Dr. Millet opens by saying that "No one will for a moment deny that the promulgation of Hahnemann's theory was of the greatest benefit to the human race." But further on, "No such thing as real Homœopathy is now in existence." The only thing in medicine to-day worthy of the attention of the learned medical man is "the bacteriological theory," which, to use current vernacular to express Dr. Millet's idea, has knocked the stuffin' out of Allopathy, Homœopathy and everything else medical, from which knock it follows that the State should give the bacteriological theorists control, according to themselves, who claim the medical earth. They have never proved that germs



are the cause of disease, but only that these are generally present, but not always just as smoke, generally but not necessary, is where fire is. They start their jump from a theory but land on the conclusion that they alone are medical scientists, claim all and shoulder the accumulated medical knowledge of the ages off the earth.

No doubt these gentlemen are quite sincere in their belief that medical wisdom is with them only, and, therefore, it is for the general welfare that power and office should be theirs; but then, on the other hand, Christian Scientists, osteopaths, naturopaths and a good many other aggregations of mortals entertain the same opinions concerning their beliefs. And there you are! They are all born of women; all prone to error, including even the bacteriological theorists. Knowing this the wise among all faddists should be content with a reasonable liberty in ordering their own lives and not lust for universal dominion even though knowing, as Dr. Millet and his confreres know, that they are right. But as said before, the Christian Scientists, osteopaths and naturopaths are equally dead sure that they alone are in the right, and so once more there you are!

PUZZLING.—The editor of a medical journal, in his April issue, after saying that a certain drug was regarded as useless by the profession, quotes an exception in which one doctor reports wonderful results in fifty case using the discredited drug—only. This sort of thing is puzzling.

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### NEWS ITEMS.

Dr. E. A. Bradbury has removed from Green River to Roxbury, Vt.

Dr. Eric Von der Goltz has removed from 247 to 205 East 72d street, New York City. Dr. Von der Goltz writes that he is still having remarkable success with *Radium* in potency in the treatment of cancer. See RECORDER, December, 1910.

The Examining Board of Washington refused an applicant a license because he failed to get 60 per cent. in histology, pathology and general diagnosis. The case went to the Supreme Court of the State, which directed the license be issued. For full report see *Journal A. M. A.*, April 15.

## PERSONAL.

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A scientific gent now says man first appeared in the pleistocene age. Good guess!

"20,000 posters are to be put out against tuberculosis." Why not try Chinese gongs?

A *Life* lady said the big war-club was "perfectly stunning."

'Tis said that where there's a will there's a way to break it if you get the worst sort of a lawyer.

When the financial editor writes "the market is uncertain" he tells the truth.

Which is the best Joke ever written?

That doctor who advised "whistling to develop." etc., etc., ought to be execrated by men.

"Moist air," "dry air," "hot air," "cold air," "much air," "no air"—therapeutics.

One encouraging sign of the times is that each year there are fewer celebrants of April 1.

The most strenuous advocates of the many serums and vaccines are their makers.

What an uproar and scurrying there would be if all patients experimented on should know it! Big wigs surely would be flying in the air.

Suggestive therapeutics is disguised Christian science—or is it vice versa?

Many a one who eats lobster is a cannibal.

When the very few hold mortgages on the whole world, where will they invest their income?

The man who talks Schopenhauer, Nietche & Co. doesn't know, even as they didn't. It's wind, my son.

A bulldozing lawyer can ask more questions in a minute than an honest doctor can answer in an hour—or a year.

If Galen said *Contraria contrariis curantur* why not Hahnemann *Similia similibus curantur*?

Each new therapy is heralded as "the most important step ever taken." And still the tread-mill goes!

"Do not try to live forever; you will not succeed."—*Bernard Shaw*.

The use of unknown terms is not necessarily an evidence of erudition.

"Steal the hog and give the feet for alms," saith the old proverb.

The missionary, said General Miles, asked the Indian chief if his fur coat would be safe. The reply was, "Yes, there are no white men within a day's march."

Smoke nearly always goes with fire, but no one says it is the cause of fire.

The far "advanced" "regular" hold that a therapist is but an optimist.

# THE HOMŒOPATHIC RECORDER

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## A FAR REACHING QUESTION.

The "Proceedings of the Tenth Annual Conference of Sanitary Officers of the State of New York" raises the "question" that is said to be "far-reaching." The question might be framed: Are the powers of the health officer general or particular? Or, perhaps, better: Should the powers of the health officer be particular as well as general?

The old idea was that the duty of the health board is to abate, or regulate, that which was prejudicial to the public health, and to care for cases of highly contagious diseases among the indigent; but from the tenor of these Proceedings (and of others) the health officer now regards every individual case of contagious disease as being under his care; and as the modern medical theory is to class almost every disease to which a name is attached in the category of contagious, it will be seen that there is a big and far-reaching question looming up. If it is lawful, and in the interest of the public, that the health officer should enter the schools and order certain things be done to the individual child, it follows that it is equally lawful and right that he should have the same power over all other assemblages of human beings—churches, theatres, exchanges, hotels and the home.

If it is proper for the health officer to order, or give, medical treatment for any child whose eyes, ears, nose or throat he finds defective, does not this power also extend to adults? In other words, does not this lead to State Medicine? Any individual who is ill is a menace to the public health, runs the argument, and therefore comes under the power of the State's medical corps. Whether this is the wisest policy for the State to pursue is the question that must be settled sooner or later, for, apparently, as things are at present, chaos is the result. To quote

from one of the papers in these Proceedings, to illustrate the point, a boy said: "The doctor chases the kids home and then the truant officer chases them back again." Another man in his paper complained that he ordered the child sent to the family physician for treatment, but that gentleman said there was nothing to treat. Also some physicians certify that a child is fit to attend school and the health officer says he is not fit. This is but scratching the surface of the troubles of the health officers. New York's health organization probably is as brainy and efficient as any in the country, but it has its troubles, the solving of which open far-reaching problems of public policy, problems of all the country. And the old question arises, of what avail is "chasing the kids" when adults reeking with venereal diseases walk the streets without let or hindrance? Reeking with diseases which, according to very respectable medical authority, are the root of the most of the troubles for which the kids are "chased."

Yet every one knows that health boards are helpless before this morass of human physical ills! It looks as if it were impossible to compel the people to be healthy as it is to force them to be good; as if the wise man would not attempt to do too much in this direction.

What is to become of the outside physicians if the State takes the individual under its care is another story.

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### LET US AWAKE!

**Horace P. Holmes, M. D., Sheridan, Wyoming.**

A group of ladies of various ages were one day discussing the many lucky and unlucky signs until one by one nearly all had admitted their belief in some certain sign foretelling a future event. Among those gathered was a dear old aunty over whose silvered head the sunshine of more than eighty summers and as many frosty winters had passed. She was asked to give her experience. "Well! girls," said she, "I have never believed much in these signs people tell about, but there is one sign I have long gone by: I have always noticed that if I lived through the month of August, I have lived all the rest of the year."

And so with the homœopathic practice of medicine, with all the varying methods, innovations, lauded cures and so-called scientific

progress made by the allopathic system of practice. I can point to over thirty years of experience with our homœopathic law of cure and its well proven remedies and say it has never disappointed me in proving its superiority over any other medical treatment coming under my observation.

The old school advocates point with pride to their progressiveness, to their up to date methods and their really scientific position at all times, and yet time has proven that their system consists in continually abandoning all they have ever based their hopes upon. To bring forward a treatment, adopt and practice it, and then abandon it, is an acknowledgment of failure. And if we go back over the work of the old school for even the last fifty years, we find that it has all spelled "failure," for it has practically all been given up for new theories and new and unproven methods. It has justified the aphoristic statement of Dr. Osler, that "we give remedies of which we know little to bodies of which we know less." Contrast this with the practice of the well grounded homœopathic physician who knows what he does and why he does it. So sure is he of the curative results of his indicated remedies that he can say with certainty: I have no use for these newly advocated methods until they have positively proven themselves, and as the months and years go by he finds them the same failures as the hosts of remedies and methods previously vaunted.

Some eight years ago a prominent physician of Chicago, at one of their medical meetings, made the statement that their school had no remedy for pneumonia, and finally taunted them by saying: "You know it is true, and the sooner you acknowledge it the better." One of our attorneys a few weeks ago was in company with several physicians of the allopathic school and the conversation turned upon the treatment of pneumonia, a disease which proved unusually fatal under their treatment the past winter. These physicians acknowledged they had no real remedies for pneumonia, but they were hoping for success from the new serum treatment when its methods and preparations shall have been still farther perfected. Waiting, waiting, always waiting for the light to come, but so far never coming!

In all fairness, in all sincerity, and with the conviction based on nearly a third of a century's experience, I wish to ask the old school brethren and those of our school, who are weak in the



faith, to contrast the results of the homœopathic practice with that of the opposite school. After half a century of homœopathic treatment of pneumonia, the allopaths were compelled to admit the homœopathic results were superior to theirs. Careful observations showed they were losing over twenty cases out of one hundred, where the homœopaths lost only five. Then came the assertion that the homœopath's results were due purely to dietetics and that their medical treatment had nothing to do with it. To demonstrate this claim a certain number of cases were placed under a purely dietetic treatment and no medicines, blisterings or bleedings given. And here the results promptly demonstrated the futility of their much vaunted scientific methods—only 7.4 dying out of a large number of cases, thus proving beyond the question of a doubt that the old school methods were responsible for the deaths of about thirteen cases out of one hundred. In other words, there would have been thirteen more persons recovering from one hundred cases of pneumonia had the old school doctor remained at home and let the patients alone. And yet the homœopathic death rate was only five per cent.

I hope it will not seem immodest for me to state my own experience in pneumonia with only one death in over thirty-one years, and that in the fall of 1880. I will grant permission to any one to look up my record, for it will all be found in the records of the counties in which I have practiced and with the undertakers. I have had similar statements from so many of our old masters in the practice that I feel I am entitled to tell of my own work in this line. It is the testimony of those who have had long practical experience that should count in the argument. There was a grim truth in the joke perpetrated by the end man when he said to the middle man in the minstrel troupe: "Say! did you know Dr. Blank is the best doctor in this town? He saved my life once." "Is that so?" asked the middle man; "how did it happen?" "Why, I was taken awful sick one day and I sent for Dr. Blank, and he didn't come?" When we consider the awful mortalities in pneumonia under old school treatment, how much better it would have been if the Drs. Blank had failed to answer their calls!

During one of our severe epidemics of la grippe, a newspaper reporter in Buffalo, New York, while searching for news, hap-

pened to stop in an undertaker's shop. The usual greeting: "How's business?" was answered in truth by: "Rushed to death." But the undertaker added the information that, while he had been burying an unusual number of people during the grippe epidemic, he had not yet buried one that had been under the treatment of a homœopathic physician. The reporter pricked up his ears at this and visited every undertaker in the city. He received the same statement from every undertaker there, and verified the fact that not one patient suffering from la grippe had been lost by a homœopathic physician. The story was published in one of the papers and this led other newspapers to investigate the question in other cities. As I remember, there was found but one case in the whole State of New York that had died of the disease under homœopathic treatment during that epidemic, and I have seriously wondered if that poor patient was not lost under mongrel treatment.

During the earlier years of homœopathic practice in the United States, the apparent successes were scoffed at by the old school brethren, who partly admitted that the treatment was all right for little children that could not stand strong medicine and also for the many people who really had nothing the matter with them. "Wait," they said, "until you get some one really sick, and then see where you are!" And the time came. It was during the awful epidemic of cholera and yellow fever, and homœopathy won glorious victories in each. Statistics in yellow fever in the southern districts showed the old school lost from 55 per cent. to 60 per cent. of their cases. Under such men as Holcomb and Hardenstein the mortality was from 5 per cent. to 6 per cent., and here was a disease in which the patients could be called "really sick." Under the last epidemic in Florida, in 1888, Dr. Henry R. Stout reported the allopathic mortality among the whites as 15.2 per cent. and the homœopathic at 2.6 per cent.

It has been a long time since we have had an opportunity to test the merits of the two schools in cholera, but they were thoroughly tested many years ago. In one epidemic occurring in Hahnemann's time, in which the mortality was something horrible, it was said not a case was lost that received Hahnemann's treatment in reasonable time. In 1836, when homœopathy was but a youngster in practice, in the city of Vienna the allopathic

mortality was 66 per cent. and the homœopathic 33 per cent. Under the one system two-thirds of the patients died; under the other two-thirds recovered. In 1849, in Edinburgh, the old school physicians retained their mortality rate of 66 per cent., while the homœopaths, having advanced in their skill, won with a mortality of only 25 per cent. In the same year, in Liverpool, the scientific school of medicine lost 49 per cent., while the followers of Hahnemann lost 25 per cent. In 1853 there was an epidemic of cholera in Newcastle in which the mortality under old school treatment was approximately 50 per cent., while under the treatment of two homœopathic physicians their losses were only 20 per cent.

In the treatment of intestinal diseases the homœopaths have outrivalled their old school competitors. Think back over your years of experience and count the few homœopathic losses you know of in intestinal diseases. I remember in one summer while I was in practice in Sycamore, Illinois, my old school brethren lost ten adult cases of the so-called inflammation of the bowels. I can honestly say that I have never lost such a case in all my practice. How seldom do you hear of a straight homœopathic physician losing a child with any form of the so-called summer complaints. The same can be said of our treatment of appendicitis. I have yet to score the first death or the first operation for appendicitis, or to have one of my patients compelled to resort to any surgeon to have an appendicitis cured that I began the treatment of. On the other hand, I have cured a great many patients whom the old school physicians said had to be operated upon. I have had the same statements from many of our old leaders, and I believe it is seldom necessary to resort to the knife for these troubles, and I also am firm in the belief that the knife seldom restores a patient to perfect health who has been operated upon for appendicitis. These operatiqués, as our French brothers term them, are always complaining of some bowel troubles after they have been cured (?) by the knife. Contrast, if you will, the remarkable successes of our school in the intestinal diseases of little children, in which the indicated remedy usually acts as if by magic and the little one is restored to perfect health, "*cito, tuto, et jocunde,*" with the outrageous treatment recently advocated and practiced by German surgeons, and some fanatical followers in

this country, in which they open the appendix and then, inserting the nozzle of a syringe, wash the colon with antiseptic solutions. This treatment is surely an evidence of up-to-date barbaric incompetency. \* And yet Doctor Allopath claims to furnish the medical brain power of the universe. No one else has a right to a thought, to an opinion, to an initiative or referendum, but they are trying to sound the recall of all physicians other than themselves by attempting to pass the outrageous "Owen bill" to establish the National Health Bureau. Should the American Medical Association succeed in having this bill passed, which will establish a board of medical censors to pass upon the fitness of each physician to practice, it is not a far thought to wonder if that august body will compel us to treat all our cases of diarrhoea by transforming the appendices into syringe nozzles.

There was a time when homœopathy was in the ascendent in the United States. We had our many colleges, we had a hospital in about every large city, we numbered our followers by the hundreds of thousands and our patrons were always among the most intelligent in the land. Then our leaders grew slack and thought they might leave the rest of the work to be done by the younger ones. These, instead of considering the real worth of homœopathy, sought for the apparently more scientific methods, sure cures, empirics, tangible doses, hypodermics and compound tablets. None of it was homœopathy, and yet these men were glad to write the word "Homœopath" on their sign because their masters had proved the system and made it popular. Many of these men actually used the word as a trade-mark to advertise their ability to sell goods they did not possess. I have watched some of these so-called homœopathic physicians and could never find them making a prescription that would come within the law of our school. These men were appointed in our college faculties, they were given public positions, they were allowed to rule in our institutes. They ridiculed Hahnemann, they decried our *materia medica*, they refused to abide by the law of similars, they used our State and national societies as political bodies, until one by one those who tried to be homœopaths and true followers of Hahnemann and the *Organon* became tired of the farce and practically left the field to those who never had a right there. Today we see the result. It remains for those staunch in the faith to

begin the work over again. There never was a better time, for the opposite school are at sea as to a system and have practically abandoned curative medicine. Anything that is not surgical receives little help from their hands. They are tied to pharmaceutical preparations of unknown formulæ and unpronounceable names, and the only reason the physician can give for using such remedies is the advertised matter that goes with them. Their whole practice of medicine today can be said to be made up in the pharmacies, their prescriptions compounded and the directions written before the patient is taken sick. That is the scientific medicine of today.

The homœopath has been sure of his work ever since the first remedies were proved. There has been no change through failure, no retrograding because our remedies were based on false representations. The indications for *Aconite*, *Belladonna*, *Lycopodium*, *Silicia* or *Sulphur* are the same today as at first, and they meet their indications just as well. They have never failed and we have never had to shelve a well-proven remedy. Why not go on with the work? It is the best that has ever been done. It has been steady, faithful, loyal, while side by side with it the old school has thrown their materia medica away. We are today the veritable masters of the field and can defy all others to test results in practice. Why not do it? I would like to see our older men, who have remained strong in the faith, rise again to battle and fill our journals with the convincing articles they can write. It was the way homœopathic popularity was won and it is the way to re-establish a grand fighting army again. Let us wake up!

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### HOMŒOPATHY.

By F. J. E. Sperling, Wilkes-Barre, Pa.

How true is the saying that truth endures, and in its verification the science of Homœopathy, the results of the labor of Hahnemann, stands today prominent in this great field of medicine, face to face with its opponents.

Few can realize the difficulties and hardships Hahnemann endured in his efforts to advance the principle of Homœopathy, when his opponents of the dominant school criticised and scorned him.



It was his great strength, the power of God and his great truths which carried him so successfully through life. Regardless of the many obstacles placed in his path, he rode to victory. The power he possessed was ever throwing forth its radiance, which illuminated the path he trod.

How many mothers have been saved from becoming childless and many children from becoming orphans by the aid of Homœopathy. Every day we learn of the wonderful cures by Homœopathy.

Words, nor is there enough money to pay for what Hahnemann and Homœopathy have done for the sufferers in relieving their many ailments. One of the first principles in the theory of cure is to know what diseases are curative by drugs.

Homœopathy is the art of healing by medication. This is a great and elaborate system of practice. It has its own definite rules, methods and principles by which all its work is done and its results carefully tested. Many principles used in Homœopathy are derived from the laws of nature. It uses materials provided by nature.

There is no word so misunderstood and so often misused as the word "cure." Cure and recovery are often used as though they were synonymous terms, while they are not in the eyes of the physician.

Hahnemann defines cure as being "the speedy, gentle and permanent restoration of health, or the removal and annihilation of disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principles."

Cure is not the palliation of disease by the removal or suppression of some symptoms, nor the removal of "pathological end products," such as tumors, effusions, collections of pus, useless organs or dead tissues. It is the annihilation of disease itself in its entire extent. But the definition of cure is not yet complete.

Homœopathicity is that: 1. By analogy, they appear to illustrate the action of the Homœopathic principle in nature; 2. that the experiments of Dr. Duncan tend to show that possibly the real truth contained in the primitive belief is not that "every disease carries its own remedy," but that the remedy for certain cases of definite, fixed, contagious disease is contained in the typical morbid product of the diseased individual himself. In other words,

it may prove true that the potentiated autogenous product is the similimum for certain cases; for only by potentiation can the remedy be rendered really homœopathic. Homœopathy is not isopathy; neither is the crude autogenous product a similar, nor the similimum, but idem—the thing itself.

Homœopathy is separated from isopathy by all the breadth and depth of the great gulf which separates man from the beast, although man may bridge the gulf in either case by the exercise of his reason, intelligence and love.

Homœopathy has a place in its great armamentarium and a use for all the nosodes (the name given to these morbid products), but only when they have been raised from the animal and material plane by potentization, and applied under the governing principle of similia.

Experimentation along homœopathic lines herein indicated is the only logical course for homœopathic physicians to pursue.

Nothing can justify the claim or suggestion that autogenous pus, crude or potentiated, is the sole treatment, or even the best treatment, for all cases, even if it cures some cases; for many cases will be found which will not respond to this treatment. Such a claim can be made for no remedy whatever. In this all reputable physicians of all schools agree. Finally, as bearing upon originality or priority of discovery, let the following be considered:

In 1886, Dr. Samuel Swan, of New York City, published and defended in his catalogue and elsewhere the following thesis:

“Morbific matter will cure the disease which produced it, if given in high potency, even to the person from whom it was obtained.” (Dr. Stewart Close, Professor of Homœopathic Philosophy, *Chironian*, 2/1911, page 341.)

Homœopathy has contributed to the medical science numerous drugs of the utmost value, and has therefore caused other drugs to be sought and proven, thereby giving many more useful drugs to the profession. Such remedies as *Apis mellifica*, *Coffea cruda*, *Glonoine*, *Hepar sulphur*, *Mercurius sol.*, *Sepia*, *Spongia*, etc., were introduced by Hahnemann.

Such remedies as *Aconite*, *Arnica*, *Belladonna*, *Bryonia*, *Hydrastis*, *Pulsatilla*, *Spigelia*, *Rhus Tox*, etc., while not homœopathic, were proved and so modified as to be very useful by the

homœopathic investigators. Hahnemann and his followers established the importance of dietetic and hygienic measures in the treatment of the sick. While physicians employed such measures, their usefulness was unknown and were put aside as a lost art. Therefore it remained for Hahnemann to prove and apply in the cure of the sick.

He carefully and scientifically applied dietetic and hygienic measures with heralded success. His excellent results were attributed to these measures instead of the medicinal agent used. His confederates stated his success was due to careful nursing and care, and not the remedial agents.

Homœopathy has contributed to modern medicine the only principle of drug selection that conforms both to the strict requirements of modern science and to the practical needs of the physician at the bedside.

Through modern biological research we can absolutely conform "Hahnemann's great Law." Biology tells us that the human organism consists of an incalculable number of protoplasmic cells. That one of the fundamental properties of protoplasm is its ability to react to stimuli, whether thermal, electrical or chemical. Rudolph Arndt says: "Weak stimuli, kindle life activity; medium stimuli, promote it; strong, impede it, and the strongest stop it." This corroborates the homœopathic idea, that "an agent that can destroy a cell is capable of stimulating it if administered in a sufficiently small dose."

You must select with absolute accuracy the drug indicated for the case. The remedy must be given in the proper dose, so as "to arouse from the diseased organ the most definite reaction possible under all existing circumstances."

"Every circumstance that disturbs the physiological equilibrium of a single cell, or of a large commonwealth of cells, of an organ or of an organism, acts as a stimulus."

"The practical application of drug power deals with organs and organisms affected with disease. They are able to react to stimuli that could scarcely be perceived under natural circumstances of complete health."

"Before a drug can be used at the bedside at the fullest advantage it is absolutely necessary previously to interpose the experimental use of it on healthy individuals."

Animal experimentation, always the method employed by the old school, although it has given way to many important facts in medicine, has not reached a perfect system of successful therapy.

Today the old school has learned of our laurels which were won by our experimenting upon the healthy human being by administering to him a drug which produced symptoms that were recorded and classified with great accuracy, and are now making great advances in therapeutics.

All diseases are expressed in signs and symptoms, the symptoms being both objective and subjective. These symptoms vary with individuals by whom it is expressed, according to his intelligence, education, environment, susceptibility, etc. The symptoms of various diseases are numerous and expressed in many ways, yet the systematic classification of diseases are the same. For example, we take a case of hepatitis; the objective symptoms are known by all physicians, they are classified and fixed, being the same in all schools. The subjective symptoms vary considerably for reasons which have been mentioned in the foregoing paragraph. It is apparent that any therapeutic rule which is based upon diagnostic facts alone must fail to include the widely varying expressions of such facts. Therefore we lose sight of the individual and he is placed in a position where he is considered less important, consequently a secondary consideration, the disease being the whole picture.

It is well understood by all that drugs may and do produce effects when administered in doses sufficient to excite active resistance on the part of the organism concerned. These effects thus produced are mistakenly called physiological. They vary according to the amount of drug consumed by the individual, with his susceptibility, according to his temperament, education, environment, sex and age. Note the effects and what do we have? Some say toxic, yes, in a few cases; nevertheless we can see that these effects are similar and correspond to signs and symptoms produced by disease.

At once we see a similarity which stands out boldly. This theory must be and can be explained in no other way in this universe save by this phrase, "*Similia Similibus Curantur*," upon which Homœopathy is based. This theory can be and is demonstrated daily. In order that one may obtain a real cure one must

recognize the relationship between drug and disease. It is known that when a drug is given in disease it may alter the disease, but a cure is not made unless this relationship exists.

An agent which is used medicinally must be carefully studied. We must know all about this substance, the action it has in various doses from its smallest to its largest, and records made of same. These records must include the objective and subjective symptoms made by intelligent and learned observers who can interpret these findings accurately. The observers must have some experience to fulfill this duty. When this work is carried on scientifically we have a collection of symptoms for a drug which are accurate, so much so that when other observers make these observations the records will correspond. This data is priceless. In making these observations it must not be of one case but of hundreds of cases.

If it were possible in the days gone by to make provings and carry them on to tissue changes, our law would have been more exact. During Hahnemann's time the laboratory technique was unknown.

Cases of lipoma have been known to be treated successfully by potentized uric acid. These growths were located in the female breast and diagnosed by the microscope. This is an important therapeutic fact; however, it is impossible to say that all cases of lipoma can be cured by uric acid. Cases presenting symptoms similar to a tumor have been cured successfully and the knife avoided.

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## THE USE OF KALI PHOSPHORICUM AFTER OPERATIONS.

By **Homer I. Ostrom, New York.**

No operation sufficiently grave to require general anæsthesia can be done without inflicting more or less insult upon the nervous system. The degree to which this insult is resisted depends on many factors; the nature of the operation, the organs or parts involved, but chiefly upon the personal equation, so difficult to determine, of the patient. As some persons are able to surround themselves with a magic circle into which no insult can penetrate, and raise themselves above insult, so the nervous system of some



persons seems to be impregnable to the shock of an operation. But this is the exception; sooner or later, in one way or another, nature asserts herself in the form of exhaustion, due to the extra expenditure of force that has been required to resist and live down the insult. As the female nervous organization is more delicately poised than the male, it suffers correspondingly, and while women recover more rapidly physically than men their nervous convalescence and their psychic restoration bear longer evidences of shock. Tonics will be called for, and are of use, but dynamic remedies are more truly curative. They strike at the very source of the malady, and their exhibition will more truly restore health to the shocked system. Of all the remedies in our materia medica, I regard Kali phosphoricum the most useful in restoring tone to the nerves after an operation. Nerve exhaustion in its hydra-headed manifestations is entirely covered by this constituent of brain, nerve and blood. It may be actual pain, it may be exhaustion, it may be well marked psychoses, Kali phos. will be found of the first importance in the treatment. I rarely carry through the convalescence of a gynecological operation without the aid of Kali phos. Other remedies may be indicated and may be used at the same time without interfering with the action of this salt, which I prescribe, not upon its special symptomatic indications, which, however, point to neurasthenia, but because of its general action, so exquisitely similar to post-operative conditions.

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## NEWS NOTES OF THE KANSAS HOMŒOPATHIC MEDICAL SOCIETY.

By M. R. F.

The Kansas homœopaths met at Wichita on May 10-11-12 with a good attendance, and enjoyed the fine papers and discussions and the splendid good will and entertainment of the Wichita homœopathic doctors.

Dr. Chas. Hedinger, of Canton, Kans., is perhaps the oldest active practitioner in the homœopathic school in the United States, if not in the world. The doctor is eighty-nine years old and has a large general practice, in his city, together with an extended country practice. The doctor attends to all calls, day or night.

He enjoys perfect health. He has been mayor of his city for a number of terms, and was recently presented with a handsome watch and chain, a gift from the Canton citizens, every citizen of the city contributing.

Dr. O. L. Garlinghouse, of Iola, presided in the absence of the president, Dr. Ott, who was unable to attend because of sickness. Dr. Garlinghouse was a splendid presiding officer, and was so endorsed by being unanimously elected to the presidency for the next year.

Dr. R. M. Troup, of Garden City, the secretary, is to be given chief credit for the successful meeting. Owing to Dr. Ott's sickness, the burden of the work of getting out the members and arranging the bureaux fell upon Dr. Troup, and he was equal to the occasion. Dr. Troup was elected to the Board of Censors.

Dr. M. A. Swift, the treasurer of the Society for years past, was again re-elected. Dr. Swift's ability in the collection of dues and keeping accurate records has made the Society unwilling to lose her in the office.

Dr. C. D. Armstrong, of Salina, was elected secretary. The doctor is a bright, up-to-date specialist in eye, ear, nose and throat practice, and enjoys a large and lucrative practice in his city:

Among the many papers read, all of whom were highly commended by the members, were those of Dr. W. A. Yingling, of Emporia, who gave a very instructive talk on the *Organon*; Dr. O. L. Garlinghouse, who had "*Aconite*, as used by the two leading schools of medicine," as his subject, and that of Dr. Addison Kendall, of Great Bend, who told "*How to Take the Case.*" We believe some of these and others will appear in due course in the HOMŒOPATHIC RECORDER.

There are quite a number of women physicians in the Society. Among those in attendance were Dr. F. A. Cady, of Hutchinson; Dr. A. W. Swift, of Topeka, and Mrs. Dr. Aldrich, of Caney.

The Wichita doctors who had charge of the social functions were Dr. Bass, Dr. Baker, Dr. Mitchell and Dr. Fisher. An automobile ride, a reception at the Riverside Club and a banquet were among the entertainments given the Society.

The paper of Dr. H. M. Bentley, of Sterling, was one that was most enjoyed and discussed. His topic was *Diet in Typhoid*.

The doctor told a *good story*, relative to feeding in typhoid, which all enjoyed.

Among those who were unable to attend and were much missed were Dr. Maclay Lyon, of Kansas City; Dr. Nicholl, of Topeka; Dr. C. E. Coburn, of Kansas City; Dr. Forster and Dr. Patterson, of Kansas City, and the honored president, Dr. Chas. Ott, of Kansas City, Kans.

Dr. R. O. Howard, of Halstead, is one of the coming men of the school. The doctor read a paper on *Apis*, showing thorough work in the study of this drug. We hope the doctor's paper will appear in print.

Dr. R. C. Fisher is one of the new men in Wichita, going from Kechi to that city several years ago. He is building up a large practice. Dr. P. D. Gaunt succeeded him at Kechi.

Dr. M. Kirsch, of Abilene, was one of the most interesting men present. The doctor has made a deep study of Homœopathy and he practices strict Homœopathy. He has been at Abilene for many years.

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## THE EFFECT ON THE HUMAN RACE OF SERUMS, ANTITOXINS AND VACCINES.

### A Letter From an Old Practitioner.

Editor of the HOMŒOPATHIC RECORDER:

Can you state,—the price to be,—of Levenson's translation, "Bechamp's Le Sang," when it shall be ready? Since reading the article in February H. R., I am anxious to read the book; for while acknowledging the existence of germs, I have never been ready to accept all that has been claimed, and "Hae mae doots," if the germ theory, or fact (?) has, on the whole, been very beneficial to the world,—surely not as much as a like amount of time, money and study would have accomplished if applied (like the artist's colors, "mixed with brains") in an honest investigation of Homœopathy.

For instance, take antitoxin for diphtheria, a product which is the leading one, as an outcome of the germ problem. How many lives have been sacrificed outright in bringing it to its present status (which we will discuss later on) will never be known, and the end is not yet, while the best that is claimed for it or from its

use is that only from ten to fifteen per cent. die with the disease, as against thirty to forty per cent. prior to the use of antitoxin.

Allow me to relate a bit of personal experience with this formidable disease, diphtheria. The first case the writer saw of it was in the summer of 1863, and in a ward of fifty-five beds situated in a wing of the Marine Hospital, New Orleans, La. The patient, a soldier, wounded in battle many weeks previous, had convalesced to the stage of being able to leave his bed and walk slowly across the ward by having a little support from some one to steady him.

One evening or late P. M. he spoke of his throat feeling sore. I turned to the ward physician who was present, and called his attention to the case. Without any questioning or looking at the throat, he diagnosed the case as being a slight cold. The stewardess, who was standing near for her orders, proposed to get a piece of fat salt pork to put on the throat. Nothing further was done at that time.

About 2 A. M. I was called to prepare for some sick who had been sent in from the "front," as it is termed. In passing the young man he said his "throat was getting awful sore." As soon as other matters were settled I went to him, and inspection—to my astonishment—revealed a case of diphtheria. Having read *Homœopathic Materia Medica and Diagnosis*, I went at once for a physician in another ward, who confirmed my diagnosis, from the description, even before he went to see the case, and then, though I begged—"red tape"—was too strong to permit him to prescribe.

While I had my pocket case of homœopathic remedies and took care of myself, I could not, if I would, prescribe for him, for I was not then an M. D. When the regular ward physician came I said nothing to him of my examination (nor had anything been said to the patient as to what the trouble was). He made a casual examination, prescribed some little medicine and the diet and passed on to the next without the least knowledge of what he was prescribing for, for as he was about to leave the room I asked his opinion of the case. "Oh, he has a slight cold and will be all right in a day or two." I said, "Haven't you thought it might be something more than a cold? Have you thought of diphtheria?" "No, oh no." "Won't you please look at the case

again?" "I'll see tomorrow," he replied. Then I insisted until he acquiesced and returned to the patient, when he finally said: "Maybe I was right about it's being diphtheria," and prescribed dry tannin, which I applied by means of a paper tube and puffed into the patient's throat. That comprised the treatment, for the internal was no better, if as good, as the local treatment. Therefore I need not tell you, death claimed the patient within three days.

Is it any wonder that deaths were frequent under such treatment, or lack of treatment, in the days prior to "Aunty Toxy?"

Since that date I have treated several hundred cases of that formidable disease, both at the North and in the sunny South.

Aside from the case mentioned, my personal experience began long before "antitoxin" was dreamed of. Consequently I was forced to seek help from some other source, and succeeded so fairly well that I have never changed to the antitoxin, but kept along on the "homœopathic line" ever since. Have had indifferent, mild and desperate cases, and my loss has been an even dozen (12) in thirty-five years' practice. Two of those were my own children, and one of the twelve I lost in this city, out of more than fifty cases during the past fifteen years.

In that family I had five severe cases, with loss of that one, and tried to avoid treating that one for seven or eight months previous. I had told the parents any severe illness would go hard with him, and later, when two others were taken ill, I demurred taking care of them (one adult, one child), as there had been considerable talk because I had not been using antitoxin, and thought it might be well to let in some one else "on the ground floor." As the adult, a relative who had come in to aid, wanted her own family doctor, he was called, and, while claiming to know all about the disease, he told the people "adults did not take the disease" and was non-plussed when informed two had already been ill. His stay was short, however, and some interested friends sent in their own special doctor. He came, he saw, he left—too much business in that flat for him, as he had children of his very own, but he recommended a confrere who was a specialist on that disease. He also arrived, and between the two "Aunty Toxy" was administered—how many units I did not learn. Sufficient to state, the child passed on to the next sphere just the same. Fifty per cent. death rate.



The mighty had fallen, the specialist had not proven a David—had not succeeded in putting to flight the despised homœopath who used not antitoxin. Therefore none were afforded the privilege of saying, "I told you so."

As there is so much said about the origin of diphtheria, I would like to ask, whence came it to that hospital patient, who had not been off his bed for weeks, neither had there been a case in that ward surely, nor in the hospital as far as I know, nor was there another during my stay of some four or five months—yet there was no fumigation, don't know how it could have been accomplished if it had been thought of. Today the claim would be made, "Oh, we stamped it out with antitoxin, quarantine and disinfectants." To quarantine or isolate, when possible, those infected with a contagious or infectious disease is a proper precautionary measure, yet the gist of the evidence is that those diseases are much like the wind—"It bloweth where it listeth, ye hear the sound thereof, but cannot tell whence it cometh, nor whither it goeth." Though ye may witness the trees bend before its breath and clouds of dust swirling in the air—may feel its presence in the balmy air wafted with zephyr-like touch across your cheek, or, from within a northern blizzard, it will fling its icy breath about you till the blood congeals in your veins, while in the guise of an eastern simoon, with hot breath and a hurricane rush, it carries destruction and death over sea and land, thus typifying diseases in mild and malignant form. As man may not, cannot alter or do away with these phases of nature, so may he not do away with disease. He may think he can, or has, but is liable to find sooner or later he has only changed the form, in accordance with the principle so long enunciated, that "all matter is indestructible, though its form may be changed." Are not germs, microbes, bacteria, etc., matter? Are they anything but matter after you have changed them into other forms termed vaccines and serums? Have they not often proved more deadly in the new form than in the original disease, of which they were claimed by many to be the cause rather than a result?

What sort of cess-pools will our bodies become when the time arrives which is predicted, that all diseases are to be treated (not necessarily cured) by serums?

The writer is near three-score and ten, and has not yet ob-

served any gain in general results over the remedies he has been able to obtain, and administer in diphtheria, by that most noted of serums, "diphtheritic antitoxin," for ten to fifteen per cent. is the lowest death rate claimed from its use, and if we cut out all cases of tonsillitis, pharyngitis, which are now counted in to obtain that low percentage for antitoxin, you would find a much higher death rate or percentage of cases from diphtheria proper.

It is written, "What man has done, man can do." Therefore it is open for other physicians to accomplish as much at least, and I trust more than the writer, in treating diphtheria; but not if they have a set line of treatment or a certain two or three remedies which they use to the exclusion of all others because it is diphtheria.

#### **Appendix, or Supplement to My Recent Letter.**

Having re-written the original letter which you asked the privilege of publishing, allow me to add something relative to the serum therapy and vaccination.

If I have read aright, investigators and experimenters along certain lines have informed us that "the blood of man and the monkey were nearest of kin," and "that the blood of an animal is poison to the blood of another animal of a different species."

Therefore, as antitoxin is a product from the watery or serum portion of the blood of the horse poisoned to saturation, with the poison of diphtheria, also other agents for the preservation of the serum, not only that, but in the process of producing antitoxin, which requires, the producers claim, six months or more with injections of the diphtheritic toxin,—about every four days during that entire period,—meanwhile to protect the horse itself from tetanus by reason of so many and frequent injections of the diphtheritic toxin, it is considered necessary that tetanus antitoxin be injected frequently into the horse to immunize it from tetanus.

Then, when tetanus occurs in a patient after the use of antitoxin, great is the wonderment, but the greater wonder is that it does not occur more often. It does occur sufficiently often to denote its source when you know the foregoing procedure in producing the antitoxin. I do not think any one has noted its occurrence in the disease except after injections of antitoxin.

What can be expected but that more or less dire results will follow the injection of from 3,000 to 50,000 or more units of such a product into the tissues of a child's body, there to be taken up and mingled with the life element—for weal or woe.

Although it may by its poisons over-ride in some, even many cases, the disease for which it is used, but is there a physician who is willing to assert positively that there is not also an action for woe? It may be immediate as has proven the case in many instances when administered as a prophylactic measure.

Evil results may also be postponed in their manifestations, and when thus appearing be attributed to anything but the right source, or cause, not wilfully, but that the results arose so insiduously, the true cause was obscured.

If we pause a moment and consider the very rapid and enormous increase of "tuberculosis and cancer" since about the time that antitoxin began to be more freely used, and vaccination made compulsory, both acts being the introduction of the products of diseased animals into our systems. Have not our investigators along those lines been reported as stating "that the special examination of infants reveals the fact that evidences of tuberculosis are practically nil at that period of life," but that the evidence of that disease rapidly increases after the age of 3 or 4 years of a child's life, corresponding with the ages at which is begun the introduction of animal and other poisons into our bodies?

If we leave out the question of the pure blood of one animal being poison to the blood of an animal of a different species, has not one (at least) of the more advanced vaccine producers stated in his advertisement, "It is impossible to produce by any known means a bacteria-free vaccine virus without danger of rendering it inactive. Our aim is the elimination of all harmful forms of bacteria."

Is not that statement sufficient proof of the danger attending the use of vaccines and serums, nor do we doubt their claim that they aim to eliminate as far as possible, or as they know, harmful forms.

However, man, even the best, even you and I, are finite; while nature, with her selections, her affinities, and modifications, is of the "Infinite," and the ways of the Infinite are mysterious and past finding out.

We may, however, obtain a little light on this subject, certainly a hint, which it should not be necessary to have kicked into us before we comprehend it.

To wit: Do not the cow-pox vaccine producers make the statement "That all their animals to be used for that purpose are first subjected to 'tubercular' tests, and those showing reaction are rejected." What about those that absorbed the tuberculin poison *without the immediate reaction*, and were used for production of the other poison, cow, or small-pox vaccine, which is to be later scratched into the blood of the children of this country ere they will be allowed to obtain an education in the schools?

Has it not been stated by some of our scientific experimenters with tuberculin "that the tuberculin tests on human beings, or human animals, which did not give the looked for reaction at the time, *was followed subsequently* by the appearance of *tubercular nodules, or sores*, on the individuals in several instances, and which they had to ascribe to the use of the tubercular tests, and not to a latent tubercular condition. And why not? Such results are not a surprise, or should not be, to those who for thirty, forty or fifty years have studied Homœopathy, and watched the action of drugs, and other agents, given for remedial effects according to the law of similars.

What has been stated of the production of vaccine applies to the production of antitoxin, to even a greater extent; for while the horse to be used for the production of antitoxin does not have the tuberculin test applied, it is subjected to a similar test for that deadly disease, the glanders, to which the horse is liable, and which is also fatal to man.

Thus with your diphtheria antitoxin you get mallein and tetanus antitoxin, with vaccination tuberculin antitoxin. Talk about mixed infections; here you have mixed the toxins (?) or antitoxins (?) of three of the most formidable and dangerous diseases we encounter, and this mixture is injected into the bodies of a large number of our children, and many adults, while the small-pox vaccine is scratched into the blood of every child, and the records of deaths from the use of tuberculin since its first introduction is beyond computation.

It has been stated that fifty per cent. of all physical human ailments is attributable to tuberculosis; that it is the cause of one

death in every seven persons who die; that it causes more deaths in the United States than cancer, malaria, influenza, croup, dysentery, diabetes, rheumatism, scarlet fever and measles, all combined, and added to diphtheria and small-pox, the two over which so much ado has been made, and for which so much has been done that were better left undone in the way it was done, for, as previously stated, you may think you have done away with disease only to find later you have only changed or substituted another form, as in this instance, while you have been inventing all sorts of plans (other than the leaves of the trees, which are for the healing of the nations) to overcome two diseases, whose death rate, combined with that of nine other diseases, does not equal that of the one which now confronts you—tuberculosis, with its grim total of 150,000 lives annually, while among those called cured are many thousands who are crippled for life, in limb, hip or spine. The individual or state that is not moved to activity by such figures is callous indeed.

The history of England tells us she reaped a harvest of consumption (as it was then termed) and of cancer as an evident result of her law of compulsory vaccination, and the law was repealed.

Later, this country, without having gained wisdom by observation, promulgated similar compulsory laws, and added the use of antitoxin, which some have endeavored to make compulsory. And this country is now reaping similar results.

Therefore, is it not just a little queer that like results followed like precedent, if vaccination had nothing to do with it? Only this country's per cent. of ill results is far ahead of that of England, for England used the crude pox virus in moist or dry form (pus, scabs or crusts), also we are told the exudation from the diseased legs of horses, called grease.

While this country, bowing in abject fear before the ubiquitous germ, has scientifically tuberculinized, tetanized and malleinized, as well as glycerinated, the viruses which have been put into the young blood of the country for a few years, and now we are being aroused to meet a foe, very evidently, largely the result of the above scientific labor, a foe more insidious and more flattering in its approach than these others you have been fighting, yet far more deadly, as well as more expensive in the final summing up



than the two combined and added to nine more of our most fatal diseases.

And now there goeth up a clamor for public sanatoria throughout the land, to care for the wrecks that have been made as well as to protect the "dear people" from contamination.

Thus the same state of affairs or sequel hath arisen that did some years past, after some, who (in political parlance) might be termed the old guard, endeavored to call a halt in the indiscriminate use of morphine, cocaine and alcoholics in treating the sick, but wisdom and moderation were pushed aside with the old fogies who dared to warn, and it was not long ere sanatoria were being demanded for cure (?) of the habits that had been produced by those whose bounden duty it was to have protected those whose very condition of illness rendered them irresponsible, though this class of victims is still being produced in sufficient numbers to keep the institutions running.

Many of them have been turned into another and new class more recently started, whose aim in life is the giving up of their bodies for the absorption of coal tar products, in the form of various headache and instantaneous-pain-relieving powders and tablets, another example of a change in form, in a product which, though its effects may afford temporary relief as does morphia, yet its final results are even more deadly, and that without warning, than is morphia, and more extensively, for these are sold by any one, to every one, and even samples are thrown into the rear entrances of our houses, or thrust into letter boxes, and, being usually harmless, are therefore used ad libitum, notwithstanding death has occurred in several instances, as was reported, by children eating even these samples.

Therefore, while the foregoing conditions exist, and are kept up, do not think you will ever do away with tuberculosis by means of sanitoriums and forced feeding.

There are other ways and means than those, and which will have to be adopted and put to work ere any great change will be wrought.

This article is already too long to discuss or further mention them here.

## THE MATERIAL VS. THE IMMATERIAL.

Editor of the HOMŒOPATHIC RECORDER.

While quoting scraps from my Kansas City paper (RECORDER, April, p. 155) commenting and trying to *soothe* those among your patrons who are of a *materialistic* stamp, why did you not print that part which represents Hahnemann as saying he used *material medicines* at a time in his life when he *did not know any better?* That is his own confession, but I presume it did not suit your purpose.

J. C. HOLLOWAY, M. D.

Galesburg, Ill., April 21, 1911.

### Reply.

The only purpose of the RECORDER is to do what it can towards putting Homœopathy on a sound common sense basis, and keep it from being drawn into that whirlpool of fact, fancy and fad that travels under the name of "scientific medicine." This purpose does not include soothing, booming or placating any body of men, nor does it include "knocking" any one. The effort is to treat the person courteously, no matter what his beliefs may be, and to consider his beliefs, or teachings, impersonally.

The ancient philosophers—and they were a wise set of men—taught that matter is divisible to infinity. So apparently did Hahnemann, and so do many homœopathic physicians to-day like our esteemed and sturdy fighting correspondent, Dr. Holloway. We are not disputing this point, but are contending that matter does not become spirit when subdivided to the utmost. The dose of *Bryonia*  $\theta$  Hahnemann gave the washerwoman and cured her was material *Bryonia* just as is the 30th or the 50m. The difference is one of continuity. Matter, howsoever subdivided, remains matter, and can under no circumstances become spirit, for there is a discrete degree between matter and spirit, and the lower matter can never pass into the higher. Remember, too, that Hahnemann wrote of the "spirit-like" power, not spirit power.

In everyday affairs, for convenience, we can distinguish between the crude, massive dose, and the highly potentized one, as "material" and "immaterial," but, in fact, they are both material of the earth, otherwise our material fingers could not handle them.—Editor of HOMŒOPATHIC RECORDER.

### “606” A SPECIFIC FOR SYPHILIS?

Editor of the HOMŒOPATHIC RECORDER.

C. H. McKenna, M. D. (*Journal A. M. A.*, March 18, via Cleveland *Medical Reporter*, April No.) says (in part, of Salvarsan or “606”): “Before it is used, of course, the caution insisted on by Ehrlich must be followed out, *i. e.*, that the patient must be in a healthy condition apart from the specific disease.”

Homœopathically put, it amounts to the same as—“*Sulf.* is only indicated when psoric diseases are present in *Sulf.* constitutions.” Dr. McKenna’s quotation of Ehrlich’s caution coincides exactly with what I said in my little squib on *Specifics* in the March No. of the RECORDER. There is no doubt but that many specifics could be found were it not for the complications. But in how many cases does one find an uncomplicated disease? How many cases of uncomplicated syphilis? Then what of Salvarsan or “606” as a specific? And yet these specific chasers are *scientific* and have brains. Scientific chasing after the impossible, imperilling hundreds of thousands of lives in a futile attempt to find that, which, in the natural order of events, can not be, must sooner or later brand these selfsame scientific investigators as either business hunters or dunces, the former if they know better and still persist, the latter if in blind ignorance they do not know and will not learn.

A. PULFORD, M. D.

208 Wayne Bldg, Toledo, O.

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### DEFENDING ANTITOXIN. A REPLY FROM DR. BEDFORD.

May 12, 1911.

Editor of the HOMŒOPATHIC RECORDER.

I have been so busy saving lives of persons with diphtheria with antitoxin that I have not read the last edition of the RECORDER, but naturally I took time to read the interesting replies to my article defending antitoxin. As I stated, I simply gave my experience, which I consider has been large enough to have some weight. I certainly will take off my hat to any man who can treat true diphtheria (including malignant cases) with a death

rate not exceeding one per cent.. What I want is to see the cases and see it done. As I stated before, ignorance of materia medica may be the reason for failure, and I am impatiently waiting for those who know how to prescribe to show me what they can do.

I have yet to see the marvelous results of Homœopathy in diphtheria, and, therefore, not trust myself to simply prescribe for a child whose life has been entrusted to my care. I will only be too glad to give up this use of antitoxin when I am convinced there is a better treatment for diphtheria; but let us be fair and frank for the sake of human life. I am ready at any time to demonstrate the results of antitoxin, so that the true death rate can be had without taking any one's report about it. One P. M.—I have visited eight cases of diphtheria so far to-day; five of these were injected ten days ago, and are so well that they are kept in the house with difficulty; two cases injected (one of which was intubated) yesterday are doing nicely. I reinjected the one that was intubated, and also injected a new case. I do not like to inject antitoxin, but would prefer my child injected with filthy serum (although I do not see why horse serum should be filthy rather than to have it die.

Hastily,

E. R. BEDFORD, M. D.

352 Hancock St., Brooklyn, N. Y.

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**INTERNATIONAL HOMŒOPATHIC CONGRESS  
(EIGHTH QUIENNIAL) MEETS AT LONDON,  
ENGLAND, JULY 17-22, 1911.**

And Will Be Held at the Connaught Rooms, W. C.

*To the Homœopathic Physicians and Surgeons of the United States:*

Dear Colleagues—The International Homœopathic Congress, to be held in July next, bids fair to be the most brilliant, historic and epoch-making of homœopathic congresses. To it the professors of Homœopathy from most parts of the globe will send their representative men. Not merely the Homœopathy of any one country, but that of the whole world, will here take its place and play its part. This Pan-Homœopathic Congress is a great event in our annals; it represents the high-water mark of all that is best and most progressive in our science.

All shades of opinion in our profession will here be represented. Opportunity will be given for the free discussion of subjects interesting to the high and to the low schools among us, to the physician, the surgeon and the specialist. The records of interesting original work will be presented. The results of mature experience will be brought forward. The values of new methods will be declared.

The predominant voice in World-Homœopathy is that of America, and the predominant influence in this Congress naturally falls to the distinguished citizens of the Great Republic. The whole homœopathic world looks to America for stimulus, for example and for mature counsel.

We, as officials of this International Congress, send to each one of you a personal pressing invitation to be present at this assembly, and to take part in its deliberations. The success of the Congress will react on the status of Homœopathy in America as elsewhere. To make this success great and impressive, the cooperation of every homœopathic physician the world over is invited. Each and all can take his and her part in ensuring this triumph.

We cordially urge all the men and women of light and leading in the American homœopathic fraternity to lend their aid. Personal assistance in the deliberations of Congress we earnestly appeal for. The contribution of a paper embodying special and interesting experiences we also specifically invite from each. The crowning felicity would be the presentation of a paper backed by the personality of the author.

COME!

We are, dear colleagues, faithfully yours,

GEORGE BURFORD,

*President-elect*

C. E. WHEELER,

*Hon. Secretary of Council.*

May 9, 1911.



### TO THE HOMŒOPATHIC PROFESSION.

WHEREAS, Thinking Homœopaths of to-day are of the opinion that the School of Homœopathy is in great danger of losing its identity as a distinct School of Medicine; and,

WHEREAS, The dominant school is investigating and appropriating vaccine therapy and the serums; and,

WHEREAS, By right of discovery this phase of therapeutics has its tap root in the Law of Similars; and,

WHEREAS, As a school we are slothful and non-diligent in scientifically promulgating these and others of our theories; therefore, be it

*Resolved*, That I, Philip E. Krichbaum, stand ready to be one of one hundred homœopathic physicians to contribute \$1,000 each for the establishment and maintenance of an institution of laboratory research and the scientific development of the fruits of Homœopathy and all kindred sciences; be it further

*Resolved*, That the said institution be non-sectarian to the point of confirming the known, and investigating all the ramifications of the unknown attributes of Similia Similibus Curantur.

Montclair, N. J., April 7, 1911.

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### THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The Southern Homœopathic Medical Association will meet in St. Louis, Missouri, October 18, 19, 20, 1911.

The following appointments of chairmen of Bureaux have been made by President Dr. John T. Crebbin.

Clinical Medicine, Dr. R. F. Rabe, New York.

Materia Medica, Dr. Geo. A. Millies, St. Louis, Mo.

Ophthalmology, Otology and Laryngology, Dr. E. P. Howell, Houston, Texas.

Gynæcology, Dr. E. S. Bailey, Chicago, Ill.

Pedology, Dr. Lewis P. Crutcher, Kansas City, Mo.

Sanitary Science, Dr. Chas. D. Hulbert, Ocala, Fla.

Surgery, Dr. Wm. Boies, Knoxville, Tenn.

Homœopathic Propagandism, Dr. H. R. Stout, Jacksonville, Fla.

Neurology, Dr. Benj. F. Bailey, Lincoln, Neb.

Obstetrics, Dr. A. L. Smethers, Anderson, S. C.

Application blanks for membership and all other information regarding the Association may be obtained from the secretary, Dr. Lee Norman, 451 Third St., Louisville, Ky.

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### PRACTICAL POINTERS.

Dr. J. W. Miller, of Miami College (*Therapeutic Gazette*), writing of eczema of the palms, after giving the usual salves, etc., adds that great benefit is derived from soaking the hands in hot water. Internally, we may add *Skookum chuck* 3x (medical lake salts) have often proved to be very effective in eczema and kindred skin ills.

*Mercurius cyanide*, according to Dr. J. H. Clarke, is "a very efficient prophylactic in diphtheria." He also says that it acts better in the 30th than in lower potencies. Some years ago a man in New York who had been poisoned with *Merc. cy.* was treated by the doctors for diphtheria at first, before they discovered what he was suffering from.

*Mezereum* is said to be a good antidote to mercurial poisoning.

There is probably no drug in the materia medica that produces so complete a picture of the worst sort of "fits" as does *Ænanthe crocata*. The numerous poison cases from the roots on record seem to prove that. Curious to relate a practitioner not long ago said, "*Ænanthe crocata*? Never heard of it." Yet a case of epilepsy, or any kind of "fits," should never be given up until this drug is tried.

"It (*Oleander*) will be found to be, if not a complete remedy, yet an indispensable intermediate remedy in some kinds of mental derangements, *e. g.*, absence of mind."—*Hahnemann*.

"These friends (the homœopaths) have told us that *Belladonna* in small doses acts as a prophylactic against scarlet fever. I will say that I have watched this for more than twenty years, and have given this remedy to children where there were cases of scarlatina

in the house, and in no case have I seen the children contract the disease, and I presume I have given it in such cases more than a hundred times.”—*Dr. E. R. Waterhouse, Eclectic Medical Journal.*

“*Belladonna* will dry the mother’s milk, and when it is given directly after confinement it will often prevent or retard the flow. When we wish to dry the flow of milk, as in cases of death of the child, or at weaning time, the application of an ointment containing *Belladonna* will accomplish it in short order with no detrimental effect.”—*Dr. E. R. Waterhouse, Eclectic Medical Journal, May.*

Dr. C. R. Green, Troy, N. Y., contributes a paper to *N. A. J. of Hom.*, for May, on “The Third Action of Hepar Sulphur Calcarea in Suppuration.” After quoting various text-books—Hughes, Farrington, Nash, Boericke and Goodno—on the drug when given high aborting, and low hastening suppuration, he relates a number of cases, where pus had formed, operation being either inadvisable or refused, where the drug in the 3x caused the pus to be absorbed, cure following. The cases, four in number, included one in the neck, the throat, hand and wrist from gonorrhœa, and a case of appendicitis where patient refused to be operated on.

Dr. H. L. Stambach (*J. A. I. H.*): “I once heard Dr. Woedenhofer, court physician in Vienna, say, ‘Gentlemen, whenever you give morphine remember it is because you do not know what else to do.’”

Dr. A. J. Howe, one of the old eclectics, said that a lotion of *Thuja* was good for anal protrusion. Apply externally.

Dr. W. M. Gregory, Berea, O. (*Medical Summary, May*), writes of *Calendula*, of which he accidentally heard somewhere: “First, it will absolutely prevent the formation of pus in lacerated wounds and burns; second, it is one of the most helpful things in the world to relieve pain; third, it is a truly wonderful remedy to promote healing and prevent sloughing.”

**BOOK REVIEWS.**

THREE THOUSAND YEARS OF MENTAL HEALING. By George Barton Cutten, Ph. D. (Yale), President of Acadia University. Illustrated. 318 pages. Cloth, \$1.50. New York: Charles Scribner's Sons. 1911.

The impression left after reading this book is of a vast mass of material which the author leaves to the reader, for him to draw conclusions—if that is possible. Some idea of the field covered may be gained when it is known that the Index of Names covers about eight pages in double column, ranging from Adam, Abraham and Æsculapius, down to John Dowie and Mrs. Eddy. And what of it all? Well, it is interesting—an excellent thing in books—instructive, also, in showing the origin of many of the superstitions, more or less prevalent to-day, and of some of the remedies still in common use. Another thing looms up mockingly, to some at least, as we read many of the things practiced by our ancestors, more or less remote, and that mocking thing is the query: Will not our ancestors equally distant from us grin when they read, for instance, of our method of putting the morbid matter of a disease into a diseased body to effect a cure? But some may say, "We have scientific reasons for doing this and we can show results." Bless your heart! so do the old worthies. Mr. Cutten cites, and they also give reports of many wonderful cures, too. Is not Levinus Lemnus quoted who tells us that by "divers experiments" it has been proved beyond question that "man's fasting spittle" doth cure "all tetter, itch, scabs, pushes and creeping sores," not to mention many other things? Is "fasting spittle" any more absurd than dead microbes?

The fantastic practices seem to be developments of later years, for in early times things were very different. Then men held to the theory that disease came with the presence of evil spirits, for they believed that the spirits of those departed were ever present, many of whom were evil. Also absurd, you say? It was held by such learned men as Plato, Aristotle and Socrates. Josephus wrote that "to demons may be ascribed leprosy, rabies, asthma, cardiac diseases, nervous diseases, which last are the specialty of evil demons such as epilepsy." Also it may be mentioned that

Christ healed many who were possessed by devils. Even Martin Luther asserted that "Satan produces all the maladies which afflict mankind." Is all this absurd? Abraham, Jacob, Saul and many others of the Old Testament not only believed in these things, but saw the spirits and talked with them. The army of Sennacherib, of Assyria, besieged Jerusalem. "Then the angel of the Lord went forth, and smote in the camp of the Assyrians a hundred and fourscore and five thousand." A modern French historian, while admitting the destruction of the Assyrians and the flight of their king, says it was microbes that did it. One can suit himself on this score, but the fact stands forth that the same power that men like Crookes, Flammarion, and many other latter day scientists are "investigating" was firmly believed in by the wise men of olden time. St. Paul also is another.

The men of old used various means of "exorcising" demons and evil spirits, who caused the one "possessed" to be ill in divers ways, and the records that come down to us say that many were healed of their infirmities. "Bosh!" certain men of to-day exclaim—and then go gadding after hypnotism, a species of exorcism. Hypnotism deals not with matter (bacilli and the like), but with the spirit in and animating matter; they change, if they do anything, the immaterial; so does or did Mrs. Eddy; so does the physician whose visits always makes the patient "feel better." There has been a vast amount of superstition, folly and mere vulgar fraud in all this, but back of the whole looms a mighty power that has been more or less dimly seen by man from antiquity down to the present day. Do not "senseless panics" seize bodies of men, even to-day, and lead to dire disaster. Whence the panic? It is *something* very terrible.

The only allusion in Mr. Cutten's book to Homœopathy is the following: The theory of *similia similibus curantur* seems to have entered into mediæval medicine, and especially into the manufacture of charms." And yet out of all this mass, ancient and modern, Homœopathy offers the one same system of medicine on which a rational man can stand, treating, as it does, not matter alone, or spirit or the mental alone, but both.

In conclusion, it may be stated that we have found "three thousand years of mental healing" to be decidedly interesting.



ONE THOUSAND SURGICAL SUGGESTIONS. By Walter M. Brickner, B. S., M. D., Adjunct Surgeon, Mount Sinai Hospital; Editor-in-Chief *American Journal of Surgery*, with the collaboration of Jafes P. Warbasse, M. D.; Harold Hoys, M. D.; Eli Moschowitz, M. D., and Harold Neuhoof, M. D. 225 pages. Cloth bound, semi de Luxe, \$1.00. Full de Luxe, leather, \$2.25. Surgery Publishing Company, 92 William Street, N. Y.

This is one of the biggest little books ever presented to the profession. In its 225 pages are found a collection of 1,000 epigrammatic, succinct, virile and instructive hints based upon actual experience and everyone a lesson in itself.

The suggestions are so arranged and indexed that all subjects covered can be immediately referred to, and the particular hint upon any particular subject immediately found.

MERCK'S MANUAL OF THE MATERIA MEDICA. (Fourth Edition.) A Ready Reference Pocket Book for the Physician and Surgeon. Containing a comprehensive list of Chemicals and Drugs—not confined to "Merck's"—with their synonyms, solubilities, physiological effects, therapeutic uses, doses, incompatibles, antidotes, etc.; a table of Therapeutic Indications, with interspersed paragraphs on Bedside Diagnosis, and a collection of Prescription Formulas, beginning under the indication "Abortion" and ending with "Yellow Fever;" a Classification of Medicaments, and Miscellany, comprising Poisoning and Its Treatment, and an extensive Dose Table; a chapter on Urinalysis, and various tables. etc. (Merck & Co., 45 Park Place, New York. 1911. 493 pages. Sent on receipt of forwarding charges of 10 cents, in stamps, to physicians, or to students enrolled in any College of Medicine, in the United States.)

Such is the note received with this compact little book. If you want a copy send 10 cents for one.

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## EDITORIAL BREVITIES.

"THE WORK OF NATURE."—Some men pride themselves on saying that "all cures are the work of nature," and thereby cause a certain secret discouragement in many hard-working doctors. After you have made a noteworthy cure it is discouraging to have some one on a pedestal shrug his shoulders and disdainfully exclaim, "The work of nature!" Ask him what is that mighty force in all created things that he terms "nature," and he is up a tree. A field overgrown with thorns, briars and weeds is a work of "nature;" the bountiful crops raised on the same field after a man has cleared and cultivated it are also the work of "nature." The field, the thorns, **briars** and weeds, the good crops, the man who did the work and the weak one who sneers, are all alike the work of "nature." Viewed in the common sense light it is easy to see that the man who does the work in the field is a useful man, while the one who sits by and "observes" the weed grown field leaving all to "nature" is probably very learned but that is about all.

CONCERNING THE KNOW-IT-ALLS.—Sometimes the idea insinuates itself that the prevalent knock on the man who has just been graduated, that "he thinks he knows it all," is not very scientific, and, therefore, not strictly accurate. Also, insinuates itself, the debased suspicion that some of the seniors who knock may have once thought they knew it all, but are now assured that such a the fact. It is all human nature. From one decade to another—until the last—man looks back on his previous decade and has the

impression that he was more or less of an ass during that period. Perhaps wisdom lies in the tacit acknowledgment that one is more or less that during his whole life and then to honestly do his best for his fellowmen. More than this cannot be asked here or hereafter, and in the doing of it may lie the secret of the highest type of wisdom. So do not knock the recent graduate more than is necessary for a mild hazing, for at bottom his is but an overweening confidence in the wisdom of his professors—an honest lot in the main, but mortal.

ANTISEPSIS VS. CLEANLINESS.—Dr. J. Whitridge Williams, of Johns Hopkins, has written a paper, "Obstetrics and Animal Experimentation," one of a series under the auspices of the "Bureau of Defense of Medical Research of the Council on Health and Public Instruction of the American Medical Association," for circulation among the people. He quotes many figures from various countries showing the prevalence of puerperal fever among lying-in women, and the high mortality that once prevailed, running up in one set of statistics to 57 per cent. The remarkable change for the better that has occurred he attributes largely to animal experimentation, by which was discovered the bacteria said to be the cause of the fever; this led to the era of antiseptic methods "which were soon carried to ridiculous extremes." The point we are driving at is this, from Dr. Williams' excellent paper:

"With the gradual development of clearer ideas concerning the process of infection and the limitations of disinfection in general, the employment of antiseptic methods was gradually abandoned and its place taken by the aseptic technic which we now employ, in which less and less importance is attached to chemical disinfection and increasingly more weight laid on absolute subjective and objective cleanliness."

The conclusion arrived at is an excellent one, and curiously approaches what Moses the law-giver taught four thousand years ago, when he commanded cleanliness of person, garments and utensils. It was a long journey from uncleanness, through animal experimentation, to the old goal—simple cleanliness.

"ORGAN REMEDIES."—Paracelsus wrote "Likes must be driven out, or cured, by likes." By this he did not mean the *similia*

of Hahnemann, though his idea was closely allied to the Hahnemannian principle, but that the diseases of the liver, for instance, must be treated by remedies that had a direct action on that organ. Rademacher, in his *Universal and Organ Remedies*, developed this idea, and Dr. J. C. Burnett in his numerous monographs on various medical subjects showed it in practical and successful operation: he claimed that it was an essential part of the practice of homœopathic medicine. The world in its eager desire for something "new" passes by much of the old that really is quite as new to the student as the latest from the laboratory, and much more useful. Then far in the rear of all this is the old "doctrine of signatures" going back beyond recorded history which points out the remedy from some similarity in the plant to a human organ, or a disease, as *Euphrasie*, "eye-bright," for diseases of the eyes, especially of the vision; or the liverwort for hepatic disorders from its shape; *Chelidonium*, for the liver, from its yellow juice, and so with many other plants still successfully used in intelligent medicine for the conditions as pointed out by our extremely remote ancestors who, by the way, were not fools, or barbarians,—at least not all of them—as is shown in the writings of Hippocrates, Plato, Herodotus and a number of others. The laboratory is useful, but it is not the whole show. Indeed it is but a small part.

CAUSES.—Medicine can never be a perfect art until its professors know the cause of disease. Many text-books will name a bacilli as the cause of a particular disease. There they sit 'at ease. The one who can name the bacilli off-hand, and detect it, is supposed to be a learned man. And so he is to that limit. Ask him what is the cause of the bacilli and he is at once up against a blank wall, yet he can never know what is the cause of disease until he can look over the wall. That there is a cause is certain, for nothing can *be* without a cause—not even a bacilli. Effects of causes can be seen through the lense, but not the cause itself. To place an effect in the seat of a cause is not scientific even though the text-books do it.

THE LATEST.—According to an Associated Press dispatch, and Associated Press news is generally reliable, a professor in

a great medical center announces the discovery by himself that the tonsils are the cause of rheumatism and advises that they be removed from all children. The curious feature is that newspapers print this sort of thing. If we were to send to them the statement that it is foolish thus to mutilate the body, that it would be better to cure than to cut, that Burnett's little book, *Enlarged Tonsils Cured by Medicine*, points the way to a cure, all which is just as much news and of much more importance, they would throw it in the waste-basket. Some of them refuse medical advertisements and then gave that patent medicine for syphilis, "606," magnificent free advertisements as "news."

MUCH LEARNING BUT NO CURE.—In Lord Bacon's *Advancement of Learning* occurs the following: "I remember a famous Jew physician in England would say, 'Your European physicians are indeed men of learning, but they know nothing of particular cures of disease.'" That was published about three hundred years ago. Since then the medical world has explored, and abandoned, many roads, for at the end of each what that old Jewish physician said was found to be true; and is as true today as then. There is much learning about disease, but little knowledge of its cure. If it were possible to call in fifty of the most learned physicians of Europe and America, singly, to a given case how much unanimity would be found in the means prescribed to cure the patient? Older readers will remember the Nellie Bly episode. She went to five of the most learned physicians of New York, with precisely the same tale, and received five totally different prescriptions and directions for treatment. If fifty homœopathic physicians were called in singly to that imaginary case we all know that the prescriptions would vary but little and even the variations would be seen to be in a sense harmonious. All this goes towards proving that while the old order of medicine possesses much learning, it is the homœopaths who know "the particular cures of disease." Take in all of that learning you can, but hold fast to the precious ability to cure.

GONORRHOEA.—The *Journal A. M. A.*, April 29, quotes Dr. Aronstain to the effect that the abortive treatment of gonorrhœa is "both painful and inefficient;" there is no specific for the com-



plaint; "injections and irrigations are apt to injure the urethral mucosa and cause extension of the gonorrhoeal process;" and, finally, the "expectant plan of treatment" seems to be safest. From all this may be drawn confirmation that the homœopathic treatment is the best thing for the patient; he may want a "quick cure," but, according to the foregoing, there is none unless it be in Homœopathy.

SALVARSAN AGAIN.—Doblin (*Berliner Klinische Wochenschrift*, Mar. 20) gave injections of Salvarsan to six syphilitic infants; none were benefited and one of them "died from Salvarsan poisoning, although the dose was only 0.03 gm." From this is drawn the conclusion that Salvarsan 0.03 gm. is a fatal dose for infants. Necropsy findings are given in detail, but are finally summed up in "arsenic poisoning."

SPOROTRICHOSIS.—This infection which seems to be confined to farmers and stockmen is not as well understood as it should be according to several papers that have recently appeared in various journals. It generally starts from a slight wound, oftenest on the hand, which is followed by sharply circumscribed, painless cutaneous or subcutaneous abscesses along the affected limb. These are caused by a branching sort of organism. The disease is parasitical, in the class with the itch, "jiggers," hook worm, etc., and should be treated accordingly. Another disease caused by a parasite, the Rocky Mountain fever, has been investigated by the Bureau of Entomology of the U. S. Dept. of Agriculture who report that the tick causing it is more widely distributed than was formerly supposed, as it has been found in localities in California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington and Wyoming.

REPEAL OF THE TUBERCULIN TEST.—The reader is probably aware of the fact that the RECORDER has always opposed the "tuberculin test" for tuberculosis in cattle. Now we learn from a Berlin letter (*J. A. M. A.*, May 6) that owing to repeated objections this test has been abandoned in Germany and "replaced by a clinical investigation." It was found that healthy cattle often violently reacted. Probably there never was a more expensive fad foisted on the public.

"AUTOGENIOUS."—Some, when they use this word, think it is very new, and that the principle it stands for is a recent discovery. Seventy or eighty years ago Hering proposed curing disease with its own morbid product; he suggested as a name for one remedy "*auto-psorine*." In this proposal (concerning the source of the remedy) he but followed Dioscorides and many other worthies of old days, differing from them only in potentizing the product instead of giving it in crude doses. Our "scientific" friends also differ chiefly in the fact that they give their product of the disease by the hypodermic syringe in place of the mouth. The "scientific" brother need not believe that his "new" treatment by "autogenous vaccines," or "stock" ditto, has come to stay. It has bobbed up along the line of the centuries and always bobbed down again. Of course that assertion is but a guess, for "heaven from all creatures hides the book of fate," but any one who is a sporting character can safely give odds on the disappearance of "vaccine therapy" in the not distant future, and of its reappearance again after a decent period of retirement.

ALL IS NOT YET KNOWN.—Dr. Beverly Robinson concludes a short paper in the *Critic and Guide* for May as follows: "Take as a final word this, regarding the existence of smallpox and the practice of vaccination. Until now, I have been the warmest advocate of vaccination, even advocating, many times, that it should be made absolutely compulsory. I confess, however, that just at present, even this, as I believe, greatest boon to poor humanity, has opposed to it some powerful and, hitherto, not altogether satisfactorily answered arguments. I have caused, or rather seen produced, as I believe, imminent heart failure, as a result of the use of antitoxin. I have saved life, as I believe, by its timely use. The personal factor in disease is likewise beyond human ken thus far, and is simply a law unto itself, defying all calculations now, as ever previously."

This points to the sane conclusion that doctors above all men should not urge compulsory legislation in things pertaining to medicine, but rather seek that which leaves them in the greatest freedom in doing what is best according to their judgment for those who look to them for help.

CAUSE OF DIPHTHERIA, ETC.—Editorially the *Journal of the A. M. A.* says: "Laymen still not infrequently ascribe such diseases as typhoid and diphtheria to 'sewer-gas' contamination, and the very name of malaria bears testimony to the erroneous theory with regard to it formerly held by the medical profession." But may it not be possible that the old idea was nearer the truth than the latest one? The fact that the learned gentlemen now hold that the Klebs-Loeffler bacillus and the plasmodium are the causes is not a surety that they are correct. Cases of diphtheria occur where there has been no contact, and epidemics of malaria have broken out in mid-winter with the country ice-bound. Is it not more in accord with the canons of reason to believe that the alleged causes are but the effects of the real cause—the rotten sewer material and the reeking swamp—which effects may indeed pass on the disease but are not its primary?

RADIUM AND CANCER.—The following from the *British Medical Journal*, taken in connection with the paper by Dr. Vondergoltz in the *RECORDER*, February, 1910, is interesting. In brief the *Journal* says, some varieties of cancer are more responsive to *Radium* than others; it aids, while not excluding, other treatments; it seems to act best in slow-growing cases; when it acts beneficially the effect is seen in a short time, even on third or fourth day; it seems to often act beneficially when no permanent cure is effected. In its homœopathically potentized form, we may add, it should always be considered in cancer.

A HARD ROAD TO TRAVEL.—The earnest doctor who departs from the straight road of Homœopathy to become scientific has a rocky and a crooked path before him. The latest utterance from one well known enough to be an authority constitutes the science that the rank and file must follow. Wright, of opsonic index fame, is one of the authorities to follow. But what is the earnest practitioner to think when, after much preaching of the open air, or fresh air, treatment of tuberculosis, authority Wright pronounces that treatment to be a "superstition," and the whole fresh air theory as taught "deplorable?" Also that the killing of microbes outside of the body is another error? It is safer to stick to Homœopathy, better for the patient and obviates the

necessity of every now and then jamming on the emergency brakes when the authority vane suddenly veers. The only way out, of course, is to call the about face an "advance."

DR. HENSLEY'S DOUBTS.—In the discussion of a paper read at Los Angeles meeting, published in the *May Journal*, Dr. Hensley, of Oklahoma, said:

"As to the treatment I want to say this. I stopped the other day at Colorado Springs; as you perhaps all know there is a very extensive sanitarium conducted by the Woodmen. There they have a certain line of treatment to give all cases, as far as medicine is concerned. They give tuberculin by hypodermic injections in all cases until they get the systemic disturbances. Now if they do not get those they do not think they have a case of tuberculosis. I doubt very much such treatment being at least strictly homœopathic." The query arises as to why the doubts?

AN OLD WARNING.—It is years since Dr. Sharp wrote the following, but, perhaps, it is as needed today as it was then. "To those who seem to constitute the majority, who are content with a practice of routine, and who justify their conduct by an appeal to *authority*:—If you would observe what passes before you more carefully, and reflect upon it more seriously, you would, I think, by-and-by, be alarmed at the amount of mischief you have unconsciously and unintentionally done." It was the stomach then that bore the burden; it is the blood now.

WARE PITFALLS.—"From time immemorial there have been specialists in the practice of medicine—a good example is found among the ancient Egyptians—and if I am not mistaken specialism has at times developed to such an extent that it has become its own bane, and then become a lost art. We are living in a time of intense specializing and are confronted by the same danger."—*Dr. A. S. Hansen, J. O., O. and L.*

SOAP AND BICHLORIDE.—A doctor whose name we have been unable to trace makes the assertion that "clean soap-suds" are as destructive of bacteria as a solution of bichloride of mercury. In other words, simple cleanliness is as good as poison cleanliness

and probably very much better. Sometimes "problems" resolve themselves into very elemental things. For instance, the reams written about "asepsis" might be covered by one word—"cleanliness."

SQUIRREL HUNTING.—A Washington dispatch (Philadelphia *North American*, April 17) states that 85,000 squirrels have been "examined" in California since last July. Also, "the Government has so far spent \$800,000 on this work and the State and counties of California have spent \$500,000." While not quite sure, we believe this seemingly endless hunt was started because there were a few cases of plague in San Francisco some years ago. These are supposed to have infected the rats, fleas and squirrels. One cannot see why, if these are infected, the rest of the animal and insect world escaped. That any one among the humans escaped is remarkable. It is also strange that none of the squirrel hunters have contracted the plague in pursuing their dangerous occupation. This curious affair goes to show what possibilities there would be in a Department of Health, which might have carried the war to the insect under world, and spent vastly greater sums. The burdens on the back of the tax payer are not decreasing and what with one thing and another that beast may some day break down, or begin to buck, in which case many who now ride in comfort might be compelled to walk.

TUBERCULIN TEST TESTED.—The Newark, N. J., *Evening News*, of April 8th, prints a column, headed "State Cattle Tests Proven to be Absurd." In brief, it is an account of the slaughtering of seven cows in the presence of a number of health officials, veterinarians and experts. Of these six had been condemned as tuberculous because they reacted to the tuberculin "test," and all were found to be healthy. The seventh had passed the "test" and was given a certificate of health; it was found to be tuberculous. The account states that the gentlemen who had signed the death warrants and the certificate of immunity "remarked that it was very strange." To many others the strangeness lies in the faith men place in this "test." Also to many it appears that a man who cannot distinguish a diseased cow from a healthy one without first polluting her blood with a virulent



disease virus ought not to be placed in the position of inspector where his deficient knowledge works great harm to the public by decreasing the food supply.

The inspection of meat is an important duty on part of the state to protect the people from conscienceless butchers, but the inspectors should trust to common sense evidence and not be led by a lot of laboratory men who scarcely know a cow when they see one.

THE OLD, OLD STORY.—Every now and then one of our estimable contemporaries, or some honest doctor, rides a pro-vaccination tilt. It is always over the same old course, though the rider seems to be under the impression that he is tilting from a new angle. Honest? Yes. Every one of them, we believe, are honest and thoroughly believe in what they say about Jenner discovering vaccination, vaccination conquering small-pox, and the man being a fool who cannot see what is so plain to them. The men, who, in one verbal form or another, are called "fools," come back with the hot retort of "grafters." There is nothing accomplished by this sort of tilting save the arousing of ill temper. The only rational way for a man to consider this hot subject is to gather all the facts he can and view them without prejudice, something that is rarely done, for the majority of the tilters are partizans who shut their eyes to everything that does not favor their side. Here is one fact. Typhus and small-pox were twin evils, typhus being the most dreaded; it has disappeared, but its twin still lingers sporadically everywhere, and occasionally sweeps in huge waves over the vaccinated and the unvaccinated alike. *It seems to follow every war.* It followed the Crimean war; it followed our Civil War; it swept Germany after the Franco-Prussian War; it overflowed the United States after the skirmish with Spain and it raged in Japan after the furious encounter with Russia.

It is a curious disease. Occasionally it is frightfully fatal yet generally it is the least fatal of all the diseases that afflicts humanity. It seems to consist in a throwing out to the surface of impurities so that afterwards the one afflicted is physically better than before. It is also, perhaps, the most generally dreaded of all diseases. Measles scarcely causes a ripple in a community yet they

are vastly more dangerous to life. Measles over 10 per cent. fatal; small-pox a fraction of one per cent., in this country. These are specimen facts.

Does vaccination prevent small-pox? Some say "Yes," others "No," others "I don't know." So one thing stands out like a flaring electric sign at night, *No one has the moral right to force his belief practice on another.*

**MEDICAL BILLS.**—The Pennsylvania newspapers, which very faithfully reflect the sentiment of the people in such matters, do not take kindly to the medical bills introduced at every session in the Legislature at Harrisburg. The following is a specimen, taken from a column editorial in the Allentown *Morning Call*:

"The main plea for the adoption of these medical bills is that they aim to prevent injuries which may occur through the careless or ignorant use or abuse of medicines. But the same has occurred many a time with doctors' and trained nurses' ignorance of carelessness. Everybody can recall happenings of this sort. Such things will happen many times in the future, no doubt. The writer recalls that in one of Philadelphia's largest hospitals a nurse attending a patient suffering with eye-trouble carelessly took the wrong bottle and dropped into the patient's eyes corrosive sublimate instead of boracic acid. No legislation can safe-guard against anything of that description. The fool-killer, however, is still abroad and he must be trusted to take charge of such people along with those who didn't know the gun was loaded."

Nearly all medical bills are a mistake. The people cannot be driven in medicine any better than in religion. These bills benefit no one nor would if passed. They but serve to create antagonism against the medical profession. An able physician sooner or later will have all he can attend to, while laws will never make the incompetent successful.

**TOLERANCE OR INDIFFERENCE?**—Whether the old medical world has become more tolerant, as some men believe, or indifferent, is a problem no one can solve; but one would be justified in believing that it is indifference rather than tolerance, from the fact that Dr. Chapin refused to meet Dr. Snow, who seems to be a fine old English doctor, but one who does not follow the present day ideas concerning serums, vaccines, antitoxins and vivisection. The editor of the energetic *Critic and Guide* terms him "the fos-

silized humbug" who "now belongs in the ranks of the out and out quacks." One of Dr. Snow's assertions that made the *Critic and Guide* indignant is, that since the introduction of antitoxin the diphtheria morbidity and mortality have increased, by which assertion "he has put himself beyond the pale of scientific medicine."

IS POLIOMYELITIS SPONTANEOUS?—The following is something of a medical riddle. It is taken from a paper by Dr. Frank C. Richardson, Boston University School of Medicine, in *N. E. Medical Gazette* for April.

"In July, 1910, the writer saw a boy twelve years old, who presented a severe type of poliomyelitis. The temperature rose to 103°, there was severe pain in the back and limbs and head, retraction of head, and on second day paralysis of both upper extremities. There had been no case of sickness in the household or neighborhood, and no known source of infection could be traced. A seven-year-old brother who had been intimately associated with the sick boy and occupied the same bed during the first night of the illness did not contract the disease, but a sixteen-year-old brother who had had the most casual communication with the other two developed typical poliomyelitis six days later with paralysis of both lower extremities."

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### NEWS ITEMS.

Drs. Bukk G. and Sprague Carleton have returned to their old address, at 75 W. 50th St. Dr. Bukk G. Carleton, as most of our readers know, is the author of the large work, *Urological and Venereal Diseases*, the leading homœopathic book on the subject.

Dr. Louis De Valois Wilder, of New York, who recently died at the age of 93, was originally graduated from an allopathic college, attacked by some disease of the eyes which his colleagues said must result in blindness, he consulted a homœopathic physician, and was cured. He studied Homœopathy, and was a busy practitioner the rest of his life. When given the opportunity Homœopathy will do as well to-day as ever. Moral? Obvious.

Dr. Walter G. Mead has removed to 585 Kearney Ave., cor. Midland Ave., Arlington, N. J.

Dr. A. J. Carpenter has removed from Port Gamble to Shine, Washington.

Dr. Horace B. Dean has removed from Collingswood to 513 Penn St., Camden.

Dr. E. P. Whitford removed from Westboro to Hallister, Mo., on June 1st.

Dr. and Mrs. Geo. S. Hodson, of Washington C. H., Ohio, have opened a fine new hospital in that city, named it the "Edmund Johnson Hodson Memorial Hospital," in memory of their only son, whose death occurred some months ago. This hospital is up-to-date, everything about it is sanitary and of the finest. The doctor and Mrs. Hodson have dedicated the hospital to the people of their city, it is free to all who want to use it and to all the doctors.

The Buffalo Hahnemann and the Buffalo Homœopathic Hospitals have been consolidated. The new Buffalo Homœopathic Hospital will occupy the spacious building at Lenwood and Lafayette Avenues, costing about a quarter of a million dollars, was opened June 1st. The order of the court making the consolidation, reads in part:

"That the name of the new corporation, formed by such consolidation, shall be Buffalo Homœopathic Hospital; that the particular object of such consolidated corporation shall be to establish and maintain in the city of Buffalo a homœopathic hospital and dispensary in which shall be received such persons as may require medical or surgical treatment, and where medicine may be provided and dispensed for their benefit, and where they may receive all necessary care and suitable medical and surgical treatment, and that, while the attending medical and surgical staff of the hospital shall be members of the homœopathic school, residing in Buffalo, the institution shall be operated on the broadest lines, the rooms, wards and practice of the hospital being open to any reputable physician who complies with the regulations: that the principal office shall be located in Buffalo; that the number of directors shall be eighteen; that the annual meeting shall be held the second Monday in October of each year, and that all the property belonging to the two hospitals shall be vested in and transferred to the corporation formed by such consolidation."

## PERSONAL.

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Keeping well consists more in not doing than in doing things.

The prisoner asked his lawyer to plead not guilty because he "hadn't the nerve" to do it.

The RECORDER, staid as it is, has some very fast friends.

Never spank on a full stomach. Turn him over.—*Success*.

Many cities have heavy taxes, but light service.

The plowman surely stirs up the country.

Osler's dictum that no man makes original observations after forty, is like much else of his—sparkling, but—gas.

"Yes, I had to go the circus with dad," said the blasé kid.

The wise doctor never tells a woman patient that advancing years has anything to do with her ailments.

"Wedding presents from the unmarried means a return match," remarked the wise girl.

A learned editor informs a correspondent that hiccup is not to be "attributed to bacilli."

"Live," advised Mark Twain, "so that when you die even the undertaker will be sorry."

Dwelling on the sins of your neighbor and the diseases you may "catch" from other's germs are twin smugosities.

"The antivaccinationists are like those who would deny the benefit of sunshine."—Dr. S. Kitasato, Japan, in the *J. A. M. A.*

If an American doctor were to patent and sell a drug, as Ehrlich has, he would be, immediately, punk.

When one comes to really know a thing, which is seldom, it is different.

"Compulsion, not persuasion, is the keynote of State Medicine."—Samuel G. Dixon, M. D., Penna. Medical Boss. Honest, anyway!

Every one should occasionally remember that he is not Atlas.

Another paraodx is the fact that no one wants a law-suit, yet, having one, no one wants to lose it.

"On heating, the ice melts."—*Ex.*

Why should journals use small type? All of them could be boiled down with advantage.

Why not individual beer-mugs, also?

"Mud-baths are N. G.," remarked the old politician.

"Beloved brother, let us not forget that man can never get away from himself."—*Goethe*.



# THE HOMŒOPATHIC RECORDER

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## COMMON SENSE.

It is a hard job to define just what the common expression "common sense" means. Literally, it is a sense common to all, but "common sense" tells us that all do not possess it. Either that or there are some who refuse to employ it. For instance, it tells the drug fiend that the indulgence is sending him to physical, mental and possibly spiritual perdition. Others pervert the term by making it synonymous with their views—there is a taint of this in us all. The free trader and the tariff man both say that "common sense" shows that they are individually right.

Common sense is probably rarer among the learned than among the unlearned. With a few exceptions every learned man has a theory of some sort, and he shuts the door in the face of anything that conflicts with it. As an extreme illustration the learned Dr. Sangrado had a theory, all his own, that bleeding and hot water was the panacea for all human diseases, and when the patients died he said they had not been bled sufficiently nor had they drunk enough water. Gil Blas, his somewhat tricky assistant, who knew absolutely nothing of medicine saw that the treatment, not the disease, was killing the patients, and being of a somewhat kindly nature, he told the doctor so; the result was that Gil was fired—a term all comprehend. The doctor would put up with almost anything, but he who questioned his learning must go quickly—fired as from the cannon's mouth.

From this episode it would seem that the possession of common sense implies the ability to see, and, what is far more difficult, to acknowledge, an error. Probably the foundation of common sense is common honesty.

All the foregoing, which may be something of a muddle, was suggested by a reading of what Dudgeon has to say concerning

Hahnemann's *Chronic Diseases*. As is the way with Dudgeon he gives a wealth of research into original sources—opinions, ancient and modern, though the latter is no longer modern, for he wrote before the day of the microbe family. But the knowledge of the microbe has not changed humanity, nor its diseases, nor, low be it spoken, man's ability to cure; it has only added to man's ability to more learnedly differentiate and to the burden of the student. Otherwise there is not much difference between to-day and old times—with which this generation will shortly be classed.

The array of opinions that Dudgeon marshals from the ages shows that men, Hahnemann among the rest, got hold of a theory and then defended it tooth and nail.

Here are some facts that accompany the theories. The most noteworthy is that the existence of the itch mite was known from ancient times. As early as the 12th century Abenzohr, an Arabian physician, mentions the popular belief that certain small vermin burrow under the skin and that some old women made a profession of getting them out and thus curing the eruptions. In 1634 a learned work was published in which the acarus was given as the cause of the disease. And so on down some authorities mentioning them and others denying. A Doctor Adams made a pathological proving by letting two of these mites burrow into his hand. He got "the itch" all right, and was cured by putting on the affected part something to kill them. No bad effects resulted.

About sixteen years after Hahnemann's work was published Hebra, of Vienna, studied these mites and compared them to moles in the ground—they burrow under the skin and their tracks can be traced. Without the insect there is no proper itch. Many failed to find the acarus because they examined the eruption only, which is an effect of the insect and the scratching.

Hahnemann, omnivorous reader that he was, must have known all this, yet he held to the assertion that suppressed "itch" was one of the causes of chronic diseases, and thereby nearly wrecked a magnificent book in defending a *theory!*

As Dudgeon points out Hahnemann in his *Materia Medica Pura* days strongly insisted that each case must be individualized, which is common sense, for it is a looking at the facts presented by the patient's body and state, apart from any theory or arbi-

trary naming a disease and treating the name. But in this book he takes up the theory that all chronic diseases are the result of suppressed skin diseases, and dropping individualization in this particular goes on the theory that *no* skin eruption must be treated from without, not even the itch, and thereby, as said before, nearly wrecks a magnificent work; for eliminating this bit of theory, *The Chronic Diseases* is sound to the core, while the then strange medicines he introduces have proved blessings to mankind ever since.

If Hahnemann had carried his rule of common sense, individualization, into this work, and distinguished between those cases of skin affections which are only on the surface, and those which are the outward manifestation of an inward state, the suppression of which means disease and death, he would have averted much shedding of ink. Also he denied hereditary diseases (according to Dudgeon), saying that it was the result of suppressing skin disease. In this denial he is in accord with our modern learned men who, in support of their pet theory that all disease is the result of germs, are also forced to discard heredity—else their theory tumbles about their ears.

So it looks as if the great, beneficial things discovered by our giants of learning are to be distinguished from the theories they build on the solid foundation. For instance, Koch discovered the bacilli of tuberculosis, a solid basis, and on this built the theory that that bacillus is the cause of the disease; and others have followed in his wake discovering the “causes” of various diseases ever since. On this point the interested reader should consult Béchamp’s *Le Sang*. He, however, French like, deals more with demonstration than with theory.

From all the sea of human learning a wise man once deduced the bit of common sense, that the end of all knowledge is good—the welfare of man. Knowledge is one thing, theory is another. As the tree is known by its fruits so is knowledge. The fruits of the knowledge Hahnemann has given us in *The Organon*, *The Materia Medica Pura* and *The Chronic Diseases* are good—very good. Therefore, it seems to follow that the man who turns his back on this good because here and there Hahnemann built some theories which are more or less untenable lacks somewhat of common sense.

**ASPHYXIA NEONATORUM.**

By Dr. E. Fornias, Philadelphia, Pa.

It is hardly to be expected, say Ashby & Wright, that the transition from placental to pulmonary respiration should be accomplished without some risk of the cessation of the one before the commencement of the other. Fortunately for the infant, its nervous centres and tissues generally are far more tolerant of a venous condition of the blood than they are in after life, for during intra-uterine life the aëration of the blood is far less perfectly performed by the placenta than it is afterwards by the lungs, and, moreover, there is a mixture of the placental blood with the venous blood of the inferior vena cava before it is distributed to the body. (a) The infant may die from this cause before birth, or it may be born asphyxiated; (b) asphyxia may supervene after birth through failure of the pulmonary respiration.

So we may define asphyxia neonatorum as a condition in which the child when born is unable to initiate or continue the act of respiration. The *apparent death of the new-born* arises, of course, from intra-uterine or extra-uterine causes. Under the former head come all conditions interfering with the foetal breathing, such as protracted labor, pressure on the cord, separation of the placenta, and certain maternal diseases, of which pulmonary and cardiac ailments, febrile conditions and hæmorrhage are the most important. The principal extra-uterine causes of asphyxia are weakness and prematurity of the infant, aspiration of fluid into the lungs, paralysis of the respiratory centre from pressure on the brain during delivery, and congenital defects of the respiratory, circulatory and nervous system, as, for example, white hepatization of the lung from syphilis, bilateral pleural effusions, pressure on the trachea by tumors, and defects of the diaphragm. This is the summary of the *etiology of asphyxia neonatorum* given by Elder & Fowler. But I have found that the *circulatory interference of the fetus* by a procidentia of the cord, exaggeration of the uterine contractions, protracted labor, and a mucous plug has been a frequent cause of *asphyxia livida*. In the etiological list of this trouble we should also include:

*Nervous traumatation of the brain* (forceps and head presentation), and of *the bulb* by elongation of the medulla (breech presentation with tractions).

But *asphyxia livida* is not the only type observed in practice; according to the mildness or severity of the symptoms two varieties are described, namely, *asphyxia livida* and *asphyxia pallida*.

In *asphyxia livida*, which is the less serious type, we observe that during delivery the fœtus gives signs of suffering. The amniotic fluid is stained with meconium, the sounds of the heart are modified during the interval of the uterine contractions, and sometimes there is prolapsus of the cord.

After birth the child is cyanotic, especially around the mouth, in the tongue, and the face is swollen, and the conjunctivæ injected. The chest is fixed, the child does not breathe, and, if not absent, the respiratory effort is superficial. The HEART acts slowly and forcibly, and the vessels of the cord are full, tense and pulsate strongly.

If we introduce a finger in the mouth, the *pharynx* contracts; the other reflexes are or are not abolished. The muscular tone and cutaneous sensibility are retained, the child reacts to stimulation.

In *asphyxia pallida* the child is pale and cadaveric looking. The *respiration*, the *reflexes* and the muscular tone, are abolished. The *heart* beats irregularly, but if it should beat strongly and regularly the result is always fatal. In this form of *asphyxia* the stimulation of the skin has no effect, and prompt aid is required.

The TERMINATION of this trouble, however, varies according to circumstances. *Death* is announced by the extreme irregularity of the heart's contractions, and by abolition of the reflexes and of the muscular tone. Or the *heart* starts to beat more regularly and the *breathing* reappears, first composed of very violent and unique inspirations, then a gradual return of the normal rhythm, and finally, the *natural cry* indicates the recovery to health.

As COMPLICATIONS we may have a *secondary livid asphyxia*, which occurs a few seconds after the return of breathing and is caused by a *plug of mucus in the trachea*, or the case may become complicated, either by an early *hæmorrhage of the cord*, or by a *meningeal hæmorrhage*, characterized by coma and by the appearance of spasms.



We should bear in mind that *meningeal hæmorrhage* is found in one-third of the cases.

As to PATHOGENESIS, some consider the two above forms as two degrees of the same asphyctic state; others regard *asphyxia pallida* a syncope due to nervous traumatism. Eminent authorities claim that to attribute *asphyxia pallida* to loss of blood is incorrect, and that unless direct evidence of hæmorrhage be present, the possibility may be disregarded. It must, however, be remembered that an intracranial hæmorrhage may be the cause of the asphyxia; this should be suspected if, after respiration has been established, the child relapses into the asphyctic state.

As to PROGNOSIS, it may be simply stated that *death* has been observed in one-third of the cases.

TREATMENT.—Our opponents usually discard the administration of the internal remedy. Our school, on the other hand, is very enthusiastic with internal medication. The clinical history of some of our remedies daily confirm our claims. I shall speak of the indicated remedies at the end of this paper.

As we utilize, however, any measure which may lead us to the cure of this affection of the new-born, I give here a *resume* of its mechanical treatment.

In *livid asphyxia* the cord should be ligated early, in *pallid asphyxia* late, the rest of the treatment is the same in both forms.

After clearing mucus and other foreign matters from the mouth and pharynx, proceed to perform *artificial respiration* by placing the child with its head in a dependent position. This procedure should be interrupted from time to time, to make *rhythmical tractions of the tongue, flagellations and frictions with alcohol*.

If *artificial respiration* fails, place the child with the head hanging down to get rid of the mucus and inflate the lungs, "*mouth to mouth*," through a piece of linen, while pinching the nose. Some prefer the *insufflation* by means of a catheter introduced into the larynx, but in this case the child, of course, must be in the horizontal position, as in the *tubage* of croup. The unskillful should move forward systematically by first drawing in the mucus, emptying the tube, replacing it, and then by inflating the lungs with the mouth.

Other authorities claim that at times the *Faradic current* gives

good results; one pole is held stationary in the middle line of the chest, and the other applied for a moment over the sternomastoid, when stimulation of the phrenic leads to an inspiratory movement. The thorax is then compressed and the phrenic nerve again stimulated. *Faradism*, however, should never be continued too long, and is most likely to be of avail when respiration, though feeble, is not entirely suspended. The breathing should not be considered as fully established until the child is crying lustily and moving its arms and legs freely, nor until the skin is red and natural in appearance. For some little time after birth the child should be awakened at intervals in order that it may again cry and expand the lungs freely. . . . Children who have been resuscitated from asphyxia should be kept in an incubator for several days, and require careful attention as regards the maintenance of the circulation and the promotion of nutrition.

Quite recently Dr. Fitch (*Pediatrics*, Oct., 1910) has reported a series of cases of children born in a state of asphyxia who were really resuscitated by the aëration of the maternal surface of the placenta, and Dr. Freund (*Medical Record*, No. 6) mentions a case in which the employment of this method was followed by marked success.

"The child was born asphyxiated, the skin was livid, the heart was beating visibly, but without any respiratory movement. In this state the child was artificially delivered, then plunged into a basin filled with hot water, the placenta being held in such a way as to expose the maternal surface to the external air, and finally, by the aid of the hot water this maternal surface was cleansed of all adhering clots. At the end of a few minutes the child, although not making any effort to breathe, took a better color, and in about thirty-five minutes the respiration continued through the maternal surface of the exposed placenta. During all this time the pulsations at the level of the cord were normal, but they soon commenced to diminish in number and force immediately after the maternal surface of the placenta was capable to give the child its normal color, and a better pulse. The cord was then severed, and the little creature started to breathe and cry."

Fitch's method has been employed successfully and without hesitation in several cases of *asphyxia of the new-born*.

*The homœopathic treatment* of this congenital disorder, while

not sufficient to encourage and promote by itself the function of respiration, is, and has been, a great aid to those who treat the patient and not the name of the disease.

The *chief remedies* to combat the asphyctic state of the newborn are: ANT. TART., CHINA, *Opium*, CARBO VEG., ACONITE, PHOSPHORUS, *Ipecacuanha*; and in especial cases may have to resort to: BELLADONNA, CUPRUM, CAMPHOR, VERAT. ALB., ARSENICUM and LAUROCERASUS.

ANT. TART. is indicated when the child, at birth, is pale and breathless, although the cord still pulsates, and particularly if there is much mucus in the trachea. Lilienthal recommends to dissolve 1 grain of this remedy in 8 ounces of water, either as an injection or per os, in drop doses, a few drops every fifteen minutes. Where it fails he gives *Opium* if the face of the child is blue, or CHINA if pale. A good remedy is also CHINA after the baby shows signs of life, provided it has a pale face. At this time, if the face is red or blue, ACONITE should be preferred.

CHINA is claimed to be an excellent remedy when profuse hæmorrhage is the apparent cause of the asphyxia. Hartmann extols this remedy in the *anæmic form* with pale face. It should always be considered in *asphyxia pallida* when the muscles are lax and the reflex excitability is entirely in abeyance. Such cases generally happen when the parents have debilitated constitutions, or in cases of miscarriage, or when the mother had lost a good deal of blood during her pregnancy or during parturition.

OPIUM when there is lack of vital reaction with insensibility and purple face; with lax limbs, wrinkled skin and dwarfish aspect. Trembling, itching and spasmodic movements of the facial muscles is an additional indication. According to Hering newborn children, pale and breathless, with a pulsating cord, are often under the influence of *Opium*.

CARBO VEG. is a capital remedy in cyanosis with incomplete hæmotosis, as if from stagnation of blood in the capillaries, especially if the vital forces are nearly exhausted, and there is at the same time algidity, imperceptible pulse and lack of reaction. In fact, when the respiratory efforts are absent or superficial, and the natural cry is not heard, we are compelled to resort to this remedy as the only means at our disposal.

ACONITE should always be thought of not only in *asphyxia*

*apoplectica*, but when there is any febrile reaction. *Asphyxia apoplectica* is characterized by a red, bloated face, with a bluish ring around the mouth and nose, warm and red body, or with a few blue spots here and there, congestion of blood vessels: at times with distinctly perceptible pulsations which soon cease: however, the infants are generally large, heavy, fully developed and of a plethoric habit. Hartmann states that this form is a consequence of hard labor with long confinement within the pelvic cavity, constriction of the neck by the umbilical cord, or premature application of the ligature to this organ.

PHOSPHORUS is undoubtedly the best remedy we have when the sphincters are relaxed, especially if meconium oozes from the wide open anus. It is also indicated when the inspirations are stridulous, or, if after apparent recovery, there are nightly suffocative spells, as if the lungs were paralyzed.

IPECACUANHA is frequently indicated in those cases of *asphyxia livida* where the respiratory efforts are almost absent or superficial, and a spasmodic gasping and a peculiar panting sound seem to indicate the presence of mucus in the trachea. In fact, the child looks like a person on the point of suffocation and there is much rattling and cyanotic coloration, especially around the lips. Such children, as a rule, are large and fat, but their attempts to cry are often unsuccessful.

BELLADONNA has been found beneficial not only in *asphyxia livida*, when the face is swollen and the conjunctiva injected, but in *asphyxia pallida*, when the muscular tonicity and reflex excitability are entirely in abeyance. In this latter state, however, the study of GELSEMIUM, PICRIC ACID and ZINCUM should not be neglected.

CUPRUM METALLICUM may prove useful after apparent reactions, in cases in which there are secondary arrest of breathing with spasmodic twitching, blue face and lips and pinched icy cold features. It is certainly a remedy to be thought of when a sudden arrest of breathing followed by great prostration indicates an impending paralysis of the lungs.

CAMPHORA brings often relief in cold, cyanotic children, with much mucus in the trachea, or in cases with pale, distorted and sunken face, especially when there is want of bodily irritability and insensibility to touch. This remedy, with ARSENICUM,

VERATRUM ALB. and CUPRUM, forms a valuable group to combat *asphyxia livida*.

VERATRUM ALBUM, in a case after partial reaction, gave me very satisfactory results. The indications for its employment were the blueness and laxity of the skin, the looseness of the muscles, the leaden hue of the face, and the rattling of mucus with serous sputa at the mouth.

ARSENICUM proved beneficial in another case of mine with marked contraction of chest, laxity of muscles, livid, sunken face, blue margins around the eyes, whistling expiration, frothy sputa at the mouth, and paroxysmal attacks of breathlessness of short duration followed by a great debility.

LAUROCERASUS is another useful remedy in the *asphyxia of the new-born*, especially when there is great blueness of the face with twitching of its muscles and gasping without really breathing.

(NOTE: Remember that the internal remedy in these cases is to prevent a possible sinking of the restored vital energies.—*Hartmann*.)

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## ACONITUM NAPELLUS.

By O. L. Garlinghouse, M. D., Sola, Kan.

MIND.—Fear and anxiety of mind, with great nervous excitability (see *Bell.*), afraid to go out, to go into a crowd where there is any excitement or many people; to cross the street. Fear of death; predicts the day he will die (desires death, *Aur., Bell., Phos.*). Anxiety, restless, agonized tossing about. Over sensitive, cannot bear light or noise. Fitful mood, changing from one thing to another; sings, whistles and weeps (*Bell.*). Delirium, especially at night (*Bapt.*). Hahnemann says: "Whenever *Aconite* is chosen homœopathically, you must, above all, observe the mental symptoms, and be careful that it closely resembles them; the anguish of mind and body; the restlessness; the disquiet not to be allayed."

This mental anxiety, worry, fear, accompanies the most trivial ailment.

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\*Paper read before the Kansas Homœopathic Society, May, 1911, at Wichita, Kans.



Music is unbearable, makes her sad (*Sab.*) during menses (*Nat. c.*).

HEAD.—On rising from a recumbent position, the red face becomes deathly pale, or he becomes faint or giddy and sometimes falls, and he fears to rise again; often accompanied by vanishing of sight and unconsciousness.

Fullness and heaviness in forehead, as if brain would start out of eyes (*Bell., Bry., Merc.*). Sensation of emptiness in head (*Cocc., Ign., Opi.*). Piercing, throbbing pain in forehead; worse from motion (*Bry.*). Burning headache, as if brain were moved by boiling water (*Indigo*). Hair feels as if standing on end (*Bary. c., Dulc.*). As if a cluster were pulled out of vertex (*Mag. c., Indigo*).

EYES.—Acute ophthalmia, with burning, shooting pains. Aversion to sunlight (*Bell., Con., Euph.* Candle light, *Gel.* Desires light, *Stram.*). Hard red swelling of lids (with scurfs and ulcers on edges, *Merc.*).

EARS.—Roaring in ears (see *Chin.*). Acuteness of hearing; noise is intolerable (*Mag. c., Phos. ac., Sil.* Dulness of hearing, *Ars., Bell., Calc., Phos., Stram.*). Inflammation of external ear.

NOSE.—Bleeding of nose, especially of plethoric persons (*Bell., Bry.*). Acuteness of smell.

FACE.—Swollen, red and hot (dark red, bloated, *Bell., Hyos., Opi.* See *Merc.*). On rising the red face becomes pale (the least emotion produces a red flushed face), *Ferr.* Pale, death colored face, with distorted features, (*Ars., Canth., Phos.*). Neuralgia left side.

MOUTH AND THROAT.—Lips dry and black (*Ars., Bry., Merc.* Continually licking his dry parched lips, *Ars.*). Great dryness of mouth and tongue (*Ars., Bry., Cham.* Without thirst, *Bell., Lyc., Nur m.*). Tongue coated white. Inflammation of throat (palate, tonsils, fauces) with high fever, dark redness of parts, burning, stinging pain (*Apis, Bell., Merc.*). Stinging in throat when swallowing (*Apis.* Burning, shooting, *Bell.*).

STOMACH AND ABDOMEN.—Bitter taste of everything except water (all food and drink tastes bitter, *Bry., Colo., Chin., Puls.*). Unquenchable thirst, but drinks little and often (*Ars., Apis, Chin., Hyos.* Takes large draughts at long intervals, *Bry.*). Bitter, bilious vomiting, with cold perspiration (with cold sweat

on forehead, *Verat.* See *Ipec.*). Inflammation of stomach (*Ars., Canth., Phos., Nux.*). Violent pains in stomach after eating or drinking (*Ars., Ferr., Nux, Puls.*). Acute hepatitis. Pressure in region of liver. Inflammation of bowels, with sharp shooting pains in whole abdomen, which is very tender to touch. Inflammation of hernial stricture, with bilious vomiting (see *Nux.*).

STOOL.—Frequent scanty stools, with tenesmus (*Ars., Bell., Colch., Merc.*). (Green watery stools, like chopped herbs, like scum on frog pond, *Mag. c.*). White stools (*Calc., Chin., Hep.*). Black, *Camph., Chin., Lept., Verat.*). Seat worms, with nightly itching at anus.

URINE.—Retention of urine with stitch in kidneys (see *Canth.*). Difficult and scanty emissions of bright red urine (brown, blackish, *Colch., Nat. m., Tereb.*). Burning and tenesmus at neck of bladder.

SEXUAL.—Ovaritis after sudden checking of menstrual flow. Menses too profuse and protracted, especially in young and plethoric women (*Bell., Calc.* See *Puls.*). Suppression of menses from fright (*Lyc.* From cold, *Dulc., Podo., Puls., Sulph.*). Too scant, or suppressed lochia (with splitting headache, *Bry.*). Rigidity of os uteri (*Bell., Caul., Gel.*).

RESPIRATORY.—Inflammation of larynx and bronchia (*Bell., Dros., Phos.*). First stage of croup with dry cough and loud breathing during expiration (see *Spong.*). Every expiration ends with hoarse hacking cough. The child grasps at the throat with every coughing fit. Shortness of breath when sleeping or rising up. Paroxysms of suffocation, with anxiety (*Ars., Hep., Lach.*). Pleurisy and pneumonia, with great heat, much thirst, dry cough and nervous excitement (*Bry., Kali c., Phos.*). Hot feeling in lungs. Stitches in chest, with dry, hacking cough. Palpitation of heart with great anguish.

SLEEP.—Sleeplessness, with restless tossing about (*Ars., Bell., Cham.* Sleepy, but cannot sleep, *Bell., Ferr., Opi.*). Dreams with a sort of clairvoyance (*Phos.*). Nightly delirium.

FEVER.—Pulse hard, full frequent (*Bell., Bry., Hyos., Stram.* Slow, full, *Dig., Merc., Opi.* Small, contracted, weak, *Ars., Carb. v., Phos. ac., Verat.*). Chill and synochal fever, with dry hot skin, violent thirst, red face, shortness of breath and great nervous excitability (see *Bell., Bry.*). Sensation of coldness in

blood vessels (*Verat.* As if hot water were coursing through them, *Ars., Rhus*). Perspiration over whole body (only on upper part, *Sep.*). Bad effects from suppressed sweat.

*Aconite should never be given simply to control the fever, never alternated with other drugs for that purpose.* If it be a case requiring *Aconite* no other drug is needed. *Aconite* will cure the case. Unless indicated by the exciting cause, is nearly always injurious in first stages of typhoid fever.

SKIN.—Red, hot, swollen, shining skin (*Bell.*). Morbilli Purpura miliaris. Rubeola, variola.

CHARACTERISTIC PECULIARITIES.—Adapted to sanguine, plethoric persons (*Arn., Bell., Hepar, Merc.* Leucophlegmatic persons, *Ars., Calc. c., Nit. ac., Sulph.*). Congestions of head, heart, chest (*Bell., Bry.*). Complaints arising from exposure to cold, dry winds (*Hepar*). Excessive sensibility to least touch (*Agar., Bell., Bry., Nux m.*). Attacks of pain, with thirst and redness of face (with chilliness, *Ars., Bell., Sep., Puls.* Chilliness after pains *Kali c.*). Stinging pains in affected parts (*Apis*). Pains insupportable, especially at night (*Ars., Cham., Coff., Lach.*) Stitches here and there (*Bry.*).

AGGRAVATION.—Evening and night, pains are insupportable; in warm room; when rising from bed; lying on affected side. In evening (chest symptoms) when lying on left side (*Cact., Phos.*). In warm room (*Croc., Puls., Sec., Verat.*).

AMELIORATION.—In the open air (*Puls.* is better in the open air); after perspiring from wine.

NERVOUS SYMPTOMS.—When sitting still (*Bry.*), rheumatism.

### **Aconite Discussed as Per Old School Treatise.**

*Aconitum*, or *Aconite*, is the dried tuberous root of *Aconitum Napellus*, the Monk's Hood or Wolf's bane, a perennial plant of the natural order Ranunculaceæ, found in mountainous regions of Europe, Asia and North America. This plant has deep blue, helmet-shaped flowers and leaves, which have deeply cut, wedge shaped segments, exciting slowly when chewed a sensation of tingling in the tongue and lips. The root is conical and tapering, with a thick enclosing a seven-rayed, star-shaped pith, odorless, taste sweetish at first, soon becoming acrid. A minute portion, cautiously chewed, causes prolonged tingling and numbness of the tongue and lips.

*Aconite* contains the alkaloids Aconitine, Benzaconine and Aconine, also Aconitic acid, gum, etc.

### Physiological Action.

The taste of *Aconite* is bitter, acrid and pungent. Soon after the ingestion of even a small quantity, a sensation of numbness and persistent tingling are felt in the tongue and lips. Full medicinal doses cause a sense of constriction in the fauces, irritation of the gastro-intestinal mucous membrane with increased secretion; sometimes nausea and vomiting, and severe pain in the joints and muscles; always more or less salivation, diaphoresis and diuresis; reduced respiratory power, cardiac rate and force; lowered arterial tension and temperature.

A lethal dose produces great muscular weakness, dim sight, dilated (sometimes contracted) pupils; shallow, irregular and labored respiration, slow and weak pulse, cold surface, clammy sweat, great anxiety, numbness and tingling in the extremities, lowered body temperature (2 degrees to 3 degrees F.), abolished sensation, impaired reflexes and motility, and finally death from paralysis of the heart and respiration, with or without convulsions, consciousness being preserved until near the end, when CO<sub>2</sub> narcosis sets in. In two recorded cases œdema of the entire body resulted from eating the leaves of the growing plant.

*Aconite* is rapidly absorbed, and the active principle is destroyed by oxidation, so that its medicinal effects do not last long, and it may be administered in small doses at frequent intervals. The effects of a full dose continues for three or four hours. Applied externally it paralyzes the sensory nerves of the part and causes its characteristic numbness and tingling.

The action of *Aconite* is due to its chief constituent, aconitine, which is the most powerful alkaloid known and fatal to man in the dose 1/20 of a grain. Its dominant action is depressant to the peripheral nerve terminations, especially those of the sensory nerves, but stimulant to the vagus roots, slowing and steadying the action of the heart and lowering the blood pressure. It slows the respiration, relieves pain, lowers the body temperature, is mildly diaphoretic and feebly diuretic. In over dose it paralyzes both the motor and sensory nerves; the sensory being affected first and from the periphery inward, while the motor

nerves are affected from the centers outwardly. It stimulates at first but soon relaxes the inhibitory apparatus of the heart, and paralyzes finally the vagus ends, the cardiac muscles and its contained ganglia, the respiratory centers, and the spinal cord in all its functions, sensory, reflex and motor; but does not affect the cerebrum.

The primary stimulation which the drug produces upon the vagus centre in the medulla slows the heart rate at first; but its depressant action upon the motor cardiac centres and the vagus end organs in the heart is soon manifested, and finally, the vagus centre shares in the increasing paralysis, which affects the vaso-motor centre as well as the cardiac nervous apparatus. The heart rate becomes very rapid near the end from paralysis of the vagus terminals in its structure. Death is due generally to paralysis of the respiratory centre, sometimes to cardiac failure.

Benzaconine may be resolved into aconine and benzoic acid. It is only 1/50 as toxic as aconitine, depresses the motor nerves, the vaso-motor centre, and the cardiac muscle, but does not paralyze the sensory nerves. It stimulates the vagus, causing slowing of the pulse, and affects the cerebrum, causing a semi-comatose condition.

Aconine is a feeble agent, being 2,000 times less toxic than aconitine. In quantity it has a paralyzant action on the motor nerve termination like that of *Curare*, does not affect the vaso-motor centre, but stimulates the vagus roots and strengthens the ventricular systole.

### Therapeutics.

*Aconite* was well known to the ancients, by whom it was regarded as the most virulent of all poisons. It was introduced into medicine by Baron Storck, of Vienna, in 1762, and its pharmacology and therapeutics were the subject of an essay by Fleming, in 1844, for which he was awarded a gold medal by the University of Edinburgh.

*Aconite* antagonizes the fever process, and rightly used is, therefore, one of the most valuable drugs we possess. It has well been called the "therapeutic lancet," and is certainly responsible to a great extent for the disuse of venesection.

Its power over the circulation, respiration and transpiration



renders it of the greatest value in all affections characterized by a high, resisting pulse, a dry hot skin and elevated body temperature. The chief indication for its use is vascular excitement in sthenic subjects; it is contraindicated when there is adynamia, weak action of the heart and cardiac degeneration or dilatation, and in gastro-intestinal irritation or inflammation. *Aconite* is not a remedy for use in continued fevers, and its prolonged administration is not indicated except under very exceptional circumstances. Even in the inflammatory and febrile conditions, for which it is usefully employed, it will be found of greatest value in their early and sthenic stages, its later use being often injurious.

*Aconite* is very efficient in acute affections of the bronchial mucous membrane, in coryza, tonsillitis and asthma due to exposure, also in both catarrhal and spasmodic croup. One of the best methods of "breaking up a cold" is to administer small doses of the tincture at frequent intervals for several hours, followed by 10 grains of Dover's powder at bedtime. As a febrifuge and sedative it is useful in simple and catarrhal fever, also in scarlatina, measles and erysipelas. In the early stages of acute inflammations of the serous membranes, as meningitis, pleurisy and pericarditis, it has great power for good, but its employment in these affections should be restricted to the period before the stage of effusion. In acute peritonitis it is a valuable adjunct to *Opium* in cases presenting the sthenic characteristics which indicate its employment. In the early stages of pneumonia its sedative influence upon the respiration may be utilized with benefit, but it should not be used beyond the time when the heart begins to undergo much strain. In acute articular and muscular rheumatism it is frequently of great service, and, if used from the beginning of the attack in rheumatic fever, it will generally prevent the cardiac complications which are so dreaded in that disease.

*Aconite* has proved very efficient in neuralgia, especially if the attack is accompanied by high vascular excitement, also when the branches of the fifth nerve are affected. Aconitine has proved remarkably efficient in trigeminal neuralgia of obstinate character, but it is a doubtful and dangerous agent for internal use, on account of its variable purity and composition and its great toxicity. *Aconite* gives satisfaction in that treatment of cardiac affections

characterized by over action or hypertrophy and absence of dilatation or vascular lesions, particularly in exophthalmos, nervous palpitations and tobacco heart. Even when valvular disease is present it may be cautiously used in extreme hypertrophy to control the forcible cardiac action.

When diarrhœa or dysentery follows a chill and can be ascribed to cold and exposure, the patient having a high fever and cutting pains in the abdomen, *Aconite* will be found a very serviceable remedy. In sudden suppression of menstruation following a chill, getting feet wet, or similar evidences of exposure, this agent is efficient in removing the discomfort and causing the re-appearance of the flow. In congestive dysmenorrhœa it frequently gives a marked relief. In the early state of gonorrhœa drop doses of the tincture, given hourly until some physiological effect is produced, will lessen the severity of the inflammatory symptoms and prevent chordee. In the so-called urethral fever it is highly recommended, and a drop or two of the tincture given immediately after the passage of the urethral sound will prevent a chill which often succeeds that operation.

Externally, *Aconite* is used with benefit as a local anodyne in superficial neuralgias, herpes zoster, pruritus and chilblain. For the relief of vague, wandering pains in the limbs, liniments containing this tincture will prove more effective than those of any other form. For odontalgia the tincture may be rubbed on the gum in the vicinity of the aching tooth, or it may be introduced upon a pledget of cotton into a dental cavity. Any preparation containing this drug should be used with great caution upon an abraded cutaneous surface, as it is rapidly absorbed by the unprotected derma.

*Aconite* is best administered in small doses of the tincture well diluted and frequently repeated. Doses of  $\frac{1}{8}$  to  $\frac{1}{2}$  a drop every fifteen minutes give better results than larger ones at longer intervals.

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## AVENA.

By **E. E. Bechtel, M. D., Dayton, O.**

*Avena* is obtained from *Avena sativa*, or common oats. It is a marked nerve stimulant and tonic, an admirable equilibrant and nerve nutrient, and as such deserves to be better known.

In order to get the best results from *avena* it must be given in appreciable doses, say ten to thirty minims, and if it is administered in hot water its effect is much more prompt and increased. It has a selective action on the brain and nervous system, favorably influencing the nutritive function of these organs.

Given in full doses, its physiological effect is announced by a pain at the base of the brain, and should this occur the remedy should be discontinued and in a short time begun in smaller doses.

As a stimulant it combines well with strychnine, the effect of which it serves to prolong, but when used alone it is more permanent than strychnine.

As a tonic there is no better remedy, especially in the convalescences from exanthematous and prostrating diseases. It is a positive equilibrant in nerve storm, worry, sexual neurasthenia and all cases of nervous irritability induced by anxiety, prostration or exhaustion. *Avena* should be used in the nerve tremors of the aged, in chorea, paralysis agitans and epilepsy.

No remedy has given such good results in post-diphtheritic paralysis, and in general paralysis it is very effectual.

In uterine and ovarian diseases with a tendency to hysteria it is indicated, and in a case of nervous headache at the menstrual period when there is burning at the top of the head, *avena* will give good results.

In amenorrhœa and dysmenorrhœa, with a weak circulation, it is a positive agent.

In the insomnia of the nervous *avena* will produce rest and sleep.

Its use in impotency and the nervous disorders of the sexual indulgent will convince the most skeptical of its value. Doctors use *avena* with saw palmetto or *staphysagria* as indicated, and your cases of spermatorrhœa and emission will not fall into the hands of the charlatan.

In occipital headache small doses will give good results, especially those cases where the urine is loaded with phosphates.

In cases of nervous breakdown in brain workers *avena* will be found of much value.

Of its use in overcoming the habits of alcohol and opium *avena* has been over-estimated, yet if the right conditions of the nerves exist *avena* will prove to be of value.

In rheumatism of the heart *avena* is of especial value in giving tone to the cardiac muscle, and in debilitated conditions it will positively prevent relapse by fortifying the heart muscle and improving its energy.

Hence, in summing up the uses of *avena*, we will find it indicated as a nerve stimulant and tonic, and by its influence on the nutritive function as an equilibrant a positive agent in nervous prostration and in all spasmodic conditions induced by worry, excitement or exhaustion.—*Trans. Ohio State Eclectic Med. Society.*

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### I. H. A.

Asbury Park, June 21-23.

The impression that perhaps prevails with some that the I. H. A.—which letters stand for the rather high sounding title, International Hahnemannian Association—is “a lot of dead ones” is a decided error, as a visit to one of their annual meetings will prove to anyone. It is, of course, compared with the Institute, a small body but very much alive, which sticks to its text through thick and thin, and that text is Homœopathy—with a capital H. Now as the text is a live one so is the body. A paper is read and then freely discussed, and if any one expresses any unorthodox sentiment, or anything contrary to the Law, he hears from the other members in no uncertain tones. The talk waxes sharp at times, but there seems to be no ill will in it. So, good reader, if you ever have a chance to look in at an I. H. A. gathering, by all means do so; even we would advise, make an opportunity and go. You will be welcomed and come into an old homœopathic sphere that is refreshing. It does not follow that all said and done is rock-ribbed truth or is untinged with things that will bear very close scrutiny, but it is all looking in the right direction. For, after all is said and done, if we—meaning all that stands for Homœopathy—go gadding after those who lay claim to the much abused word “scientific” we become mere camp followers—men without a country, as in Hale’s famous story. It is this grip the I. H. A. has taken on the PRINCIPLE involved in the word “Homœopathy” that gives the body its vitality. As in all bodies there are some who are prone to ex-

tremes, but there are also plenty of level headed ones who see and acknowledge where the Law is not applicable and other means are to be called in. Also there are occasional fireworks let off that enliven things. All told any one interested in medicine will find plenty in the meetings to hold his attention, and generally to his profit. The man who thinks he has nothing to learn needs a dose of something for mental hardening of the intellect.

Dr. Maurice Worcester Turner, the president, read, as his annual address, a paper on Swedenborg and Hahnemann, showing the deeper connection of the works of these two great scientists who have left their imprint, or that of their work, on the age. A reporter of a local paper got hold of it and told his readers that the I. H. A. believed in Swedenborg and Hahnemann, which goes to show that the wise reader will take newspaper reports with a teaspoonful of salt at all times.

No attempt can be made here to give a report of the papers read, first, because this reporter is not a short-hand writer, and second, because he has not the space. There were forty-three papers on the programme, and all of them dealt with Homœopathy from the materia medica, clinical, obstetrical, philosophical or surgical point of view. The central idea was always kept in sight.

Among the few points of practical interest remembered or jotted down from the papers or the discussion were the following, given for what they are worth:

Dr. W. R. Powell, of Philadelphia, read a proving of *Teucrium marum verum* 200 (B. & T.). He gave a student of Hahnemann, Philadelphia, twenty-one doses of the 200th. One thing brought out by this proving is the very emphatic fact that the 200th has the power to very markedly disturb a man's physical equanimity; in other words, the student became very sick—developed marked symptoms from the twenty-one doses of the 200th. To get this proving in full you must go to the Transactions. The drug seems to act on anus and nose. Dr. Powell told of a case, a woman, who seemed to have tuberculosis, and have it bad. Finally, on the curious combination of symptoms, her picking her nose and suffering from an itching anus, he prescribed this drug, and the woman became normal. Having, perhaps, a liking for oddities we jotted down a symptom from the proving in effect, that the eye glasses



hurt the nose. If *Teucrium* can cure this, as it seems to have caused, the drug has a great future.

Dr. Boger's paper on the Philosophy of Homœopathy started a sort of all round talk. One gentleman said that the members should know that Homœopathy is "God's law," but, it seems to the reporter, in the same sense are all other laws that are discovered by man but not made by him. This discussion also brought up the subject of antitoxin. Dr. Turner commented on an investigation he had made at Boston, which, we believe, was published some years ago. In brief, before antitoxin there were forty deaths per 100 cases, afterwards these fell to 10 per cent. But investigation of health board records showed that with the fall of the death rate the number of cases reported rose to 400, so the death rate remained practically unchanged. However, a number of members say that antitoxin has its place as an antidote which will save when other means fail.

Dr. P. E. Krichbaum had a paper on *Hecla lava* and *Bellis perennis*. From this and the discussion we noted that *Hecla lava* will relieve pain following the extraction of teeth; that *Bellis p.* is to be considered in injuries to the coccyx, and in cases of crooked spine; also lameness of knee. Dr. John Hutchinson also said that he had a number of persons who made slight provings of *Bellis p.*, but with one exception they said that the only symptom was that it made them "feel fine"—which is a pretty good thing even if it is hardly to be classed as a symptom. Another peculiarity of the drug is that the provers generally—not those who felt fine—awoke about 3 A. M. and could not go to sleep again.

But, as said in the beginning, we have not the space to write up all the interesting things heard and seen. A paper by Dr. R. F. Rabe and the discussion following brought out a point that is of more than local interest, so to speak. The paper detailed at length the case of a woman brought to New York for treatment as a last despairing resort. Now the condition of this woman was demonstrated, and shown, according to the most modern methods, by experts; there could be no dispute on this point—there were the scientific (in the true sense) evidences of her actual state, and these were all cleared up—many of them "incurable"—by the potentized remedy, fairly "high," so that the

most hardened skeptic would have to admit that nature had been guilty of a freak, or the alternative, the potencies had cleared up an exceedingly bad pathological condition. The point of general interest is here apparent—it is a demonstration to “the man from Missouri.” The argument was that homœopaths would do well to employ modern methods to demonstrate the pathological conditions in the cases reported, but treat them homœopathically, and thus silence the gentlemen who are long on science but short on cure. Cases of this sort will do more towards doing good “missionary” work among the old school doctors—or the scientific—than anything else, for they are truly *scientific, i. e., you know* the state “before and after taking.” This does not mean that every case is to be put through this often expensive course, for it is not needed where the remedy, as it were, “sticks out,” but what is meant is that such cases are convincing to the learned world if one wants to appeal to it.

It is but fair to “The Brunswick” Hotel, where the members were housed, to say that it did its part admirably. If you want to go to Asbury Park, reader, you will make no mistake in sojourning at this house. (The reporter paid full rates, so this is a voluntary “reading notice.”)

Incidentally, the Association made the reporter an honorary member, of which honor we are fully appreciative and desire to sincerely thank that body for the honor. There is a good “at home” feeling with nearly all visitors to these gatherings that is very pleasing. Just pay a visit and see if we are not telling the whole truth, etc.

The following officers were elected for the ensuing year:

President, Dr. John Hutchinson, New York.

Vice-President, Dr. Carolyn E. Putnam, Kansas City.

Treasurer, Dr. W. R. Powell, Philadelphia, Pa.

Secretary, Dr. J. B. S. King, Chicago.

Corresponding Secretary, Dr. E. E. Case, Connecticut.

E. P. A.

## THE AMERICAN INSTITUTE OF HOMŒOPATHY AT NARRAGANSETT PIER.

As a beginning it may be stated that Narragansett Pier is a pier in name only, as that part of it is but a sea-moss covered ruin. The resort is beautifully located in a circular bend of the great Narragansett Bay, the green, rocky country to the shore, which is one of boulders ranging up to tons in weight. The surf is light, sometimes there is none at all, though in storms it comes in strong enough to roll the huge stones about and by attrition produce the sand that lines the southern coasts, for the Atlantic shore current is southward, ever southward.

The headquarters of the Institute was the "New Matthewson," though many of the sectional meetings were held at one of the hotels that cluster about the Matthewson, and, also, many of the members of the Institute had to find quarters in them because the main hotel was full. Many who wanted "a room with bath" had to be contented with just a plain, ordinary room. The Homœopaths are evidently a prosperous crowd in the main, though, of course, there are some, the editors, for instance, who never aspire higher than a room with a chair and bed. This leads up to the observation that our Institute is also, to a great extent, a classy and a dressy set, as was evidenced by the ball given in the hotel ball-room on Monday night. Among the men the spiked coat and white necktie came out in force, while as for the ladies who were also out in force—well, we are not up in fashions and so can only say that the "totality" of the ladies was very pleasing and elegant, as it appeared to the looker on in this Vienna.

What was done at the business session? Consult Brother Horner's Institute *Journal* for that, where you will find it all set forth in detail and order. The same advice also is tendered to those who want the solid meat of the very many scientific and learned papers, read at the various sectional meetings. To merely print the titles of these papers would make a goodly sized paper in the RECORDER. We hope to, as usual, pick a few kernels from them as they come along for the next year from month to month.

One thing we do know; namely, that a proposition to keep the dues at \$5.00 a year and charge \$2.00 extra for the *Journal* went down to inglorious defeat. It seems that Uncle Sam's P. O. D. will not let a journal go through the mails as second class mail matter (note, never write "second class matter" for that is a reflection on the nation's periodicals) and hence the Institute had to reduce the dues to \$3.00 and let \$2.00 of the usual \$5.00 dues go as a subscription to the *Journal*. This being so some members took occasion to drop the *Journal* and only pay the \$3.00, as, of course, on these rules the subscription is optional. It would seem that any one who can afford to belong to the Institute can, and ought, to take its official journal in which all the papers read at the annual meetings are printed together with the discussions, to listen to all which would require a constitution of nickel-steel.

The veterans are out in force, together with a large number of near-veterans and a host of just plain members young enough to have most of their troubles ahead of them—and, also, the fun. You, good reader, if in position, ought to join this great body and root for plain, square-toed Homœopathy without frills. You can put on the scientific extras in your practice to your heart's content (and the possible annoyance, or benefit, of your patients), but every man who holds a diploma from a homœopathic college should remember that if he strays out of the great organization, or cuts loose and goes over to the big camp, he will be like a poor boy at a frolic; or a mere follower, rather contemptuously tolerated. This is the wisdom of the serpent. It is a case something like that which caused wise old Ben. Franklin to dryly remark to the Continental Congress, when they had cut loose from King George's dominion: "We must hang together or hang separately."

Say what you please, Homœopathy is *not* recognized by the "regulars." Individually, as a rule, the "dominant" crowd are very nice men, agreeable and all that sort of thing, but, collectively, they are the same old allopaths, who, at heart, regard all other doctors as "quacks." Hence our advice for all Homœopaths to back up the Institute loyally, and not grouch too much because some one reads a paper that is shy on Homœopathy, for, at heart, we believe, the big majority are sound on *similia*. The "indicated remedy," according to the great Law, is the central

principle, but there are times when it needs adjuvants as, perhaps, every reader knows.

The principal trouble is that some men are not big enough to take in both, but run to the adjuvants exclusively; but they are not many.

For the first three days the Institute was enveloped in a dense fog—not mental, but physical, *i. e.*, a sea-fog—until some of the members from interior places almost came to the conclusion that the people in this vicinity did not know what sunshine meant. However, on Thursday, the fog vanished, a delightful and gentle sea-breeze sprang up and the sun shone brilliantly on the “clam-bake.” This Rhode Island clam bake was one of the entertainments provided for the visitors; it was a novelty to the most of them, and passed off at Rocky Point in fine style. It included quite a little sea voyage to reach the Point. The next day some members said they did not want any more clams for years to come. They looked pale. The other entertainments provided, were a ball, a banquet and a trip to Newport, the capital of the inordinately rich, who build palaces there costing a few millions and then dub them “cottages.”

Speaking, or writing, of cottages, reminds us of one at Naragansett, surrounded by a natural forest, above which rises a big stone tower. Asked what it was, a “native”—they so term themselves—told us that a man had built it for his ghost to inhabit after he had ended the life of, or in, the body. Maybe this is true. This place is in a dense wood on the drive that extends for several miles southward, towards Point Judith, lined, on the ocean side, with fine “cottages,” built mostly of stone (of which there is no lack), surrounded by beautiful grounds. The vegetation here about is intensely green, seemingly not knowing what a drouth means. Properly farmed, New England would be rich agriculturally.

At an after-dinner seance, on the veranda, we met Dr. Grosvenor, whom many readers will remember as Professor of Obstetrics for many years in one of the homœopathic colleges of Chicago, but now “a farmer,” as he calls himself, at Taunton, Mass. Among the reminiscences of past and gone days he gave us the following, which may be of interest: An English lord crossed the ocean to be treated by Hering, at Philadelphia. He



called at that great man's office and found, somewhat to his indignation, that he had to await his turn like other patients. Finally, Hering beckoned him from his consulting room door that he was "next." Entering, he asked, "Doctor, what is your fee?"

"Fifty cents," was the reply of the famous man.

The lord took up his hat and exclaimed: "The idea of traveling 3,000 miles for fifty cents worth of advice!" Then he took his departure. In this, perhaps, lies concealed a very practical moral.

Another story was of Lippe: A patient came to him who, for six months, had been under the care of a "regular" for "torpid liver." In two weeks he was well. One day the "regular" met Lippe and asked him how he was able to cure a "torpid liver" in so short a time. The reply was something like this—with strong German accent and a tapping of the forehead: "Torpid liver! The torpidity was *here*," tapping the forehead, "in-you." What further happened Dr. Grosvenor did not inform us.

Such casual talks with men, old, middle aged and young, from here, there and everywhere, were decidedly interesting, but are not reporting the Institute. However, there was no intention of reporting in this letter—only of gossiping a little.

Dr. T. H. Carmichael, of Philadelphia, was elected President for the coming year. Dr. Carmichael is popular, has a good voice that can be heard in the sometime noisy halls, much experience in the affairs of the Institute and possesses a good presence, so it is safe to predict that his administration will be a successful one. Dr. W. H. Dieffenbach, of New York, was elected Vice-President. The doctor is much interested in the homœopathic use of *Radium* in potencies.

The office of the Field Secretary is to be continued, as, we believe, ample funds were subscribed for the purpose at a meeting held for that purpose with the absent ones to hear from. Dr. Arndt, the Field Secretary, received a great ovation as he stepped to the front one day to speak his Report. You may remember that this office was created at the last meeting of the Institute, and so has had but one year's trial. In work of this nature—that of arousing the homœopathic profession to a realization of the necessity of organization and of standing shoulder to shoulder—it is impossible to show the results by statistics, but

it may be said, in this connection, that the attendance this year was larger than usual, and, in general, the meeting was a success. Also nearly 400 new members were taken on at this meeting.

At the dinner table one day, four at table, talking of books and writers, Dr. Clifford Mitchell, of Chicago, whose fame in urinary analysis is spreading beyond the confines of that pretty hamlet by the lake, said: "That last book of mine, *Diseases of the Urinary Organs*, is the best work I ever did. And that book to-day is just as nearly up-to-date as any." Now, as "a chield was among them taken mental notes" he has here "prented" one of 'em for the benefit of the reader. Mitchell said he had been "hammered" for putting in some "physiological" medication, but, he contended, such medication was necessary in some cases and did not hurt a homœopathic book. And in this we run against the great bone of contention ever present in homœopathic circles. On this, pages could be filled of cases related where the physiological treatment (if that is the correct term for material doses) had rescued patients who were sinking under homœopathic, or symptomatic, treatment, and of other cases going down to the grave under the strong dose that were saved by the homœopathic remedy. When you meet men who are intensely in earnest relating these cases, you are, as it were, up against a hard proposition. It is possible, "when the mists have cleared away," that it may be found that primarily the homœopathic remedy will do the work, that in advanced cases where ugly conditions are developed the physiological remedy has a legitimate place, and that in these latter cases, and in others still in the primary stage, surgery alone is the remedy and that he is the wisest physician who can see the true place for the three rivals, which should not be rivals but co-workers.

On the foregoing some men expressed the opinion that if every child could have homœopathic treatment up to adult age, there would be but little call for either the semi-heroic treatment, or for surgery. It is unquestionably true that the homœopathic remedy often works wonders in many desperate cases, even those seemingly requiring surgical interference, but it is also true that there are other cases in which it fails. Whether these failures are due to the lack of skill as prescribers of the attending phy-

sicians, as some men assert, is a question no one, or certainly not the writer, can determine. One thing, however, is very clear, namely, that the man who is well up in homœopathic materia medica has far better results (curatively) than the man who is not well acquainted with it.

The exhibitors were out in force, there being forty-one of them with fine displays. Also the omnivorous sample hunter was in evidence, as usual. The exhibitors presented Dr. Bennett with an elegant cabinet, as a token of their appreciation of his work.

Dr. James W. Ward, who was President during the never-to-be-forgotten California meeting last year, was present, and was royally received.

Dr. E. Stillman Bailey, of *Tho. rad*, fame, was present. *Tho. rad.* is a species of *Radium* or Radium itself. Dr. Bailey showed photographs taken up to 14x. The B. & T. pharmacy, Chicago, has it, but exactly how it differs from the regular Radium trit. we did not learn; the latter (B. & T.) was made from Radium from the Curie laboratories.

Dr. C. E. Fisher told us he had been ranching on his Colorado ranch for the past year.

A very large number of the men we met were bound for London to attend the World's Homœopathic Congress to be held there this month.

New York's Health Commissioner, Porter, attended the meeting, looking in the pink of health and apparently not worrying a little bit about the germs—an attitude conducive to health.

Drs. Dearborn, Sprague Carleton, the son of Dr. Bukk G. Carleton, of *Urological and Veneral Disease* fame; Ruel A. Benson (*Nursery Manual*), and five auto loads of the younger men of New York City, came in aforesaid autos on Tuesday. Was also glad to note that among the younger men our Dr. Ralph Bernstein (Philadelphia) took an active part. Philadelphia, by the way, was not very largely represented, though our Carmichael was elected president as before stated. East, West, North and South were represented, but it is impossible to enumerate all, though we must not forget to state Dr. Lewis P. Crutcher, who represents the American League of Medical Freedom, made a rattling good speech at the Asbury Park meeting, though whether he addressed the Institute we did not learn.

The place of the next meeting seems to be between Shenley Park, Pittsburgh, and Saratoga Springs.

E. P. A.

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**THE HOMŒOPATHIC MEDICAL SOCIETY OF  
OHIO MET AT COLUMBUS, OHIO, MAY 9-10,  
AT HOTEL HARTMAN.**

**Reported by L. L. Buckley, M. D.**

The first session, Tuesday, May 9, at 11 A. M., was well attended. The afternoon session saw all the members assembled ready for work. The paper by C. E. Hetherington, Piqua, O., on "Mental and Physical Sanitation of Childhood," was very clear and brought out quite a good discussion, showing the need of more and better knowledge by the physician as well as public the proper care of the child.

Under clinical medicine, Dr. H. E. Beebe, Sidney, the ever-present reliable standby of the society, gave a good paper on "Is China Officinalis a Prophylactic in Gall stone Colic?" His recital proved it a very good remedy to use in such cases, and watch results, which were successful in his work. Several members gave good reports along the same line.

Dr. W. B. Hinsdale, Ann Arbor, Mich., "The School Girl and College Woman," showed thought along the line of more careful handling of young girls in reference to the cares and duties of after life. It brought out quite a discussion on how far the school and public health sanitation should go and where the home training should be used. The one side which is never aired is the care of the boy. Why is it always the girl that is brought forward and discussed, and the boy simply ignored? Is it because he is not worth it or because he is so superior to all law of development? Some one ought to make it a special point in the next meeting to find the reason for the omission.

If more care was given to the boy there would be less need for such papers on "606" and kindred topics and less suffering among the children unto the third and fourth generation.

The Materia Medica Bureau made a full and interesting report.

Ralph Melon, Ann Arbor, Mich., "The Laboratory and the

Similimum," was very interesting, proving our law to those who care to investigate. Why will they go on in the dark when the light is all around them, simply waiting for them to open the windows of the mind and let it illuminate it.

Dale King's paper, "A Plea for the Better Care of the Insane," was a plea for separate departments with outdoor work. Bring the patient more close to nature, also active employment. We all know how hard forced idleness becomes. The discussion was along that line.

The male M. D.'s were entertained with a smoker, and the poor female M. D.'s were not even asked if they smoked, but were escorted to the theatre where they enjoyed a good show.

Wednesday morning found the society at work at 9:30. The papers were all well written, showing both care and thought, consequently the discussions were a help to all the members. There was quite an addition of new members. In the afternoon the society adjourned to meet next May at Dayton, Ohio.

Dr. Chas. Hoyt, Chillicothe, was chosen president.

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## RADIUM IN THERAPEUTICS.

Editor of the HOMŒOPATHIC RECORDER.

Some physicians are not inclined to expect much help from *Radium* as a therapeutic agent, and it may seem rather premature to record my very slight experience with it.

A case of granulated lids that seemed to require *Alumina* improved for a short time under the 6x, then showed more improvement under the 30x, but came to a standstill until one powder of *Radium* 6x was exhibited, and then improved very decidedly. After three weeks a second powder of *Radium* 6x was given the patient, and the *Alumina* 30x continued, one powder every other day as before. Three or four weeks later all trace of the granulations had disappeared. The eyes were as though no trouble had ever been present. This alone may be worth noting. No local treatment except glasses.

A case of eczema of the left hand. *Natrum sulph.* seemed indicated. Had given *Graph.*, both 6x and 30x, with good effect at first, but the trouble returned. Improved at first under *Nat. sulph.* 3x, then came to a stand, with some aggravation. After



one powder of *Radium* 6x, and continuing the *Nat. sulph.* 3x, improvement was very marked. After two weeks gave the second powder of *Radium* 6x, and continued the *Nat. sulph.* once a day. Improvement very decided, so that the trouble seems to be nearly gone. Still continuing treatment.

I am not fully convinced of the value of *Radium*, but encouraged to try it further. I would like to hear of the experience of others.

W. E. HATHAWAY, M. D.

Cincinnati, O., June, 1911.

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### SOME THINGS THAT ARE WORTHY OF OUR SERIOUS CONSIDERATION.

Editor of the HOMŒOPATHIC RECORDER.

There are *some* physicians who believe in vaccination as a prevention of small-pox. I would like to call their attention to one fact for their serious consideration. In the English Digest of Parliamentary Returns, No. 488, session of 1878, entitled "Vaccination Mortality" I find on record this startling statement: "*Twenty-five thousand children are annually slaughtered by disease inoculated with their system of vaccination, and a far greater number are injured and maimed for life by the same unwholesome rite.*" (Dr. J. W. Hodge.)

Is the homœopathic school of medicine willing to go on record as upholding such *trial practice as this?*

Dr. Richard Hughes, the intellectual giant of the homœopathic school in England, says in his "Principles and Practice of Homœopathy," on page 210, that "Dr. Villers treated at St. Petersburg 200 cases of diphtheria in five years *without a single death.*"

On page 211 he says that Dr. H. Sellden, a Swedish practitioner, and his colleagues treated 1,400 cases of diphtheria with a mortality of *only five per cent.* The above shows the reader what our homœopathic friends have done for diphtheria by *medicine*, not a *filthy horse serum.*

I am aware of the fact that some of our new school physicians have been very much *worried* for fear the osteopaths would be recognized in our state; allow me to say that the father of that system of healing claimed that they could cure 75 per cent. of

their patients. He must be a pretty poor homœopathic or eclectic physician if he cannot cure *ninety-five per cent. of his patients*. That being the case, why should we worry about what the osteopaths are doing? When we oppose these people we only *confess our own weakness*, and that we are *afraid of competition* with them. That is the *worst* blunder that we could possibly make. The most of the patrons of the drugless healers come from the families of the old school physician. They won't draw any from the new school, provided the new school physicians cut loose from all the fads of the regular school and practice medicine as they were taught to do by the *fathers* of the eclectic and homœopathic schools. The fight is now on between the regular school and the drugless healers, and it will *be a fight to a finish*.

Let the new school keep out of this mess, that is our *best policy*. The drugless healers are here to *stay*, and must be *reckoned* with. They have about 30,000 teachers and practitioners in the United States, and not less than 20,000,000 people who depend on some form of drugless treating when they are sick. In the years from now they will hold the *balance of power in America*. It will be for them to make the laws for us, *not* the doctors of the regular school, therefore it is not *wise* to make *enemies* of these people. Personally, I do not fear competition with *any* form of drugless healing. For this reason I have never opposed them. The people sit as a jury before whom *every* form of healing must be tried. *Results* is what counts, not theories. Let the *best* man win. Any law making it a *crime* to heal the sick is a *disgrace* to any state or country. To take away the divine right of the people to select their own physician when they are sick is interfering with the most *sacred* rights of our people. There should be the best of feeling between the eclectic and homœopathic physician, and they should unite with the "League of Medical Freedom" and oppose all legislation that comes from the regular school, for such legislation is only intended to give the regular school more *power over the people*. Watch all health bills, all medical laws, for *they* are behind them. The eclectic and homœopathic schools of medicine have *never* asked for any medical laws to protect them, because they *don't fear competition with any body*.

ELI G. JONES, M. D.

Burlington, N. J.

**PRACTICAL POINTERS.**

"In chronic cases we often find the patient complaining of pain in the cervical region, with a tendency for the head to draw backward, with nervousness. Here the field is most its own, as I know of no other remedy that is so certain in its action. In slender, pale-faced girls between the ages of twelve and twenty, losing flesh, morning cough, irregular appetite, and even in a few cases so far as to have the hectic fever; nervousness, nervous chills, etc., when the patient is tall and bloodless—it seems that it is in this class of patients that the results have been best. In these cases also there may be scant menstruation or neuralgic dysmenorrhœa. In cases, old or young, where there seems to be a lack of good red blood, here is the picture for *Gossypium*."—*Dr. O. C. Baird, Chanute, Kansas, in N. E. M. A. Quarterly.*

Concerning oatmeal. "Professor Magnus-Levy, of Berlin, believes that the oatmeal cure in diabetes depends on a peculiar substance in the oat starch not yet more definitely characterized. This view was opposed by many of the speakers in the discussion, while others sustained it, but the value of the oatmeal cure itself was recognized for the most part."—*From report of Congress for Internal Medicine.*

Dr. H. C. Gordinier, Troy, N. Y.: "Chronic acetanilid poisoning is productive of the following perfectly definite and easily recognized symptom-complex: Chronic cyanosis, cardiac insufficiency, a distinct blood picture and definite renal changes. The acetanilid habit is much more common than is generally supposed, and its enslavement is comparable with or worse than that of opium or alcohol. Acetanilid has a special predilection for the cardiovascular system, acting as a virulent hemolytic poison."—*Report of American Therap. Society.*

Contributed. "*Agnus castus* tincture, one-half teaspoonful in a half glass of water, teaspoonful every hour, never fails to establish the flow of milk after child-birth."—*Dr. S. A. Bass, Wichita, Kans.*

Contributed. "I have absolutely cured numerous fibroid tumors of the breast by the internal use of B. & T.'s *Thyroidin 2x*."—*Dr. E. J. Burch, Carthage, Mo.*

The alkaloid of the fountain of youth has been discovered in *Thiosinamine*, as, according to Dr. Hard, *Medical Times*, one-tenth grain three times a day will "stay the hand of time." The drug is said to soften indurated flesh, hence it ought to do the same to the hardening tissue of age, so runs the argument. If you want to stop the clock of time better use the 1x tablet trits., as these represent exactly 1/10 grain.

Dr. Roy Upham, of Brooklyn (*N. A. J. H.*), writes that "in some cases olive oil can be made palatable by the addition of salt, making its taste far more resemble that of the olive."

"I had a stomach and bowel case where *Nux vomica* was surely indicated; tried it in high and low potencies without result; then gave 1 drop of the tincture, several doses, with splendid results."—*Dr. Rhoda Pike Barstow, Irving Park, Ill., contributed.*

"*Cundurango* 30 will relieve the sharp cutting pain in cancer, a dose every half hour for a few doses. It takes the place of morphine."—*Dr. Rhoda Pike Barstow, Irving Park, Ill., contributed.*

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## BOOK REVIEWS.

THE BLOOD AND ITS THIRD ANATOMICAL ELEMENT. Application of the Microzymian Theory of the living organization to the study of the anatomical and chemical constitution of the blood and to that of the anatomical and physiological causes of the phenomena of its coagulation and of its other spontaneous changes. By A. Bechamp, formerly Professor in the Medical Faculty of Montpellier (France), corresponding member of the Academy of Medicine, etc. Translated from the French by Montague R. Levenson, M. D., of the Baltimore Medical School, and M. A. and Ph. D. of the University of Gottingen. 438 pages. Cloth, \$1.50. Postage, 10 cents. Philadelphia, Pa. Boericke & Tafel. 1911.

Concerning this book the author says in his long preface, p 15: "This work upon the blood, which I present at last to the learned public, is as—the crown to—a collection of works upon ferments and fermentations, upon spontaneous generation, upon albuminous substances, upon organization, upon physiology and general pathology which I have pursued without relaxation since 1854, at

the same time with other researches of pure chemistry more or less directly related to them, and it must be added, in the midst of a thousand difficulties raised up by relentless opponents from all sides especially, whence I least expected them." This life's labor has been for "the enunciation of a new doctrine regarding *organization and life*." Whether this end has been attained is a question that each reader must answer for himself, and it is easy to foresee that the answers must be conflicting, for it is a book of conflict. From its nature it is exceedingly difficult for any one in the space usually allotted a review to give anything like a satisfactory outline of the argument of the book; you must read for yourself. Here is a quotation (page 354) that will give an idea of the nature of this argument:

"The cellularists, it is but fair to recall, regarding the cellule as the simplest anatomical element, believed it proceeded necessarily from a former cellule, *omnis cellula e cellula*, holding it to be the *vital unit*, living *per se*, and regarded an entire organism as the sum of these units. But we now know that that was a deduction from incomplete and superficial observations, for the cellule, a *transitory anatomical element*, has the microzyma for its anatomical element. It is this which alone possesses all the characters of an anatomical element, *living per se*, and which must be regarded as the *unit of life*. It is what I have already stated in the following terms:

"*The microzyma is at the beginning and at the end of every living organization. It is the fundamental anatomical element whereby the cellules, the tissues, the organs, the whole, of an organism are constituted living.*"

The italics are as in the book. Further on we read, in effect, that bacteria are not the cause of disease conditions but an effect proceeding from morbid microzymas which justifies the aphorism of Pidoux, "*Diseases are born by us and in us.*" Every man with a taste for science will find this deeply learned work to be exceedingly interesting.

There are a number of proof errors in the text, as "pasteur" for "Pasteur" in one instance, "noither" for "neither," and once "dacterium" for "bacterium," and a few others that we noticed, but all are obvious errors of the compositor, and none of them obscure the meaning. They are annoying, but that is the worst than can be said of them.



A PRACTICAL MEDICAL DICTIONARY of Words used in Medicine with their derivation and pronunciation, including Dental, Veterinary, Chemical, Botanical, Electrical, Life Insurance and other Special Terms; Anatomical Tables of Titles in general use, and those sanctioned by the Basle Anatomical Convention; Pharmaceutical Preparations, Official in the U. S. and British Pharmacopœias and contained in the National Formulary; Chemical and Therapeutic Information as to Mineral Springs of America and Europe, and comprehensive Lists of Synonyms. By Thomas Lathrop Stedman, A. M., M. D., Editor of the "Twentieth Century Practice of Medicine," Editor of the *Medical Record*. Illustrated. 1,000 pages. Thumb indexed, \$5.00; plain, \$4.50. New York: William Wood & Company, 1911.

Mr. Samuel Johnson, the original dictionary man, defined the writer of such a book as a "harmless drudge," and, as we learn from Dr. Stedman's Preface to this new dictionary, Dr. John Hunter said, "of all things on the face of the earth definitions are the most accursed." To this we may add that of all reviewers the reviewer of a dictionary is the most helpless. About all he can do (unless he wants to "show off") is to give the reader his impressions of the work and let it go at that.

In general, then, our impressions of this work on first opening it were distinctly favorable, and these have not been changed on further acquaintance. In the first place, the type and press work are such as to make the text very easily read, and it is printed on paper that does not show the type through the paper on the reverse side; also the flexible leather binding causes the book to open as easily as an old shoe fits the foot. There are no plates in the book, the illustrations being printed with the text. The words to be defined are printed in black letter of the same size as the text, those that are always to begin with a capital are so spelled, the others with lower case. Following each word is a letter to indicate the language from which it is derived, as "G" for Greek, "L" for Latin, "Ar." for Arabic, etc. Following this are the foreign words themselves of which the term is composed; then the pronunciation plainly indicated and, finally, the definition. Homœopathy is defined as follows:

"A system of therapeutics founded or developed by Samuel

Hahnemann, based upon the observation that certain drugs, when given in large doses in health, will produce certain conditions similar to those relieved, when occurring as symptoms of disease by the same drug in small doses. This is called the law of similia from the aphorism *similia similibus curantur*, like is cured by like. Included in the homœopathic doctrine is the theory of dynamization, which is that by repeated trituration, or dilution with agitation, the potency or power of a drug is enormously increased, certain substances, such as lycopodium and common table salt, which are inert in appreciable doses, even acquiring therapeutic properties when so treated."

This is a square definition, though needless to add, it will not please every one, for there are those who insist that "*curantur*" should be spelled "*curentur*," and others will object to dynamization being included in a definition of Homœopathy—Dr. Stedman spells it with a small h, but we from habit perhaps stick to the capital H.

"Allopathy" is properly defined for what it is—"a system of therapeutics," etc.

"Eclectic" is defined as "picking out from different sources what appears to be the best," in which sense all are eclectics. The school of eclectics, however, are given a separate definition.

A dictionary is so interesting (to some at least) that one hardly knows where to stop. However, one more word, that newcomer, "anaphylaxis," of which we have heard so much of late. In the Greek it means to be deprived of protection—"ana" private, and "phylaxis" protection. Dr. Stedman puts it "Increased susceptibility to an infection or to the action of any foreign protein introduced into the body, following a primary infection; the opposite of immunity." This is one of the things that must have made John Hunter wrathful, for serums are given to "immunize" and yet they produce anaphylaxis. But enough. If you want a comprehensive, up-to-date medical dictionary you will not go astray in getting this one.

PLASTER OF PARIS AND HOW TO USE IT.—By Martin W. Ware, M. D., N. Y., Adjutant Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor of Surgery in the New York Post-Graduate School. Second

edition, revised and enlarged. Price, cloth, square form, \$1.25. De luxe leather, \$2.50. Surgery Publishing Co., New York.

Such information as History, Materials, Manufacture of Bandages,- Storage,- Bandages- of- Commerce,- Calot Plaster Bandages, the Immediate Preparation of Bandages, Application and Precaution, Removal of Bandages, etc., are all given under the contents of The Plaster of Paris Bandages. Then follows such chapters as Application of the Plaster of Paris Bandage to Individual Fracture, Fractures of the Upper Extremity, Fractures of the Lower Extremity, Moulded Plaster of Paris Splints, Plaster of Paris in Orthopedic Surgery, etc., and all presented in such a comprehensive manner as to make this book of particular service to every doctor. There are over ninety figures illustrating the various bandages, how to put them on, etc.

INTERNATIONAL HOMŒOPATHIC DIRECTORY. 1911-12. Edited by J. Robertson Day, M. D., and E. Petrie Hoyle, M. D. New and enlarged series. Sixteenth and Seventeenth Years of Publication. 320 pages. Large 8vo. Cloth, 4s. *net* London, England. Homœopathic Publishing Company, 12 Warwick Lane, E. C.

Hitherto this Directory has been a small, compact pocket-sized book, but this one is a large volume, 9x6½. It contains the names and addresses of the homœopathic physicians and chemists or pharmacists, of Europe, Asia, Africa, Australasia, North, Central and South America, and the various islands, a most useful work. We append the following for the benefit of our American readers: "The Homœopathic Publishing Company would deem it a favor if, in the notice, you would kindly draw attention to the new department for American physicians. The subscription price to physicians in United States, including insertion of the name, will be one dollar. A post card sent by any American homœopathic physician to the Homœopathic Publishing Company, 12 Warwick Lane, London, E. C., will assure the receipt of a circular when the next issue of the Directory is being compiled."

# Homœopathic Recorder

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## EDITORIAL BREVITIES.

THERE IS A DIFFERENCE.—The London *Lancet* of May 20th, editorially considering “The Efficiency of Antiseptics,” says: “The problem of the relative efficiency of various antiseptics cannot be entirely settled by experiments *in vitro*, for it is certain that to a great extent the conditions obtaining within the body are very different from those existing in the test tube.” This is a self-evident proposition. It is also apparent that the action of drugs on brute creation is no true guide to their action on man. Yet nearly everything in what is known as “scientific medicine” is based largely on such premises. Sooner or later the present day medical scientists will see the fact, which looms so big that they cannot get the proper perspective, that old Dr. Samuel Hahnemann showed the world the only method by which drug tests could be made that are of clinical use to the human race.

HOW TO IMPROVE THE MATERIA MEDICA.—From one extreme to the other there is probably not a man calling himself a homœopathic physician, or one who practices according to the law, who would not cheerfully eliminate every bit of dead wood, every false symptom from the materia medica, because no one wants to be deceived. The profession is often told that this ought to be done but not how it can be done. Dr. X. may say that such and such symptoms are foolish (and some of them surely seem to squint that way), but Dr. Y. affirms that these same symptoms have been of use to him. So there you are! What are you to do?

We would suggest that everyone take his Allen's *Handbook*,

which is about the only general materia medica giving anything approaching completeness in the way of symptomatology, and go through it, running his pencil through every symptom that is dead wood in his eyes. By doing this every one would possess his own ideal and true book. It would take time but the work would be a splendid training in a knowledge of our remedies. It would be a large task to verify things by re-proving the drugs and a larger one to find men willing to do it. Thus we come to the modest conclusion that our plan is the best yet suggested to please everybody.

ARSENIC.—Sir J. Hutchinson in the *British Medical Journal* (April 29) contributes a paper on Salvarsan and Arsenic in Cancer. He expresses his belief that arsenic produces a proclivity toward malignant forms of growth, which are necessarily the same but may take various forms—all malignant. This is confirmatory of what Homœopathy teaches concerning arsenic. Hutchinson now refrains from using it in his practice save in rare instances. When our scientific friends open their eyes to the fact, so obvious to homœopaths, that you cannot inject or administer material quantities of drugs, serums and vaccines without producing an effect, they will then be in clearer mental light, in which they may see that many prevalent abnormalities are but effects of methods mistaken for curative.

WILL IT STOP SPEEDING?—Herr Doctor A. von Notthaft (*Zeitschrift für Urologie*, Boston) has announced a discovery that may give pause to the automobile speed maniacs. He reports five cases of sexual impotency in men with the speed craze. He says the intense concentration of mind and nervous strain required in high speed produces the neurasthenia. It is doubtful, however, if this warning will do any good, for warnings hardly ever turn men. A broken neck is more convincing.

ANTITOXIN ONCE MORE.—Under the heading, "Some Considerations Regarding the Use of Diphtheria Antitoxin," the *Journal of the American Medical Association* for June 10th editorially discusses this question which some believe to be firmly established in the Temple of Scientific Truth, and, therefore, no



longer to be questioned. *The Journal* enters the subject by stating that no one doubts "the great life-saving value of diphtheria antitoxin," etc., but the editor points out certain "unpleasant sequels" following its use; among those enumerated that have occurred are death, paralysis, articular swelling and pain, cutaneous exanthema, rigors, collapse, convulsions and other constitutional phenomena which are comprehended under the term anaphylaxis. In conclusion, the editor gently warns the profession that "great care and discrimination should be exercised in the prophylactic administration of diphtheria antitoxin." Also, "In cases of doubt or suspicion antitoxin treatment should be given only when the larynx is involved," and finally, "The earlier the treatment is instituted the smaller will be the dose required and the less, therefore, the danger of reaction."

To those among our friends who regard this agent as one of the few fixed stars in therapeutics these quiet warnings from the seats of the medical mighty must seem strange.

MAY SUIT BOTH SIDES.—Dr. Levy, in *Deutsch. med. Wochenschrift*, Berlin, tells a small-pox-vaccination story that may suit either way of thinking. A German who had been twice vaccinated forty years before returned from a trip to Siberia with small-pox or an eruption, to which no attention was paid. His mother, strange to relate, had never been vaccinated; she took the disease and died. Her daughter's family, including three children,—and again this seems strange—came to the funeral. All of them were vaccinated excepting a boy two years old. He developed a severe case and the other members of the family mild cases of the disease; none of them died. They all had the disease, the unvaccinated in a severe form. Whether it is best to suffer the repeated ill of the vaccine sore to change the possible small-pox from severe to mild is, we hold, a just matter for individual determination.

A VAST UNCHARTED REGION.—"Every day we acknowledge it; the grief-stricken die of broken hearts, the diabetic so often develops the condition after business or family worries. Back of hysteria, in so many cases, lies a history that we can recognize, of ambition thwarted, fortune imperiled or lost, occupation sud-

denly gone, death of those dear, all provoking causes of disease. Yet there is ever the question, did these mental causes become so lethal because they occurred in constitutions with unsuspected defects, or did they originate the disease that time discloses? Here is the disrupted or ignored field, in which religious and medical fakirs have wrought their miracles in all ages, and we may well ask, can the removal of mental causes cure the consequences, often seeming organic, that these causes appear to have originated?"

So writes *Medical Notes and Queries*, a sane journal though "regular." In this quotation lies the reason that has made the "regular" the butt of wits in all ages. It is admitted by their wisest that they know nothing of this region of disease, and, therefore, it follows naturally to their minds that no one else does, for all others are "fakirs." Many so termed are "fakirs," but the "regular" makes the mistake of his life when he clings to the traditional faith that no prophet can arise who is not a "regular." Probably the individual must hold fast to this ancient tradition else he, too, will be thrown out as a "fakir."

THALLIUM.—The following contribution to the effects of *Thallium* is taken from the Paris Letter of the *Lancet*, May 27:

"A workman dissolved a gramme of *Thallium acetate* in 200 grammes of water and put this solution into an empty Vichy water bottle without removing the label. Suffering later from pains in the stomach, he asked for some Vichy water, and failed to observe that his wife took it out of this bottle, adding it to a glass of milk which he was about to take. The next morning he was seized with vomiting and an acute sense of internal chill. There were cyanosis of the extremities, a lowered temperature, pains in the kidneys, and some cramp of the stomach. The urine, much reduced in quantity, contained a little albumin. His medical man ordered abundant drinks and baths, and the symptoms disappeared in a few days."

WITH NO GUIDING LAW!—Under the heading, "Danger of Pancreatic Extracts," the *Journal of the A. M. A.*, June 3d, editorially says: "While much of the advance in therapeutics is due directly or indirectly to experimental work on animals, it should be borne in mind that the administration of remedies to

patients can seldom realize experimental conditions. The physician who assumes that, because in an animal experiment the hypodermic injection of a certain remedy has produced certain effects, similar results will follow its administration to man by the mouth, is apt to fall into error." Later on, quoting Dr. J. Forsbach's experience with these extracts, it says: "The trial was then made on diabetic patients with the result that, although there was a slight reduction of sugar excreted, the temperature rose and the patients presented indications of marked poisoning. The acidosis was unaffected and the sugar returned after a short time to its original height."

If animals could keep a provers' journal of the effects of the experiments on them not visible to the eyes of the scientists probably much "brilliant work" would be knocked bally-west.

VANADIUM.—The following account of the symptoms (Vanadiumism) caused by this metal are taken from a paper in the *Journal A. M. A.*, June 3d, by Dr. W. F. Dutton, of Carnegie, Pa.:

"Anæmia is an early symptom (a peculiar cachexia), not altogether unlike chlorosis. There is, at first, marked increase in the number of corpuscles and hemoglobin, which is shortly followed by reduction of cells and hemoglobin. At times, there is disintegration of the red cells. The cough is a prominent and characteristic symptom. It is dry, irritating and paroxysmal, becoming so intense that hæmorrhages are frequent and severe, even causing death. The workers in the manufacture of the various products of vanadium are very susceptible to tuberculosis and, unless removed from the labor, rapidly succumb to the disease. Emaciation, irritation of the nose, eyes and throat are always in evidence. Anorexia, nausea and diarrhœa (often absent), followed by obstinate constipation, indicate gastro-intestinal involvement. Albumin, casts and blood are often present in the urine.

"Continuous exposure to the poison leads to fine tremors of the extremities, headache, neuroretinitis, amaurosis, vertigo, hysteria and melancholia. The drug is eliminated by the kidneys; it may be found also in the fæces, sputum and saliva."

PERHAPS.—Perhaps when men know more than they do to-day, though to some such a state is seemingly impossible, they may see that the hypodermic syringe belongs in the class of the lancet; that the serum of brutes should be classed with the hair of a black cat at full moon; that vaccines, dead bacilli, rank with the extract of mummy; that certain drugs are useful only in material doses; that certain other drugs are useless save in the highly potentized condition; that certain patients are impervious to potency; that other patients are harmed by crudities; that disease is a state and not a living little bug; that keeping well consists more in shunning things than in doing things. Also perhaps much else will be learned of which we wot not. All this is “perhaps,” Oh, testy reader!

PERFORMING VS. TEACHING.—“The general practitioner takes great interest in the work of the specialist. When he goes into a modern hospital theatre while a surgical operation is being performed he beholds something which fills him with wonder and admiration. He asks: ‘What are these which are arrayed in white robes? and whence came they?’ The master of ceremonies answers: ‘These are they who have discovered something more rational than antiseptic surgery as practiced by Lister.’ The general practitioner does not object to a uniform. The surgeon may wear a nightcap, a mask, a nightgown, mittens and top boots in his well-equipped hospital with all sorts of new apparatus and laboratory appliances if he pleases. There is grave danger, however, that the undue exaltation of modern histrionics may overshadow the real essentials in connection with the prevention of sepsis. We want men of the Lister type to teach our students and practitioners. The wondrous charm of Lister’s simplicity in his methods of teaching and operating is one of the most delightful things the world has ever contemplated. Some of our shining lights nowadays, in hospitals and medical societies, appear to aim at giving exhibitions of their skill instead of imparting some practical knowledge to the everyday doctor—knowledge that will help him while working on the side lines or in the backwoods, where theatrical costumes can scarcely come into general use.”—*Canadian Practitioner*, July.

THE LOCK-JAW TRUST.—According to a report of a meeting of the Philadelphia County Medical Society, published in the *North American* of that town, June 15th, there is a “cartridge trust” in this country, with a great pull in Washington, it is inferred, that persists in using paper for blank cartridges that is infected with “tetanus germs”—so the County Society believes with a heroic belief. The impulse that moves any body of men to act for the welfare of humanity must be noble, and for this all good citizens will honor the society. But while the impulse is laudable the direction in which it ultimates itself causes a doubt to be injected into the minds of some. We are frequently told that the special habitat of this particular germ is around stables, and it now appears in the particular make of paper used by the trust, so, apparently, as stables cannot be abolished, the County Society points to this trust as something more amenable to the laws protecting life. How the germs get in this cartridge paper, and how they survive the heat of the flash of the fulminating powder is not stated. The argument seems to run: Wounds made by these cartridges cause tetanus, which can only occur when its germ is introduced from without; therefore, the paper *must* contain the germs. This reasoning was termed “heroic” because no one apparently has ever examined this paper; it is heroic because of its great acceptance of the theory that the disease is the result of germs coming into a man; it is heroic because it sees the germs in the paper causing the slight wound but never sees it in the protective substance, intimately connected with stables, put into children, which often is followed by tetanus; in this latter case it is always declared the germ enters the wound from elsewhere. The effort to ride those two horses is heroic. Also the man who can stick on the back of the germ theory through thick and thin can give cards and spades to the cow-boys and beat them. (In all this there is no defense of “the trust” or of Fourth of July foolishness.)

HE KNEW 'EM.—The *Medical Summary* editorially tells of a doctor known in medical literature and as a professor in a medical college, who ate something that resulted in ptomain poisoning. He refused to call in his brother doctors because he did not want their drugs, stomach pumps, conflicting opinions and general



efforts at doing something. He recovered, and Editor Andrews sagely remarks that doctors are poor patients because "they know so thoroughly the limitations of the healing art." If this old practitioner had been called in to a similar case he would have been compelled to put up a bluff at "doing something" to save his face, for even a much trusted family doctor would be grilled if he "did nothing." All which enwraps a teaching which you, reader, can unwrap if you care to. The placebo has its niche.

THE ULTRA ETHICAL.—Dr. W. M. Gregory writes the *A. M. A. Journal* from Berea, O., in defence of those medical journals that admit "unethical" advertisements and the like. He says: "I must have a fair field and a free parliament which no man could have in contributing for journals like the *Journal A. M. A.*" He writes that in his practice he uses "such remedies as bryonia, iris, rhus tox., pulsatilla, gelsemium, colchicum, veratrum, aconite and guaiacum," with which he cures disease. In contrast he gives the following: "A poor sick doctor in South Carolina writes to me in asking for advice in his desperate case of rheumatism. 'I have paid out everything but my home to M. D.'s for treatment and am not cured.' What kind of ethics would allow a man to take the last dollar from a suffering brother physician?" The ethics in this case concern those interested, but the point of general interest is that this physician has wasted all his substance on special treatments and is no better for them. Much could be said about such cases but of what avail? More Homœopathy and less bacteriology would give better results.

DO NOT GO TOO FAST.—The following, quoted by the *Journal A. M. A.*, is from *A Pocket-Book of Treatment*, by Ralph Winnington Leftwich, M. D. It comes close to being rasping. "The young practitioner purrs when he is told he is up to date. When he becomes more experienced he will have discovered that it is safer to be, say, six months behind the times. In fact, the up-to-date physician may be defined as a man who experiments on his patients." Further on in this quotation (have not seen the book) Dr. Leftwich says that drug houses will select, say, seven remedies used for a certain disease, mix them, and then introduce the mixture to the profession and "get it more or less widely recommended."

AN ETIOLOGICAL PROBLEM.—“Ever since leprosy was made the subject of serious study, one question, in connection with it, has been of paramount interest. Known to have been in existence from very remote times, the question of its origin has been one of ever renewed interest. In fact, the mystery which has surrounded the subject has added new zest to the search for the determination of the original cause of this disease.”—*Am. Jour. Dermatology*.

Is the etiology of *any* disease known?

THEORISTS VS. CLINICIANS.—Ever and anon some one from the laboratory tells the profession that the ordinary physician should not handle such agents as vaccines, and things of that ilk, because he has neither the facilities nor the knowledge. Now comes Dr. Horder of St. Bartholomew's, in *The Practitioner*, who dwells on the danger of patients being treated with these agents by “theoretical bacteriologists” instead of by men with clinical training. If patients knew all this probably they would betake themselves to homœopathic physicians and not lend themselves to the advancement of medical knowledge.

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### NEWS ITEMS.

Dr. J. R. Gleason has removed from Windham to Medina, O.

Mr. W. G. Smith, address Thompsettown, Pa., writes us that there is a fine opening for a homœopathic physician at Mifflintown, Pa. Write him for particulars.

Our readers will welcome Dr. Fornias back to the RECORDER'S pages again, especially when they learn he has just recovered from a severe spell of illness, so severe indeed that twice it was thought he had passed on over the “great divide.” A certain recent book, Bartlett's *Treatment*, it is intimated, in the emergency, furnished that which pulled him through the crisis.

Regular service was inaugurated at the Buffalo N. Y. Homœopathic Hospital on June 7th.

Dr. Henry Beates, Jr., has resigned from the Examining Board—the new mixed one—because it goes against his conscience to sign certificates for homœopaths and eclectic.

## PERSONAL.

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When a man "loses faith in God and man" because he has met some trouble it only proves that he is a weakling.

"Smashing the whistler in the jaw" is unlawful, Rube, even though justifiable at times. Law and justice are not always synonymous.

"What a lot of fuss over only one woman," remarked the gentleman from Utah, when he saw the "problem" play.

Men make politics rotten, not the reverse.

The man who commits suicide may be hunting real trouble.

The great man is the one attacked, criticized, refuted, scolded, etc. No others are.

According to Bernard Shaw the vivisectors are not clever enough to arrive anywhere.

Bernard also says that nothing is as dangerous as a poor doctor.

"Medicine, as a science, is yet in its infancy."—*Ferguson, A. M. A.* You wouldn't believe it, would you, to hear it talk!

It is well that conversation is a gift, they say, else some would be hopeless bankrupts.

Now watch "bufagin" do its little stunt, to be followed by the hook.

There is a difference between Dr. John Smith, and John Smith, Dr.

A "proprietary medicine" is one with a published formula that won't work.

Every man can attend a coronation at the dentist's.

"The most skilful physician is not he who never makes a false selection, but he who does this least frequently."—*Dudgeon.*

Elbert, "The Fra," mistakes his negative self for the beginning of wisdom—an error as old as Egypt.

Infidelity is frequently a step toward the asylum for the queer who make themselves deities, but who are wrecks only.

Fly-time and a bald head are close to legitimate reasons for bad words.

It is better to sweep the room with a broom than a glance.

When you try to reduce a cartoon to words!

The best car is the one a man owns.

Men see badness, foolishness, poverty and squalor breeding disease and, when bred, exclaim: "Behold, the work of the germ!"

No wise man would trust a hungry vegetarian with a chicken-pie.

"Do not bring a child under three years of age to the table to eat."—*Ex.* Bob veal!

Impetuous men are frequently black-eyed.

The buyer complained that the chicken was all wings and machinery.

# THE HOMŒOPATHIC RECORDER

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## YOU CANNOT BRIDGE THE GULF.

An incident occurred in Pennsylvania the other day which ought to be highly instructive to those holders of diplomas from homœopathic medical colleges who aspire to affiliation with the allopaths. Why any man who comprehends Homœopathy should think he is rising to a higher medical level by leaving homœopathic institutions and joining with those of allopathy is something difficult to understand. It is quite likely, however, that no one learned in the science of therapeutics ever yearns for a place in the other camp, and it is only the failures in that greatest of medical truths that wander off, for the wise one in *similia* has the all of traditional medicine and modern medical science at his command plus the art of curing sickness.

The incident referred to is instructive because it shows the real attitude of the allopaths, the plain spoken of them, who do not seek to entice the homœopath away from his affiliations in order to aid in abolishing the only really vital medical organization that opposes the great and mostly inert mass of medical tradition. The Pennsylvania Legislature at its last session passed a "one-board bill." What is to be gained by such a measure is not apparent. The necessity of associating with graduates of homœopathic and eclectic colleges has caused Dr. Henry Beates, Jr., for twelve years president of the old allopathic examining board, to resign, and, for one, we admire his honesty in so doing. Here are his reasons so reported in the daily newspapers:

"I served on the state examining board for seventeen consecutive years," said Doctor Beates yesterday, "and during that time I did not sign one license to practice medicine for a person I did not believe to be entitled to such a license. When the homœopaths and eclectics do not practice only those principles which

are taught in their schools, but practice what they have not been taught, I, for one, will not be a party to granting such men licenses to practice medicine.

"Medicine is a science, the art of healing, and it cannot be taught by following certain pet dogmas or by only practicing one sect of medicine. This new medical act may be a good one, but it is not in line with the principles for which I have fought and been publicly maligned for fifteen years, and I will not give my consent, when in my official position, to graduates of these various 'pathic' schools to practice medicine.

"My position on the examining board was not one to be envied. During the years I held that office I have waged a fight against these 'diploma schools,' and to raise the standards of medical education, incurring the enmity of representatives of many small, and some big medical institutions. When the Legislature was in session I was in Harrisburg every week, from Monday to Thursday, in the interests of medical education, and to protect the public from pseudo doctors. I feel that I have done my duty for the public, and step out to give others an opportunity to carry on the work."

There, Dr. Homœopath, who wants to join the allopathic army, you have an honest opinion of yourself by one of the real leaders of that army; you are of a "diploma school," which, being interpreted, means a "diploma mill." To be sure there are others who seek to have you become "a physician only," but if you do so you will surely become what the inhabitants of Gibeon became to the Israelites, "hewers of wood and drawers of water."

There is only one way in which the two can unite in peace and for the public welfare, and that way is for the allopaths to fully and completely acknowledge the validity of the law known as Homœopathy and teach it as the central truth of therapeutics. The allopathic talk about "sects" and "sectarianism," which hurts the feelings of so many homœopaths, is but an evidence of sheer ignorance, not of superiority, as so many of them seem to think. The first upholders of a universal principle have always been jeered at the beginning by the bovine majority, and their often smugly satisfied leaders, who, by acknowledging the new principle, would thereby tacitly confess ignorance of that science of



which they were supposed to be shining lights. To confess that a practice employed for decades on millions (like blood letting) was not only useless but deadly—worse than the disease—is a hard proposition for anyone to face; but what is true is true, quite regardless of man. If the end of medicine is the cure of disease, Homœopathy cannot be ignored, if that end is to be reached; if, on the other hand, other ends are in view the less Homœopathy the better for reaching the other ends.

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### HOMŒOPATHY VERSUS SERUM THERAPY.

By Milton Powel, M. D., and John Hutchinson, M. D.,  
New York.

Very many good homœopaths have been claiming for Homœopathy the results of serum and vaccination therapy. To our minds this is wrong, as Homœopathy and serum therapy have nothing at all in common, and are based upon two entirely distinct kinds of reasoning. Neither do the opsonic index theories aid the homœopathic prescription. As yet the law of similars appears to be superior to and quite independent of them.

It is true that no less a man than Sir A. E. Wright has said that "The physician of the future will be an immunisator," but it seems to us that with all due respect to this attention to the "future" which occupies the minds of so many twentieth century physicians the demands of sick people in the present must be met. Those demands are met by the science and art of Homœopathy. It will be early enough for that science and art to cease when the "future" brings their eclipse.

Wright says (p. 235): "The principle of serum therapy, that is, the idea of transferring to patients already the subjects of bacterial infection immunizing substances withdrawn from animals vicariously inoculated, appeals in a very forcible way to the medical mind by the fact that it promises a rational treatment of of all bacterial diseases, and by the fact that it has fulfilled that promise in the case of diphtheria. The prestige which it has derived from this signal success," etc., etc. We make no comment just here on this amazing attitude, statement, and series of assumptions. They seem to be characteristic of the dominant

school, which "promises" for the "future" "rational treatment."

The unproved substances employed in serum therapy have no correspondence with well investigated homœopathic remedies. The sera are complex materials, elaborately prepared, and their excuse for existence is an arbitrary one. Moreover, they are only suitable for use by the worker in experimental laboratories, if, perchance, he be also a physician.

For, as has been said (New Serum Therapy, Paton, 1906), "Antitoxin is not the only element in the antiserum." Notwithstanding this statement of an obvious fact, the complex organization of even one example of antiserum products is not explained by any correlated epitome or digest of its effects, despite the numerous untoward results that are recognized even by its friends.

Before the serum of a horse acquires sufficient antitoxic power the animal must be treated for five or six months by the chosen method. Then the serum is considered suitable for the human patient, provided he present the single diagnostic indication of, say, diphtheria, or indeed if he be in perfect health. In either case he may receive maximum dosage or even dosage that is not tolerated.

Hewless says: "It is better to mix the serum of several horses, if possible, as the serum is then less likely to produce rashes," etc. A small amount of antiseptic is generally added, *e. g.*, 0.2 carbolic acid or, preferably, 0.3 per cent. trikresol. "Camphor, previously flamed to sterilize it, has also been used, but it is only a feeble antiseptic." (Hewlett, Serum and Vaccine Therapy, 1910.) Hewlett also says (p. 10): "There are two classes of curative sera, the one antagonizing the bacterial toxins, such as diphtheria and tetanus antitoxins, to which the term antitoxin is alone strictly applicable, the other antagonizing the microbes, killing or otherwise disposing of them. This latter class may be termed antimicrobial sera, such are antistreptococcal and antiplague sera."

Against this, however true it may be, we can only say that the influence and effects of serum in a given case correspond not at all to those of the indicated homœopathic remedy. This remedy as the simillimum is unique, definite in its energy, and potent to a degree.

About twenty years have elapsed since diphtheria antitoxin was first introduced. Of all the sera now on the market, it is still

the only one highly vaunted. Others have been administered as specifics, some extensively, but the results are not desirable for publication. Just how to vanquish the bacterium and not the patient is still the problem, and the precise vocation of the bacterium is yet a secret.

To quote Jules Bordet (*Studies in Immunity*, 1909, p. 1): "Bacteria are highly adaptable. They frequently change both morphologically and functionally. Their virulence is also an essentially fluctuating property, that increases or diminishes according to the conditions to which the pathogenic organism is subjected."

Bordet, p. 8: "The study of the serum of immunized animals forms a new chapter in the history of the struggle between the animal and infective agents, under which heading practical results of the highest importance are already inscribed. Any explanation of the phenomena is, however, still far from complete."

Bordet, p. 69: "*It would seem as if the serum of vaccinated animals had no particular bactericidal substance, but that a similar bacterial substance is present in the blood of normal as well as of immunized animals. This bactericidal substance is not specific unless mixed with the preventive substance, and under its normal conditions will affect only attenuated vibrios. Its energetic action depends on the combined presence of a preventive substance that is present only in the serum of immunized animals.*"

Whatever that means we do not know.

Bordet, p. 76: "A bacterial property is not always present in the serum of immunized animals. The sera from animals vaccinated against tetanus, diphtheria, hog cholera, etc., do not destroy their respective organisms."

Bordet, p. 77: "If there is a distinction then to be drawn between bactericidal sera and those that are not it is due to a difference in resistance of the specific organism, and not to the absence or presence of a bactericidal substance in the serum."

Bordet, p. 144: "*It is probable that serum acts on bacteria by changing the relations of molecular attraction between the bacteria and the surrounding fluid.*"

The last paragraph is italicized in the original, which seems to give it significance; and yet to us the conclusion appears to belong to that which is purely imaginary.

Bordet, p. 164: "The special properties that are found in the sera of vaccinated animals are present in a primitive form in normal sera. This fact probably has a distinct bearing on the specific nature of these substances in immune sera."

We ourselves are rather in favor of the "primitive form in normal sera." It seems to promise more than the probabilities that the author quoted and others are fond of entertaining. These probabilities seem to us a trifle hazardous to act upon, despite the fact that they *are* acted upon almost as if axiomatic—say, "A dozen probabilities make one certainty." This may be all right, theoretically, but there remains a risk in its practical application.

It is clear that the task set himself by the laboratory worker in his declaration, "The antisera are specific," is one exceedingly difficult of illustration, despite the great and interesting thoroughness of laboratory industry in the twentieth century. The physicist, the biologist, the chemist, each does his own work in his own way, and his conclusions approach and suggest Homœopathy. But he does not as yet by any of his accomplishments express Homœopathy at all clearly. He has started with an assumption, a presupposition, that involves knowledge by himself at least of processes which can hardly be determined, much less explained. It is one thing to recognize and count corpuscles, quite another to reckon with their *vis a tergo*. Hypotheses may be useful and logical. They are dwelt upon in the absence of facts. It is, however, well to bear in mind that hypotheses as such are abandoned when facts arrive—not before.

The therapeutic problem of to-day is one of safety, and it confronts the patient everywhere. It remains for us to determine whether it is right and expedient in the nature of medicine as a science and an art to invade the human organism with the forces of any crude procedure while the utility of that procedure is not positive.

The view of disease as due primarily to bacteria establishes the need of immunity. When the first premise, which we reject, is entertained by the bacteriologist, he ignores all evidence to the contrary.

The immunity proposition, that every one must have had a form of the disease in order to be safe, is assuming that individ-

ual resistive power does not exist. This assumption takes us back to the ancient inoculation theory, although the fashion in technique has changed.

Metchnikoff (p. 433) cites eight or more instances of immunity secured by natural means, including immunity acquired by heredity. He observes (p. 10) that "Immunity may be inborn or acquired," but he declares (p. 1), "The prevention of disease by the production of an acquired immunity is daily assuming greater importance." (Immunity in Infective Diseases, Elie Metchnikoff, 1905.)

By this it appears that artificial immunity is chiefly to be desired.

*The laboratory of Homœopathy* is the living human organism, and it includes in its equipment the whole man; not his body alone, but his mind and all his functions. This important laboratory differs essentially from the so-called biological laboratories that flourish by reason of arbitrary and empiric medicine, whose essential proclamation is that no rule, nor principle, nor law, exists for the constant guidance of the medical scientist.

We insist that only the laboratory of Homœopathy, the human being itself, its own economy, is delicate enough to aid and guide the therapist in his one glorious obligation to conserve human health. Rats and rabbits and guinea pigs, and even the noble dog, cannot tell us the things that we most need to learn.

Again, Homœopathy's view of symptoms is unique. This view considers every phase of departure from health, and its standard of health is high. In a manner it is concerned less with the problems of disease than with the problems of health, for its recognition of symptoms as expressing departure from health is wonderfully keen. Consequently it cannot overlook the sick-making properties of medicinal agents, wherein lies the very nucleus of medicine. A knowledge of what to reject is as necessary as a knowledge of what is to be utilized. In other words, that which is of doubtful virtue, and which offers no advantage over what is well known to be of worth, cannot be accepted. If the homœopathist had only to cure his patients of disordered health, instead of the incalculable morbid disasters from unscientific drugging of all descriptions, his work would be done with infinitely greater ease.



Homœopathy has no use for an artificially prepared serum that is unproven, nor for the hypodermatic administration of medicine. Such agents and such methods are too coarse and brutal for vital employment, when human life is at stake. There is nothing in the vital integrity, to say nothing of the delicate complexity of the complete human organism, that gives license to brutality of treatment. Homœopathy is never clumsy nor crude, but it is perfectly adapted by the preparation and application of its agents to the correction of disturbed health, whatever be the grade or intensity of disturbance. It cures the sick.

Its remedies are proved as received through the mouth into the laboratory of Homœopathy, the man himself. Here effects are produced in a manner entirely safe, from dosage never hazardous, and the organism gives free expression to these effects in a manner that is fully intelligible.

*Per contra*, we quote from Hewlett, *Serum Therapy*, p. 77: "The antitoxins and antisera are usually administered by subcutaneous injection. Various statements have been made and reports are frequently published in the medical journals of the successful administration of antisera by the mouth. In some experiments made by the writer it was found, however, that, using guinea pigs and rabbits, both diphtheria and tetanus antitoxins were completely unabsorbed when given by the mouth or rectum, and therefore this mode of administration must be regarded as inadvisable, particularly if a rapid action be desired." The idea here seems to be that what the rabbit stomach refuses must be forced into the circulation of man.

Whatever the ingredients of the serum, or the manner of its elaboration, its mode of exhibition is highly open to objection. The method is a most artificial one, by means of which the substance is forced directly into the organism itself without actual regard to that organism's resistance. This alone is against the spirit of science and rationality. Such is not the case with remedies entering an orifice of the body, applied to the mucous membrane, or when introduced even directly into the stomach. In a sense the remedy is still without the body. It has not reached the circulation. It has by no means secured lodging within the organism. There yet remains to the latter power to reject it, or, at least, a discretion as to the best disposition that is to be made of the foreign element.

It has been thoroughly demonstrated that remedies *per ora*, remedies rightly prepared and received therapeutically, have the most beneficent activity. At least, the organism reacts to them in a salutary way. Here is no forcing their ultimate ingestion against the behest of the vital powers. The discretion of these powers is held in real esteem, in that respect which serum therapy seems entirely to forget or disclaim. For it is not only sudden death that marks the harm done by such crude operations, there are other and *many* other grades of damage possible.

There is a vast difference in the curing of the sick individual and in attempting to cure disease irrespective of the particular human organism which suffers the disturbance. Homœopathy demands individual care. This means specific treatment of the exact symptoms of the particular patient in which disease exists, not specific treatment of his disease *per se*. She has always a specific for his case, to be determined by its own peculiar features, never by virtue of the diagnostic appellation of his disease *in toto*, but only by the actual particular symptoms *in toto*.

The homœopathic method provides adequate means of treatment as demanded by the aspect of the patient, apart from his case's history, which can rarely be secured in its perfection. Consequently, the needs of the case are emphasized and become at once translatable into terms of authentic provings.

Further, Homœopathy is prepared to rest on the fact that the condition cured by the remedy is the condition which that remedy will produce ON THE HEALTH OF THAT VERY PATIENT. She individualizes her case in proving as well as in healing. She perceives no need for so-called immunization of the case that has been healed.

Homœopathy provides an absolute or specific cure when the correspondence between the case and the proving is seen. That such correspondence is recognizable and is clearly discerned the work of the faithful homœopathist constantly attests. Such work is as distinct from serum therapy in both intent and consequences as it is and was from routine blood letting, emesis, diuresis, diaphoresis and catharsis. It is only a part of fate's cruel or comic irony with things human, that that which has been held the first subject of ridicule in homœopathic medicine, *the small dose*, is exactly that thing to which our friends, the enemy, are being

led, though they cling with almost sublime persistence to the most indirect path. If they ever reach the small dose of Homœopathy they will not be able to practice allopathy with it, any more than can some in our own ranks at present succeed allopathically with homœopathic remedies.

The real likeness that serum therapy bears to Homœopathy is its concession to the latter that the earlier crudities in dominant medicine were bad. Yet if these crudities of later date are better, they are still too crude to bear any worthy relationship to Homœopathy.

The aims of Homœopathy and those of serum therapy are totally unlike. While one is founded on demonstrated natural law, the other seeks to gather through the medium of human intelligence and animal experimentation—resulting in a combination of assumption and deductions—a precise knowledge of every detail of distinct and separate vital processes, a comprehension of all their various meanings and ends. A pure analysis of any and every function, as it were. Such order of aim is manifestly incapable of seeing that no advantage is to be gained by eradicating directly certain phenomena of disease at the cost of the total vitality. Such is not scientific medicine at all, it is malpractice. It menaces human health and medical progress worthy the name.

When we are told that on injection of "606," "Salvarsan," a severe syphilitic process promptly yielded, but a relapse took place in the form of a severe headache, lasting several days and was followed by optic neuritis, we are not quite able to share the view of the doctor that the few cases of optic neuritis reported as having been due to this up-to-date "remedy" are of insufficient weight to bring the "606" into discredit. (*Berliner klin. Woch.*, Nov. 21, 1910.) Yet, such optimistic conclusions seem to follow laboratory leadings. e. g. It undoubtedly must be so, for when humanly speaking a certain thing has been destined for a certain purpose, that purpose must have been served! It is like the compound prescription. The doctor puts in a drug for the constipation, another for the fever, another for pain, another for sleeplessness. It stands to reason that each drug will mind its own business and go where it is sent and go nowhere else!

However, this is a long way from the laboratory of Homœop-

athy, being wisdom that has no chance of classification there. And when we consider that one of the vaccines has by law been forced upon the public, we are less and less inclined to credit Homœopathy with its power for either good or ill.

Even Wright shows that the opsonic index in a given individual is very changeable from hour to hour. This, to our mind, evidences that something is wanting in this mode of estimating the *vis viæ*, the mainspring of vitality. We cannot for this and other reasons attach importance to the claim of investigators that say "*Veratrum viride* will raise a person's opsonic index against the pneumococcus from 70 to 100 per cent." Even if the phenomenon occurred, is it surely a good one? Why leave out of consideration the great truth of the larger individual susceptibility of the patient, only to be determined by the wider range of individual symptoms, irrespective of the specified cocci? We certainly know that the healthy man may harbor almost a full menagerie of the fearsome and terrible bacteria!

Homœopathy does not assume to know how remedies act in restoring health when they are rightly selected according to definite indications. We do not assume to know why it is important to observe exactly the modality of symptoms in order to select the curative remedy. Did we assume to know these things it would not make us scientific physicians nor masters of the healing art. We do not know why the apple falls to the ground, but its fall ever attests the truth of the law of gravitation.

The law of cure, forever appreciable by inductive reasoning in the laboratory of Homœopathy, has established the great trinity of medical exigency: The study of the patient, or taking the case, the study by itself of every single remedy employed in medicine, or proving in its purity, and study of the relation of patient and remedy to each other, which leads to cure.

Before us lies the monograph of a specialist of wide observation. He discusses the progress in treatment of a certain disease, asking the question in his title, "Have we made any progress in the treatment of this disease?" Then he reviews the successive authorities, deplores the complexity of treatment of thirty years ago, and concludes thus: "The subject is a large one, and much remains to be accomplished, yet, notwithstanding the dubious tone of the literature which I have tried to review, I am satisfied that real progress has been made."

This is only one instance of many that come to our notice. We can hardly agree with the present citation in respect to its conclusion. We do not discern in these things real progress. We are sure that this audience does not discern in them real progress.

When we see in the mortality statistics the figures for diphtheria, influenza, pneumonia, erysipelas, septicæmia, typhoid, tuberculosis, and cancer, and are told that tuberculosis and cancer are on the increase, amongst other things that come to mind is the thought of the relation of both tuberculosis and cancer to vaccination. What is the profound effect of vaccination to prevent small-pox on the vital integrity of the race. The acute effects are often disastrous, but what shall be said of those which insidiously hide themselves until a larger focus of disease is manifest internally?

Metchnikoff relates that in two cantons of Switzerland where vaccination was obligatory there were more cases of small-pox than in three other cantons where the vaccination law is abolished. He says, "It is impossible to draw from it any conclusion whatever," since there may have been fewer persons vaccinated in the compulsory vaccination district than in the non-compulsory districts owing to the law not being enforced in the former.

This somehow reminds one of the remark of Sir Oliver Lodge, in "Reason and Belief," 1910, p. 136:

"But to say that a scientific man puts forth a theory, and supports it and adheres to it, not because he thinks it true, but because he wishes it to be true, is the same thing as saying that he is not a seeker after truth at all, and is, therefore, a traitor to his profession."

In conclusion, we maintain that the two schools of medicine will always remain apart. Because Homœopathy seeks the specific remedy for each individual case, no matter what the name of the disease may be. While the other school seeks the specific remedy for the disease itself, no matter what the symptoms may be of individual cases. The lines of investigation of the two schools do not run together, they are not parallel, they are divergent.



**APIS MELLIFICA.\***

By R. O. Howard, M. D., Halstead, Kansas.

In presenting a short discussion of this remedy we have nothing new to mention—for this we offer no apology, but are proud of the fact that indications for its use are in harmony with findings of years ago. If we can emphasize the merits of the drug to others as it appears to us we have accomplished our aim.

As individuals we are more interested in things, places or subjects that we are acquainted with. We, as prescribers of a definite and true system of therapeutics, are very familiar with this valuable medicament. It is a remedy that produces and cures symptoms that are easily obtained both in their subjective and objective manifestations.

*Apis* symptoms are pronounced in their rapid and violent onset. In other words, we say a patient suffering with the following affections needs help. The magic wand, sooth saying, a high or low potency of witchcraft or its kindred, Christian Science, will not alleviate pains when poison of the honey-bee is indicated.

For many years there has been, and are to-day, reports of the wonderful effect of the sting of the honey bee relieving the pains and curing articular rheumatism. In all reports this one fact is given that it is not a cure-all. Too bad that the obscure origin of rheumatism does not manifest itself in *Apis* symptoms in every individual, but may call forth a train of symptoms that are in no way similar to those produced from the introduction of the virus of this insect.

From a recently dated encyclopædia we quote the following: "The poison of the honey bee is formed by a mixture of the secretion of two glands, one of which is an acid and the other alkaline. Persons handling bees and wasps become immune to their poison, this immunity disappears in the absence of re-inoculation. The treatment of stings of both wasps and bees is the application to the part an alkali."

A few of the generals of *Apis mellifica*: Drs. Kent, H. C. Allen, and Boericke, in their general discussions, speak of the

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\*A paper read before the Kansas Homœopathic Medical Society.

skin symptoms first. Urticaria, erysipelas and œdema, this latter is especially manifest in the most dependent parts—hence baggy lower eyelids, œdema of scrotum, labia, and the characteristic throat symptom, viz., œdema of the uvula. Dr. Kent gives *Carbolic acid* as the antidote for the bee sting—he says: “Give it in whatever potency available.” In this condition we should remove stings from tissues as we would any foreign body.

For the immediate treatment we quote Da Costa surgery: “Counteract the poison with ammonia water, or sodium carbonate, or sodium chloride.” He mentions, that in some unusual cases the bee sting is fatal.

Mind: A patient needing *Apis* will invariably say, “I feel better in the cool, out-door air, my brain works better.” This is not so with *Hepar*, *Nux*, or *Silicea* patients. In cerebral affections the constant and unaccountable weeping is manifest, this person is peevish and easily irritated.

In meningeal irritation the well known cephalic cry is a symptom calling for the drug. The tendency of the drug here, as elsewhere, is to create a hyper-secretion of the fluids of serous-membranes in closed sacs. Boring of the head into the pillow associated with the piercing cry. *Apis* is not classed as a cerebral remedy as is *Bell.*, *Hypo.*, *Hell.*, or *Stram.*, but in this particular condition it is valuable. Mental lethargy with acute nephritic involvement accompanied with the characteristic dropsy.

Eyes: Many diagnostic symptoms are shown in the eyes, as are also indications for the selection of the remedy. The œdematous state of the loose cellular tissue of the lower lids is marked; whether this is caused by nephritis, conjunctivitis, erysipelas or the poison of *Rhus*, it is an important call from nature for assistance, and many times for this agent. *Arsenic* and the *Carbonate of K.* should be compared with *Apis*, when these symptoms are present. In conjunctivitis preceding and attending measles we have found *Euphrasia* to be very useful.

Erysipelas of the face is a disease many times needing this drug. The swollen, sensitive and waxy appearance with burning and stinging pains aggravated by heat and relieved by cold applications indicate *Apis*.

We predict that a majority of all present could testify, and by recollection of a by-gone date could swear as to the severity of

the pain produced by the hypodermic injection of the virus of this sweetest of insects beneath our sun-burned dermis. We, as well as the Smith and Brown boys, have worn these souvenirs about our optic apparatus as a token of our victory in the battle of the bees, how the susceptible Charley and Bill resembled a patient contending with a hypo of apomorphin, why did not all vomit, or all present swollen faces! Why could not all be "brave" as Tom and Jerry and give no heed to little things as stings of bees. This, we say, is due to idiosyncrasy; acknowledging this we are brought face to face with the fact that *Apis* is not a specific of any and all diseases being referred to.

The throat is œdematous and the burning and stinging pain is present. The uvula as given in the generals is elongated and puffy. Cold drinks relieve and heat aggravates. This amelioration of cold and aggravation from heat is mentioned sixteen times by one author under throat symptoms. This is strange and also obscure, and to those having little or no faith in drugs it means little. But is it more peculiar than the pains of the mercurialized patient being aggravated at night and by damp weather? Or lead poisoning affecting the extensor muscle of the hand and forearm first, and the deposition of the *Sulphuret of Lead* on the gums near the insertion of the teeth? Or the *Morphine* fiend becoming an inveterate liar?

Abdominal complaints are in harmony with other findings. Ascites is marked; this with scanty or suppressed urine in acute nephritis calls for a comparison of *Apis*.

We have the pleasure of seeing a patient with the chair of this department that confirms what we are to say. Mitral regurgitation with ascites, œdema of lower limbs and dyspnoea was marked. Cathartics and diuretics had been used to the limit without effect—*Apis* followed by *Apoc.* relieved and lengthened the days of a hopeless case.

The diarrhœa is profuse and watery and a paralytic condition of the anus exists. Years before we thought of studying medicine this symptom was emphasized by a person in describing the action of a man that had been attacked by a swarm of bees; he said that there was a gallon or more of watery stool that passed involuntarily.

As we would expect in any drug with symptoms given above,

the urinary organs are the seat of much complaint. Scanty high-colored and albuminous urine. Painful urination from tenesmus of the bladder. Urine burns the parts over which it passes as if it were coals of fire. Children with suppression of urine should direct our attention to this remedy.

Quoting from one author we copy the following: "It is queer how the old women knew long before *Apis* was proven that when the little new-born babe did not pass its water they could find a cure by going out to the bee-hive and catching a few bees, over which they poured hot water and of which they gave the baby a teaspoonful."

The urinary symptoms very much resemble *Cantharis* and if our differentiation of the two were to be confined to these it would be near an impossibility. *Cantharis* does not present the general œdematous condition, and is very thirsty. One author gives *Apis* as an antidote to *Cantharis*; he says: "The latter having been given in material doses is quickly antidoted by the former."

In our classification of this drug it is not given as an anti-acid or as a uric acid solvent, or as a diuretic, or as a urinary antiseptic, but when indicated it renders the urine normal and restores normal function not only to the local organs but the patient in all his parts feels better and is better.

In pleural effusion with high colored and a diminished amount of urine *Apis* is indicated, and is effective to the degree of cheating us out of an aspiration in many cases. Few physicians there be which, if given their choice, would not prefer to treat such surgically, but let's keep in mind that *Apis* and some other drugs are capable of ridding the system of fluids accumulated in such cavities. Again, we prefer to study and perform surgery—but this we do believe—that if any one thing is responsible for humanity seeking other fields for the relief of their ills it is the trend to omit the study of therapeutics, not only from our everyday work, but the omission of it from the curriculum of medical colleges and universities. We do not regret that a goodly part of our time was given the study of drugs and their application to disease.

The symptoms of the skin have been alluded to. Urticaria with the rapid onset, burning and stinging pains. These resemble

spots made so by the sting of the bee. This disease when appearing in the mucous membrane of the trachea and bronchial tubes resulting in labored breathing should call our attention to this drug. All authors place especial emphasis on the œdematous condition of the skin as has already been given.

In conclusion, *Rhus tox.* is given as inimical.

The drugs most frequently compared with *Apis* have been referred to under the different heads.

Modalities: The aggravation from heat and relief from cold is very marked, as has been repeated frequently.

*Apis* patients are worse in the afternoon.

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## ECHINACEA ANGUSTIFOLIA—ARSENICUM ALBUM.\*

By G. W. Shadwick, M. D., Iola, Kan.

These two remedies, while somewhat similar in their action, are radically different. The red string that runs through one can readily be traced in the other.

*Echinacea* has been somewhat ignored, yet it is one of the best friends the physician has at his command if properly understood and used. It is an important alterative in strumous diathesis in boils, carbuncles, syphilis, cancers and old sores of all kinds. It gives greatest promise as a powerful antiseptic, both locally and internally, and will prove useful in diphtheria, typhoid fever, infantile cholera, blood poison, and in bites and stings of snakes and insects.

Dr. Meyer has probably done much to introduce to the profession this wonderful remedy. He has used it for years as an antidote for various poisons, particularly that of the rattlesnake.

A snake charmer at Baxter Springs a few years ago was bitten by one of the large venomous snakes; was brought to the city and given large doses of *Echinacea*, which undoubtedly saved his life; yet he lost his arm.

*Echinacea* is the remedy for blood poisoning. It has served me well upon several occasions. It is indicated where there is a tendency to gangrenous state, with sloughing in the soft tissues.

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\*A paper read before the Kansas Homœopathic Medical Society.



In fevers, such as typhoid, cerebro-spinal meningitis, malarial and asthenic diphtheria, it equalizes the circulation and acts as a sedative. Its immediate effect upon fevers caused by the continual absorption of septic material, as in typhoid, puerperal and diphtheria, shows that its destructive influence begins upon the pernicious germs as soon as administered.

As a nerve specialist, it acts upon the vital forces, depressed by the poison. In uræmic poison *Echinacea* should not be overlooked. It will prove useful. It has been used for many years in diphtheria with good results. The exudates contract and disappear. All local evidence of septic absorption has gone; the fever abates; the vital forces are restored and improvement is prompt.

In diphtheria *Echinacea* is an antitoxin, far superior to the patent manufactured article. It will not produce lockjaw, but will prevent it; it will not kill, but will sustain life. It is a safe and sure remedy to use.

In follicular tonsillitis, in stomatitis, in catarrhal ulcerations, it is prompt and efficient.

*Echinacea* has given more than ordinary satisfaction in the treatment of erysipelas, especially when sloughing of the tissue occurs. In chronic tibial ulcers and glandular indurations, in syphilitic nodules, boils, abscesses and carbuncles, it has no equal. It has been successfully used in *Rhus tox.* poisoning, acting very quickly. Many favorable reports have been made from various sources of its value in rheumatism, cholera morbus, cholera infantum, hæmorrhoids, septicæmia, naso-pharyngeal catarrh, mad dog bites, rattlesnake bites; in fact, in all conditions traceable to blood deprivation and noxious poisons introduced into the system. It should be used locally and internally at the same time.

I give a case of a woman thirty-four years old. Premature birth at seven months. Fœtus had been dead for several days. Decomposition very marked; odor bad. After delivery she seemed to get along nicely till about the sixth day, when she became suddenly delirious and high fever followed; lost control of left hand and arm to such an extent that it was impossible for her to put her hand to her head without several attempts. Hand would wander in all directions. Put her on *Echinacea*, sixty drops to one-half glass water. A teaspoonful every hour for six hours,

then every two hours. The fever was all gone in three days. Gradually regained the use of her arm and made a speedy recovery.

The possibilities of *Echinacea* are great, and I am using it more in my practice all the time.

Dr. Lock gives us the results of his experiments, which are of great value; and if we will follow his leading many will be the sufferer that will rise up to call us blessed for benefits they have received from *Echinacea*.

The hypodermic use of *Echinacea* will prove of great value to the patient and of greater satisfaction to the physician, if used. *Echinacea* used hypodermically is a comparatively new process, but the results are so remarkable in cases of septicæmia, diphtheria, tonsillitis, typhoid fever, chronic catarrh, infantile paralysis and spasms, that indications clearly point to positive effects obtained.

Principal symptoms: Tendency to gangrenous states, uræmic poisoning, septic fevers, bed sores, fever sores and ulceration, black coated tongue, putrescent odor from material being eliminated from the system.

The results following the use of *Echinacea* have been so gratifying that I am encouraged to push it to the utmost limits, both internally and hypodermically. It has never failed me yet in any case I have used it in.

By using an occasional dose of *Arsenicum* high with it, I believe the best of results will be seen, and many a patient saved from an untimely grave.

I am now using *Echinacea* on a case of throat trouble of long standing, and hope to be able to report a case completely cured in a few weeks.

In all septic conditions that seem to baffle the skill of the physician think of *Echinacea*. Use it and prove its worth. It saves when all else fails.

*Arsenicum album* is my one sheet anchor in my special work, and yoking with it *Echinacea* we have a team that can move some of the heaviest loads. They work either single or double, and never disappoint us.

Failures are made in many cases because the drug is not well chosen or thoroughly understood.

The arsenicum patient is met every day. Nervous temperaments, sad and irritable disposition, with cachectic and debilitated tendencies. The white, waxy paleness of the face and great debility, restless, anxious, filled with fear and foreboding, brings before us a picture of *Arsenicum*. Many are the patients that have said to me that they were going to die, and it was no use to try to do anything for them. A few doses of *Arsenicum* 3x to 6x has made them see things in a different light and started them on the road to recovery.

A case: Mrs. S., 44 years old, miscarriage at five months. Had been flowing five weeks when I was called. On examination found dead fœtus. Delivered and curetted. Fever 104 degrees. No pulse could be felt, voice gone, could not whisper, and I thought my patient was gone. Curetted third day. Gave *Arsenicum* and *Aconite* in alternation. Third night a severe rain storm blew into the tent and wet the bed on which she lay till everything was soaked. Moved patient to another house. She got well, and is still alive eight years after her battle.

If I should have a repetition of such a case they would get a few doses of *Echinacea* hypodermically, and *Arsenicum album* internally.

For skin diseases *Arsenicum* has been my best remedy, both internally and externally. Dry, scaly eruptions, burning, itching, very painful after scratching, yield very readily to *Arsenicum*.

Many cases of malaria have been permanently cured with *Arsenicum* after the unsuccessful treatment of quinine.

Under the influence of *Arsenicum* we see the entire nerve life attacked in every direction. Weakness, paralysis, disturbed circulation to its remotest bounds, and even decomposition and destruction of the organic substance. The more malignant the influence, the longer the disease has lasted, the greater the prostration, the surer and more certain *Arsenicum* is indicated.

In the typhoid fever patients that are very restless, anxious and generally so weak they can hardly move hands, feet or head, and hence do not voluntarily change their position in bed, pulse frequent and irregular, high temperature, great thirst, muttering and delirium, are calling for *Arsenicum*. I firmly believe an occasional dose of *Echinacea*, hypodermically, will be a great stimulus to assist *Arsenicum* in curing this type of cases. If you have a hopeless case try it and be gratified.

## TWO SINGLE DOSE CURES.

By A. A. Pompe, M. D., Vancouver, Wash.

January 16 of this year Mr. A. T., aged 50, came to me complaining of sleeplessness; he is a man of short stature, heavy set and plethoric, rather veinous looking if I may use this expression.

Sleeps for a couple of hours and then no more.

Does not feel sleepy.

Is more or less restless, rolls and tumbles.

Has cough mornings on first rising and when cold air strikes him.

Tickling, on expiration, in throat causes cough.

Dry hack.

Wheezing on expiration.

Sweats all over at night during sleep.

Sweats worse about head and upper part of body.

Pressure below larynx relieves cough and makes it loose,  
*Carb. v.*, m.

January 23. Is much better in every respect. S. L.

February 2. Seems about the same for last few days. S. L.

February 10. Is improving in every respect. S. L.

February 25. Reports to sleep fine and to be entirely well.  
S. L.

Face lost its veinous look and I may say that the looks of the face decided me on the remedy after I had worked out the remedies covering the case in Kent's invaluable repertory.

February 11, 1909. Mrs. E. M. A, aged 28, no children, although married eight years, gave the following symptoms:

Always has had painful menses.

Too warm several days before menses, interrupted by cold spells.

Nervous before menses, jumps at any sudden noise.

Was first pain in r. ovary, but now in both, before and during first two days of menses.

Pains were sharp and draws her over forward.

Pain in lumbar region before menses and first two days.

Back tired and cannot lift anything.

Back gives out on a hard day's work.

Pain in ovaries >, heat, and feet in hot water.

Wants something heavy on abdomen before menses.

Cannot eat before menses.

Vomits just before menses.

Menses getting more scanty each month.

Menses dark, offensive.

Menses only daytime.

Breasts sore one week before menses.

Leucorrhœa after menses.

Constipation day before menses.

Bowels loose first day of menses.

Menses only two days.

Eyes weak during menses and first day gives her headache across eyes to read.

Wears glasses.

Is worse warm weather, *Kali carb.*, m.

March 11. Reports to be entirely well, never felt so well in her life and after first week's treatment discarded her glasses which she had for years.

Both of these patients paid \$10.00 for the single powder's virtue.

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### AN ALETRIS FARINOSA CASE.

By C. L. Fairbanks, M. D., Scott's Bluff, Neb.

In December, 1899, was called to Mrs. L. G., age 60, who was bedridden with persistent vomiting. She was very nervous and emaciated, and had been doctored for a long time. Her medical advisers reported one ovary greatly enlarged. While the uncontrollable vomiting caused suspicions of carcinoma. I found a tall, slender, cachectic woman with an enlarged ovary, a weak heart, a nervous wreck, who could scarcely eat anything without emesis. The smallest quantities of food ingested caused much distress. From her history these symptoms were evidently sequelæ of the climacteric, entailing uterine and ovarian congestion with reflex disturbance of the gastric plexus.

In Hering's *Guiding Symptoms* we find under *Aletris*:

"Least food distresses stomach."

"Fainting attacks with vertigo; sleepy; emaciated."



“Disgust for food, nausea, debility.”

“Prolapsus uteri (cured with muscular atony).”

This was not a *Lycopodium* case, simply a reflex neurosis with ovarian atony. After careful study I gave *Aletris farinosa*  $\theta$ ,  $\frac{1}{4}$  drop three times a day, with marked relief in a short time. This was certainly a marked case of atony, but the properly selected remedy soon placed her on her feet; the ovarian enlargement disappeared, and the gastric disturbance with it. During the next seven years I saw her frequently, and the ovarian growth has never reappeared, and the patient had a new lease of life.

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### SOME GOOD OPENINGS.

Middletown, N. Y., July 15, 1911.

Editor of the HOMŒOPATHIC RECORDER.

For some time we have had vacancies on the medical staff of this hospital, and we are now in need of four physicians—two medical internes and two junior physicians. The position of medical interne pays \$600 a year with maintenance, and that of junior physician from \$900 to \$1,200 a year with maintenance. There is an excellent opportunity for young single men, and the chances for rapid promotion are very good indeed. I should be glad if you would insert in your magazine a notice to the effect that this institution is in need of such young physicians as described.

Thanking you for whatever courtesy you may extend in this matter,

I am, fraternally yours,

M. C. ASHLEY, *Supt.*

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### FIRST ANNUAL MEETING OF THE NORTH DAKOTA HOMŒOPATHIC MEDICAL ASSOCIATION.

The first annual meeting of the North Dakota Homœopathic Medical Association was held in Fargo, June the 20, 1911. The homœopaths organized only last November for the purpose of preventing the old school from legislating our two members off the State Examining Board. We succeeded in having the bill

amended so that we are represented on the board by two members.

From the standpoint of numbers, enthusiasm and interest in papers the meeting was a pronounced success, and every follower of Father Hahnemann went back to his individual field feeling that his time was well invested, and that in "unity there is strength."

The House Committee of the Fargo Commercial Club kindly offered its elegant new quarters for the meeting. Lunch was served in the club's cafe between the morning and afternoon sessions, and in the evening a banquet was enjoyed by all the members. Not a little of the success of the meeting was due to the stimulating presence of Dr. A. G. Moffat, Howard Lake, Minn., who came as the official delegate of the Minnesota Institute of Homœopathy, and to Dr. H. D. Matchen, of Minneapolis, who was present as a special guest of the North Dakota Association.

The following program was carried out, and the discussion that followed the reading of the papers was productive of much practical good:

#### **Morning Session, 10 A. M.**

Opening prayer, Rev. Charles Ryan, Adams.

President's Annual Address, Dr. James W. Vidal, Fargo.

Paper on Typhoid Fever, Dr. J. E. Frasch, Buford.

Paper on Organization, Dr. C. S. Putnam, Fargo.

#### **Afternoon Session, 2 P. M.**

Paper on Reminiscences, Dr. F. L. Richter, Fargo. (Dr. Richter was the first physician of either school to locate in Fargo.)

Paper on Hæmorrhage During and After Confinement, Dr. Francis Peake, Jamestown.

Paper on Appendicitis, Its Medical and Surgical Treatment, Dr. R. G. DePuy, Jamestown.

Paper on Some Clinical Cases, Dr. J. G. Dillon, Fargo.

After the banquet the real treat of the day was enjoyed in the shape of an address by Dr. Moffat, whose topic was "The Endowment of a Research Institution by the Homœopathic Profession of America," and an inspiring appeal by Dr. Matchan,

who exhorted the physicians to stop making excuses for being homœopaths and stand loyally to their colors. A business session followed, which re-elected the old officers for the ensuing year, as follows:

President, James W. Vidal, Fargo.

Vice-President, R. G. DePuy, Jamestown.

Secretary-Treasurer, Jos. G. Dillon, Fargo.

The very best locations for homœopathic in this country are to be found in North Dakota. The people are progressive and intelligent enough to take up with Homœopathy. There are a dozen first class locations wanting a homœopathic doctor. For particulars address Jos. G. Dillon, Fargo, N. Dak.

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## THE ITCH, SIMILLIMUM AND TUBERCULOSIS.

To the Editor of the HOMŒOPATHIC RECORDER:

In the issue of July 15th just received you say, "It would seem that the possession of common sense implies the ability to see, and what is far more difficult, to acknowledge an error."

Now in reading this issue I find what I consider two rather serious errors on your part: First, the mis-spelling of simillimum, and secondly, your assumption that "itch" in Hahnemann's day was confined to the disease caused by the *acarus scabiei*. The discrimination of a particular disease which should be distinguished as "itch" from all other skin diseases by its insect was the achievement of that arch enemy of Homœopathy, Schönlein, the professor of pathology in Berlin. Virchow's teacher and predecessor. I suspect that the motive for thus limiting the term "itch" was for the purpose of ridiculing Hahnemann's psora doctrine. Schönlein also is responsible for the word "tuberculosis" which Klebs considers an unfortunate name and responsible for the obscurity which so long enveloped the disease. Schönlein gave it this name in 1830, and I suspect for the purpose of opposition to Hahnemann's teaching that consumption was due to an extrinsic parasitic agency. "Tuberculosis" was used in the sense of tuberculization as though it were a dyscrasia intrinsic to the tissues. It would be a valuable service if the editor or some reader of the RECORDER who has access to

files of German literature of that era (1839) would see whether Schönlein betrays any ulterior motive in giving that designation.

As to the correct spelling of "simillimum" I will refer those interested to the *Journal of the A. I. H.*, May, 1910, but will say here that the extra "l" comes from being the first letter of the suffix "*limus, lima, limum,*" which is the way nine adjectives (among them *similia*) form the superlative.

THOS. D. MCCONKEY.

San Francisco, Cal., July 22, 1911.

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### THE MATERIAL VERSUS IMMATERIAL.

Editor of the HOMŒOPATHIC RECORDER.

Under the above caption (RECORDER, June, page 265, and April, page 155) you make a *square issue* with me. I am willing to discuss the subject with you on the merits of the question itself. In theory you seem to be very fair and always impersonal, but when you dub me a "fighting correspondent," you evidently forget your theory. However, I thank you for the compliment, for a correspondent who will not fight for *truth* is necessarily mighty tame.

I will not question your honesty in reviewing and commenting upon my Kansas City paper, but certainly your pen shows which way you *lean*. In April you said: "Is not this ('dynamization') a science outside of Homœopathy proper?" And I had quoted Hahnemann in that very paper saying: "The homœopathic system of medicine develops for its use, to a hitherto unheard of degree, the spirit-like medicinal powers of the crude substances by means of a process peculiar to it." If this developing process, dynamization, is "peculiar" to Homœopathy as the master stated, how can it be a "science outside of Homœopathy?" Will you ever live long enough to answer that?

My statement, "No *material* medicine can possibly have a spirit-like action, but a physiological," which you criticise, may not be very clear. What I meant is, the *material* part of a medicine can only produce physiological results, while the *dynamis* has a *spirit-like* action affecting the vital force, the intellect, the will. This will appear evident further along.

Now I quote from your pen a statement which proves to me, at

least, that you have failed to grasp the Hahnemannian doctrine regarding potentization. You say: "The dose of *Bryonia* tincture Hahnemann gave the washerwoman and cured her was material *Bryonia* just as is the 30th or the 50 m. The difference is one of continuity. Matter, however, subdivided, remains matter and can under no circumstance become spirit, for there is a discrete degree between matter and spirit, and the lower matter can never pass into the higher." Your conception seems to be that Hahnemann potentized the *material matter* in a drug until it became so subdivided as to be adapted to the function of the corpuscles. This is looking at the subject from the standpoint of *materialism* pure and simple; and this is as far as many so-called homœopaths have ever traveled on the homœopathic road.

Hahnemann did not *create* a dynamis by potentization, but unfolded and developed that which already existed, though *hidden* by the material elements, namely, the *spirit*, the *immaterial substance* of the drug. That which is transplanted from one phial to another in the process of potentization, is the spirit of the drug; and that which is gradually and completely eliminated is the *material matter*; so completely that none of the sciences or senses of man can find it. That which is "unfolded" and "developed" is the spirit, the dynamis, the immaterial substance. This dynamis is innate in all crude drugs, and in superficial maladies the crude drug sometimes cures, but it does so by virtue of this dynamis.

The *material matter* cannot act on the vital force, and the *dynamis* cannot produce physiological drugging. In the tincture the dynamis is "hidden," but in the 50 m. it has not only been unfolded, but developed. Nobody claims that in potentization matter is changed into spirit! That which is developed by potentization is the dynamis, the inner nature of the drug, and that always was spirit.

The term is not accommodative. It is a *fact* that each drug contains a dynamic power *void of matter*. Materialists may not be able to appreciate this fact, but it is fact nevertheless.

The dual nature of drugs is no new doctrine, but it is as old as Homœopathy. Hahnemann says: "It is only by their *dynamic* action on the vital force that remedies are able to re-establish and do actually re-establish health and vital harmony." The



crude drug contains a dynamis, and it is *only* by virtue of this that it is able to cure; but when this dynamic power, which is the curative power, is developed by dynamization it becomes far more penetrating and curative. The drug matter remains matter, though finally eliminated; and the drug spirit remains spirit. The drug spirit is innate in every medicinal substance, and when unfolded and developed is unencumbered by its original, material body, and clothed with an artificial body which we give it—alcohol, water, pellets, tablets, etc.

Hahnemann's first motive in potentizing drugs was to avoid the physiological drugging which resulted from their material substance; but incidentally he later learned that the more this dynamis is potentized the more penetrating and curative it becomes, limited only by its pathogenetic power and its power to produce a preponderance of its own symptoms when prescribed in a similar natural disease. So potentization accomplishes two ends:

- 1st. It eliminates the material drugging power; and
- 2d. It unfolds and develops the immaterial, dynamic power, rendering it more penetrating, powerful and curative.

Hahnemann looked upon this curative power as being "hidden" by the material elements; and I submit that that which is *hidden* from the microscope, the laboratory and all the sciences and senses of man is *immaterial*. The very fact that the inner nature of a drug can be unfolded and completely separated from its outer nature or from its original body of material matter until the latter cannot be detected by any science known to man, as in the 50 m., and still prove curative in the highest degree, is proof that the *dynamis* is a *distinct separate entity*.

I boldly affirm that *nothing* material can be properly designated a "spirit-like dynamis." Hahnemann affirms that our vital force is a "spirit-like dynamis." Who would argue that our vital force is material? That which has a "spirit-like" action must necessarily partake of the nature of spirit, that is, be void of *material matter*. In other words, it must be *immaterial*.

All of Hahnemann's writings teem with the thought that the vital force, that which deranges the vital force, and that which restores the vital force, are "spirit-like," dynamic and not *material*; and that is precisely what *materialists* do not believe.

You say the difference between *Bryonia* tincture and *Bryonia* 50 m. "is one of continuity," that they are "both material." Call to your aid all the sciences, both of the old and the new world, and find *material matter* in the 50 m. Let us know when you succeed.

In your "reply" to me, every drop of ink that flowed from your pen shows that you are a *materialist of the deepest dye*; that you can conceive of nothing in the curative powers of medicines even in the 50 m. but *matter*. And you have matter divided and subdivided until you bring yourself to imagine that *matter* has a "spirit-like" action; that when Hahnemann wrote of "dynamic power of drugs," of their "spirit-like" action, he referred to material matter in medicines. And, then, to cap the climax, you imagined that dynamic physicians hold that the *material matter* in crude drugs that gives them color and taste, that gives them drugging power and killing power, is, by the process of dynamization, converted into spirit!

"The difference is one of continuity," you say. Continuity, "The state of being continuous; uninterrupted connection; close union; cohesion."—Worcester. Now the truth is, the difference between the tincture and the 50 m. is the very reverse of this, the *want* of continuity. The connection between the material matter and the spirit of the drug is interrupted by potentization. The dynamic power which, in the tincture, is "hidden," is, in the 50 m., unfolded, separated from the material matter, and the union is broken up.

Again you say: "Disease suffering may be cured by a drug which will cause a similar suffering, and common sense adds the corollary that the dose *must be smaller* than that which will cause the suffering." Now where did you learn that? Please give us Hahnemann for this doctrine and pass your "common sense" around to *materialists*. Real homœopaths prefer the words of Hahnemann.

A materialist cannot hide his materialism! I presume you want us to believe that "common sense" says a symptom image similar to that which *Bryonia* 50 m. will cure, must have been produced by a lower potency of *Bryonia*.

Well, Hahnemann does not say so, but he does say this: "The most recent observations have shown that medicinal substances,

when taken in their crude state by the experimenter *for the purpose of testing their peculiar effects*, do not exhibit nearly the full amount of the power that lies hidden in them which they do when they are taken *for the same object* in high dilutions potentized by proper trituration and succussion." (Par. 128.)

As editor of a homœopathic journal you ought to know that the finer shades of a drug are only revealed by the higher potencies. That old idea which I heard the first year I was in medical college, that we *test* drugs with the crude and *cure* with the potencies, is now, as it was then, *rank materialism*. Hahnemann never taught it.

You say: "Remember, too, that Hahnemann wrote of the 'spirit-like' power, not 'spirit power.'" Listen! "This mixture becomes much more potentized, and the *spirit of this medicine*, so to speak, becomes much more unfolded, developed and rendered much more penetrating in its action on the nerves." (Foot Note, page 194.) What is unfolded by potentization? "The *spirit of this medicine*, so to speak." What is developed? "The *spirit of this medicine*, so to speak." What is rendered much more penetrating? "The *spirit of this medicine*, so to speak." One thing sure, Hahnemann never attempted to unfold and develop the *material substance* of a drug; and he would turn over in his grave if he knew an editor of a homœopathic journal is teaching the public that the 50 m. is material!

Some substances which are inert in the crude state become, when their *inner natures* are unfolded and developed, most powerful curative agents. This curative power Hahnemann called the "spirit of this medicine." Runham called it "drug spirit." Neither ever dreamed that it is *material matter*. That curative power in the 50 m. is spirit, that is, immaterial, void of matter. It is also spirit in the tincture, but not unfolded and developed.

Your own rule of distinguishing between the "material" and the "immaterial," namely, that the material can be handled by our material fingers, shows the weakness of your position and renders your whole argument futile and impotent. I quote your exact words: "In everyday affairs, for convenience, we can distinguish between the crude, massive dose, and the highly potentized one, as "material" and "immaterial," but, in fact, they are both material of the earth, otherwise our material fingers could not handle them."

So is man of the earth, so far as his body is concerned; but his Creator has placed within his body an immaterial animating power, a spirit which is not of the earth. Just so, the creator of therapeutic agents has given them a material body, of the earth, but he has placed, by his own fiat, within the material body of every medicinal substance, a *dynamic power, an immaterial substance, a drug spirit*; and while you can handle the alcohol, water, pellets, tablets, etc., medicated with the 50 m., I challenge you to handle with your material fingers *that which medicated them*.

Now, my dear editor, there is a chance for you to drown right here; but you have the oars, save yourself if you can.

J. C. HOLLOWAY, M. D.

Galesburg, Ill.

#### Answer.

Dynamization is a mechanical process and can hardly properly be termed a part of a law of nature. Also the mortar and pestle were in use before Hahnemann scientifically formulated the, before, dimly known law.

We confess to a state of helplessness before "dynamics," "dynamic power," etc., for, as words are used, "dynamic" is simply the Greek for "power" so "dynamic power" is Greek to us. We quite agree with Dr. Holloway that a remarkable power is present in some properly potentized drugs, but that that power is purely spiritual cannot be accepted, unless, indeed, Dr. Holloway can let us know what he means by "spirit." As we view it, "spirit" is as distinct from matter as a thought is from the brain that seems to originate it. The power of the potency is fixed in the pellets, fixed for an undetermined period of time, and is always ready for action when given to a patient just as in the case of the crude drug. Pure spirit could not be bottled and corked.

Just here a bit of history may be to the point. Hahnemann got his first "homœopathic aggravation" from giving a patient four grain doses of crude *Veratrum album*. As that drug was indicated it naturally made the patient temporarily worse before the curative action set in—which it did later and cured the patient. This case, and others, led him to reduce the dose in order to avoid the aggravation. Whether this reduction (which

he soon discovered could be carried to a hitherto undreamed of extent) caused the presence of the "spirit" of the drug is a question each can answer to suit himself. The delicate touch of the watch-maker's steel is different from that of the trip hammer, but both are steel; so the still finer organs of the human body need the finer drug touch of the potentized remedy, but it is still drug through which spirit may act as it acts through the body.

The "spirit-like dynamis" is probably the soul, which is but another word for the man inhabiting a tenement of clay, for when he leaves that habitation it returns to dust. But while he inhabits it the tenement often gets out of order, which condition we term disease, and being of the earth earthy requires the things of this earth for repairs. Man can use a spirit-power over his body by "reforming" and leading a decent life but drugs in the  $\theta$  or in the D. M. M. cannot give him that power, for it is truly of the spirit and not the veriest clod in a laboratory ever sought to "isolate" it.

Much is said about "vital force," which we take is but a synonym for "life." Every wise man admits that there can be but one source of life which is received by all, but, in freedom, applied or abused differently. So it looks as if it were an error to speak of "a deranged vital force," for the force, or life, is ever the same, but the recipient may become badly deranged, in which case he needs either spirit reformation or material (however subdivided) aid.

Much more struggling might be gone through with in this sea of words, but we reckon we prefer to "drown" right here.

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### CRATÆGUS OXYACANTHA IN THE HANDS OF THE ELECT.

*Therapeutic Digest* reprints the paper read by Dr. A. F. Miller, of Fordham, on *Cratægus*. The doctor relates the history of the drug, evidently getting his data from *New, Old and Forgotten Remedies*. He adds: "In the homœopathic literature there are a number of small articles in the main grossly exaggerating its virtues and, consequently, of little scientific value." This is fol-



lowed by a report of two cases, presumably from Dr. Miller's practice, or, at least, vouched by him by being illustrative of the sphere of the drug. The following is what he writes concerning those cases:

"CASE I.—*Patient.*—Mrs. M., aged 33, quintipara, negative family history, for the past eight years has had hay asthma. During the last four years she has been having frequent attacks of pain and distress in the cardiac region. In these attacks the patient thinks that she is going to die. At times they are associated with syncope; sometimes they are continuous for weeks. Physical examination during the attack is negative except for a slight lateral enlargement of cardiac dullness and a pulse of 90. There are no evidences of exophthalmic goitre. These attacks bear no relation to disorders of the gastrointestinal tract."

"TREATMENT.—All sorts of cardiac tonics and stimulants seem to increase the trouble. Bromides quiet the nervous system and lessen the apprehension but do not affect the cardiac disturbance. The addition of *Cratægus* in twenty-minim doses gave the first complete relief in four years. The relief has been permanent as far as the attack was concerned, and whenever the patient feels the oncoming attack she resorts to its use again, and always with success."

"CASE II.—*Patient.*—Mrs. H., aged 28, has been having attacks of pain over the precordia for the past year. These attacks are not connected with any gastric manifestations. The pain is of a squeezing character, is continuous and is made worse by any form of excitement. Examinations show a moderate blood pressure and a mitral systolic murmur at apex."

"TREATMENT.—The patient received some benefit from *Digitalis*, but the pain continued. Twenty minims of the *Cratægus* given every four hours for two weeks caused the pain to disappear entirely and thus far, after three months, it has not returned."

As these two cases are quite as striking as anything written by homœopathic physicians and as they are of about the same tenor, barring the bromides, tonics, etc., which seem to have been useless, one fails to see why the learned Professor Miller should feel called upon to pronounce similar cases reported by homœopathic physicians grossly exaggerated and of little scientific

value. Presumably it relieves the feelings of those who turn their backs on the scientific principle known as *Similia* and who dub all who, with clever eyes, see it, "sectarians." While the men who do this are learned in some respects this act shows that they are not imbued with the true spirit of science, which looks to facts only, but are still mentally twisted by very mundane prejudice, which is very unscientific.

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### A CASE OF SYPHILIS.

(At a meeting of the N. Y. Hom. Materia Medica Society Dr. Joseph Hasbrouck, of Dobbs Ferry, N. Y., read a paper on the treatment of syphilis, from which the following case illustrating homœopathic treatment is taken—with credit to *The Chironian*, in whose pages we find it. Such treatment is truly scientific, but when "Salvarsan" is used the physician is a mere agent using a proprietary drug.—EDITOR OF THE HOMŒOPATHIC RECORDER.)

#### A Tertiary Case.

On February 5, 1909, I was called to prescribe for a paper hanger suffering with dysuria, voiding often small quantities with intense burning. I gave *Cantharis* 30th, and the next day he was much better. He voided larger quantities and with but slight burning. February 11th was called again and then examined his penis, found it œdematous and purple with congestion. The meatus was free; the sensations were burning and cutting, but not from the effect of urine. I gave *Rhus tox.*, and the next day the œdema was much less. I was able to raise the foreskin and found a good sized, well defined ragged ulcer exuding pus. Prescription, *Sabina* with some benefit. On the 21st he complained of anus burning and smarting and very moist; on examination, I found a ring of condylomata around the anus, on the testicles and on the inner side of the thighs, under the lobe of each ear and in the border of the hair; exudations corrosive; in fact, his anus, thighs and testicles were covered constantly with a sticky exudation. If he washed with water the burning was increased, oil was a little better, but the normal salt solution was the best.

He was a married man with grown up children, but I told him

he had syphilis, and asked him how long since he was infected; he did not know how it could be, and rehearsed the old chestnut about the water closet, but he had had it three months and had probably had treatment.

Prescribed *Cinnabaris* till March 31st., except for three days, when I gave *Phytolacca* on account of pain and contraction from hip down and lumps on his shins. *Syphilinum* 200 was given intercurrently once in three days. His condition was so much improved that he was able to be about the house and take short walks. April 1st *Nitric acid* 3d, five drops, twice a day. Under it continued improvement, and in a month went back to work. I then saw him only occasionally on Sunday. On examining his mouth and throat they were fringed with shreds of detached mucous membrane; prescribed *Aurum muriaticum natrum*. 3x, one grain tablet three times a day. In three weeks the mouth was smooth and clean. Since July 1st he has not developed any trace of infection, which will be two years next July, and he has not a scar.

In February, 1909, his wife complained of piles. On examination I found a rim of condylomata about the anus and a few on the inside of the thighs. Prescribed *Cinnabaris*, which cured the case without a change of remedy. No local application was used except the salt solution; the under clothing was burned regularly.

In conclusion, I will say in the words of Constantine Hering: "If our school ever gives up the strict inductive method of Hahnemann, it is lost and deserves to be mentioned only as a caricature in the history of medicine."

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### EXAMINING BOARDS.

"We have never been able to understand how any board of medical examiners, no matter what the qualifications of the members might be, is able, in an examination lasting a few hours, to determine a candidate's fitness to practice medicine better than the authorities of the medical school from which he was graduated, and which certified to his fitness by granting him a diploma.

"We have never been able to understand how any legislature which has chartered a medical college, giving it power to educate and confer diplomas, can create another body which shall be em-

powered to render this charter right of its own creation null and void, by determining in a few minutes whether the people of the state are imperiled by the output of such institution, an institution which the same people through its mouthpiece, the legislature, have founded."

\* \* \* \* \*

"The writer was once a member of a State Medical Licensing Board. Its functions were to examine the credentials of the candidate, and if the college granting the diploma, for a diploma was and should be required, was in good standing with the National organization of the particular school of medicine to which it referred—a thing easily determined—the license was granted, the fee was \$5, and the recording of the same 50 cents. There was no more quackery in that state at that time than there is at the present time, and the people were quite as well protected."—*Dewey, Medical Century.*

It looks as if the real function of these boards ought to be to examine credentials and not to usurp the duty of the college faculty.

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### OLIVE OIL IN THE TREATMENT OF ULCER OF THE STOMACH.

The *Journal A. M. A.* makes the following abstract of a paper under the above title, by Dr. O. Lotz, of Milwaukee, that appeared in the *Wisconsin Medical Journal*:

"Two patients with intractable recurrent gastric ulcer, which seemed to have as a more or less exciting factor a marked hyperacidity, apparently recovered from the acute condition under the use of rest, dietetic measures, bismuth and alkalies, but so soon as these were discontinued the old symptoms of hyperacidity would return, while the general nutritive condition of the patient was not much improved. Lotz then resorted to the use of olive oil before meals. The results in both cases were exceptionally gratifying, and the oil treatment was used by Lotz in all cases of gastric ulcer and hyperacidity, only to find out the truth of the old story that after all the patient must be treated, and not so much the condition. There is no doubt as far as the diagnosis is concerned, as all the cardinal symptoms of gastric ulcer, characteristic

pain, tenderness, vomiting and hæmorrhage were present. It has been Lotz's experience that a large majority of the patients suffering from hyperacidity and chronic ulcer of the stomach give a history of a gradual loss in weight, extending over a long period of time, and frequently present themselves in a nutritional condition far below par. Besides this, history of chronic constipation is in this class of cases very conspicuous, while signs of secondary anæmia are likewise of common occurrence. Without exception all of the ulcer patients, under the use of pure olive oil, a liberal diet, and somewhat regulated mode of life, gained rapidly and steadily in weight, some of the signs of anæmia disappeared, while the constipation ceased to be an annoying factor. Furthermore, up to the time of writing, so long as these patients have retained their normal weight, no symptoms of gastric hyperacidity have appeared. Taking these results as a working basis, Lotz asks, could it not be possible that the persistent hyperacidity, which has at the present time an unknown etiology, is due to the presence of a so-called vicious circle, the hyperacidity preventing normal digestion and assimilation, with chronic constipation, anæmia and poor nutrition as resulting conditions, while these same conditions in their turn act as exciting factors in maintaining the hyperacidity. The continued use of olive oil before meals, Lotz believes, is an effective method of breaking into the vicious circle. By holding in check the excessive secretions of acids for the time being, the oil permits of a liberal diet as soon as pain and tenderness have more or less disappeared. It of itself has a high nutritive value, and finally, with very many patients, the olive oil acts sufficiently as a laxative to keep the bowels in a normal, regular condition.

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### ANAPHYLAXIS.

(The following editorial taken from the *Journal of the American Medical Association* is interesting, condensing, as it does, the latest word on that peculiar condition termed "anaphylaxis," which, in plainer words, is the state induced by hypodermic injections of serums, etc., on the patient. It all seems to be guesswork.—*Editor of the HOMŒOPATHIC RECORDER.*)



In a recent article, Friedberger\* has reviewed our present knowledge of the subject of anaphylaxis. As a result of the great amount of work devoted to this phase of immunization, both in this country and abroad, it is now better understood, and is even being invoked to explain other more obscure phenomena of disease. According to our present conception, the process of anaphylaxis is, in brief, as follows: On the introduction of the first dose of a foreign proteid into an animal, there occurs a gradual increase of the antibodies for this substance—antibodies already present in small amounts normally. If, now, after a suitable, interval, say, from eight to ten days, a second dose be given, these antibodies, now present in increased quantities, produce a rapid disintegration of the proteid, with liberation of toxic products. If the animal survives this sudden liberation of poisonous material, farther cleavage of these products rapidly renders them innocuous.

Such a hypersensitization to foreign proteids is peculiar in that for the most part it is necessary to introduce them by some route other than the alimentary canal. When, however, we consider the great breaking up undergone in the process of digestion, it will be readily seen that any characteristic peculiar to a given proteid would ordinarily be so modified before absorption as completely to alter any toxic effect that it might possess. Indeed, the anaphylactic reaction is believed to be due to a splitting up of proteid into exactly the products it would yield in intestinal digestion; the poisonous intermediate products, however, which in the latter case would undergo still farther cleavage before entering the system, are in the former liberated directly into the blood stream, and so are free to exert their toxic action. In support of this view is the fact that in those cases in which there is excessive antibody formation, the acute anaphylactic reaction is diminished or absent; the probable explanation being that the breaking up of the proteid into its ultimate constituents is so rapid as to prevent the accumulation of toxic intermediate products in quantities sufficient to do harm. Idiosyncrasy to articles of food is to be explained, on this basis, by the absorption of sufficient unmodified proteid to react with antibodies already present,

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\*Friedberger, *Deutsch. med. Wochenschr.*, 1911, XXXVII, 481.

either congenitally or formed under similar previous conditions.

In addition to the "active" anaphylaxis, produced by the direct administration of sensitizing doses of proteid to the animal organism, it is possible to produce "passive anaphylaxis" by transferring hypersensibility to other animals with the serum of treated animals. This so-called passive anaphylaxis belongs in the same class as passive immunization. Further analogy is shown by the necessity of free complement to produce the reaction. If an animal be given its second dose of proteid, in non-lethal amount, at an interval greater than the ten days at which hypersensitization reaches its height, the excess of antibodies present becomes bound, and the animal becomes relatively free from farther reaction. This is the so-called anti-anaphylaxis.

According to the views of Ehrlich, all antibodies are merely the result of the increase of substances already present in the normal animal; and in accordance with this view is the fact that the introduction of a sufficient quantity of foreign proteid into a perfectly normal animal will produce toxic effects. If, however, care be taken to give it in a quantity insufficient to cause death, the antibodies normally present will cause a relatively slow production of the toxic intermediate products, and at the same time formation of both the cleavage products and the antibodies evoked by the injection will take place. If now this serum be transferred to a second normal animal, acute poisoning will intervene—the so-called antiserum-anaphylaxis. The explanation probably lies in the fact that in the second animal there is already present a certain amount of antibody, which, in conjunction with the amount present in the injected serum, is sufficient to produce acute anaphylaxis.

By far the more interesting of the recent developments of this subject are the relations that are being established between anaphylaxis and many infections, both acute and chronic. It is becoming generally accepted that many of the processes which formerly we were wont to ascribe purely to specific toxins are more properly to be considered as due to the interaction of bacterial proteid and antibodies already present, or formed during the infection, in the host.

## BOOK REVIEWS.

*Plain Talks on Materia Medica With Comparisons.* By Willard Ide Pierce, M. D.

This volume has practically within its covers two books—a repertory and a materia medica.

Without apparently containing anything new this book nevertheless may be commended as offering an excellent summary of what is known concerning the use of drugs in acute and chronic diseases. It is written in an exceedingly interesting style and will prove of great value to the practitioner and medical student. Medical students, as a rule, have not too much ready cash with which to purchase books, and they frequently ask the teacher of materia medica to name *one book* to serve as a text book in connection with the lectures.

Here is just the *one book* the student is looking for. It is well named. The name indicates what may be found within its covers.

While the “talks” are “plain” they are nevertheless interesting and instructive. The author has adopted a narrative form, discarding the systematic arrangement which makes so many text books uninteresting.

In speaking of *Nat. mur.*, for instance, the author says: “This is a remedy that causes the risus sardonicus in our opponents of the old school, and they ask why we should go to all the trouble to potentize this remedy when we can get sea water that is already shaken up.

The story would have more point to it if it was our purpose to mix our remedies, and in addition to our *Sodium chloride* give the other salts and impurities as found in sea water; but as that is not our intention, we will have to worry along with plain *Nat. mur.* and be perfectly satisfied with it as a remedy, and with the results that it produces.”

While there is no lack of books on the subject of materia medica, this is, nevertheless, a very happy and useful addition to the list.

“The comparisons” alone are worth the price of the book. It should be used along with Farrington, Cowperthwaite and Boger.

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Cincinnati, O., Aug. 1.

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## EDITORIAL BREVITIES.

“SECTARIAN.”—In anatomy, physiology, surgery and other realms of medicine, there is no difference between the allopathic, or “regular,” and the homœopathic, physician, but when it comes to therapeutics the former gives large doses of drugs on the general principle of contraries, while the latter gives small doses on the principle of similars, yet the former calls the latter “sectarian.” Why does he do it? To do so is really to abuse the English language, for if the following of the one principle constitutes sectarianism so does it of the other. For an allopath to call a homœopath a “sectarian” is like a Methodist calling a Baptist a sectarian. The one is as worthy of the term as the other. If an allopath can only see “sectarianism” in an educated physician administering medicine on the principle of similars, he must have a very narrow mind, quite unworthy of being termed “scientific.” The law of similars is as much a part of the science of medicine, and a much greater part in the art of curing disease, as is the law of opposites. It must be viciousness, or mere ignorance, that causes a man to apply the erroneous term “sectarian” to a brother who goes further afield than he who knows but one of the two great principles.

A WORD TO THE BROTHER.—“Another final word to my allopathic brother. I know that the word allopath is hateful to him. He says that he is not an allopath. He is a physician. But the tag allopath fastened on him by Samuel Hahnemann still sticks. However, I see that he is in a fair way to get rid of it by continu-

ing on the way he is going, by adopting one more homœopathic principle. He has adopted the similar remedy and the small dose and the danger of medicinal aggravation. When he finally grasps the idea of selecting the medicine by provings and puts it into practice, he will no longer be an allopath. He will be a homœopath, and the union of the schools will be complete.”—*Dr. G. F. Laidlaw, in New England Medical Gazette.*

THE ANTIVIVISECTIONISTS, “ETC.”—President Murphy, in his address to the A. M. A. at its last session, had the following to say concerning those who oppose vivisection: “The opponents are ill-balanced sentimentalists—people with limited capacity for estimating educational or health factors—people without capacity for perspective (such as the antivivisectionists and antivaccinationists), and people with less intellect or integrity than any of these; half-way medical men, as osteopaths, chiropractors, etc.; people with theoretic creeds whose basic belief is against the physician in its sorry attitude, such as a minority of Christian Scientists; the suppressed patent and proprietary medicine venders of worthless or dangerous drugs; a group of men who have suffered financial loss through a growing demand made and fostered by this organization, that advertisements in newspapers, magazines, proprietary and ‘patent-medicine’ pseudo-medical journals, shall not lie; those whose often criminal and always fake practices have been destroyed by exposure through the medical profession; and, lastly, a group of erstwhile convicted criminals thirsty for revenge, now of quasi-respectability, affluence and power, whose past reeks with obscenity, vulgarity, immorality or crime.”

In all this it seems to us that President Murphy let his feelings run away with his calm scientific spirit. Scientifically considered, a man’s feelings have little to do with establishing the truth of any proposition; they are his own, and concern others but little. The RECORDER is not opposed to the practice for useful purposes, but when nearly the whole profession goes nosing into the living carcass of a dog to find the relief for human ills one cannot help thinking that their labor is rather worse than useless. The reports of the experiments are drearily monotonous, and the fruit is Dead Sea fruit. No disease has been “conquer-



ed," though some have been changed—for the worse. If it were possible to strike a trial balance it might be found that the world would have been physically better if the old medical profession had never gone into animal experimentation, for often, secretly and subtly, the remedy is far worse than the disease.

FUTURE POSSIBILITIES.—In his address Dr. Wm. H. Van Den Berg, Chairman of Bureau of Clinical Medicine (Narragansett, *J. A. I. H.*, July), said when treating of anaphylaxis: "Animal experiment shows that animals rendered over sensitive to certain drugs can transmit this to their posterity," and, therefore, "the problem to-day is to devise an antidote to anaphylaxis." The need of a cure for the effect of a cure is surely a very curious problem, but the prospect of raising a posterity subject to anaphylaxis due to much serum, etc., is a grave problem which will require that medical science of the future must take itself to the laboratory to discover a remedy for the Frankensteinian creature being raised by the medical science of to-day with the spectre of something again being required to tackle the effects of the antidote to the original anaphylaxis, and so on, and so on, to the end of a serum using race. To be sure, it is a far cry to future generations, but if the "regular" profession is working, unselfishly, as it claims, for the good of humanity this possibility of enormous future evil should be carefully considered.

PREVENTIVE INJECTIONS OF ANTITOXIN.—"Markuson and Agopoff state that their experience with antitoxin injected to protect children with measles against diphtheria was disappointing. The injections did not render the infants immune or modify the severity of the disease. Of 1,178 children in the measles wards treated with antitoxin, 2.12 per cent. developed diphtheria in the first week, 2.04 in the second, 0.51 in the third, 0.26 in the fourth, and 0.17 per cent. after the fourth week. The corresponding percentages for the 1,156 children not injected were smaller being, respectively, 1.56, 1.73, 0.52, 0.78 and 0.43 per cent. The mortality averaged 36.6 per cent. in the first group, and 32.3 in the other."—*J. A. M. A.*, abstract from *Archives de Medicine des Enfants, Paris*.

THE COUNTRY AND THE CITY.—Young men after graduation,

and old men after years of practice, are apt to think that the big city is the best place for medical fame and fortune. On this point a New York City practitioner commented to the writer at the last Institute meeting to the effect, that the life of the city doctor was not by any means all rose-tinted; if you go down you are done for, trampled and left, while, if you succeed, your expenses are great. The speaker was a successful man but not one of the toplineers yet. He said: "I have to earn \$12,000 a year to meet my fixed charges, and I am not running things on a very expensive scale either." This, and other things, seems to demonstrate that those of our readers who are well established, and rank as some one where they are, would do wisely to stay there and not "seek the larger field" offered by the big centres.

TWO STATEMENTS.—Our learned contemporary, the *Buffalo Medical Journal*, tells us that in last May and June there were twenty-five cases of small-pox in its city. Concerning these: "An illuminating fact and one that stands unanswerable by that associated cult of the antivivisectionists, the antivaccinationists, is that in every case of small-pox reported the individual afflicted with the disease had never been vaccinated." At the city of Niagara Falls, only a few miles from Buffalo, Dr. J. W. Hodge says that there has not been a case of small-pox originating there for years, the few cases occurring being imported and all were vaccinated. Niagara Falls is strongly anti. Now between these two statements you, gentle reader, can make your own selection. Sweeping assertions concerning conditions and antecedents of which the editor is personally ignorant are never worth much more than the paper on which they are written. Personal contact with things often changes one's opinions.

DAMAGES FOR X-RAY BURNS.—In short, this case runs as follows: The patient had received X-ray treatment and with it severe burns. Suit was brought and the jury gave the patient \$3,500 damages. The case was appealed, but the Supreme Judicial Court of Maine refused to set aside the verdict, holding that the patient is entitled to damages in such cases. You will find the full text of the court's judgment in *Journal American Medical Association*, for July 8th.

WHY UTOPIAN?—You meet with some queer things in medical literature. Take as an example the following from a paper by Dr. H. G. Wetherill, of Denver, Colo., read at the A. M. A. meeting at Los Angeles—speaking of neurasthenics—nervous invalids: “It is, I believe, generally conceded at this time that nothing short of actual disease in the organ to be operated on, with grave incident symptoms or apparent risk to life, warrants surgery for such invalids. \* \* \* I am aware that there are many who will regard these views as idealistic, utopian, and quite impracticable in their application to one’s daily work.”

Again, why Utopian? Is the physician’s first consideration himself or his patient?

THE LEARNED.—One of Moliere’s characters is married to a very learned lady who reminds one of the “advanced” of to-day who strive for universal education. The master of the house laments to its mistress:

“It is worse in my house than anywhere else; the deepest secrets are understood, and everything is known except what should be known. Everyone knows how to go to the moon and the polar star, Venus, Saturn and Mars, with which I have nothing to do. And in this vain knowledge, which they go so far to seek, they know nothing of the soup of which I stand in need. My servants all wish to be learned in order to please you; and all alike occupy themselves with anything but the work. Reasoning is the occupation of the whole house, and reasoning banishes all reason. One burns my roast while reading some story; another dreams of verses when I call for drink. In short, they all follow your example, and although I have servants I am not served. \* \* \* I dislike those Latin mongers in my house.”

The servants knew many things, but not their duties. A gentle satire, this. It reaches far, even into universities. Unless a knowledge is useful to a man it is useless knowledge to him, mere brain cumbering lumber.

THE LIMITATIONS OF A PHYSICIAN.—An esteemed allopathic editor, moved to anger at one who claims to be an “all-round specialist,” a justifiable indignation, writes “that the complete mastery of even the complex science of medicine in all its di-

visions and branches was not to be expected of one human brain." If by mastery is meant all knowledge, this is not only true of the whole, but of each part; but is it not also true that this vast "complex science" is largely so because it is made so? Is it not that when a patient presents himself the first and natural thing to do is to learn all that is possible of the history of the case, follow this up with an examination to see if there is not some removable cause, and, finally, the indicated remedy, or set about removing the cause? Hairs may be split, resplit and again subdivided and many barbaric words coined to the confusion of the plain practitioner, but when these are brushed aside and the case is before him what is there so mightily complex about it that he cannot do for it about all a man can do, surgery and mechanical means excepted?

SALT TOO MUCH OR TOO LITTLE IS BAD.—"Dr. J. Cartaigne relates an instance where a deficiency of salt produced albuminuria: 'A medical student, who wished to experiment on himself the result of a dechlorinated diet, took for eight days exclusively boiled meat without salt. On the fourth day he had traces of albuminuria, and when one of us saw him for the first time on the eighth day he eliminated 50 c.grm. of albumin, which completely disappeared when he returned to an ordinary diet.'

"The instances in which excessive salt has produced albuminuria are many; you will find one amongst the poisonings by *Natrium muriaticum* in the 'Cyclopedia of Drug Pathogenesis,' and the injection into the veins of animals of large saline solutions, containing 0.7 per cent. sodium chloride, caused the passage of albumin in the urine."—*Dr. T. G. Stoneham, B. H. J., April.*

SERUM SICKNESS, HORSES.—*Dr. A. S. Hodgson* in *Lancet* writes: "Serum sickness, when severe, may very considerably tax a patient whose system is already burdened with the toxins of diphtheria. The pyrexia of 103° F. or even 104° F. which he has observed in some cases cannot but have some detrimental effect upon the cardiac muscle. Similarly, the sudden œdemas are commonly accompanied by an alarming fall in blood tension. In the author's experience two cases came to a fatal issue as a

result of exhaustion following a severe attack of serum sickness. The condition of anaphylaxis he has not encountered as yet. Clinical experience proves that one particular series or batch of serum (probably from a particular horse) will cause a higher percentage of undesirable sequelæ than another; may there not be other factors inherent in, or peculiar to, the patient himself?

**MORE WORK FOR EXAMINERS PROPOSED.**—President Murphy, of the A. M. A., wants to have every physician in practice pass an examination every five years. When this is put in operation—to protect the public—"the board" will take on new importance, and then will follow another board to examine the subordinate boards, which, in turn, will be under the supreme examination of the boss. There can be but one boss, two would fight and the defeated one, with his followers, would become a "menace" to the public. Every thing is headed towards a medical boss—so protect the public, of course.

**ON THE VERGE OF A DISCOVERY.**—Professor Guido Baccelli, of Rome, has abandoned the use of anti-tetanus serum and substituted injections of phenol instead and claim to have had better results. Now the possible great discovery is nothing more than that it may be the preservatives in all serums that have the "works" for good or ill. If a dilution of carbolic acid, or whatever else, of equal strength, as it occurs in the orthodox dose of serum will do the work it will be a saving in money and, perhaps, the avoidance of "anaphylaxis," or, at least, of a milder form, for it is possible that every injection produces a change in the human system.

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### NEWS ITEMS.

Dr. Boskowitz has removed to No. 242 W. 73d Street, New York City.

Dr. Robert Ray Roth (Hahnemann, '99), of New Castle, Del., has been appointed surgeon to the Delaware Division of the Pennsylvania Railroad.

Dr. W. E. Powel, one of our Philadelphia Hahnemannians, has removed his office from 2037 Arch Street, to 1701 Chestnut Street, in the Roger Williams building.



## PERSONAL.

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The Pittsburg *Post* suggests the reason for the King Babylon's hanging gardens was to escape the neighbor's hens.

Montaigne, in substance, says that the same cause works in a scrap over the back-yard fence that starts a war.

An editor is a sort of modern Diogenes looking not so much for honest men as good writers.

Evolution: From cliff to flat dwellers.

A man is not apt to turn around and swear naughty words when success treads on his heels.

The "awakening China" probably thinks she has been awake all the time, while the rest of the world suffers night-mare. Mebbe!

Atchison, Kansas, according to Howe, cannot pronounce "Limousine." The rest of the world is uncertain on the point, but puts up a bluff.

A "crying need" is usually something we want others to pay for.

No man knows what "luck" is.

The real stuff never suffers from competition.

No man will get out of this world alive.

Do bacteriologists ever make errors? Are bacteria fixed and stable—always the same? O doubting doubter.

A department devoted to the study of the scientists might be exceedingly illuminating.

"As to the curative treatment of tetanus, there still fails to be any decided step in advance."—*Jour. A. M. A.*, 6-17.

European cities are beginning to sour on "tag-day" holdups.

Fungi grow on suitable soil only. Moral?

Thackeray wrote: "I say to the Muse of History, O Venerable Daughter of Mnemosyne, I doubt every statement you have ever made since your Ladyship Was a Muse."

Dark brown always follows the red used in painting a town.

The health board man signed because he could not order individual worlds for each one.

Pascal excused a long letter because he had not the time to write a short one.

It is sad to be funniest when you are serious.

An old, successful writer advised the young one: "Don't whistle, don't swear, don't lie; that's all."

Nearly every one takes flattery as truth.

Among costly stones the grave-stone is the least liked.

Nervousness is not a disease—unless you get it yourself.

The primary law of health is, "Don't!"

A building in concrete is more trustworthy than one in the abstract.

Strange to say there was only a ripple when the wind blew up the river.

It would be a sorry thing to see Homœopathy wiped out by fudge when fighting couldn't faze it.

# THE HOMŒOPATHIC RECORDER

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## “SECTARIAN.”

Many persons have an indistinct idea of how it happened that Homœopathy became, not a branch of “regular” medicine, like electro-therapeutics and other recognized specialties, but a distinct “school,” but not every one clearly knows the circumstances. Dudgeon, in one of his “Lectures,” tells us about it.

Hahnemann had become convinced that he had discovered a great principle, or law, on whose trail he started by taking several drams of a good tincture of *Cinchona* bark to observe what effect it would have on a man in a state of health. This he followed by ransacking literature for records and discovered how absolutely bare they were of any knowledge of the effects of drugs, then so freely used, on the human being. It was after all this that he wrote his first essay on the *New Principles*, etc. In his researches he found enough about *Arnica* to see that its effects corresponded with a certain very prevalent dysentery and, sure enough, in rather big doses, it proved to be a “specific.” So with *Veratrum*, he worked out its sphere from what he could find about its effects, produced on those in a state of health, and was enabled to use it successfully. But three drugs were not enough to enable a physician to meet the diseases of mankind, or to form a materia medica. He realized that if the work was to be done it must be by self-sacrificing men. Who were better fitted for the work than the members of the medical profession themselves, who so often wrote of their great self-abnegation, and personal sacrifices for the benefit of mankind—you can find traces of this style of writing even in this day.

The enthusiastic discoverer wrote a series of articles that were published in Hufeland's *Journal*, which then occupied a position somewhat analogous to that of the *Journal of the A. M. A.* to-

day, picturing the wonderful new field that would be opened up to the medical profession by ascertaining the effects of the drugs they daily used so freely, on the human being, and urging them to join him in the work of testing the drugs, on themselves, or on volunteers under their observation. But none of them could see it in that light. Probably the great body were utterly indifferent; some joked at their professional brother's enthusiasm, and some of them sneered at him—of course; did any doctor who ever became known outside of his own little "parish," as Frank Kraft was wont to put it, escape the sneer? Hahnemann hammered away, but there was "nothing doing" in the way of "proving" among the doctors. They were satisfied. There were none to dispute them, so why change? Hahnemann must have been an irascible man, for he suddenly changed his tactics. He ceased to dwell on the wonders of the new therapy and let go a broadside at the inconsistencies, absurdities and the shallow-patedness of the old. That was the beginning, and the end is not yet in sight, though they have got to the point when they will let a homœopath in if he will tacitly renounce his "heresy." Then, as now, they controlled flesh pots, while the homœopath has but the shining truth. Some prefer the pots, which, after all, is very human. The men who presided over those pots, and the leeks and the onions, did not argue with Hahnemann—much; they tried one or two rounds and quit. They resorted to excommunication. It was the only weapon left and they made the most of it, and still do. No rational reasons are ever brought forward against the "new principles"—there are none. The homœopaths are excommunicated—have nothing to do with them! Once in a while some great one will raise his voice slightly in favor of Homœopathy—but he never repeats it; to do so is dangerous. This attitude is official. Individually the brainy ones come over freely.

It was with Hahnemann, according to Dudgeon, as it was with the monk, Martin Luther, who might have preached as he pleased, but who got into trouble when he turned his attention to certain practices at Rome. St. Paul had more of the wisdom of the serpent—he didn't turn loose on the frailties of the goddess Diana at Ephesus; had he done so "it is doubtful if the unadorned eloquence of the worthy town clerk would have saved him from being torn to pieces by the incensed Ephesians."

So Homœopathy, the universal drug law, became a "sect" in the eyes of the orthodox. Perhaps it was best, for it is unseemly for the greater to be dominated by the inferior—for law to be subservient to human "authority" which, as every one knows, rules in the excommunicating body to-day as it did when Dr. Samuel Hahnemann so valiantly fought it.

So, for better or worse, Homœopathy became a distinct body, and so it will remain. It may "die out" here and there, its institutions and societies may collapse, but there will others arise, sooner or later, to take their places. The word stands for a truth, and truth is deathless, shining on quite regardless of the mutations and the ever changing vanities of mankind.

From the foregoing sketch any one can see the unscientific attitude of those who cry "sectarian" at a homœopathic physician, for that cry but shows that they are followers of authority, not of science. they are taught that homœopaths are a quackish sect and they take it on authority: but they must not be too greatly blamed for this subservience, for without it they, most likely, would not "pass."

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### BEGINNINGS.\*

By C. A. Baldwin, M. D.

A few weeks ago Dr. Kellog, of Battle Creek sanatorium fame, declared it to be his belief that by the expiration of 250 years the remnant of the human race then infesting the earth would, to the last individual, be stark mad. Evidently that learned gentleman is convinced that even his perfected hygiene is insufficient to save the race from the ultimate effects of its persistently indulged high jinks. In the face of such trustworthy testimony it might be the part of calm wisdom to quietly fold your hands, and inquire, in a spirit of subdued resignation, what's the use? If, after the persistent and unhindered efforts of a body of learned and scientific gentlemen to eradicate sickness from the experience of the race, so gloomy an outlook is had, to date, by one of its very elect: how now can we have a reasonable hope?

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\*Paper read by C. A. Baldwin, Peru, Ind., at the Indiana Institute of Homœopathy, May, 1911.

It is proclaimed that the thing needful is a good piece of legislation. It has been observed that before the stern mandate of a legal enactment the foes of mankind have, in times past, been made to cease, theoretically, from harassing the race, except they return a fair profit to those intrusted with their curtailment. Who doubts that should a constitutional amendment place a new cabinet official in charge of the public health many wise and efficient edicts might be launched against the dreaded miasms and various habits that threaten us with madness and extinction. What more is needful? If the public will not retract its abdomen and inspire deeply, legislate till their last gasp is a complete huge breath. If the public will not eat pie with 600 chews per bite, again I say, legislate till they do masticate, digest and assimilate every fake of the new-food syndicate. And so continue till the last intricate detail of life is properly controlled by appropriate legislation. Then come madness if it will, we shall fear no ill, each mother's son will take a pill, prescribed for him by the legal will; henceforth sanity our souls will fill providing the pill don't make a bill, and render will the hopes of the ill.

Observe with what tender solicitude the sacred rights of the people are safe-guarded when once the care of them is vouchsafed to official pirates. The right of the many should remain the business of the many and not become the privilege of the few. When the public weal is sacrificed to special privilege Hines seats Lorimer in violation of every principle of popular government, and the people's senate keeps him seated in spite of the people's protest. It ought to be noted in this connection that two of the Ohio legislators indicted for pledged bribery were doctors.

Again, it is the expressed belief of Dr. Kellogg, who does not speak unadvised, that chronic sickness is increasing in intensity and variety. Intractable cancerous, tubercular, syphilitic, syphitic, rheumatic, inflammatory and mental disorders are multiplying alarmingly.

The race is deteriorating the world over, according to the earnest testimony of the strenuous Teddy. Much concern is exhibited by responsible men lest the race become extinct. A campaign against the forces working this sad favor is proposed. Race suicide, the white plague, white slavery, drug habits, the scarlet



woman, the under fed, the over fed, morbid fear, each bears its share of blame for the sad havoc that is being wrought with God's image on earth.

But here is a voice from an unexpected quarter. Dr. G. Curson Young, in the *Medical Summary*, says: "The blind, speculative, empirical use of medicine is becoming a cause for alarm. More in particular is this so when we consider the fact that where there are the largest number of physicians, and proprietary medicines used in proportion to the population of the country, there is the most sickness and the largest number of infirm persons." Nor shall the proportion of sickness and the number of infirm decrease, while these same physicians affected with a mental curvature, led by these same proprietary promoters affected with a "mad itch," continue to induce the public, afflicted with an intractable chronic sickness, to accept salvarsan under the mystic symbol "606" as an absolute specific for their affliction. Why cannot this preparation be placed on its merits and be used strictly within its sphere of action, as *Arsenicum* must be used? Why this frantic effort to drill the belief into the lay mind, through gratuitous newspaper publicity, that salvarsan, at \$25.00 a shot, is an absolute specific for syphilis or anything else, except it be the low state of the medical man's exchequer?

Are the causes for this expressed alarm real or fancied. What chance has the race to escape these predicted calamities when offered by medicine, hygiene or surgery.

The hope that proprietary medicine in the hands of the ethical doctors will do more by way of controlling sickness than potent medicine in the hands of druggists and street fakers is futile. The truth is, the failure of both is admitted.

We cannot treat lightly the efforts to discover and apply correct hygiene to the problem of life. We have much to learn about right living, and are making numerous efforts to learn it. Newspaper space, magazines and specially trained men are devoting their individual attention to hygiene in all its phases. But right living only maintains health, it does not cure sickness. The chronically sick continue sick under the most rigid hygiene. However, they live longer and more comfortably. Hygiene has proved insufficient to deal with this immediate problem of the

cure of sickness and its elimination from the experience of the race. By no manner of method of living has susceptibility to sickness yet been removed from any individual or group of individuals. The hay fever victim may seek climatic conditions that will enable him to escape his periodic attack, but not lose his susceptibility, or cure his fundamental sickness. We must know how to breathe, how to eat, how to rest, how to think, how to work, how to love our neighbors as ourselves, before we can live and keep well when once we get well. But all this is not sufficient to cure our sickness and heal our infirmities.

Neither is surgical interference sufficient to save us from the onrushing tide of madness threatening to engulf us. The removal of growths, correction of malformations, repairing the accidental destruction of parts, lifting depressed skull plates, straightening deflected septums and cross eyes, correcting strained accommodations, removing adenoids, tonsils, appendices and ingrowing toe nails, repairing lacerated cervices and perineums, unhooding the clitoris, performing circumcision, releasing impinged nerve ending and reducing luxations—altogether—and combined with the most perfect methods of hygiene, while important, are not yet sufficient to eliminate the ultimate results of sickness from the experience of the race.

We are face to face with the fact that the race is sick and must be cured or take the consequences. This is vouched for by competent witnesses. In spite of this confession—they go on indiscriminately medicating the public with patent and proprietary medicine; cathartic pills and headache tablets, they blandly distribute disinfectants, quarantine measles, mumps and whooping cough; encourage consumptives to breathe deeply into sore and ulcerated lungs, over feed and sleep out of doors. They deliberately menace those who are no menace to society with vaccination and improved therapeutic measures, and pray that the sick be healed and the orphan clothed. The dominant healing cult deliberately sits down and waits for the sick to come to them and be doped in the same old way, and then grumble against the modern protest against old medicine. In view of their gloomy forebodings it is a little surprising that old methods should be looked upon with such favor, and efforts be made to secure by legal enactment their perpetuation.

In the face of grave problems the simple solution is overlooked. The final solution for the most complicated problem is as simple in its final analysis as that to one plus one. The explanation of any complicated phenomena must be sought in its beginnings. The cure of sickness and the control of the ultimate end products of sickness lies wholly and absolutely in the ability to recognize and cure sickness in its simple and primary manifestations. To these states must all sickness return before it can be made to terminate.

Modern scientists in their richly endowed laboratories, with their wonderful instruments of precision, and their highly developed technique, will search in vain for specifics and means for curing the pathological end products of disease. I insist that an understanding of sickness is the most valuable acquisition of him who aspires to a mastery of the art of healing, or who rationally attempts the conservation of the health of the race. As in all other departments of learning a knowledge of beginnings is essential to an understanding of resulting ultimates, so an understanding of sickness necessitates a knowledge of its beginnings in order that from its beginnings its ultimates not only be predicted but eliminated so effectually that they will not have to be dealt with. Any other results only prove that the problem has baffled all efforts at its solution.

And don't forget that all learning deals with phenomenas and effects and never with causes. The search for cause is an endless and fruitless quest; when a supposed cause is found there arises again only the necessity of searching for its cause.

The ability to recognize the earliest, simplest, most innocent manifestations of tuberculosis, syphilis, sycosis, psora, cancer or insanity are of vastly more importance than a knowledge of the theoretic causes of these affections.

Every prescription designed for the cure of sickness must be based on the phenomena of sickness—the totality of symptoms, if you please—and never while mortal mind is veiled in clay on any supposed causes of sickness. Never, even should the Rockefellers and the Carnegies pour their vast wealth combined into the laps of ardent and earnest investigators, shall they be able to discover a basis for selecting the curative remedy other than the totality of symptoms—the whole manifestation of sickness.

There is not now and never will be while the laws of God rule the destinies of man a specific cure for the end product of disease, aside from those remedies which cure sickness in its beginnings. That very thing "Homœopathy is prepared to do." These last past hundred years Homœopathy is the ark of safety, which shall carry a remnant of the race through that dreadful deluge of madness, the coming of which is already predicted. It is little wonder this terrible portend should strike terror into the hearts of a healing cult, never to date able to cure even a case of simple recurring tonsillitis.

Homœopathy must be rediscovered by some group of men who have more cupidity than pure devotion to science, who will prize it for its commodity value, and secure for it publicity through a pure desire of realizing on it as a commercial asset.

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### THE ANAMNESIS.\*

By Dr. Addison Kendall, Great Bend, Kan.

The anamnesis, or taking the case as the term implies, is the most difficult task of the physician. The process consists of putting in mind the abnormalities of the patient, and unless we succeed in getting hold of these variations from the normal we will in a measure fail to accomplish our intent.

Upon the careful and thorough taking of the case depends the future treatment and hence the future success in curing our patient.

The term is broader and implies vastly more than one would think on first thought. Homœopaths too often conclude that it is no broader than our therapeutics and, therefore, confine their thought to that one phase of taking the case to the exclusion of all others. And while we would not disparage the practice of carefully taking the case for its therapeutic value, we will attempt to show you that he who does this stops far short of the real intent of taking the case.

To properly take a case, the physician must keep in view, at least, five points:

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\*Read at the Kansas Homœopathic medical meeting at Wichita, May 10, 11, 12, 1911.

First. No case is well taken until a thorough physical examination of the patient has been made. This examination frequently reveals the fact that no therapeutic measures, whatever, are needed. Dunham, in one of his lectures, relates a case which proves this point. An epileptic came to an eminent physician of Boston for relief. The patient was carefully questioned concerning his physical conditions, but no definite clue to the case could be found. At last he was put upon the table, and a careful physical examination was made; no irritation of the nerve centers could be discovered which would act as a cause for the convulsions. The physician, however, discovered that the patient had, years ago, received a gun-shot wound in the thigh.

There was no evidence that the ball was ever extracted. A close examination seemed to confirm the conjecture that it still lay imbedded in the muscles of the thigh. An exploratory operation was performed and the ball was actually found lying upon a branch of the sciatic nerve. It was removed and the patient had no more convulsions.

Therapeutic measures in this case could have availed nothing. *Belladonna*, *Cicuta*, *Cuprum* or any or all of the many remedies suggested in our materia medica for convulsions would have failed utterly. The physician's knowledge of pathology enabled him to discriminate between the varieties of convulsions as to the approximate cause. His acquaintance with physiology familiarized him with the phenomena of reflex nervous action and enabled him to cure his case.

Again, the diagnosis is always demanded by the friends and relatives of the patient.

The physician should, then, be able to make a correct statement of the probable cause of the illness.

Second. Taking the case embraces the prognosis as well. The physician is called in haste to an elderly gentleman whose only intelligible complaint is of great anguish in the præcordia, and which appears by its violence to endanger his life. If he be in immediate danger of death, the state of his affairs renders it desirable that his family should be informed of the fact and how long he will probably live. The prognosis is demanded and its correctness is a matter of great importance. Aside from a little



relief the physician may offer the dying man the physician's function ends with the prognosis and will not enter the domain of therapeutics at all. In such cases our reputation depends as much upon being able to prognose the death as to cure our patients.

As the third point to a careful taking of the case we would mention hygiene. In so many cases a change of diet or surroundings is all that is needed. A child fed on molasses cakes and milk was having convulsions daily. The diet was changed and the convulsions ceased, or, we may find our little patient in a damp, dirty basement, where the sun's rays never come. Warm sunshine and pure air is all the treatment it needs, and so the physician needs to be constantly alert for these things. If he depends wholly upon medicine in such cases he will fail utterly.

Fourth. One's knowledge of the physiological functions is, sometimes, all that is required to offer suggestions as to the course to pursue with our patient. A woman is rapidly emaciating, has night sweats, diarrhoea, is easily fatigued and has a hacking cough. A careful physical examination fails to discover any organic disease, nor do her domestic or social relations disclose any source of trouble. The physician finally discovers that the patient is nursing an infant of twelve months. Her milk is abundant, but is found deficient in oily matter. The physician concludes this is the cause. The child is weaned and the mother's health is restored.

Fifth, and lastly, we should mention therapeutics as an element to be watched for in the process of taking the case, but never to the exclusion of the points above mentioned. We would not have you think for a moment that we think medicine vain and unnecessary, but if we use medicine to the exclusion of the other means mentioned we fall short of filling our mission.

How necessary, then, that every physician have an extensive knowledge of physiology, pathology and hygiene, as well as therapeutics. They are indispensable to the physician to enable him to make the preliminary analysis of the case by which he is able to determine under what category the case belongs.

It is a knowledge of all of these which enables us to discriminate between the pathognomonic systems, the latter of which we must

depend upon to cure our patient if the case fall under the head of therapeutics.

In discussing the important phase of the physician's work no better text can be used than is found in Hahnemann's Organon, beginning at the eighty-third paragraph. Hahnemann there lays down some principles which the physician must possess in order to be successful. He says the physician must have unbiased judgment. How frequently we go to our cases with biased mind or fall into the habit of routine prescribing.

The telephone rings and we are summoned to a patient who has been vomiting, we will say, almost incessantly for several hours. Our first thought, as we put up the receiver, is that *Ipecac* will stop that vomiting; and we go to our patient with nothing but *Ipecac* in mind. When the thought that should be uppermost in the mind, is what are the differential points in the nausea of *Ipecac*, *Nux vomica*, *Arsenic*, *Antimonium tartaricum*, etc. We enter the room in haste, where stand anxious friends who insist that something must be done at once before we have had time to get our bearings even. Without questioning our patient or attendants we administer the *Ipecac* and leave, saying she will be better. But instead the vomiting continues and we are called again to find our patient in a state of collapse.

When if we had tarried long enough on our first visit to have found the characteristic of that vomiting our patient might be resting comfortably by this time.

Sound senses and attentive observation is another quality of a good physician. The senses of sight, hearing, touch and smell should be trained to acuteness, ready to take in the least deviation from the normal. The flash of the eye, the peculiar moan or the strange odor of the breath or body of your patient frequently furnishes the keynote to the situation. Abdominal pains, headache, incipient meningeal troubles and the approaching convulsion will invariably reflect themselves upon the countenance of the infant.

Nor would we forget that other sense which the good old dean of our college used to impress upon us, that of common sense. This is needed perhaps more frequently than any one of the others. It is the one which overshadows the other senses and brings them out of the realm of the ideal into that of the practical.

It helps us to determine whether these are to be our guiding symptoms or whether we shall treat them as pathognomonic symptoms.

Hahnemann further urges: "Fidelity in noting down the image of the disease. The physician will need this image for further reference and study and to determine the progress of recovery."

The patient relates the story of his illness in his own language without interruption, and what he fails to give the attendants communicate as best they can. The physician writes down everything, using the exact language of the patient. Here we must sit in judgment to determine what will be helpful to us. Much of the narration is incoherent and of no use to us, and, therefore, should be ignored.

Here again will we feel the need of a good thorough knowledge of pathology and diagnosis as well as therapeutics that we may be able to classify and place under its proper head the symptoms given. An exhausted knowledge of these enables us to decide whether it is a case of hygienic, physiological or therapeutic measures.

The task of getting symptoms which will be helpful is not an easy one. The patient is so apt to relate common symptoms. It is rare that we get guiding symptoms. The fact that the patient has a headache does not mean much unless with it we can get some peculiarity as to location, time, aggravation and amelioration, etc. This is largely due to the fact that the guiding symptoms are so frequently those which the patient thinks to be so commonplace that they would be of no value to the physician, or he has had it so long that it has become a part of him and he is no longer impressed by it.

Again, so many do not observe their symptoms. They are not observing people, and when questioned will reply by saying I have never noticed that. This does not depend upon education. The best educated are sometimes the poorest symptom tellers. It depends rather upon an innate ability to see and feel and then relate to others.

There is another class who exaggerate their symptoms. This in itself may be a guiding symptom and lead one to the remedy. Another class thinks it the business of the physician to find the symptoms, and, therefore, crawls back in his shell and closes himself up like a clam.

And still another is stricken with profound modesty, and spends her time in whining and blushing.

Another error into which we are very apt to fall is our manner of questioning.

We should avoid direct questions. It should be put in such a way that the decision must be made in the mind of the patient. Is it, or is it not, thus and so.

Patients usually assent to direct questions without having weighed it in mind, and it becomes of no value whatever in prescribing.

And this process of putting in mind these variations from the normal goes on. It is intricate in detail. It requires the sound wisdom of a judge upon the bench and the sagacity of a philosopher. It should be conducted with the tenderness of a mother and the exactness of a mathematician.

This carefully and painstakingly done and the work of prescribing is reduced to the minimum.

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## THE HOMŒOPATHIC TREATMENT OF MENTALLY AND PHYSICALLY DEFICIENT CHILDREN.\*

By P. R. Vessie, M. D., Cleveland, O.

CASE NO. 6.—Boy, aged 8. Seven-month child; dry labor. This case was heralded in the daily press as Cleveland's "first incubator baby." The tiny foetus fitted snugly in a standard sized cigar box. Sandy hair; blue eyes; light complexioned. Upper central incisors notched. Frail stature. Extremely nervous. Keen and alert as a hawk. Not content to sit complacently on a chair for a minute. Always on the jump, as it were. Mischievous. Spiteful to his little playmates; slapped them without provocation. The mother was of a similar make-up and the disposition of the child seemed to increase her nervousness. She exclaimed, "He would make a whole nation crazy!" Speech limited to two or three unintelligible monosyllabic utterances. Unable to read or write.

Treatment was introduced at first by firm discipline, conducted

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\*A continuation of cases reported in the HOMŒOPATHIC RECORDER, March, 1911.

in a tactful and kindly way. He was virtually compelled to remain quietly on a chair to listen to the work of his classmates. *Sulphur* and *Kali phos.* were consecutively administered.

*Nat. mur.* cured salivation; *Belladonna*, enuresis; *Aloes*, a characteristic chronic stool; and *Arsenicum*, an incidental cancre oris. He improved mentally and physically within four weeks and was gotten under control to utmost satisfaction. *Arsenicum iod.* met with success, inculcating a grasp on educational instruction. Initially, he learned to draw straight lines, and, then, to connect them. Became interested in his accomplishment and was prepared to learn to read and to write.

In the course of nine months the so-called "freakishness" disappeared. He would sit quietly, look at picture-books with keen interest and pick out the letters and syllables which he had mastered. Admitted to and at present attending a public school.

CASE NO. 7.—Girl; aged 8. A very shy, stubborn and spoiled child. Speech not developed. Apparently deaf in both ears. A thorough examination elicited the presence of a trace of hearing in the right ear. *Petroleum* was administered and at the time exercises with different musical instruments awakened the hearing of the right ear slowly, so that sounds spoken into this ear were clearly discerned. Girl quickly learned lip-reading, although it was not favored. Made rapid progress as soon as her hearing improved.

Answered questions put to her with her back turned to the speaker. In the sequence of time she read and wrote normally. After two years of systematic schooling and *Petroleum* she was sent to the public schools, where she is now an excellent pupil in the fourth reader.

CASE NO. 8.—Boy; aged 13. An obvious idiot. Robust, but stunted in growth. Microcephalic. Slow gait. Flat-footed. Hutchinson's teeth. Salivation. Little speech; no reading; no writing. Very affectionate and compliant. Would not defend himself when aggressed by an associate. Remedies: *Kali phos.*, *Ars. iod.*, and *Nat. mur.*

Seemed hopeless as far as instruction was concerned, but to the surprise of everybody he began to display great interest in writing and spelling, although it was a tedious and painstaking



task for the instructor. Became very ambitious. This was reciprocated with judicious treatment and flattery. His accomplishments made it possible for the parents to send the boy to public school.

CASE No. 9.—Girl; aged 9. An apparently normal type. Sucked her fingers the entire day. Restless disposition. Spoke occasionally to herself, repeating a conversation that she had over-heard at her home. Sang sacred songs. Poorly disciplined. Her diet list was confined solely to bananas, crackers, white bread and milk. *Opium* obliterated the imprudent craving for bread and silenced the nocturnal restlessness. Then *Santonin* resulted in the departure of a frightful mass of pin worms. Salivation and the sucking ceased immediately.

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## A PAGE OF ANCIENT HISTORY.

F. M. Padelford, M. D., Fall River, Mass.

In the early summer of 1798 there was published in England a book in which Edward Jenner gave to the world (what are supposed to be) the results of many years of patient study and investigation. In this work—"An Inquiry Into the Causes and Effects of Variolæ Vaccinæ"—the author said: "What renders the cowpox virus so extremely singular is that the person affected with it is forever after secure from the infection of the small-pox; neither exposure to the variolous effluvia, nor insertion of the matter into the skin, producing this distemper."

But in 1801, in "The Origin of the Vaccine Inoculation," he says: "There were not wanting instances to prove that when the true cowpox broke out among the cattle at a dairy the person who had milked an infected animal, and had thereby gone through the disease in common with others, was liable to receive the small-pox afterwards. This \* \* \* gave a painful check to my fond and aspiring hopes; but reflecting that the operations of nature are generally uniform, and that it was not probable the human constitution (having undergone the cowpox) should in some instances be perfectly shielded from the small-pox, and in many others (NOTE THIS 'MANY OTHERS') remain unprotected, I

resumed my labors with redoubled ardor. The result was fortunate, for I now discovered that the virus of cowpox was liable to undergo progressive changes from the same cause precisely as that of small-pox, and that when it was applied to the human skin in its degenerated state it would produce the ulcerated effects in as great a degree as when it was not decomposed, and sometimes far greater; but having lost its specific properties, it was incapable of producing that change upon the human frame which is requisite to render it insusceptible of the variolous contagion; so that it became evident a person might milk a cow one day, and having caught the disease be forever secure; while another person milking the same cow the next day might feel the influence of the virus in such a way as to produce a sore or sores, and, in consequence of this, might experience an indisposition to a considerable extent; yet, as has been observed, the specific quality being lost, the constitution would receive no peculiar impression."

In 1801 Jenner vaccinated an infant son of Earl Grosvenor. In 1811 this boy was taken sick with what proved to be confluent small-pox. This, naturally, was the cause of more or less unfriendly comment, and feeling called upon to offer something in the way of an explanation Jenner wrote to a Miss Calcraft, saying: 'In the very first thing I wrote upon the subject, and many times since, I have said the occurrence of such an event should excite no surprise, because the cowpox must possess preternatural powers if it would give uniform security to the constitution, when it is well known that small-pox itself cannot, for we have more than one thousand cases to prove to the contrary, and fortunately seventeen of them in the families of the nobility.'

On the 21st of April, 1801, replying to a letter which had been written to him by a Dr. Boddington, who complained that when he applied the variolous test to his own child, whom he had previously vaccinated, there followed not only a pustule at the site of the inoculation, but a general eruption of small-pox as well, Jenner wrote as follows: "How a gentleman, following a profession the guardian angel of which is fame, should have so committed himself as to have called this a case of small-pox after cowpox is not only astonishing to me, but must be so to all who know anything of the animal economy."

Jenner probably preferred that Dr. Boddington should do as did Dr. Walker and John Ring, who, a few years later, were at the head of the Jennerian Society.

In the *Medical and Physical Journal*, of December, 1804, Walker related that a man called at his office and said that one of the two children vaccinated by him (Walker) the previous spring was already down with small-pox, and the other apparently coming down with the disease. Walker referred to his register, and, finding that both cases were marked "perfect," assured the father that it was impossible for these children to have small-pox. Taking Ring with him, Walker went to see them and declared that they were suffering, not from small-pox, but "chicken-pox" instead.

A similar case was reported by Ring in the August, 1804, number of the same publication. This was diagnosed as "confluent chicken-pox." Ring's comment that "when the chicken-pox broke out in so formidable a manner, it was mistaken for small-pox," is too significant to be overlooked.

Some months after the publication of the "Inquiry," Jenner's son was exposed to small-pox. Instead of vaccinating him as he might have been expected to do, he had the child inoculated with small-pox, that is, variolated.

In 1798 Jenner declared that the effect of horse grease virus was "undetermined and uncertain previously to its passing from the horse through the medium of the cow." In August, 1813, he wrote to Moore that he had "been constantly equinating for some months." Among his papers was found the following, dated May 17, 1817: "Took matter from Jane King (equine direct) for the National Vaccine Establishment. The pustules beautifully correct." Hence it is apparent that during the intervening years he had been inoculating from arm-to-arm with a virus originally taken from a case of horse grease and used direct from horse to man.

Jenner, then, is to be credited with having experimentally demonstrated the following facts: I. An attack of cowpox confers life-long immunity from small-pox; "neither exposure to the variolous effluvia, nor the insertion of the matter into the skin, producing this distemper." II. A person who has gone through cowpox in common with others is "liable to receive the small-

pox afterwards." III. Cowpox cannot be expected always to prevent small-pox, as many people have small-pox more than once. IV. Horse grease is the real source of the life-preserving cowpox, but this virus must undergo intermediate cultivation on the tissues of the cow before it can be depended upon to prevent small-pox. V. Intermediate cultivation on the tissues of the cow is unnecessary, the results being the same if the virus is used direct from horse to man.

It also should not be forgotten that Jenner discovered the method by which vaccination may be saved from reproach if it unfortunately happens that a vaccinated individual does contract small-pox. Post-vaccinal small-pox is to be given another name.

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### HELONIAS DIOICA.

By A. L. Blackwood, M. D., Chicago, Ill.

When taken in large doses this agent is an emetic, vermifuge and cardiac depressant. It induces great activity of the salivary glands, which has resulted in the most perfect salivation. The digestive glands of the stomach and intestines are also stimulated, and in small small doses digestion is assisted. It causes slight purging, which is attended with a sensation of burning, which is referred to the intestines. There is irritation of the urethra and a sensitiveness and pressure in the renal region, while the urine is increased in quantity. Its specific gravity is increased and it contains albumen and sugar. The mucous surface of the labia and the lower portion of the vagina are red, swollen and covered with a curdy deposit simulating aphthæ. As a result of the denuding of these surfaces urination is extremely painful. The mammary glands are swollen and the nipples are painful and tender to the slightest pressure from the clothing.

The patient is fairly comfortable while in company and her mind is engaged, but she at once becomes introspective and gloomy when alone. At times it is impossible to arouse her from the introspection, while at other times she is irritable, gloomy and cannot endure the least suggestion or contradiction.

This remedy should be studied when there is sensation of dragging referred to the lower portion of the abdomen, which is as-

sociated with an inclination to place the hands under the abdomen and raise and hold up the abdominal and pelvic contents. An examination will reveal the presence of either a general enterop-tosis or a condition of prolapsus of the pelvic organs in a woman with a general relaxed condition. If the dragging sensation and weight occurs in the male who is suffering from cystic disorders the action of this remedy is just as efficacious, and especially if there is impotence and phosphaturia present.

In disturbance of the digestive organs and in hepatic dyspepsia it should be studied. In albuminuria it has a most excellent action when there is derangement of the liver and a general atonic condition of the pelvic organs are present.

In these diseases when this remedy is indicated there is a general atonic condition present, that is frequently associated with renal or uterine diseases. There is a degree of anæmia, which, with the atonic condition, would remind one of *Ferrum*; but the anæmia of *Helonias* is not as pronounced as that of *Ferrum*.

In that peculiar condition observed during the puberty of girls known as chlorosis it has produced most happy results. Under its influence the hæmoglobin is increased, the color index is higher and the red blood corpuscles assume more of a normal condition. The profound debility and anæmic condition that are observed following some of the more toxic acute diseases as diphtheria should be studied. The headache which is common when this remedy is indicated is relieved by motion or mental exertion, it returns as soon as the patient is quiet. The pain is in the forehead and is as if a band was drawn across the temples. There is a sensation of fulness in the head with vertigo, pain in the occiput with pulsative pains in the vertex, which are aggravated by stooping and attended with vertigo and great activity of the salivary glands.

It is frequently indicated in prolapsus of the uterus, when the patient is conscious of a womb. The parts are relaxed, there are pains in the lumbar region and pulsating pains in the vertex, which is made worse by stooping and is attended with vertigo. There is a leucorrhœal discharge, which has offensive odor. Following confinement it is indicated when involution is not perfect and there is a tendency to prolapsus of the uterus and the



woman complains of a sensation as of dragging, a heaviness and tiredness in the sacral and lumbar region. There may be spasmodic pains along the spinal column and nightly backache.

In the albuminuria of pregnancy it is of service when the quantity of urine is reduced. The patient complains of being tired and drowsy, is restless and she complains of soreness, heat and pain in the renal region.

It should be studied in case of sterility in the female who presents the mental, local and general symptoms characteristic of the remedy.

It is indicated in diabetes insipidus when there is a feeling of weakness and weight in the region of the kidney, with general weakness and languor. When he awakes in the morning the lips, tongue and face are dry, and there is a disagreeable taste in the mouth, pains and feeling of lameness in the whole back. There is numbness of the feet relieved by motion. She is gloomy, irritable and profoundly melancholy.

Mrs. H., aged 22, well formed, and delivered of a healthy child by aid of the forceps. There was a rupture of the perineum, which was repaired at the time with good results. She did not nurse her child. She sat up on the tenth day. A few days later, when on her feet, she complained of a bearing down sensation as though everything would protrude through the vagina. The lochia was profuse. *Helonias* 3x, a dose every three hours, gave her such relief that she remarked on its effect in removing the distressing bearing down sensation, controlling the profuse discharge of lochia.

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### AN OPEN LETTER.

To Dr. Francis M. Kellogg, Los Angeles, California,  
Recent President of the California State  
Homœopathic Medical Society, etc.

*Dear Sir:*

I have carefully read your presidential address delivered to the California State Homœopathic Medical Society on May 10, 1911, and before entering into a formal refutation of many of the statements contained therein I desire in this public way to ex-

press my high regard for your many personal excellencies together with my well-grounded opinion of your fine sense of justice.

Furthermore, let me offer as my excuse for addressing you openly rather than by private letter, that your declarations are contained in an official document and that they have been given such widespread circulation that justice to the institution that you so boldly attack calls for similar publicity.

At the outset, I again gladly make public acknowledgment of the fact that I am one of the directors of the National League for Medical Freedom, and that none of its officers or directors has been more enthusiastic than I in the furtherance of its principles and program, and it were not amiss just here to suggest that I am in a position to know whereof I speak in the matter of whether this League is a conglomeration of fools and sinister interests, as you and its few other critics have charged, or whether, on the other hand, it is as we claim, and as I shall show, an organization of intelligent American citizens banded together with the express (and plainly expressed) purpose of preventing the establishment of state medicine in this country.

There is one other point to be determined relative to this argument, and it relates to my intelligence and to my sense of honor, and, modestly passing the former, I shall give you an opportunity to test the latter. I assume that it is not expected that I here take up a defense of Homœopathy, or the conscientious practitioner of that school, nor yet to offer a criticism of Christian Science, osteopathy, patent medicine, or any other alien institution for the very good reason that such questions are not germane to this discussion and for the equally good reason that you handle these questions more efficiently than I have ever been able to do, either in the lecture room or in the journals. In this I freely concede to you a superior efficiency but not a deeper earnestness or enthusiasm to you or any other man.

I must also intrude just here the confession that you are better able than I to pass upon certain phases of the dominant medical school since, as I am informed, you very recently "joined" that school only to find membership in it altogether untenable. Now let me record a few observations that have come to me from several sentences in your address which precede your direct attack

upon the National League for Medical Freedom. You say: "To deny the existence of disease \* \* \* is the wisdom of the ostrich," etc. So it seems to me *personally*, but I submit that if an American citizen have the "stomachache" and he chose to deny it rather than take an allopathic astringent, a homœopathic remedy, or an osteopathic treatment, no man has or should have the right to say him nay, for the right of the individual to select the practitioner or treatment of his choice is more fundamental and sacred than any man's right to practice Homœopathy or any other system of treatment. "How much more aggravated does the case become when a part of the medical profession is enlisted in this propaganda of annihilation." You are exactly right, Dr. Kellogg. Let me quote the statements of a few of the annihilators.

Dr. Henry O. Marcey, former president of the American Medical Association, in an interview in the *Boston Traveler* on May 16, 1910, said of the opposition to the Owen Bill:

"It is the old cry of the *incompetents who practice under various designations*, against legislation, *that will tend to bar them from practice* and keep the practice in the hands of those who will not be a menace to the public health."

Dr. C. A. L. Reed, chairman of the Legislative Committee of the American Medical Association, says:

"The principle that is involved is the same—that the man in possession of the technical knowledge, which gives him a scientific comprehension of his subject and his problem \* \* \* *should have the executive authority to enforce that knowledge*, and not be over-ruled by a man who has no such technical knowledge, and consequently no such comprehension of the importance of the subject."

Dr. Wm. H. Welch, former president of the American Medical Association, said:

"I would simply like to throw out the suggestion that it may be that the Federal Government can exercise larger powers in this matter than is generally supposed to be the case."

The Committee of One Hundred, defending its ally, the American Medical Association, says in Bulletin No. 41:

"The American Medical Association has trod on many toes in its efforts to get state legislation enacted; it is natural that

enemies should strike back. But in attacking national legislation they are barking up the wrong tree."

Dr. W. G. Moore, of St. Louis, when he welcomed the American Medical Association to that city in 1910, acknowledged this colloquy with Mr. B. O. Flower, president of the League:

Mr. Flower: "Do you want government by political doctors?"

Dr. Moore: "I answer, we do."

Mr. Flower: "Do you want health and hygiene to be represented by an army of United States inspectors, under the direction of a medical bureau?"

Dr. Moore: "And I answer, this is a consummation devoutly to be wished."

Then you add: "The case thus resolves itself into one of simple suicide."

The foregoing quotation would rather indicate wholesale manslaughter, and it were well to bear in mind at this juncture that any system of politics, religion or healing has the right to invite the public to accept its *theories*; but no system shall compel the people to submit to its *practices*. "United upon this basis the medical profession would present a solid front," etc. Any political program based upon a "gentleman's agreement" between the officials of the allopathic and homœopathic schools of medicine looking toward monopoly of the healing art, without regard for other systems of treatment, would be so manifestly unfair that it would be promptly recognized by a discerning public as well as by the honest allopath and the ever-oppressed homœopath as a stupendous farce. And now we can come to the gist of your address—the attack upon the League. In the light of your somewhat reckless accusations, I feel it incumbent upon me to apprise you of the fact that the League has not and will not protest any legislation that stands for the betterment of sanitation or for the preservation of the health and happiness of humanity. You state that "the internal evidence is strong that the Christian Science cult is the dynamic force behind this League." Your "internal evidence" is most refreshing, my dear doctor, for heretofore the critics of the League have based their charges on *external evidence*, and we welcome you to the inner circle. For the first few months of the League's existence it was "a child of the patent medicine interests," etc. Then for a few months it was "a Chris-

tian Science concern," and I am surprised that you are so far behind the times as not to know that for about three months past it has been "an institution established for the purpose of repealing the Pure Food and Drugs Act." Whip up, Dr. Kellogg, and do not tamper with the "internal evidence" any further—leave that to me.

Internal evidence, however, does show that practically all the eclectic physicians in the United States are members of the League, that practically every osteopath in the United States is a member of the League, that practically every physio-medical in the United States is a member of the League, that there are a large number of allopaths who are members of the League, and that there are more homœopaths in the League than there are in the American Institute of Homœopathy, and it is noteworthy that their patrons do follow them. This internal evidence also reveals that there are Methodists, Christian Scientists, Baptists, Roman Catholics, Free Thinkers, Democrats, Republicans, Socialists—all, all of them American citizens who have become identified with this movement on their individual initiative, without coercion, either actual or implied. Therefore, if by "dynamic force" you mean dominating force, then I charge you with having attempted in this statement to play upon prejudice instead of giving only such facts as would appeal to reason and fair play. You next say: "I have already shown that the power for good of the medical profession diminishes directly with the prevalence of this cult" (Christian Science). A rather startling acknowledgment for you to make, but it contains the suggestion of a simile. It is just as true that the growth of this cult diminishes also the other religious bodies, and, if you would be logical in your contention, you must approve the establishment of a national department of religion (state church) to offset *this* effect. How far are you prepared to go, Dr. Kellogg, in this governmental interference in these matters of political, religious and medical freedom? Imagine a recognized church rushing on to Washington in support of a bill presented in the Senate by its "official advocate in the Senate" (as a high official in the American Medical Association referred to Senator Owen), and thus attempt to stampede the Congress of the United States under the ridiculous pretext that its sole motive was the promotion of good morals and the



salvation of countless thousands of souls from hell. Would you be consistent and approve that program, too, or would you rise to your full stature as a man and an American citizen and protest, and would you be so sensitive as to object to Christian Scientists or others who do not happen to accept your individual views of salvation, etc., to fight for their religious freedom while you were fighting for yours? Would you? And if you were charged with indifference to morals and a gleeful desire to see human souls scorch in hell because you protested the establishment of state church and governmental salvation (*sic*), would you quit (as I was recently advised by a prominent homœopathist to quit the League), or would you continue to fight for your right to "worship God according to the dictates of your own conscience?" I deny then that the National League for Medical Freedom stands for any one system more than for another or that it could possibly advance the interests of any system *except through the prevention of legislation that would confer special privilege and power upon another system*. Proof to the contrary rests with you, Dr. Kellogg. I quote you further: "It (the League) was organized for the express purpose of opposing Congressional action to render more effective national protection and conservation of the public health. Under the specious and absurd suggestion that the Owen Bill was designed to freeze out all but members of the old school from the government service, this League has been formed of all the heterogeneous element in the country which for any and every reason 'have it in' for medicine in general and for the old school in particular." The first accusation in this quotation need not be answered until you have corrected your failure to explain in this connection just how the legislation which the League is opposing could if enacted "render more effective national protection and conservation of the public health." The League holds that with the present adequate Federal health agencies there is no need of the department proposed in the legislation it has fought, and that these measures were not offered in response to any long-felt *need* of the American people, but that it is the crystallization of the long-felt *want* of the American Medical Association. ("The American Medical Association has for more than twenty years been trying to secure some such legislation" stated "Official Advocate" Owen on the floor of the

Senate.) Your second statement in this quotation, if not severe, is at least candid, and I do not know whether your remarkable findings in this instance were based upon "internal evidence" or external information (you surely could not have had in mind the statements of the annihilators I have quoted above), but be that as it may, the facts are that the League did make the charges against the Owen Bill that you claim it did, and it is also a fact that at the opening of the present extraordinary session of Congress, Senator Owen reintroduced his bill and called attention to the fact that he had eliminated all of the objections that had been made to his preceding bill, and *especially that feature relating to possible discrimination against schools of medicine.*" If the League's objections were "specious and absurd" why did the Senator change the text of his bill? And this is one of the changes, Section III., Senate Bill No. 1, "and provide further, that the Department of Health shall recognize no *so-called school or system of medicine;*" and here is an extract from an editorial in the *Journal of the American Medical Association* under date of February 1, 1902 ("Official Advocate" Owen being, of course, familiar with the attitude of the American Medical Association in this premise): "Common talk about 'schools of medicine' is too often allowed to go unchallenged because we do not emphasize the fundamental standpoint of scientific medical work." "*Regular* physicians belong to no 'school of medicine,' they are thus differentiated from those who hold certain tenets, that they are not 'allopaths,' that, in fact, there is no allopathic school, needs perennially to be insisted on." And such bald and flippant trickery as this is practiced in high places under the guise of "protecting the public health."

Your charge that "the membership of the League 'has it in' for medicine in general" will prove of intense interest to many loyal men of the medical profession who are members of the League, and some of whose names would cause you to blush for shame should I take the liberty to mention them here. No, Dr. Kellogg, we are not so much "heterogeneous" as heterodox and all guilty of unpardonable sacrilege in denying the divine right of the American Medical Association. Whether "they 'have it in' for the old school in particular" is secondary to the moral certainty that the old school "has it in" for them and has had throughout the years.

I now come to your most damaging statement, and my answer shall contain the promised test of my honesty, and it will also compel you to defend your sincerity. You say: "The motley is composed of no-medicine cults, the patent medicine special interests with their unlimited resources wrung from a credulous and suffering public, and the Christian Science 'church,' which has money to burn," etc. You have included in this list "patent medicine special interests." You must know who they are, and I now demand that you name them, and if you name one single instance in which the National League for Medical Freedom has accepted any amount of money whatever from any patent medicine concern I will resign from the League, and publish an acknowledgment of falsehood over my signature in any publication you may name, together with an apology to you personally for this letter and to the homœopathic profession for the relationship I have had with the League. Come, Doctor, no more glittering generalities, my challenge calls for fact, and fancy will not suffice.

Who are these "patent medicine interests," or any one of them, and if you prove this patent medicine relationship I will acknowledge every other charge you have made against the League as true, otherwise your other accusations must fall with this one.

Your comment upon the statement of the League regarding the domination of government medical offices by the American Medical Association is of no particular importance, being, as it is, a sort of apology for the greed and graft of the powers that be (and since also the records at Washington will bear out the League), but I must here remind you that up to about one year ago no medical student ever announced to an old school man his intention of adopting the homœopathic system, but that he was told "you cannot ever expect, if you are a homœopath, to gain entrance into the medical department of the army, the navy or the government generally, or to make any examinations for the life insurance companies." They dominated these agencies and boasted of it; they seem to have reformed, but under fire. What institution do you believe to be responsible for this change of front by the communicants of the American Medical Association? You also state that "an attempt was made one year ago to have the American Institute of Homœopathy endorse the League."

The records of the Institute certainly will not bear you out in this, for I was the representative of the League at the Institute last year and this, and at the Narragansett meeting, I stated to the Institute in business session that the League never had and never would ask its endorsement. Again, Dr. Kellogg, my honor is at stake. Who asked the Institute to endorse the League one year ago, when as you say "the Institute refused, as it should have done." The committee to which you refer was appointed by the Institute with the following instructions: "This committee shall be empowered to draft a bill for the formation of a department of National Health and to submit the same to Congress and to take such additional action as may further legislation favorable to the American Institute of Homœopathy." This committee did not prepare a health bill as it was instructed to do, but came back to the Institute with a recommendation for a "conference" (a sort of "gentleman's agreement" conference, if you please), and I would like to call your attention to the fact that the Institute in this same resolution condemned the Owen Bill and all bills of similar import, and if, in such a protest, the League was guilty of "specious and absurd" action I will be glad to have you pass upon the motive and merit of our national organization when it was guilty of the same protestation.

I do not know of any better way to close this reply to you than by calling attention to the apprehension you express in your closing sentence, which to me is very significant. You say, "but it is to be feared that the old school, with its usual fatuity, will fail to recognize and avail itself of this opportunity to join forces for the common good."

Most sincerely yours,

LOUIS P. CRUTCHER, M. D.,

*Director the National League for Medical Freedom.*

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## RADIUM: ITS USAGE AND DOSAGE.

Editor of the HOMŒOPATHIC RECORDER.

Allow me to add a few notes to the December, 1910, publication on *Radium*.

Dr. W. Engelmann describes in the *Lancet*, London, England, of May 12th, 1911, his great therapeutical results by the emana-

tion in baths, and by drinking water, charged with *Radium* emanation (certainly to be compared to a high *Radium* trituration!).

Dr. Engelmann claims (of course, absolutely in ignorance of the article in December, 1910, issue of the HOMŒOPATHIC RECORDER) cures in the following ailments: Neuralgia of the most different forms, neuritis, gout, diabetes, exudates and growths—absolutely identical with my cures.

This indorsement of my observations by an allopathic novice is not only very gratifying, but *should really stimulate a more active study of Radium and its different emanations of the different rays.*

Dr. J. H. Clarke's booklet on *Radium*, together with the late H. C. Allen's brilliantly written article on the Provings of the X-Ray, pp. 552 to 583, in his posthumous work, the *Materia Medica of the Nosodes*, should really be in the hand of every progressive physician, desiring to participate in the real progress of rational *Materia Medica* in which must be counted the more familiar knowledge of *Radium* and its different emanations.

The longer *Radium* and the X-Ray are used the clearer one special stipulation of Dr. J. H. Clarke's will appear—that those remedial forces should never be used (or only rarely) below the 30th centesimal dilutions and not too frequently.

The many failures, the many observed shortcomings, are only to be attributed to the allopathic like quantitative paralyzing, but not curing work.—so, again, proving von Liebig's Law of the Minimum or Hahnemann's divergent force—either from the point of Similia Similibus or the prescribing of the cell-salt deficit.

Von Grauvogl writes somewhere that the most necessary remedies are—*Mercurius*, *Thuja*, *Sulphur*, but to-day *Radium* can be added.

ERIC VONDERGOLTZ.

205 E. 72d St., New York, Aug. 27.



### A CLASH OF MEDICAL AUTHORITIES.

Under the heading "Small-pox in the United States: A Dangerous Doctrine" the London *Lancet* of July 22 severely criticizes Assistant Surgeon General Trask's paper on "Small-pox in the United States" that appeared in *Public Health Reports* of June 23. In it he wrote: "That the community is protected by vaccination may be true for certain localities, but that the protection thus afforded is general can hardly be maintained." The *Lancet* replies that this is "An assertion so entirely revolutionary, and coming from such a source, cannot pass unchallenged," and so it tries to demolish Trask's facts, together with the reasons deduced. The chief of these is the fact that Japan, so well vaccinated, had an outbreak of small-pox in 1907-08 in which there were 19,101 cases with 6,273 deaths; of these the number of the unvaccinated was "relatively small," and there were many who had previously had the disease. The reply of the *Lancet* to this is as follows:

"Now, in an outbreak of such intrinsic virulence that even the major and usually absolute immunity of a previous attack of small-pox fails, the minor immunity of vaccination could surely be allowed a greater margin of ineffectiveness without standing convicted of being a local failure."

Yet it seems that in the instance cited by Trask that it *was* a local failure and the paragraph quoted from the *Lancet* resolves itself, as does the whole paper of two columns, into a scolding of that gentleman for telling the truth. The assertion that a previous attack of the disease confers almost "absolute immunity" is more on a par with popular superstition than anything else. Indeed the *Lancet* could not find any reliable data to prove its position in the matter beyond the usual "they say." Men who treated small-pox in the days before the disease was taken out of the hands of the general practitioner say otherwise; one of them told us of a patient who had the disease four times. The majority do not have any grave disease a second time and it seems to be the same with small-pox, but to say that an attack confers "immunity" is at best but a case, as said before, of "they say," with nothing scientific back of it. Scientific, practical, or any other medicine gains nothing by blinking at facts, even though

we all are prone to push aside those that conflict with some pet theory we may have adopted. For instance, it is a fact (we heard it admitted at the I. H. A. at Asbury) that diphtheria antitoxin has saved cases where homœopathy (as applied) failed; per contra, it is also a fact that it has often killed the patient as swiftly as the bite of a cobra. So with vaccination; it seems to act as a preventive to small-pox to a great extent, but at a price, sometimes of severe illness, or even death, but for any one to assert, as certain officials do, that "a successfully vaccinated person was never known to contract small-pox" is to put one's self in the class of the romancers. Surgeon General Trask stated the truth—the facts—but such a statement it seems is not wanted in certain high quarters because it brings "reproach" on vaccination. But if facts bring the "reproach" is a scientific man to ignore them?

Apropos of the *Lancet's* statement concerning the "usually absolute immunity of a previous attack of small-pox" we refer the reader to Dr. E. M. Padleford's paper in this issue of THE RECORDER, who quotes Jenner to the effect that "it is well known" that small-pox does not confer immunity. Probably this is news to some men.

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### THE MIXED BOARD.

The second consideration to which I invite your attention is this (and it is a very important feature), that after experimenting in every possible way with medication and blundering along, utterly refusing to be advised, determined not to accept our light, no matter what the results might be, the old school, under the leadership of such men as Osler and others, have become avowed therapeutic nihilists; and while, in country practice especially, you may find that the old school practitioner still carries his jalap and more modern preparations and deals them out generally, the highly trained and intelligent medical men in the city utterly refuse to be thought guilty of the prescribing of drugs; would consider it almost an insult if he was suspected of giving drugs except in cases where he wanted by suggestion to aid the patient in getting well. Now, that is a very important point; and I will recur to it again.

From that arises the peculiar attitude of some of the boards of medical examiners. Now, your experience in Pennsylvania has not been quite as we have suffered in some of the other States. You have fought against the mixed board, and I trust you will continue to fight against the mixed board; and I hope and pray that you will never have a mixed board in this State. I am quite sure your fight would be to the bitter death if you had observed what, especially in some of the western States, these mixed boards have done. Take, for instance, the State of California, in which we are represented by two members of the board. There is absolutely not a single question asked of any applicant for a license about materia medica, or therapeutics. Why? Because the board holds it does not make any difference whether a man knows anything about drugs and their uses or not; his value as a physician does not depend upon his knowledge of drugs. Not only that; to clinch the question, they don't examine in medical practice—there is not a word said about it; and for some reason or other in California they even exclude the science and art of surgery.

Now, I beg of you to simply stop and consider that this board of eleven men, to determine whether you or I are qualified to practice medicine in California, or anywhere else, exclude from consideration those three great practical branches which in themselves hold almost every thing that the sick people care for, exclude them entirely, and simply devote all their time to the so-called scientific branches.—*From Address of Arndt, Field Secretary, before Penna. Hom. Med. Society, Hahn. Monthly, August.*

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### ESSENTIALS AND NON-ESSENTIALS IN PHYSICAL DIAGNOSIS.

Dr. Richard C. Cabot, Boston: I desire to call attention to the following important points: In one instance the accidental finding of nodes on the scalp led to the postponement of a proposed operation for splenic anæmia, and the change of diagnosis to syphilis. A headache coming on at a certain hour in the morning and disappearing at a certain hour in the morning with perfect regularity, is absolutely indicative of frontal sinus disease. Tophi

in the margin of the ears are proof positive of the existence of gout. A routine throat examination is essential in all physical diagnosis. A peculiar satiny feel of the skin of the arm indicates alcoholism. Feeling the pulse in both wrists at the same time may enable you to make a diagnosis of aneurysm from inequality of pulses. The stethoscope and blood pressure machines are the two most useful instruments of precision in making physical diagnoses. In pulmonary tuberculosis the proper study of inspirations gives us an earlier means of diagnosis than the study of expirations. In using the stethoscope means should be taken of eliminating the sounds produced by the fingers slipping on the stethoscope and the stethoscope slipping on the skin. To detect râles let the patient breathe in, breathe out, then cough. The bacilli of tuberculosis when found in the sputum afford evidence of advanced pulmonary tuberculosis. Grocco's sign is valueless. Percussion is valueless in determining the size of the heart. It is a difficult and useless procedure. Palpation, inspection and blood pressure will give the information. Never diagnose heart disease on the evidence of the murmur alone. A large percentage of children have cardiac murmurs which are without significance. In diagnosing diseases of the abdominal viscera, full and extensive history is essential. Physical signs are often entirely wanting. Palpation of the abdomen is one of the most difficult and unsatisfactory methods of diagnosis. A warm bath makes palpation easier. In gastric examination the essential question is, can the stomach empty itself? It is important to determine the size of the stomach. There is no such disease as gastroptosis. *Bismuth* plus X-ray has not proved successful in the early diagnosis of cancer or ulcer in the viscera. The guaiac test for occult blood is sure and easy. A two-fold examination of urine should be made: (a) a collection of the 24-hour amount divided into day and night portions; (b) specific gravity. These two facts show the work of the kidney, and that is all you need. The only other tests necessary are for albumin and sugar. The search for casts is unimportant. The examination of the sediment is important. The colored paper test for hæmoglobin is valuable. Pale people, as a rule, are not anæmic and some people with red cheeks are anæmic. It is rarely neces-

sary to make a count of the red blood corpuscles. But it frequently is necessary to count the white corpuscles. Lumbar puncture may give you an early diagnosis of meningitis. The newer methods of cardiac diagnosis have not as yet proved very valuable. The x-ray is not a necessary part of routine diagnosis. The X-ray should be left to the expert. It is a valuable means of diagnosing syphilitic lesions through examination of the shin bones.—*From Report of State Medical Society of Wisconsin in Journal of the Am. Med. Association.*

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### USES OF NICKEL SULPHATE IN MEDICINE.

This comparatively unknown therapeutic agent Kolipinski has used successfully in a number of conditions. The dose of nickel sulphate (the salt usually used) is 1 grain, after meals or food, three or four times a day. One-half grain will often achieve good therapeutic action, but the larger dose is surer and as well borne. Two to five grains or more are so prone to cause severe nausea and vomiting that these quantities must be considered too large for practical use. The forms of administration are pill, tablet and solution. Nickel and cobalt, though closely related chemically and physically and similar in toxic action, are widely different as germicides, and, as medicinal agents, nickel is active and variedly useful, while cobalt is apparently inert. Nickel sulphate was found to be potent as a germ-destroyer and has an antibacterial power. It was applied by Kolipinski in several of the commoner parasitic skin diseases with success. Arrest of evolution and healing of the lesions resulted when it was applied in aqueous solution, in a strength of 1 to 2 per cent. It can be used as a wet compress, or mopped or brushed on the skin and allowed to dry there. It was found by Kolipinski to cure impetigo contagiosa, pityriasis versicolor or chromophytosis, trichophytosis corporis or ringworm of the body, and that other more obstinate form of eruption to treat, eczema marginatum. Alopecia areata showed a faint growth of very fine new hair at the end of a week, and at the end of six weeks normal scalp and hair covering. In acne vulgaris, Kolipinski says, it is a good remedy applied locally several times a day, and where the subject



is young and pale, as is commonly the case in this disease, it may also, at the same time, be given internally. Other diseases reported on by Kolipinski are chorea, motor disturbance with spasm and incoördination much unlike chorea and chronic neuralgia of the face, tic douloureux, migraine of whatever form, chronic enteritis, epilepsy, emotional and psychic weakness, neurasthenia, etc. Kolipinski is very enthusiastic over the medicinal virtues of nickel, basing his enthusiasm on personal observations as well as on the experiences of others.—*Journal A. M. A.*, July 22.

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### PRACTICAL POINTERS.

Dr. W. Banta, Calistoga, Calif., tells of a man he treated for scorpion bite in a finger. The treatment was *Echinacea* applied undiluted to the bite and a teaspoonful of the drug in water internally, at once followed by another later, divided in twenty drop doses, every two hours during the remainder of the day. By night he was well on to recovery. In contrast to this he tells of another case treated at a sanitarium whose hand was swollen enormously, the patient was unconscious for four days, and had a crippled hand afterwards.

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Colonel Maude (*Lancet*, July 15) after suffering three sun-strokes, came to the conclusion that the cause was not the heat but "the actinic rays situated at the other end of the spectrum." Accordingly he lined his helmet with red, and for years suffered no more until a brother officer who scoffed at the idea surreptitiously removed the red lining, when the colonel soon had another stroke. Another officer who suffered much from sun headaches prevented them by a red lined helmet.

Dr. J. Milton Mabbott, N. Y. (*J. A. M. A.*, August 5), recounted an obstetrical case in which bichloride vaginal douches 1-4,000 were used, patient dying with evidence of mercurial poisoning. The tendency is away from these poison antiseptics which seem to have had their day. Simple cleanliness is fast coming to the front, replacing antiseptics.

Drs. Craig and Nichols (U. S. Army, *J. A. M. A.*, August 7) finds that where patients drink beer or whiskey it knocks out the Wassermann test completely, for, where before it was positive, after the booze it became negative. Isn't the old style diagnostic plan better?

The quickest *relief* for hæmorrhoids is in *Æsculus* and *Hamelis Suppositories*.

This has been verified. Sore throat from inhaling cold air. Throat insufferably dry, *Cistus Can.*

A small cut or injury becomes very much swollen and inflamed, sometimes discolored. In such cases *Pyrogen* will help.

In cases of ulcerated teeth do not forget that ancient standby *Heckla lava*.

Do not stick *too* close to the idea that the *Pulsatilla* patient must be a mild blonde, or the *Sepia* one a snappy brunette, and so with others.

"Prickly heat," perspiration, itching, *Ledum*.

Dr. W. S. Gottheil, *N. Y. State Journal of Medicine*, June, mentions the "marvelous tales" "spread broadcast" concerning "Salvarsan," or "606," by "recognized leaders" and then says that the new remedy, while possessing merits in certain cases, "absolutely does not accomplish the marvels attributed to it." Probably a safe dilution of *Arsenic* will do as well, at enormously less cost. In short, it would appear that the new drug acts well where *Arsenicum* is indicated according to the homœopathic law.

Dr. A. MacCandlish reports case of a woman (*Hom. World*, July), for twelve months' suffering from an itching of the vagina; during that time had been under allopathic treatment. The symptoms called for *Sepia*, which was given in the 30th and cured the case.

Mr. W., aged 77, consulted me about "discomfort in his abdomen," and headache. He said: "I have a feeling that I want to keep passing a motion, and when I try to do so I cannot. I feel as if someone has pushed something lumpy up my back pas-

sage." He further said, "I do not mind my other troubles, so long as you get rid of this feeling for me." I ordered *Sepia* 30. Two doses were sufficient to cure him entirely of this discomfort.—*MacCandlish, H. W., July.*

Concerning "The Nervous" Dr. Edward B. Angell, Rochester, N. Y., writes (*N. Y. State J. of M., July*), after recounting his experience in urinary analysis in a clinic of the neurasthenics:

"When one recalls the fact that for the ordinary adult the amount of nitrogen required to replace daily waste 'is contained in a piece of meat the size of an ordinary chop,' to quote Professor Chittenden, the intemperate use of nitrogen foods is readily realized. Again, if one considers that over 80 per cent. of the nitrogen ingested is eliminated by the kidneys, the amount of work thrown upon these organs by a 'meat eater' will be very apparent. And it is the meat eater, or rather the nitrogen gourmand, for that high-priced luxury the egg is also guilty, that becomes nervous. Such, at least, is the testimony of my case records. Seventy-five per cent. of these cases live indoors, a condition of existence which certainly does not favor efficient metabolism. We are not workers in the open air as in the past. We get less oxygen than our ancestors, while our freer use of nitrogenous foods demands more."

"At the outset it is my desire clearly to state that the Wasserman reaction is not to be regarded as the one all-important sign of syphilis, but rather as a weighty factor among several others in its symptomatology."—*Dr. W. J. Heimann, N. Y., in N. Y. S. J. of M., July.*

Dr. O. F. Schussler, St. Paul, Minn. (*J. A. M. A., August 19*), reports the case of a man who applied a five per cent. phenol ointment to a scratched finger with the result that the finger became gangrenous. "The gangrene was dry and the finger was mummified and as hard as a stone." There may be a proving hint here. The finger was amputated.

With a history of gonorrhœa think of *Medorrhinum* 30.

"Afraid to be alone" suggests *Lycopodium*.

Think of plain old *Rhus tox.* for wet weather ills.

# Homœopathic Recorder

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## EDITORIAL BREVITIES.

THE THING BEHIND THE MASS OF SYMPTOMS.—“But there is one other general—the greatest of them all—which I must not omit, for it is created by the blending of all the generals and particulars into one harmonious whole. For lack of a better word we speak of, let us say, the ‘*Sepia*’ constitution, meaning thereby that special diseased condition of mind and body for which that remedy has so often proved itself curative, that we come to look upon it almost as an entity. At times it is plainly discernible by all, and capable of being described in words, such as the leucophlegmatic constitution of *Calcarea*, the tall, thin, narrow-chested one of *Phosphorus*, or ‘the lean, stooping, ragged philosopher,’ as Hering called the *Sulphur* patient; but far oftener it is something much more subtle, such as that of *Arg. nit.*, with its fears and anxieties and hidden, irrational motives for all it does. To very few of us is it given to penetrate into these secrets and to understand that almost indefinite something which often lies behind the mere symptoms, modifying and characterizing them all, and so becoming the governing elements in the whole case. The masters in our art are those who have had the power to understand this great general, and we stand amazed at their skill in penetrating right into the heart of the most complex cases and evolving order and consequent cure out of seeming chaos.”

(NOTE.—The name of the journal in which the article from which the above was clipped, and of the author, is lost, or, rather, was not taken at the time, hence the omission of proper credit. It contains a noteworthy point.—Editor of the HOMŒOPATHIC RECORDER.)

HOMŒOPATHS ARE "REGULARS."—We have secured a copy of Honorable Robert L. Owen's speech delivered in the U. S. Senate, June 22d, on his famous bill. While it is chiefly made up of editorials from such journals as the *Journal of the A. M. A.*, it nevertheless contains one statement that is both startling and puzzling. After urging the Christian Scientists to support his bill, he continues: "This is also true with regard to the school of osteopathy, as well as other so-called schools of medicine, chief of which are the so-called regular physicians, sometimes called allopaths and homœopaths."

Now will you be good!

FAITH.—We hear so much about science to-day that faith seems to be in the class of the dodo; but if one with a philosophical turn of mind looks into the matter he will find that with the average man faith stands to science in about the proportion of 999 to 1. Some man makes an assertion which he dubs science, and the rest of us having faith in his word accept his statement as science, when in reality, so far as we are concerned, it is merely a case of Webster's definition of faith, *i. e.*, "the assent of the mind to the truth of what is declared by another, resting solely and implicitly on his authority and veracity." For instance, Lister taught antiseptic surgery, the world believed, dubbed it science, and antiseptics sprang into vogue. The world had faith in Lister, but acted as if that faith were science when it was faith and nothing else. Facts demonstrated that too much antiseptics was quite as formidable—for the patient as the disease—and the light of rare common sense made men see that a deadly poison could hardly be beneficial to raw flesh even though it prevented sepsis. So now cleanliness is fast taking the place given it by the Bible a good many years ago. It was cleanliness that did the good work and not the antiseptics, as we believe Lister himself acknowledged in his latter days, and what is true of this is true of much else. Much of our science is merely faith in what some one has said; we do not *know* it to be true, but have faith in the man who said it.

It is a bit rough but is it not true? Hence it is that the details of a case actually handled, personal experience, in short, always commands attention if we have faith in the man's word.



WANTED.—The following request appeared in a recent number of an esteemed contemporary: "We have had some difficulty in securing suitable material for the preparation of antigen for the Wassermann reaction, and desire to obtain a liver from a syphilitic foetus or from an infant who has died with congenital syphilis." The writers then offer to pay for such a body, or liver. Do you, doctor, the ink of whose diploma is fading, know what this Wasserman test is? Stedman tells us in his dictionary. It runs this way. Take certain proportions of the extract of the liver and spleen of a syphilitic foetus, and the blood serum of the one to be tested, and mix in test tube; add normal guinea pig serum; after incubation, mix this with the red blood of a sheep suspended in a saline solution and the serum of an immune rabbit, then if certain things occur the man is supposed to have syphilis. It is a very complicated and learned test that is sometimes correct, but, it is said, not always.

ADMINISTRATION OF DIPHTHERIA ANTITOXIN BY MOUTH.—Dr. G. I. Cumbelege (*Brit. Med. Jour.*, July 8) writes in favor of giving diphtheria antitoxin by mouth instead of by injection. He claims that it can be given oftener, a smaller dose used and it prevents the "serum sickness"—rash, joint-pains, etc., which "nearly always" follow the injections. Queer, is it not, this seeking to get away from the much praised serum treatment?

"SPECIFICITY OF ANTIANAPHYLAXIS.—Calvary's experiments seem to indicate that an alien serum has the same action as a homologous serum in respect to production of anaphylaxis and protection against it, but that there is a great quantitative difference between them, sixty times as much of the former as of the latter being required to accomplish the same results. The conditions are similar to those with precipitation and agglutination; the response is a group response, and it occurs with special intensity exclusively with the homologous allergy-producing substance."

The foregoing is an abstract by the *Journal of the American Medical Association* of a paper in the *Münchener medizinische Wochenschrift*. The only thing clear in it to the average man is that serum is giving trouble to those who use it. Probably it

would be wise to use it only in very dangerous cases and not in every case of sore throat, as is customary with many doctors. It is really an almost unknown agent as to its constitutional effects.

THE MOST DANGEROUS ATTACK.—Our allopathic fellow citizens have abandoned all their old methods of attacking Homœopathy and now confine themselves to a sad and mournful shaking of the head, as over a good man gone astray, as they gently sigh “sectarian.” Strange to say this seems to be the most dangerous attack they have ever made, even though it is fallacious. A “sect” is a small body cut off from the parent organization, only that and nothing more. The homœopath is a man who has the ability—brains—to see a fundamental principle in medicine and applies it for the benefit of mankind. The allopath, ruled by tradition, authority and a certain degree of superstition, is unwilling, or unable, to comprehend this principle and has employed himself heretofore, when the subject was up, with hurling verbal rocks at his more intellectually fortunate brother. Time and again the latter has patiently shown the superiority (so far as healing the afflicted is concerned) of his principle over much of the hodge-podge of absurdities that pass for therapeutics in the older body, but this does not gee with tradition, authority and a certain superstition, and so the man of the older body refuses it and cries “sectarian.” The cry itself betrays a mind that is in a cloudy state, because the older body—the allopathic—is nothing but a conglomeration of conflicting pathies, practices and creeds. Why the “authorities” select the one pathy which has logic, reason, science and *results* to back it up, for anathema, is a question which, in the words of the late and lamented Lord Dunsyre, “no fellah can find out.”

TUMORS OF THE BRAIN.—An esteemed subscriber after saying some nice things about the RECORDER, asks if some one cannot give its readers experience in the treatment of tumors of the brain. Looking through our best books one is struck by the paucity of what is said on this subject, and this probably because the prognosis borders on “hopeless.” Arndt’s *Practice* has the best homœopathic paper on the subject of any work consulted,

going into the subject quite extensively. The treatment, he says, is "purely symptomatic." He also quotes H. C. Wood to the effect that surgery is successful in barely 3 per cent. of the cases, or rather "removal of the tumor is practical in about 3 per cent. of the cases."

Bartlett's modern work, *Treatment*, has a most excellent paper on "Cerebral Abscess" which, like so much else in that great work, will amply repay the study given it by any physician. Among other things he says: "Traumatic abscess of the brain has no excuse for existence, and yet cases will continue to be observed as long as there are careless people in the world, and this means to eternity."

Perhaps some of our readers can say more on this subject from practical experience, which is what counts.

PESSIMISTIC.—"H. V. H." closes an editorial on the new Owen's bill in *The Clinique*, July, as follows:

"Any one with one eye open must see the political trend in our profession. A few want the control, and they are getting it because they keep after it while the rest try to attend to the little business they have left. The colleges are under the sway of one or two; the medical societies are split into all kinds of factions because a few are fighting for possession and the others are growing indifferent. The practice of medicine is not what it used to be for the ambitious young man. Everything is turned to surgery, and medicine is being limited to laboratory experience and physical findings. Where will we land if we limit it still further by giving everything into the hands of the politician? We 'fear the Greeks even bearing gifts.' If there is to be any good, following the establishment of this law, we should welcome it. If it will help us and help mankind in general all right—but will it?"

Nix on the help to mankind or to the general or even special practitioner; it will only "regulate" him if it does anything. The men who do the regulating will be in official clover—the others not. Let the homœo stick to plain Homœopathy, where he will have little competition and kick against further hampering of his medical freedom. The allopath would be wise to kick also, for *very* few will get in the clover.

A SUGGESTIVE ITEM.—To get the full force of the following from an editorial in the *Lancet* of July the 8th, it must be known that Leicester is the world's hot-bed of anti-vaccination. It is a town of about 200,000 where vaccination has not been practiced for a generation:

“There were 114 cases of diphtheria in Leicester during the year and 11 deaths, and while not suggesting that Leicester's pre-eminently satisfactory position as regards diphtheria mortality is the result of the fact that alcohol was not used; Dr. Millard says it is certainly satisfactory to find that having boldly departed from the orthodox line of treatment the deaths from diphtheria are so few in number. The ordinary death rate for Leicester is 12.4, and the zymotic death rate 0.69, both being the lowest on record.”

ANTITOXIN NOT SERUM.—It seems that serum and antitoxin are very different propositions. Under the heading “Sudden Death Following a Prophylactic Injection of Diphtheria Antitoxin” the *Lancet* says: “The ‘serum sickness’ following the antitoxin treatment of diphtheria is due not to the antitoxin, but to the horse serum containing it.” Then what is antitoxin? The very latest medical dictionary, Stedman's, defines it as “a substance found in serum, which, etc., etc.” Rather vague, just as though Dr. Stedman was a bit shaky on the word—which, perhaps, he was. Cannot this substance be isolated from the somewhat dangerous serum dealing in death or anaphylaxis? Or is it that Dr. Lawrence was right when he said that the remarkable curative power sometimes exhibited by this agent is due to the very small admixture of carbolic acid it contains? Carbolic acid is often strongly indicated in this disease, especially when the foul odor is marked.

DIAGNOSIS.—There is something curious about the rule that has grown up compelling physicians to send in a minute bit of waste matter from a patient, in order to learn what ails him, to the laboratory man who knows nothing about the real condition of the patient. The laboratory man may make mistakes, but that matters not, for the police force, the army and the navy back up what he says, who judges a human being's state from a pin-head

of his excretions. Hahnemann saw that each patient was ill in a manner peculiar to himself, but this "age of marvels" tickets them without seeing them, just as though they were minerals or insects. The truth is that this science does not recognize human beings, but only chemical properties, and is, therefore, incapable of treating human beings—in so far as it clings to its premises.

GIVING IT A NAME.—A paper by Dr. J. E. Esslemont (*Lancet*, June 17) on "Sanatoriums From Within" indirectly shows the wisdom of Dr. Samuel Hahnemann in repudiating names for disease and the mess those are in who are forced by idiotic laws to specify with great exactness the *name* of the critter that killed the patient, going on the foolish assumption that diseases are entities as distinct from each other as a jack-rabbit is from a jack-ass. From this paper it seems that the sanatoriums of England would not hold 1 per cent. of the tuberculous (he is especially dealing with this class), that those now open are by no means full, that the people have a prejudice against them and, finally, there seems to be much "misreading" of symptoms. It seems to us that the paper, while dealing largely with the unpopularity of these sanatoriums for the tuberculous, does not touch on the real cause. Imagine yourself branded a leper! Well, there is difference in degree only between being a leper and a consumptive in the public's eyes—so loud has been the outcry of the warriors against the "great white plague" and their foolish "literature," which, by breeding a state of fear in the public has probably done far more harm than the whole "army" has done good. The people do not want to go to these places because it puts a mark on them which to many is almost synonymous with "leper." Yet every experienced man knows that under the name "tuberculous" is a vast range of human ills differing greatly. If all death certificates were correctly filled out a very large proportion in the class of "cause" probably would read "do not know."

Some day, it is to be hoped, patients will be treated for the conditions they present and not for the name of something which the law requires to be given when he dies.

Good sanatoriums are exceedingly useful things, but a man ought to be able to go to one without being branded "dangerous."



COMPLIMENTARY.—Our esteemed contemporary, the *Buffalo Evening News*, Aug. 20, has the following to say of "THE HOMŒOPATHIC RECORDER:" "The August number of this medical journal is naturally devoted to the profession whose ideas it illustrates. From its own standpoint it is of particular interest, for the discussions are on a high plane, the reports of papers are such as interest the student in the profession and they are given with a fulness that enables one to follow the significance both of the case and of its treatment."

"The great contrast between medical discussion of one or two generations ago and the present time is very well marked in such publications as this, for one can hardly tell, except for the occasional thrust at the opposition school, that the writers are other than medical men in the broadest sense."

BY-PRODUCTS OF SALVARSAN, OR "606."—Dr. Mucha, in *Wiener Klinische Wochenschrift*, Vienna, has run across a number of these in his practice. They are summarized by the *Journal of the American Medical Association*, as follows: "In conclusion, Mucha reiterates that these so-called neurorecurrences are serious matters for the patient and frequently entail permanent injury, and the patients seldom care for further medication. Mucha's material includes, besides the eighteen ear cases, six with general toxic phenomena, digestive disturbances, intense headache and dizziness, six with disturbances in other cerebral nerves, four with epileptiform attacks, two with cerebrospinal phenomena, five with optic neuritis, one with optic neuritis plus cerebral hæmorrhage leaving motor and mental disturbance, one case of fatal meningo-encephalitis, three cases of non-syphilitic meningitis seemingly aggravated by the salvarsan, and a case of nephritis for which he thinks the salvarsan was evidently responsible, as distinct traces of arsenic were perceptible in the urine nine months after the intragluteal injection of salvarsan and the nephritis showed great improvement under sweating procedures." It all looks like another remedy that is worse than the disease. Between the lines we fancy may be read many other cases who, injured by the drug, did not "care for further medication."

THE ETIOLOGY OF CHRONIC GONORRHOEA.—“To the vast majority of medical men this subject appears a closed chapter, for the gonococcus is almost universally regarded as the cause of chronic as well as acute gonorrhœa. If, however, we are to accept the investigations recently made by von Wahl, of St. Petersburg (*Deut. med. Wochensch.*, No. 24, 1911), our ideas will bear considerable modification. From his observations he considers himself justified in the assumption that there is no such a thing as chronic urethritis due to gonococci. Such a statement from an apparently conscientious investigator—however revolutionary it may seem—is certainly worthy of comment.”

“The organism which Wahl constantly found in chronic gonorrhœa is a diplococcus bearing a deceptive resemblance to the gonococcus of Neisser, but differing from it in some important particulars. Unlike the gonococcus, it is chiefly extra-cellular, and forms smaller groups and collections and it is more elongated and slender, two or three sometimes forming a chain. Its behavior toward Gram’s method is also different—it takes up the stain less readily, but is not as easily decolorized as is the gonococcus. Cultures can be more readily obtained and colonies kept alive for much longer periods. When transferred to fluid nutritive media they form chains, but much shorter than the organisms of Lustgarten and Mannaberg, and much more frangible. It will be seen, therefore, that they are to be classed as streptococci. Such organisms were also met in chronic non-gonorrhœal urethritis, and in scanty numbers in acute gonorrhœa; they never, however, occurred in the normal urethra.”

“From these observations it would seem, therefore, that while gonococci dominate in the urethral flora during an acute gonorrhœal process, their place is taken in the later stages by streptococci, and that the various complications occurring during this period are due to the latter. They further show that the frequent findings of gonococci in chronic gonorrhœa are based upon an error, owing to their being mistaken for Wahl’s streptococcus.”

“It is interesting to note that the same organism is frequently found in woman, in whom they often produce acute manifestations, especially in young girls, and the author goes so far as to

assert that a large part of the vulvovaginitis in children is of streptococcic origin."

"If these investigations should be confirmed in general they will mark a new era in the etiology of chronic urethritis and perhaps necessitate important changes in the treatment. Thus far they are chiefly of interest in a bacteriological sense."

The foregoing from the *International Journal of Surgery*, August 11, is interesting from several points of view. Among these is the unstableness of scientific medicine; to-day you think you are standing on firm ground and act accordingly; to-morrow, your solid basis melts away like the mists and necessitates a plunging about for new treatments; your old treatments being based on an error are, of necessity, erroneous and, therefore, useless—in reality not scientific, though apparently so. While not saying anything against the study of bacteriology, one may conclude that, as a guide to treatment, it is but a broken reed that will pierce the hand leaning on it. There seems to be but one true guide in therapeutics—that laid down in *The Organon* of Hahnemann. No scientific discoveries, or "advances" have ever disturbed it—or ever will.

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### NEWS ITEMS.

Dr. Rufus L. Thurston, of Boston, died recently after a year's severe illness. For twenty-five years he was located at the corner of Commonwealth avenue and Clarendon street. Dr. Richard S. True, of Marblehead, will take up his practice.

A note from Dr. Bert B. Clark, secretary of the Hom. Med. Society of N. Y., tells us that the society will hold its 45th semi-annual session at New York City, October 10th to 14th. A series of clinics will be given. For further information address the Secretary, 6 W. 129th St., New York City.

Dr. Lee Norman, Louisville, Ky., secretary of the Southern Homœopathic Medical Association, writes that the date of the next meeting has been changed from October 18-20, to 4-6, "on account of special attractions which have been planned for St. Louis at that time." The meeting is at St. Louis, Mo. Details from Dr. Norman.

## PERSONAL.

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Wisdom, once in a while, painfully struggles free from ceaseless gabble.

The best cure for insomnia is to get up at 6 o'clock and go to work.

Concerning infantile paralysis—"the term 'infantile' does not apply to many cases in which the victims were adults."—*Ex.*

A Congressman was called down because he had too much "applause" in the speech he didn't make.

A genius is the exception that proves the rule that the average man isn't one.

Of what avail is advanced medical education if the advance is in the wrong direction?

Dr. Barker (*J. A. M. A.*) springs the word "propedeutic."

"The Non-Smokers Protective League of America" has been started. Object, apparently, to harry the smokers.

A German doctor wants the advertising of "nonsensical remedies" stopped. But where would you draw the line?

Too close attention to how you say it knocks the vitality out of what you say.

Who guarantees that the re-form will better the old-form?

Ninety-seven per cent. of the voters know all about running the country; the 3 per cent. run it.

The easiest job for an easy man is that of an inspector.

The United States Department of Agriculture has unearthed a case of "Adulteration of frozen eggs."

An emolument is a cash emollient.

"The Pasteur Institute spends \$80,000 a year for animals for experimental purposes." And then?

When a man talks about what a fool he used to be he is sometimes wrong in his tenses.

Social culture cometh not by fashion plates.

"The meiostagmin reaction." Yes?

The latest reformer is a South Chicagoan, who wants sweet music for cows to make them give sanitary milk.

Why should not the public towel, as well as the drinking cup, go?

"What did you have," tentatively asked the waiter of the guest, who had ordered "hash." "I don't know," he replied.

Golf is a sort of refined "shinny," they say.

Even a meek man thinks "you're a liar" when he runs up against the taxi's register.

"I am the party he belongs to," said wifey to the politician.

# THE HOMŒOPATHIC RECORDER

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## DOES A DOG WAG HIS TAIL OR THE TAIL THE DOG, OR WHICH IS TAIL AND WHICH DOG?

From a little paper by Dr. J. E. Brooke, Kansas City, (*Clinical Reporter*, August), headed "Bugs I Have Met," we take the following:

"A number of T. B., found in the sputum, wouldn't indicate sulphur or tuberculinum, but their being found would make you cautious and warn the patient in his duty of not infecting others."

"The characteristic culture growth and microscopic finding of the B. Loeffler wouldn't help you to choose between *Apis* or *Lac caninum*, but it would make you isolate the case and help your diagnosis, perhaps, even before the membrane has had time to take on the characteristic appearance in the throat."

"The entire absence of the Diplococcus of Neisser in a urethral discharge would help you to make a diagnosis of simple urethritis and secure you a staunch friend instead of your finding out later that you had made a mistake on the wrong side."

"Whether you believe in the germ theory of pathogenesis or not—that 'the dog wags the tail or the tail wiggles the dog'—your patients want to know what is the matter."

"In these days of popular medical education, the laity read in almost any publication, from the newspapers to Scribner's, just how worthless drugs have become; how to treat everything from corns to consumption; that the latest cure for cancer is the injection of normal human serum."

"They want to know the how and why. Can we satisfy them by quoting the *Organon*? With deepest respect, and perhaps a personal lack of proper understanding, that book was written a hundred years ago."

"With a little extra work, on our part, we can be just as down-



to-date and positive in diagnosis as any other school, with this additional and most important fact, that we can cure as well as tell the condition."

"I don't ask you to use the serums or bacteria in curing the sick, use the Homœopathic Materia Medica if you are studious and industrious enough, but I would most earnestly ask you to take advantage of everything which will aid you in your work; to make use of the microscope and other instruments of the diagnostic science of today."

This, in the main, is good advice, for while a recognition of the bugs may not aid in curing the case it prevents having the jeer of superiority thrown at you and things of that sort; but the real question is *does* the tail wag the dog? To decide this question it becomes necessary for one to decide which is dog and which tail; in other words, are the bugs the disease, *i. e.*, dog, or a result of the disease, or tail?

The aggressively learned medical world, the one heard from oftenest, apparently regards the bugs as the dog. If they are wrong in this they will have to reverse themselves some day—or be reversed—and several cart loads of medical literature will have to be dumped.

They seem to look upon the various diseases as the entomologist does the other insects that afflict the human race, and their problem is to fight them just as agriculturists fight the boll-weevil, the scale, the Egyptian moth and many others; in other words, they are fighting entities—living organisms. That is the Germ Theory, which is accepted not as theory, but as fact.

Are they right? Are these micro-organisms the beginning of disease, or are they end-products of the disease, coming after it has developed to a certain extent? It seems to many men that the Germ Theorists have not by any means proved their theory to be science, but rather have mistaken an effect for a cause, just as if a man were to correctly diagnose the presence of fire from the appearance of smoke and then reason that the fire was the result of the smoke. All admit that not every one exposed to germs contracts the disease—there must be a predisposition. Is it not reasonable, then, to regard this predisposition as the real beginning of illness, and something to be treated rather than the

visible effects called germs? Hahnemann taught something like this and, to us at least, it looks more reasonable than the later ideas, even though his book was written one hundred years ago. Unlike eggs, truth does not have to be newly laid to be good.

All of this does not deny the usefulness of bacteriology, or of a knowledge of micro-organisms. It is merely a weak attempt to point out that the question "which is tail, and which is dog" is an unanswered one.

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### HAHNEMANN'S ORGANON.

By W. A. Yingling, M. D., Emporia, Kan.

The term "Organon" is adopted from the Aristotelian writers and implies "a method by which philosophical and scientific investigation may be conducted." The author of the *Organon of the Art of Healing* conceived the basis of Homœopathy to be founded upon true natural law, in the highest sense a true Science, in the profoundest sense a real Philosophy, and in the most practical sense an Art. Empiricism has, or should have, but little to do with the homœopathic practice. That is relegated to our brethren of the dominant school, yet in the philosophical study of the Science of Therapeutics the sifted lessons of empiricism are utilized to the best advantage as stepping stones to the real science as promulgated by the philosophy of Hahnemann in the art of Homœopathy. Science in the true sense is exact knowledge, or advanced higher knowledge; it is not guess work, nor is it accepted tradition as truth. Tradition may be science and truth, but it must be proven such by such means as research and honest investigation shall approve. Nothing can be taken for granted. False premises cannot give correct conclusions. Partial or *ex parte* facts, though facts, can only form theories or hypothesis; all the facts must be known and accepted and compared to form the basis or permanent foundation of a System of Truth such as Homœopathy has proven to be. Homœopathy, as given in the *Organon*, was not the result of a summer's evening dream, nor the hasty conclusion of a single fact as seen in Peruvian bark. That fact attracted attention, stimulated the great brain to cogitation and led to years of most careful research

which resulted in the Science of Therapeutics as contained in the System of Medicine known as Homœopathy. The resultant data of these careful and painstaking researches were not carelessly aggregated to form a theory, as seems the fad of present day scientists, but were compared and studied and assorted to get at the true facts of nature, and discover the true Law of Healing. Today the would-be scientist forms his theory from a partial study of the data in hand and thereafter his highest endeavors seem to bend and warp all other data to sustain his preconceived theory. The profession like a flock of sheep follow the bell-wether, especially if he be a foreigner of renown, till new data and a sad experience necessarily compels a change of opinion. Hence, we find the archives of the medical profession strewn with disused and rusty theories and fads with "N. G." written in large letters all over them. Yet experience does not seem to cause a halt in the mad rush for something new and a change based upon the *ipse dixit* of a would-be leader of the profession. Each decade has its "greatest since Jenner," only to be relegated to the same rusting scrap heap of exploded fads and fancies. Even the question mark is already being written on the famous "606," both as to its utility and superiority over what is already used in syphilis and its ills, as well as to its heralded immunity from dire results. The deaths already recorded from its use compel the sincere and competent practitioners to investigate its claim and call a halt in its promiscuous use till such investigation establishes its true place in the field of medicine. The laboratories are teeming with highly paid chemists to pander to the demand for something new, or to replace discarded nostrums found to be useless or harmful. The chemist's surmises are accepted *ex cathedra*, his patented proprietary nostrums are heralded as sure-cures, the doctors of the Old School, stranded on the barren rocks of empiricism eagerly seeking something reliable and really curative, prescribe the proprietary patent with the result that a fortune is usually made before its uselessness is discovered. Surely Barnum was a Solomon, the profession and the people like to be gulled. How different with Homœopathy! The first drug proven, Peruvian bark (*China*), though 120 years ago, is today successfully used by every homœopathic physician

with assurance and confidence. The only reason is that natural law is back of it.

The author of the *Organon*, Christian Frederick Samuel Hahnemann, was born at Meissen, April, 1755. His father was an educated man and daily drilled him to *think* and reason for himself without bias or prejudice, to accept of no theory or doctrine blindly on the assertion of any authority, no matter how high or learned, but to thoroughly and painstakingly investigate the subject for himself first, and then to accept if he found it correct, or to reject if erroneous. Samuel Hahnemann followed these lessons in thinking and was well qualified to do so. He had a most thorough education at the universities of Leipsic, Vienna and Erlangen, where he received his medical degree. He was the associate and counselor of the professors of the universities and was competent in comparison with the best. He was an accomplished classical scholar and philologist, and had a profound knowledge of Botany, Astronomy, Meteorology and other branches of learning. He was a linguist of such attainment that he translated the most difficult books from the English, Italian, French and Latin on chemistry, medicine, agriculture and literature. He was a man of work, of patient and persistent industry and, according to Dudgeon, wrote upwards of seventy original books on medicine and chemistry and translated twenty-four from foreign languages. His works on chemistry became standards and in part are used even today. He was exact and accurate in his knowledge. Truth never changes. He sought and found the truth, hence the knowledge he promulgated lives today. He was a scholar most learned among scholars, indefatigable, serious in investigation, honest in his convictions, conservative in his conclusions, unbiased by preconceived notions or theories, and an honest seeker after the truth.

No man was better qualified for original research and the establishment of a System of Medicine founded upon law. He sought the truth and knew it when found: all previously conceived theories or conclusions must be subordinated to the truth when found, and changed to conform to the facts as certainly ascertained. It is claimed by his enemies, as an argument against his system, that Hippocrates knew of the method of cure

as announced in the *Organon*. Every man, woman and child from the first dawn till the day of Newton knew that an apple fell to the ground when severed from its branch, yet none thought of the Law of Gravitation till the great mind of the English philosopher enunciated it. They took it as a matter of fact, of every day observation, without concerning themselves as to the natural law governing the Universe. So Hippocrates and several others may have noticed that a medicine would produce in one person what it would cure in another, but they stopped there. To them it was but a coincidence, a matter of trivial importance not worth a second thought. But not so with Hahnemann. His thinking lessons, combined with his great knowledge of current medicine and the failures thereof, led him to ask the reason why, to further investigate, to carry the investigation to the end, and that end resulted in the discovery of the only Law of Cure, *Similia Similibus Curantur*, the Law of Similitude.

It was in 1790, while translating *Cullen's Materia Medica*, the article on Peruvian bark led him to "think," and that thinking led him to investigate the action of the bark on himself. He found that the drug produced on the healthy the same symptoms it would cure in the sick. Most physicians would have stopped there and wondered at such a strange coincidence. But not so with our author. He was too deeply learned in science, and his mind was too philosophical to sit in wonderment at any phenomenon of nature. He must find out whether the same was true with other drugs, and did so. Then, again, he knew of the failure of the current system of medicine, not only in its unreliability, but the actual danger to life incident to its practice. If there was anything better, safer, more reliable, with greater certainty in its application, it was his desire as well as conscious duty to humanity to find the truth. He knew the need of humanity and his great heart impelled him to labor diligently for the amelioration of the suffering people, hoping to find the means whereby sickness and disease might be relieved through the proper administration of drugs. His success has been consummated in the principles of Homœopathy.

The twentieth is a century of hurry: everybody is on the run. There is some patient investigation of the phenomena of nature.



but there is undue haste in conclusions and announcements so that theories are heralded one day as certainties to meet with the crash of defeat the next. Verification seems to have been relegated to the limbo of the lost, while the certitude of assumption assumes the place of patient toil after the ultimate truth. The many would rather have the tinsel and show of the hour than the permanent honor of work well done and thoughts and experiments well matured. The educated scientists seem to be in the van, leading the train of premature announcements of data half digested and resultant conclusions which the glare of experience soon proves to be untenable and erroneous. Nothing, or but little, has been achieved but the glory of the hour which causes the flow of saliva of self-gratulation like a savory morsel upon the tongue soon to be followed by the bitter taste.

But this was not the weakness or fault of the author of the *Organon of the Art of Healing*. He was patient, painstaking, thorough, grubbing away at the root of the matter till he was assured he had gotten the facts and his conclusions were tenable and trustworthy. There were very few statements he was compelled to retract, and those were the result of the influence and unconscious bias of his profound knowledge of existing medical literature and practice. His announcement of the new Art of Healing was not made at the time he felt warranted in crying Eureka, but after patient years of the most careful research and investigation. As Dudgeon, in his preface to the *Organon*, says: "His first idea of the homœopathic rule of practice occurred to him while translating *Cullen's Materia Medica*, in 1790. The *Essay on a New Principle*, in which he propounded the homœopathic rule, as yet believed by him to be of only 'partial application,' viz., to some chronic diseases, was published in 1796. Nine years after this, viz., 1805, in the *Medicine of Experience*, he enunciated the rule with no such limitations of its applicability. This essay contains much of what we find in the first and later editions of the *Organon*. The first edition of this later work appeared in 1810." The second edition was published in 1819, the third edition in 1824, the fourth edition in 1829, and the fifth and last edition in 1833. There were some variations in each of these editions as would be expected in a system so

radically different from that generally accepted, but the fundamental principles were merely developed and elucidated and brought to a better comprehensive basis with added data.

As to the book. It will be noticed that Dudgeon gives the name as "*Organon of Medicine*," whereas Wesselhoeft, in his translation, gives "*Organon of the Art of Healing*." As the word "*Organon*" implies "a method by which philosophical and scientific investigation may be conducted," Hahnemann seeks to give, and experience has proven that he has successfully given, a system of medicine based upon true science (knowledge) and philosophy (the proper study of and deductions from knowledge). It is not an aggregation of glittering generalities obscuring a grain of truth in verbal profundity, but a plain statement of conclusions after unbiased research and mature thought. So sincere is he, and so sure of his footing, that he throws out a broad challenge to the world to test the law of cure enunciated, and to publish the failures to the world. A number of physicians studied the system announced with the purpose of its annihilation, only to become its most ardent champions. Among these was the great Constantine Hering, who became the chief exponent and defender of the new system of healing in America. The *Organon* as we have it is a translation from the German. To fully and more easily comprehend its teaching it should be studied in the original, for the translation, like all translations, does not always fully and clearly convey the idea the author intended, thereby making some parts rather obscure and difficult of easy comprehension. In such a translation the English word intended to convey the thought of the author's German word does not always do so on account of the idiom of the language and the shades of meaning of the foreign word. But, while this fact compels a closer study, the ideas are admirably given in the two translations we possess. A comparison of Dudgeon's and Wesselhoeft's translations will materially aid the student in getting at the real meaning of the great mind of Hahnemann.

The purpose of the writer of the *Organon* is seen in the first two paragraphs:

"1. The physician's high and only mission is to restore the sick to health, to cure, as it is termed.

"2. The highest ideal of a cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles."

In the third paragraph he gives his conception of the necessary qualifications of the true physician:

"3. If the physician clearly perceives what is to be cured in disease, that is to say, in every individual case of disease, . . . if he clearly perceives what is curative in medicine, that is to say, in each individual medicine, . . . and if he knows how to adapt, according to clearly defined principles, what is curative in medicine to what he has discovered to be undoubtedly morbid in the patient, so that recovery must ensue—to adapt it, as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him, . . . as also in respect to its exact mode of preparation and quantity of it required, . . . and the proper period for repeating the dose; if, finally, he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent: *then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art.*"

The mere symptom coverer, the one who ignores the diagnosis and the cause of disease and hygiene, is not the one who has studied the *Organon*, as may be seen in paragraphs 4 and 5, for he is a "preserver of health if he knows the things that derange health and cause disease," and he must be so well posted as "to enable him to discover its *fundamental cause*." Yet for the purpose of study of each case the symptoms are our guides and lights along the way, for, as he writes in paragraph 7, "we can perceive nothing but the morbid symptoms," and the cure is the complete removal of these (p. 8), for "it is not conceivable, nor can it be proved by any experience in the world, that, after removal of all the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain anything else beside health."

But all symptoms are not of the same value. Some are diagnostic, common to all cases of the same disease, and hence

are not of great value in prescribing, while other symptoms are peculiar to the patient and point out the true basis of every homœopathic prescription. This is elucidated in paragraph

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

When we consider the "totality of symptoms," which Hahnemann gives as the necessary basis for the selection of the homœopathic curative remedy, with this paragraph 153, we must conclude the "totality" refers to the individual symptom and not to the aggregate of symptoms in the patient, or only so far as they are "total" or complete. Each symptom to be total or complete must have its location, sensation and modality, and at times its combination of symptoms or concomitants. The excellent repertory of Bœnninghausen is based upon this idea and is very often an important help to the careful prescriber. But it will be found that all repertories at times are deficient, and on the other hand every repertory or part of repertory will be found useful on occasion. The best today is Kent's.

Hahnemann places the seat of these morbid symptoms in the "vital force" as the sole source of disease. As "the material organism without the vital force is capable of no sensation, no function, no self-preservation" (p. 10), so, "when a person falls ill, it is only this spiritual, self-acting vital force . . . that is primarily deranged" (p. 11). "It is the morbidly affected vital

force alone that produces disease" (p. 12). It follows then, as in paragraph 13, "disease considered, as it is by the allopathists, as a thing separate from the living whole, from the organism and its animating vital force, and hidden in the interior, be it of ever so subtle a character, is an absurdity that could only be imagined by minds of a materialistic stamp." "The organism is indeed the material instrument of the life, but it is not conceivable without the animation imparted to it by the instinctively perceiving and regulating vital force" (p. 15). Thus the vital force is the seat of disease and not the material or corporeal body, and, aside from strictly surgical cases, must be acted upon by a "spirit-like dynamis" in the removal of these morbid conditions.

This brings us to the potency question, of itself of sufficient importance and scope to form a treatise instead of a paragraph. The potency is the result of experience based upon close observation. Hahnemann found a homœopathically selected drug administered in the crude form, even in a very small quantity, generally caused an aggravation and often unnecessary suffering. The result of a very long and careful observation by this master mind is given in paragraphs 275-6.

"The suitability of a medicine for any given case of disease does not depend on its accurate homœopathic selection alone, but likewise on the proper size, or rather smallness, of the dose. If we give *too strong a dose* of a medicine which may have been even quite homœopathically chosen for the morbid state before us, it must, notwithstanding the inherent beneficial character of its nature, prove injurious by its mere magnitude, and by the necessary too strong impression which, by virtue of its homœopathic similarity of action, it makes upon the vital force which it attacks and, through the vital force, upon those parts of the organism which are the most sensitive, and are already most affected by the natural disease."

"For this reason a medicine, even though it may be homœopathically suited to the case of disease, does harm in every dose that is too large, the more harm the larger the dose," etc.

Hence it follows, as in paragraph 279, "the dose of the homœopathically selected remedy can never be prepared so small that it



shall not be stronger than the natural disease, and shall not be able to overpower, extinguish and cure it, at least in part, as long as it is capable of causing some, though but a slight preponderance, of its own symptoms over those of the disease resembling it immediately after its ingestion."

By this careful consideration and watching the master mind of Hahnemann discovered the law governing the preparation of medicine, especially to bring out the deeper and nicer action of drugs. The comparison of the homœopathic *Materia Medica* with that of any other school will clearly substantiate this assertion. By this process of potentiation substances and drugs supposed to be absolutely inert have been found to be most powerful and deep-acting remedies for the cure of the most malignant diseases. Thus the inert *Calcareo* (the oyster shell), *Lycopodium* (club moss), *Carbo veg.* and *animalis* (vegetable and animal charcoal), *Silicea* (pure flint), all the metals and many other substances have become of such great importance and so frequently called for in the treatment of the sick that they are among the leading polychrests of the *Materia Medica*. By potentiation freeing the ions, breaking up the atoms of the substance, the dynamic power is released to act upon the vital force and, when suitably selected, to restore a state of harmony and health.

In practice the selection of potency is a matter of individual experience and choice, but it behooves every physician of the school without bias to honestly and sincerely investigate the matter, for it is a duty incumbent upon every one to do the best possible for his trusting patient. This investigation should not be haphazard, controlled by ignorant prejudice, but intelligent. When you are sure of your remedy, sure you have the one remedy totally covering the case, the simillimum, then administer the remedy in potency and watch results. The adoption of the potencies is the usual result of such investigation as it was with Hahnemann and many others. Hahnemann tested the crude drug in various-sized doses and all the potencies known to him, and decided for the high potency, but for the sake of uniformity, as some allowed prejudice to control them, he advised that the thirtieth centesimal potency be adopted for general use by the profession. Hahnemann was familiar with the 200, 1,000, 2,000 and, I think, higher. Bœnninghausen was his contemporary,

held correspondence with him, and it would be very strange if he had not called Hahnemann's attention to his use of the high potencies, about which he says, "my experience has been most pronounced for the high potencies." In fact, it was Hahnemann's knowledge of these higher potencies and the opposition to them by the inexperienced and prejudiced, the ridicule of his enemies, and his great desire for uniformity in practice and union among his friends that led him to suggest the thirtieth centesimal as the standard potency. In his note to paragraph 287 of the *Organon* he speaks of the 300 "and still higher."

But time admonishes me to bring this paper to a close, but from among many other most interesting and important subjects I feel I must say a word about the manner in which we obtain our knowledge of drug action, it being another feature of Homœopathy so different from that of our old school fraters, and of such vital importance to pure homœopathic practice.

It is well known that our friends, the enemy, for their knowledge of drug action experiment on guinea pigs, mice, rabbits and sick people. We as a school believe we have a much better and surer way, as we are able to get the exact action of a drug on the human organism, unmixed with pathological conditions and with the intelligence of provers who can express in comprehensible language the sensations felt. It is also well known that the effects of drugs vary materially, not only on men and the lower animals, but among animals themselves. Then, again, experimentation on the lower animals gives us only the pathological conditions resulting with a few surmised sensations, and these diagnostic symptoms and conditions are of little value in prescribing for the sick. The peculiar, idiosyncratic symptoms so essential to a successful prescription are wanting and cannot be obtained because the animal is unable to communicate its condition and sensations. The observer is at a great disadvantage because some animals can eat with impunity a plant or poison that will kill another in a small quantity. *Nux vomica* has no poisonous effect on the pig, yet a few grains will kill a man. The dog can eat a quantity of *Aconite* and the horse can eat it when dry without injury. Some animals are immune from the poisonous effect of the rattlesnake poison. The experimenter with *Aconite* on man would pronounce it a rank poison, while the experimenter on the dog would say it was an innocuous plant.

There is always an element of uncertainty in such experiments. Shall the sick, suffering men and women and children be the agency for the removal of that uncertainty?

But Hahnemann states this proposition with clearness in paragraphs 107-8.

“If . . . medicines be given to sick persons only, even though they be administered singly and alone, then little or nothing precise is seen of their pure effects, as those peculiar alterations of health to be expected from the medicines are mixed up with the symptoms of the disease, and can seldom be distinctly observed.

“There is, therefore, no other possible way in which the peculiar effects of medicines on the health of individuals can be accurately ascertained—there is no sure, no more natural way of accomplishing this object than to administer the several medicines experimentally, in moderate doses, to *healthy* persons, in order to ascertain what changes, symptoms and signs of their influence each individually produces on the health of the body and of the mind; that is to say, what disease elements they are able and tend to produce, since, as has been demonstrated, all the curative powers of medicines lies in this power they possess of changing the state of man's health, and is revealed by observation of the latter.”

Thus it will be seen that instead of experimenting, with all its uncertainty, on animals and the sick, Hahnemann was the first to advance the only proper and rational way of administering medicines to healthy persons, for the purpose of ascertaining their curative properties, carefully observing and recording their effects, and then apply the knowledge thus intelligently gained in relieving the suffering and sickness of humanity. Hahnemann himself proved about ninety different medicines. They are today as reliable and valuable as when announced, and the knowledge thus gained and transmitted to us is used by every homœopathic physician of the world. Homœopathy has no shelf-mildewed relics of its founder. Law is unchangeable. What was true concerning medicines in his day is true today. Our old books and our old provings of medicines are our best and most reliable. If there has been any degeneration at all, it has been among those who profess to practice its tenets and not in the system of medicine as given us by Samuel Hahnemann.

GLEANINGS FROM "PROCEEDINGS OF THE SEVENTH ANNUAL SESSION OF THE HOM-CEOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO."

In going through this volume in search of items that may be of general interest the first thing that seems to come within that category is the following from a paper by Dr. William H. Phillips, of Cincinnati, on

"The Tonsil Question."

"Tydings, of Chicago, is credited with having performed, ten years ago, the first tonsil enucleation done in this country and, as we are still practically the only country on earth doing such enucleation, he is probably to be credited with the first scientific tonsillectomy ever done. It appears that but few men followed Tydings' lead, for between 1900 and 1904 there is little in tonsil literature to indicate that much general interest was taken in the subject."

Dr. Quay, Cleveland, said:

"It is claimed by many pathologists that after the age of about sixteen years the tonsils have no physiological value, so far as being essential to the health of the individual they are apt to be the seat of disease, or an avenue for general infection."

A. B. Schneider, Cleveland, said:

"There is a great deal of indiscriminate removal of tonsils, particularly in cities where school inspection has been established, and where inexperienced examiners recommend for treatment all cases that show even the slightest enlargement of the tonsils."

There is room for comment here, on the wholesale "examination" of children by the "inexperienced"—but what's the use?

Some years ago there was a modest little book, by Dr. J. Compton Burnett, published, entitled "*Enlarged Tonsils Cured by Medicine.*" It received no especial attention from publishers or critics, but there seemed to be a quiet interest in the subject. The edition was sold out and another printed—with no changes, as the author has gone over to the other side. We mention this for the benefit of those who may occasionally run across those who object to operations.

### Well Fed in Hot Rooms.

This is lifted from a paper by Dr. Geo. H. Irvin, of Orville, who discoursed on "Unnecessary Infant Mortality."

"Well fed children placed in super-heated rooms soon develop temperatures and get intestinal symptoms. Holt especially emphasizes the effect of atmospheric heat no matter what care and food the infant receives. The conclusion is that hot dry days are more dangerous for infants than hot moist ones. Moral: Keep the babies cool."

It isn't much, but it is worth remembering. Why may not infants die of heat prostration?

### "Is *China Officinalis* a Prophylactic in Gallstone Colic."

This was the title of the paper by H. E. Beebe, of Sidney, O. He stated that in 1843 Dr. David Thayer, of Boston, was haled before the medical society and expelled for heresy for asserting that a dilution (potency) of *China* would cure gall-stone colic. Dr. Beebe, in his paper, says:

"*China* will not cure gall-stone colic, but I firmly believe from long clinical experience that it will often, yes very often, cure the cause of chronic cholelithiasis, thereby the attacks of colic disease. It is not claimed that the stones already formed are dissolved, but it will prevent the formation of new stones."

"The action of *China* upon the liver changes an abnormal secretion to a normal state, thereby overcoming the condition predisposing to the formation of biliary calculus. Some contend that gall-stones are most often prevalent with those who use quinine habitually, but as to this I do not know."

"Consult any Homœopathic Materia Medica from Hahnemann down and you will see recorded under *China* provings and verified clinical symptoms similar and very similar to those found during or after gall-stone colic. None claim that *China* will produce genuine colic, although we have seen the alkaloid, quinine, produce the most severe colic."

"By removing the original cause, the prevention of future attacks, first by lengthening the intervals is brought about, although I have frequently seen patients where there never was another attack of colic. You may say this was merely a coincidence. No, these coincidences are most common."



“My method is to give my patient *China* in pellets the third dilution four times a day for a few weeks, after which lengthen the interval to three times and finally twice and once a day. This treatment should be continued for one or two years.”

“I resorted to the olive oil and phosphate of soda treatment for a time and must say both are of some value, but finally I returned to my first love, *China*, feeling satisfied that it is superior to the other treatment.”

Dr. C. A. Schulze, agreeing with Dr. Beebe said, among other things:

“In regard to the after treatment, I believe that the essayist and others would have better results if they were to give *China* high. He speaks of giving it in the third potency for a long while. Experience teaches that if you alternate the potency you get better results. Very frequently in those cases if you alternate a third and a thirtieth, or a twelfth and a thirtieth or a thirtieth and a two-hundredths you get better results. One seems to boost and the other seems to shove, and helps along a great deal better. I believe that in the later state of treatment, by giving the remedy high at infrequent intervals, you will get better results, anywhere from two-hundredth up as high as you care to go. I can only sanction, however, what the essayist has said in regard to the use of *China officinalis* in gall stones.”

Some day Dr. Schulze will (perhaps) write the RECORDER a paper on this line.

### **Conium Maculatum.**

Dr. C. E. Hetherington, Piqua, O., summarized this remedy at the end of his paper as follows:

“Sweats day or night. As soon as one sleeps or even when closing the eyes. Giddiness and debility especially of arms, the legs on walking, staggering as if drunken. Tremulous weakness after every stool. Sexual desire without erection. Emissions from slight sexual excitement. Soreness and swelling of breast preceding menses. Indicated also in painless induration of glands. To be thought of as a remedy for the secondary results of traumatism where induration results.

“I have had a very positive cure of a peculiar ear condition characterized by the over-production of wax of a dark reddish-

brown color. Compare it carefully with phosphorus in vertigo, contrast it with phosphoric acid in night sweats. Study it in secondary debilities before giving strychnine, sulphate, phosphate or arsenite.

"In writing the keynote indicated I chanced upon the following acrostic :

"Celibacy.

"Old age.

"Night cough, sweat and aggravation.

"Induration of glands, mammæ, etc.

"Urinary atony.

"Mental weakness, morose and excitable."

**" Danger Following Suppressed Skin Diseases."**

This was the title of a Hahnemannian paper by C. F. Junkermann, Columbus, O. He concluded in the following vigorous manner :

"The generally received external treatment of diseases of the skin, whether with lotions or ointments, or whatsoever else, is demonstrably shallow in conception, wrong in theory, harmful in practice and, therefore, inadvisable."

"Considering diseases of the skin constitutionally. The treatment of skin diseases, as merely local affairs concerning the skin only, as is now given in most text books on diseases of the skin, of all schools the world over, is, in my opinion, nothing less than a crime against humanity, and eminently characteristic of the cultured shallowness of the medical profession."

"Dermatologists and electro therapeutists, the latter of which I believe to be the most dangerous form of suppression, may differ from above statements, but it is my belief that they will find them, after proper thought and more than a superficial investigation, absolutely irrefutable."

Exceptions were taken to these general statements by some of those who discussed the paper, who, in general, maintained that while true of certain forms of skin disease, it is not true of all.

Apropos of this we know of a family where all the children had skin eruptions in their early days; all of them save the last were treated homœopathically and grew up healthy men and women. The youngest received the generally accepted external

treatment and is an epileptic today. The authority for this is a homœopathic physician, the father, who believes that it was the external treatment that caused the trouble. Probably the danger in suppression is greater in the case of infants than in later life. Also perhaps there are a class of parasitic diseases that can only be reached externally. They must be "individualized."

**"The Present Status and Future of Homœopathy."**

Such was the title of a peppery paper by Dr. Ralph Reed, of Cincinnati. Here are two clippings from it:

"Truth is never static, it is never finished. Medical science did not stop with Samuel Hahnemann; neither does Homœopathy comprise all there is of medicine. If every man here does not subscribe to that statement in principle he does in practice. If Hahnemann were alive today, not as he was in his dotage enjoying a fashionable Parisian practice, but as he was in his prime, he would be ashamed of the Homœopathic school of medicine."

"Now, as to the state of medicine in the school, I found that most of the papers read in the Homœopathic societies were on every medical subject under the sun, but Homœopathic therapeutics, yet at that not so good as the papers I could hear at an old school society. I found that most of the articles in the Homœopathic journals had nothing of Homœopathy in them. I found that many of the big men in the Homœopathic school could not make a Homœopathic prescription, or at least seldom did. I found that most of the Homœopathic literature was but little more than abstract and rehash of the works of Hahnemann and his disciples. I found many ridiculous and ambiguous indications copied from book to book; many symptoms given that had never been verified either clinically or by proving. I found that but few new drugs were being proved and still fewer old drugs reproved."

There was no discussion reported.

There is an opening for endless logomachy here. For instance, what is truth? Is there a difference between truth and fact? Are principles truth? Could Hahnemann or any other man improve, or advance, the principle of *similia*? Can that which is not "static"—which, we take it, means in this sense "fixed,"—be truth? Once bleeding was the correct treatment for fever; from

this some have advanced to antipyretics ; but, does this not rather demonstrate that the former was error? It has always seemed to us that truth (in the deepest sense), even in medicine, is so nothing eternally fixed on which men (who have it) may rest ; that, while the ceaseless change going on may be an effort towards truth, it is not truth, for the reason that it is never the same—while truth (in our conception) must be ever the same—like the pole star.

Here another great vista opens. For example, the principle known as "Homœopathy" to some is fixed—is truth—while to others it is but folly today, though good once. Who is to decide? It looks as if every man must decide for himself—and take the never ending consequences. This is Liberty, and a very fateful thing is Liberty!

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**DEDICATED TO DR. J. D. GEORGE, INDIANAPOLIS, BY A GRATEFUL PATIENT.**

Who laughs at my imagined ills,  
Then gives me little worthless pills?  
My doctor!

Who skips a visit, then so glib,  
Tells why with most outrageous fib?  
My doctor!

But who, in spite of this offense,  
Has my unbounded confidence?  
My doctor!

When really ill in saddest plight,  
Who comes through storm and darkest night?  
My doctor!

And as I near "the great divide,"  
Who fights to keep me off the slide?  
My doctor!

So reverently, at close of day,  
This benison I softly say:  
God bless  
My doctor!

## IS TYPHOID VACCINATION A SUCCESS?

The reports coming from all quarters concerning the success of typhoid vaccination in preventing that disease, and in reducing its mortality, are of a character to make even skeptics of the operation, like the RECORDER, to "stop, look and listen." But, during the past years—many of them—we have seen so many wonderful things spring up in the old medical camp which were heralded as life saving and health giving measures, only to see them suddenly vanish, that we have come more and more to judge things by certain principles rather than by the results attributed to them by enthusiastic men.

We have it on journal authority that in India, according to Leischmann, the vaccination reduced the number of cases from 28.3 to 3.8 per thousand, and mortality from 4. to 0.37 per thousand. Also that "the incidence and mortality were ten times greater than in the vaccinated troops." "In the German South African army similar encouraging results have been obtained."

Richardson, in the Massachusetts Hospital, found that on the average from two to six nurses contracted typhoid each year, but since the vaccination has been accepted no cases have developed, and so it goes from many quarters, including our own army on the Mexican border.

Drs. Meakins and Foster, of Montreal (*Canadian Medical Association Journal*), have collected the figures of results obtained by treating the disease, when developed, by means of the bacterial vaccine of typhoid. Here, again, the results are rose-colored, running as follows:

Deaths amongst treated cases, . . . . .	4.6 per cent.
Deaths amongst untreated cases, . . . . .	12.2 per cent.
Relapses amongst treated cases, . . . . .	2.3 per cent.
Relapses amongst untreated cases, . . . . .	13.0 per cent.

In these figures, as in many others that might be gathered, the testimony is all one way—favorable, brilliantly favorable; the reverse of the shield, if there be one, is never given, unless it be the general statement that the "reactions" are few and not many of them "severe."

Three inoculations are usually performed at intervals of five



days, one hundred dead bacilli of typhoid being put in the first and this increased to three hundred million on the third inoculation. Now the "principle" referred to above is that a deleterious substance in the blood cannot be conducive to health. This seems to be a self-evident truth. Against it is put the testimony of men who believe that the operation at least prevents much disease and death, and, while not so stated, the inference is, at no physical cost.

It is believed, and is probably true, that a nation may become immune to a given disease by, as it were, having it ingrained in the constitutions of its people, but are the people on a higher physical plane because of that? An individual may become so habituated to arsenic that he can take with impunity enough to kill a dozen men, but is not his "immunity" gained at a price? May not the same rule hold where men are made "immune" by having the "end-products," or, if you please, the dead cause, of disease artificially put into their blood? The penalty, or reward, as the case may be, must inevitably follow all our acts—it is the rule that the effect inevitably must follow its cause. The injection of dead micro-organisms of a virulent disease must cause its effect, good or bad. Personally, we hope the law-makers, and the medical powers, will leave the skeptics in freedom and not compel them to accept this, their latest practice, by force or penalty.

Why this reason does not apply to homœopathic prophylactics, such as *Variolinum*, is a question that no one, to our knowledge, has satisfactorily answered, but it looks reasonable that the homœopathic dose, besides being small, is taken into the stomach in the way of all food and drink, and thus nature has the ability to take it, if needed, or reject it. Indeed, this holds good of all medication, for nature is helpless to correct man's mistakes when he sends his remedy directly into the circulation. It is not altogether unreasonable to believe that the almost universal use of serums, vaccines, inoculations and of hypodermic medication is insidiously changing the race of men subject to them. At the last Congress of Physiologists the statement was made that every injection and vaccination *permanently* changes the blood. The chronic, or constitutional, disease specialist of the future has a big field that will be awaiting his advent.

Whether it be good, bad or indifferent, this style of therapy bids fair to have a long life, for its preparations are all practically proprietary, very profitable and fatly advertised.

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### EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Here are a few points on this disease, gleaned from various modern sources, that may be of some use to the reader.

The disease is the same as the old time "spotted fever," also known as "epidemic meningitis." At bottom it is a purulent inflammation of the inner covering of the brain and spinal cord. Post-mortem examinations show a yellowish pus on the pia mater and in some instances small hæmorrhages on the surface of the brain.

"Predisposing causes to this disease seem to be unhygienic surroundings and 'crowd poisoning.' In other words, it seems most likely to occur in epidemic form in cold weather and among children who are living in crowded apartments where there is but little sunlight, and where the windows are kept closed to keep the apartments warm. While it sometimes seems that a debilitated state of the system predisposes to this disease, it is also true that during epidemics some robust and apparently very well children acquire the disease."—*Jour. A. M. A.*, Sept. 2.

It is probably owing to the last statement that the disease is suspected of being contagious. Some of the health boards have proclaimed it to be contagious and subject to quarantine, but the *Journal* says "it has been found rather difficult to demonstrate the directly contagious nature of the disease." After the discovery of the meningococcus by Weichselbaum, which, according to the prevailing idea of the age on origin of disease, *must* be the cause of the attack, it was then pronounced contagious; rather, apparently, on the theory than from facts observed. From what is said above, in the quotation from the *J. A. M. A.*, it looks as if the mode of life caused the disease, which, in turn, caused the meningococcus rather than the other way about.

A physician not experienced in this disease may easily confound it with some other one. On this point we quote the *Jour. A. M. A.*:

“The diseases with which epidemic meningitis are most likely to be confounded are lobar pneumonia, gastro-intestinal intoxication, anterior poliomyelitis, otitis media, encephalitis, and typhoid fever. Besides these, other forms of meningitis which are not caused by the meningococcus must be taken into account in making the differential diagnosis. The most common of these diseases is tuberculous meningitis. The less common forms are the pneumococcus meningitis, streptococcus meningitis, and influenza meningitis.”

“Where the symptoms are less striking than in the group which is enumerated, the difficulty of diagnosis is often very great, and can be made only by a careful examination of the patient and by a gradual exclusion of other diseases. In every case, if possible, lumbar puncture should be done, and by examination of the fluid so obtained a definite diagnosis can generally be promptly made. The fluid is, as a rule, somewhat turbid, and the meningococcus can generally be found. Polymorphonuclear cells are also usually present.”

After reading the symptoms of this disease as pictured one can hardly blame a physician for a “mistaken diagnosis.” Here they are:

“The symptoms, as in all infectious disease, vary greatly in different cases. Sometimes the disease is so mild as not to confine the patient to bed. In other instances the patient is sick, but not seriously so, and soon recovers. These cases are distinguished as abortive cases, and, no doubt, they are frequently the direct cause of the inexplicable spread of the disease. The majority of cases, however, are very serious. The temperature is irregular; it may be high, if there is a condition of irritation or excitement of the nervous system, or may be low, if there is a condition of shock. The pulse is often very irregular; rapid if the patient is alert, and slow and gradually weakening, if the patient is in more or less stupor. Often the first symptoms are a slight congestion of the nose and throat and perhaps of the conjunctivæ, and often slight deafness. There may be some pains referred to the joints and lower extremities. There may be intense backache, shoulder pains and pains down the arms. There is always severe headache, with soon more or less stiffening of the muscles of the back of

the neck. There is irritability, restlessness, often photophobia, and before the deafness perhaps a hypersensitiveness to aural impressions. In some instances the initial symptoms may be a severe convulsion followed by unconsciousness. Such a case is, of course, a severe one. In some instances the nervous symptoms are preceded by a chill, followed by a quick rise in temperature."

When it comes to treatment medical science seems to be confined to the Flexner serum, a calomel purge, followed by "a gentle saline" and morphine for the pain.

The very best results of this treatment, representing the medical science of the day, are by no means as good as that of homœopathic treatment. It may also be said that those best results—a death rate of 25 per cent.—are contradicted by other men who say that the serum has not lowered the death rate in the least. Like all diseases this one varies greatly in its intensity and fatality.

Bartlett's *Treatment* has quite a long section devoted to this disease, giving all phases of the treatment. The remedies include *Aconite*, *Belladonna*, *Gelsemium*, *Veratrum viride*, *Cimicifuga*, *Bryonia*, *Cicuta virosa* and *Cuprum aceticum*, besides a few other for special cases. Among these *Cicuta virosa* is said to cause a pathological state in the lower animals which is strongly akin to the disease. Dr. Baker, of Batavia, N. Y., once treated sixty cases with this remedy during an epidemic without the loss of a case.

However, this may not hold true of all epidemics, for there is nothing better known than the fact that a remedy that is curative in one epidemic of a given disease is almost useless in another. Homœopathic physicians have repeatedly noted this, as does Rademacher in his *Universal and Organ Remedies*.

This fact, which can hardly be disputed, does not seem to agree with the theory that these epidemics are caused by specific micro-organisms. It also strongly confirms the wisdom of Hahnemann, where he insists that the collective symptoms of the individual are the one true guide to a remedy for that patient.

**SIMILIA SIMILIBUS.**

By Dr. G. Burford.

Out of the enduring rock of natural fact and natural law Homœopathy was hewn. In the original documents of the Royal Society of London the object of that learned body is defined to be the quest of natural knowledge. I know no department of medical science to which this instruction more specifically applies than Homœopathy. It was the quest of natural knowledge in medicine that impelled the founder of Homœopathy to his first experiment.

How stable and enduring are the scientific foundations he then established are patent to all competent observers who will take the trouble to investigate.

Experiment—observation—verification—these are the three great pillars on which any induction is reared. These self-same pillars are the supports of the law of similars.

To Samuel Hahnemann is due the discovery of the law of similars in medicine; and round this law he organized the science and art of Homœopathy. Its structural lines were the reflex of the knowledge of his time: drugs were the main remedial measures: therapeutics was in an absolutely chaotic state—without form and void: and he set himself to elaborate a really scientific method by which the value of drugs in disease could be determined.

Now logic is the grammar of science, and directs its ways. Inductive logic specifies how scientific research may profitably be conducted. Let us narrow the issue to a single inquiry. "Is, or is not, some particular drug a remedy for a given disease?" Here the method of investigation has been specifically described by the hand of a master. The canon he lays down is this: "The experiments are best tried, not in a state of disease, which is essentially a changeable state, but in the condition of health, comparatively a fixed state."

How many, alas! run but do not read.

Almost every week witnesses the launch of some new Dreadnought in the shape of a much-vaunted remedy. Early enthusiasts obtain successes in all sorts and conditions of cases: later



workers fail to repeat them—justifying the cynical advice of an astute physician that a new remedy should be given, while it cures.

The new remedy—heralded with such a flourish of trumpets, now falls into desuetude, because its exploitation has been wrong from the beginning to the end. Do we not recall hundreds of such cases? Is it not the commonest of experiences to hear that Professor So-and so is trying a new remedy in his clinic, for this and for that?

Now, logic, the grammar of science, pronounces such a method of investigation to be radically unsound. “Anything like a scientific use of this method in these . . . cases is . . . out of the question.” That is the authoritative judgment.

Still, we have our new Dreadnought on hand, and we wish to know what to do with it. Another method of investigation presents itself. A hospital physician is intent on assessing its virtues in a definite disease of which he happens to have several cases in his ward. To such patients on one side of the ward is given the new remedy: to those similarly suffering on the other side of the ward, nothing. Results are compared. Is this a more scientific method of inquiry than the former?

Not in the least. Inductive logic sweeps this aside with the contemptuous remark, “No conclusions of value on a subject of such intricacy were ever obtained in this way.” And, criticising both these faulty methods, they are “from the very nature of the case inefficient and illusory.” That is an authoritative judgment.

Is there then indeed no method of investigating the values of drugs in disease that complies with the rigid demands of the scientific jurist? There is—and only one: the classic from which I am quoting declares it the only available procedure and it is: “If we try experiments with” (a drug, *e. g.*) “mercury upon a person in health, in order to ascertain the general laws of its action on the human body, and then reason from these laws to determine how it will act upon persons afflicted with a particular disease:” this, the deductive method, is declared to be the only available method, and the authority I am quoting to you is not Hahnemann on *Materia Medica*, but John Stuart Mill on *Inductive Logic*.

Now, observe, this is not the law of similars—that is something much wider in scope.

It is an instrument by which the laws of similars is enabled to work.—*From Presidential Address of Dr. G. Burford at Eighth Quinquennial Homœopathic Congress, 1911.*

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## THE CRISIS IN NEW JERSEY.

### WATCH THE LEGISLATURE.

Editor of the HOMŒOPATHIC RECORDER.

It is high time that the new school of physicians should wake up to the fact that their craft is in danger in this State. Two years ago the allopaths tried to get a bill through the Legislature that would have put the osteopaths out of business, but we had a man in the Governor's chair who refused to be bulldozed by the old school physicians and promptly vetoed the bill. A year ago another bill was introduced by the old school by one of their number. While on the surface it appeared to be a blow at their old enemy, the osteopath, it was in reality intended to strike a *solar plexus* blow at the new school of phy-



sicians. They wanted to have a law passed that none but graduates of a *literary college* could pass the Medical Board in New Jersey. If this law was passed it would practically cut off medical students from this State to the Eclectic and Homœopathic colleges in New York and Philadelphia. It would bar out many of the poor men's sons from the study of medicine.

The osteopaths were prepared for this bill. They had influential backing. They had the *men* and they had the *money*. They hired a prominent lawyer to represent them before the committee of the Legislature.

Meanwhile, what were the new school physicians doing to oppose this bill? Dr. George C. Young, an eclectic of Washington, N. J., appeared before the committee of the Legislature and made a strong, eloquent plea for the medical law to *remain as it was*—without any of the “frills” of the old school tacked on to it.

So far as I could learn, our Homœopathic friends were conspicuous by their absence. This bill, introduced at our last Legislature, is only the entering wedge. We may expect *more* of this same thing this coming winter. What are the new school physicians going to do about it?

What the regular school want is *more power* over the *people*. They would, if they could, legislate these new school doctors out of existence, and they *will* of you *let* them do it. Personally, I am of the opinion that the osteopaths will have to be *recognized*; they are here to stay, and must be reckoned with.

Now the best thing to do, and the only *safe* plan, is for the homœopaths and eclectics to unite with the “League of Medical Freedom” and oppose all legislation that will give the old school *any more power* in New Jersey. By this plan we ensure our own safety.

Let me urge you to *unite* and fight our common enemy. Single handed we may lose, but united we shall win out. My advice to every new school doctor this winter, and every winter, is to *watch all legislation*. “The League of Medical Freedom” is well organized in New Jersey and they have the people of the State behind them. You may rest assured that *they will watch all the bills* presented at the Legislature this winter.

ELI G. JONES, M. D.

Burlington, N. J., September 20, 1911.

### THE "CASE" OF THE PHYSICIAN.

The physician and the lawyer both deal with "cases;" but while the latter has not learned to call his client a "case" (except jocularly), the former often seriously applies to his patient the word which properly signifies the given instance of disease or the given group of facts constituting the condition. The misuse of the term is an unfortunate one, not so much for the language as for the profession. The language has assimilated without disaster many more violent metonymies; but the habit of mind to which this particular figure of speech bears witness is one which works against mutual sympathy and confidence between the physician and the patient, and even against real professional usefulness. The surgeon who really thinks of his patient as a "case" is the one who is inclined to be satisfied with a mere operative recovery; the physician with the same tendency of mind is likewise inclined to be satisfied if he has demonstrated his own skill, even if he has not penetrated far enough into his patient's characteristics and circumstances to know the ultimate causes of the disease and the probability of its recurrence. Whatever the scientific attainments of a physician, there is nothing which more surely alienates the public from him than his tendency to regard his patient as a mere living illustration or embodiment of disease or injury. The physician himself may be the last to become aware of this feeling, for it is not often so adequately voiced as it was by one mother, who, exasperated by the constant reiteration of "the case," exclaimed: "Dr. —, I don't want to hear another word about the 'case.' This isn't a case; this is my baby." We suggest once more that it is well to beware of confusing the "case" and the patient.—*Journal of the American Medical Association.*

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### ACETANILIDE POISONING.

The following is a summary of a typical case of *Acetanilide* poisoning, reported by Dr. H. C. Gordinier, in *Boston Medical and Surgical Journal*, August. The patient was a woman of thirty, who first denied any drug habit, but afterwards admitted

being a heavy user of *Acetanilide*. "She complained of great weakness, palpitation, faint attacks, and shortness of breath. There was a striking cyanotic tinge of the lips, ears, fingers, and toes. The conjunctivæ were pale and cyanosed, and the skin of the whole body was bluish-black. This coloration varied from time to time, its periods of greatest intensity coinciding with an increase of the subjective symptoms. The heart was dilated, and there was a murmur of mitral incompetence. The spleen was enlarged and tender, the liver less so. An examination of the blood, at first interview, discovered an erythrocyte count of 9,200,000 per cubic millimetre, with some poikilocytosis, but no other striking change. Several years later, however, the count had fallen to 2,142,610 per cubic millimetre. The color of the blood was bluish-black. There were several points of superficial ulceration in the skin, one on the front of the left leg, another on the pinna of the ear, and a third in association with the scar of an abdominal operation. A very careful examination of the urine was made. The specific gravity was 1026; the color, brownish-red when it was passed, changing later to an inky black. It reduced Fehling's solution and yielded dextrosazone crystals with the phenylhydrazine test. The ethereal sulphates were greatly increased. There were no blood pigments, the abnormal color being due to urobilin. Glycuronates were probably, but not certainly, present. A rapid and continuous improvement began as soon as the tablets were stopped. After a period of excitement and sleeplessness the patient lost her craving for the drug and was apparently cured. The second patient was also a woman, 52 years of age. In her case there was a varying cyanosis, and both liver and spleen were tender and enlarged. The blood and urine displayed much the same changes as in the first case, and there was a similar cardiac enlargement. From his study of these cases and those recorded in medical literature, Dr. Gordinier concludes that the continuous ingestion of *Acetanilide* or allied products creates a perfectly definite syndrome of cyanosis, with enlargement of heart, spleen, and liver, a definite blood picture and characteristic urinary findings; and that there is an equally definite *Acetanilide* habit."

This, from the *Lancet*, forms a good basis for a proving of

*Acetanilide*, such provings as Hahnemann used freely when he worked up his great *Materia Medica*, which will outlive all the medical books current today.

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## THE CAUSE OF EPIDEMIC TYPHOID AND CHOLERA.

The medical world rests in its germ theory of these diseases and others akin to them, but there be those who ever and anon give it a severe jolt, as witness the following from the *Lancet* of September 2:

“The close relation existing between the contamination of drinking water and outbreaks of enteric fever is now so generally recognized and accepted as a fundamental fact in regard to the epidemiology of that disease that it comes almost as a surprise to find it called in question. It is well known, however, that a long controversy raged between the ‘localization theory’ of Pettenkofer and the contagionist view of Koch and his followers. Pettenkofer maintained that the morbidity and mortality from enteric fever in Munich rose when the ground water was at a low level, and, further, that the typhoid poison was not capable of communicating the disease until it had undergone changes in the soil. We have received a copy of a pamphlet by Dr. R. J. Beck, in which this controversy is reopened. It forms one of a series published in commemoration of the fiftieth anniversary of the enunciation of Pettenkofer’s view. It is prefaced by a note from Professor Emmerich, who is a keen supporter of the localization theory. He maintains that a bacillus carrier is not dangerous without definite local conditions of the soil, and states that the typhoid and cholera bacilli are so weakened by their passage through the alimentary canal that they can produce little or no pathogenic effect. Dr. Beck reviews the conditions in certain epidemics of enteric fever occurring in Germany, Hungary, and Southwest Africa, paying attention both to considerations of drinking water and to climatic conditions at the time of the epidemic. He claims to have proved that in none of them was a close relation between the epidemic and infection of drinking

water established, whereas in all there was a close relation between the climatic conditions and the beginning and end of the epidemic. He found that the outbreaks of enteric fever were regularly preceded by a dry period, *i. e.*, a period of diminished rainfall, varying from 3 to 21 weeks, and that with equal regularity the epidemic ended three weeks after heavy rainfall. He, therefore, urges that in every epidemic the conditions of soil, rain, dryness, and ground water should be considered as well as the question of drinking water. We cannot but feel that, like the earlier supporters of Pettenkofer's theory, Professor Emmerich and Dr. Beck are inclined to underestimate the importance of the typhoid organism and to exaggerate that of the soil and ground water; at the same time it is easy to go to the other extreme, and Dr. Beck's observations may serve to draw attention to the many-sided nature of the problems."

As our older readers may remember, Pettenkofer had the courage of his convictions, for at the time of the cholera epidemic at Hamburg, about 20 years ago, he and three or four of his friends drank water into which they had put millions of the cholera bacilli—the *coma bacillus*, said to be the sole and only cause of the disease—without any inconvenience. There are still very many things concerning the origin of disease that are as dark as Erebus.

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### THERAPEUTIC POINTERS.

"Plague take the doctor who talks about remedies being 'suitable to men' or 'women,'" writes E. P. F., in *Homœopathic World*, who, in relating his experiences, once hesitated to give the indicated remedy to a male because the books said it was a "female" remedy.

Here is a quotation from "A Memoir" of the late J. J. Garth Wilkinson, that is illuminating, though not exactly coming directly under the heading "Therapeutic Pointers." In a letter to his father he writes, "My practice has increased beyond expectation; it seems going on rapidly to £2,000 a year. Homœopathy into which Emma compelled me has, for the first time, caused me really to love my noble profession."



We are told of several cases lately of men who had lost their sexual power, regaining ability by taking the *Physiological Tonicum*. In one instance the regained ability has held good for two years. This is given "for what it is worth." Our informant evidently thoroughly believed in it.

Dr. B. Kaufman, Mayorsville, Cal., (*N. Y. Med. J.*, August 19), tells how, when attending a diphtheria patient, he injected himself with 500 units of diphtheria antitoxin as a prophylactic. Some months later he gave himself another injection of the same thing with the result that his arm swelled to three times its normal size; there was intense pain, nausea and urticaria. This lasted for four days, but left no "obvious effect." "Never again," seems to be the proper motto for this sort of thing.

In an address before the International Congress of Physiology, at Vienna, Professor of Physiology at the University of Paris, Charles Richat, said: "The blood and humors of a person vaccinated ten years ago differ from the blood and humors of a non-vaccinated person." \* \* \* "Every illness, every intoxication, has caused the formation, perhaps the destruction, of a certain substance in the blood, and has left its natural trace which is not effaced by years." *British Jour.*, October, 1910. Elsewhere, he states that every injection leaves its trace. Something to think about!

When at a stand-still in heart cases do not be afraid to "try" *Cratægus ox.* in 5 drop doses of the tincture. It is not a poison like *Digitalis*, *Nitro glycerine*, etc.

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## BOOK REVIEWS.

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THE CARE, FEEDING AND HOMŒOPATHIC TREATMENT OF CHILDREN. By William Boericke, M. D. Second edition. 219 pages. Cloth, \$1.00. San Francisco. Boericke & Runyon Company. 1911.

This is a charmingly practical book that will be a blessing to every mother who consults it for advice, and, indeed, we fancy there are not a few doctors who could glean many a useful pointer from its pages. For instance, we quote: "*Aconite*,

again, is capable of displacing most of the modern drugs so freely given by the old school for fever and pain. In this category, the various coal-tar products, like *Aspirin*, *Antikamnia*, *Phenacetin*, etc., are frightfully abused. Especially is this true in the treatment of diseases of children, where we should ever be on our guard against drugging of all kinds." It is a useful book.

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POULTRY SENSE. A Treatise on the Management and Care of Chickens. Including the Treatment of the More Common Diseases. By J. P. Pursell, M. D. Cloth. 123 pages. 75 cents. Published by Dr. James P. Pursell, Sellersville, Pa. 1911.

This modest little publication probably would not have attracted more than a line or two of notice had not we had the pleasure of an accidental meeting with the author—when you meet a man who has done a piece of work you can often judge the work better by that meeting. Dr. Pursell, as we find by reference to "Polk's," is a graduate of "Hahnemann, 1888, Chicago," and was for a time connected with the great homœopathic hospital at Middletown, N. Y. For reasons needless to go in to he moved to the country and then became interested in the breeding of chickens, bringing to bear on the subject years of medical training. This resulted in the book under consideration, and we believe it to be one of the best practical books on the subject obtainable, for the author is an enthusiast on the subject. It is full of all-round information, told in a few words, and the burden of it is, that it is better to prevent sickness among your fowls than to cure it. If the author should ever get out a second edition we would suggest that a good index would add to the value of the book.

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## EDITORIAL BREVITIES.

MENTAL STRABISMUS.—The question that so often crops up in one form or another, "Has not Homœopathy fulfilled its mission?" betrays, it seems to some, a state of mental strabismus—shows that there is something wrong with the questioner's mental optics. It would be just about as owlish to ask if bread, or any other necessity of life, had not fulfilled its mission.

Those who ask this question point out the fact that allopathy has given up bleeding, purging, salivating and many other evil doings, but they do not see that the mission of Homœopathy is not to patch up, or reform, chaotic old physic, or cock-sure new and untried physic, but simply to heal the sick. When there are no more sick human beings Homœopathy no longer will be needed, but not until then.

AND AFTERWARDS?—An esteemed contemporary heads a little note, "A preventable disease causes 650,000 plague victims for half a year in India." Presumably, if the inhabitants of the densely populated regions of the oriental world would introduce modern sanitation, build filtration plants and eat nothing but good food there would be no epidemics among them of the character prevailing for centuries, but afterwards? It is said that those who survive in a pest swept region say that "whereas we were starving, now we have plenty." It is not well for the occidental man to become hysterical over certain things in the Old Eastern World, for he is getting there himself, with incipient caste, "increased cost of living" and gorgeous potentates. Not this gen-

eration, but possibly others in the not very distant future may see strange things here in the struggle for subsistence.

DEATH.—In a review of *Death: Its Causes and Phenomena*, a book by a member of the American Society for Physical Research—"Graham Hood"—we find the following definition of "death" given by a learned European doctor, namely, Rabagliati: "Natural death is the departure from the body of anthropinobio-dynamic. \* \* \* The immediate cause of human natural death is nearly always such a choking up of the human house of life by excessive exercise of tropho-dynamic, *i. e.*, polysiterism, kako-siteism and pollaki-siteism and polypotism, that anthropinobio-dynamic is compelled to leave the body, as it is no longer a fit house for life."

TRUTH?—"The history of medicine is, to a large extent, a record of doctrines crumbling away at the touch of new truth, and of facts laboriously piled up into formulas, and pulled down by later knowledge, like the blocks in a child's toy." So wrote the editor of the *British Medical Journal*. It seems, to some at least, that truth that crumbles away, and facts that are pulled down must have been misnamed. Truth cannot crumble away, else it is more worthy to be called theory, which is not necessarily true even though sometimes thought to be so. Seekers after truth ought to get out of the notion that each succeeding theory, or ill-grounded fad, is necessarily a "step in advance."

ENGLISH HOSPITALITY AT THE INTERNATIONAL CONGRESS.—"In fact, there was so much of entertaining and so many excursions that many of us felt sure our English friends had read of California's prodigious hospitality to the Institute last year and had determined to not only rival it, but to excel it. At any rate, the small, but enthusiastic and energetic, band of Englishmen who organized this Congress and pushed it to a successful completion have so beautifully and royally entertained us that we go to our respective homes—all the way from the Pacific coast of the United States to far off India—with hearts full of gratitude and with memories inscribed with ineffaceable recol-

lections of a glorious visit to London."—C. E. Fisher, in *Jour. A. I. H.*, September.

ASPIRIN.—It is headed, in the *Lancet* of September 9, "Note on a toxic effect of *Aspirin*. By Alexander Brown, M. B., Lond., M. R. C. S., Eng., L. R. C. P., Lond.," and this is the gist of it: "Several years ago I was called at night to see a man to whom I had that day prescribed tabloids (10 grain doses) of *Aspirin* for rheumatic fibrositis of the shoulder muscles. I found him pacing his bedroom in a state of great alarm and presenting an extraordinary appearance. His face was bloated so as to be hardly recognizable, the lips were immensely swollen, the palpebral fissures were closed owing to œdema of the lids, the tongue was so enlarged that it could not be protruded, and he was unable to articulate. Large dusky wheals of urticaria covered the thorax and arms. The condition had developed suddenly. After some hours, during which I remained with him, giving him ice to suck and sips of cold strong infusion of tea, the condition subsided sufficiently to enable me to see his fauces, which were œdematous and dusky. All medication was stopped, and by next day the patient had recovered."

Later cases of a similar nature showed that the condition was really due to *Aspirin*.

CURE WANTED.—A doctor writes to Taylor's *Medical World*, September issue, asking for a cure for an ulcer, caused by an injection of "606," which "refuses to heal." Yet, probably, the next exchange picked up will learnedly laud this patent drug as a great achievement of modern medicine. After watching the fate of many similar things, worked out in the laboratory, theoretically beautiful and wonderful scientific products, we have come to the conclusion that the more laboratorially scientific a remedy is the more it is to be dreaded by the patient.

"A TRIUMPH OF PREVENTIVE MEDICINE."—That is what the *Journal A. M. A.*, August 26, terms the health record of the troops stationed on the Mexican border this year. Camping, living in the open air, in a healthy, dry region, is in itself a



health measure, and, given good food and water, there is no reason why any camper should be ill. The troops seem to have had the best sanitary arrangement and in consequence there were no cases of typhoid among them, only 11 cases and 1 death among the "sanitary troops." Naturally, the average man would credit the sanitarians with this fine record, for he would reason that, where there was no cause there could be no fever, but our esteemed contemporary, while admitting the value of this work, says: "It is clear that the medical officers attribute their triumph over typhoid fever to the method of immunization by the injection of dead cultures of the typhoid bacillus." Every man has a right to hold any opinion he pleases, and no one cares much what it is, save where the opinion holder has the power to enforce it. Judging from the past, typhoid inoculation will be enforced in the future, yet it is a safe 5 to 1 bet that had the same conditions prevailed on the Mexican border that obtained in the Spanish war there would have been as much typhoid, and probably in a more fatal form, for it is contrary to reason to believe that dead typhoid bacilli in the blood produce bodily vigor.

A DEARTH OF NEW REMEDIES.—According to Professor Biderfeld, in the *Deutsche medizinische Wochenschrift*, there is a marked stagnation in the discovery of new remedies at present; so serious has this become that a firm of German chemists has advertised in a medical weekly to pay physicians for ideas suggesting new forms of medication. This cessation of the advance in medicine is a grave matter.

A KNOCK ON THE WORLD.—In a review of "Three Thousand Years of Mental Healing" (Scribner's), the *Journal A. M. A.* says: "When one has read this book one will be forced to acknowledge that with all our boasted civilization, with all our education and intelligence, the average human being of today is just as susceptible to imposition, just as easily led astray, and just as superstitious, as was the average human being one, two or three thousand years ago; also that ordinary common sense and logical reasoning are as foreign to the modern individual

who is carried away with some fad or fancy that is cloaked in mystery or befogged with the supernatural as they were to the individual human being one thousand years before Christ." It looks as if each age considered itself "the greatest ever," while in reality there isn't much difference, and probably Hippocrates (if he could slip past "the board") might practice today in a manner quite acceptable to the public.

TATTOOING AGAINST SMALLPOX.—A layman writes the editor of the *Lancet* inquiring if tattooing will act as a protection against smallpox. He says that in an English regiment stationed in Burma the officers encouraged the soldiers to be tattooed because the regimental doctor said it was a protection against the disease, as efficient as vaccination. To this inquiry the editor replies: "The notion that tattooing is protective against smallpox is, of course, absurd." It would be interesting to put the editor and the regimental doctor on the stand and ask the one on what grounds he pronounces the tattooing to be a protection, and the other what is his authority for pronouncing it "absurd." Probably, the editor never heard of the practice before but, as is the case with the craft, didn't want to admit ignorance on any topic. For all that, however, he is probably right in his answer. The English doctors have begun to thresh this question in letters to the *Lancet*, and will not cease until the matter is well ventilated. It is a good habit, just as good as discussing any subject at a society meeting. American doctors ought to adopt this practice of communicating their ideas to their medical journals on topics of general interest that come up.

"THE SUN IN POISONOUS DOSE."—European medical journals are speculating on the subject as to whether too much sunshine is not a poison, or at least the cause of evil. One of them, the *Lancet*, says that under too much sunlight the white race becomes neurasthenic and breaks down. "The wide-spread discontent of the laboring classes reached an acute stage during a period of excessive and intense light, which promises to break all existing records. Have the forces of the potent sun, consequent upon a long period of chemically active sunshine, altered

the energies of the body and mind of the workers, as in the case of the would-be colonizer in the unsuitable tropics? In an admittedly bad state of affairs, has an overdose of sun proved a poison?" Well, here is another cause for worry by those so inclined, but it has this one good feature—it ought to allay the fears of timid scientists—if such they be—who prate of a "dying sun."

WHAT THEY DO, AND DO NOT KNOW.—"What do the clinicians of today—even the most learned—know of respiration? Next to nothing! And this little is mostly wrong. If a patient pants for breath do not most of them order as many gallons of oxygen as his purse will allow to be blown off somewhere in the neighborhood? As well might they burn so many Chinese prayers printed on rice paper—except that it is profitable for the concern that supplies the oxygen. If, on the contrary, a patient's respiration is failing, oxygen may likewise be ordered; and a grim humor attaches to the fact that this oxygen, in order to comply with the requirements of the Pharmacopœia, has been carefully freed from every trace of carbon dioxide—the one substance which might act for a time to restore the respiratory center to its normal activity. Great is the medicine of today in its knowledge of man's parasites; great in its acquaintance with the appearance of his tissues after he is dead. But do we not lack an adequate comprehension of the functions of man himself, and a control of the working of the machine while, although somewhat damaged, it is still a 'going concern?'"—*Yandell Henderson, Chairman, section on Pathology, Los Angeles meeting, A. M. A.*

"THE USE OF SALICYLATES IN RHEUMATISM."—Sooner or later all the wonderful things of our scientific "regulars" begin to trouble them. Dr. Alexander Lambert, of New York, opens a paper under the above heading, read at the Los Angeles meeting of the *A. M. A.*, as follows: "We frequently hear dissatisfaction expressed concerning the treatment of rheumatism with *Salicylates*." They act beautifully at times, but——. Even *Aspirin* (which we heard lauded at Narragansett) "has been very disappointing." In big doses, or in little doses, the story too

often is the same—a disappointed patient, and doctor. Why? The “why” to a homœopath is plain—they do not know what symptoms the various *Salicylates* will produce on the healthy human being and, consequently, use the drugs at random—unscientifically, and will continue to do so until the law of similia is brought to their aid.

KLEPTOMANIA AS A CURE FOR CONSTIPATION.—M. Pierre Janet, a French writer on Psychology, has a theory that, in many cases, kleptomania is a sort of mental stimulation for those who habitually are depressed, and that these indulge in the practice for this reason though not aware of it. In support of this theory he tells of a woman in good social standing who was literally caught with the goods on her and a room full besides at her home. For years she had suffered much from an obstinate constipation, feeling of “a veil about her head,” “a layer of cotton on her brain,” furred tongue, fetid breath and great mental depression. These attacks would last for months with intervals of the normal. During one of these attacks she went shopping with a friend and selected a few trifling articles, but could not at once attract the attention of the salesman; finally the idea of how easy it would be to walk off with them entered her mind and this gave her a certain brace and mental excitement that was very agreeable. She walked off with the intended purchases, and, afterwards, with many others of no value to her, which were afterwards found in her rooms. During these proceedings, and from the first theft, her constipation and mental depression vanished. When detected she was not prosecuted, acknowledged all, and returned to her normal moral state, but with it the old trouble returned in full force. That is the story succinctly told. That woman needed the *simillimum*, which might have been *Aurum*?

J. C. BURNETT.—“Burnett’s books are live books, and they are doing a tremendous work at the present day. They are all on the lines of widening the scope of Homœopathy, and always remain true to the homœopathic standpoint. Burnett’s work has become so much a part of present day practice that few

practitioners realize when they are using the proceeds of his labor. The work he has done in developing the indications for the use of drugs as organ remedies—*Quercus*, *Ceanothus*, *Fraxinus*, *Scilla*, *Succinum*, *Thlaspi bursa pastoris*, *Urtica urens*, *Urea*, *Uric acid*, *Cholesterinum*, and a hundred other remedies of the *Materia Medica*—remain to testify. Then, again, the nosodes owe to Burnett a larger field and newer uses. Burnett was himself a courageous prover and he proved the nosodes as well as other drug-powers. One of the greatest generalizations ever made was his discovery of the value of *Bacillinum* (or *Tuberculinum*) for many manifestations of the consumptive taint—or as he called it—consumptiveness. In the same way he used with signal success the nosodes of cancer, not only in cases of actual cancer, but also in conditions of ‘cancerousness’—or ‘cancinosis,’ as I suggest it might be called.”—*Dr. J. H. Clarke, Jour. A. I. H., September.*

THE “WHITE PLAGUE” VS. THE —? PLAGUE.—“Cancer and other malignant tumors have destroyed nearly as many lives as tuberculosis, during July 1,064 deaths being charged to this cause.”

“Measles has decreased in the number of reported cases from last month, although 95 lives were blotted out by this so-called mild disease, while the dreaded small-pox is not credited with a death.”—*Monthly Bulletin, N. Y. State Department of Health.*

This is curious, is it not? The old time scourges are gone, save for flitting visits here and there of isolated cases, but more grisly things have taken their place. The old scourges were the out-growth of filth. What is the cause of the modern and worse scourges which are far more fatal—almost death warrants?

A FAR-REACHING PROPOSITION.—We are in receipt of a circular letter sent to the secretary of the various examining boards from Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania, stating, among other things, the fact that “The large maternity hospitals of the country receive every year a number of unfortunate women in childbirth, fatally injured by inadequate or unskillful medical attendance, and the infant is usually destroyed with its mother. These tragedies, there-



fore, must be comparatively frequent throughout the country." Therefore, "In view of these facts, would you kindly submit to your board the inquiry whether the time has not arrived to act in accord with the practice of the older civilized states of the world in demanding of an applicant for a license to practice medicine evidence of practical training in obstetrics?"

This training is to consist in actual experience with a number of cases which, in some countries, reaches forty. While it is desirable that every graduate in medicine should be thoroughly skilled in his profession, is it practical? Also, may not the other specialists—the gynæcologist, eye, ear, throat, stomach, nerve, surgery, and the rest—make, on the same general ground, a similar demand?

And, finally, why should not the general practitioner rise up and demand that every specialist should be called upon to show his qualification as a skilled all-round man before he be permitted to go in for any particular branch, for is not the whole dependent on its parts and these all intimately related? The true physician is like the poet—born, not made. An intelligent undergraduate with a love of relieving the sick is better fitted to go out in the world and practice than are some who might spend years in hospitals merely following the routine they happen to have been taught.

If Dr. Hirst could discover some way of weeding out the naturally unfit in the freshman class, he would do more for the good of the public than all the examining boards ever have done or will do.

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### NEWS ITEMS.

Dr. Chas. C. Curtis has given up his office at San Pedro, and removed to Inglewood, California.

Dr. W. W. Sherwood has removed from 3517 Cottage Grove avenue to 1052 E. 43d street, Chicago, Ill.

The veteran Dr. Edmund Carleton has removed to 834 West End avenue, Southeast corner 101st street, New York City. It is hoped that the doctor's work, which will be akin to Jahr's *Forty Years Practice*, will be out before long. It will be a mine of *practical* experience.

## PERSONAL.

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The labor problem is nearly always acutely chronic in the kitchen.

The penny goes to church oftener than the \$.

The liquidations of stock brokers are often settled by matching for who pays.

"Stand by your journals!" Arndt, Field Secretary.

Trusts busted—and prices boosted!

When nature puts the kibosh on eating there is a reason.

There is only one way of doing certain things.

As a rule, the New-Thoughter knows nothing of the old thought.

With the greater part of mankind "progress" and "something new" are synonymous.

A girl with flossy hair contemplates a woman's mummy—it's only a question of time!

"Is a man a developed monkey?" Mary.

"Lienomyelomalacia" is defined as "splenomyelomalacia."

• Poets must pay too close attention to rhythm and metre to have very deep feelings—popular opinion to the contrary.

Starting out with a big "wad" one feels generously expansive; but as the wad diminishes things are different.

What did you do with all your money before you bought that car?

"The syphilitic parent is a curse and should be exterminated." *Ex.* How? By shooting, hanging or the electrical chair.

"I did not suffer from cinesia," proudly remarked the learned doctor, on the return from his trip.

"Those who can, do; those who can't, criticise."—*The Fra.*

Those who can, do those who can't. Criticise.

Those who can, do those who can't criticise.

According to Pfluger life in its last analysis is cyanogen—blue. So ware "the blues!"

The highest priced lawyer often is the one who shows you how to beat the law.

What a rooster doesn't know isn't worth knowing—in his estimation.

One secret a woman can keep is her age.

Salvarsan is the most wonderful of remedies according to M. D. reporters, but *only* in the hands of an expert of experts.

"What can a man lose after his reputation?"—*Am. J. of Derm.* Why his cash, his wife, his life, etc.

Of what avail to "swat-the-fly" while the dung heap remains?

# THE HOMŒOPATHIC RECORDER

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## SOMETHING FOR MEN WHO ARE DIET SPECIALISTS.

The following quoted from that now rather rare volume, Dudgeon's *Lectures on Homœopathy*, is, at least, interesting. You will find it, if fortunate enough to possess a copy, on page 548.

"Hahnemann early set his face against the pedantic rules of the would-be scientific dietists, and in an admirable little popular paper, published in 1792, he argues very sensibly that the instincts of the stomach are to be attended to for the regulation of the food to be put into it, both in health and disease. He distinguishes carefully betwixt the true natural instincts of the stomach and those perverted and depraved desires that are incident to the victim of over-indulgence and gluttony. He laughs at the idea of any standard or normal system of diet for all, even those in health, and on adapting the diet to the constitution and digestive powers of each individual."

"A few years later he again refers to this important subject, in an essay addressed to his professional brethren. He again ridicules the attempt to fix upon a standard system of diet. 'A universal diet,' he says, 'like a universal medicine, is an idle dream.' He illustrates the folly of a too strict system of diet by two cases, which it is worth while to read to you. 'I once,' he writes, 'knew an ignorant practitioner prescribe such a severe diet to a healthy young woman after a favorable first labor that she was on the eve of starvation. She held up for some days under this water-gruel diet—all meat, beer, wine, coffee, bread, butter, nourishing vegetables, etc., were denied her, but at last she grew excessively weak, complained of agonizing after-pains, was sleepless, costive and, in short, dangerously ill. The med-

ical attendant attributed all this to some infraction of his diet rules. She begged to be allowed some coffee, broth or something of the kind. The practitioner, strong in his principles, was inflexible—not a drop! Driven to desperation by his severity and her hunger, she indulged her innocent longings, drank coffee and ate in moderation whatever she fancied. The practitioner found her, at his next visit, much to his surprise, not only out of danger, but lively and refreshed; so he complacently noted down in his memorandum book the excellent effects of slop-diet in the confinement of lying-in women. The convalescent took good care not to hint to him her very natural transgressions of his rules. This is the history of many, even published, observations.’”

We will not quote the other case, which was one under Hahnemann’s own care—a patient who had been strongly addicted to brandy was taken very ill; she did not progress as well as he liked under his prescriptions and restricted diet. Later he was told that his services were not needed, as the patient had recovered. He afterwards discovered that she had discarded his treatment and taken that of a quack who, it seems, prescribed brandy for everything. “To my astonishment, I saw her pass my window a few days afterwards, perfectly recovered.”

All this reminds us of a case related to us. It happened many years ago. A woman, after child-birth, was very ill, and under the care of one of the pioneer homœopaths whose name is still remembered. She had a desperate longing for raw tomatoes, then in season, and for coffee. The doctor positively forbid both; patient said she must and would have them; doctor replied that she should not die under his care and wrathfully gave up the case. The woman took both and from that time made what is commonly known as an “uneventful recovery.”

All of this, and much more of a similar tenor, seems to show that patients need to be “individualized” as much in diet as in medicine. That as Hahnemann wrote: “A universal diet, like a universal medicine, is an idle dream.”

## INDICATION FOR REMEDIES IN CONSTIPATION WITH REPERTORY.

By Dr. M. L. Deb, Lucknow, India.

- Abies Can.*.—Burning in the rectum, dyspepsia, mouth dry, gnawing hunger, irritable temper.
- Abies nigra.*.—Gastric derangement with sensation of an undigested substance sticking at the cardial extremity of the stomach.
- Acid nitricum.*.—Constipation painless lasting several days when stools are dry, hard, like sheep's dung and scanty. Obstinate constipation. Burning in the rectum, feeling as if stool stayed in the rectum and could not be expelled. Piles, fissures in the rectum.
- Aconite nap.*.—Constipation with fever.
- Æsculus hipp.*.—Constriction and pricking sensation in the rectum and anus, the pains extending to the back. Dry, hard, knotted stool passed with difficulty. Piles, prolapsus of the rectum.
- Æthusa cyn.*.—Most obstinate constipation, loss of appetite, milk disagrees, painfulness in both hypochondria.
- Aloe.*.—Constant urging to stool, but passing small quantities and sometimes only a few drops of blood. Constipation of large eaters. Soreness and heaviness of the rectum.
- Alumen.*.—Constipation, stool hard, dry, knotty like marbles, scanty, a great deal of difficulty in voiding the stool and at long intervals, once or twice a week, the rectum being powerless to expel the feces, often attended with soft feces. Long lasting pain after each stool.
- Alumina.*.—Complete inactivity of rectum, even soft stool like glue expelled with difficulty. Constipation in those prematurely old, the feces being dry, hard and knotty; the rectum is sore, dry, inflamed, bleeding in nursing children. It acts least in aged persons, and girls at puberty.
- Ammonium carb.*.—Difficult stool, delaying hard stool, discharge of blood during and after stool. Protrusion of hæmorrhoids after stool.
- Ammonium mur.*.—Stools hard and crumble, and great effort is



required to expel them. Much flatus and distension of abdomen. Feces are covered with a glairy tough mucus.

*Anacardium or.*—Frequent desire for stool, but no evacuations, the rectum being powerless to expel them. Difficult passage of soft stool. Sensation of a plug in the rectum.

*Aletris farinosa.*—Extreme constipation of women who, in addition to uterine trouble, have extreme constipation, great effort being required to effect an evacuation from the bowels. Indigestion.

*Antimonium crud.*—Alternate diarrhœa and constipation, especially of old people. In constipation excessive flatulence, stools watery or white, hard and dry lump, which looks like undigested curd. Difficult discharge of white fæces.

*Arnica*—No urging, inactivity of rectum, stool hard, insufficient.

*Apocynum can.*—Sinking in the pit of the stomach, great thirst, but water disagrees.

*Aurum.*—Hard, knotty, and large stools; costiveness worse during menses, piles.

*Belladonna*—Costiveness, hard, scanty stool, constant ineffectual urging, small diarrhœic stools. Involuntary stools. Ascariides.

*Berberis.*—Constipation from constriction of the anus, hard stools like sheep's dung, much straining, fistula recti, vertigo, headache.

*Bryonia.*—Gastralgia, flatulence and vomiting of sour mucus, epigastrium sensitive to pressure. Chronic constipation. In typhoid, gastric, bilious and typhus fevers there are dry stools or diarrhœa with great thirst. Constipation from bowels being inactive, there being a lack of intestinal secretion. Stools large, hard, dry as if burnt, dark-brown or black.

*Carduus mar.*—Pain in the region of the liver stools hard and knotty. Constipation alternating with diarrhœa.

*Cascara sagr.*—Constipation with foul breath.

*Cascarilla.*—Chronic diarrhœa alternated with constipation. In constipation stools are hard, knotty and lumpy and are covered with mucus; flatulence in the rectum. Pale, red

hæmorrhages from the bowels, the blood comes from disease of the blood vessels.

*Causticum*—Chronic constipation, frequent ineffectual urging to stool. Solid evacuations expelled with difficulty, stool comes off in pieces, at last soft.

*Calcarea fluorica*—Inability to expel fæces due to the relaxed condition of the rectum. This is frequently met with after confinement.

*Calcarea phos.*—Hard stool, with occasional pieces of albuminous mucus, headache and vertigo.

*Calcarea carb.*—Hard, large, partially undigested stools; after stool feeling of faintness; oozing of a fluid from the rectum.

*China.*—Large accumulation of feces in the intestines, difficult stool, even when papescent.

*Conium*—Frequent urging without stool, or a small quantity is expelled at a time. Dizziness when turning in bed.

*Chelidonium*—Bowels constipated, stools hard like balls, icterus; constant dull pain under lower and inner angle of right shoulder blade, vertigo.

*Carbo ani.*—No urging, stool very hard passed without much difficulty and streaked with blood; stool scanty and passed in pieces; thinks to defecate, but only passes wind.

*Carbo veg.*—Ineffectual urging to stool, only wind passes, piles; difficult, not hard stool with violent urging with tingling in the rectum; feces discharged in fragments which are tough and scanty. Constipation of an obstinate nature, fullness and weight in the bowels, rumbling in the bowels.

*Cocculus.*—No urging; hard stool every other day, or every three or four days; ineffectual urging, burning in the anus.

*Collinsonia*—Constipation during pregnancy and in connection with uterine disorder. Piles; throbbing headache and fulness in the head. Congestive inertia of the bowels, weight and pressure in the rectum. Stools hard, light colored with pain and flatulence. Prolapsus ani.

*Colocynthis.*—Frequent urging to stool without any evacuation due to torpor of the whole intestinal canal; stools not particularly hard.

- Dolichos*.—Distended abdomen, dark colored stool, itching of skin.
- Euphorbium*.—Torpidity of bowels, hard stools with difficult evacuation, stool like glue.
- Ferrum*.—Intestinal atony, stools hard and difficult. Diarrhœa, also constipation. Dyspeptics addicted to masturbation; fulness of epigastrium and rumbling of flatulence. Ineffectual urging to stool.
- Ferrum phos*.—Constipation owing to heat in the lower bowel or rectum causing hardening of the feces. Stools hard, piles. Fever.
- Graphites*.—Chronic constipation, stools large, hard, in lumps, sticking pains in the anus. Abdomen distended with gas. Sometimes the stools are knotty and a quantity of mucus.
- Gratiola*.—Diarrhœa and constipation. In constipation, burning in the rectum during and after stool.
- Hydrastis*.—Constipation, headache, piles. Constipation from inertia or congestion of the lower bowels due to sedentary habits, or purgatives. Pain in rectum and anus. Tongue moist, yellow colored, eyes sunken, dark rings around them.
- Hepar sulph*.—Obstinate constipation from a congested condition of the rectum. Piles. Sour, whitish diarrhœa. Bowels usually constipated. Urging to stool ineffectual, though the feces are not abnormally hard.
- Ignatia*.—Flatulence, constipation with frequent, unsuccessful desire for stool. Sensation as of a plug in the rectum.
- Iodine*.—Desire for stool without evacuation, which takes place after taking some cold milk. Stools hard, knotty, dark colored. Constipation, alternating with diarrhœa.
- Kali bich*.—Habitual constipation, stools scanty, painful retraction of the anus.
- Kali carb*.—Frequent unsuccessful desire for stool, insufficient stool, feces large-sized from inactivity of rectum. Severe cutting in the anus.
- Kali mur*.—Costiveness,, light-colored stools from torpidity of the liver and want of bile; white or grayish-white coating on the tongue. Eyeballs are protruded.
- Kali phos*.—Stools dark-brown, streaked with yellowish green mucus. Paretic condition of the rectum and colon.

*Krameria*.—Constipation, stools hard and evacuated with great strain.

*Kreasotum*.—Constipation in morbid dentition.

*Lachesis*.—Diarrhœa and constipation. In constipation the anus feels constricted; stools enormously large and painful. Constipation of years' standing.

*Lycopodium*.—Imperfect digestion, much loud flatus and croaking in left hypochondrium; obstructed flatus, itching eruptions at the anus, tympanitic distension of the abdomen. Abdominal plethora with constipation in elderly people of the higher class, chronic constipation. Red, sandy deposit in urine.

*Magnesia carb.*—Frequent ineffectual urging to stool with small discharges or only flatus passes, stitches in the anus, fruitless desire for stool.

*Magnesia mur.*—Obstruction of bowels from induration of feces, which are so dry that they crumble as they pass the anus. Stools hard, knotty, difficult, insufficient. Pricking pain in the rectum as the stool passes. Atony of bowels and bladder.

*Melilotus alba*.—Constipation, the passage is difficult and painful, the anus feels constricted. No desire for stool till there is a large accumulation.

*Mercurius viv.*—Stools white and offensive; loss of appetite, much flatulence, hard stools in balls.

*Mezereum*.—In sluggish bowels give mother tincture. Hard, slow stools in knots and balls with great straining, but not painful. Copious offensive flatulency before stool, during stool prolapsus ani.

*Nabalus albus*.—Dyspepsia, bowels constipated, stools hard and attended with pain.

*Natrum carb.*—Constipation in sad and hypochondriac persons. Stools which are difficult and which fissure the anus, are dry and crumbling, and are expelled with great difficulty. Water brash; dull, heavy headache.

*Natrum phos.*—Constipation of infants with occasional attacks of diarrhœa. In large doses it is an excellent laxative.

*Natrum sulph.*—Hard, knotty stools, sometimes streaked with blood. Difficult to expel soft stools. In massive doses it

acts as a cathartic. Emission of fetid flatus in large quantities.

*Nux moschata*.—Constipation for days, there being no desire, and the rectum becomes filled, but is unable to expel the feces.

*Nux vomica*.—Constipation due to irregularity of the peristaltic action of the intestines. Constant ineffectual urging to stool. Pain after least food. Prolapsus or stricture of anus. Large hard feces. Action of the bowels irregular and spasmodic. After use of purgative or rich food.

*Opium*.—Constipation of long standing; no urging; round dark balls after long intervals. Dryness of the intestinal canal and mouth; spasmodic retention of feces and flatus in small intestines, which press against the chest. Constipation of children and corpulent women, abdomen distended. Complete inactivity of bowels, no desire for stool.

*Petroleum*.—Stools hard, difficult, lumpy and scanty or loose, slimy with bloody mucus; fissures of the anus.

*Phosphorus*.—Inveterate constipation with disappointing calls, feces are slender, long, narrow, dry, tough and hard; sour vomiting, much belching. Absence of bile.

*Phytolacca dec*.—Constipation of aged and feeble persons, ulceration of the rectum, fissure and prolapsus of the anus; habitual constipation, torpor of the rectum. Continual inclination to stool, but often passes only fetid flatus.

*Platinum*.—Constipation of emigrants or while traveling; frequent urging with expulsion of only small portions of feces, with great straining; inertia of bowels, frequent ineffectual urging; stool like glue, which adheres to the anus.

*Plumbum*.—No flatus, fissures in anus, stools small, hard black balls, like sheep's dung, and passed with difficulty. Spasmodic constriction of anus.

*Podophyllum*.—Infantile constipation after an attack of diarrhœa; constipation in persons of sedentary habits; stools hard, dry, clayey, crumble when passing.

*Psorinum*.—Torpor of the rectum, even a soft stool is voided with difficulty; blood from the rectum with hard, difficult stool.

*Pulsatilla*.—Chronic constipation from irregular menstruation;



inactivity of the intestine whether stool is hard or soft. Constipation in pregnant women or following the abuse of *Cinchona*, stools large, hard. Alternate constipation and diarrhœa.

*Ruta grav.*—Hard, scanty stool, frequent urging, protrusion of rectum, copious flatus.

*Sanguinaria.*—Urging, but no stool; sensation of a mass in the rectum, discharge of offensive flatus.

*Sanicula.*—No power to expel the stool; stool must be extracted with finger.

*Sarsaparilla.*—Obstinate chronic constipation with intense desire to urinate; stool small, much bearing down.

*Selenium.*—Atony of the intestines; impaction of feces, which become hard and dry.

*Sepia.*—Constipation of females; stool hard, knotty; difficult prolapsus recti.

*Silicea.*—Feces are partially expelled, but suddenly recede. Even a soft stool is expelled with difficulty.

*Strontiana.*—Stools large and hard, expelled with great effort. Continuous urging. Pain in anus.

*Sulphur.*—Habitual constipation. Constipation alternating with diarrhœa. Stools hard, knotty; dry, as if burnt. They are large and cause pain. Burning of soles of feet at night. Difficult, insufficient stool.

*Tabacum.*—Desire for stool without any evacuation; habitual constipation.

*Thuja.*—Obstinate constipation, inactivity or intussusception; hard, thick and knotty balls; ineffectual desire for stool. Fissure and constriction of the anus.

*Veratrum alb.*—Constipation of infants, inertia of rectum, stools very large and hard.

*Verbascum.*—Knotty stool, like sheep's dung, passed after much effort; pain about navel.

*Viburnum opulus.*—Stool large; hard, dry balls; voided with much difficulty; dark blood after stool.

*Zincum.*—Dry, brittle, granular stool passed after prolonged effort.

### Repertory.

- Alternate Diarrhœa and Constipation.—*Ant. c.*, *Ars.*, *Bry.*, *Cascar.*, *Nux v.*, *Op.*, *Phos.*, *Rhus t.*, *Hydr.*, *Carduus mar.*, *Gratiola*, *Natr. m.*, *Natr. ph.*
- Stool—Like Glue.—*Alumina*, *Euphor.*, *Plat.*
- Thin.—*Graph.*, *Hyos.*, *Merc.*, *Mur. ac.*, *Puls.*, *Sep.*, *Staph.*
- Hard, Knotty.—*Æscul.*, *Alumina*, *Aurum* (large), *Graph.* (large), *Card. m.*, *Iod.*, *Cascarilla*, *Mezer.*, *Kali b.*, *Op.* (black, round), *Plumb.* (small, round), *Bell.* (scanty), *Natr. s.*, *Sep.*, *Sulph.*, *Verbasc.*
- Hard, Difficult.—*Ammon. carb.*, *Ferr.*, *Ferr. phos.*, *Petr.*
- Hard, Crumbling.—*Amm. m.*, *Carb. v.* (tough), *Ruta*, *Ac. nit.* (scanty), *Zinc. met. 6*, *Natr. m.*
- Very Hard.—*Alum.*, *Anti. crud.*, *Bry.*, *Calc.*, *Carb. v.*, *Con.*, *Guaiac.*, *Lach.*, *Mag. m.*, *Op.*, *Plumb.*, *Sep.*, *Sil.*, *Krameria.*, *Sulph.*, *Aur.*, *Carb. an.*, *Caust.*, *Lyc.*, *Mag. c.*, *Merc.*, *Nux v.*, *Petr.*, *Rhus t.*, *Ruta*, *Spong.*, *Staph.*, *Sulph. ac.*, *Thuja*, *Æscul. hip.*, *Pod.*, *Collin.* (stony hardness).
- Hard Like Balls.—*Chelid.*, *Calc. ph.*, *Mez.*, *Plumb.*, *Op.*, *Viburn.*
- Lumpy.—*Ant. c.*, *Silicea*, *Ac. sulph.* (small lumps), *Graph.*, *Mag. m.*, *Pod.*
- Large, Dry, Hard.—*Bry.* (as if burnt), *Calc. c.*, *Verat. alb. 3*, *Graph.*, *Stront.*, *Sep.*, *Sep.*, *Vibur.*, *Op.*
- Dry.—*Bry.* (hard, brown), *Selenium*, *Mag. m.* (urgent pressure), *Natr. m.* (hard), *Zinc.*, *Plumb. acet.*, *Æscul.*, *Chelid.*, *Ant. c.* (white, hard and ry lumps), *Alumen*, *Pod.*, *Sulph.*, *Zinc.*
- Too Large.—*Kali c.*, *Ant. cr.*, *Apis*, *Bry.*, *Calc. c.*, *Lach.*, *Nux v.*, *Aur.*, *Graph.*, *Ign.*, *Mag. m.*, *Stann.*, *Sulph. ac.*, *Thuja*, *Verat. alb.*, *Zinc.*
- Narrow, Dry, Long.—*Phos.* (much straining).
- Covered With Mucus.—*Graph.*
- Sheep's Dung, Like.—*Ac. nit.*, *Verbas.*, *Berber.*, *Mag. m. 5*, *Caust.* (oily), *Alum.*, *Op.*, *Sep.*, *Sil.*, *Sulph.*, *Aurum*, *Carbo an.*, *Caust.*, *Graph.*, *Lach.*, *Nux v.*, *Plumb.*, *Thuja*, *Bapt.*, *Chelid.*, *Viburn.*, *Op.*
- Black, Pitchy.—*Zinc. met. 3.*

Dark.—*Iod.*, *Kali phos.*, *Tarent.*, *Carb.*

White.—*Ant. c.*, *Merc. v.*, *Kali mur.*, *Collin.* (light colored).

Clay-Colored.—*Pod.*

Gray-Colored.—*Chionanthus* (no appetite).

Brown.—*Op.* (like marble), *Kali phos.*, *Bry.*

Intermixed With Mucus.—*Hydr.*

Too Scanty.—*Calc. c.*, *Natr. m.*, *Sulph.*, *Natr. c.*, *Carbo an.*, *Nux v.*

Rectum—Pain in.—*Æscul.* (and in anus), *Alumen*, *Hydr.*, *Nabalus.*

Constriction in.—*Æscul.*, *Hepar s.*, *Ign.*, *Lyc.*, *Plumb.*, *Nux v.*

Burning in.—*Abies Can.*, *Ac. nitr.*

As if Sticks in.—*Æscul.*, *Collins.* (and sand), *Aloe* (as if plug), *Anacard.* (plug).

Pressure in.—*Caust. 5*, *Mag. m.*, *Sarsap.*, *Sulph.*, *Collin.*

As if Feces Remained in the.—*Natr. m.*, *Sep. 6*, *Ac. nit.*, *Verat. alb.*, *Graph.*, *Lyc.*

Unable to Expel Feces.—*Alumen*, *Alumina* (complete inactivity), *Calc. fl.*, *Anacard.*, *Kali phos.*, *Psor.*, *Nux mosch.*, *Caust.*, *Sep.*, *Sil.*, *Verat. alb.*

Difficult to Expel Feces From.—*Plat.*, *Anacar.* (soft), *Ammon. m.*, *Alumina*, *Æscul.*, *Lys. 6*, *Ammon. carb.*, *Bell.*, *Calc. ph.*

Sore.—*Alumina.*

Anus—Constriction of.—*Alumina*, *Bell.*, *Caust.*, *Colch.*, *Ign.*, *Kali bich.*, *Kali carb.*, *Lach.*, *Lyc.*, *Natr. m.*, *Nitr. ac.*, *Nux v.*, *Plumb.*, *Sep.*, *Sil.*, *Melilotus*, *Natr. c.*, *Staph.*, *Cocc.*, *Mez.*, *Sarsa.*, *Sec.*, *Hydr.*, *Nux v.*

Bowels—Impacted With Feces.—*Op.*, *Selen.*, *Chin.*, *Magn. m.*

Torpor of the.—*Alum.*, *Anac.*, *Arn.*, *Bry.*, *Carbo v.*, *China*, *Cocc.*, *Graph.*, *Hepar s.*, *Ign.*, *Lyc.*, *Mag. m.*, *Natr. m.*, *Nux mosch.*, *Nux v.*, *Op.*, *Petr.*, *Rhod.*, *Ruta*, *Plumb.*, *Sep.*, *Sil.*, *Selen.*, *Staph.*, *Sulph.*, *Nux v.*, *Anac.*

Inactive.—*Bry.*, *Mez.*, *Collins.*, *Eupator.*, *Hepar s.*, *Nux v.*, *Natr. m.*, *Ferr. phos.*

Intussuption of.—*Bry.*, *Nux v.*, *Op.*, *Plumb.*, *Sulph.*, *Thuya.*

Rumbling of Flatulence in.—*Ferr.*, *Lyc.*, *Ant. c.*, *Bry.*,  
*Carb. v.*, *Caust.*, *Chin.*, *Natr. m.*, *Lyc.*, *Nux v.*, *Phos.*,  
*Phyt.*, *Puls.*, *Sarsa.*, *Sep.*, *Sulph.*, *Verat. alb.*

Abdomen—Distended.—*Bell.*, *Kali m.*, *Ammon. m.*, *Dolichos*,  
*Ign.*, *Lyc.*, *Chelid.*, *Lach.* (weight, fulness).

Retracted.—*Plumb.*

Gurgling in.—*Chelid.*

Sensation After Stool (as if empty).—*Carb. v.*

Liver.—*Kali mur.* (white tongue), *Carduus mar.* (pain in liver),  
*Hydra.*

Hard.—*Graph.*

Cirrhotic.—*Agar.*

Great Pain in Hepatic and Cæcal Region.—*Chelid.*

Heaviness of Stomach.—*Bry.*, *Carb. v.* (bowels).

Constipation of Infants.—*Alum.*, *Bry.*, *Lyc.*, *Nux v.*, *Op.*, *Sulp.*,  
*Verat. al.*, *Calc. ph.* (hard), *Natr. phos.*, *Pod.*

Of Old People.—*Aloe*, *Alum.*, *Ant. c.*, *Bry.*, *Lach.*, *Op.*,  
*Phos.*, *Rhus t.*, *Nux v.*, *Ruta*, *Sulph.*, *Calc. ph.* (hard  
stool). *Phyt.*

Lying in Females.—*Alum.*, *Ant. c.*, *Bry.*, *Lyc.*, *Nux v.*,  
*Op.*, *Plat.*, *Sep.*, *Ambra gr.*, *Con.*

Pregnant Women.—*Alum.*, *Ant. c.*, *Bry.*, *Lyc.*, *Nux v.*,  
*Op.*, *Plat.*, *Sep.*, *Ambra g.*, *Pod.*, *Collins.*, *Puls.*

Of Large Eaters.—*Aloe*, *Diosc.*

Of Workers in Lead.—*Alum.*, *Op.*, *Plat.*

Of Travelers.—*Alum.*, *Op.*, *Plat.*

Of Drunkards.—*Calc. c.*, *Lach.*, *Nux v.*, *Op.*, *Sulph.*

Of Persons of Sedentary Habits.—*Bry.*, *Lyc.*, *Nux v.*, *Op.*,  
*Plat.*, *Sulph.*, *Aloe*, *Iris*, *Hydra.*, *Pod.*

Constant Urging to Stool.—*Nux v.*, *Aloe*, *Natr. ph.*, *Anarcard.*,  
*Con.*, *Sulph.*, *Colocy.*, *Mag. c.*, *Ruta*, *Plumb.*

Violent Desire.—*Ign.*, *Sabad.*

Ineffectual Urging.—*Caust.*, *Nux v.*, *Sulph. 3*, *Lyc.*, *Caps.*, *Con.*,  
*Lach.*, *Hepar s.*, *Merc.*, *Acon.*, *Bell.*, *Calc. c.*, *Causti.*,  
*Graph.*, *Ign.*, *Iod.*, *Natr. m.*, *Carbo v.* (flatus), *Acid.*  
*nitr.*, *Calc. phos.*, *Kali phos.*, *Lyc.*, *Mag. phos.*, *Ambra*  
*gr.* (during lying in period), *Puls.*, *Sil.*, *Verat. al.*, *Zinc.*,  
*Æscul.*, *Anacard.*, *Hydras.*, *Phyt.*, *Sabad.*, *Cocc.*, *Sang.*,  
*Tabac.*, *Plat.*

No Urging to Stool.—*Am.*, *Carbo an.*, *Cocc.*, *Op.*, *Bry.*, *Graph.*,  
*Sep.*

Much Straining.—*Alumina*, *Indium*.

Chronic Constipation.—*Bry.*, *Caust.*, *Chinn.*, *Graph.*, *Kali b.*,  
*Lach.*, *Lyc.*, *Natr. m.*, *Nux v.*, *Op.*, *Plumb.*, *Sulph.*,  
*Thuja*, *Verat. al.* (long standing), *Puls.*

Habitual.—*Bry.*, *Calc. c.*, *Caust.*, *Cocc.*, *Collins.*, *Con.*, *Daphn.*,  
*Dulc.*, *Graph.*, *Kali bich.*, *Lach.*, *Lyc.*, *Natr. m.*, *Ac. nit.*,  
*Nux v.*, *Sep.*, *Sulph.*, *Staph.*, *Verat. alb.*, *Abies nig.*,  
*Alumina*, *Aloe*, *Kali sul.*, *Calc. sul.*

Obstinate Constipation.—*Sarsa.*, *Thuja*, *Plumb. acet.*, *Ac. nitr.*,  
*Aletris far.* (women), *Carbo v.*, *Phos.*, *Kali sulph.*, *Natr.*  
*phos.*, *Crocus* (most obstinate).

Without the Least Desire.—*Æthusa*, *Alumnia* (soft), *China*,  
*Hepar s.*, *Natr. m.*, *Nux v.*, *Staph.*, *Thuja*, *Verat. alb.*,  
*Anacard.*, *Arn.*, *Bry.* (dry), *Carbo v.*, *Cocc.*, *Graph.*, *Ign.*,  
*Lyc.*, *Mag. m.*, *Op.* (hard), *Petr.*, *Rhod.*, *Ruta*, *Sep.*, *Sil.*,  
*Sulph.*, *Collin.*, *Gels.*, *Hydra.*, *Pod.*

Constipation—With Headache.—*Con.*, *Nux v.*, *Verat. alb.*, *Kali*  
*m.*, *Calc. ph.* (dizziness), *Calc. fl.*, *Natr. m.* (chill,  
heavy), *Bry.* (throbbing), *Op.*, *Kali carb.* (violent).

Heat in the Head—*Bell.*

Incarcerated Flatulence.—*Coca*, *Carbo an.*, *Carbo v.*,  
*Caust.*, *Caps.*, *China*, *Cistus*, *Con.*, *Graph.*, *Hepar s.*,  
*Iod.*, *Lach.*, *Lyc.*, *Natr. m.*, *Ac. nitr.*, *Nux v.*, *Phos.*, *Sil.*,  
*Sulp.*

Much Flatus.—*Ammon. m.*, *Lyc.*, *Natr. s.*, *Zinc.*, *Carb. v.*  
(relief by passage of flatus).

Colic.—*Kali b.*, *Bell.*, *Coca* (violent belly-ache).

No Flatus.—*Plumb.*

With Foul Breath.—*Cascar.*, *Sang.*

Heat in the Colon.—*Ferr. phos.* (also in rectum), *Hydr.*,  
*Natr. s.*

Uterine Trouble.—*Aletris*, *Fer.* (food lies heavy).

Heartburn.—*Con.*, *Phos.* (sour vomiting, much belching).

With Hæmorrhoids.—*Sulph.*, *Alumnia*, *Ammon. carb.*,  
*Ant. cr.*, *Baryta*, *Caps.*, *Collin.*, *Graph.*, *Lyc.*, *Phos.*,  
*Thuja*, *Zinc.*

In Warm Weather.—*Bry.*

From Too Heavy a Meal.—*Nux v.*



With Eruptions on the Skin.—*Graph.*, *Berberis* (herpes round anus).

With Prolapsus of Rectum.—*Bry.*, *Am.* (prolapsus ani),  
*Ign.*

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## VACCINATION.

By S. C. Bannerjee, M. D.

Vaccination is the only known means of protecting the body from the virulence of small-pox. Presumably, this secret of prevention was known to the old Aryan physicians, who introduced the system of inoculation into Hindusthan with the small-pox virus. Dr. Chapman says: "At a very remote period, in Hindusthan, a tribe of Brahmins resorted to it as a religious ceremony. A small incision was made and cotton soaked in the virus applied to the wound. Offerings were devoted to the goddess of spots to invoke her aid; this divinity having hinted at inoculation—the thought being much above the reach of human wisdom and foresight." In ancient times it was also practiced in Constantinople. In the year 1717 Lady Mary Montague had written in a letter thus: "Every year thousands undergo this operation; and the French Ambassador says, pleasantly, that they like the small-pox here by way of diversion, as they take the water in other countries. There is no example of any one that has died in it; and you may believe I am very well satisfied of the safety of the experiment since I intend to try it on my dear little son." In the year 1721 she had inoculated her daughter with the small-pox virus and thus for the first time introduced the system in England, where it was practiced till the vaccination system was introduced by Jenner in 1796. The Welsh called it buying the small-pox. The advantages of the system of inoculation, though it has been in vogue from very ancient times, used to be avoided by a large mass of the population, both Hindu and Mahomedan, and this may be traced to the country being enveloped in darkness of superstition, ignorance and bigotry. The premature death was the consequence.

I know of a case of a student of a B. A. class who happened not to have been vaccinated and on being asked to do so he replied that not a single member of his family had ever undergone vaccination and that therefore he also could not undergo it.

Nevertheless the questioning had its desired effect on him and out of fear he wrote to his old father asking him to come down to Calcutta. The old Brahmin accordingly came and on his arrival learned the state of things and was greatly alarmed. But when the old Brahmin came to know that any violation of the duty imposed by the vaccination act was visited with punishment—satisfied on the point full well, he went straight to the nearest vaccine station and told all to Dr. Ram chandra Mitter, the then superintendent in charge of the vaccination department, who, taking pity on the poor Brahmin and his son, vaccinated them at once.

This was not all. The old Brahmin had two other sons besides who were living in Calcutta from before and who also had not undergone vaccination, and the result, as might be expected, was most tragical. They thought it was not judicial to take ticca against the will of goddess of small-pox (Sitala); made their way home, where both of them soon fell a prey to the foul disease and succumbed. While the superstition was so rampant amongst the educated class, there could be no wonder that it would prevail amongst the illiterate people. The practice of inoculation with small-pox was stopped and vaccination was legalized by Act 4 of 1865. It is now expected that every one will undergo this operation and save their family and children from the scourge of the fell disease. It of course cannot be said with any amount of certainty that eruptions do not or cannot take place in the case of persons who have once undergone vaccination nor is vaccination proof positive against such eruptions, but this much is certain, that small-pox seldom proves fatal in persons imbued with vacca virus. Vaccination once and for the first time without subsequent repetition at intervals is no good at all and it has been found in a large number of cases that such procedure has been hardly sufficient to combat the disease.

That Homœopathy has worked wonders in the modern campaign against this foul disease cannot be gainsaid even by the staunchest advocates of other systems, its principal motto being: “*Similia similibus curantur*”—let likes be treated by likes.

Sitamarhi, India.

(Nevertheless, it seems to us if there be those modern men

who do not wish to follow in the practice adapted from those ancient Aryan physicians they should be allowed freedom in the matter, as it concerns themselves only. Do we not all gabble much of an "emancipated" world—emancipated from old superstitions? So why not be consistent?—Editor of the HOMŒOPATHIC RECORDER.)

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## PROCEEDINGS OF THE INTERNATIONAL HAHN-EMANNIAN ASSOCIATION.

Last June at Asbury Park, where the Hahnemannians met, the question arose "What Shall Be Done With the Old Volumes of Our Proceedings?" He who had charge of them said that something must be done because they cumbered his premises. The editor of the RECORDER, who at that time had the pleasure of attending a meeting of the association for the first time, suggested that if the price be put down to a low level there might be a chance of disposing some or all of them. This suggestion was accepted and it was (so to speak) put up to the RECORDER to make the fact known.

Now these "Proceedings" are full of most interesting matter—homœopathic and historical, *with many provings*. Vol. I. covers 1881-2-3. Vol. II., 1884-5. *Vol. III., 1886, is all sold out*, but from 1887 to 1906 the sets *at present* are intact, making a total of 22 volumes varying in size. The original price of these was somewhere about \$3.00 per volume. They will now be sold at 50 cents per copy—any one or all, while they last, plus postage. They are worth the money. It may be added that there is practically no "money" in it for any one, the object being to give the homœopathic profession an opportunity to get some really valuable homœopathic literature that cannot be duplicated when this stock is disposed of. To aid in this we give a list of the *original* provings to be found in the various volumes, which, of course, form but a relatively small part of the whole text.

Vol. I. 1881-2-3. 391 pages. Postage, 12 cents. Proving of *Ammonium carb.* by Dr. L. A. Rendell. Proving of *Ovi gallina pellicula* by Dr. Samuel Swan. Proving of *Ledum pal.* by Dr. E. Cranch. Proving of *Ipecacuanha* by Dr. E. W. Berridge. As this is the first volume we will make an exception and give in addition to the provings a list of contributors to show its

calibre. They are in order of appearance: Drs. P. P. Wells, Ad. Lippe, H. I. Ostrom, L. B. Wells, C. Lippe, Ad. Fellger, E. J. Lee, W. P. Wesselhoeft, Geo. H. Clark, Rollin R. Gregg, J. F. Miller, C. Pearson, C. F. Nichols, John Hall, James B. Bell, J. R. Haynes, O. P. Baer, J. B. Gregg Custis, W. Jefferson Guernsey, H. N. Guernsey, B. Ehrman, C. Carleton Smith, L. M. Kenyon, E. A. Ballard, Edward Bayard, G. Pompili, Edward Mahoney, Geo. F. Foote, Edward Rushmore, W. H. Leonard and L. B. Wells. Quite a historical galaxy, is it not? Some of those named contributed several papers.

1884-5. 272 pages. Postage, 9 cents. Proving of *Stramonium* by Dr. E. Cranch; *Nux moschata*, Dr. E. Cranch; *Spigelia* by Dr. T. S. Hoyne and *Apium graveolens* by W. P. Wesselhoeft. Some of these, as elsewhere, are "partial provings."

1886. This volume is "out of print."

1887. 490 pages. Postage, 16 cents. Proving of *Salicylic acid* by Dr. H. C. Allen, *Melilotus alba* by Dr. H. C. Allen, *Sanicula* by Dr. J. G. Gundlach; also proving of same remedy by Dr. G. W. Sherbino and *Dulcamara* by Dr. W. P. Wesselhoeft and several others.

1888. 369 pages. Postage, 15 cents. Proving of *Lachesis* by Dr. J. T. Kent, *Magnesia phos.* by Dr. H. C. Allen, *Dulcamara* by Dr. Geo. H. Clark.

1889. 385 pages. Postage, 14 cents. Proving of *Cocaine* by Dr. F. A. Waddell, *Magnesia phos.* by Drs. W. P. Wesselhoeft, J. A. Gann, A. P. Ohlmacher, Alice B. Campbell, H. C. Allen and H. P. Holmes, and *McDorrhinum* by Dr. E. W. Berridge (50 pages).

1890. 481 pages. Postage, 14 cents. Proving of *Kali phos.* by Dr. E. E. Case, *Cenchrus contortrix* (copperhead snake) by Dr. J. T. Kent, *Pyrogen* by Dr. G. W. Sherbino and *Secale* by Dr. S. A. Kimball.

1891. 414 pages. Postage, 11 cents. Proving of *Betonica aquatica* by Dr. E. W. Berridge, *Nux moschata* by Dr. W. Jefferson Guernsey, *Sanicula aqua* by Dr. Frank W. Patch and *Kali phos.* by Drs. B. Fincke and H. C. Allen.

1892. 474 pages. Postage, 20 cents. (Very thick paper.) Proving of *Cadmium iod.* by Dr. F. O. Pease, *Potassium chlor.* by Dr. E. Rushmore, *Cercus Bonplandi* by Dr. J. H. Fitch.

1893. 279 pages. Postage, 8 cents. Proving of "Imponderables" by Dr. B. Fincke and *Apis* by Dr. E. P. Gregory.

1894. 394 pages. Postage, 14 cents. No provings.

1895. 377 pages. Postage, 16 cents. Proving of *Bursa pastoris* (*Thlaspi bursa pastoris*) by Dr. B. Fincke, covering 108 pages.

1896. 311 pages. Postage, 13 cents. No provings.

1897. 369 pages. Postage, 15 cents. Proving of *Echinacea angustifolia* by Dr. C. M. Boger, *Calcium hydrate* by C. M. Boger, *Magnetis polus arcticus*, *Pulsatilla*, *X-Ray* and *Sulphur* by Dr. B. Fincke.

1898. 230 pages. Postage, 10 cents. Inductive proving of *Adamas* (Diamond) by Dr. B. Fincke.

1899. 234 pages. Postage, 12 cents. Proving of *Rhus radicans* (Modality) by Dr. C. M. Boger, *Xanthoxylum fraxineum* by Dr. C. M. Boger, *Ruta graveolens* by Dr. B. Fincke, *X-Ray* by Dr. B. Fincke.

1900. 200 pages. Postage, 10 cents. No provings.

1901. 320 pages. Postage, 11 cents. Proving (resumé) *Baryta carb.* by Dr. A. McNeil.

1902. 359 pages. Postage, 14 cents. Proving of *Malandrinum* by Dr. H. C. Allen.

1903. 186 pages. Postage, 10 cents. Proving of *Formica* (resumé) by Dr. C. M. Boger.

1904. 284 pages. Postage, 13 cents. Proving of *Onosmodium Virginianum* by Dr. H. C. Allen.

1905. 248 pages. Postage, 13 cents. Proving of *Petroleum* by Dr. C. M. Boger.

1906. 272 pages. Postage, 13 cents. Proving of *Piper nigrum* by Dr. E. A. Taylor (made by students of Hering College).

The original price of these volumes was, we understand, about \$3.00 per copy. Any single volume mentioned above or any number of them—while they last—will be sold at the uniform price of 50 cents per copy, plus postage.

The provings mentioned in the resumé are, many of them, original; some are "fragmentary" and some are a compilation from various sources. But, it is to be observed, these provings form but a minor part of each volume, the remainder being



largely concerned with the practical, bed-side use of remedies; also much space is given to surgery and the part the indicated remedy plays in that department of medicine. Taken as a whole these volumes are well worth the price at which they are now offered to any one who is interested in Hahnemannian Homœopathy.

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### CONCERNING RADIUM FOR HOMŒOPATHIC USE.

Dr. Wm. H. Dieffenbach, S. E. corner of 56th St. and Broadway, New York, has recently conducted a very thorough proving of *Radium brom.* in which all the modern methods were employed, which proving was published in *The Journal of the American Institute of Homœopathy* for August, 1911. Previous to this, however, Dr. Von der Goltz, 205 E. 72d St., New York, had contributed to the HOMŒOPATHIC RECORDER his purely clinical experience (see February and December issues, 1910) with the *Radium* triturated by Boericke & Tafel. This experience is referred to by Dr. Dieffenbach in the introduction to his proving and in this issue of the RECORDER Dr. Von der Goltz makes a reply.

The gist of the whole matter is this: Dr. Dieffenbach made a proving of *Radium brom.* and contends that when any one uses this agent according to his proving he should prescribe that which was proved; *i. e.*, *Radium brom.* of R. A. 1,800,000. This contention is just—*medicines used on the line of a proving should be the same as those used by the prover.*

Dr. Von der Goltz's clinical experience was based on the *Radium chlor.* of R. A. 3,000. Therefore those who are led by his results should prescribe the latter preparation. What the essential difference is, therapeutically, between the two forms of *Radium* is a question we cannot determine. Our object in writing this is to put the matter straight before the profession. If any one wants to follow Dieffenbach's masterly proving he should prescribe *Radium brom.*, while on the other hand if he wants to be guided by Von der Goltz's clinical experience he should use the *Radium chlor.*

We are authorized to state that while in the past Messrs. Boericke & Tafel have labeled their first preparation "Radium," as they were justified in doing, for under that name it came to

them and no other could originally be obtained, nevertheless in the future that will invariably be labeled *Radium chlor.* to prevent confusion and because this is now the proper term. Other preparations of this element from this firm will be labeled according to the form of *Radium* used. There is possibly a great future before this remedy, hence it is essential that the prescriber should be informed as to the preparation he is using.

If Dr. Dieffenbach wishes to reply to Dr. Von der Goltz's communication published in this issue our pages are open to him.

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### A REPLY TO DR. WM. H. DIEFFENBACH IN REGARD TO HIS CRITICAL REMARKS ON RADIUM THERAPY.

Editor of the HOMŒOPATHIC RECORDER:

The article by Dr. Wm. H. Dieffenbach and his collaborators, on the proving of Radium bromide, states that Dr. v. d. Goltz, of New York, in his clinical work, by using inferior (impure) Radium chloride, and as based largely on Dr. John H. Clarke's provings of Radium bromide, *is open to question in regard to the accuracy of his deductions.*

Dr. Dieffenbach mentions expressly the article of February, 1910, in the HOMŒOPATHIC RECORDER; therefore it seems to be surprising *that Dr. Dieffenbach omits the fact that Dr. v. d. Goltz works along biochemical lines and not according to provings.*

The same refutation must be sustained against Dr. Dieffenbach regarding the charge of being largely based on Dr. J. H. Clarke's provings, for the clinical reports in the article in the HOMŒOPATHIC RECORDER, December, 1910—"Radium Therapy Clinically Illustrated."

Dr. Dieffenbach under the Simile of a ludicrous hypothetical question (if he, Von der Goltz, would use *Graphites* instead of *Ferrum phos.*) tries to show the author of the "*Radium Therapy*" to be absurd—using an adulterated and nearly inactive and valueless Radium salt instead of pure and highly active Radium brom. The question regarding the purity of the Radium salt and its potencies as used in the "*Radium Therapy*" of Dec., 1910, shall be taken up separately.

In the present article the author of the "*Radium Therapy*" will give the reader an opportunity to form his own opinion regarding the accuracy of the scientific deductions: nay, it shall be proved that the "*Radium Therapy*" is nothing else than the most emphatic endorsement of Dr. Dieffenbach's proving, post festum, even with such supposedly "inferior" Radium. At the same time the reader will be put in a position to judge for himself how far the "*Radium Therapy*" and its author are to be estimated as absurd.

Dr. Dieffenbach and his collaborators lament that the allopathic investigators are silent concerning Dr. Dieffenbach's claim of priority, but kotow before allopathy in the person of Professor His, of Berlin, in regard to the Radium treatment of gout and rheumatismus;—where in this alleged absurd "*Radium Therapy*" of Dr. v. d. Goltz in December, 1910, in advance of His, of Berlin (*Berliner klinische Wochenschrift*, 1911, No. 5), reports the successful treatment of rheumatic arthritis and rheumatismus.

In parenthesis it must be remarked that the paper in question has brought, in some quarters, to the writer of the present article the annoying designation of "the doctor who cures rheumatismus."

To the impartial reader the surprising fact must be apparent that the efforts of Dr. Dieffenbach and his collaborators, as also of the whole allopathic fraternity at large (since the time that Radium in April, 1910, was officially put to rest as a cancer remedy by the Royal Society of Medicine at London, Eng.), is now centered in discovering new indications for its use.

If Dr. Dieffenbach had deemed it deserving to read the "*Radium Therapy*" somewhat more closely this fact, like some others, would not have failed in interesting him and modifying his opinion upon the "*Radium Therapy*."

## II.

The present paper shall show by comparing Dr. Dieffenbach's article with my paper how a homœopathic physician could easily, by following *Dr. Dieffenbach's Symptomatology* and again also working with either Dr. Dieffenbach's (almost) pure or Dr. v. d. Goltz's "impure" Radium salt, duplicate the results of the "*Radium Therapy*," and further it shall be proved that any salt of Radium in the potencies will work.

The strictly logical result of the comparison of the writer's "*Radium Therapy*" with Dr. Dieffenbach's article is that Dr. Dieffenbach's vehement accentuation and reiteration of the pure bromide salt formation has absolutely, exactly like the chloride form, nothing to do with the action neither in the "*Radium Therapy*" nor in Dr. Dieffenbach's provings but the RADIUM—that unique elementary wonder of the XX. century (J. H. Clarke).

The unbiased reader must not forget for one moment what really the 6x, 12x, 30x trituration means exactly as the potencies used in the writer's "*Radium Therapy*." It means that thanks to the progressive trituration and dynamization the loosely as also the firmly bound impurities slowly are always more and more disassociated, as it has been proved repeatedly—from the elementary Radium.

Here especially one big error in Dr. Dieffenbach's deductions must be recorded—on one side Dr. v. d. Goltz's "*scientific accuracy of deductions*" is summarily dispatched in regard to the weak preparation mixed with lead, barium, bismuth, iron, copper and lithium (at least not proved so by Dr. Dieffenbach) as inferior and therefore to be thrown out. On page 2 of his paper Dr. Dieffenbach speaks of Radium in mineral springs and attributes to this comparatively late known and understood fact (called in the German language "*Brunnengeist*" or "*Spirit of the Spring*" in opposition of the minerals contained in the waters), the efficiency of the waters of Gastein and Kizingen irrelevantly to all possible mineral admixtures, etc., in the waters.

Dr. Dieffenbach uses the impure Radium salt mixture at will according to the necessary use.

*These paradoxical statements of Dr. Dieffenbach are given without commentary to the reader for consideration.*

If now the unbiased reader will compare Dr. Dieffenbach's Symptomatology with some or all cases referred to in the "*Radium Therapy*" he will find for instance in reference to nephritis parenchymatosa:

*v. d. Goltz.*

(Radium Therapy)

A. M., 42 years old, treated for Bright's disease for years. Had also been treated at the Mt. Sinai Hospital, but without great result.

The prominent symptoms—anasarca, asthma, weakness, headaches, enormous œdema of the feet and drowsiness, incapacitated the man for work. The mental worry of not being able to support his family aggravated the whole disease.

January 27th, 1910—Albumen, 2.5 per cent.; Sp. grav., 1.020; Kal. mur 6x and Calc. phos. 6x—2 gr., changing every three hours. His chief complaint, asthma, no better when seen again.

Feb. 10—Radium 30th, one dose, is repeated every 8th day.

May 17th—The patient is able (as he expresses himself) to work more than three years ago. The dyspnœa is gone and the anasarca, as also the œdema of his feet, do not interfere with his work.

Albumin,  $\frac{1}{8}$  per cent.

*Note:* Radium in this case was not blindly selected, but in analogy to the experience with deep-seated disease.

[*Remark:* This note will be easily understood if the reader will study the article in RE-CORDER, Feb., 1910.]

*Dieffenbach.*

(Symptomatology)

Apprehensive.

Depression of spirits.

Felt discouraged and blue.

Faint traces of albumin.

One week after taking a single dose of 30x felt much better in spirits and health.



So the reader can see that from a strict homœopathic point the symptoms of Dr. Dieffenbach would have led to a result. It would have been then Radium Bromide—Dieffenbach, but as it has been that forenamed “impure” Radium used by Dr. v. d. Goltz, therefore the reader must see that so indirectly Radium—Dieffenbach equals Radium—v. d. Goltz.

The reader furthermore can notice that the remedy Radium was not selected according to Dr. J. H. Clarke’s provings.

Last, not least, the reader is asked to consider that the following fact, preëminently, is in evidence, that Radium *per se* acted—that the symptomatology, if of any consequence in this case, denies the special claim of Dr. Dieffenbach’s “*Bromide*” in special.

It must be pointed out that while Dr. J. H. Clarke gives no symptomatology regarding urine and kidneys, if Dr. Dieffenbach had given to the public his *Symptomatology* before January 27th, 1910, the author of the “*Radium Therapy*” could have used either *Radium—Dieffenbach* or *Radium—v. d. Goltz* of “questionable parentage” with equal result, which circumstances, however, should have been *thankfully* recorded.

The interested reader can find by comparing Dr. Dieffenbach’s *Symptomatology* with a case of diabetes mellitus in same paper nearly as great and as striking a congruency as in the before mentioned experience in a case of nephritis.

This case is so pregnant, so auspiciously, so evidently congruent to Dr. Dieffenbach’s (August, 1911) *Symptomatology* that if Dr. Dieffenbach with his collaborators had given their *Symptomatology* to the public before October 24th, 1909, hardly a slight suspicion could be kept out of the mind of the reader that this congruent case in its striking totality should have been *the crowning result and direct effect of a tacit Radium bromide—Dieffenbach medicatio vite et lege artis practa!*

The reader is able to see that from a homœopathic point of view every symptom has been covered—with the exception of that of pruritus.

Dr. J. H. Clarke, now, is very emphatic on this point, and this direct incongruency between Clarke and Dieffenbach is—Puzzling!

The final selection of Radium, January 18th, 1910, was effected by substituting Radium for Uranium [ut aliquid fiat]. . . .

*v. d. Goltz.*

(Radium Therapy)

As the case retold would take up too much room, the clinical symptoms are only given:

Great anxiety.

Palpitation of the heart.

Enormous quantities of greenish urine.

Fainting spells.

Failing memory.

Progressive weakness, especially of the legs, night and day.

Tormenting pruritus genital.

Exhausting sleeplessness.

*Dieffenbach.*

(Symptomatology)

The corresponding symptoms are the following ones:

Apprehensive, felt as if something was going to happen to her.

Palpitation of the heart.

Urine is usually scanty, since taking drug is profuse.

Lightness of head, etc. . . . mind cloudy and not able to think clearly.

Awoke in morning drowsy. Dull pains in [and weak back and both legs]? [Itching over the whole body?]

Restless and wakeful part of night. Slept very restless all night and felt heavy this morning.

*"But, as it mostly will be, the vial of this remedy was empty, and as at that early hour [4 A. M.] it was impossible to get the remedy, the happy thought came to try Radium, the derivate of Uranium. Radium 10x—2 grains every two hours, in a short time brought relief and a further course of Radium in always higher potencies brought a cure."*

It has been demonstrated again that Dr. Dieffenbach in misunderstanding—Biochemistry and Cellular Therapy, especially as exhaustively treated in the articles published in *HOMŒOPATHIC RECORDER*, February, 1910—claims erroneously that "*Dr. Von der Goltz's clinical reports are claimed to be largely based on Dr. J. H. Clarke's provings of Radium bromide.*"

*"Largely?"—*

It must be stated here again that for the excellent reason *that Dr. J. H. Clarke does not give the least little vestige of proving*

or clinical suggestion for using Radium in any form in diabetes mellitus, Dr. J. H. Clarke's provings could not have been used "largely," if at all.

With this completeness of congruency in symptoms the kind reader can see that Radium—Dieffenbach would have cured this case as well indeed as did the "impure" and "weak" (as claimed by Dr. Dieffenbach) "Radium—v. d. Goltz."

If those impurities dwelt on by Dr. Dieffenbach in the "Radium—v. d. Goltz" make his results worthless, then this fact, so deplorable and unpardonable from the point of view of exact scientific examination, has a far-reaching effect, including all substances in which chemical purity is impossible. The French chemist Gauthier proved that Arsenic is so firmly connected with *Natrum mur.* that it is impossible for the laboratory worker ever to have an absolutely Arsenic-free preparation of *Natrum mur.* But shall the clinical confirmations of *Natrum mur.* be questioned? Does not this also apply to Dr. Dieffenbach's illustrative examples of Radium treatment by the waters of Gastein and Kissingen, in which the presence of Radium is almost negligible and, also, in which are many other salts and substances? There is no absolutely pure Radium brom. or chlor. commercially obtainable. The *Radium* in both is the same.

Not to be tiresome and to be too punctilious, the author of the "*Radium Therapy*" does not deem it necessary to go on comparing one case after the other with Dr. Dieffenbach's Symptomatology.

Only one case will be mentioned, as it stands out prominently in *rebutting* Dr. Dieffenbach's and his collaborators' joint article regarding the following:

*"The doctor (Von der Goltz) employs a low activity of radium chloride in his work, so that the scientific accuracy of his deductions will be open to question."*

The reader will find in the author's "*Radium Therapy*" this statement:

*"It had been observed occasionally in male patients [note: absolutely not mentioned by Dr. J. H. Clarke!] that nearly every male patient complained during the time he was taking Radium (10x) of complete impotence, several times combined with aversion to cohabitation. One patient especially, suffering from Bright's disease, complained about lewd sexual dreams, but with-*

out pollutions. All those cases of impotence were corrected by stopping the continuous use of Radium in a short time. The complaints of impotence were observed under Radium 10x."

This quoted observation is fully brought out, *post festum*, by Dr. Dieffenbach and his collaborators in the division, *Male Sexual Organs*, page 18, of the *Proving of Radium Bromide* and therefore nearly as in time forerunning the control-proving of Dr. Dieffenbach and his collaborators!

The clinical evidence is contained in the following words from page 545 of the HOMŒOPATHIC RECORDER:

*"By those observations the writer succeeded in a few cases to restore absolute impotence of several years' standing."*

The author of the "*Radium Therapy*" invites a special careful consideration of the following points by the careful and critical reader:

1) *The author found the same effects of Radium—clinically—long before Dr. Dieffenbach and his collaborators had published anything regarding Radium bromide and its proving, as Dr. Dieffenbach's Symptomatology could have suggested.*

2) *The remarkable observation during a Radium treatment regarding Male Sexuality, absolutely unknown to Dr. J. H. Clarke—certainly in congruency with Dr. Dieffenbach's opinion—that the lower potencies have brought out in his provers more symptoms than the 30th centesimal one used by Dr. Clarke—is a direct proof of the accuracy of Dr. v. d. Goltz's deductions.*

3) *It must be logically noticed that if the Radium as used in the "Radium Therapy" is able to produce such congruent symptoms to the ones brought out by a Radium that was introduced to the scientific homœopathic physician under the following lime-light glare and staging:*

*"The proving was made from the purest obtainable "radium bromide" of an activity estimated of 1,800,000 to 2,000,000, the original trituration being made personally by Mr. E. W. Runyon, of the Boericke & Runyon Homœopathic Pharmacy, of New York, in the presence of Professor Pegram, of Columbia University, who weighed out a definite quantity of the radium."*

—Page 7th, Dr. Dieffenbach.

*The accuracy again of the deductions contained in Dr. v. d. Goltz's "Radium Therapy" MUST BE CORRECT in every phase.*

Dr. Dieffenbach's half-reproaching remark of Dr. v. d. Goltz's writing in an "enthusiastic strain" (—as a kind of offensive—not belonging to—in a scientific or semi-scientific work—) can be explained by the fact that the author of the "*Radium Therapy*" in memory of his toil while writing the article was honestly convinced of the accuracy of his deductions and observations of his work, which was done without the collaboration of the dean of the Homœopathic College and that of other well-known physicians of New York City.

The author of the "*Radium Therapy*," desiring not to appear vindictive, refrains from any commentary on Dr. Dieffenbach's otherwise valuable work.

In a summary way the author of the "*Radium Therapy*" wishes to point out from the correction of Dr. Dieffenbach's critical examination of Dr. v. d. Goltz's work that:

1) *Different topics of the Collaborate Proving, as published by Dr. Dieffenbach, have been known and so published long before the appearance of Dr. Dieffenbach's article.*

2) *Dr. Dieffenbach in misunderstanding of Biochemistry and the Radium article (Feb. 1910) in regard to Osmosis and Katalysis and last, not least, the Radium Therapy Clinically Illustrated, attributes wrongly the clinical results of Dr. J. H. Clarke's proving.*

3) *Eo ipso having gained the same end with the inferior Radium salt as Dr. Dieffenbach with his costly and pure Radium bromide, both Radium salts in the homœopathic or biochemic infinitesimal doses (conform either to Hahnemann's law or that of the chemical Minimum of v. Liebig) work identically.*

4) *Dr. Dieffenbach's paradoxical dilemma, so amusing in itself regarding the value of Radium in the mixture of the waters of Gastein or Kissingen and again regarding the inferiority of Radium used in the Radium Therapy, has been the means of proving the value of the Radium—v. d. Goltz as unassailable.*

5) *The four isolated points emphatically refute Dr. Dieffenbach's critical examination of the work done by Dr. v. d. Goltz.*

6) *The "scientific accuracy of the deductions" in the "Radium Therapy" has been brought out by Dr. Dieffenbach in a gratifying way, thanks to the a priori eliminating statement of the prover of—Radium Bromide.*



## CLEVELAND-PULTE FORGING AHEAD.

Cleveland, Ohio, Oct. 5th, 1911.

Dear Dr. Anshutz:

You are always interested in all that pertains to Homœopathy, so you will be pleased to know that Cleveland-Pulte has the largest Freshman class in many years. Over thirty have paid their fees and in actual attendance. In addition have a long list of applicants for next year.

Fraternally,

GEORGE H. QUAY.

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## COTTON-SEED OIL AND OTHER SEMI-DRYING OILS AS A POSSIBLE CAUSE OF PELLAGRA.

There is a 20-page paper in the September issue of the *Journal-Record of Medicine*, Atlanta, Ga., credited to Bulletin 111, Department of Commerce and Labor, showing that possibly the semi-drying vegetable oils, used in adulterating olive oil and in food, are the cause of pellagra. It opens as follows:

“Believing that the article in the August issue of this magazine contains sufficient evidence to show that cotton-seed oil in unrestricted amounts is incompatible with good health and that the consumption of cotton-seed oil in the United States has been accompanied by the development and spread of pellagra, I propose to offer the experience of the oil consuming nations. This information will show that all nations afflicted with pellagra are oil consuming nations and that all nations which eat semi-drying oil are afflicted with pellagra.”

The following is a list of the semi-drying oils: Cotton-seed, sesame-seed, maize, beechnut, pinot, kapok, Brazil nut, buffa-seed, rape-seed, pumpkin-seed and poppy-seed. We are further told that seed oils are now made in “almost unlimited quantities” and on account of their cheapness are being used in increasing quantities by those who have to consider the price of food. “Until the mills began crushing seed there was no pellagra in France.” “Note the progress of pellagra in the United States. It started in the South, where oil consumption began, and only after it began.” . . . “More pellagra has appeared in California than any other Western State. It is significant that she also consumes more cotton-seed oil.”

"Many investigators have probably failed to establish the eating of cotton-seed oil products by their cases. The difficulty in getting a correct history has often been very discouraging. The facts were gotten in some cases with much labor and expense. Cases have been seen who have eaten a lard substitute for years under the impression that it was pure leaf lard. Physicians and others have pointed out pellagrins who, they claimed, had never eaten any fat except pure lard. Investigation of over two hundred consecutive cases of pellagra showed that every one of them had eaten cotton-seed oil more than eight months."

"Experiments upon animals indicate that pellagra may be caused by eating less than one ounce of oil daily. If this is true, oil may be consumed for medicinal purposes in sufficient quantity to produce the disease, and olive oil should not be administered unless of known quality."

Now whether this theory, that cotton-seed oil will produce pellagra, is proved to be a fact is an open question, but enough has been shown to demonstrate the advisability of being careful in buying your olive oil. It is also reasonable to believe that if semi-drying oils will cause the condition known as pellagra in certain persons, they may also produce other ill effects which fall short of actual pellagra.

A correspondent suggests to us that *Graphites* ought to be considered as a possible remedy for this disease which, according to some estimates, claims fifty thousand victims in this country, an estimate, however, that most likely is exaggerated.

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#### "SPOTTED FEVER," ETC.

Concerning this disease the *Lancet* editorially remarks that a "wealth of nomenclature" "may well have led to confusion"—which probably many practitioners have felt but said nothing. Cerebro-spinal fever, the *Lancet* says, is also known as epidemic cerebro-spinal meningitis, malignant purpuric fever, petechial fever, and spotted fever, while acute poliomyelitis has been termed acute polio-encephalitis and acute anterio-poliomyelitis. All this seems to show that too many learned terms lead to confusion.

"It is therefore," says the *Lancet*, "of the highest importance that medical practitioners should have clear ideas as to the nature

and principal symptoms of these two diseases. Cerebro-spinal fever, or epidemic cerebro-spinal meningitis, as its name indicates, is characterized pathologically by inflammation of the cerebro-spinal meninges, and the pathogenic micro-organism is now generally considered to be the diplococcus intracellularis of Weichselbaum. Unfortunately, from the point of view of diagnosis, its clinical course shows great irregularity, the symptoms varying in different epidemics and in different cases of the same epidemic. The main phenomena are: Fever of sudden onset, with much depression, pain in the head and neck, retraction of the head, and frequently delirium and coma; the temperature is irregular and variable, and a rash may or may not be present. The duration of the attack also varies greatly—from two or three days to three or four weeks or more. Attention has rightly been drawn to the cutaneous conditions. Herpes occurs with great frequency; but a petechial rash, which has given the name of 'spotted fever' to the disease, is not at all constant, and cannot be relied upon for diagnosis. For the accurate recognition of the malady lumbar puncture is of considerable value, the cerebro-spinal fluid being examined for the casual organism. Joint affections are not uncommon, the joints being painful, red, and swollen; and some authors have described paralysis of the lower extremities which may persist for some time, but such a sequel is apparently rare. Acute poliomyelitis occurs usually among children, and is characterized by sudden complete loss of power in one or more limbs, followed by wasting of the paralyzed muscles, and the growth of the bones of the affected limb is arrested. The distribution of the paralysis is very variable. Fever is usually present, the temperature rising to  $101^{\circ}$ , sometimes to  $103^{\circ}$  F. Pain may be complained of in the early stages, localized in the back, body, and limbs. The onset is sometimes very severe, the child becomes delirious and stuporous, and the head and back may be retracted, thus possibly giving rise to mistakes in diagnosis. The rapid occurrence of the paralysis and subsequent wasting of the limbs, however, serve to identify the complaint. The chief pathological changes are found in the grey matter of the anterior horns of the spinal cord. In the more severe cases there is a diffuse meningo-myelitis and encephalitis. The bacteriology of the complaint has not been definitely settled,

although various observers have claimed to have isolated certain micro-organisms. Some authorities consider that the pathogenic agent belongs to the group of filterable and ultra-microscopic viruses."

The "great irregularity" and "the symptoms varying" goes to prove the wisdom of Hahnemann when he insisted that it was "the totality of the symptoms" in each patient that is to be treated. It also tends to demonstrate the hopeless quest of those who look for a specific remedy for any disease. No two human beings are ever alike; hence it follows that no two diseased human beings are ever alike.

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### "THE BEAST THAT EATS ITS YOUNG."

This is the title of the leading editorial of the last issue of that interesting journal, *Medical Notes and Queries*, and it reads almost like a long farewell, for the last thing in the number is a note to the effect that future numbers depend upon "the notes and queries sent in to it by its subscribers who have paid in advance."

Here is the editorial concerning "the beast" and its "journal:"

"Most of us remember the story, one of the ancient fake Nature stories, of the viper at bay which bit its own tail in anger and died of its own poison, and this fable may apply to Thee, O Jama, and to the organized medical profession that thou dost pretend to represent. For what could be better for us all than an independent medical press and what is so fatal to *it* as a medical journal, admittedly faultless in form and substance, which is given as a sort of chromo to the members of the A. M. A., and since the members get it at not more than 20 per cent. of its real cost, and the cost of any and every medical journal that can at all compare with it, it thus kills competition and gradually absorbs or eliminates one standard journal after another, till before we know it none will be left except small locals, college bulletins and the organs of specialist medical societies. The big journals die and the little ones never grow big, for the rank and file of the profession take but one journal, and if they can get a good one for the price of their yearly dues in the A. M. A. why should they spend another five dollars, especially as the incomes of most

practitioners have notably diminished of late, since the profession submitted to the leadership of the Association and those who control it? How worldly wise it was to throw in the valuable journal and include it in the yearly dues."

"The profession, when organized and all brought into the fold, will be a stronger body, we grant, stronger to do the bidding of those who control it; it will be, and in fact is already, a political power, the Journal takes up, at its will, cases that the powers that control it, believe to be victims of injustice, but has the profession, have the members of the A. M. A. any actual voice as to who shall be defended and who shall feel the lash? Those are most free who are not bound to do the bidding, think the thoughts, vote at the request and gaze generally through the glasses of any other man or men. Organization and surrender of individual independent thought and action is only safe when perfect officials can be found, in whom are no self-seeking, no personal vanity and no dangerous and hidden affiliations." This is signed Edward Willard Watson.

In another place we read: "In organization the profession has gained power which can be used for good or ill, the temptation to the latter is ever the strongest, and so far as respect for us goes, in organization we have lost more than we have gained. We lose independence of thought and action, asking, before every step we take, how it will please or displease the medical 'powers that be,' in the hollow of whose hand we are. Our rulers in our little medical kingdom will become politicians because they can wield us as they will; there will be wire-pulling, grafting, favoritism, and, in the end, revolution, for the wheel is ever turning as the world goes round."

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## THE EFFECT OF LAXATIVES AND PURGES ON THE HEART.

About the first thing a "regular" physician does, and always has done, to a patient is to "clean out the bowels," while to "keep the bowels regular" is stock advice. The medical journals and newspapers teem with advertisements advising the medical profession to "clean up," "clean out," "keep clean," "avoid auto-intoxication," "cleaning the bowels," and so on, and on. Next to



vaccination this seems to be "the most firmly established practice in medicine" and the least questioned. In the face of all this comes Dr. W. Jaworski in the August 24th issue of the *Wiener Klinische Wochenschrift* (Vienna), with a paper on "Heart Disturbances Induced or Aggravated by Purgatives." The following is an excellent abstract of it which we take from the *Journal of the American Medical Association*, September 30th:

"WEAKNESS OF THE HEART AFTER PURGING.—Jaworski calls attention to the aggravation of heart disturbances or their first development in certain cases when attempts are made to relieve constipation medicinally. He calls the condition diarrhœic hypodynamia of the heart, and reports five typical cases. They are observed comparatively often in private practice. Besides the loss of fluids in the diarrhœic stools, the purge or laxative induces hyperemia and congestion in the abdominal organs and the blood is thus drained away from the skin, muscles and brain and the heart does not have enough blood to pump with. If the heart is in good condition there is no trouble, but if the myocardium is injured from any cause, symptoms of 'reflex shock' develop; the external temperature declines; the skin is cool and pale, with more or less general weakness, dizziness, small soft pulse and apex beat, and slight heart sounds or arrhythmia. Treatment should aim to equalize the circulation, with hot-water bottles, *Nux vomica* to contract the intestinal vessels, and strong coffee and tea to dilate the vessels in the brain and periphery. The movements of the intestines should be checked by some opium preparation and transudation into the bowels by some styptic. Persons inclined to weakness of the heart under these circumstances should be warned in particular against a systematic course of the widely advertised purgatives; Jaworski knows of cases in which this led to progressive fatal cardiac insufficiency. The elderly are in greater danger than the young on account of the tendency to arteriosclerosis. With advancing years the inhibiting and regulating influences grow weaker, so that the heart has to depend more and more exclusively on its own myo-automatism. The slightest injury of the myocardium then entails irregular action. He warns further that the same may be said of conditions in the acute infectious diseases in which the heart is suffering from the action of toxins; extreme caution is neces-

sary in ordering purgatives and laxatives in order not to weaken the heart still further. These patients may ask to be purged to get rid of annoying tympanites, but he has often noticed that the face was pinched with other signs of collapse after the drug had operated. It is possible, he adds, that a purge might serve as a test for the diagnosis of latent cardiac insufficiency."

Jaworski diplomatically stops with recommending that the public should be warned.

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### WHO IS TO BLAME?

(The following is the last part of a paper under the above title by Dr. Phillip Rice, of San Francisco, published in the October number of the *Pacific Coast Journal of Homœopathy*. Dr. Rice's argument might be summarized as follows: If homœopathic colleges do not teach Homœopathy because the staff does not believe in it, the sooner the curtain is rung down the better. Whether his severe strictures are altogether merited is an open question, but which ever way it is decided, one thing is logically certain, namely, that the college in which Homœopathy is a negligible quantity *cannot* survive, unless it comes out as a medical college only, in which case, also, its future is doubtful, because it must then compete with the old and rich medical colleges and universities. All that is business logic and is involved in Dr. Rice's Jeremiad.—ED. H. R.)

We are employing a field secretary, and we are justified in looking for results from his efforts; and many are looking for big results right away. In this, I think, they will be greatly disappointed. Though we have been exceedingly wise in the choice we have made—we couldn't possibly have done better—yet the very best we can hope to do is to hold things together until a new generation of homœopathic physicians shall have been put into the field whose knowledge of the principles and whose loyalty to them shall be as profound as is the ignorance and disloyalty of that crowd which has usurped the honored positions in our colleges and in our societies. I do not mean to say that there are none in our colleges able and loyal, but they are so distinctly in the minority that their voice is but little heard and their influence little felt.

Some one may say in defense that in the findings of Wright and his school of scientists the two schools are being brought together, and that his position is absolutely a sound and just one. Such a declaration shows the grosser ignorance of the first and simplest tenet in the homœopathic doctrine.

The doctrine of Hahnemann and the doctrine of Wright, I admit, do approach at one point, but this is so superficial and insignificant when it comes to unfolding the idea of Hahnemann that they might as well remain miles apart.

Hahnemann's doctrine teaches that the totality of the symptoms alone constitute the disease; Wright teaches that the type of bacteria and their products constitute the disease. Hahnemann's doctrine recognizes everything in a case but the name of the disease, whereas Wright denies everything except the name of the disease and the bacteria present. Hahnemann taught that the totality of the symptoms was the sole basis for the selection for the curative remedy. Wright ignores this and makes the bacterial findings the basis. With the followers of Wright a diphtheritic membrane on the left side in one case and on the right side in another means nothing. There may, in fact, be a dozen opposite symptoms in two cases, yet indicating nothing of value to them; if the bacteria are present there is but one thing to do.

This theory may be correct; I am not disputing it. I simply want to point out just one thing which proves that it is not identical with not even similar to Hahnemann's, but in reality the very opposite in all essentials.

If, now, you liberal-minded college professors are convinced that Wright's doctrine is correct, why don't you step out of the college that teaches, or is supposed to teach, a doctrine that is opposed to it and affiliate with one that teaches what you do believe? Why stultify yourself by pretending to believe something which you do not? You may say that you are not pretending, that the profession knows well where you stand. Which may be true; but it is not true that the laity knows where you stand. Before it you appear as a follower of Hahnemann, and when it serves your ulterior purpose well to announce yourself so, you do it with no little enthusiasm.

Now the same evil spirit that has put our colleges into their

present predicament is active in our organizations. The same pernicious doctrines are being foisted upon them, and in them we see the same kind of unsavory politics worked. The fact that we are losing ground, as is shown by statistics; the fact that we have added not a single idea to the philosophy of therapeutics, or improved the construction of our materia medica since Hahnemann's day seems not to enter into the considerations of a large and unfortunately influential number of our members. Political preferment consumes much of the thought, and stimulates much of the energy expended in our meetings. How to defeat Owen bills and other legislative programs that tend to retain in the hands of the old school a monopoly in political jobs is the incentive for many to attend and be active in our annual meetings. How to be gracefully and painlessly assimilated by the A. M. A., that we may be able to ride in the big band wagon, seems to be the chief stimulus to their activity.

It is useless to deny that we are approaching a crisis in our history. The handwriting on the wall is plain. The question is: Are we able and courageous enough to handle the problem? I firmly believe we are. I am convinced that once the rank and file of our people realize the condition of the school then there will be no hesitancy on their part to undergo the operation necessary to rid the organization of the mass that now infests it with disease.

Let us see to it that our college faculties are made up of more capable and loyal timber; let the alumni insist upon a more rigid adherence to the principles the institutions stand for—a thing they will have to do or else see, as the above figures show—their *alma mater* pass out of existence. The time has arrived for action. We cannot stand another 60 per cent. decrease in our output.

Our colleges must do better than they have done in the past ten years, and the men and women in the ranks must see that they do. If they will see that our colleges are thoroughly renovated they will not have to concern themselves much about a revival of interest and enthusiasm. There will then be no doubt as to the future of the school.

### THERAPEUTIC POINTERS.

When a broken bone in healing is the seat of much pain gently rub the part with *Symphytum* # and gain the patient's gratitude for the relief experienced. Potentized and given internally it promotes the knitting of the broken place.

Dr. W. Engleman (*Lancet*, August 12), writing on "The Present Position of Radium Emanation-Therapy in Germany," says that the general interest in the treatment is steadily increasing. The conditions in which *Radium* has been found useful are: "Gout, chronic rheumatism, sciatica, neuralgia, neuritis, as well as exudates and growths which need energetic means to promote absorption."

Probably the dividing line between those two great fever remedies, *Aconite* and *Ferrum phos.*, is the mental. In *Aconite* the restlessness, fear and anxiety are marked, but not so in *Ferrum phos.* in which the patient is more despondent, depressed or apt to be annoyed at trifles.

Dr. Samuel van den Berghe, Ghent, Belgium (*British Hom. Jour.*, October), reports the successful use of *Anthracinum* 30 in splenic fever, or anthrax, by a veterinary surgeon who consulted him as a last resort. The surgeon called the disease "bacteridien anthrax" (*charbon bacteridien*), that is to say, "with swelling of the spleen." He was enthusiastic over "the sure, rapid, specific and invaluable action of *Anthracinum*" and in the 30th. "This letter," adds Dr. van den Berghe, "has struck me all the more because this veterinarian, a judicious observer, is above everything skeptical by nature and only recognized in a cure the relation of cause and effect in the face of the irrefutable logic of fact." Perhaps the 30th may come to its own again.

There is nothing better in cases of gastric ulcer, or ulcerations of the stomach, than olive oil, which gives ease to the patient and does not interfere with the remedy.

### BOOK REVIEWS.

**PATHOGENETIC MATERIA MEDICA.** By Elizabeth E. Enz, Professor of Materia Medica, Hahnemann Medical College, Kansas City, Missouri. 367 pages. Bro. Cloth, \$5.00. 1911. Barton Publishing Company, Kansas City, Missouri.



The author writes in her Preface: "My own views, crystallized after many years of teaching, are that the lectures should present all that is valuable, both in a theoretical and practical way, and that the student be provided with a guide by which he can master in the least possible time the salient points presented in the text." While the information contained in a work of this sort is valuable, such works on our experience, have never been popular with Homeopaths, probably because they are not in harmony with the fundamental teachings of the *Organon*; and it is to say, the totality of the symptoms possessed by the patient must be matched as nearly as possible by symptoms presented in the symptomatology of the various drugs. This cannot be done by a pathogenetic materia medica. Now whether the latter is best is a question each one may determine for himself. When this is understood it can be said that Dr. Eiss's work is probably the best of its class in the market, though some may object to an undue amount of space given to certain remedies and the omission of others which they might consider of more importance.

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Practical Manual Chemistry for Physicians and Students.

By Charles Platt, A. C., M. D., Ph. D., F. C. S., Lond., and William A. Pearson, Ph. G., Ph. D. Sixth edition, rewritten and enlarged. Philadelphia: John Jos. McVey, 1907.

This, the sixth edition of Dr. Platt's text book, has been prepared in collaboration with Dr. Pearson, a chemist and teacher, expert in the problems of modern medical chemistry. It is a subject in which, from one year to another, there is so much development that it is very desirable to have a thorough and up-to-date work. The present is the best edition of this well known and meritorious work; the authors have rewritten the same and have by making necessary additions enlarged it, and have incorporated all the latest tests under the different headings. As a text book for use in the college and laboratory it is most admirably suited.

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## EDITORIAL BREVITIES.

AN EPISODE.—The horse had many fine points, and to the eye was a noble animal. Two experts examined him. One advised prospective buyers to have nothing to do with the horse because he was dangerous, given to biting and striking with his fore legs. Men said this expert was a pessimist, “always looking on the dark side of things, seeing nothing good in anything.” The other expert dwelt only on the good points of the horse, which were many. The world said he was an optimist, and praised him for his qualities. A buyer took the optimist’s view of the horse and bought him. In time the horse seized his owner in his teeth, threw him and stamped out his brains. All this seems to show that while the pessimist may not be an amiable citizen, yet at times he is right in his judgment.

THE TUBERCULIN “TEST.”—In the *Illinois State Register* of August 9th the views of Dr. James A. Egan, the secretary of the Illinois State Board of Health, are stated in regard to the use of the tuberculin test in cows. Dr. Egan commences by conceding that when intelligently and properly applied by a person skilled in its use, and with a working knowledge of diseases of cattle, the test is one of the best means of diagnosing tuberculosis in cows, but he affirms that he is opposed to its indiscriminate application. His chief objections are that it is positive in the presence of the slightest infections which may never spread to the udder, and that it may, on the other hand, be negative and fail to disclose a case of generalized tuberculosis in which tubercle bacilli are being passed in the milk. He is, therefore, of opinion

that dependence on this test may lull authorities and the public into a sense of false security, and he urges the wisdom of examination by competent veterinarians to discover disease, to enforce cleanliness, and to order the segregation of animals clinically tuberculous or with suspicious abnormality of the udders. A large amount of evidence has now accumulated in regard to the uses and limitations of the tuberculin test both in man and animals. It is generally recognized that the test may be negative in military tuberculosis, in advanced cases, and in tuberculous meningitis, and that it may be positive in quiescent or clinically inactive lesions. It is, moreover, obviously inapplicable when there is fever."—*Lancet*, Sept. 16.

It looks a little as if the "tuberculin test" was nearing the "down and out" class. Well, it has had a long run, has no doubt aided in the "increased cost of living," and, if it has done any good, its friends have not demonstrated the fact. Dr. Egan is to be commended for putting a practical quietus on it.

CONCERNING MINER'S DISEASE.—According to Dr. E. E. Endicott, of Jackson, Calif., thousands of miners, especially those working in deep mines, have died and been buried under the certificate of "miners' consumption," or some other ill supposed to be peculiar to that occupation, when the real cause of their death was hookworms. He claims that nearly all the mines in this country employ foreign labor infected with these worms, and these spread the disease. It might be well for any of our readers called upon to treat miners to keep this possibility in view where the disease is not clearly determined. Dr. Endicott's paper was read at Los Angeles, and is printed in the official journal, September 30th.

CYNICAL.—"Go fishing a few days and give some of your chronic gonorrhœics a chance to get well," is a comment of our esteemed contemporary, the *American Journal of Dermatology and Genito-Urinary Diseases*, in its October issue. This reminds us of a talk we had recently with a homœopathic physician, perhaps not unknown to you. He mentioned two intractable cases, chronic, that had been through the "regular" treatment, come to him and were, at least, no better for his homœopathic ministrations. Then he went to one of the old masters of homœopathic

materia medica and laid them before him; he selected a remedy "undreamed of by me," said our informant, "and in each instance the cure that followed was remarkable for promptness and completeness." So it seems that the advice to study the big, unabridged homœopathic materia medica would be better advice than to go a fishing, for it is doubtful if one of these old gonorrhœics can get well even if left to nature. The world does not appreciate the power that lies in the *simillimum*, made and administered according to the rules laid down by Dr. Samuel Hahnemann.

SMALL-POX AND THE HOMŒOPATHIC PROPHYLACTIC.—Dr. G. E. Dienst, of Naperville, Ill., contributes a paper to Dr. R. F. Rabe's department in the *N. Am. Jour. of Homœopathy*, relating his experience during an epidemic of small-pox among the students of the Northwestern College, located at Naperville. The epidemic occurred in 1902, and Dienst had charge of the majority of the cases, which may be divided into three classes. 1st, those who were vaccinated in the orthodox manner; 2d, those who were vaccinated and also received the homœopathic vaccination, and 3d, those who refused to be vaccinated. The first class, about twenty, suffered most from sore arms (one was invalided for six weeks), and three of them on whom the vaccination did not take contracted the disease, one in the confluent form, but their health was better afterwards than those who had very sore arms. About 200 were vaccinated in a similar manner—the same virus being used—and, also, at the same time received the homœopathic prophylactic. None of these suffered from sore arms, none had small-pox, and on many the vaccination did not take. Those who refused to be vaccinated seem to have been of the class with an uneventful history.

VACCINATING FOR TYPHOID.—*Public Health Reports* for October 6th contains a summary under thirteen heads of the Report of the Commission appointed by the Paris Academy of Medicine to look into anti-typhoid vaccination. Two of thirteen are noteworthy. Under the eighth head we read that "every person vaccinated against typhoid fever should take the strictest precautions in order to avoid the chances of typhoid infection." Under the tenth of the summary physicians are told that "anti-typhoid

vaccination should be practiced only upon perfectly healthy subjects, free from all organic or other defects and from local or general affections, no matter what their nature, especially tuberculosis."

We are also told that there are various means of anti-typhoid vaccinating; among these are the living bacilli, the dead bacilli, bacilli killed by anti-septics, serum, sensitized bacilli, pulverized bacilli, bacillary extracts, and "vaccine prepared by chemical methods." This gives the vaccinator plenty of elbow room. After detailing the symptoms that follow the operation (and they are many), *Public Health Reports* says: "It cannot be denied that these painful symptoms constitute the principal reason which has restricted the spread among the general public of the English and German anti-typhoid vaccines."

After one has gone through the pros and cons of this twenty-four page paper he emerges in a somewhat confused state and with a dim feeling that even the great ones responsible for the practice do not know *very* much about it, but are willing to "try it on."

A PREVALENT ERROR.—One error that seems to accompany the very correct assertion that the science of medicine has advanced since the days of Hahnemann is the apparent belief that this advance has left Homœopathy behind. In cases where the old homœopathic polychrests are clearly indicated there is nothing else that will cure a case so easily, quickly and permanently. If the end of medicine is the cure of disease, then Homœopathy has not been left behind, or become obsolete; in reality, it has not been caught up with, and the man who gives it up for the modern therapeutic methods gives up the best known means of curing disease. Men ought to realize that ceaseless shifting is not necessarily progress—that basic truth must be stable.

LAXATIVES AND PURGATIVES.—At the last meeting of the Am. Asso. of Obstetricians and Gynæcologists, held at Louisville in September, Dr. Edwin Walker, of Evansville, Ind., said:

"Purgatives are used entirely too often by the profession and laity. This routine use is vicious and does much harm. Is it good practice to assume that every one who requires a surgical operation likewise requires a purge? If there is fecal impaction



a single purge will not remove it; several days at least will be necessary. The purgative increases the amount of fluid and also stimulates germ activity, which renders the condition less favorable for an operation on the intestine or elsewhere. Careful study of each case with more accurate diagnosis will almost do away with the habitual use of laxative drugs. The purge after a surgical operation is needed in some cases to prevent accumulation in the rectum, which is not serious but causes some discomfort. Quiet and limited diet are the causes of their failure to act, and when a liberal diet can be taken, laxatives are rarely required. The purgatives cannot remove infection. For local or general peritonitis following a laparotomy it is contraindicated. For seven years I have not given a purge before a surgical operation, except in rare cases, not 1 per cent. Patients are stronger and in a better condition for the ordeal. They have done better in every way, were more comfortable, and the abdominal cases had less pain and tympany. Gas pains were much less frequent. There were no complications which could be ascribed to the omission of the purge. Routine purgation in all surgical cases is absurd, is contrary to reason and should be abandoned."

Naturally as nearly all the modern medical books advise "keeping the bowels open" this aroused opposition, one of the opponents saying, "the bowel is the sewer of the body, and why not wash it out, and what harm does it do to wash it out?" Another said he sent his constipated cases to an alimentary canal specialist, and if he couldn't cure them he operated on them. None, reported, backed up Dr. Walker, but though they were all very modern this does not disprove his assertion. Walker is not alone, by the way.

ENGLISH LIFE INSURANCE AND VACCINATION.—They say that "money talks," and also that "there is no sentiment in business." According to W. H. Jollard (*Lancet*), in 1903 out of 57 English life insurance companies 11 refused to issue policies on unvaccinated persons. In 1910 the number of companies had increased to 68, among which 3 refused unvaccinated risks.

In 1903 6 companies took the unvaccinated without extra premium. In 1910 the number had risen to 24.

HYDROPHOBIA THE RESULT OF SUGGESTION?—"I believe that hydrophobia is a good deal of a hoax. We have tetanus and a

few other infectious ailments that may be conveyed by the bites of animals, but hydrophobia as a disease *per se* seems to have never been proven beyond doubt and cavil. Is it some other kind of phobia or fear? An hysteria in which the element of fear is paramount? No germ has been isolated for this affection, although the 'institutes' to which patients and the saliva of suspected animals are sent invariably find unmistakable evidence of the disease. The pound men who handle so many dogs in the large cities and are frequently bitten never contract hydrophobia. In England this disease is an unknown quantity. It is conservative to think that nearly all cases of hydrophobia are produced by suggestion."—*Dr. W. T. Marr, Peoria, Ill., in Medical Times, October.*

JOSEPH BELL—SHERLOCK HOLMES—DIES.—Joseph Bell, M. D., F. R. C. S., Edinburgh, consulting surgeon to the Royal Infirmary and Royal Hospital for Sick Children, member of University Court, Edinburgh University, twenty-three years editor of the *Edinburgh Medical Journal*, died on October 4th. Dr. Conan Doyle, author of the famous and unapproached detective stories, known under the general title "Sherlock Holmes," wrote of Dr. Bell, under whom he studied and who was the model for the great detective: "He would sit in the patients' waiting-room with a face like a red Indian and diagnose the people as they came in, even before they had time to open their mouths. He would tell them their symptoms and would even give them details of their past life, and he would hardly ever make a mistake.

"One day, in the presence of his class, he said to a patient who had come to the Edinburgh Royal Infirmary for treatment:

"You are a soldier, and you are a non-commissioned officer at that. You have served in Bermuda. How do I know that, gentlemen? Because he came into the room without taking his hat off, as he would go into an orderly room. He was a soldier. A slight authoritative air, combined with his age, shows a non-commissioned officer. A rash on his forehead tells me he was in Bermuda and subject to a certain kind of rash known only there."

TETANUS.—At a recent meeting of the Philadelphia County Medical Society Dr. Samuel Wolf is reported as telling the members that the tetanus germ may be lurking on the skin near, or

on, the site of, the wound; maybe in the gunpowder, or in the wadding of the blank cartridge used. Also that contused and lacerated wounds are favorable to the infection. Always in mind is the theory that tetanus is a living creature who must, therefore, be capable of propagating its species and, consequently, male and female. Some of that which passes current as medical science is curious, indeed. Why may not tetanus be a condition just as a broken bone is?

IS POLIOMYELITIS CONTAGIOUS?—With their customary impetuosity sundry health boards declared the disease to be contagious and, therefore, subject to official supervision. The committee that investigated the epidemic in the District of Columbia last summer reports that out of 246 cases 17 gave a history of exposure to the disease. This is no proof that these 17 contracted the disease by contact. The committee also learned that previous to the appearance of the disease in human beings it, or something like it, had prevailed for some time among the fowls. This goes towards proving that the so-called “germs” of this (or any other) disease are only effects and it is an error to regard them as causes.

CONSTIPATION.—“According to that homœopathic patriarch, Constantine Hering, constipation is paradoxically the healthiest disease that a person can have. ‘Everybody,’ he says, ‘may congratulate himself if he have no worse disease than this. Experience shows that individuals of costive habit become very old and remain very strong. . . . The widely extended idea that it is healthy to purge, not only in disease, but also occasionally, when a man does not feel quite well, . . . is altogether false and groundless. The people have so long heard this, and one has repeated it to another so often, that more than half the world scarcely presume to doubt it. And yet it is nothing more than a silly and mischievous credulity. This false notion is the cord on which the old practice of medicine hangs, and by speaking with pathos and dignity of cleansing out the system, the allopathic doctors induce many a one who is otherwise healthy to come to them regularly, that he may, by cleansing and scouring, become inwardly pure and clean.’”—*J. B. S. K. in Medical Advance.*

PASTEUR AND HYDROPHOBIA.—When one reads of the “mighty and bloodless revolution” wrought by the discovery of Pasteur anent hydrophobia (*i. e.*, a disease evidenced by the “fear of water” as the word indicates), conquering that disease, and then reads of the establishments of “institutes,” treating from 1,000 cases upwards, at \$100.00 per, in communities where, before, there had never been known a case of the disease, one gets—oh, well, sceptical.

Professional dog-catchers, the men at the dog ponds, all over the United States, are bitten by dogs almost daily when in commission, but think nothing of it, but let a citizen get bitten and it is a rush to “the institute”—if one has been established. Before that, like the dog-catchers, they thought nothing of it and no one died of dog bites. It is a load on true medicine.

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#### NEWS ITEMS.

Dr. H. K. Scatiff has removed from 4337 N. Irving Ave. to S. Wood St., Chicago.

Dr. C. A. Walters has removed from 189 to 452 Bainbridge St., Brooklyn, N. Y.

L. I. Farmer has removed from Pettigrew, Ark., to 1652 W. Harrison St., Chicago, Ill.

Dr. F. Bersuch has removed to 2714 Lister Ave., Kansas City, Mo.

Dr. C. V. Bryan has removed from Buffalo, Mo., to Pine Tree, Mo.

Dr. W. J. Garard, after practicing for several years at Rutland, Ill., is now located at 828 Lill avenue, Chicago, with offices and laboratory at 22 E. Washington street (Marshall Field Building, Annex). Dr. Garard has lately been appointed to the chair of Hygiene and Sanitary Science at the Hahnemann Medical College, Chicago.

Dr. Royal E. S. Haynes has removed from Farmington to Waterbury, Conn., where he is associated with Dr. H. A. Cameron, one time editor of the *Journal of Homœopathics*. Dr. Richard Blackmore, formerly of Bellevue, Pa., succeeds to Dr. Haynes' practice at Farmington.

## PERSONAL.

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"How long will I live, Doctor?" asked the anxious patient. "The remainder of your natural life," was the straight reply.

It is sad, when the snow flies and coal isn't high—in your coal-bin.

The undertakers now want to be known as "morticians." Well, the central figure won't care.

An Austrian doctor has introduced amateur acting as a therapeutic measure. Now, may angels and ministers of grace defend us!

North Carolina Examining B. asks "What keeps the respiratory centre active?" Well, what does?

Women do not buy "hair restorers," but hair.

The editor refused her poems, but took her.

According to "Billy Sunday" it takes \$75 to "save a soul" in Alanta and \$250 in N. Y. Oh, you New Yorker!

"Man intent solely on enjoying himself, and having a good time, is nibbling the rat biscuit."—*The Fra.*

"How many of us are crazy?" asks Dr. Woods Hutchinson, in *October Everybody's*. Don't look at the other fellow!

Edison probably excused the fact that he invented the phonograph by saying that sleep is unnecessary anyhow.

"Well, Doctor, how is practice?" "Still quite theoretical."—*Fl. Blact-ter.*

"The Wife's Diary," remarked the old celebiate, "is generally a scrap-book."

Note on political economy. Over-production of wealth causes hard times.

A Southern orator, Texas is his home, coined a new word—"Pedestinarrians."

Andrew Carnegie isn't sure whether he made his money by getting good men around him or by getting around good men.

The term "charity ball" is a polite fiction, for none but "glad rags" are admitted.

The man who uses his wife's hat pin for a pipe cleaner is something of a "brute."

"Highly sensational!" remarked the editor as he got a squirt of lemon juice in his eye.

"*Similia similibus curantur*" said *Life's* man of experimenters on monkeys. Naughty *Life!*

Evolution, devolution, involution, convolution, dissolution, revolution or no volution—take your pick.

A Babylonian tablet 1,000 B. C. warns the public against fake antiquities, so says Hilprecht.



# THE HOMŒOPATHIC RECORDER

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## HOW BELLADONNA CAME TO BE USED AS A PROPHYLACTIC AGAINST SCARLET FEVER.

Dudgeon tells us the story, which is rather interesting. Perhaps some of our readers have never heard it, so here it is.

*Belladonna* was the first homœopathic prophylactic discovered or, more properly, reasoned out by Hahnemann in the days when he seems to have been in active general practice. There was a family of four children and three of them contracted scarlet fever, the fourth escaping, though it was the one that generally contracted any disease the first. This child had been taking *Belladonna* for some time previously for some other ailment—for an affection of the finger-joints. This fact started Hahnemann to thinking, and he reasoned that "a remedy that is capable of checking a disease at its first onset must be its best preventive." Scarlet fever attacked three children in a family of eight in a very virulent form and, according to past experience, the remaining five were due to get it. Remembering the child who had been taking *Belladonna* for some other affection, and who escaped the fever, Hahnemann gave it to the remaining five, who rather to the astonishment of all did not contract the disease though constantly exposed to it.

After this was made known Bloch gave *Belladonna* to 270 children exposed to a very malignant form of the disease during an epidemic and noted that none to whom it was given for ten or twelve days took the disease, all being completely protected. The duration of the treatment—the prophylactic treatment—here mentioned is interesting. Some years later the great Hufeland himself wrote an article on the subject favoring the prophylactic virtues of the drug and giving all the testimony on the subject published up to that date, namely, 1829. Dudgeon gives the

data of these, the most striking of which is by Schenk, who gave *Belladonna*, which he had obtained from Hahnemann, to 525 persons during a very fatal epidemic and of these 522 escaped all traces of the disease. Zeuch, also, physician to a foundling hospital in Tyrol, where out of 84 children 23 had contracted the disease, gave *Belladonna* to all the others and only one of them came down with the disease. Many other similar reports are given, but let these suffice.

There were no homœopathic medical journals in those days and all these reports as to the virtue of *Belladonna* in guarding against scarlet fever were published in what were afterwards known as allopathic journals. They have long since given it up, though in their practice we have seen it was so very successful. It may be that they gave it in enormous doses mixed with other drugs and, while it is not so stated, probably made the effect of the prophylactic so bad that they were forced to give it up.

It is curious how a body of learned men, such as these physicians are, should be possessed by the idea that it is quantity that counts in dosage. This notion is just as prevalent today as it was in the beginning of the eighteenth century. Pick up a file of any of their journals and note how many papers dealing with treatment and dosage will tell you how the writer began with a certain dose and gradually increased it, presumably to the limit; also note papers where the writer tells how by certain means the dose may be "greatly increased." So long as this idea of ever-increasing dosage holds among the "regulars" it is better for the world that "therapeutic nihilism" should prevail among them.

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## ORIGIN, DEVELOPMENT AND PROGRESS OF BIOCHEMISTRY.\*

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

The starting point for me in biochemistry was exactly as it happens so often, by accident; once as I complained to the late Mr. Schaefer, of Boericke & Tafel, Grand street, that the homœo-

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\*Read before the New York Homœopathic Materia Medica Society, October 25th, 1911, by invitation.

pathic treatment in such a polyglot population as I had to deal with really was more than difficult to get a satisfactorily working symptomatology—he asked me, showing the book of Drs. Boericke and Dewey, if I had ever tried biochemistry in cases where the patients were unable to understand the questions. The result of this advice was that I became a pupil of Schüssler's teachings.

The study of Drs. Boericke and Dewey's introduction into biochemistry together with the training I received by the professors, Miescher and v. Bunge, at Basel, in physiological and pathological chemistry, as, also, together with surprising results from the start with the twelve-tissue remedies, effected that the teachings of the late Schüssler, based so prominently on the writings of v. Liebig, Moleschott, Virchow and v. Bunge, took full possession of me so that, as I must confess, in all those I have not for one moment felt sorry to have followed Schüssler, even though many homœopathic physicians of such a high standing as Dr. Nash predict nothing but dire failures as the final result of Schüsslerism. Like in any art or science it is impossible to suspend the well-known and practiced methods and expect results from a sudden trial with unfamiliar and more or less unknown ways; so it is with homœopathic authors criticising biochemistry without having acquired any necessary training by a study and practice of biochemistry for at least two or three years, exclusively.

Drs. Boericke and Dewey are writing their book from the view-point of Homœopathy and therefore it is easy to understand that they always very cautiously treat the comparison between Homœopathy and biochemistry. But on several points even their great and careful reluctance was not able to prevent the two named authors to put somewhat the biochemic undercurrent of Hahnemann's *Similia Similibus* in a peculiar prominence, but with the quickly added plea to remain homœopaths.

Those so startling places in Drs. Boericke and Dewey's well-known book are: "*We present the hypothesis that Homœopathy and biochemistry are quite similar; that biochemistry offers a rational explanation of the homœopathic action as contained in the law of Hahnemann.*" And:

*"Could we have an exact quantitative and proportionate analysis of any one drug from the animal or vegetable kingdom we*

could then direct its symptoms and tell which belonged to one tissue salt and which to another; and it is highly probable that we, by this means, could easily explain why the symptoms of one drug are so often found under the pathogenesis of another, why one is characteristic in one drug and only generic in another when, indeed, it may not rightly belong to either but to an inorganic tissue salt, a constituent of each drug."

They continue to write in their book: "Were the analysis absolutely complete and correct" so we would have *Phytolacca decandra*, consisting of eight tissue salts—*Kali mur.*, *Kali phos.*, *Kali sulph.*, *Calc. phos.*, *Calc. fluor.*, *Calc. sulph.*, *Ferr. phos.* and *Silicea*. "Were this analysis correct we should probably find some *Nat. mur.*, as one of the prominent symptoms of *Phytolacca* is acrid, watery discharge from the nose."

"This would explain why we have different sets of symptoms under one homœopathic drug, appearing to antagonize each other—each is produced by different tissue salt."

The doctors follow their chapter up by showing how the homœopathic drug is proved and finally write: "When we give *Phytolacca* to prove it, do we not, by virtue of 6.8% of potash salts it contains, cause a molecular disturbance of these salts, which would not occur were they given in so crude a form as not to be taken up by the ducts of the neurilemma of the nerves of taste, etc. . . . This disturbance is only to be corrected when arising from disease by giving *Phytolacca* in potency, the potash salts in it being the part which gives it its curative power."

Those places in the best book so far on the tissue remedies by homœopathic authors caused me in connection with my results to study the original writings of Schüssler, v. Grauvogl, v. Bunge, Moleschott, v. Liebig and to re-read the cellular pathology, the chief work of Virchow.

The study of Schüssler's 25th edition caused me to follow up his whole development. I was fortunate enough to procure all editions of his therapy from the first in pamphlet form as a reprint of an article in the *Allgemeine hom. Zeitung*, 1874, and his other medical publications.

Exactly as in other reforms, so Dr. Schüssler at first never had thought of it to be parted from Homœopathy, as he published those short notes on a simplified and therefore easier thera-

peutic procedure than the usual homœopathic one. The quickly aroused hostile criticism of homœopathic editors and physicians, like v. Viller and others, caused Dr. Schüssler in broadening his system to found the biochemical treatment and, finally, as homœopathic medical journals closed their pages against him, to part from Homœopathy and address himself in pamphlets to the public, which soon formed a great circle around him. Dr. Schüssler's first communication to the physicians was the following: "*For about one year I have tried to find out by experiment if it would be possible to treat and to cure curable diseases with only those substances which are the normal and inorganic functional combinations in the organismus. Therefore those substances must be Calcium, Magnesium, Kalium, Natrium and Iron in their salt formation with chloric, fluoric, phosphoric and sulfuric acid besides Silicca.*

*"I did not consider the carbonates because they cannot be regarded as functional.*

*"I had to undertake a comparative study of the pathogenesis of those salts to find reliable indications.*

*"After I had formulated such a schedule I introduced slowly those salts as remedies into my practice. I had results and also when I selected wrongly—failures.*

*"The notes regarding biochemic facts in Virchow's cellular-pathology were used to correct faults in my system. By and by I began to discard in my practice the generally used (homœopathic) remedies as not more necessary for me.*

*"Since about eight months I employ exclusively the forenamed salts.*

*"I have gained the conviction that we are so enabled to effect cures in the shortest possible time; and therefore I publish in the following lines all that I have found and observed."*

In this identical way of Schüssler many homœopathic physicians have found very effective remedies which today can be found in the great *Materia Medica* works without having any provings—only that these remedies are not under the same restriction, as put up by Schüssler—to be salt formations of the elements contained in the tissues of the organismus.

This was the way of the late Dr. Schüssler in 1873 and it remained the same till the day of his death.



It must be remarked that I was not able to find out the reason why the late Dr. Schüssler did not write in quite a clear way—how he came to his indications. Dr. Schüssler perhaps thought it unnecessary to write about this point in his later publications for the lay public. We see therefore so often the question in homœopathic articles—how did Schüssler come to his indications if not by provings?

Pathogenesis on one side and physiological chemistry on the other side are the two sources. For instance, the chemist has proved *Plumbum* and *Cuprum* to be constantly found in liver and intestine analyses, therefore *Plumbum* and *Cuprum* are playing in liver and intestinal diseases a dominating part in biochemistry since Schüssler's times. A further example of the formulation of indications can be seen in the following reasoning: If in menstrual disorders with all possible personal complaints not in short time the older tissue remedies will give results—*Ferrum iodat.* will often (perhaps mostly) be the curing remedy by the *a priori* reasoning that in the menstrual flow under circumstances too high a percentage of iodine of the organismus is wasted.

Another method and more up to date has been worked out by me in the following way: promising to be efficient in correcting in time some mistakes of Schüssler and so making his great work more durable for wear and tear.

To illustrate this point and to show how the working of formulating indications is done we will consider—RADIUM.

The unquestionably brilliant work in toto by Dr. Dieffenbach is certainly in the hands of everybody here present: perhaps also many of those present have read in the HOMŒOPATHIC RECORDER my two publications on Radium in the February and December issues, 1910.

I began to study radium as soon as by the published notes of different authors the radioactivity of the blood of the human organismus was convincingly proved.

The most various diseases have been treated and many surprising cures have been effected to the present day.

But the point of interest for us is to find out—in which way radium was selected before Dr. Dieffenbach's provings were available and before Dr. His, of Berlin, published anything regarding his cures.

Dr. John H. Clarke's booklet on radium had little or nothing to do with the greater part or any of my reported cures, as Dr. Clarke's work lets radium appear as a skin and eye remedy.

So the question comes quite naturally as all concerning symptomatology in Dr. Clarke's provings is lacking how rheumatismus, nephritis, diabetes, etc., could have been treated?

Physiology teaches in the interest of cellular pathology the working of the blood, especially regulating the osmosis of the cell body. In the February number of the RECORDER, 1910, I have spoken of the different forms of katalysis in connection with biochemistry. The radioactivity of the blood now depending on some radio-active salt in the blood stream is therefore designating the position of a physiological, constitutional katalysator. Having settled in my mind therefore the question of the admissibility of adding radium to the list of biochemical or cellular therapeutical remedies I gave radium in nephritis parenchymatosa going out from the pathogenetic working of radium in the gross application so well known through the works and study of all those specialists like Dr. Dieffenbach—to effect a direct and stopping influence on the progress of tissue induration of the kidney and this, *a priori*, formulated indication was proved by the result, as described in my "Radium Therapy," by the comparative health of the patient, and enabling him to work and support his family after treatment.

My results in arthritis and rheumatismus, I am sorry to say, were, when I published the "Radium Therapy," considered of "*minor importance*" and, therefore, only referred to (*as many other cures*) as the gist of that paper and, as is easily to be seen, had quite a different point of interest.

The work of Dr. Dieffenbach, therefore, as in this case of nephritis, must be considered as the most emphatic endorsement of the practicability of Schüssler's "misguiding and false theories," as biochemistry has been called!

In the same way the action of *Radium* can easily be explained, as, for instance, in rheumatismus and arthritis, as accelerating the discharge of uric acid by effecting a greater circulation (osmosis) through the cell walls of the necessary salts, from the intercellular fluid to discharge, and to eject the accumulated uric acid in the form of a combination of sodium silicate with the soda of the

urate of soda. In this case *Radium* is an indirect katalysator, but so, also, more hastening a cure than by the older method of giving *Natr. phos.* or *Silicea*; it must be remembered that *Silicic acid* is a constituent of the cells of the connective tissue and therefore disturbances in its normal quantitative distribution effects rheumatismus and gout. Here also we can see the indications of the biochemical treatment endorsed by the actual homœopathic provings.

In connection with the indications in the biochemical treatment (and this is a sign that biochemistry in its final kernel is not quite the same as Homœopathy) it is quite important to consider the potency question.

It is a well known fact that this potency question, started in Hahnemann's time is, for the sake of peace, an untouched domain to the present day. It is absolutely necessary for the biochemist to use only the potencies from the 6x as an equivalent to the quantity of an inorganic salt (of the original tissue salts) contained in the blood cell upward; these quantitative researches were conducted and made by C. Schmitt—6x means a decimal fraction of one trillionth particle of a gramme. In the biochemical treatment, with its indication often directly opposed to Homœopathy, it is as also proved in practice absolutely important that the remedies shall be used and especially those when in the role of a katalysator in higher and highest potencies. I must add especially that the highest potencies of *Radium* as prepared for me by Mr. Gustave Tafel (10, 50, 100 m.) worked in nearly so dazing a way that I am afraid to speak of them at present.

Today R. Virchow's cellular pathology is regaining slowly its former importance after the so-called scientific frenzy in regard to germs, serums and opsonic treatment had absorbed nearly all medical interest for a considerable time.

Virchow's famous fundamental principle, "*The essence of disease consists in the change within the cells,*" is standing again at the head of scientific medicine and Virchow's desiderat in treatment, "*Cells are intelligent organisms and know how to choose their food, when it is within their reach,*" has been fulfilled by Schüssler's biochemistry which in correspondence to *cellular pathology* should be called *cellular therapy*.

II.

The original twelve tissue remedies will always occupy the most prominent place for the reason that they are contained in the body in a greater percentage than any other, and were, therefore, earlier and better known than *Ars.*, *Iod.*, *Cup.*, *Pb.*, *Lith.*, and all the rest. The idea to stop here and to use only those would be an act unbecoming the pupils of the late Schüssler.

I believe that I may say that the use of those twelve remedies is, on one side, very easy, and, then on the other side, can offer difficulties truly astonishing, which cause Schüsslerism to be so emphatically denounced. This great difficulty, I hope, has been removed somewhat, since in the sense of Schüssler I had begun to try to develop that which old Dr. Schüssler called the facial diagnosis. And this is the reason I refer to those points which I believe to have found out since Boericke & Tafel printed my small manual.

In short, I will bring to your attention some addition really necessary for a quicker and more satisfying working of the facial diagnosis.

In going over the chief characteristic we observe that the *Phosphates* are made known from the first in the appearance of the patient by a delicate skin, soft grained hair, livid, yellowish or earth-like complexion, often badly mixed with a dirty brown-gray with an underlying chalky white—in momentary excitement it can be observed here that the red hue is sharply demonstrated against the livid parts.

The organism of the *Sulfate* patient is of a coarser grain than that of the *Phosphate*, and as it shall be shown later on than the *Sodium patient*. The exhalation of the patient is disagreeable. The face is pale, only the prominent parts are red or reddish. The neck is conspicuously too weak to carry the head, and, therefore, the head is carried forward. Patients sleep with head on low pillow. The patient shows clearly during the day a great sleepiness, languor and a surprising alertness in the evening. Women hate to be touched, faint easily or cry.

The *Chloride* patient shows in his class a great difference from the *Phosphate group* in being less nervous, and from the *Sulfate group* by being less pungent in the body's exhalation and less coarse in fibre. The face looks sickly, œdematous, pimply and

mostly with irregular features. The body is remarkably well proportioned, as a rule, with the exception of the face (and even this not always), the whole body could be called perfect with the exception to the condition of the skin. More or less we have to deal with prefixed ideas like in *Iodine* patients. The general character can be called dull, torpid, passive.

The *Fluoric acid* characteristic with the peculiarities of *Calcium* give to the patient an elaborate whiteness with the veins showing through the thin epidermis, as a blue network, not only in the face, but all over the entire body, perfecting the impression of an alabaster or marble statue. On touch we will find the skin dry and hard. The eyes shine lustreless as if blurred from over-exertion. The maxillary glands are enlarged and hard. Often the *Calc. fluor.* patient will make the impression of a Cretin.

The *Silicea* patient has a yellow face, skin cracks easily, has acne on chin. We find a scrofulous face, more pronounced than in *Kali mur.* The patient is generally indolent, but when aroused stubborn (on this last characteristic sign more cures have been effected in all possible diseases than with all other pathognomonic signs—called semotik). Carroll Dunham's words, "*With evidence of exhaustion there is an exalted condition of susceptibility to nervous stimuli; the spinal nerves are morbidly keen.*" could in this grasping stamp the great homœopaths as a most eminent biochemist. A peculiar condition of the skin must be named. In nearly no other remedy can we see such an inactivity, such indolence. The *Silicea* patient is nearly always somewhere invaded by parasitic fungi—microsporon furfur in pityriasis versicolor—here we can observe that nearly all skin destroying antiseptics will not act so promptly in clearing the vegetations away as few doses of *Silicea*, mostly 30th to 200th centesimal potency.

Dunham's *exhaustion and exalted condition of susceptibility of nervous stimuli* can be described and explained more by referring to the great irritability and restlessness, constantly gloomy and startled, the nerves are marked by hyperæsthenia and exaggerated reflexes and most pronounced by absolute intolerance of alkaloids and alcohol. - Even if everything speaks for *Silicea* from the biochemic semiotik, but either by verbal examination or by my own sense of smell, it is shown that the patient only drinks or



smokes a little, the patient never will be a good *Silicea* patient, that means be cured fully by *Silicea*.

If anybody will now undertake with a good knowledge of facial diagnosis the biochemic practice he will succeed.

It is, therefore, evident why up to the present date I have not as yet taken up any *critic of biochemistry* in earnest, as we find so much *excathedra* in different works on clinical medicine for the simple reason that biochemistry is entirely unknown, and, therefore, treated in a supercilious manner as a ridiculous sprouting of homœopathic trifling. Such a *critic* often will appear wise, and refers to bad results by biochemistry in his hands showing that Schüssler's remedy did not work in the smallest percentage. If now such a statement is then compared to Schüssler's own publication, the astonished reader will see that this *critic* accuses Schüssler of something the author of *Biochemistry* never wrote!

J. Compton Burnett somewhere in his works speaks of the great help the medical treatment can receive from the nosodes in bringing out the true picture of a complicated case. So the facial diagnosis and the application of the original tissue remedies in high potencies in nearly every case will bring out the inner hidden causation in a similar way. I never had the honor to meet Dr. B. Fincke, but one of his patients asked me years ago in a somewhat sportive mood as we were discussing Homœopathy and biochemistry how I would prescribe for him?

After looking him over carefully I told him that *Natr. mur.* was decidedly his initial remedy, which eventually would influence the whole treatment, so that either *Natr. mur.* would remain the remedy or another remedy would be indicated in such a sharp manner that the selection would not be difficult. The next time I came to his place of business this gentleman told me that he began to think better of biochemistry; he had told Dr. Fincke of the off-hand prescription. Dr. Fincke was surprised, because this same *Natr. mur.* prescription was the result of a painstaking consideration of the entire sum of symptoms which this gentleman presented.

We can deduct from this occurrence that:

1. The facial diagnosis is proved to be an unerring aid to find out the chief indicated remedy.

2. The facial diagnosis brings a quick and reliable understanding in complicated cases.

3. The facial diagnosis makes the physician in the most cases quite independent from verbal examination, and on pressing occasions the facial diagnosis will indicate quickly the right remedy and so give help, relief or even save from death by prompt and effective medication.

In the present paper I hope to have brought out the fundamental ideas of biochemistry.

### III.

Regarding the future of biochemistry I would like to make the following remarks, namely, That I am fully convinced that if ever the allopathic or self-styled scientific medicine should really accomplish a great but truly proved dangerless serum or remedy for any of the following diseases, as cholera, plague, diphtheria, cancer, syphilis, rheumatisms and gout, then the proof will be given that biochemistry and its fundamental structure are only built on philosophisms, and then it is time to deny any further right of existence.

But till allopathic science can show such demanded results of efficiency, biochemistry will not be disqualified and has not been modified by any allopathic result; even Schüssler's theories have been lately indorsed as, for instance, in the action of *Phosphorus* in rachitis, as is shown by the observations of Dr. Schadod in the metabolism in the retention of calcium increased three-fold under the influence of *Phos.* given in the form of a solution in cod liver oil. The drug has no effect whatever on the calcium retention in healthy children. The effect of *Phos.* was evident within a few days, and persisted unenlarged so long as the drug was given. Two months after it was discontinued the calcium retention was still higher than before. The action of *Phos.* must consist in a specific irritation of the bone, for it is given in too small quantities to account directly by combination with calcium and deposit in the bone, for the increased detrition of calcium. Since rachetic bones have been shown to contain much too little calcium the indication for *Phosphorus* is clear.

Dr. Schadod decidedly has here given without any knowledge an endorsement of biochemistry, and curiously, of the one part

of biochemistry, which was explored by the late Schüssler in special researches of *Calc. phosph.*. So all around in all allopathic medical papers and journals nearly every week or month we will find in one way or in another an indorsement of biochemistry. These authors sometimes seem to take special pride *as if they had brought out something absolutely new* (and sometimes I cannot get rid of the feeling that those biochemically writing physicians must know Schüssler's "*Abridged Therapy*" to be able to write so familiarly about those things which cannot be known by inspiration but by long and honest observation and practice).

So far as can be seen I hope to have shown and proved that biochemistry has been founded on a solid rock. I hope to have shown that even with the access of the new division in chemistry, the chapter of physical chemistry in all questions of osmosis and katalysis and even with the appearance of radium—biochemistry has not been shaken, modified or brought to nothing as a bursted fallacy; but it must be said absolutely without bias that *biochemistry* as the newest system of medicine, hardly forty years in existence, promises well to remain in vigor and activity as long as human ills will need cure.

205 E. 72d St., New York, Oct. 25, 1911.

(In reference to the foregoing we feel like pointing out the fact that, if Dr. Fincke by repertory work and Dr. Von der Goltz by means of biochemistry (or facial diagnosis) arrive at the same remedy, and it prove curative, then it seems to follow that Homœopathy or Biochemistry must be but different means of arriving at the true remedy (with biochemistry limited to a comparatively few remedies), which, indeed, is not inconsistent with the underlying Law of Therapeutics, name it as you will. Could not Newton as well have had the Law of Gravitation suggested to him by seeing a man fall from a balloon as by seeing an apple fall from a tree? This also suggests that the *only* means the greatest (numerically) school of medicine has for ascertaining the Law is by means of experimenting on those committed to their care—they have no other, have they, save the doubtful one on beasts? This fact—is it not a "fact?"—demonstrates that they wrongfully lay claim to the term "scientific." The real

science lies solely with the homœopaths, or, as Dr. Von der Goltz would claim, the biochemists. If this proposition is not tenable will not some one please demolish it?—EDITOR OF THE HOMŒOPATHIC RECORDER.)

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**THE HOMŒOPATHIC TREATMENT OF MENTALLY AND PHYSICALLY DEFICIENT CHILDREN.\***

By P. R. Vessie, M. D., Cleveland, O.

CASE NO. 10.—Girl, age 12. A case of cerebral infantile paralysis. Rachitic pelvis. Hutchinson's teeth. Slight salivation. Blonde; blue eyes; light complexioned. Well nourished.

Very coquettish; spoiled; self-willed. Great fear of falling when descending stairs. Spoke but little. Unable to read or write. When five years of age she would select certain letter blocks and would designate them as the names of immediate relatives and friends. The letters, however, were chosen irrelevantly, and, consequently, attempted instruction was rendered doubly difficult because of this unwise practice. Particular mention is made of this aforesaid performance because it was the only apparent shadow of intelligence that this little unfortunate displayed up to her twelfth year. It precipitated great despair after hours of untold labor on the part of the instructor. Tenacity, aggressiveness and firm but kind discipline were the factors that brought the girl under control.

Medical treatment improved her constitutional deficiency materially, in so far as to prepare her for systematic instruction. *Bell.* for enuresis, *Kali phos.* for her constitutional inferiority, *Nat. mur.* for salivation, *Stram.* for retarded speech, and *Ars. iod.* for the mental deficiency. These remedies were selected and administered in the sequence of time. After seven months of ardent endeavor with this child her dormant faculties awoke rather unexpectedly. She began to conceive the significance of single letters, but she showed some confusion in attempting to retain them in her memory. Writing proved a difficult task, and

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\*A continuation of cases reported in the HOMŒOPATHIC RECORDER, March and September, 1911.

consisted simply of a childish scrawl. Inevitable repetition improved her mental faculties day by day. After the eleventh month of treatment she began to read the primer unaided and would copy the words that she read.

The cerebral paralysis had seemingly obliterated the speech and graphic centers of the left hemisphere so that it was necessary to educate the left zone as a substitute. Relatives and acquaintances marvelled at the change in her mentality. The girl will be fitted to be taught the necessary things in life after she has completed the elementary schooling. In the course of events the child became homesick, despondent and morose and was consequently sent home to continue treatment under her mother's care. Further progress was reported to be most satisfactory in school.

CASE NO. II.—Boy, age 8. A very stunted individual. Physical signs of rickets. Infantile diarrhœa. Enuresis. Cracked lips. Adenoids. Hypertrophied tonsils. Salivation. Bit finger nails almost incessantly. At the least fall in atmospheric temperature he would shiver excessively and have incontinence of urine. Disposed to very frequent attacks of croup.

Mischievous; undisciplined; moral laxity. Demonstrated a cruelty towards animals whenever it was in his power. This he did without the least compunction. On the other hand, he became frightened on the approach of any living animal or even a little insect. Frantic and entirely unstrung when compelled to touch the same. Tore papers and books to shreds. On one occasion he threw all of the shoes that belonged to his parents, brothers and sisters out of an open window. A passing rag peddler piled them into his wagon and drove away. His mother considered the abnormalities due to a strange dog leaping at her before the child was born. Unable to speak, read or write.

Dietetic measures mocked all efforts to vindicate the infantile diarrhœa. *Calc. phos.* was given for this condition and met with a curative result. *Nat. mur.* for salivation. *Ferrum phos.* for the chills and croupy disposition. *Arsenicum iod.* for the tonsillar affection and adenoids. *Oxytropis lamberti* to stimulate his unawakened mental faculties. *Calc. fluor.*, *Silicea* and *Aurum met.* were prescribed with success to improve his constitutional condition in general.



After overcoming these embarrassments, the treatment of which extended over a period of two years, the boy became alert, manageable and interested in school work. He soon learned to read and write. In arithmetical tests he showed comprehension and general understanding. He reads the second reader intelligently, writes after dictation correctly and counts from 1 to 100. He is now ten years of age and was sent to public school this fall. The great drawback in this case was the lamentable habit of his unwitting parents to permit and encourage his perversities.

CASE No. 12.—Girl, age 4. An epileptic. Presented the typical complexion and erethistic symptoms of *Belladonna*. A restricted diet and the administration of this remedy for several weeks resulted in the suppression of seizures while under treatment.

Her elder brother is a very nervous and frail individual. An elder sister was born with but one hand. The latter is vivacious, spoiled and unruly. At the time this case of epilepsy was taken the mother was pregnant and anticipated with great fear that her fourth product would also be a defective child. She remarked, "I have the feeling that I cannot retain this foetus." *Silicea* 12x given for a few days resulted in her being able to remove the bandages to the greatest amazement of her family physician, an allopath. *Kali phos.* was given during her parturition, and the birth of a perfectly normal child was the result.

A friend of this family urged the epileptic child to be sent to a Chicago surgeon. A cranial decompression proved useless. She was then sent in custody of a private nurse to London, England, to be examined by an allopathic specialist. After a lapse of three years the parents reported their neglected child to be an absolute burden.

No. 4405 Windsor Ave., N. E.

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### A GRAIN OF SAND.\*

By Dr. W. D. Gorton, Austin, Texas.

When we look out upon our broad prairies, the gigantic mountains, the primeval forests, the broad expanse of ocean, with its tributaries, carrying soil and fertilizer to deposit over the sur-

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\*Read before the Texas State Homœopathic Association at Dallas.

face of the ocean's bed, preparing the way for future continents, we are seemingly too high minded to note the tiny grain of sand, one of the many grains that help to build this world of ours.

Let us stop for a moment and inspect this wonderful work of the Creator. We do not have with us a microscope powerful enough to unfold all that this tiny speck might teach us. Had we such an instrument we would see an ethereal aura of many colors extending beyond its surface; for like everything in nature in its normal state this grain of sand has its aura permeating it and extending in all directions.

You may ask how does the aura permeate the solid grain of sand? Even this tiny object is honey-combed with cavities so small that nothing more material than ether can occupy them. Vibrations are going on within this grain of sand that would astound the unbeliever could we but see them.

The possibilities of this grain of sand are so numerous and complex that our lives are not long enough to discover them all.

We, as a school of medicine, would not be able to dispense with it, for not only does it furnish us with our homœopathic lancet, *Silicea*, with its thousands of indications for disease symptoms and conditions, but it enters into so many of our other remedies. Where can we find a species of the animal or vegetable kingdom that is free of its *Silicea*?

Now we come to a most perplexing feature of our little friend, perplexing to us because we do not possess occult sight. We may place this grain of sand in a mortar, add to it a certain quantity of milk sugar and triturate it, adding more milk sugar at proper intervals, and neither powerful lenses nor any other physical sense methods can discover any part of the original silicea, nor is it within the powers of physical man to restore it to its original grain of sand. We as mere mortals can only prove that remedial properties permeate the mass we have before us.

We have before us an invisible product of our labors upon silicious earth and its aura. Which is the remedial agent? What is the status of each?

There are those in our school who contend that the material part is only subdivided and these subdivisions constitute the remedy, even though potentized into the millions.

The founder of our school of medicine affirmed that the spirit-

like forces' of the drug is the remedy, and the more it is developed by potentization the more powerful it becomes in searching out and correcting the disturbances of the vital force of the patient.

Whichever way we believe proof must come from higher knowledge than we possess if we are to convince skeptics that either of the above theories are correct. Hahnemann was doubtless correct when he told us that remedies act upon the disturbed vital force instead of upon the result of this disturbance, the pathological changes.

Should we adopt his theory, it is much easier to believe that the ethereal life force of the remedy is the correcting agent than that the material part that has been resolved into length, breadth and space by the process of trituration acts entirely upon the ethereal part.

One has recently made the statement that "It would be impossible to confine a spirit in a bottle."\* Is this germane to the question?

We are not dealing with a conscious ego, nor an animal intelligence.

The animals and humans have this aura possessed by so-called inanimate objects and an intelligence besides; man in addition has a still higher order, or you may call it soul, ego or any other appropriate name.

The vital force is not the ego but belongs in common with other auras to the so-called material part, the visible body.

Whichever way we turn in our present state of development we find that we are mere babes in knowledge, that is possessed by the Creator of this world of ours.

Oct. 18, 1911.

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### WHY? HOMŒOPATHY.\*

By E. P. Howell, M. D., Houston, Texas.

To me the above query is one of the most important the prospective medical student can submit to himself; and in the face

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\*See RECORDER, April, page 155; June, page 265; August, page 362.—  
EDITOR OF THE HOMŒOPATHIC RECORDER.

\*Read before the Texas State Homœopathic Medical Association at Dallas, October 18th and 19th, 1911.

of the fact that some of our most prominent homœopathic physicians are sending their sons to "regular" schools, that homœopathic colleges all over the land are rapidly dwindling in number, that true conscientious followers of the great teacher are few and far between. I ask you in good faith, is it surprising that the young man casts his lot with the dominant institution? Indeed, for him to do otherwise in the face of conditions and preponderance of numbers arrayed against him would require the stuff of which martyrs were made in olden times.

Doctors: Has the above question ever presented itself to you? Is the evidence adduced from your personal experience as a homœopathic practitioner sufficient to enable you to supply a tangible reason for being a homœopath? If it is, are you carrying out the teachings of the founder of "Similia" in a manner creditable to him and yourself? If not, why? If you are not prescribing from a homœopathic stand you are either allowing your patient to drift or you are employing some other system or makeshift, and I ask you, doctor, if this is fair to your teaching, fair to yourself, or fair to the system upon which you are impinging, much less is it fair to the poor deluded patrons who look to you for homœopathic treatment?

I have known a number of men who were graduates of two or more systems of therapeutics; but I have yet to see the man who has scored a success by applying his knowledge promiscuously, and the reason it cannot be done successfully aside from the law of cure is that the field is immeasurably too large, and the doctor who keeps well up in the ranks of his preferred school has no time for the invasion of untried fields, and should your inclination tend to pull you away from the tenets of Homœopathy, and your personal observation of the soundness of the principles therein is not sufficient to keep you in line, be true enough to yourself and the true homœopathic practitioners of the land to get out of their way and cast your lot with those whom you are trying to imitate, for, as you must in honor concede, you are only an incubus to the system which you are pretending to represent, and while you may not have been guilty of serious harm in your efforts with homœopathic medication, yet with your limited knowledge of other and easier systems of therapeutics you are a menace to the public welfare generally.

We are all familiar with the statement in almost every homœopathic journal that the "regular" school through the American Medical Association is trying to obliterate Homœopathy, and while there is a semblance of truth in the statement, yet in my humble opinion the entire "regular" school as a body, combined with the organized efforts of the American Medical Association, are not doing one hundredth part as much toward the annihilation of our school as is the alleged homœopath who sports a diploma from an alleged homœopathic college, and in his practice uses everything he can hear of and get hold of regardless of school or system.

Is it any wonder that our brother of the "regular" persuasion should view with suspicion the man who does those things? And the poor "straddler," if you'll "get next," you'll find him sadly incompetent in the system in which he has deluded himself with the imagination that he is a doctor, and a sorrier plight he presents in his efforts to overcome and cover up his ignorance by attempting stunts in the realm of "regular" medicine, which but show him up in a most ridiculous light among those who are proficient, and is it any wonder, I say, that the old school man should measure a system of which he knows comparatively nothing by the products as they come to him in the form of interlopers only? You are well aware of the "class" we would place the representative of another school in were he to attempt to practice Homœopathy as a side line. We'd smile a little, wouldn't we?

Methods I hear some one whisper, "'Tis not diplomatic to make such statements," and my reply is, I don't mean to be diplomatic, for it now is high time when drastic procedures be employed, and as in other critical conditions in which heroic measures alone can save, I would favor cutting deeply and to the line of "Similia," and those who fall without the prescribed limit, unless they can be made more than homœopaths not only in name but in practice as well, first, last and all the time, cut them off, and let them line-up where they belong, for it is now time to lighten ship and not be hampered with more useless material than can be avoided.



## SCILLA.

By Horace P. Holmes, M. D., Sheridan, Wyo.

*Scilla maritima*, or Squills is the common squills of household and old school practice. It is a sea onion found about the Mediterranean. There are two varieties, the white and the red, the latter of which is used in the preparation of our homœopathic remedy. We use it in the form of a tincture.

*Scilla* was proved by Hahnemann and his associates and but little has been added to its literature by either Allen or Hering in their complete works. The latter author starts his article in Guiding Symptoms with: "Great anxiety of mind, with fear of death," so identical with *Aconite* and *Arsenicum*. This symptom, like so many others in our materia medica, may be misleading, as both anxiety and the fear of death may not be present at the same time. As anxiety was a prominent symptom, and as fear of death was observed, Stapf put the two together. We may meet with anxiety under this remedy but not necessarily fear of death. The patient is irritable, angry about trifles as in *Chamomilla*, with aversion to mental or physical labor, which might make sea onions a good diet for Coxy's army.

The headache of *Scilla* reminds us of *Bryonia*. There is headache in the morning on waking, pulsation on raising the head. The child rubs its face and eyes a great deal, which is similar to *Cina*. *Cina* rubs and picks at the nose, while in *Scilla* it is the face and eyes, as if to relieve the itching.

In the eyes there is a sensation as if swimming in cold water, or sensation of cold water in the eyes when in cold wind. Remedies having a somewhat similar symptom are: *Lachesis* has "cold tears." "Cold feeling in eyes" is found under *Berberis* and *Medorrhinum* while *Thuja* has "sensation as if cold air was blowing out through the eyes." "Eyes seem cold," *Euphrasia*. "Coldness in eyes," *Alumina*, *Conium*, *Lycopodium* and *Platina*. The upper eyelids may be swollen in *Scilla* as in *Kali carb*. *Elaps*. has the symptom, "Bloated around the eyes in the morning."

*Scilla* has an exciting action on the mucous membranes as shown by the symptoms of the whole respiratory tract and the urinary system. There is sneezing, coughing and watery eyes so characteristic of *Allium cepa*, *Euphrasia* and *Pulsatilla*, and in

measles. There is an acrid, fluent coryza, worse in the morning. Hering characterizes it as "A regular snizzle," if anyone knows what that means. "Snizzle" is a new word to me, and is probably a misprint for snuffle. This symptom reminds us of one of the other onions, *Allium cepa*. The nostrils are painful as if sore, with violent coryza, as in *Allium cepa*, *Arsenicum*, *Arsenicum iodatus*, *Arum*, *Mercurius cor.*, etc.

Food tastes bitter, especially bread. *Asarum* has "bread tastes bitter."

There is great irritation, burning and dryness in the throat, like *Arsenicum* and *Capsicum*. There is an irritation to cough in throat, in upper part of trachea. There is nausea during morning cough, and nausea in back part of throat. This is probably sympathetic, caused by the irritation and fullness in throat.

Among the stomach symptoms we have "pressure like a stone," characteristic of *Arsenicum*, *Calcarea carb.*, *Graphites*, *Nuxvomica* and *Pulsatilla*.

Stools involuntary when coughing, sneezing or passing urine. *Phosphorus* has involuntary stool when coughing, and this symptom I have repeatedly verified. *Sulphur* has involuntary stool when sneezing. Involuntary stool while urinating is covered by *Ailanthus*, *Aloes*, *Muriatic acid*, *Scilla*, *Sulphur* and *Veratrum alb*. *Scilla* is the only remedy having all three conditions causing involuntary stools. This symptom, together with the throat symptoms, shows *Scilla's* relaxing effect on the orifices of the body.

The urinary symptoms point to the use of this remedy in certain dropsical affections, cystitis, enuresis and diabetes. There is sanguinolent urine with a red deposit, as in *Terebinth*, with tenesmus after micturition, as in *Cantharis*. The frequent calls to urinate at night, passing large quantities of pale urine, recalls *Phosphoric acid*. There is violent urging to urinate with large quantities of pale urine, which suggests the remedy for diabetes.

In its action on the kidneys, Hahnemann brings forth an illustration of the primary and secondary action of *Scilla* which applies to many other remedies—notably *Apocynum can.*—and which should be borne in mind by the superficial homœopath. *Scilla* in large doses causes a profuse secretion of urine and was used by the Egyptians in dropsy and with great rejoicing when this large discharge of urine was produced. But the secondary

action, which is a scanty secretion, soon follows, and the disease is really made worse by the remedy. We homœopaths, as well as all other physicians, should realize that a prompt, active diuretic is a bad remedy to give in dropsy due to insufficient urination, for, while the primary action seems to produce the desired result and to indicate intelligent practice, the secondary action, which is opposite and sure to follow, leaves our patient worse than before. This recalls Hahnemann's early observation, while he was an old school physician, that many of his patients would have done better had he left them.

It is mainly in the respiratory tract that we find the useful sphere of *Scilla*. It covers bronchitis, pneumonia, whooping cough and asthma. There is wheezing, rattling and dyspnoea. The patient must sit up. There is shortness of breath on exertion and ascending, as in *Arsenicum* and *Calcareo carb.* There is dyspnoea so great that the patient cannot drink for want of breath. *Kali nitrate* has the same symptom. The child grasps the cup greedily, but can only drink a sip at a time for want of breath.

The cough is terrific, and its fierceness, persistency and staying qualities are equalled by few remedies. We find the peculiar symptom: "Spurting of urine when coughing." This is found under but few remedies, notably *Alumina*, *Causticum*, *Conium*, *Natrum muriaticum*, *Pulsatilla* and *Veratrum album*. The cough is dry at night and loose in the morning. It is more fatiguing when loose than dry, but is tedious at any time. The cough is worse from cold drinks, from exertion and from change from warm to cold air. *Silicea* has cough worse from cold drinks, while cough worse from change from warm to cold air calls for principally *Carbo veg.*, *Phosphorus*, *Rumex*, *Scilla* and *Veratrum album*.

*Scilla* is indicated in the cough of measles and also by the skin symptoms of that disease.

Every fit of coughing winds up with sneezing and involuntary urination. I have several times verified this symptom. The sputum is white or reddish mucus. It may be sweetish and offensive, as in *Calcareo carb.* and *Stannum*. It may be in small round balls, very difficult to expectorate. Drinking cold water brings on the cough. *Lycopodium* has cough aggravated by

drinking cold water, *Silicea* cough excited by cold drinks, while *Causticum* has cough relieved by drinking cold water.

The chest and lung symptoms are most familiar to *Bryonia*. There are stitches in the chest, stitches under the last ribs, stitches on inspiration, stitches under scapula, and severe stitches under sternum—so severe as to make it difficult to draw a breath. *Bryonia* and *Kali carb.* are probably the nearest related to *Scilla* in stitches in the chest. There is profuse secretion of tenacious white mucus, expectorated only after severe coughing. Hering gives the indication, once very valuable but now obsolete: "Especially suitable in pneumonia and pleurisy after blood letting."

One must not forget that the arguments regarding the action of *Scilla* in dropsical affections, when given in appreciable doses, apply also to lung and bronchial troubles. Large doses of *Squills* increase the mucous secretion and thereby make expectoration easier. This is the primary action. But the secondary, opposite action follows, and if the trouble is long-lasting, or with a chronic tendency, the mucus becomes tougher and the cough drier.

There is convulsive twitching in the limbs, both in arms and legs, worse mornings and from motion. There are cold hands and feet and cold foot sweat. Rheumatic pains which are worse during motion. The limb symptoms remind us of *Bryonia* and *Calcarea carb.* "Icy cold hands and feet, with warmth of the rest of the body," is a symptom found in such words only under *Scilla* and *Menyanthes*. Icy cold feet calls principally for *Cedron*, *Elaps.*, *Phosphorus*, *Scilla*, *Silicea* and *Veratrum album*. Sweat only on toes, *Scilla*. Sweat under toes, *Taraxacum*.

In fever there is aversion to being uncovered. When he uncovers during fever he suffers from chilliness and pains, as in *Nux vomica*.

*Scilla* is not only compatible after *Bryonia*, but it is a very close analogue of that remedy. It has its opposite symptom in cough, as *Bryonia* is worse in change from cold to warm air, while *Scilla* is worse in change from warm to cold air. In the furious, exhausting cough we would compare it with *Corallium*, *Cuprum* and *Stannum*.

**CONCERNING "TRUTH."**

To the Editor of the HOMŒOPATHIC RECORDER:

Referring to your quotation from Dr. Ralph Reed's paper, before the Homœopathic Medical Society of the State of Ohio, appearing in a recent issue of the HOMŒOPATHIC RECORDER, entitled "The Present and Future of Homœopathy," in which (according to your quotation) the statement is made that "truth is never static," I, for one, take exception, because I am unable to fathom the process of reasoning by which such conclusion is reached. As a matter of fact, truth is always static. From its very nature it could not be otherwise, else it is not truth. Knowledge, however, is never static. It would seem that the doctor is somewhat confused in the terms he employs.

Truth is an attribute of the Infinite Entity. Knowledge an acquirement of the finite mind. Truth is the expression of basic laws and basic laws are constant and unvarying in their manifestations; along their channels the cosmotic scheme operates. Whereas, knowledge is such information of the basic laws as it is possible for man, in his finite state, to acquire. And since the sum total of the knowledge that man can acquire is limited, it follows therefore that his knowledge is imperfect and consequently it is modified from time to time as new facts become known.

The Medical Law promulgated by Samuel Hahnemann, in his "prime," and according to which he practiced in his "dotage," is a basic truth, and as such it is constant and unvarying in its operation, as much a part of the cosmotic scheme as is the law of gravity. The acquisition of a knowledge of this law, however, is limited by man's capacity for learning, and the like is true of every other natural law.

Hahnemann formulated the Law of Cure, and through indefatigable labor and painstaking care wrought out a considerable number of workable factors, but Hahnemann was human and being human was subject to human limitations; so that while he worked out many applications of the law of cure he did not and could not work out all.

The workable factors he adduced and so successfully employed in his day have been used ever since, are used today and will be



used as long as the intelligence of man endures. Such is the way of truth—of basic law. What other man in the medical world has done as much? Not one enduring therapeutic agent has been devised that does not substantiate the scientific truth of Homœopathy. Of expedients there are many, but all are empirically employed.

To practice Homœopathy is not a trifling thing, nor is it given to every one who tries to become eminently proficient therein. But each man acts according to the light he has received, and the best there is in him, so that if he cannot, in each instance, succeed in making an accurate application of the law to the specific case, he will employ such expedients as in his judgment promise to give the largest measure of relief, conscious of the fact that by such methods he cannot hope for a cure. Shall we condemn him for this? "If nature endowed me more richly than my fellow," shall I find fault with him for that? Would not the time be better spent if we emulated Samuel Hahnemann and sought to wrest from nature one more of her secrets, one more of her truths and if successful gave a knowledge thereof to our fellows, thus helping them to mend their ways with better means rather than that we should play the role of "scold."

Hahnemann helped mankind by a truth he told, the knowledge of which he read in nature's open book. Neither the slanders of his foes, nor the fault-findings of his fellows, has dimmed the lustre of his achievement.

Do I decry the achievements in bacteriology, pathology, physiology, surgery, etc.? Not at all. These are essential and wonderfully helpful things, but none of them detract from the law of cure, for this dips down into the very fountain head of life and consorts with the ego itself.

We should remember that the Infinite Entity never repeats Itself. As there is but one fundamental law underlying each phenomenon in nature, so too there is but one law of cure.

We will continue to explore the highways and the by-ways of the healing art, learning many new and valuable facts, and in the end these will each find its proper place, illuminating and amplifying the fundamental law as Hahnemann saw it. But let us always be careful in discriminating between the healing art and the science underlying it.

To this end it were better that each should, in the future, busy himself to present either new facts or amplifications of old ones rather than concern himself with idle carping and fruitless criticism. Thus would be better serve humanity's cause, be of genuine value to his fellows and better worthy of their esteem.

Yours very truly,

A. BABENDRIER.

Ocean Springs, Miss.

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### SIMILIA SIMILIBUS AND MIXED TABLETS.

Editor of the HOMŒOPATHIC RECORDER.

†The founder of Homœopathy was impelled by a natural law to make his first experiments. These experiments, observations and verifications led to the law of similars in medicine. Further dissertation on this line is unnecessary. Now, we ask: Where do we see the law of similars practiced today? Why is it there are no more homœopathic students and why are the schools so poorly attended? Go through the country, call on the doctors of all schools, look in their medicine cases. What do you find? Cold and cough tablets, coughs, colds and bronchitis tablets, cold and laxative recommended by Dr. So-and-So. (Nine out of ten does not know whether he be allopath, eclectic or so-called homœopath.) Tablets and tablets. Take up the price current of any drug house and look over the list. They are so much this and so much that—two, three, four, five and six drugs, and more, with directions for their use. Turn to a so-called homœopathic pharmacy price list; there they are probably recommended by some so-called homœopath (a good patron of the pharmacy no doubt). The student asks, What is the use of studying and experimenting when here it is all laid out? Here it is, No. —.

"FOLLICULAR TONSILLITIS (2 grains).

Tincture Aconite, 1-5 min.

Tincture Belladonna, 1-10 min.

Tincture Bryonia, 1-10 min.

Merc. iod., Red, 1-100 gr.

Morphine Sulph., 1-100 gr.

Sodium Salicylate, 1 gr.

Oil Wintergreen, 1-20 min.

This combination is used in the treatment of follicular tonsillitis, and

also quinsy. It controls the fever, relieves the pain in the head and extremities and also the pain and discomfort of swallowing. It exercises a positive influence over the course of the disease, reducing the severity of the symptoms and frequently aborting the attack. Much relief will be afforded by gargling with Boro. Hydrastis. (Try it once, D.)

Dose.—One dissolved on back of the tongue every fifteen minutes for four doses; then one every hour until relieved. Price, etc.”

Now all the student has to study is enough *Materia Medica* to get through the examination of any college where he can go at the least expense, then order in a lot of tablets “for the busy doctor” (for the lazy doctor would be better), hang out his sign and there you are! What need has he for a *Materia Medica*? Why should he study up the provings of *Aconite*? Why should he try to prove or verify any proving? Now, while it is not worth while to ask the question of any intelligent physician, I might ask in whose astigmatic brain such a combination tablet originated. What in the name of heaven will a sick stomach do with one of those tablets every fifteen minutes? Why give four, etc.?

The only sensible thing about the whole thing, in my mind, is that they should be “dissolved on the back of the tongue.” A patient of mine to whom I had given *Bryonia* 3x, No. 30, pellets for a cold drove back four miles to ask me whether he should dissolve them in water and drink them or swallow the medicine and take a drink of water after them to hold them down. I cannot believe our pharmacies are running out this dope unless there is a demand for it from all kinds of doctors. I know from observation and actual experience that nine-tenths of these so-called tablets are very deceptive to rely on at the bed-side. I also know that the carefully selected homœopathic remedy is a sheet anchor every time.

FRANK DUNCAN.

Mendota, Ill.

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## SOUTHERN HOMŒOPATHIC ASSOCIATION.

Editor of the HOMŒOPATHIC RECORDER.

Gentlemen:

The Southern Homœopathic Medical Association desires to call your particular attention to the following list of appointments made by the president, Dr. F. A. Reed:

Clinical Medicine, Dr. Benj. F. Bailey, Lincoln, Nebr.

Materia Medica, Dr. H. R. Stout, Jacksonville, Fla.

Pedology, Dr. James P. Cobb, Chicago, Ill.

Surgery, Dr. Geo. A. Davies, Jacksonville, Fla.

Obstetrics, Dr. F. L. Juett, Lexington, Ky.

Gynecology, Dr. T. H. Wilcoxon, Bowling Green.

Homœopathic Propagandism, Dr. C. E. Fisher, Sterling, Colorado.

Sanitary Science, Dr. W. H. Schwartz, Houston, Texas.

Ophthalmology, Otology and Laryngology, Dr. Geo. Bagby, Richmond, Va.

Board of Censors, Dr. Edw. Harper, New Orleans, La.; Dr. H. R. Stout, Jacksonville, Fla.; Dr. W. E. Reiley, Fulton, Mo.; Dr. W. L. McCreary, Knoxville, Tenn.; Dr. Willis Young, St. Louis, Mo.

Legislation, Dr. Lewis P. Crutcher, New York City; Dr. J. B. G. Custis, Washington, D. C.; Dr. F. A. Reed, Eustis, Fla.

Publication, Dr. Wm. Boies, Knoxville, Tenn.; Dr. W. A. Dewey, Ann Arbor, Mich.; Dr. Geo. Royal, Des Moines, Iowa.

Organization, Registration and Statistics, Dr. W. E. Reiley, Fulton, Mo.; Dr. Frank Hardenstien, New Orleans, La.; Dr. Dora Wheat, Louisville, Ky.

Resolution of Business, Dr. V. H. Hallman, Hot Springs, Ark.; Dr. G. W. Mackenzie, Philadelphia, Pa.; Dr. M. R. French, Chicago, Ill.

Necrologist, Dr. A. Leigh Monroe, Miami, Fla.

Arrangements and Transportation, Dr. Wellford B. Lorraine, Richmond, Va.

Every physician is most cordially invited to become a member. Your support is needed and we are open for suggestions which may help us make this coming meeting the greatest ever held.

With so efficient and enthusiastic a worker as Dr. Reed to lead us we should rally to the cause of Homœopathy with renewed earnestness and loyalty.

Our secretary, Dr. Lee Norman, will be pleased to furnish you with any information desired and application blanks upon request. We hope that all physicians will count it a privilege to assist in this work.

Yours very truly,

LEE NORMAN,

*Secretary.*

Louisville, Ky., Nov. 11, 1911.

## THERAPEUTIC POINTERS.

While the reader may never be called upon to treat a case of beri-beri it may be interesting to know that Dr. J. N. Majumdar, of Calcutta (*Indian Homœopathic Review*, July) says that "*Rhus tox.* generally is our principal remedy." There are other remedies, of course, that may be called upon according as the symptoms develop.

Dr. S. C. Paul, in *Indian Homœopathic Review*, July, makes the following peculiar distinction between the homœopathic preparations of *Tuberculinum* and *Bacillinum*, in tuberculosis, derived from his experience as a practitioner, namely, that *Tuberculinum* acts well where the climate is dry and *Bacillinum* where it is wet and in marshy districts.

"Guaiaicol pure, full strength, rubbed lightly, not too hard, over a pain will stop it instantly, good in facial neuralgia, uterine contraction in delivery pain reduced to nothing; in delicate skins mix half with vaseline or castor oil. In toothache a small piece of cotton saturated with guaiaicol and pressed tight into the tooth gives ease in a few minutes."—*Broadnax in Sept. Wis. Med. Jour.*

The *N. E. Medical Gazette* for Nov. is made up largely of papers on arterio-sclerosis. Dr. J. Herbert Moore in the discussion said: "To my personal knowledge and in my experience *Plumbum* from its pathology seems to take the lead"—*i. e.*, in the therapeutics of this disease. The general opinion seemed to be that therapeutics in this condition are of little avail.

In a general discussion of tonsils, adenoids and goitre (*Iowa Hom. Jour.*, Nov.), Dr. Nettie Campbell told of a bad case in a young child which improved under *Tuberculinum* and *Malandrinum*, but under "Guenther's goitre tablets" in two months the goitre was gone. She also praised *Baryta carb.* in tonsillar troubles, curing cases in which it had been said that nothing but an operation would avail. Other doctors also praised the action of this remedy, but some maintained that it was a waste of time to do anything but operate. Burnett said that *Bacillinum* once a week should always be considered in tonsil cases.

Our old friend, Stacy Jones, says in *Medical Genius*: "Convulsions. Spasms of all kinds. Epilepsy. The one grand mas-



ter remedy is *Melilotus*. Adult 1 drop of the tincture every 5 minutes during an attack." If everything has failed this hint may be useful—if not it will be no worse than what has preceded.

The same quaint authority says: "The acetate of copper, in minute doses, stands in the front rank of remedies for heart trouble with anguish and oppression, and rigid spasm." Now in his dosage "minute" stands for the 2x on the average.

The *Journal A. M. A.* cautions against the use of oil or alcohol when *Thymol* has been administered for the hookworm disease, as it may cause the *Thymol* to be dissolved and absorbed, thus causing poisoning.

"Internally administered, *Arnica* is a pure spinal nerve stimulant and one of the best of its class. Depression and adynamia are the conditions in which it operates efficiently and kindly. It is not the remedy for nervous excitation."—*Eclectic Medical Gleaner*.

"The indiscriminate use of quinine in lard or vaseline by inunction is dangerous. I almost killed a boy with it some years ago. After several applications I was sent for. The eyes were open and fixed, pulse slow and feeble, temperature subnormal, respirations slow, shallow, and a distressing sigh every second or third inspiration. I thought the boy was going to die."—*Dr. A. E. Campbell, Clinton, Ill., in Med. Summary, Oct.* (We may add the boy recovered under energetic treatment.—Ed. H. R.)

Sir Jonathan Hutchinson (*Br. Med. J.*) states that he has repeatedly observed cancer to follow the medicinal use of *Arsenic*. Others have also made the same observation. He warns against "the newly vaunted remedy for syphilis," which, as all know, is an arsenical preparation.

The *Medical Summary* warns those readers who administer *Santonine* (in material doses) for worms to see to it that there is no constipation in the patient, as, otherwise, they may have a case of *Santonine* poisoning on their hands.

"Onions, when eaten at night by those who are not feverish, will promote sleep."—*Fernie, Herbal Simples*.

According to Clarke's big *Dictionary of M. M.*, "slag," or, as it is known in homœopathic pharmacy, *Silico-sulpho-calcite of alumina*, did one thing for a prover that was rather satisfactory to him, namely, it produced no symptoms, but "it cured him of

flatulent distension in the evening, and an oppressive feeling over the heart." It has also cured housemaid's knee and also "a dreadful anal itching, piles and constipation as if by magic." In one prover it produced "soreness of the anus," but "his general health was much improved by it." *Slag* seems to be a useful but little known remedy. It is generally used in the 3x and 6x trituration.

*Formica rufa* has been commended by several homœopaths in the past, notably Dr. R. M. Cooper, for nasal polypi. Some cases are on record where, after several operations, where the polypi returned, this remedy cleared away the trouble and others where it obviated an operation. It was used from the 2x up.

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## OBITUARY.

### L. D. Eaton.

Dr. L. D. Eaton, of Mount Dora, Fla., died suddenly in an attack of congestive fever, Sept. 12th. He was sixty-three years old and a graduate of Cleveland Homœopathic College, 1871. Dr. Eaton had been an invalid for many years, suffering with bronchitis and asthma, and yet was doing much good work in his chosen profession. He was widely known and highly esteemed in this State, where he had made his home since 1880, and his loss will be keenly felt.

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### Alexander McNeil.

"MCNEIL.—November 20, Dr. Alexander McNeil, beloved husband of Margaret S. McNeil, and father of the late Jean and Warren McNeil, a native of Pennsylvania."

Accompanying this notice, which also stated that the funeral would be held November 22, was a letter from Dr. E. Beckwith, of Petaluma, Cal., from which we take the following: "Enclosed herewith I send a notice of death of Dr. Alexander McNeil, one of San Francisco's leading and oldest homœopathic physicians. A true and faithful follower of Hahnemann's *Organon*, as he understood its teachings and few studied it with greater fidelity. It was my privilege to know him as a member of the Indiana Institute of Homœopathy and he was then, as ever after, a faithful

follower of pure Homœopathy. He was often a counsellor and help to me in many difficult cases, both in Indiana and California. He was a graduate of the Homœopathic College of Michigan, 1871."

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## BOOK REVIEWS.

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CANCER, ITS CAUSES, SYMPTOMS AND TREATMENT, giving the results of over forty years' experience in the medical treatment of this disease. By Eli G. Jones, M. D., Burlington, N. J. Published by the Therapeutic Publishing Company, Inc., Boston, Mass., 1911.

This book contains less than 300 pages of octavo size, on plain book paper and no illustrations. As medical books run the price would be not over \$3.00, but in this instance it is \$10.00. All this is written so that the purchaser expecting something elaborate for the price may not come back at the reviewer with a kick. The treatment is eclectic, or by specific medication, and brings in about all the medication of that school that has ever been employed. If the various treatments will do what Dr. Jones thinks they will then the book is worth its price. At any rate, the owner of the book will have many cancer treatments at his command, many of which are excellent. This notice may seem to be rather ungracious in view of the fact that in this work, as in the preceding one, *Definite Medication*, the author advises the reader to get his homœopathic drugs from Boericke & Tafel, publishers of the HOMŒOPATHIC RECORDER, but the fact is that this journal is not a "house organ" but attempts to be a homœopathic medical journal—liberal in the sense of letting in all sorts of opinions, but, perhaps, bigotedly homœopathic, in that it believes that all drug cures, whether with the potency, or the material dose, *must* be on the lines of the law *similia*, the natural therapeutic law. Dr. Jones has, according to reports, much success in the treatment of cancer, and in this book he tells how he works. Our chief criticism is the price, but, if you have it, and thus warned, why go ahead and buy it. The book may repay you many times even in one successful case.

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## EDITORIAL BREVITIES.

MEDICAL TERMS.—From the beginning “harmless drudges,” as Dr. Johnson, the sire of the useful tribe, termed them, have been at work on medical dictionaries. The last of these to come to birth is Dr. Stedman’s, reviewed in the RECORDER for July. We thought it was a rather good book because it was well printed and bound concise, contained all the newly minted words and because it gave the pronunciations of the many words on which learned doctors seemed to disagree, or, at least, pronounce differently in conversation. But here comes Dr. A. Rose, author of *Christian Greece and Living Greek* (*N. Y. S. Jour. of Med.*, Oct.), who says, in short and in effect, that Stedman has made bad worse. Here is a specimen of the paper:

“The word *ootherectomy*, supposed by our author to be pure Greek and to be correct, does not exist in Greek, for the simple reason that a preposition (*ec* in this case) can *not* be placed in the middle of a word. I will not speak of the bad taste of using the word *ectomy*, which means castration, but I will surprise those readers who are not very familiar with the Greek language by mentioning the fact that it is impossible to give a Greek *one-word* term for excision of the ovary. And such is the case with many combinations supposed to be Greek which are found in our nomenclature.”

Inasmuch as what we do not know about Greek would fill vast spaces, we refrain from taking sides in this matter. One good rule, however, suggests itself which might be stated thus: If not sure of the big word use the simple one meaning the same thing—this for current medical papers. Take one very simple

illustration. The dictionaries tell us that the English for the Greek word "erythema" is "flush." Stedman and others, after defining the word as "flush," add "Redness of the skin, rose rash" and then give 30 kinds of "erythema," such as "*E. elevatum ductinum*," "*E. keratodes*," "*E. intertrigo*" and so on. Now why not in papers simply state the appearance and condition of the patient's skin instead of using one of these "e" this, or that, in which you might be tripped up? Or, more ambitiously, why write "celiohysterosalpingo-oothecectomy" when you mean "removal of the uterus," and what else was removed, through a cut in the abdomen? Such words have their place, like botanical terms, but hardly for everyday use. Ordinarily we do not write *Ulnus Americana* when treating of the elm. Whether Rich, or Stedman, are right we cannot decide, but one thing is surely self-evident, namely, if a man wants to use Greek he ought to use it correctly or stick to English.

Out of this emerges the fact that Dr. Rich is right in his contention that these terms, borrowed from the Greek, should be given correctly—for their excuse is that they are the international language of learned physicians. Therefore, if Stedman, Dunglison, Gould, Dorland, Duane or any others have "barbarisms" in their pages they should correct them, for many (including the RECORDER) depend on them for their big words, and if they fool us the whole crowd will throw brick-bats at them.

"MORON."—A correspondent of the *Am. Med. Jour. of the A. M. A.* asks what is the meaning of the word "moron" he has met lately in medical literature. He says it is not to be found in the latest dictionaries, which is true. The editor of the *Journal* replies that the meaning is equivalent to the old English use of the word "fool." That those who "were formerly classed as high-grade feeble-minded children are now designated as 'morons.'" If one were to ask "why?" there would be no answer.

INFANT MORTALITY. A TWO-EDGED PROBLEM.—The *London Lancet* of Oct. 21 contains an editorial headed "Infant Mortality in America: An Urgent Call for Action." It tells the reader that an association has been founded in the United States for the



“Study and Prevention of Infant Mortality;” that Mr. E. R. Phelps at the first meeting delivered an address in which he pictured “the appalling waste of infant life in that country.” It seems, however, that “early in his address he propounds the question, ‘What is, or has been, the infant mortality of the United States As a Whole?’ and he answers the question by saying: ‘Nobody knows and there is no means of finding out.’” Naturally the question arises, How, then, does the association know that there is an appalling waste? Neither Mr. Phelps nor the *Lancet* seems to consider this query, but say the waste is due to “poverty, ignorance and neglect.” If this be true these three must be abolished to stop the waste. How? The Socialists alone have a plan for abolishing poverty, but as we all know they are not desirable citizens to those who contribute largely to charity. Primitive Christianity had a plan for all sharing alike, but it, almost from the start, showed signs of weakness, as witness Ananias and his wife, Sapphira. As for ignorance, what business has it in the land after generations of public schools and compulsory education? Neglect? If the new association can abolish it in the individual it will have more wisdom than Solomon.

There is also another view of this matter that presents some curious features. We all know there is a large number of men who advocate castration of criminals, regulating or forbidding marriage of the “unfit.” The last named proposition covers much ground if the ideas of its various advocates are to be admitted, for it would include criminals, idiots, epileptics, consumptives, syphilitics, paupers and, indeed, many others we cannot recall. Verily, when a man sets out to reform human nature, outside of himself, he has a Herculean task before him. However, we hope the association may do good.

REFORMING THE WORLD.—Some of the efforts of the reformers excite almost as much pity as does the state of those they attempt to reform. For instance, the *Lancet* of Oct. 21st prints a letter from one who is evidently a well-meaning person in which among many other things we find the following: “It is now thirteen years since I first began to call attention on every occasion to the evil we were permitting in leaving the feeble-minded at large and at liberty to propagate their species.” At

first this strikes one as being very wise, but if you will reflect on it a moment you will see that it involves the premises that "we" are the salt of the earth and no other species has the rights to live who is not up to our standard. This alone would go far towards convincing some of a philosophical turn of mind that "we" were preëminently of the feeble-minded class and therefore unfit to propagate our species. Again the question arises whether the "feeble-minded" are worse for the body politic than are those who "float a company" that robs thousands of their savings; than those who for ambition start a war that kills, maims and ruins tens of thousands; of the shrewd capitalist who corrupts a legislature—no, they are corrupt already, he merely buys them—and thereby legally secures a franchise that taxes the public for perhaps many ages; and of many others that might be mentioned? In fact, the deeper one considers this matter the more uncertain one becomes as to whether it would not be wiser for the world to apply the rules of the *Lancet's* correspondent—if they must be applied—to others than the "feeble-minded" who at worse only exact a small tax out of us (the mass), while the others frequently bilk us out of our all and have us mortgaged for the indefinite future. Indeed there is reason for believing that the sharp-minded (if the term be permissible) regard the rest of the world as being all "feeble-minded," for there is a proverb that they delight in which runs "a sucker is born every minute."

The *Lancet* correspondent goes on to tell how in a certain institution they have taken these feeble-minded ones and trained them up to be faithful servants. This is excellent, for the Greatest One is the "servant of all." If this class can be trained into being what the world sadly needs, faithful servants, why in the name of common sense, political economy, philanthropy and Christianity should this desirable class be inculcated with the principle "that they may never themselves have children," as these are taught, quoting the words of the *Lancet's* correspondent? There are some queer things in the world.

OPSONIC POWER.—We are told that such and such a drug cures by "increasing the opsonic power of the blood." Going to the dictionary the searcher learns that "opsonin" is from a Greek word translated "sauce, seasoning." Then the dictionary

man goes on to say that it is "a substance occurring in the blood serum, the action of which is to render micro-organisms and possibly other cells attractive to the phagocytes; certain opsonins are present in normal serum and act upon all micro-organisms, others are formed in response to special stimuli and are believed to be specific for one bacterial species only." He then tells us that the "opsonins" are divided into "*common o.*, normal *o.*, *immune o.*, specific *o.*, *normal o.*, *o* present in the blood serum of a non-infected individual; it is thermolabile and acts upon various bacteria. *Specific o.*, *o* formed in the serum in response to infection by a specific micro-organism or to artificial inoculation with dead cultures of this same microbe; it is thermostable and is effective only against this particular bacterial species. *Thermolabile o.*, normal *o.*, *thermostable o. test*, the serum is to be tested is heated to 58° or 60° C. for ten minutes or more, and then its opsonic power is measured by the phagocytic index; as the normal or thermolabile opsonin is destroyed by heating any opsonic power remaining in the serum is assumed to be due to specific opsonin produced as a result of autointoxication or of a previous inoculation with a vaccine."

Whether the dictionary man understands his own definition no one can say, unless it be himself, likewise so with others. To say "it increases the opsonic power" is impressive, it savors of profound erudition, it is unanswerable, like what the Egyptian priests of 6,000 years ago said of Ra, but to many, as the Englishman remarked when he looked into the crater of Vesuvius, "There's nothing in it." It seems to be merely putting the riddle of cure into other words without answering it. To be sure it may be very lucid to one learned in bacteriological lore, but whether it is of practical use to, and understood by, the average practitioner is a question each must answer for himself.

AN EPIDEMIC OF DIPHTHERIA.—Last January an epidemic of diphtheria broke out in the Rockford Hospital, Ill., and Drs. Catlin, Scott and Day were appointed to take charge of it. They report in *Jour. A. M. A.*, Oct. 28. Quarantine and antitoxin were employed. About 500 cultures were taken of those quarantined. The result showed that of 70 persons, 17 per cent. had the disease and 31 per cent. "had diphtheria organizations in their throats without manifesting clinical evidence of the disease."

These organizations were finally cleared away by spraying the throats with a broth culture of *Staphylococcus pyogenes aureus*. From this it might be inferred that the bacilli are not all of the disease and it seems to be up to the medical scientists to discover what else is necessary to cause diphtheria. Elsewhere in the same issue of the *Journal* the editors say that "the use of anti-diphtheritic serum for protective purposes is not altogether satisfactory." He then mentions the fact that a German doctor, Blumenau, reports 19 cases of diphtheria in cases supposed to be protected by the serum, some of them having received these immunizing injections. So the editor concludes that "an effective, simple method of active immunization for prophylactic purposes is desirable," something like the "protective inoculations against typhoid." It is well to recall the fact, however, that not long ago the now discredited injections against diphtheria were as firmly believed in as is the new inoculation against typhoid, so it is not altogether improbable that the latter may, when better known, also show the cloven hoof. It is difficult (for some) to see how disease-products, from man or beast, inserted into the body or blood can be a rational procedure for health. It seems contrary to higher reason regardless of what the laboratory may show.

ERLICH'S DEFENSE OF SALVARSAN.—After reading Erlich's defense of his Salvarsan at the recent meeting of the German Society for the Advancement of Science—held at Carlsruhe (*Jour. A. M. A.*, Oct. 28)—one can hardly help believing that the very fundamentals of modern medicine are nothing but error, else how could any one advance the argument of Erlich's that in view of the relatively small number of deaths caused by his drug compared to the number treated these "give no occasion for any serious objection." A *remedy* brings healing and health; injury and death are excluded; this was the old, and true, idea. Where it does not cure it does no harm. But the prevailing idea today among the majority, as it was among the old allopaths, seems to be that the patient is a battlefield and the severer the disease the severer the means that must be employed to rout it; if in this fight the patient is killed, or hopelessly crippled—so much the worse, it was unavoidable. This seems to be the fundamental idea in modern drugging as it was in old allopathy. Only the

theory is changed, the works remaining essentially the same—fighting the wild beasts of disease with ferocious drugs.

We need not follow Erlich's defense throughout. Let one sample suffice. On the "numerous relapses" he says the Salvarsan has killed the greater number of the "spirochetes," but a few remain, and so "these few germs are placed under better life conditions because their competitors have been expelled." To some, so trained, this may appear to be rational, but there are others who look for the day to come when it will be classed among the curiosities of medical literature—the idea of the syphilitic animal flourishing when it has less competition. Erlich is a learned and able man, but starting from a wrong theory he ends in confusion. As a business proposition, however, it may be different.

"ALLOPATHIC."—Three reputable and eminent physicians of Atlanta, Ga., have addressed a letter to the publishers of the Atlanta City Directory remonstrating against the "A" for "allopath" put after their names to distinguish them from the "H" and "Ec" tribes. Among other things they say that the "A's" "are physicians—regular physicians, if you prefer—and it is impossible to apply a qualifying term that appropriately describes their status. They hold that it is inconsistent with the dignity of a learned and honored profession to be designated by a nickname or by any appellation of restrictive significance, and that it is entirely at variance with propriety and the facts to describe their faith or practice by a word, when they are not, in any manner, bound or limited in their views of disease, the selection of remedies or the application of remedial agents."

The RECORDER has often sought for a term to designate what is commonly known as an "allopath" because the term is objectionable to many estimable gentlemen—but has been unable to find one. "Scientific" is not true because science is exact, everywhere the same. "Modern" is meaningless, for all are modern. "Regular" is open to the same objections that apply to "scientific" because they are not regular but at variance with each other. Neither the public, the English language, or the truth would stand for "physician" to the exclusion of every one else, for the word covers many species. In fact, and without any jibe, it looks as if, according to the above text quoted from the estimable trio of Atlanta, St. Paul's (it was Paul, wasn't, it?) definition of the



“heathen” alone would literally apply—each “is a law unto himself.”

Our allopathic (to revert to the primitive) friends ought to get together and select some distinguished designation if they do not like the old one, for the world will never let them have a monopoly of the word “physician.” Finally, why not accept “allopath?” It is a good term.

THE SAUCE OF STATISTICS.—In olden days (and indeed to-day when it so happens) our respected allopathic doctors were wont to reply, when confronted by the statistics of Homœopathy, that “there is nothing so unreliable as medical statistics.” On the other hand when they introduce something of their own, diphtheria antitoxin for one example, they deluge the world with statistics. Their entire new therapy may be said to be built on comparative statistics. If one man of standing wrote a paper showing that in his hands a certain treatment has produced better statistics than a similar number of cases have under whatever happens to be the prevailing treatment at the time, do not all forsake the old treatment and take up with the new? And do they not say of those who do not follow, “You are not up-to-date?” How is it, then, that when confronted by the irrefutable figures from homœopathic practice, and, in Europe, by men who were graduated from the same universities, they reply, “There is nothing so unreliable as medical statistics?” Now, so it seems to us, this is a true presentation of the facts, and the question, Why do they do so? A fair question, for is not what is sauce for the goose sauce for the gander also?

THE TWO TREATMENTS OF PULMONARY TUBERCULOSIS COMPARED.—Dr. Herbert C. Clapp’s pamphlet, “Homœopathic Treatment Superior in Pulmonary Tuberculosis,” is interesting reading. It is an analysis of the results in about 6,000 cases of pulmonary tuberculosis treated at the State Sanatorium at Rutland. Dr. Clapp writes, towards the end of the pamphlet: “The following percentages, gathered from the foregoing tables, represent clearly and emphatically the superior results obtained on the homœopathic side. ‘One swallow does not make a summer,’ and a few cases of any one disease, *e. g.*, 25 or 50 or 100, are not a sufficient number from which to draw trustworthy deductions.

But when about 6,000 considered cases are treated in the same institution, side by side, during a period of 11½ years, with such results as are here shown, the food, air, water, exercise, rest, and, in fact, all the surroundings being exactly the same, and nothing being different, except the medication, the most skeptical must admit that these figures mean something."

Without going into the matter in detail we might sum up the curative average of the schools under conditions noted in the foregoing quotation: As 52 is to 62 so is the "regular" treatment of pulmonary tuberculosis to the homœopathic in the present day. So, gentlemen, instead of asking the homœopaths to come to you and affiliate, you had better go to them—for the sake of humanity.

MALTA FEVER.—Dr. Charles Castellan, of Toulon, discourses of "Malta," "Crete" or the "Mediterranean" fever in the Sept.-Oct. number of the *Journal Belge d'Homœopathie*, and also grows sarcastic on the subject, saying that naturally this malady must have its microbe which was promptly found. Following this, he says, it is very probable that a new serum will appear to combat the fever or microbe, because industrialism must have plenty of room "in our age devoted to practical realization, especially pecuniary." In the course of his paper Dr. Castellan says that this variously named fever is one and the same thing, a species of typo-malarial paludal fever, caused by climatic conditions. The doctor has had ample experience in its treatment, which he says does not call for quinine or serums, but for true homœopathic medication. *Cedron*, *Arsenicum*, *Nux vomica* and *Aconite* are generally sufficient, though for pulmonary complications *Phosphorus* or *Bryonia* may be required, as also other remedies as indicated, as, for instance, *Antimonium crud.* or *Pulsatilla* for digestive involvement, *Veratrum alb.* for diarrhœa, and so on. In short, this disease, like every other, is best treated homœopathically.

A WARM TIME IN OREGON.—From newspaper clippings (*Oregonian*, Oct. 26-27) it seems that the Homœopathic State Society had quite a warm time at their recent meeting. Dr. Frank F. Cassedy, who in years past, we believe, was one of our homœopathic editors, read a paper against infecting the blood with animal or human virus, pus or other deleterious matter, which, of

course, included small-pox, typhoid and all other vaccinations. Dr. Cassedy contended that the abatement of epidemics was not due to the work of the vaccinators, but to the work of the sanitarians. A few agreed with him, but the next day the society almost unanimously passed a resolution endorsing all that Cassedy had condemned. On this occasion (*i. e.*, the next day) Dr. John F. Beaumont, the newly elect president, said: "We feel that prompt and decisive action should be taken on this question, unless we wish to place ourselves in the position of being opposed to everything progressive in medical science. There is small difference in the methods of homœopathic doctors and regular school doctors." With all respect due to President Beaumont we cannot believe otherwise than that, regardless of what individuals may practice, there is the same *fundamental* difference between Homœopathy and allopathy as there was in 1796 when Hahnemann published his first essay *On a New Principle* in medicine. If there is no essential difference to-day why keep up distinct schools, societies and hospitals?

As for endorsing allopathic therapy, which at the moment happens to be the vaccine, it is a hundred to one shot, from the historical point of view, that in a decade this therapy will repose on the medical scrap heap of allopathy, and those who then explore old medical literature will smile at the learned papers of to-day demonstrating the scientific aspect of treating disease by disease germs, which are so curiously at one moment the dreaded cause of our woes and at the next our blessed therapeutic saviours from that which they cause. Believing, as we do, in a large mental freedom, our advice to our Oregon friends is that no matter what you endorse or condemn, *keep your homœopathic organization intact and firm*, for Homœopathy changeth not while all else is a veritable kaleidoscope. Dr. Oliver Wendell Holmes once said: "Truth is tough. It will not break like a bubble at a touch: nay, you may kick it about all day like a foot ball, and it will be round and full in the evening." All which seems to show that Holmes might have been a good homœopath if he had been properly instructed.

CONCERNING THE TREATMENT OF CANCER.—Does cancer attack from without, or is it but the manifestation of a constitutional state? If the former is true it follows that the application of

*Radium* to the cancer is the correct treatment, for it then begins at the primary; if, however, the disease is the manifestation of a constitutional dyscrasia it follows that the drug should be administered internally, as the homœopaths administer it. If the latter proposition is true it follows inevitably that even though it be necessary, as is often the case, to cut the cancer out, that operation cannot alter the state of the body that produced it, and the indicated homœopathic remedy should follow in order to prevent a second operation being necessary.

ADULTERATING OLIVE OIL.—The following is clipped from “Judgment 997” taken from one of the Bulletins issued by the Department of Agriculture:

“Analysis of said product by the Bureau of Chemistry showed it to contain about 60 to 70 per cent. cottonseed oil. Adulteration was alleged because a substance, to wit, cottonseed oil, had been substituted in part for the articles stated on the labels to contain pure olive oil. Misbranding was alleged for the reason that the labels were false and misleading in that they bore the statement ——— ———, indicating the contents of the package to be a pure olive oil, when, in fact, the said article was a mixture of cottonseed oil and olive oil.”

We omit the name, as that is immaterial amid many of a similar tenor. As cottonseed oil is now said to be the chief cause of pellagra the moral is obvious—be sure you buy a “pure olive oil.”

TRUE TO PRINCIPLES.—A story told in one of our exchanges (*Jour. Osteopathy*, Oct.) is curious. The *Journal* says it got it from Earl Mayo in the *Outlook*. This is it: “There was some typhoid in which was traced to a dairyman who, forty-seven years ago, had an attack of typhoid. Inasmuch as, according to prevailing ideas, a disease cannot exist without its germ, and the germ cannot be bred without a human being, therefore, it is necessary to trace each case to its human origin. Now, as this man had not suffered from the disease for forty-seven years, therefore it was necessary to dub him a “carrier.” They say the Roman augurs, the Delphic oracle people and the Egyptian priests used to smile at each other behind the scenes.

APPRECIATION.—According to *Hospital Tidings*, of Hahnemann Hospital, Philadelphia, a man was brought there last May but as all the private rooms were occupied he had to be treated in the public ward. Not long ago Superintendent Edwards received a letter from this one-time patient inclosing a check for \$250.00. The letter read as follows: "In expressing my appreciation of the treatment that was accorded me at the hospital, after the accident which befell me on the 16th of May, I beg to offer the enclosed contribution to the hospital." It is pleasant to record incidents like this. Considering the large number of sick and often cranky patients our big hospitals have to care for they do well, very well, indeed, and newspapers and journals should not be too ready to give space to complaints or attacks.

ANOTHER "CAMPAIGN."—No one, possibly cares to be regarded as a chronic "grouch," yet what would you when criticism is needed? For example, a recent medical letter from Wales tells us that a million dollars has been subscribed, besides hospitals and the like being established, to carry on a "campaign" against tuberculosis in that country. The motives back of those who put up the money seems to be admirable, but a good motive does not necessarily mean good sense, else the heathen gentlemen who expended vast sums building temples to idols are to be commended, for on the same line of reasoning their motives must have been good according to their light. Of what avail is it to scientifically demonstrate, in the light of the science by which this fund is raised, to the poor devils how they should eat, sleep and live to avoid the disease, when there is nowhere they can turn to earn the additional money needed to carry out the instructions? Furthermore, are the scientists on scientific grounds or are they right in their premises? In other words, and in all seriousness, if every tubercle bacilli (for the "war" is against these) existing in the world to-day were to be given enough bichloride to "kill" it, and the conditions of humanity remained unchanged, would the disease, tuberculosis, vanish? This is a fair, nay, it is a vital question. We have heard of campaigns against diphtheria, or, if not, have heard that it is one of the diseases conquered by the same medical powers that have raised a million to fight tuberculosis bacilli in Wales. yet this same letter, incidentally, mentions the statistical fact that whereas in a given period in Cardiff, in 1910,



there were 234 cases and 12 deaths of diphtheria, in 1911, in this year, during the corresponding period there were 334 cases of that disease and 24 deaths. Now this, as said before, is no "grouch," but a plain presentation of facts. The motives are all right, apparently, but what of the "science?"

ONLY QUOTATIONS.—The American Medical Association is not responsible for the bills recently introduced into the Senate; they were prepared by Senator Owen on his own initiative."—*Jour. A. M. A.*

"The bill which I have introduced is in accordance with the earnest and repeated desires of the American Medical Association."—*Senator Owen.*

"The American Medical Association is not a 'Medical Trust.'"—*Jour. A. M. A.*

"Under the present political regime the American Medical Association has developed into a medico-political and commercial trust."—*Dr. Lydston, member of A. M. A.*

We are indebted to Dewey, *Medical Century*, for the foregoing quotations.

THE ACCEPTED THEORY DOUBTED.—The paper is published in the *Lancet*, Oct. 23. The writer is Dr. R. W. C. Pierce, an English medical officer of health. The subject is the beginning of scarlet fever, every case of which, according to the prevailing idea, *must* be due to a previous case. Dr. Pierce does not attempt to say what is the origin of the disease, but he gives details of many cases, and the evidence of these "is so strong as to force the conclusion that sporadic cases of scarlet fever arise without reference to a previous case."

A QUESTION OF HUMOR.—"Will these Englishmen never learn humor? A London daily gravely reports that Sir Herbert Tree, when in the midst of a long soliloquy which has to be delivered to a running accompaniment of thunder, was amazed to hear a loud peal of thunder come in at the wrong place. 'What is the meaning of this?' he indignantly asked of the stage hands, and was considerably surprised when told that it was not stage thunder, but a genuine thunderclap outside the theater."—*Medical Standard.* Possibly the joke is on the *Standard*.

## NEWS ITEMS.

Dr. Alba W. Baker has removed from Bloomsburg to Mifflintown, Pa., on the "blue Juniata."

At the last meeting of the Southern Homœopathic Medical Association, held at St. Louis, the following officers were elected:

President, Dr. F. A. Reed, Eustis, Florida.

First Vice-President, Dr. A. H. Schott, St. Louis, Mo.

Second Vice-President, Dr. W. H. Schwartz, Houston, Tex.

Treasurer, Dr. H. Warren Johnson, Knoxville, Tenn.

Secretary, Dr. Lee Norman, Louisville, Ky.

Necrologist, Dr. A. Leight Monroe, Miami, Florida.

The place of the next meeting will be Richmond, Virginia.

According to the *Ann Arbor Times* the number of medical students in the University of Michigan this year, allopathic as for the past four years, shows a marked decrease, 72, while the homœopathic department shows a slight increase, 7. Five years ago there were five times as many allopathic students as there were homœopathic, while at present there are only twice as many. Guess Homœopathy isn't "dying" very much.

Dr. Nella M. Cramer has removed from Kansas City, Mo., to Lebanon Block, Newton, Kansas.

Dr. John N. Darrough, of Kansas City, Mo., is now at the Metropolitan Hospital, N. Y.

Dr. Augusta P. Schultz has opened an office at "The Florida," 163d St., and St. Nicholas Ave., New York City.

Dr. J. T. O'Connor has removed from Garden City to 20 Bayard Lane, Princeton, N. J.

There is an opening for a homœopathic physician to succeed the late Dr. L. D. Tebo, at Bordentown, N. J. For particulars address Mrs. L. D. Tebo at that place.

Dr. H. W. Boice has removed from Brooklyn, N. Y., to 621 Mowbray Arch, Norfolk, Va.

Dr. V. T. Carr has succeeded Dr. W. H. Stover at 138½ S. Washington St., Tiffin, O.

If you change your address please send word to the RECORDER, whether on the subscription list or not.

## PERSONAL.

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Human Nature. The frost nips, the ocean rolls, the wind howls and the rain falls and then Nature sleeps.

A Babylonian tablet warns its reader against the makers of spurious antiquities.

Man growls while his shins bark.

We wouldn't be any happier if we knew all things—said about us.

"Give a smile to every one!" exclaimed the Optimist, but Claude gloomily replied, "Haven't the dough."

*E pluribus unum* is unlawful when applied to industry.

"The way of the transgressor is hard, thank God!" said the extra pious one. Adapted from *Puck*.

"Money is mostly wanted to buy things we don't need," remarked Hank the Hermit.

All the world's a stage and most of us are supes.

It strikes us that Get Rich Quick Wallingford's chief dupes are his readers.

"The Spirits of Homœopathy is the Spirit of Liberty."—*Dr. J. H. Clarke.*

Hubbard, N. Y., Health Department has found disease in books. There are certainly many very bum ones.

Dr. Wiley says each human being represents an investment of \$12,000.00, and death that much loss. Didn't know we were worth so much!

The N. Y. B'd of H. orders that after October 1 each one must carry his own tin-cup, or go fairsty.

The *Journal A. M. A.*, October 14, says: "The American Medical Association is not a 'medical trust.'" That settles it!

We recently read of a patient who would cry when told a joke. One cannot too greatly blame her.

An egg cannot be too fresh, but not so with youth.

"Give me children or I die!" exclaimed the woman of antiquity.

Denver dog catcher has received 2,000 bites. If he had also 2,000 "Pasteur treatments" on top of them—well, "the mind reels!"

"Latest model" auto attachment—mortgage.

Claude says he would rather carve a bird than his fortune.

No animal is "respectable," says Walt. Whitman.

"He who sings and whistles at his work is happy"—but not the poor devils who are compelled to listen.

It is to laugh! Married American men gassing about "self-government!"

After about 500 tramp beggars and pedlers have rung your bell is it any wonder you slam the door in Opportunity's face?

How do we know that enthanasia is painless? No one has come back to report on the matter.

Concerning "the right to die" it may be said that, at any rate, few care to exercise the "right"













