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सचैव भिषजां श्रेष्ठो रोगेभ्यो यः प्रसोचयेत् ॥

चरकसंहिता ।

That alone is the right medicine which can remove disease :
He alone is the true physician who can restore health.

Charaka Sanhitā.

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BY

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SIMILIA SIMILIBUS OPERANTUR.*

(Likes are worked by Likes.)

(সমং সমেন যুক্ত্যতে)

BY DR. H. C. RAY CHAUDHURI.

GENTLEMEN,

I have taken up a difficult subject for the discourse of the Hahnemann Anniversary of 1907. It is my intention to show that the law of Similia Similibus is capable of universal application taking its rank next to the law of gravitation. Failure is possible in treating such a difficult subject. I hope it will be taken up in future years by a more competent man than my humble self. I am conscious of the difficulties to be encompassed. The good advice that sustains my energy is,

যত্নে ক্লান্তে যদি ন সিদ্ধতি কোহত্র দোষঃ ।

If after assiduity the effort fails where is the fault.

I approach the occidental and oriental republic of homœopaths with a timid but sustaining heart being aware of the famous couplet in *Meghaduta* of the immortal bard Kalidasa.

বাচস্পতি মোঘা বরযশি গুণে নাথমে লঙ্কাকামা ।

'Tis better far solicitations fail

With high desert than with the base prevail.

H. H. WILSON.

*Owing to the illness of the lecturer the paper was read by Dr. Anrita Lal Sircar at the Hahnemann Anniversary..

We know that the first aphorism of homœopathy began as a supposition *Similia Similibus Curentur* (Likes may be cured by Likes). Subsequently it was expanded into a law *Similia Similibus Curantur* (Likes are cured by Likes). A few years before discussion took place about the use of the word *curentur* and *curantur*. Hahnemann used the word *curentur* even on rare occasions. He generally said *Similia Similibus* leaving the rest to suggestion. In one of the early numbers of the *British Journal of Homœopathy* the word *curantur* was used for the first time. The academic disquisition as to the use of the verb *Curo* meaning to cure is interesting. Dudgeon denied the application to be proper. But there were others who showed precedents to such use. According to Dudgeon the complete formula might be *Similia Similibus curentur quia Similia Similibus Sanantur* (Let Likes be treated by Likes because Likes are cured by Likes). Leaving aside the discussion I may say that it can not be said that Hahnemann did not think of another useful application. If we accept homœopathic treatment to be a sympathetic method of cure as opposed to the antipathic or unsympathetic treatment, then a vast field of idea and work comes to our view. The antiphlogistic method conveys the idea of oppression in contrast to the kind homœopathic system. Bloodletting, leeching, and blistering are really inhumane treatments. The merciless way in which lunatics were treated is an additional example of the un-sympathetic behaviour. During Hahnemann's time and even long after, it was cruel barbarity which impelled the treatment of the insane. Hear what Ameke in his History of Homœopathy says :

"The way in which mental diseases were formerly treated (one need not go so far back as Hahnemann's time) is known to every physician. Physicians treated excitable and refractory maniacal patients like wild animals; it was thought necessary to cow and terrify them. Corporal chastisement and nauseating medicines were ordinary means used. Furious maniacs were strapped down on a horizontal board which could be quickly turned on an axis to a vertical position, or put in the so-called

rotating chair. 'A well fitted up madhouse was, in certain respects, not unlike a torture-chamber' says Westphal. This method of treatment was adopted by Ernest Horn in 1806 in the insane department of the Berlin Charité, then the largest madhouse in Prussia. He also invented the 'closed sack,' in which maniacs were tied up, and which compelled them, according to Westphal, to remain lying wherever they were placed. 'It is shameful to have to confess,' says Westphal in 1880, 'what a short time had elapsed since the insane were shown to the Sunday visitors of hospitals and workhouses as a kind of sport, and teased in order to amuse the visitors.'

As the treatment of the insane depends upon the state of culture, we shall here quote as an illustration of the degree of refinement of the physicians of those days, from the *Medicinishe Bibliothek* of the celebrated Gottingen professor, J. Fr. Blumenbach. He is speaking of a work on medical jurisprudence of repute in which it is stated that in Baden a parricide could not be brought to confess because torture had been abolished.

The critic there upon remarks (in the year 1789) :—

The most innocuous and at the same time the most efficacious mode of torture which can be retained without hesitation is, in our opinion, to apply only such a degree of torture to the accused as will set up a slight traumatic fever, and, after this has been set up, to threaten him with it again. The depression of mind, the loss of self control, produced by the traumatic fever, will bring even the most hardened ruffian to confess. We have more than once found in dealings with criminals, that men who are able to support a severe first application of torture, if they are again tortured after a few days when suffering from traumatic fever, become quite faint hearted and spiritless and they confess everything."

The treatment of Kloekenbring was the diverting point which signalled the triumph of homoeopathy as manifested by its sympathetic treatment. "Hahnemann was in Gotha from the year 1792, and treated the well-known author and private secretary, Kloekenbring, who was confined in a lunatic asylum

founded by the Duke at Georghenthal, with acknowledged success. He published an account of this case in 1796."

Dr. Dudgeon gives an account of the historic instance which has been quoted by Dr. Clarke in his *Homœopathy Explained*.

"In 1792 Hahnemann undertook the medical care of the celebrated Hanoverian Statesman Klockenbring who had gone mad, and had already been treated in the usual barbarous manner of the period in an asylum of the ordinary stamp, with no benefit, but the contrary. Hahnemann treated this dangerous lunatic on a non-restraint plan, without the use of chains or corporal punishment, which were in universal use at that period. His treatment was perfectly successful, and Klockenbring was restored to his family and friends perfectly cured." Hahnemann thus says of the treatment. "I never allow an insane person to be punished either by blows or any other kind of corporal punishment, because there is no punishment where there is no responsibility, and because these sufferers deserve only pity and are always rendered worse by such rough treatment and never improved."

"After his complete cure," says Ameke, "from madness this sufferer showed his deliverer, often with tears in his eyes, the marks of the blows and stripes his former keepers had employed to keep him in order."

It may be asked what relation there is between the principle Likes are worked by Likes and the general treatment of the insane? The reply is that the excessively irritated nerves want pacification and rest. The purpose can only be achieved by kind and sympathetic treatment. If we try to understand the action of the nerves of the insane then the answer will become plain and simple. The difference between a sane and an insane man is that the sane man can repress many inconsistent feelings which are the effect of the sensory nerves, being not carried into effect by the motor nerves. Whereas in the case of insane persons there is rapid dissemination of ideas and they are acted on instantly without suppression. In other words,

the inhibitory power, the faculty of judgment, becomes wanting with the insane. The rapid dissemination of ideas acts on by its reflex action on the motor nerves. Kind and sympathetic treatment acts on the principle of Likes to prevent the rapid dissemination of ideas and the reflex action on the motor nerves. The magnetic action of Likes prevents the electric dissemination of the irritated nerves. The analogy may be applied in another way. The preponderance of negative electricity produced by the rarefaction of matter as exemplified in the Crooke's tubes shows the homœopathic state of minute doses, in contrast to the preponderance of positive electricity as shown by the Geisler's tubes, having a large dose as in the ordinary state of matter and being akin to the allopathic practice. The rapid transmission of negative electrons can be favourably compared with the rapid transmission of the negative neurons of the insane. Sympathetic behaviour is nothing but an application of negative animal magnetism to the negative neurons of the insane. It is obvious how the small sympathetic dose of Likes act on the irritated nerves which have attained the subtle rarefied condition. The rarefied condition of homœopathy and sympathy act on the rarefied condition of the nerves. The inevitable conclusion is that there can be no other treatment of the insane except sympathy and homœopathy. The action of homœopathic medicines is the example of sympathetic treatment and sympathetic behaviour is synonymous with the homœopathic treatment.

Taking a brief survey from the macrocosm to the microcosm, from the ultra-mundane to the terrestrial sphere, it can be said that the law of *Similia Similibus Operantur* is manifested in its various phases almost everywhere. The similarity of medicinal action with the diseased symptoms is only a part of it.

The first striking similarity of relation with the sun and the human body is very difficult to discern. But it is a notable fact that the solar heat imparts agitation and vigour to the living world. The startling discovery was made in comparing the spectra of the sun and the human blood. The lines in the

spectrum analysis are the outcome of absorption of light by non-metallic and metallic elements pervading the universe. These lines are known by the name of A, B, C, D, etc., according to their position in the spectrum. These lines are properly considered as absorption bands. For certain media have the power to absorb the rays of light emitted from other bodies. The particular body absorbs amongst its molecules many of the constituent rays of the white light which falls upon it and the colour we see consists of the remainder. The very fact of the power of absorption of certain lights by particular objects proves the similarity of their condition and therefore the operation becomes possible. A red glass does not turn all the light into red, but simply stops or absorbs all the rays except those which make up the red. Now, we are interested with the D lines of a spectrum. It was discovered that two of the most distinct dark lines, called D lines, across the yellow portion were exactly coincident with the two bright yellow lines given by the incandescent sodium vapour. Prof. Stokes, in 1852, pointed out the probable cause of this, in the molecules taking up or absorbing all vibrations of their own peculiar period which reach them, just as a tuning fork will respond to its own note sung to it. Kirchhoff verified this, proving experimentally that sodium flame interposed before the slit in the spectroscopie when getting the bright solar spectrum darkened the D lines. Most of the other dark lines of the solar spectrum were afterwards identified with the bright lines of the vapours of the various elements, proving that the incandescent photosphere of the sun is surrounded by highly heated gases containing non-metallic and metallic elements.

Coming to our subject of comparison of the solar and the human-blood spectra, the striking similarity is observed in the approximate placing of the D lines in both the spectra. The oxydised haemoglobin imparts the D lines almost in the same place as in the solar spectrum. This coincidence clearly shows the affinity between man and the sun. The fact of similarity of conditions explains the action of the one on the

other. The oxyhaemoglobin proves its affinity with the sodium element in the sun.

In studying the action of radium several remarkable facts are observed. "Every atom is a system of tiny electrons, which are in constant motion like that of the planets in our solar system and owe their remarkable stability to that very motion. Some atoms, like that of hydrogen, consist only of a few hundreds of these electrons, whilst others like that of radium itself, probably contain hundreds of thousands of them. These electrons are thought to be precisely similar, and it is probable that they constitute that primitive *ur-stoff*, or primordial matter which many speculators have held to be the foundations of the material universe. Further, it is practically certain that they are closely related to electricity, consisting either of particles of this primitive matter, each of which bears a unit charge of electricity, or perhaps solely of such electrical charges, without any material basis at all in the usual sense of the word."

Applying this idea of ionic activity to our homeopathic medicines which are capable of operating like electrons for their minute subdivision, we come to the conclusion that the kinetic energy of our medicine rests on the constant motion of their ions. The vital energy of the medical ions has affinity with the microbial manifestation of diseases. The similarity of application of a medicine to counteract the evil influence of a disease rests on the ionic activity of a drug being almost equal to the rate of microbial activity of a disease. Each medicine having its measured rate of ionic activity is applicable to that rate of microbial energy. The medicinal action, being regulated by dilution, can confront microbes having approximate rate of operation. By this conception, the nebulous state of medicinal energy receives a definite appearance.

A further study of radium reveals another series of facts applicable to the law of Similars. "We know that a radium compound is continually emitting three kinds of rays which have a wonderful power of penetrating ordinary matter. One

kind known as the Alpha rays, consists of a stream of material particles which are on good grounds believed to be atoms of the rare gas helium, which the spectroscopist long ago showed to rest in the sun's atmosphere but which was only discovered on the earth by Ramsay in 1895. The Beta rays are also stream of material particles, but far smaller than any known atom; they are probably detached electrons, or units of negative electricity. The Gamma rays are true ether waves akin to the Roentgen rays. In the act of emitting these radiations the atom of radium is of course losing a portion of its matter. This is the kernel of the great discovery that a true atom is able to break up into smaller particles, and therefore that it must consist of some arrangement of such particles, which and not the atoms—are the true unit of matter."

We are concerned with the Beta rays which act on the homœopathic principle. As has been said, the ions of homœopathic medicines act like negative electrons and are more forcible than the atoms of allopathic medicines which act on the principle of positive electrons, being inconsistent with the rapidity of vigorous action. Taking into consideration the action of prominent serpent poisons we are led to believe that the action of their infinitesimal proteids are akin to the Beta rays of radium. The more we think on the matter, the more we are impressed that the action of homœopathic ions act like the electrons of negative electricity. They may not act on the same principle, but doubt can not be entertained that their operation is similar. This similarity of behaviour impels us to assert the ionic activity of our drugs in diluted doses.

Coming to the province of specialisation of cells for manufacturing and maintaining special organs, we find that special organic structures can be prepared by the specialisation of similar cells. Unless the specialised cells were created and maintained, the special organs could not have existed. The division of the blastodermic membrane into three distinct structures, hypoblast, mesoblast and epiblast is the first specialisation from which the vertebrate structures come to be manufactured.

Once the specialisation of character has come into existence, it is maintained by subsequent similarity of created cells.

In bacteriology, it is a known fact that certain microbes or an allied group of them can produce certain diseases which can be met with by medicines producing similar pathological changes. The rule of application of medicines according to pathological changes form the stable ground of *Similia Similibus curantur*.

Leaving the microcosmic world, when we observe the kinetic energy manifested in sociology, we observe that similar mental constitution attracts each other. The antipathic minds repel one another. The processes of attraction and repulsion form the fundamental principle of social kinetics. The treatment of the sane and insane persons must be based on this principle of attraction as opposed to repulsion. Attraction of minds is only possible when the similarity of structure exists.

The argument may be raised against the view that similar electrons repel one another, and the opposite electrons attract each other. The fact is true with regard to electrons. But our physical and mental ions are not of the same structure as electrons.

On the other hand the behaviour of electrons forms the law of isopathy. The morbid poisons of the same nature destroy one another, as the same electricity repel each other. Other examples like the attractive behaviour of the opposite electrons have not yet been observed. It can be said that the law of antipathy is abused on the fact of the opposite behaviour of electrons. Therefore it is sometimes successful.

As physicians, confining ourselves to the method of healing art, we observe that the principle of *Similia Similibus Operantur* acts on various ways in the treatment and mental constitution of the patient. Kind and sympathetic treatment alleviate many difficulties. The patient naturally confides to the doctor. Even in a bad case, the attending physician is expected to give hope to the patient, but his actual condition must be said to the most interested person in the family. It must be

said that sympathy and kindness of the doctor should not cease if the case be very bad and even hopeless. The magnetic electrons, consisting of violently disturbed neurons, may act to alleviate his sufferings. The first principle of kinetic sociology, that Likes are worked by Likes, should always be remembered. To be reputed physicians, we should always be possessed of high attainments, high standard of human feelings and high moral culture. In India, the deplorable fact is that attending and consulting physicians stand on the same level with regard to personal greed and gain. There is not a separate class of consulting physicians as distinguished from attending physicians. Among the professors of the Calcutta Medical College, we saw only one highly cultivated person who generally did not take cases as attending physician. It was Dr. Norman Chevers. In the continent of Europe, this practice is enough observable. To maintain the truths of *Similia* the attending physician is more responsible than the consulting physician. It must be said, on the other hand, that the needful directions should come from the consulting and not from the attending physician.

In surgical cases, we should not be guided by fashions but exercise our discreet judgment. The fashionable use of vaseline has taken the place of other resourceful treatments, as application of clarified butter in ulcers. Clarified butter being a constituent of our food may better suit in some of our disturbed conditions than the laboratory preparations, especially as local application. Dry dressing with simple arrowroot or barley which has proved most effective in many wounds and ulcers is now a forgotten truth.

A NEW PHYSIOLOGICAL OR SYSTEMIC SCHEMA
FOR THE CLASSIFICATION AND STUDY OF
DRUG EFFECTS.*

BY HOWARD P. BELLOW, M.D.

Boston, Mass.

The homœopathic *materia medica*, since the time of Hahnemann, has been presented in schematic form. Individual provings of drugs may be, and very frequently have been presented in a distinctly narrative form, and the form of narration is usually employed in recording individual cases of poisoning by drugs. When several provings, or records of poisoning, of any given drug are to be combined, however, and presented in condensed and concrete form, it becomes necessary that some mode of classification be adopted by which the related symptoms, gathered from different sources, may be presented in associated groups and thus exhibit the drug's action both in particulars and as a whole. From this necessity arose the schema. The form of this schema has undergone some modification as to particulars of subdivision and arrangement during the many years which has passed since its inception, but in its essential features has remained practically unchanged. So far as the writer knows, the classification in the original schema and in all its modifications has rested always upon an anatomical basis. This is undoubtedly the most obvious basis for such classification, and one which presents strong points of advantage both in the recording of drug effects and in their quick review in the work of practical prescribing. But it is very probable that it is this arrangement of our symptomatology, more than any other factor, which has made the study of the homœopathic *materia medica* the most difficult of all the studies in the province of medicine. Every student in our colleges enters upon it with discouragement and heart-failings, and every practitioner of ripened experience, if faithful to his trust, continues to pour over the same well-worn volumes, long since become the shabbiest books in his library from years of

*Read before the Seventh International Homœopathic Congress.

constant use. For not alone is the first acquisition of a working knowledge of our *materia medica* a matter of such difficulty, but its retention in the mind, with any nicety of distinction, without constant review, is for most men an absolute impossibility. It is not unfair to suppose that there are men who are even deterred from the practice of homœopathy because of the difficulties of its *materia medica*.

Not so is it with the study of pathology, with which the study of *materia medica* should be most clearly and directly associated. The presentation of the morbid state to which the pathogenic action of the drug corresponds, even though it be a mere synopsis, is made with greater clearness and is grasped far more readily and retentively by the mind. The picture of the diseased state seems to carry with it a sense of reality. It is drawn with strong lines and the salient points are readily perceived and impressed upon the memory, while the relation between these points is well marked and clearly discerned. Moreover, the picture of the morbid process seems to carry with it a sense of movement as the stages of the disease presented appear, develop and recede. Opposed to this is the picture of the pathogenic action of the drug which we are to contrast in our minds with that of the morbid state in making a truly homœopathic prescription, and we must acknowledge that it is far less satisfactory as presented in our customary schema. The sense of reality we miss at once; the life which characterized the narrative of the individual proving, or of the poisoning, is gone, and we seem to be studying now a skeleton rather than a living form. The lines of construction are no longer strong and natural as in the delineation of the morbid state, but by comparison seem artificial and weak. The drug effects are often presented in disconnected or in dissociated groupings between which the evidences of relationship are lost to view. Of salient points few exist because the most prominent and most frequently occurring symptoms which characterize the action of the drug are rarely designated as such in any way whatever. As to the sense of movement, that is wholly

lost in the presentation of the drug's action because no attempt has heretofore been made to preserve in the schema the sequence which marks the development of the drug symptoms. Yet, could these points of defect be corrected, it should become possible to reconstruct at will from the one concrete presentation of the drug's action, even in schematic form, either a narrative description or a synopsis of the drug's action in any particular sphere. This would bring the drug's pathogenic action into direct and striking contrast with the manifestations of morbid action in the same sphere and so bring upon directly parallel lines the two contrasted conditions, the pathological and the pathogenic, in presentation which would be equally graphic and true, and exhibit an equal appearance of reality and of movement upon each side. Is it not true that the lack of harmony between the construction of the drug picture and that of the pathological state is the cause of much of the difficulty which besets the practice of homœopathy? If, then, it is possible in any way to reconstruct the drug-picture, in the interest of such harmony and in the hope of greater clearness, accuracy and impressiveness, it is surely well that such an attempt be made.

It occurred to the writer that this end would be subserved were the effects of drugs classified and studied from a physiological rather than from an anatomical standpoint, since physiology is much more closely related to pathology, as a study of perverted function, than is anatomy. A predominantly physiological basis of classification admits of a more natural and realistic presentation of symptoms, and their arrangement in more orderly and more closely related groupings, than the anatomical—an arrangement more nearly resembling the natural grouping of symptoms in diseased states. It also admits of the preservation and presentation of the sequence in the development of the drug effects, which is one of the most prominent features in the development of the symptoms of disease. Futhermore, it becomes possible to take cognizance of the relative prominence of the systems developed and the frequency

of their occurrence, so that, instead of being reduced to one dead level, the symptoms experienced by many different provers on many different days are given definite numerical values to distinguish them at once and always from symptoms of doubtful value, which perhaps have occurred but once only and may then have been merely fortuitous. Thus may the drug picture gain the needed relation between its parts, also the salient points and the perspective or, in the language of the artist, "retain its values," and so, though remaining a composite picture, be made equally impressive and easy of recognition as a similar picture of a pathological state. Surely the study of the *materia medica*, if cast on those lines, will be less laborious and less a matter of abstract memorizing than heretofore, and its application become possible with greater ease and increased precision.

And now as to the practical construction of this schema. It is based upon the *narratives* of drug provings, which presents the effects developed from day to day in orderly sequence, and it cannot be properly constructed upon any other basis. It is a method for the future, therefore, and for those provings and cases of poisoning in the past the records of which are still available in definite narrative or journalistic form. The first step in the process of construction is to reduce each narrative to the form of a synopsis, or, more properly, to a series of synopses, which shall present each symptom in its appropriate physiological division, as for instance, "The Mind and Nervous System" "The Alimentary System" or "The Genito-Urinary System." These divisions are fourteen in number and under them all symptoms may be grouped in a manner to meet the need alike of the specialist and of the general practitioner. The order in which the symptoms are recorded in each divisional synopsis is strictly the order of their development in the proving and there is no repetition, each symptom being once recorded at the time of its first appearance, its recurrence upon subsequent days being indicated by a numeral exponent which records the total number of days upon which it is noted. Closely related symptoms, occurring or

subsequent days and differing but slightly from the given symptoms, are recorded in connection with it, thus forming a related group, but are not included in the numeral. As some provings cover many days and others few, because more rapidly pushed, the relative position of each symptom in the order of development is best shown by dividing the time covered by each synopsis into periods and using these rather than days to mark the sequence. This is readily done by dividing the whole number of days between the appearance of the first symptom and the disappearance of the last symptom in each divisional synopsis into five equal portions, as nearly as may be, and designating these periods by the first five letters of the alphabet, A to E, thus exhibiting the individual symptoms in the order of their occurrence in these lettered periods, rather than under separate dates. A symptom appearing towards the middle of any proving, for instance, whether it be after the lapse of a week or three weeks, will appear recorded in the group under the letter C. Thus is made possible the combination of many synopses, representing many provings, into one orderly synopsis which is the finished product and represents, in condensed detail, the final result of the proving, as a whole, in each of the physiological divisions which go to make up the final schema. The five letters are still retained in the final schema to mark the sequence in the development of the symptoms in each division, but the absolute accuracy of the individual synopses in this regard is, of course, merged into an approximate accuracy in the composite synopsis since, practically the order of development in every proving is not strictly identical with every other any more than in the development of disease in many patients do we find an absolutely invariable order in the appearance of symptoms in each individual. The sequence is believed to be both as correct and as serviceable in the one case as in the other.

In the finished schema where all the synopses are combined into one in their respective divisions, the numeral exponents which mark the recurrence of identical symptoms will, in many

instances, be found to be two in number instead of one, as in the preparatory synopses, the two being separated by a hyphen. The first of these, in each instance, designates the total number of different provers who developed the symptoms given, and the second records the total number of days upon which it was noted by all these provers. These double exponents still further accentuate the prominence of the symptoms to which they are affixed and attach to them a value which is definitely and quickly perceived. Associated with these prominent symptoms, in the order of their occurrence, are still found grouped in the finished schema the closely related but not strictly identical symptoms which appeared at subsequent stages of the provings, only the groups thus formed are, of course, larger and present greater variations of detail, than in the synopses of individual provings.

The final step in the formation of the finished schema is the presentation of the synopses under the fourteen primary physiological divisions with the addition of three peculiarly homœopathic sections devoted to modalities; etc., which are culled from the foregoing divisions. These, with an appropriate introduction and conclusion constitute the complete outline of the new schema as follows: Name of Drug. Description. General action. 1. Mind and Nervous System. 2. Eyes. 3. Ears. 4. Nose and Throat. 5. Respiratory System. 6. Circulatory System. 7. Alimentary System. 8. Genito-Urinary System. 9. Urine. 10. Blood. 11. Bones and Muscular System. 12. Skin. 13. Tissue Changes. 14. General Systemic Conditions. 15. Regional Conditions. 16. Sensations. 17. Modalities. Relations.

It is again to be noted that *all symptoms developed during the proving appear in the first fourteen divisions of this schema. The three which follow present analyses and other grouping of these same symptoms, from different points of view, for the purpose of study and reference.*

Thus is constructed a schema upon somewhat different lines from those to which we are accustomed and which, it is hoped, will, at least help to solve some of the problems which confront us in the effort to simplify the study and the application of our

materia medica. It is the outcome of an earnest and sincere effort to lighten existing difficulties, and represents the work of many months. For it must not be supposed that this is merely a suggested schema, which may not prove to be practicable when carried into execution. It has been carried past the experimental stage. It has been wrought out by the writer, to the most minute detail, in the case of the fifty-three provings made by the Ophthalmological, Otological and Larynological Society, and will be found fully presented in the book upon their Test Proving which is published by that society. It does not there appear in place of the older anatomical schema but in addition to that form of schema, which will also be found worked out in detail. This will permit a ready comparison of the two modes of presenting the same results, and will greatly facilitate the judgment of the profession as to their relative value. For it rests with the profession also to pass judgment upon this new mode of classifying and studying drug effects and to determine whether it is worthy of adoption, in its present form or with some modification, in the more scientific drug proving upon which we are entering, and in the future construction of our materia medica.

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**Meteorological Observations taken at 8 A.M. at the Indian
Association for the Cultivation of Science, Calcutta.**

For the Month of March, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		LOUD.	Rainfall.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.	Proportion.	
1	29-970	NE	1-9	84-0	63-8	0	<i>Nil.</i>
2	29-917	SE	1-9	84-5	68-0	0	"
3	29-940	S	2-4	89-0	70-5	0	"
4	29-909	S	3-2	90-8	72-5	0	"
5	29-962	N	4-3	90-0	69-0	8	"
6	29-980	W	3-0	86-5	67-0	0	"
7	29-934	S	3-2	87-5	71-2	0	"
8	29-920	S	5-0	89-5	71-2	0	"
9	29-945	SE	3-3	89-8	72-6	0	"
10	29-911	S	2-6	91-0	71-5	0	"
11	29-858	SSE	2-9	91-8	75-0	4	"
12	29-790	SE	4-6	91-5	70-8	4	"
13	29-830	E	3-9	90-1	70-0	9	0-25
14	29-893	NE	2-4	84-0	69-5	3	<i>Nil.</i>
15	29-962	N	3-0	84-2	69-0	0	"
16	29-933	E	3-5	87-5	69-0	10	"
17	29-945	N	4-1	81-5	69-0	10	"
18	29-958	E	4-7	75-5	65-0	10	0-20
19	30-034	N	2-4	72-5	64-5	3	0-31
20	30-026	W	2-0	81-0	61-1	0	<i>Nil.</i>
21	29-968	S	2-1	86-8	67-5	1	"
22	29-829	S	3-3	89-0	71-8	3	"
23	29-849	N	5-2	87-4	65-5	10	2-38
24	29-910	E	3-0	82-5	65-0	1	<i>Nil.</i>
25	29-873	E	1-8	82-0	70-0	10	"
26	29-824	S	3-5	88-5	73-0	4	"
27	29-912	SSE	2-8	90-5	73-0	0	0-11
28	29-905	SSE	4-4	89-5	70-5	10	0-15
29	29-910	SSE	2-1	88-8	74-0	5	<i>Nil.</i>
30	30-392	SW	2-0	90-0	73-6	0	"
31	30-374	NE	2-1	92-5	73-0	0	"
Mean	29-947	ESE	3-1	86-7	69-9	3	TOTAL 3-40

Remarks. The first noticeable feature is the gradual change in the direction of the wind. In the month of January it was

N W. During February it became N E. In March the direction was E S E. The mean velocity in January was 2.2. In February it came to 2.8. In March it was 3.1. The mean difference between the maximum and minimum temperatures in March was 16.8, giving an increase of .6 over that of the month of February. Rainfall was appreciable on the 23rd March. The mean barometric pressure came down from 29.996 to 29.947, giving a difference of .049 inches.

In the week ending the 23rd February the mortality from cholera gradually lessened to 42. During the week ending the 2nd March the mortality came down to 33. In the next week ending the 9th March it rose to 53. During the week ending the 16th March the mortality remained at 50. In the next week ending the 23rd March it was 49. In the week ending the 30th March, it again rose to 57. The rain during the 23rd March had no appreciable effect.

With regard to the mortality from plague we observed a sudden increase during the week ending the 23rd February making the mortality of 27. In the week ending the 2nd March the mortality increased to 42. In the next week ending the 27th March it rose to 57. During the week ending the 16th it was 95. In the week ending the 23rd March the death remained almost stationary at 94. During the week ending the 30th March the mortality suddenly increased to 166. The slight rain of the 23rd March perhaps redoubled the energy of the disease.

The highest death rate from smallpox during the week ending the 23rd March rose to 86. In January the highest in a week was 25. In February it was 50. The increase was markedly perceptible.

The mortality from fever ranged from 121 to 92 in a week. In that consideration it was less than January or February.

During the month of February mortality from bowel complaints decreased from 88 to 43 in a week. In March the death ranged from 71 to 44 in a week. The cause of rise and fall can not be ascertained.

EDITOR'S NOTES.

Remedies in Bubonic Plague.

The *North American Journal of Medicine* for February writes :

“Prophylactic : *tarentula cubensis* 5x, a drop every night before retiring.

The following remedies are indicated in the disease :

TARENTULA CUBENSIS : face red, eyes injected, respiration accelerated, pulse frequent, high fever, intense thirst, loquacious delirium, unrest, intense pain in the buboes. Characteristic is the intense pain in the buboes and carbunculoid spots.

NAJA : Prostration, pulse very rapid, almost impossible to count ; arhythmia cardiaca, heart-murmurs. Characteristic is the tendency to syncope.

CROTALUS : Injected eyes, bloated face, high fever, intense thirst, difficult speech characteristic are the high fever, thirst and somnolence.

LACHESIS : Nervous phenomena predominate, difficult deglutition, constriction of the throat, parts affected are very sensitive to external pressure.

APIS : Inflammation of peri-glandular connective tissue. Somnolence (no thirst) interrupted by sharp cries and saltation.

HYOSCYAMUS : Senses dulled to external impressions, delirious picking at the bed-clothes, delirium now wild, now mild. Dr. Theodoro Gomes. *Annaes de Med. Homœopathica*. (Brazil).”

Aconite and *Belladonna* in low dilution have their effects. We have received good advantage from continued application of dry heat. In delirium *Crotalus* and *Lachesis* have proved efficacious.

The Starvation Meal of the Infant.

The *Lancet* of February 23, says :

“The number of mothers who purchase machine-skimmed milk for the feeding (*sic*) of their infants is perfectly appalling. We have again and again called ‘attention in our columns to this scandalous state of affairs, but still this traffic of stunting the growth if not annihilating the life of the infant altogether continues. If further evidence were wanting it appears plainly enough in a report recently made at the instigation of the Council of the British Dairy Farmers’ Association by its consulting chemist. The brands of condensed milk obtained proved to be identical with those purchased by

mothers for feeding their babes and in every case the largest sale of condensed milk was for what is known as machine-skimmed, with at least 70 per cent. of the fat abstracted and in one case no less than 90 per cent. There was a comparatively small sale for condensed whole milk. A little calculation showed that the purchasers of these condensed milks actually pay 1d. per pint for the skimmed milk which has been condensed. Dairymen would willingly supply, we should think, perfectly fresh skimmed milk at this price and the addition of from 45 to 50 per cent. of sugar would be unnecessary, and indeed its omission would most likely be in favour of the baby's health and vigour. But skimmed milk, whether fresh or condensed (and subsequently diluted), is entirely unsuited for a baby's nourishment and it is scandalous that such a fact is so widely and persistently ignored. We would have all tins of machine-skimmed milk compelled to have marked upon them by the State in bold plain lettering the words, UNSUITABLE FOR THE FEEDING OF INFANTS "

The use of skimmed milk is a scandal to a country and shows how trade supersedes the sanitary welfare of the place. In India, where milk is abundant, even diluted milk is far better than skimmed milk. Fresh milk has many advantages over the tinned stuffs which are sold in the market. Most of them are bad being infected by microbes. In condensed skimmed milk, not only the nutrient quality is very low but it also provides room for deadly micro-organisms to play their part.

Epileptic Auræ: Remedies.

The *North American Journal of Homœopathy* for February supplies the following interesting note :

“ Great irritability. Indigo.

Weak-mindedness. Causticum.

Vertigo. Arsenic, belladonna, calcarea, causticum, indigo, secale.

Cephalic pulsation. Amyl nitrite, belladonna, glonoin.

Sparks before the eyes. Hyoscyamus, stramonium.

Ringings in the ears. Hyoscyamus.

Irides dilated sometime before the attack. Argentum nitricum.

Objects whirl about. Arnica.

Sensation of a running mouse. Belladonna, calcarea, ignatia, silica, sulphur.

Aura proceeding from the stomach. Belladonna.
 Nausea, dyspnea from accumulation of mucus. Cuprum.
 Sensation of a warm breath proceeding upwards along the back.

Arsenic.

Sensation of heat from abdomen into head. Indigo.
 Aura from abdomen downwards. Calcarea.
 Chilliness, with goose-flesh. Cuprum.
 Chilliness radiating from the back. Agaricus.
 Chilliness (or coldness) of the left half of the body. Silica.
 Twitching of fingers and toes. Cuprum.
 Aura proceeding from the heart. Lachesis, naja, calcarea
 arsen.

Headache. Belladonna, causticum, calcarea, zinc.
 Vertigo, inclination to fall backwards. Absinthium.
 Heat in the head, followed by sweat. Causticum.
 Noises in the head a few days before the attack. Sepia.
 Thoracic constriction. Calcarea arsen.
 Paretic sensation in the limbs. Plumbum.
 Twitching of the limbs. Cuprum.
 Twitching of the left arm. Silica.
 Trembling. Absinthium.
 Sudden attack, no prodromes. Cuprum.
 Dr. Kroner. *Zeitschrift des Berliner Vereines."*

Cost of Laying Dust.

The *Scientific American* of March 2, has the following interesting note :

"The Road Protection League, which has been formed in Europe for the purpose of promoting different questions relating to the suppression of dust and the tarring of roads, recently held a meeting at Paris. M. Guglielminetti, the secretary of the league and a leading authority on such matters, made some interesting statements on the question of applying liquid matter on the roads. According to the official reports of the government engineers of the city of Paris, the Department of the Seine and other districts, the four years test of the new tarring system has given excellent results from every standpoint and quite justifies the expense. The latter is estimated at \$0.03 to \$0.04 per square yard. On a main avenue of the town of Melun among others, the annual economy resulting from the tarring process has been estimated at \$0.02 per

square yard on the decrease of wear and at \$0.01 on the watering and cleaning of the road, so that in fact the cost of the new treatment is not over what the untreated road would cost, and we have the advantage of no dust or mud. Besides the usual processes of preventing dust, a new method has been brought out by a French chemist, P. Delair, and it can also be used for laying the dust inside of houses, where coal tar cannot be employed. The experimenter had occasion to make long researches on the use of chloride of magnesium for laying dust. It can be produced at a very low price. As it is very deliquescent, when in solution it is very slow in evaporating. Thus certain bodies which are impregnated with it are able to keep moist and thus will attract the dust and small debris of all kinds, keeping them down but without sticking. It seems well adapted for floors and also for roads on this account. Although it does not suppress the powdered matter, it gives it a certain density which prevents it from rising and dispersing different kinds of germs. A strong solution applied twice in two days is enough for treating a floor. After two hours the solution sinks into the wood. Then the sweeping can be done under the best conditions. The dust when raised falls again instead of flying into the air, and can be removed easily. In Europe the price of this treatment is only \$0.006 per square yard."

Dust and disease are the principal questions with regard to sanitation and they are attracting the attention of all sanitarians of Europe and America. The curious feature of the public health of Calcutta is that proper attention is not paid to it. Unfiltered water for watering streets is a scarcity. Leaving apart the question of tarring the roads, dust is allowed to be scattered by wind on all sides. The Corporation of Calcutta wastes money for unnecessary costly schemes and highly paid offices which have little relation with sanitary improvements.

Homœopathic Prescribing.

The *Homœopathic Envoy* for March has the following :

"This was related by Dr. W. S. Dinsmore and it illustrates the fact that disease should *not* be prescribed for by name but from its symptoms :

When Scott was president of the Society which is now the Central Verein of Germany, he had a very sick daughter at home. He mentioned the fact and asked one of the physicians present to

accompany him to the house to see this case and prescribe for it. Old Dr. Gross, I think, and several young men said, 'Let us go along and see the old fellow sit down and take a sketch of that patient's history from the time she was born until the time she dies. She will die in all probability before she gives the description.' She was in the last stages of typhoid, with that peculiar expression of countenance which is almost pathognomonic of the remedy. Instead of asking a question he had obtained the history as he went along. He turned to the father and said, 'Have you given her *Camphor*?' 'No; I had not thought of it.' He said, 'Give it.' It was given. The next day the patient was on a fair road to recovery.

Now *Camphor* is a rare remedy in "typhoid," but when it is indicated, it, and nothing else, will cure. In Homœopathy, the symptoms must guide. Dr. Nash once cured a case of typhoid with the incredible remedy *Cina*. Why? Because *Cina* was called for by the symptoms."

Camphor now stands as an abrogated remedy. Even in cholera, the new practitioners doubt the use of Camphor. They are of opinion, without sufficient experience, that Camphor produces bad results in cholera. On the contrary, we have actually observed that about fifty per cent of cases are cured by Camphor. According to many Camphor has no place in other diseases. We have experienced good results of Camphor in catarrh plague, typhoid fever, hæmaturia, gonorrhœa and other diseases.

CLINICAL RECORD.**Foreign.****CLINICAL CASES.****JOSEPH LUFF, M. D.**

Recommended for publication by Board of Censors of I. H. A.

TUBERCULINUM.

CASE I. Child one year old, emaciated, apparently dying. Mother had died one month before of consumption. Past all endurance of examination or handling. I was called by telephone and found a small company watching for the little one's death. Could do nothing but look on and think. I listened to the story told by the nurse, of having tried "everything" without any indication of cessation of diarrhea which was darkish brown and quite offensive. Little one had an expression of pain or uneasiness on its face. I hurried back to my office and prepared a powder of Tuberculinum cm. Went back and dissolved it in a table-spoonful of water and gradually turned it into the child's mouth. Diarrhea stopped within two hours. A year has passed and the child is well.

NATRUM MURIATICUM.

CASE II. A. W. H., age 40, came to pay me a subscription on church, and mentioned before leaving that he was feeling very "blue." Upon enquiry I learned that he had been ordered on operating table for removal of piles and fistula which (former) had troubled him for eighteen years, and for three years past had caused him "insufferable" torture. He was a hard working man with quite a family and poor. I requested him to be seated again and began to question him. Elicited a history covering twenty-five years, including typhoid fever and some skin disturbances, general debility, occasional spells of "absence of mind" for a minute or more at a time, and some indications of mental weakening. He was large, almost flabby. Heart sometimes fluttered, and sometimes shook him with the force of its pulsations. Constipation. Stools like marbles most of the time. Urine troublesome, sometimes too frequent, and accompanied with cutting pains and "weakness" of legs at times. Rather a hard patient to get symptoms from in an intelligible form, and what was elicited was seemingly quite badly mixed, and told amid tears. He was "blue" in verity, and yet seemed to take my intimations of hope rather resentfully.

I told him he did not need an operation. This was resented, for four experienced and gray headed practitioners had told him to the contrary. I had passed the State Board examination, but had not yet finished my four year college course, hence my suggestion was looked upon as the expression of egotism, and I was told so in unmistakable words though not insolently.

Undaunted and eager to make the test, I asked how soon the operation was to be submitted to, and learned it could not be arranged for in less than eight weeks on account of money considerations as yet undeveloped, and provisions to be made for a dependant family. Seizing upon this I asked the man to put himself under my care for that time and I would promise to have him in better trim than he was for the operation if still considered necessary by the set time, and believed he would then agree with me that it was not necessary.

I offered him my services and medicine without cost. My solicitude or self-confidence, or some other element on exhibition rather impressed him and overcame his 'scruples sufficiently to make him consent, whereupon I stepped into my office room and secured some Natrum mur. 30x powder. I had no other potency, and directed him to report to me when it was all used.

Four weeks from that time he returned (ten miles) and stated that for ten days he had been free from the rectal tortures, but I found him covered from head to foot with an itching, burning eruption which, to use his expression, was "drawing him crazy," and for which he was using carbolized vaseline. Of course, I ordered this stopped and gave him placebo. Later he wrote me regarding a remnant of skin disturbance, for which I sent him Sulphur 200, and about three months later I sent him a couple of doses of Pyrogen.

Six months later he visited me (he having moved 150 miles away in the meantime) and reported himself well in mind and body, and about a year ago he sent me a box of fruit from his garden, together with a written expression of his gratitude for what I had done for him. He was still well.

I never examined the parts at all, hence have only the judgment of the four "learned diagnosticians" and "competent physicians"—three allopaths and one eclectic—besides the sufferer's "tale of woe" to base my conclusions upon as to what ailed him. The others had all examined him, he said.

COLCHICUM.

CASES III. This one was "treated" but not "cured." Mrs. Y. had been for three months under "Homeopathy." A change of doctors was decided on because patient had gradually grown worse and was now confined to bed. I had been recommended by some one and was invited to the house in another capacity than that of a physician, that the patient might form an opinion from my appearance and deportment as to whether I was a "likely" person to trust so important a case to. The husband of the patient wished to engage my services, but was passive under his wife's conclusions. All this I learned months later. The result of my appearance there was that I was "turned down," and Dr.—, the leading allopath of the town—a man of long years' practical experience—was at the urgent solicitation of friends of both doctor and patient called. She remained under his care for three months, when I was one day called in same capacity as before to visit her. She was having repeated paroxysms of vomiting, and a degree of retching and straining that was simply agonizing to behold, at intervals of possibly twelve or fifteen minutes. The husband appealed to me to help, if I could, but I told him I dare not interfere with another physician's work. Just then the physician, an acquaintance of mine, came in and, after viewing the case for a few moments, called me aside and "as a friend" told me all about the case and his diagnosis of Bright's Disease, based upon indisputable evidence, also what remedies he had used and was then using. He then told me that notwithstanding we were without affiliative qualities in therapeutics, he believing me to be a gentleman and Christian, etc.; would welcome any suggestion I might have to make. After talking a little further we decided that I could not help him any as my therapeutics were so at variance with his that they couldn't both reside in the same house. He at first had supposed me to be an alternating, compounding, sliding-scale kind of mongrel homeopath of the "up to date" stripe; but finding his mistake agreed to allow me to decline interference.

Next morning the husband of the patient came to me begging my interposition as the paroxysms were now without enough of interval between to let the patient lie down for a moment's rest. I could not go under the circumstances as a physician, but agreed to go as before to try and comfort. However I called up the attending physician by phone and told him of what I had heard about the patient and that I was going up as before to visit her.

He expressed his pleasure and added: "If you can do anything in God's world to relieve that woman, feel perfectly free to do it. Just have them dispense with my medicine and go about with whatever you may approve of. She won't live many hours, of course, but relieve her while she remains, if you can."

I thanked him and said I would do as advised, but office callers hindered me from going for some four hours. When I did go I found that the doctor had made a special visit and enquired as to my being there and had left without doing anything further. The husband, who with several others were taking turns in holding the sufferer up during the constant retching, came to me saying: "My wife wants you to relieve her if you can." I went to the bedside. The patient could not speak, but nurses told me that she could not hold a thing down in shape of medicine—nothing but a teaspoonful of water could be given her, and that distressed. The mention or smell or thought of food was torturing to her and had been for days. I could learn nothing more and hence seized upon that fragment. Put about twenty drops of Colchicum 200 into half a glass of water and gave her a teaspoonful, which in the vomiting was in less than a minute gotten rid of. I gave another and still another until, after five minutes, I supposed that perhaps enough had been absorbed to make an impression.

In twenty minutes they could lay her down and she enjoyed an interval of three minutes' rest before the next paroxysm, then five minutes rest and so on till I left. Next morning I returned and found that the rest intervals had increased until two hours had intervened between spells and paroxysms much less severe. The doctor came while I was there and found her asleep, whereupon he called the husband aside then beckoned me to join them. The husband recited the story of change, and I told the doctor what I had given. He simply said "so much water." I replied, "Be it so, but is not water with such results better than your medicine with former results?" "Merely a coincidence doctor," was the reply. I answered, "Perhaps so."

Next day I was called up by said doctor over the phone, and told that he had turned that case over to me, and had so notified the parties concerned. I declined to accept it thus, as evidently death was close to the patient. But it was so settled and I at husband's request submitted.

Patient rested easily and three days afterward I found the company gathered around her, handkerchiefs in hand, waiting for the

last breath. She could not swallow, and they were occasionally touching her lips with a piece of ice, which seemed to be gratifying to her. It seemed but a matter of five minutes till the close of the scene. They were fanning her. I then secured a glass one-third full of water, dropped ten drops of Carbo veg. into it, put in a piece of ice; took a piece of cotton rag which was handed me, put it down in the tumbler till it was very cold, then when the patient's lips seemed by their motion to call for the ice touch, I touched them with the ice cold rag thus saturated.

This I repeated two or three times and then she partially protruded her tongue. I moistened that in the same way and this was repeated a few times with a dozen people looking on in curious surprise. In less than twenty minutes the woman showed signs of improvement and gradually gained and lived for ten days more in perfect rest and peace, and even received and retained nourishment—beef tea and other foods—till her strength and ability to notice and converse with friends made them begin to hope that she would yet get well; but after about seven days the parotid gland began suddenly to swell and attained quite a size, and the throat internally was involved.

I was called up one morning and notified that Mrs. Y. had peacefully passed away. Fourteen days of rest and a peaceful departure, after the verdict that a few hours would finish her, and with such agony, was enough to make any human being bless Homeopathy, and I do, with all the emphasis of my intensest devotion. Bless it and the day I found it.

This case has proven more lengthy in its recital than I had intended, or than may be desired, but if it meets the requirement urged upon an "applicant" for membership in the I. H. A., it is enough, unless I weary you unwarrantedly.—*The Medical Advance*, February, 1907.

FERRUM PHOSPH. IN PNEUMONIA.

TO THE EDITORS OF THE HOMEOPATHIC WORLD.

SIRS,—I would like to record the following case: My own child, a boy of 2½ years, developed a slight cough, very occasional, for a few days, and then got feverish, with diarrhoea. I treated him chiefly with *Acon.* and *Bellad.*, and some remedies which seemed suitable to the condition of the bowels, without any seeming effect. After seven or eight days he was much worse, and the bowels acted

almost continuously, a little every few minutes, and quite involuntarily. I asked the doctor (we have only one homeopath here, unfortunately) to see him. Temperature 105°, and the right lung was found to be inflamed; skin hot and dry, and the child almost delirious. *Ferrum phosph.* 6x was ordered, two doses, and by night his skin got moist, and the next morning his temperature was almost normal, bowels right. The next day he was playing out of doors as usual. A cure in *forty-eight hours*, though he was under treatment with *Phosphorus* for a few days longer.

Yours faithfully,

A. WHITE.

Capetown.

The *Homeopathic World*, February 1, 1907.

A SULPHUR CURE, VARICOSE VEINS.

Mrs. —, thirty-two years old; poor when a girl, had varicose veins on legs, which broke repeatedly. Several pregnancies had increased the trouble. She has now, and has had for fourteen weeks, a varicose ulcer, which has been treated, unsuccessfully, with applications of cold water. Symptoms: Two ulcers, each about two inches long, on the ankles of the legs. The ulcers are two or three lines deep, secrete much thin, sanious pus; the bottom looks dirty; varicose veins on each leg with most tearing pain in the limbs during the night. *Sulphur* eased the pain and gave some rest; pricking in the tissue below the ulcer, which discharged and bled freely. During the last few days, cough and pains in the sides. On November 11th she received *Sulphur*, one dose every five days. Great improvement, the ulcers are filling up with healthy granulation; increase of pain in the adjoining tissues, especially in the vein. Complete cure at the end of the month.—The *Homœopathic Envoy*, February 1907.

II.—RECURRENCE OF MALARIAL SYMPTOMS AFTER FIFTEEN YEARS' QUIESCENCE.

FROM THE CLINIC OF DR. BURFORD.

REPORTED BY E. CRONIN-LOWE, M. B. LOND.

C. H., a married woman, aged 36, was admitted into the Ebury Ward of the London Homœopathic Hospital on January 26th, 1907. She underwent an operation, ether being used as the anæsthetic. During her convalescence, there occurred quite a marked recurrence of previous malarial symptoms.

The following are notes of the case :—

Fifteen years ago, when seven months pregnant, she became suddenly ill, with high fever, lasting over three weeks, and which during that time showed a daily periodicity of considerable regularity. There was first a well-marked "cold stage" with shivering place to a "hot stage," and this again followed by profuse sweating.

She had never been in a malarious district, had never been out of England, and this illness occurred at Redhill. Her husband, however, had been in Africa previously, and had suffered from malaria, and it was thought at the time that she had been infected by him (I doubt that we can accept such theory). She was treated allopathically with quinine, but remained very weak and anæmic for some three months after this. Her child was born a week after the illness ceased, and has always been well and strong.

On the third day after her operation in hospital on January 28th, 1907, she complained of not feeling so well. But it was not until the eighth day that she told fully of her previous illness, and then she was having recurrent febrile attacks. These were quite mild, the periodicity was marked, the cold, hot, and sweating stages easily discerned, the whole cycle lasting on the average about three hours, but recurring somewhat irregularly—sometimes in daytime, sometimes at night. The temperature during this time never exceeded 100°. Blood films were prepared during the hot stages and examined by Leishmann's methods, and while showing no actual leucocytosis, yet there was an increase of mononuclear leucocytes to 15 per cent., and of eosinophiles to 4 per cent. This, according to Sir Patrick Manson, is frequently present in post-malarial states, and is diagnostic. No plasmodium bodies were discovered—nor was the spleen enlarged.

Natrum mur. 30, was the remedy prescribed, and after its administration the condition slowly subsided, and in five days entirely disappeared.

This is the only recurrence of the malarial taint that this patient has experienced since her initial illness fifteen years ago.

This case serves as a very interesting example of the deeply acting influence of those more serious diseases which, although apparently eradicated by the medicinal treatment used at the time of infection, and during the period of their manifestation, yet remain latent and reappear on some such occasion as this, when the natural defence being embarrassed, the imprisoned enemy gains the opportunity it awaits.

Simple though this case is, it nevertheless opens a wide field of reflection. For why should a disease, after so many years, suddenly manifest itself without any sign of fresh infection? for such possibility was disproved both clinically and microscopically.

No doubt, during the primary illness a certain amount of immunity was established against the malarial invasion, and this seems to have been perpetuated as an active suppression of the disease, not an eradication. Probably "opsonins" of some variety were responsible for this custody. Then some intercurrent disorder, in this case the surgical shock of an operation and anæsthesia, taxing the patient's defence, these old-established "legions" were recalled to reinforce against the new invasion, and so released their prisoner. For only in such a way can be explained the interruption of this long-established latency of so virulent a disease.

Attempt has recently been made to prove that each specific disease has a set of special opsonins. Our case would tend to contradict such an idea. For why, if so, should the malarial custodians be requisitioned, when there should be idle armies awaiting the new attack?—The *British Homœopathic Review*, March 1907.

Gleanings from Contemporary Literature.

A LOOK TOWARD THE FUTURE.

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A look toward the future of homœopathy must be either prophetic or militant; it must either concern itself with philosophizings as to the probable rate of growth which the future has in store, or else it must concern itself with the endeavor to discern what lines of effort will prove most potent in advancing that growth. A look toward the future must either forecast or campaign.

It is fitting that we turn our attention to forecast long enough to see clearly and unmistakably that the final triumph of homœopathy is sure. So far there is certainty. How many years must intervene before this consummation, no one knows. How rapid or how slow the progress of the next few years may be, no one can say. How long or how short is the vista of years down which we look today, no one can tell. But at its farther end, clear, distinct, unmistakable, certain, stands the final triumph of homœopathy.

Why are we justified in declaring that the proverbially uncertain future holds for us this certainty? Because homœopathy is not a theory, not an hypothesis, not a philosophy; it is a natural law, and every natural law, sooner or later, gains universal acceptance. There was a day when Sir Isaac Newton was the only person who accepted the law of gravitation; but even on that far off day it was absolutely certain that some future day would witness its universal acceptance. There was a day when Samuel Hahnemann was the only person who accepted the law of homœopathy; but even on that far off day, it was absolutely certain that some future day would witness its universal acceptance. The final acceptance of this natural law is certain; therefore, the triumph of homœopathy is certain, for the two are synonymous.

It has been urged, and justly, too, that we should have a care not to spend time in the mere glorification of homœopathy which should be devoted to downright work upon materia medica, therapeutics, and all the allied sciences which minister to the practice of medicine. But in such an hour as this, when we deliberately pause to interrogate the future it is fitting that we should stop long enough to renew and reinvigorate our appreciation of the sureness of the foundations. The foundations of every natural law stand sure always and everywhere, and homœopathy is not a theory, is not a postulate; it is a natural law; therefore, its foundations cannot be moved, and its universal acceptance sooner or later cannot be escaped or avoided; it is inevitable.

Now mark: this sure prophecy of the final triumph of homœopathy is not dependent upon the numbers and enthusiasms of this meeting;

neither does it depend upon some elaborate and intricate demonstration which can only be carried through in an extensive and well equipped laboratory. All that is required is on the one hand a sick one needing help, and on the other your knowledge of similia, and the demonstration is complete. Not in the uplift of these Atlantic City days, not in the enthusiasm and momentum of these hours of assembly, not in the numbers and rare comradeship of this occasion—not in these is to be found the sure prophecy of homœopathy's final triumph. It is found whenever and wherever the individual physician, in that isolation and loneliness which is the pathos of his work, patiently matches the two series of phenomena and demonstrates homœopathy to be a natural law. Not in great and far separated occasions like this, but every hour of every day of every year, thousands of physicians all round the world are demonstrating the law to be, in fact, law; and every such demonstration is an inevitable and sure prophecy of its final acceptance.

"But," it may be objected, "science is constantly advancing, constantly changing, and new discoveries and developments are making it necessary for science to change or modify its opinions almost continually. How then can homœopathy be sure of its future? Just as time makes ancient good uncouth, so it has always been making ancient science uncouth. In view of these perpetual and sometimes revolutionary changes, what warrant have we for the confident prediction that homœopathy, permanent and unshaken, will move forward to the ultimate triumph of universal acceptance?"

Just this: that facts never change, and homœopathy is a fact. What we know as science is made up of two elements,—theory and fact. Theories change constantly; facts are always the same. The atomic theory may go by the board; but that what we know as sodium, and what we know as chlorine, will, properly combined, produce common salt, is a fact, and will continue to be a fact to the end of time. Present theories as to how morphine induces sleep, and strychnine, spasms, may go by the board; but that the simillimum cures is a fact, and will continue to be a fact to the end of time. Every single one of us should be aggressively confident of the ground on which he stands, for every one, if he will stop to think of it, daily demonstrates the solid and unchanging fact.

Of course this does not mean that there can be for us no progress. Beside the advances in materia medica and the whole cluster of sciences which make up the practice of medicine, it may well be that we shall come upon certain new and special facts which shall facilitate, or make more unerring, the selection of the simillimum. For we may be sure that these new facts, if we come upon them, will be evolutionary, not revolutionary. The new facts will always dovetail into the old facts. Facts never collide. As has been tersely said, ours is a universe, not a multiverse. And the progress of science will mean the development of

homœopathy, not its decadence ; for progress never repeals natural law, it elucidates and enlarges it.

So as we pause today to look soberly and thoughtfully toward the future, it becomes increasingly clear that the final triumph of universal acceptance awaits the natural law of which we are the custodians. This final triumph is of necessity and inevitable because natural law must be accepted, finally ; will be accepted, finally. But this universal acceptance waits, and this waiting means detriment and disaster to men, women and children innumerable. Meanwhile, we are the custodians of this law, and therefore with us rests the high duty of its promulgation. When we stop to think how lives and health of our fellows wait upon the spread of homœopathy, the sense of responsibility becomes so great as to swallow up all other considerations, and make it seem that all our thought should be centered upon the work of extending its knowledge as rapidly and widely as possible.

So while it is proper and right that when gathered in this great convention, we should take time to view once more the noble dimensions and enduring stability of the foundations on which we build, take time to turn our faces toward the years yet to be that we may catch a glimpse of the rising and broadening character of our work, yet a look toward the future should concern itself mainly with the question as to what forces we can set going which will prove effective in spreading the knowledge and practice of homœopathy's beneficent ministry. Look toward the future for what we can see? Yes. But better, look toward the future for what we can see to do.

What, then, is the best thing we can do to promote the spread of homœopathy? What one thing shall we do to most effectively enlarge and hasten its advance?

The answer is plain ; Get men and women. Get men and women into our colleges so that four years later we can get them into our communities. Get men and women that we may set them to practising homœopathy. Homœopathy is not a theory, it is a practice ; it is not an abstraction, it is a practice ; it is not a philosophy, it is a practice. And there is no such thing as a practice without a man or woman practising. How often have we seen communities become easily and naturally and quickly homœopathic just because some man or woman went there and practised homœopathy. And they could have become homœopathic in no other way. They never could have become homœopathic through the agency of newspapers, or pamphlets, or controversial articles in the reviews. Such a result is possible only through its practice. You and I did not become homœopaths through theorizing. We became such from having either observed or experienced its practice. Homœopathy as an abstraction is of no service to any one ; it is the practice of homœopathy that is of such value.

Get men and women. Hahnemann's *materia medica* is of no use to any one, so long as it is merely the printed page between the two lids of

a book. But when through the agency of some living mind it is applied to the relief of the delirious and distressed patient, then it becomes invaluable. Homeopathy is men and women practising it. Pardon the use of the words, for they are taken reverently,—it must always and everywhere be “The word made flesh.”

Notice, that the admonition is not merely to take the men and women who come to us, but to go and get men and women. It used to be sufficient to just take those who came to us. In those old days, entrance into the profession was easy—two terms of five months each. It is quite another matter now, with four years of nine months each. I venture to say that three-fourths of our best men of today would never have entered the practice of medicine had the requirements of time and expense been as great then as they are now. Again, we must now go and get men and women instead of merely waiting to take those who come to us, because we have lost the potent influence of the preceptor. In those days of short terms and long interims, the preceptor's work and influence was lasting and deep, and the training he gave in plain, every day practice was beyond compare. The long term and short vacation of the present day have resulted in the extinction of the preceptor; and while the student still has his Alma Mater, he has been bereft of his *Almus Pater*, and this half orphan must therefore be looked after accordingly.

I am not inveighing against the present day requirements for medical graduation. It is idle to expect any backward step, but I do protest against the folly of installing the modern, advanced curriculum, while at the same time clinging to the old method of looking for students, which passively waited for them to come to us. One cannot combine the modern and the antiquated in this ill-assorted way and hope for satisfactory results. Let the curriculum remain modern, but by all means make the methods of student-supply modern also.

Get, aggressively get men and women. But I seem to catch the sound of an echo, and its words are these,—“Yes, this is all very well, but what means, what methods are we to employ to thus get them. How are we to really go about it? It is all very well to say it should be done, but how should it be done?” It is a pleasure to accept this challenge, but first let me point out that while it is becoming in the speaker to call your attention to the inevitable logic of present day conditions, and the stirring and mandatory appeal which these conditions make to us to supply the men and women which the hour so justly and urgently demands, it would be effrontery to arrogate to himself the wisdom to determine the best method of action. An individual may point out the need, but how to best meet that need is a matter to be worked out by collective thought and wisdom.

So while the logic of our present situation may with propriety be set out in emphatic and assured terms, any consideration of the best means for translating that logic into action, must be merely suggestive, and simply the submission of possible methods of procedure. That we go

out and get men and women is logic's imperative command; how we shall go out and get them must be wisdom's deliberate problem.

It is obvious that we would get more men and women if we should lessen the expense of a medical education. Most of us are graduates of the old regime and we fail to realize how formidable is the expense of the modern four years' course. The difficulty is not merely that four years are required, but that the college year has been lengthened to nine months. This adds doubly to the expense, on the one hand lengthening the time during which college expenses continue, and on the other, making the vacation so short that the student has little chance to earn any money. What can be done about it?

Notis of us are willing to see the standard lowered or the requirements lessened. Then there is only one thing to do and that is to help the student a bit with his burden. This can only be done through endowments. I hope to see the day when our homoeopathic colleges will be so far endowed as to enable them to abolish tuition altogether. The reason education is becoming more general is because it is becoming steadily more free. The High School of today is almost equal to the college of the past, and it is absolutely free. It would not take a large endowment to free our colleges from tuition; and homoeopathy's clientage has the necessary money and is ready to give it when we ask for it in the proper business-like, organized manner.

It is further to be hoped and worked for, that there shall be added a student endowment, which will enable the college to extend a little help to all its students who have not sufficient means. To all such, just a little aid,—one hundred, fifty, or even twenty-five dollars a year, is a wonderful help, far beyond what at first thought could be supposed.

Many a student otherwise lost to us would find it possible to enter our colleges if the burden of tuition were done away; many more would gladly enter our doors if we could just give them the help of only a little twenty-five dollar fellowship—little in money, but big with courage to the one who finds that he is really wanted, and cared for, and helped.

It would seem that the work of gathering both tuition endowment and fellowship endowment might be entered upon in such an organized, forceful and systematic manner as to gradually build up these funds to a point where they would become substantial aids to the student body, and so get for us many men and women from the desirable middle class that otherwise had been lost to homoeopathy.

But this is an impatient age; and the gathering of endowment aid for students would be the gradual work of years. It would take time to put us where we would get men and women because we could help them; are there not ways in which we can get them now without waiting until such time as we shall be able to give them the benefit of endowments?

Undoubtedly; and these ways would all have for their common object the spread among students in high schools and colleges of a knowledge of the opportunities which the practice of homoeopathy offers. The inclina-

tion and desire of large numbers of these students is toward the professions. They would like to become lawyers or physicians, but they are told on every hand that these professions are over-crowded and that it is a long and hard struggle to secure a foothold. This is true enough so far as allopathic medicine is concerned; but who is there to tell them that in the homœopathic profession there are a dozen openings waiting for every graduate? No one. Who is there to tell the students in the High Schools and Colleges of my own state that in that state we have twenty-five calls for homœopathic physicians to every one we can supply? No one. This will not do; they must be told. We shall get men and women if they are told.

But it must be a real telling, a telling which really tells it. It will not do to tell it through the medium of speeches upon the floor of our state societies. That is telling it to ourselves. We must tell it to them. One of our large colleges has had an advertisement in our medical journals which contains the admonition in large type "Don't Study Medicine Unless You Study Homœopathic Medicine." That is well, but it is not telling. For who sees it? Homœopathic physicians and their students. Who should see it? The pupils in our high schools and colleges.

To indulge a paraphrase,—

The man who has something good to tell,

And goes and whispers it down a well,

Is not so likely to collar the scholars,

As he who climbs a tree and hollers.

We must tell these men and women, actually convey the information, and we shall get them. It must be done in a dignified and professional manner, of course, but that is precisely what will make it effective. Just how this telling is to be accomplished may well engage our wisest and most sagacious men. In my own state we have a homœopathic college, and for my part, I should be glad to see our State Medical Society employ a permanent field secretary who should devote his entire time to bringing to the attention of the students in our high schools and colleges the opportunities open to them in the practice of homœopathy. If only thirty of us should mutually agree to contribute ten dollars each per month, this would suffice for the services of a high class man, and for his expenses. And ten dollars a month would be a small amount to pay for such an advance of the homœopathic cause as would result. It would even prove a good investment in dollars and cents, should any one desire to view it from a mere commercial standpoint. But whatever methods might be employed, and however the details might be worked out, I think we shall all be agreed that the imperative duty of the hour is to get men and women, and that if the student body of our higher schools knew the opportunities awaiting them in the practice of homœopathy, they would flock to the doors of our colleges. It behoves us then to set diligently to work to devise means whereby we shall actually gain the accessions to our ranks, which naturally and by right belong to us. In what other

direction could we as profitably turn our organized energies? What could be a more inspiring work than getting in touch with these young people just when they are looking for something to do in the world, and showing them how homoeopathy waits to give them useful and honored careers? What would so splendidly hasten the ultimate triumph of homoeopathy as to thus crowd our lecture rooms and our clinics with these choice young people, and then send them out year after year to spend a busy life in bringing homoeopathy as the real friend in need, to those to whom before it had been nothing but a strange and empty name. This would make organized activity yield substantial results; this would fill the hands of endeavor with opulent reward.

Get men and women. But do we not need to perfect our *materia medica*? Yes. But an absolutely perfect *materia medica* would be simply worthless without men and women to apply it; and the present *materia medica* is putting health in the place of despair every day. We can wait for perfection, but we cannot wait for men and women.

Get men and women. But do we not need better teaching of homoeopathy in some of our colleges? Yes. But absolutely perfect teaching makes no impression on rows of empty benches. Get men and women. But do we not need more Dushams, and Herings, and Hughes, and T. F. Allens, and Helmutas to make good the places of the master minds we have lost? Yes. But the best way to fill up these gaps is to put a thousand practitioners in the field for every giant who rests from his labors.

Get men and women. We can do it. What if it does take time? History seems to move slowly when compared with our brief personal day and our impatient desires; yet who is there to doubt that it steadily moves on its undelayed affairs. And when homoeopathy is set over against its proper background of history, who is there who does not marvel at the rapid progress which one brief century has bestowed? With this great gift from history already in our hands, who is there to doubt that she stands ready to reward our further faithfulness and diligence with an ever accelerating, ever broadening, ever deepening acceptance of homoeopathy.—The *North American Journal of Homoeopathy*, March, 1907.

HAHNEMANN AS A HYDROTHERAPEUTIST.

Translated for the HOMOEOPATHIC RECORDER from the *Allgem. hom. Zeit.*,
December 27, 1906.

In an extensive work on German Springs and German Hydrotherapy ("Deutsches Badewesen in vergangenen Tagen und Beiträge zur Geschichte der Deutschen Wasserheilkunde"), with many illustrations from old wood cuts and copper-plate engravings (published by E. Diederichs, Jena, 1906), written by Alfred Martin, in the chapter on "German Mineral Springs and Hydrotherapy since the Thirty Year's War," there is a paper by Samuel Hahnemann from his work, "Anleitung alte Schäden und faule

Geschwüre zu Heilen" (Directions for the Cure of Old Hurts and Malignant Ulcers), from the year 1784, which gives us a clear presentation of the views of Hahnemann as to the value and the necessary improvements in the hydrotherapeutical method.

Day by day Hahnemann's principles as to pharmacotherapy receives more and more recognition and reception. It is no less gratifying to see Hahnemann's merits also in the domain of physical curative methods, as here specially in hydrotherapy, recognized, as is proved here by the fact that he in this, the best work we have at present on this subject, is duly noticed and valued. His name is mentioned with those of other great authorities, who at that time raised their voice in favor of the revivification and rational development of Balneotherapy and of Hydrotherapy. Yea, Hahnemann is mentioned as one of the founders of the scientific application of water, who for the first time set up accurate indications and defined these, and who sought to put an end to the mischievous abuses then prevailing, and especially insisted on the strict individualization of all cases. Besides Professor May, of Heidelberg, and the balneologist, Marcard, of Pyrmont, the chief authorities mentioned are Dr. George G. Offerdinger, of Cannstatt; Professor Brandis, balneologist, in Driburg and Dr. Samuel Hahnemann, all from the last two decades of the seventeenth century. We know that about this time hydrotherapy, after long lying dormant, took a new start and that the commencement of modern hydrotherapy is dated from that time.

The pamphlet of Hahnemann mentioned here has become very rare, and our readers will, no doubt, be gratified to have reproduced in our columns the part which refers to his hydrotherapeutic views, and which, as mentioned before, Martin has reprinted in full in his splendid work. It is interesting to notice how Hahnemann also here distinguishes himself by his thorough acquaintance with his subject, his complete mastery of his theme, his sharp observation, exact individualization and his conscientious weighing of indications and contraindications. Hahnemann's presentation of the year 1784 might, as to the largest part, be given as the instructions in a modern Manual of Hydrotherapy of the year 1907. He writes as follows:

"If there were any medicine of universal efficacy, this would be water. I am not able to cure my patients who have old sores without cold baths; i. e., I cannot permanently cure them without it. Cold itself seems to act in these cases not only as a strengthening and contracting agent, but also as an antiseptic. The curative force of cold can in no way be so locally applied as by means of cold baths, a use which can run through all the degrees of the thermometer, without leaving any ill effects and without expense.

No matter on what part of the body the hurt may be, my first direction is to take water at fifty degrees of Fahrenheit as a footbath every evening before going to bed, allowing the water to come up only to the ankles, and keeping the water in constant motion. This is the lowest degree of

the strengthening bath, and even invalids of extreme feebleness find it useful and not hard to bear. This I increase more and more from time to time, according to the increase of the strength and the benignity of the wound, increasing it gradually to the full bath of fifteen minutes duration even to taking it three times a day; early, before breakfast, two hours after dinner, and half hour before going to bed; lowering the temperature of the water to forty, thirty and even twenty degrees Fahrenheit. These are the extreme degrees.

As we can not obtain such exactness in flowing water, the coldness of the water must in every case be kept uniform by a steady motion of the water, and the quantity of water must for the same reason be not small, If we would reach in the bath in a room all the advantages of the bath in the river.

The degrees of cold and the increasing movement of the body must be augmented, as the strength is augmented in equal proportion. In such a bath-treatment, so many degrees of increase may be applied that even the weakest body can gradually mount to the highest degree without any shock to its feeling, if only the exact directions of the physician and the most exact obedience on the part of the patient may be combined.

I have never been able to cease wondering that our great physicians in prescribing this strengthening care are so negligent in their direction as to this cold bath. "Let them use half baths or full baths in the morning and also in the evening;" that is about the substance of their directions. Of the degrees of cold, of the exact duration of the bath, and the other necessary accessories, there is no word. All wonder at the frequent injuries to the health through these cold baths will cease at once when we consider how many deleterious effects may have been caused by the misapplications, owing to these mutilated directions given in three syllables.

An enfeebled patient would throw himself for hours into snow-water, in order to give honor to these great men through a heroic obedience to their indefinite prescription, and would be drawn out in a swoon, benumbed with convulsions paralyzed with stroke or with a cold leading to putrid fever, or perhaps even dead. Can we blame the beneficent iron when a minor child opens its arteries with it, should we not rather accuse the negligence of its guardians and of the law givers? In giving regulations for the use of powerful remedies we cannot be too careful and circumstantial; there will be plenty of negligent observance in any event.

This indefiniteness has raised up many enemies to cold water, so that we find a great number of men who shun cold baths as the extreme degree of medical torment, as worse than death. But the leaven of unreasoning imitating physicians through their senseless application of these indefinite prescriptions of our followers of Hippocrates have brought cold baths into the utmost degree of disgrace. The patient was frequently forced to get into a cold bath and usually to remain in it for a whole hour. In order to moderate the pain of the cold penetrating into him, he would feel that there was no means left to him but to sit still immovably. After the course of a quarter of an hour, after having wasted much strength to endure the cold from so great a quantity of water, the water around him would gradually become lukewarm. He would remain sitting quiet in order to recover as it seemed to him in the warmer atmosphere of the water and to renew the strength which he had to expend on the warming of the water. This warmed water now acts as a lukewarm bath and finally takes away a part of the strength which the endurance of the excessive cold of the water has left to him. Now he is wrapt in warm clothes and put into a warmed bed, a treatment which completes the injuries caused by such a senseless bath. Now he will come into perspiration, and by this twelve hours' torment he will lose twenty per cent. from his hundred of

strength which he had before the bath, not to mention the convulsions, the cold, the cough, the diarrhoea and the rheumatism which he will endure on the ensuing day as inevitable consequences of his valuable bath. The pity is that he can endure the blessings of such a bath only three or four times, else it might have been of real use to him! A very nice prescription, almost universal, which of itself recommends it highly, and which is severe enough to fill the cemeteries of the most celebrated springs of Europe to quite a degree; though I consider myself lucky to have given it up in good time.

As my patients are only led up to such a point in proportion to their increasing strength, as mentioned above, it is found that they generally after their cure is completed are hardly willing to give up their cold baths. I do not notice any colds as following my directions, but rather an increased or at least an undiminished perspiration, and the strength is augmented from day to day, since I do not withdraw more heat from their body than is very soon supplied from the warmth of their own blood. The momentum of the blood circling through their body is increased by the equable contraction of the muscular fibers and vessels caused by the cold just as the strength of a spiral spring is increased the more closely it is wound up, and all the functions of the body receive new life. To increase this strengthening and contraction, I enjoin on the patient in every degree of the bath, as absolutely necessary to keep the water in a steady motion around the body or the part immersed, and to take as large a vessel for the bath as is possible, in order to counterbalance the advantage which the flowing water otherwise has above the baths taken in a room.

I do not like to use river-baths before the cure is completed, when some more or less cold and a neglected supervision will do no harm, otherwise I confine it all to baths in the room where we can exercise a proper guidance and every advantage of the running water may be obtained in the manner stated above, without any of its disadvantages.

The water may either be moved by the patient himself, if he has the necessary honesty, or it may be provided for. The way in which water is renewed in distilling suffices for this purpose. Thereby an equal quantity of cold water sinks to the bottom of the bath-tub as will run off at the top after having been warmed by the heat of the body; this is effected readily, since the water when warmed by the heat of the body, being lighter, will rise to the top, while the cold and heavier water will sink to the bottom. Where there is no regular bath-tub with its arrangements a tub in which the water is kept in motion by the arms will suffice. Men of less means, who can not readily determine the degree of cold, and who have few conveniences, are given more simple directions. The degree in which the body is dipt in and the time is the only thing which serves to increase the effects of the bath with them. The prescription then is simply to immerse the body in water from a very deep well to a certain depth and for a certain length of time, whether this may be in summer or in winter. This I increased from time to time, according to the increase of the patient's strength. Since the prescription is so simple no misuse is to be feared; and the poor have thus almost the same good results as are enjoyed by the rich.

The coldest water which even wealthy men can have in summer is nothing but that from wells, which are thirty and more feet in depth, and these have at most a little less than fifty-two degrees of heat by Fahrenheit's scale. Unless the expense of increasing the cold by means of ice from ice-pits should be made. But the coldest water from a well is cold enough for any one in summer, since the lesser degree in cold can then be made up for by a longer duration of the bath or by immersing more of the body in the water.

The feebleness of a patient at times, also the roughness of the weather, almost always make it desirable before entering into the cold water and after coming out from it to take some moderate exercise; an excellent means of keeping the circulation in order.

The warmth of the blood thus put into more rapid motion can then more readily resist the coldness of the bath, and can contract the muscular fibres and the vessels in a uniform manner. Just this action yields the advantage; that a cold bath never causes a cold, and that the steps of increasing the severity of the bath may be taken more quickly than when the patient has remained at rest and exposes himself all at once and unprepared to the coldness of the water.

The exercise before the bath should, however, be so moderate as never to cause perspiration nor weariness. With this limitation extraordinary advantages which cannot be obtained in any other manner may be derived from these baths.

When the cold bath is increased, especially in the latter part of the treatment from the half bath to the whole bath, and when the degree of cold and duration of the bath are increased daily, I allow my patients to take one or two of the glasses of wine permitted them, while they are in the water. I have often seen proof of the advantage of this method, and any one thinking about it will easily see the use of it.

To the regulations about the cold bath I add another important rule, which is in close connection with the rules before mentioned, a particular which includes in it the advantage of the moving of the water. *Without this application I never allow a cold bath to be taken. From the first slight immersion up to the coldest entire bath, I direct the patient to rub the parts in water and those next to them with woollen cloths, and all the more strongly as the time for leaving the bath approaches. The patient may do this himself or another person may do it for him.* After he comes out, I direct that the same part be rubbed only with dry cloths which may be made fragrant with the smell of spices or of rosin, and this for several minutes even more strongly than when in the bath; then he is covered and my take up an exercise for a quarter of an hour or a whole hour, such as is adapted to his strength.

If the advantages of the bath are desired to be increased the rubbing of the parts to be immersed may also be taken up before the bath; this will obtain advantages not to be obtained otherwise.

The same advantages which may be gained for the entire body by exercise even more may be obtained for special parts of the body by rubbing them, especially with woollen cloths. The vital force is awakened, the circulation of the fluids is greatly increased and brought into a more perfect order, the muscles of these parts are strengthened, the skin becomes more sensitive and more receptive for the impression which the cold water is to make upon it. We may compare this with the rubbing, beating and flogging of the hides which are to be tanned; by these means they are prepared so that the contractive force of the tannin may act upon them more strongly. Pardon this comparison, as it is very suitable. In a word, by rubbing there are secured advantages which we would strive in vain to gain by any other means. Thus prepared, even the most feeble person may take the coldest bath with benefit.

In thus making the cold bath next to the proper diet the main factor in the strengthening treatment for old ulcers I have the most exquisite and numerous cases to support me and I demand the most complete faith in this matter.

That even the poorest can make use of this glorious means of relief easily and without extensive prescriptions, except those already given above, is no small proof of the excellence of the method. He may both before and

after the bath move about as well and be rubbed as well in the parts about to be immersed, as the richest. He can enjoy the open air and a strengthening draught of beer will serve him in place of the wine. Then again his body, which has usually become firmer and more nervous through his education and mode of life than the more delicate constitution of the wealthy, will more readily respond to suitable remedies. Even one-half of the remedies given to the more luxurious will do for him all that is needful, and black rye-bread will serve him instead of strengthening soups. So he also is provided for."

These words show the transcendent greatness of Hahnemann above his contemporaries! As in his pharmacotherapy, in surgery, in chemistry, etc., so he created also in this department original and ingenious ways and went his own paths; while few recognized his genius, he was nevertheless, highly honored and esteemed by the leading spirits of the age who were free from narrowing prejudice (Hufeland and others)—just as it is today. *THE HOMŒOPATHIC RECORDER*, March 15, 1907.

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